The University of Texas at Austin

Athletic Training Program

Preceptor Manual
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Introduction

This manual and the accompanying student handbook are to be used as reference manuals for Preceptors involved with the Athletic Training Program (ATP). Preceptors are asked to review this manual, keep this manual up to date, and refer to the manual when working with athletic training students (ATSSs). Preceptors are also asked to be familiar with the ATP student manual. While an effort has been made to include as much pertinent information as possible, it is nearly impossible to address every possible issue, situation, or circumstance that might be encountered. Preceptors are expected to use sound reasoning and professional judgment in dealing with situations or issues that are not addressed in this manual. It is the responsibility of the Preceptor to consult with the ATP Program Director on any issues in question.

Preceptors are crucial components to the ATP. In particular, Preceptors assist the ATP in moving towards its vision statement, adhering to its mission statement and fulfilling its program objectives. Please keep this information in mind during your activities as a Preceptor.
Vision Statement

The University of Texas at Austin’s Athletic Training Program shall provide a quality education for undergraduate students wishing to enter the athletic training field. The University of Texas at Austin’s Athletic Training Program shall meet the requirements for CAATE accreditation and shall become a program of recognized excellence.

Mission Statement

The mission of The University of Texas at Austin’s Athletic Training Program is to provide a quality undergraduate education, by way of a CAATE accredited entry-level program, for students pursuing a career in athletic training. In doing so, we strive to produce well-educated, well-trained, and competent individuals capable of providing effective athletic training services while representing themselves, the Program, the University and the athletic training profession in a positive manner.

Program Objectives

1) Obtain and maintain CAATE accreditation as an entry-level athletic training educational program.

2) Provide a quality didactic and clinical education to students in the athletic training major.

3) Provide an opportunity for undergraduate students to become proficient in the domains of athletic training.

4) Provide experiences in the classroom and clinical settings that benefit students upon employment in the athletic training profession.

5) Prepare students to successfully challenge examinations for athletic training certification and licensure, including the National Athletic Trainers’ Association Board of Certification examination, and the Texas Department of Licensing and Regulation Advisory Board of Athletic Trainers Examination.

6) Prepare athletic training students for the moral, ethical, and legal obligations required of an athletic trainer.

7) Aid graduating students during the process of obtaining employment as an athletic trainer, or continuing with their post-graduate education.
Program History

The UT ATP was created in 2002 to provide an academic major in athletic training for undergraduate students. Prior to the creation of the ATP, undergraduate students completed the PACE program (Providing Academic and Clinical Experiences), which was an “internship” program that satisfied the requirements as set forth by the National Athletic Trainers’ Association Board of Certification, Inc. (BOC) for the internship route to certification. However, the BOC terminated the internship route as a valid means for eligibility to sit for the national certification examination, offered by the BOC, in January of 2004.

The ATP was initially approved for candidacy with the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT) in September 2002. This marked the beginning of the ATP’s road towards accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The ATP was awarded CAAHEP accreditation in the spring of 2006. The Committee on Accreditation of Athletic Training Education (CAATE) replaced CAAHEP as the accrediting body in July of 2006.

The University of Texas at Austin has a long history of producing certified and licensed athletic trainers. Graduates of UT’s program have been employed in virtually all areas of athletic training and sports medicine. In addition, several Longhorn graduates have continued their education in medical school, physician’s assistant school, and physical therapy school.
Program Information

Overview

The ATP is designed to encompass four years of undergraduate education. During the four years, students will participate in both didactic (classroom) and clinical (hands-on) educational experiences. Success in both areas is vital to the student’s education and professional development as an athletic trainer. Students will learn the theory and techniques of athletic training in both the classroom and laboratory. Students will then take this knowledge and apply it during their clinical rotations while assisting with the provision of athletic health care services to athletes and patients under the supervision of a credentialed professional (Preceptor). The key concept being that students will not take the place of a credentialed professional by providing health care, but that the students will assist the credentialed professionals during the clinical rotations, while working to improve and perfect their skills and knowledge and learning decision-making skills in a supervised environment.

Classroom Education

See information contained in the Student Manual.

Clinical experience

Clinical experiences / rotations are an integral component of the ATP curriculum. “Book knowledge”, information that the student learns in the classroom or laboratory, is important only if the student can apply that knowledge in a clinical setting. The purpose of the clinical experience portion of the ATP is to allow the ATS to practice and apply what they learn; that is to take the skills and knowledge from the classroom and use them in a real-world setting under the supervision of a credentialed healthcare provider.

While the purpose of the clinical setting is allow the ATSs to apply what they have learned in the classroom or laboratory, ATSs must NOT take the place of a credentialed professional by providing health care services in an unsupervised manner. The ATSs should use the clinical exposures to improve and perfect their skills and knowledge while learning decision-making skills in a supervised environment. A supervised environment is one in which there is "constant visual and auditory interaction" between the student and the clinical supervisor (Preceptor). Furthermore, ATS are not to perform a skill or task for which they have not received formal instruction and for which they have not proven clinical proficiency and competency. Only after formal instruction and proof of competency and proficiency, may an ATS perform a skill or technique in the clinical setting and always under the supervision of a credentialed professional.
Although ATSs are expected to be supervised in the clinical settings, there are times when direct supervision is not possible (i.e. the supervisor temporarily leaves for a phone call or to use the restroom, etc). When an ATS is not under direct supervision (i.e. they are not under "constant visual and auditory interaction") by a credentialed professional, the ATS will act as a “first aid provider”. The role of a first aid provider is to provide first aid or emergency treatment to injured athletes or patients. Unsupervised ATS / “first aid providers” may perform the following duties:

1. evaluation of injuries and illnesses to determine the need for EMS or immediate referral
   a. first aid providers may not make decisions of whether or not an athlete may return to activity other than removing an athlete from activity for immediate referral or emergency medical care
   b. in the event a first aid provider evaluates an athlete with an injury or illness that does not require (a) activation of EMS, (b) immediate referral, or (c) the provision of emergency first aid; the first aid provider is to immediately contact the appropriate supervisor or credentialed professional, according to the clinical site’s policies and procedures to inform him or her that there is an athlete with a non-emergent injury or illness. The first aid provider is NOT to render a decision as to whether or not the athlete may return to play, nor is the first aid provider to perform any other evaluations or treatments.
   c. in the event a first aid provider evaluates an athlete with a injury or illness that requires (a) activation of EMS, (b) immediate referral, or (c) the provision of emergency first aid; the first aid provider will activate the Emergency Action Plan (EAP) according to that site’s policies and procedures. After taking the appropriate actions, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.

