

**University of Utah
Athletic Training Program
Preceptor Manual**



Table of Contents

Introduction	4
University of Utah Athletic Training Program (ATP) Mission	4
University of Utah ATP Purpose	4
University of Utah ATP Learning Outcomes	4
Definition of Terms	5-10
Learning Over Time	11
University of Utah Clinical Education Curriculum	11-13
NATA Athletic Training Educational Competencies – An Introduction	14
Didactic Versus Clinical Course Instruction	14
Clinical Experience Purpose	15
Athletic Training Student Placement at Clinical Sites	15
Athletic Training Student Education Experience and Paid Workplace	16
Athletic Training Student as Work Force	16
Athletic Training Student Clinical Education Experience Attendance	16
Clinical Hours	16
Tracking Hours and Experiences	16
Academic/Clinical Scheduling Policy	16
Clinical Education Evaluations	16-17
Mid-rotation Student Assessment Meeting	17
Final-Rotation Student Assessment Meeting	17
Preceptor Assessments	17
Preceptor Qualifications	17
Preceptor Responsibilities	18
Expectations of the Preceptor	18
Other Roles of the Preceptor	19
Preceptors Certified for Less than One Year	19
Qualities of an Effective Preceptor	19
Preceptors and Direct Supervision	19-20
Providing Feedback	20
Characteristics and Teaching Strategies for the Various Learning Styles	21
Becoming an Effective Preceptor	22
Teachable Moment	22
Perceived Barriers to Creating a Teachable Moment	22
The Psychomotor Domain – How Skills Are Learned	23
Challenges of Clinical Education	24-25
Evidence Based Medicine	25-26
What is it?	25
How to Practice it	26
Essential Requirements for the Completion of the Athletic Training Bachelor of Science degree	27
ATP Pre-requisites	27
ATP Core Courses	27
ATP Major Courses	27
4- Year Course Progression	28-29
Course Descriptions	30-32
Clinical Site Visits	33

Proof of Insurance Coverage _____	33
Athletic Training Students Professional Behavior and Dress _____	34
Social Media Recommendations _____	35-36
Responsibilities and Duties of a University of Utah Athletic Training Student _____	37
University of Utah Professional Conduct _____	37
University of Utah Training Room Operations _____	38
University of Utah Athletic Training Student Responsibilities When Traveling with a Team _____	39
University of Utah ATP Student Contract _____	40-43
Athletic Training Educational Competency Outcomes _____	44
Appendix I – NATA Athletic Training Educational Competencies 5 th Edition _____	45
Appendix II – NATA Code of Ethics _____	45
Appendix III – Utah State Licensing Act (Practice Act) _____	45
Appendix IV – University of Utah Athletic Training Program website _____	45
Appendix V – Evaluation Forms _____	45-55

Introduction

The University of Utah Athletic Training Program (ATP) provides opportunities for students to work with athletes in a variety of settings, while working on a degree in athletic training. Students gain a knowledge and clinical understanding of athletic training techniques and their application within sports medicine. Students receive experience with University of Utah intercollegiate athletic teams, University of Utah sport clubs, community sports medicine clinics, surrounding high schools and local small colleges. Through a cooperative effort between the Department of Physical Therapy and Athletic Training and the Department of Athletics, we have designed an accredited curriculum that provides opportunities leading to mastery of skills. Our students have gone on to career in many different athletic training settings, such as; clinic positions, medical sales, physical therapy, professional sports, and many college and universities in the United States.

Athletic Training Program Mission

The mission of the University of Utah Athletic Training Program is to supply the health care field with distinctive, board certified athletic trainers that effectively operate with health care providers as critical partners in the health care field.

Athletic Training Program Purpose

The purpose of the Athletic Training Program (