2. provide ice, compression, and elevation
   a. in the event a first aid provider provides ice, compression, and or elevation, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.
3. splint, immobilize, or provide support to an injury
   a. in the event a first aid provider splints, immobilizes, or provides support to an injury, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.

4. activate EMS
   a. in the event a first aid provider activates EMS, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.

5. perform CPR, rescue breathing, and / or AED procedures
   a. in the event a first aid provider performs CPR, rescue breathing and / or AED procedures, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.

6. provide first aid care for “medical emergencies”
   a. in the event a first aid provider provides first aid, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.

Unsupervised students / first aid providers may NOT provide “athletic training services”. Activities which are NOT to be performed by an unsupervised student include:
1. providing treatments for injuries other than the activities listed above
2. providing or supervising rehabilitation procedures
3. making decisions about the disposition of an injured or ill athlete other than the activities listed above

☞ Students have been instructed to notify the Program Director immediately if they feel that they are inadequately supervised in their clinical setting.
Students may not travel with a team, in the capacity of an ATS, unless a credentialed professional also accompanies the team and will supervise the ATS as a Preceptor.

The opportunity for proving competence and proficiency is the second component to the ATS clinical experience. Clinical experiences are associated with the course requirements for KIN 140 – Practicum courses. Successful completion of the Practicum course requirements includes the completion of clinical assignments and the completion of a prescribed set of competencies and proficiencies specific to the ATS level. Specific details on the KIN 140 – Practicum course can be found in the course syllabi. The set of proficiencies will be based on the student’s coursework from the previous semester. The student will be evaluated on his/her ability to integrate the clinical proficiencies into the clinical setting. The student will receive formal instruction in the classroom, laboratory, or via in-service training sessions. The student then has the remainder of that semester to practice the skills or techniques until he/she feels that he/she is competent and proficient. When the student feels that he/she is competent and proficient in the skill set, the ATS will meet with a Preceptor to prove his/her competence and proficiency. If the Preceptor believes the ATS has proven competency and proficiency in the task, the Preceptor will acknowledge this via his/her signature on the ATS Competency and Proficiency “sign-off” sheet. Upon this approval, the ATS may perform the skill or task in the properly supervised clinical setting.

ATSs are not to perform a skill or task for which they have not received formal instruction and for which they have not proven clinical proficiency and competency. Only after formal instruction and proof of competency and proficiency, may an ATS perform a skill or technique in the clinical setting. However, Preceptors are encouraged to take advantage of “teachable moments.” The teachable moment concept is when a Preceptor takes advantage of an opportunity to educate an ATS even though the student may not have received formal instruction and/or evaluation of the task at hand. As an example, the ATS at your site has not taken the Clinical Evaluation course and therefore has not learned how to perform a Lachman, but an athlete suffers a torn ACL and has a positive Lachman test, even though the student has not learned the skill and has not proven their competence and proficiency in the skill, you would be expected to demonstrate, discuss, and if the athlete agrees, allow the ATS to perform a Lachman under your immediate supervision. These actions would allow the student to benefit from a “teachable moment” that he or she may not be able to experience at another time. However, this would not mean that the ATS could then perform evaluations of the knee from that point out, because he or she would not have received formal instruction or proficiency evaluation on that topic.

Students will participate in clinical rotations for every semester in which the ATS is enrolled, in good standing, in the ATP. Clinical rotations may require morning, afternoon, evening, and/or weekend time commitments on the part of the ATS. Some clinical rotations may also request the ATS attendance over holiday and
semester breaks; however, students are not obligated to participate in clinical rotations when school is not in session. Many clinical rotations offer the ATS an opportunity to travel with teams to away contests. Traveling with a team is a reward that must be earned – it is not a right – and is not guaranteed. The Preceptor will determine whether or not the ATS will travel with a team.

As a general rule, students are not to miss classes, lab sessions, or educational meetings to fulfill their clinical assignments. However, occasionally opportunities related to the clinical rotations will arise that would be of benefit to the students’ professional education. These opportunities may include surgery observations, traveling with teams, attending competitions, observing an examination or therapy session, observing consultants and specialists, attending conferences and meetings, etc. It is up to the student to determine if the experience is worth missing a class, lab, or educational meeting. If the student decides to miss a class, lab, or educational meeting to take advantage of an outside opportunity, he / she is responsible for making up all missed coursework. Students should ask for the instructor’s permission prior to missing any classes, labs, or educational meetings.

Students should not be pressured into missing classes, lab sessions, or educational meetings or clinical assignments or additional clinical experiences. In the event that a student feels that he / she is being pressured by a Preceptor, the student is expected to report the incident to the program director immediately.

While it is impractical to place an arbitrary number on the amount of hours needed for students to obtain a beneficial clinical experience; students are not to be used as laborers or in place of credentialed staff and, therefore, should not be required or pressured into reporting for an extraordinary number of clinical hours. Although students are not “employed” during the clinical rotation hours, the University’s policy on student employment is a good rule to follow. The policy states:

“an undergraduate student’s combined University employment and semester-hour course load may not exceed forty hours a week in any semester or summer term.”

This policy is in line with the CAATE suggestions that students limit their clinical hours to approximately 20 hours per week. This is not to say that students should “clock out” at the 20 hour mark. It is up to the student and his or her Preceptor to determine a sufficient number of hours that lead to a beneficial experience, however, the emphasis needs to be placed on the quality of the education associated with the hours and not on quantity of work to be done.

All students must have at least one “day off” per week on which the student is not involved with any type of clinical experience.
In the event a student feels that he or she is being pressured by a Preceptor to report for an extraordinary number of clinical hours, the student is expected to report the incident to the program director immediately.

While the BOC guidelines no longer require students to track clinical hours in order to sit for the BOC examination, students must submit documentation of clinical hours to sit for the Texas Department of Licensing and Regulation Athletic Training Licensure examination. It is the student’s responsibility to document these hours, obtain a supervisor’s signature acknowledging those hours, and keep track of the documents. Students are to submit a copy of the hour log to the Program Director at the end of the academic year. Students are encouraged to visit the Texas Department of Licensing and Regulation website https://www.tdlr.texas.gov/at/at.htm for detailed information on the requirements to sit for the athletic training licensure examination.

The overall clinical progression places students in an environment in which they can work to improve and incorporate the knowledge and skills learned during the previous semester. The clinical progression plan has first year students rotating through four clinical assignments, two during the fall semester and two during the spring semester, with various Preceptors. The students spend approximately seven to eight weeks with each clinical assignment. The primary focus for the students’ first fall semester is the application of the knowledge and skills that the students were exposed to in KIN 219K Introduction to Athletic Training, CC 306M – Medical Terminology, KIN 312K – Care & Prevention of Athletic Injuries and BIO 309D – The Human Body. The students are also responsible for the completion of the level 1A clinical proficiencies. The focus for the first year students’ spring semester is application of the knowledge and skills acquired in KIN 341 – Therapeutic Modalities and KIN 424K – Applied Human Anatomy as well as completing the clinical proficiencies associated with Level 1B.

Second year students will spend one semester with a Preceptor involved with an equipment intensive sport (football) and one semester at an off-campus affiliated site. The focus of the fall semester is on the application of the knowledge and skills developed in the KIN 342 – Clinical Evaluation of Athletic Injuries – Lower Body and KIN 343 – Clinical Evaluation of Athletic Injuries – Upper Body courses as well as completion of the Level 2A clinical proficiencies. The spring semester focuses on the application of the knowledge and skills developed in KIN 344 – Advanced Athletic Training: Therapeutic Exercise and Rehabilitation, KIN 119 Conditioning and KIN 425K- Physiology of Exercise, as well as the completion of the level 2B clinical proficiencies.

Third year students will be assigned to a Preceptor that works with a sport that the student needs to experience in order to fulfill the clinical assignment requirements (i.e. upper body dominant sport, lower body dominant sport, opposite sex team, etc.). Students may be assigned to the same Preceptor for one or two semesters.
The focus for the fall semester is completion of the Level 3A clinical proficiencies as well as the application of the skills and knowledge acquired in KIN 345 - General Medical Conditions in the Athlete. The spring semester’s primary focus is on the completion of the skills and knowledge acquired in KIN 346 – Athletic Training Program Administration and KIN 330 E – Sports Nutrition.

Students are exposed to various medical and allied medical professionals as well as general medical issues throughout their clinical assignments by interacting with team physicians and various consultants both inside and outside of the athletic training facilities. Specifically, students that are in the spring semester of their second year will be enrolled in KIN 345 – General Medical Conditions in the Athlete. During this semester and the following fall semester, students will participate in general medical rotations by assisting with the physician’s clinic in the athletic training room as well as at an off-campus physician’s clinic. The general medical rotations are completed in addition to the students’ other clinical assignments within the athletic training facilities.
The responsibilities of a Preceptor are as follows:

**Preceptor responsibilities:**

1. provide formal (and informal) instruction and evaluation of clinical competencies and proficiencies in the classroom, laboratory, and / or in clinical education experiences through direct supervision of ATS.
   
   a. The majority of the formal classroom instruction will be performed by the ATP faculty. Occasionally non-faculty Preceptors will be asked to assist in the classroom or laboratory presentations and tests. Doing so is optional.
   
   b. Non-faculty Preceptors are expected to serve as an adjunct to the ATS’s classroom education by expanding on the concepts that are taught, allowing the ATS to practice the skills and techniques, and applying their knowledge in the clinical setting.
   
   c. Preceptors are responsible for the final evaluation of clinical proficiencies. The ATS will perform the proficiency in the presence of the Preceptor through a one on one meeting with direct supervision. While only one ATS may be evaluated at a time, other ATS may be present, especially if there is a real injury situation, but they may not assist the ATS being evaluated. This aids the other ATS in their education and experience. As often as possible the proficiency assessment should be done on real patients, however, it is difficult to estimate what type of injuries will occur and when, so most of the time, the proficiencies will be done in a mock situation that is directed by the Preceptor. If an ATS has been evaluated in a mock setting and a real injury occurs sometime later, it would be prudent to challenge the ATS again using the real injury. Proficiency assessments can occur at any time in the clinical experience, however, ATS have been told to provide prior notification to the Preceptor so that the Preceptor can be sure they have the available time without interruption. A second option for ATS is to sign up for a “proficiency office hour” with on-campus Preceptors. Each on-campus Preceptor is asked to reserve one to two hours per week for “office hours” when they will be able to work with ATS on their proficiencies. A sign-up sheet is located in the main athletic training room. Students will sign up for times to meet with a Preceptor to have proficiencies evaluated. The majority of the prearranged times will
necessitate that the Preceptor create a scenario for the ATS. For example, if the ATS is to complete the knee evaluation competency, the Preceptor should act as the patient. The Preceptor would give answers to the ATS questions, respond as to whether or not there are clinical signs and symptoms present, inform the ATS of when a special or stress test is positive, etc. This ensures that the ATS does not just memorize an entire examination; they will need to know which tests to perform and how to interpret the findings to arrive at an assessment. The same principle should be applied to the other proficiencies as well. Overall, the evaluations should determine whether or not the ATS is becoming competent, proficient, and efficient in their clinical skills. The ATS needs to apply these skills in the clinical setting, not just memorize what to do for the tests.

2. Teach, evaluate, and supervise ATS in their clinical education experiences and / or fieldwork experiences.
   a. The concepts from item 1 above are applicable here also. The difference being that the Preceptor will teach, evaluate, and supervise the ATS in their fieldwork in a more informal manner (i.e. not instructing or evaluating specific proficiencies for formal evaluation)

3. Provide formal evaluation of the ATS’s clinical performance to the Program Director in a timely fashion.
   a. Each Preceptor will be asked to complete a mid-semester and end of the semester evaluation on each of the ATS that have been assigned to him or her.
   b. Specific due dates will be announced each semester via e-mail notices.
   c. The clinical performance evaluations vary depending on the student’s level in the ATP. These forms are found on the ATP website.
   d. In addition to the formal evaluations, Preceptors are expected to provide continuous informal feedback to the ATS. Errors or inappropriate actions should be addressed immediately. Preceptors should also attempt to praise good behaviors, so as not to appear to concentrate on the negatives.

Additional Responsibilities of the Preceptor
1. abide by the clinical site’s policies and procedures manual
2. abide by the ATP policies and procedures manual
3. provide appropriate supervision of ATS during their clinical education experiences and / or fieldwork experiences
a. ATS must be supervised at all times
b. Direct supervision is required for all clinical proficiency evaluations
c. When not evaluating as ATS on their proficiency performance, supervision is still required. The Preceptor must be physically present in order to intervene if necessary.
d. Students must be prohibited from performing a skill or task for which they have not received formal instruction and assessment via a one on one clinical proficiency evaluation with a Preceptor.

4. inform the Program Director of any questions or concerns regarding the ATS, clinical rotations or clinical site
5. inform the ATS and Program Director of any violations of local laws, state laws, federal laws, policies and procedures of the clinical site and / or the ATP, and / or the NATA’s Code of Ethics committed by the ATS.
   a. Violations should be documented on the ATEP violation report
   b. The Preceptor should review the violation report with the ATS and have the ATS sign the form
   c. The form should be sent to the Program Director
   d. In the event that there is a major violation, the Preceptor is expected to contact the Program Director by phone at the earliest opportunity

6. provide a conducive learning environment, for the ATS, that is void of personal danger, harassment of any kind, and illegal or unethical activities.
   a. Preceptors must remember that ATS are students first and foremost. They are here to learn.
   b. Preceptors are expected to address any concerns that an ATS may have regarding personal dangers, harassment, and illegal or unethical activities.
   c. Students may be exposed to inclement weather conditions during their participation in clinical rotations. Students are expected to fulfill their clinical rotation assignments, even when the weather is less than desired. However, if a student feels that his / her health and / or safety is or will be compromised due to inclement weather, s/he should relay this concern to the Preceptor and take the appropriate actions to remove themselves from the environment. The following policies should be followed when dealing with inclement weather.
      1. Lightning: each clinical site should have a lightning policy in effect. Students are expected to follow the clinical site’s lightning policy.
However, in the event that a student feels unsafe due to lightning and the activity has not been suspended, s/he will notify the Preceptor that they feel unsafe and will be taking shelter. The student will then proceed to take shelter based on the lightning policy or commonly accepted guidelines. Preceptors are urged to read the following article on lightning safety http://natajournals.org/doi/pdf/10.4085/1062-6050-48.2.25?code=nata-site

2. Excessive Heat or Cold: although students are responsible for taking precautions against environmental illnesses related to heat and cold, the Preceptor is expected to assist the ATS. Information on heat related illnesses can be found at http://natajournals.org/doi/pdf/10.4085/1062-6050-50.9.07. Students and Preceptors alike are expected to follow the precautions and guidelines listed in the above article. If a student feels that s/he is suffering from a heat-related illness, they will notify their Preceptor and take the appropriate actions to treat the condition. Considering the weather patterns of central Texas, students will rarely be exposed to excessive cold during their clinical rotations. However, if a student feels that s/he is suffering from a cold-related illness, they should notify their Preceptor of their concern and take the appropriate actions to treat the condition.

7. provide the ATS with ongoing feedback that is: objective, non-confrontational, truthful, unbiased, and tactful
8. act as a professional mentor for the ATS
9. provide an orientation meeting for the ATS within the first week of the student’s rotation
10. communicate expectations, clinical objectives, policies and procedures, concerns, and questions in an effective, appropriate and professional manner
   a. an orientation meeting should be held to discuss these issues within the first week of the ATS’s rotation.
   b. on-going feedback is also expected.
11. complete and submit appropriate paperwork in a timely manner
12. maintain the appropriate professional credentials (certification, licensure, etc.)
13. provide details regarding the clinical sites infectious disease policy.
   a. Students are required to attend an annual in-service on blood-borne pathogens and infectious disease control. The
in-service covers general principles of infectious disease control as well as specific UT policies on the topic. Preceptors should ensure that students are familiar with their clinical site’s policies and procedures on blood-borne pathogens and infectious disease control, as the policies and procedures may differ between clinical sites. The University’s Infectious Disease “Exposure Control Plan” can be found on the website https://ehs.utexas.edu/programs/biosafety/documents/BloodbournePathogens-ExposureControlPlan.pdf. Additional information on these topics can be found in the Division of Athletic Training / Sports Medicine Manual of Policies and Procedures and is pertinent to those students involved in clinical rotations with UT Athletics.
Athletic Training Student Responsibilities

While participating in the clinical experiences or rotations, students are responsible for the following:

1. abiding by the clinical site’s policies and procedures manual
2. abiding by the ATP policies and procedures manual
3. reporting for all assigned clinical sessions including, but not limited to, practice sessions, competitions, treatment sessions, rehabilitation sessions, training sessions, meetings, in-services, and appointments.
4. completing all coursework, assignments, and competencies and proficiencies associated with KIN 140 – Practicum.
5. providing or obtaining transportation to and from the clinical sites and paying for all associated costs (i.e. fuel, parking, permits, etc.). This includes, but is not limited to, the expenses associated with fuel and parking. The ATP is not responsible for costs or damages incurred while traveling to or from the clinical sites.
6. obtaining the uniform or type of clothing deemed appropriate for the clinical site (see specific policy on attire later in this section)
7. securing student liability insurance that covers the student during their involvement with the clinical site
8. maintaining current CPR and AED certification
9. informing the Preceptor AND Program Director / Clinical Education Coordinator of any questions or concerns regarding the clinical rotations or clinical site
10. informing the Preceptor AND Program Director of any violations of local laws, state laws, federal laws, policies and procedures of the clinical site and / or the ATP, and / or the NATA’s Code of Ethics
11. informing the program director and Preceptor if his / her health status changes.
   a. Specifically, students are asked to report injuries or illnesses that would prevent his / her ability to continue meeting the ATP’s Technical Standards. Also, students are expected to notify the program director and Preceptor if s/he develops a communicable disease or illness that could be contracted by a patient or athlete that the student is in contact with. Examples are contagious skin rashes; contagious infections of the skin, superficial soft-tissue, upper respiratory tract, and lower respiratory tract; tuberculosis; gastro-intestinal viruses; influenza, and the like. If the Preceptor
and/or Program Director deem the student’s condition presents a risk for others in the clinical setting, the student will be prevented from participating in the clinical rotation until the student provides documentation from a physician (M.D. or D.O.) stating that the student does not pose a health risk for others in the clinical setting. The purpose of this is not to alienate the infected student, but to ensure pre-cautions are taken to prevent transmission of the condition to athletes/patients and others at the clinical site. Costs associated with the evaluation and/or treatment of such conditions will be the responsibility of the student.

b. In the event that an ATS acquires an injury or illness that s/he believes is directly related to their involvement at an affiliated clinical rotation site, the student is required to report the injury or illness to the Preceptor and Program Director immediately. The Preceptor and the Program Director will then determine a course of action.
ATS Professional Appearance & Behavior

The following guidelines have been developed to aid the student in determining proper appearance and behaviors.

Appearance

Proper grooming and personal hygiene are important characteristics for professionals and students alike. Students are expected to maintain a neat and well-groomed appearance during all activities associated with the ATP. While compliance with this request is subjective and there is room for individualism, extremes in appearance should be avoided. A student’s appearance must not distract from the professional image they are trying to promote, nor can it attract undue attention from those around. Students should keep these requests in mind:

1. Breath should be fresh
2. Body odors should be pleasant with fragrances kept to a minimum
3. Facial hair, if kept, should be neatly trimmed and non-distracting to patients.
4. Jewelry should be kept to a minimum.
   a. Excessive jewelry can be a distraction and in some instances may hinder the students’ ability to render care (ex: rings may tear protective gloves when treating wounds; long bracelets or necklaces may get entangled in modality or rehabilitation equipment, etc.)
   b. Neither the ATP nor the clinical site will assume responsibility for any jewelry that is damaged or stolen during the student’s clinical rotations
5. Requirements for appropriate uniforms and clothing vary slightly depending on the clinical site. However, the information provided in this section is to be followed unless the Preceptor specifies alternatives. Students not following the clothing/uniform guidelines will be sent home from the clinical rotation. Repeated violations of the guidelines will result in suspension from the ATP for a period of time to be determined by the Program Director. Students should contact the Program Director or Preceptor with any questions regarding appropriate and inappropriate attire before reporting in questionable clothing.
6. Students will be provided with a t-shirt or collared shirt to be worn during on-campus rotations. Some on-campus rotations may also supply shorts, pants, sweat suits, outdoor gear and shoes; however, there is no guarantee that the ATS will receive these additional items. Often, clothing and/or gear (i.e. raingear, travel suits, cold-
weather gear, etc) is “loaned” to the student for use during the clinical rotation or under specific conditions. If the ATS does not return loaned clothing / gear they will be suspended from the ATP until the item is returned. If a student loses an item, they will be required to reimburse the clinical site for the cost of the item in order for the suspension to be lifted. If the clinical site issues clothing / gear to an ATS, the student is expected to wear that clothing / gear during and only during his / her participation in the clinical rotation. If the ATS does not receive shorts, pants or shoes, the ATS will be responsible for purchasing those items – sweat suits and outdoor gear are optional purchases depending on the environmental factors of the clinical site.

7. Unless the Preceptor specifies a different dress code, the items below are acceptable components of the uniform for on-campus clinical rotations. Students should note the guidelines listed under each item. Students should also note that all clothing is expected to be clean, wrinkle free, and void of holes or frayed edges.

a. White and burnt orange t-shirts and collared shirts.
   1. If a logo is visible it should be a NIKE or UT logo.
   2. Shirts should not have a low cutting v-neck.
   3. Shirts must have sleeves.
   4. Shirts should be tucked in.

b. Black, orange, or khaki / tan nylon “wind-breaker” type shorts and pants.
   1. If a logo is visible it should be a NIKE or UT logo.
   2. Shorts must be at least mid-thigh in length.
   3. Shorts and pants should be worn no lower than waist high.

c. Khaki / tan “Docker” type shorts and pants.
   1. Shorts must be at least mid-thigh in length.
   2. Shorts and pants should be worn with a belt.
   3. Shorts and pants should be worn no lower than waist high.
   4. Excessively tight or baggy shorts or pants are inappropriate.
   5. “Bell-bottom” or “flared” pants are inappropriate.
   6. Jeans are inappropriate.

d. White, black, grey and burnt orange sweatshirts and sweatpants.
   1. If a logo is visible it should be a NIKE or UT logo.
   2. White, black and burnt orange sweaters and jackets.
   3. If a logo is visible it should be a NIKE or UT logo.
e. “Tennis” shoes or athletic-type shoes.
   1. The preferred brand is NIKE.
   2. Sandals, including “flip-flops” and “slides” are inappropriate.

f. White, burnt orange, or black baseball-style hats.
   1. If a logo is visible it should be a NIKE or UT logo.
   2. Hats are not to be worn indoors.
   3. Hats are to be worn evenly on the head with the bill facing forward.

gh. White, burnt orange, or black stocking caps or ear warmers.
   1. If a logo is visible it should be a NIKE or UT logo.
   2. Stocking caps and ear warmers are not to be worn indoors.

8. Students participating in an off-campus clinical rotation should consult with the Preceptor for details on appropriate clothing and uniforms prior to their first day at that site. Students are responsible for the costs associated with the clothing / uniform if the items are not provided by the site. If the Preceptor does not require a specific uniform, students should follow the on-campus uniform guidelines.

Behavior

Clinical sites may have specific policies regarding the expected behaviors for ATS. If these policies differ from the policies listed below, the ATS should follow the policies of the clinical site. The following guidelines cover specific areas of concern regarding professional behaviors; however it is not an all-inclusive list. Therefore, student’s behaviors and actions will be evaluated for their appropriateness as warranted.

Inappropriate actions include but are not limited to: (a) breech of patient confidentiality; (b) harassment or discrimination in any form (c) absenteeism and /or tardiness; (d) unsafe clinical practice, including omission, commission, negligence, and malpractice; (e) neglect of clinical responsibilities (f) inappropriate interaction with patients, coaches, administrators, and medical staff and faculty members (includes staff athletic trainers, educational faculty members, physicians and other medical professionals) etc. (g) or any other action that the Preceptor deems unsafe or inappropriate.

1. Compliance with patient confidentiality is mandatory. Students are **NOT** to discuss patient information with anyone (including coaches, other patients, administrators, press/ media, fans, scouts, friends, family, etc.) other than the healthcare providers that are directly involved with that patient’s care. Strict compliance with the Healthcare
Information Privacy and Portability Act (HIPAA) is mandatory. Students should keep in mind the old adage “what you hear and see here, stays here”. If a student is approached by someone requesting information on an athlete, the student is to follow these steps:

a. Remain polite
b. Inform the person that you are legally prohibited from sharing any medical information on the athlete
c. Refer the person to your Preceptor
d. Follow up with the Preceptor to inform him or her that the person asked you for information and that you did not provide the person with any information

2. Harassment and / or discrimination, of any kind, will not be tolerated. This includes actions against peers, athletes, patients, staff, administrators, etc. Types of harassment and discrimination include, but are not limited to, inappropriate actions or comments based on the patient’s gender, sexual orientation, race, religion, and the patient’s sport or status.

3. Absenteeism and tardiness will not be tolerated. This includes punctuality and attendance for classes, in-services, clinical rotations, meetings, and appointments. Students must notify the appropriate Preceptor or instructor of any absences and tardiness. This should be in a timely manner, preferably prior to their occurrence.

4. The Preceptor is responsible for ensuring the safety of patients at their site, especially those under the supervised care of an ATS. Students are not to perform any procedures or render any care for which they have not proven competence and proficiency. Nor are students to provide any services without supervision. Preceptors are to immediately intervene in any situation in which the student is demonstrating unsafe clinical practice.

5. The student’s clinical responsibilities vary with the clinical site and level of the student. Students are required to meet with the Preceptor to discuss their specific responsibilities no later than the first day of the clinical rotation.

6. Inappropriate interactions with patients, coaches, administrators, fellow ATS, staff, etc. can take many forms. The following guidelines help to identify appropriate and inappropriate interactions and offer some guidance as to working relationships, however, the information is not all-inclusive:
a. While development of a good rapport and relationship with patients is conducive to a good working and learning environment, students must be sure to keep the rapport and relationship at a professional level. Patient /athlete interaction must be professional at all times so as not to undermine the patient’s confidence in the student or the staff. Students are expected to report any problems or concerns with patients /athletes, especially those of a hostile nature, to their Preceptor AND Program Director immediately.

Students should be especially mindful of their social interactions with patients /athletes. Social and romantic relationships are highly discouraged. In the event that a relationship develops, the ATS must notify the Preceptor and Program Director of the relationship as soon as the relationship begins. This is to avoid a potential conflict of interest or distraction in the clinical environment. Students will be immediately removed from the clinical site if they develop an unprofessional relationship with a patient /athlete at that site.

b. The athletic trainer – coach relationship necessitates a daily interaction with the coaches. A professional relationship with the coaching staff is very important to an athletic trainer. Students should pay particular attention to the interaction between the clinical site’s medical staff and the coaching staff. Their interaction can provide cues as to the environment; some relationships are congenial while others are not. Usually the Preceptor will have the most interaction with the coaches including informing the coach of the status of injured players. However, there may be an occasion where the ATS will be put in this role. Students are expected to maintain a professional interaction with the coaches and act according to the guidelines set forth by the Preceptor. Details on how and when to address coaches, how to respond to questions from coaches, and how to handle potential conflicts should be addressed with the Preceptor early in the rotation. At no time should a student criticize or question a coach on issues related to the coaching of the team. Students are expected to report any problems or concerns with a coach, especially those of a hostile nature, to their Preceptor AND Program Director immediately.

c. Students will typically have very limited interaction with administrators. However, in the event that a student does have an opportunity to interact with an administrator the interaction must be of a professional nature. Students are to be cordial and are to address the administrator as Mr. or Ms. and /or sir or
ma’am. Often times an administrator will ask questions about an athlete’s injury or status, the student is required to refer the administrator to the appropriate Preceptor.

d. Professional relationships between students are a very important aspect of the ATP and the clinical rotations. Students will interact with one another on an almost daily basis. These interactions are expected to remain professional regardless of personal likes or dislikes of one another. Romantic relationships between students are discouraged because of the potential for breakups which can cause conflict in the clinical setting. Students, as young adults, are expected to be able to work out problems between themselves. The Preceptors and Program Director are available for consultation and will intervene as needed, but learning how to work with others and resolve conflicts is a very important aspect of ones’ education.

e. Students at various levels in the program may be at the same rotation site at the same time. The relationship between “older” students or upperclassmen and “younger” students or underclassmen is to remain professional. While upperclassmen will assist in the education and professional preparation of underclassmen and often times will help direct underclassmen in their clinical responsibilities, it is important that upperclassmen do not abuse their position by bossing around younger students. It is usually best to lead by example. Open criticism of fellow students, regardless of class standing, will not be tolerated. With this being said, underclassmen should recognize that upper-classmen typically know what needs to be done in the clinical setting. Underclassmen should accept the direction and criticism from upper-classmen in a positive light. However, students should inform a Preceptor or the Program Director if they feel that they are being mistreated by another student.

f. Perhaps the most important relationship a student will have is with the clinical staff and program faculty. While the staff and faculty typically attempt to keep the classroom and clinical environments somewhat relaxed, it is important that students do not become too relaxed or unprofessional. Students are to maintain a professional approach to their interactions with the staff and faculty. It is important to remember that the staff and faculty are not student’s peers. Students are to show the staff and faculty an appropriate amount of respect, regardless of personal likes or dislikes. Students must not criticize or openly
disagree with a staff or faculty member’s decision or action, particularly when it concerns the care of a patient / athlete. If the student has a question about a decision or action, they should approach the staff or faculty member in a respectful manner, away from others, to ask their question or voice their concern.

It is the responsibility of the staff and faculty to prepare the students to be a successful professional. This often requires frank criticism and guidance from the staff and faculty. As up and coming professionals, students must learn the criticism is a part of the professional world and it should not be taken as a personal attack. However, if a student feels that they are being mistreated by a staff or faculty member they are expected to bring their concerns to the attention of the offending staff or faculty member. If the student brings their concerns to the staff or faculty member’s attention and the problems persist, the student is expected to inform the Program Director of their concerns.

The above information regarding interactions with clinical staff and faculty members also pertains to interactions with other medical and allied medical professionals.
Disciplinary Actions / Reporting Violations

Preceptors may remove a student from the clinical rotation, at any time, if the Preceptor feels that the student has (a) behaved in an inappropriate manner; (b) placed a patient in a potentially harmful situation as a result of the ATS unsafe clinical practice; (c) violated the site’s guidelines (d) violated the guidelines included in this handbook; or (e) violated the guidelines included in the ATP ATS handbook.

It is the Preceptor’s responsibility to inform the Program Director of any instances in which the student violates the guidelines on appropriate behavior and / or is asked to leave a clinical rotation for inappropriate behavior. If a violation of guidelines occurs, the Preceptor is to contact the Program Director as soon as possible after the occurrence. Also, the Preceptor is to complete and submit a Report of Violation of Clinical Guidelines and Rules form to the Program Director. The offending student will be required to meet with the Program Director to discuss the situation before the student will be allowed to return to the clinical setting. Students may or may not be reinstated to the clinical rotation depending on the severity of the violation. This determination will be made by the Program Director and the Preceptor. Students that are removed from the clinical rotation will NOT be reassigned to another clinical site until the next rotation period. Students may be permanently prevented from participating in future clinical rotations if the violation is deemed serious and / or the student demonstrates recurring inappropriate behaviors. Behaviors that violate University guidelines or state, local, or federal laws will be reported to the appropriate authorities.
Student Rights

See information contained in the Student Manual.

ATP Grievance Policy:

Students with a grievance concerning the clinical rotation portion of the ATP should address the issue(s) with Preceptors, as appropriate, AND the Program Director. The ATP Program Director will take one of the following actions (a) take action on the grievance (b) refer the matter to the ATP Grievance Committee, which is composed of the ATP Director, Clinical Education Coordinator, and the Co-Director’s of the Division of Athletic Training and Sports Medicine or (c) refer the matter to the appropriate administrators or authorities.
The University of Texas at Austin  
Athletic Training Program  
Preceptor Acknowledgement of Policies and Procedures

By signing below, you certify that you:

1. have read and fully understand the information provided in this packet.

2. recognize that the policies and procedures found in this packet are not all-inclusive and that your actions will be evaluated for their appropriateness as warranted.

3. agree to follow the policies, procedures, and guidelines included in this packet as well as all addendums to follow.

4. understand that failure to comply with the policies and procedures found in this manual, and/or subsequent additions may result in you being removed as a Preceptor with the ATP.

5. understand that violations may be reported to the appropriate administrators and/or legal authorities if deemed necessary.

___________________________________________
Print Name

___________________________________________
Signature                      Date

Keep this copy for your records
The University of Texas at Austin
Athletic Training Program
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5. understand that violations may be reported to the appropriate University administrators and / or legal authorities if deemed necessary.

___________________________________________
Print Name

___________________________________________
Signature Date

Sign and return to the ATP Program Director / Clinical Education Coordinator
Appendix A

Glossary:

Academic year: Academic years are determined by the institution’s academic calendar.

Action Plan for the Correction of BOC Examination Pass Rate Deficiency:

• A review and analysis of the program’s previously submitted action plans. This should include:
  a. Any assessment data used to evaluate the previous action plan.
  b. A discussion of strategies that have and have not worked.
  c. Any revisions that have been made to the previous action plan based on subsequent assessment data.

• Analysis of the program’s current BOC examination pass-rate (most recent three years) and progress toward compliance, including the:
  a. Number of students enrolled in the program in each of the past 3 years;
  b. Number of students who have attempted the exam in each of the past 3 years;
  c. Cohort by cohort first-time pass rate for each of the past 3 years;
  d. 3 year aggregate first-time pass rate for each of the past 3 years;

• Projection for the program’s anticipated exam outcomes for next year. This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next cohort and how they expect this to affect their 3-year aggregate first-time pass rate in the next year. This analysis must include:
  a. An analysis of the number of students expected to take the exam in the next year based on current enrollment.
  b. A conservative estimated annual first-time pass rate for the upcoming year given steps outlined in the action plan (see below) and current student potential.
  c. A conservative estimated 3-year aggregate first-time pass rate for the upcoming year based on the projection provided in 3.b above.
  d. A narrative discussing the likelihood that the program will come into compliance with Standard 11 in the next year given the data provided in 3.a-c above.

The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 6. These include:

1) Developing targeted goals and action plans for achieving the desired outcomes.
2) Stating the timelines for reaching the outcomes.
3) Identifying the person(s) responsible for each element of the action plan.
4) Updating the elements of the action plan as they are met or circumstances change
Affiliation agreement: An executed contract between a university and a facility where university units want to send university students for course-related and graduate required off-campus fieldwork experience (for example, internship). This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Also see: memorandum of understanding.

Appropriate administrative authority: Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement.

Assessment plan: A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporated assessment of the quality of instruction (didactic and clinical), quality of clinical experiences, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measured identified in Standard 7.

Athletic Trainer: Healthcare professional who renders service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the states’ statutes, rules, and regulations. As a part of the healthcare team, services provided by AT’s include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.

ATS: Athletic Training Student, enrolled in an undergraduate or graduate level CAATE accredited athletic training program.

Biometrics: Measurement and analysis of physical characteristics and activity.

Clinical education: A process that uses clinical experiences (direct patient/client care experiences guided by a preceptor), simulation (low fidelity to high fidelity), and patient-based education opportunities (for example, case discussions, grand rounds, chart review) to prepare students for independent clinical practice.

Clinical Experience: Direct client / patient care experiences guided by a preceptor.

Clinical site: A physical area where a student is engaged in clinical experience.

Communicable disease: A contagion that may be directly transmitted from person-to-person or by a person from an inert surface.

Contemporary Expertise: Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include acute and emergent care,
primary care, and orthopedic examination, diagnosis and rehabilitation. Contemporary expertise is achieved through advanced education, clinical practice experiences, clinical research, and/or continuing education and may include specialization in one or more of the identified areas of athletic training practice. An individual’s role within the ATP should be directly related to their contemporary expertise.

**Direct patient care:** The application of athletic training knowledge, skills, and clinical abilities on an actual patients.

**Distance education:** Any form of instruction that is an exception to traditional face to fact instruction.

**Durable Medical Equipment:** Equipment which can withstand repeated use, and is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of an illness or injury, and in appropriate for use in the home.

**Electronic Health Record (EHR):** A real-time, patient-centered, and HIPAA compliant digital version of a patient’s paper chart that can be created and managed by authorized providers across more than one healthcare organization.

**Emergency Action Plan:** A venue-specific "blueprint" used for the management of medical emergencies.


**Evidence-Based Practice (EBP):** The integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.

**Faculty:** An individual who has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.

Additionally, faculty are defined as follows:

**Core faculty** – Administrative or teaching faculty devoted to the program that has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by the institution. This person is appointed to teach athletic training courses, advise and mentor students in the ATP program. At minimum, this must include the Program Director and one (1) additional faculty member. Core full-time faculty report to and are evaluated and assigned responsibilities exclusively by the administrator (Chair or Dean) of the academic unit in which the program is housed.

**Associated faculty** – Individual(s) with a split appointment between the program and another institutional entity (e.g., athletics, another program, or another institutional
department). These faculty members may be evaluated and assigned responsibilities by multiple different supervisors.

**Adjunct faculty** - Individual contracted to provide course instruction on a full-course or partial-course basis, but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.

**Foundational Knowledge:** Content that serves as the basis for applied learning in an athletic training curriculum.

**Framework:** A basic conceptual structure of interlinked ideas, information, and principles which guides the development, implementation and long-term planning of the program by focusing on the element of vision, mission, outcomes, and goals.

**Goals:** Specific statements of educational intention that describe what must be achieved for a program to meet its mission.

**Graduate Placement Rate:** Percentage of students following graduation that have obtained positions in the following categories; employed as an athletic trainer, employed as other than an athletic trainer, employed as an athletic trainer and in a degree program, not employed due to military service, not employed due to enrollment in another degree program, not employed, or unknown.

**Health Care Professional:** Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Nurse Practitioner, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse, or Social Worker. These individuals must hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty.

**Health Informatics/Healthcare Informatics:** The ability to: search, retrieve, and utilize information derived from online databases and/or internal databases for clinical decision support; properly protect the security of personal health information in a manner that is consistent with legal and ethical considerations for use of such data, including control of data access, utilization of patient identity coding, deidentification of aggregated data, and encryption of electronically transmitted data; guide patients to online sources of reliable health-related information; utilize word-processing, presentation, and data analysis software; communicate through email, text messaging, listservs, and emerging modes of interactive electronic information transfer.

**Higher education accrediting agency:** An organization that evaluates post-secondary educational institutions.
Immersive Clinical Experience: A structured, practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.

Interprofessional Education (IPE): The process of learning with, about, and from other healthcare providers.

Interprofessional Practice: The ability to interact with, and learn from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

Infectious disease: A disease caused by microorganisms entering the body. An infectious disease may or may not be contagious.

Major: The designation as a major must be consistent with institutional and system wide requirements.

Institutional documents (e.g., catalog, web pages) must list athletic training as a major.

Medical director: Currently licensed allopathic or osteopathic physician who is certified by an ABMS- or AOA-approved specialty board and who serves as a resource regarding the program’s medical content.

Memorandum of understanding (MOU): Document describing a bilateral agreement between parties that generally lacks the binding power of a contract.

Mission: A formal summary of the aims and values of an institution/organization, college/division, department, or program.

Official publication: An institutional document (printed or electronic) that has been approved by the appropriate institutional personnel.

Outcomes: Indicators of achievement that may be quantitative or qualitative.

Patient-Centered Care: Characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision-making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and promotion of a healthy lifestyle.

Physician: Healthcare provider licensed to practice allopathic or osteopathic medicine.

Plan of Care: A treatment protocol that extends from patient intake through transfer and/or discharge, incorporates the patient’s goals, and included referral when warranted.

Preprofessional student: A student who is not formally admitted into the program. Preprofessional students may be required to participate in non-patient activities as described by the term Directed Observation Athletic Training.
**Preceptor:** Preceptors teach and/or evaluate students in a clinical setting using an actual patient base. All preceptors must be licensed healthcare professionals and credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified and in good standing with the Board of Certification. A preceptor’s licensure must be appropriate to his/her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for Athletic Training clinical experiences identified in Standards 18-20 must be Athletic Trainers or Physicians. Students may also complete additional experiences with preceptors from other professions.

**Professionalism:** Delivery of patient-centered care, effective participation as a member of an interdisciplinary team, and commitment to continuous quality improvement, and relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.

**Professional Preparation:** The preparation of the student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification, Inc. (BOC) certification and appropriate state credential.

**Professional Program:** The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer.

**Professional Socialization:** Process by which persons acquire the attitudes, values and ethics, norms, skills, and knowledge of a sub-culture of a healthcare professional.

**Program Director:** The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program.

**Program Graduation Rate:** Measures the progress of students who began their studies as full-time, first-time degree or certificate-seeking students by showing the percentage of these students who complete their degree or certificate within a 150% of “normal time: for completing the program in which they are enrolled.

**Program Retention Rate:** Measures the percentage of students who have been admitted to the professional program who return to the institution to continue their studies the following Fall.

**Quality Improvement:** Systemic and continuous actions that lead to measureable improvement in health care services and the health status of targeted patient groups. Definition from U.S. Department of Health and Human Services Health Resources and Services Administartion.
Release time (reassigned work load): A reduction in the base teaching load to allow for the administrative functions associated with functioning as the Program Director and/or clinical coordinator.

Retention: Matriculating through the AT program culminating in graduation.

Scholarship: Scholarly contributions that are broadly defined in four categories.
- Scholarship of Discovery – contributes to the development or creation of new knowledge.
- Scholarship of Integration – contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
- Scholarship of Application/Practice – applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
- Scholarship of Teaching - contributes to the development of critically reflective knowledge associated with teaching and learning.

Secondary selective admissions process: A formal admission process used for acceptance into the AT major following acceptance into the institution. Secondary selective admissions is optional and determined by the program. Similar academic institution (Syn: Peer institution): Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions.

Simulation: An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

Social Determinants of Health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

Sponsoring institution: The college or university that offers the academic program and awards the degree associated with the athletic training program.

Stakeholder: Those who are affected by the program's outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni.

Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence and is based on the student’s knowledge and skills, as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision must
also occur in compliance with the state practice act of the state in which the student is completing client/patient care.

**Team physician:** The physician (MD or DO) responsible for the provision of health care services for the student athlete. The team physician may also be the medical director; however, this is not required by the Standards.

**Technical standards:** The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The Standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

**Value-Based Care Models:** Healthcare delivery system based on the value of care delivered rather than fee-for-services provided.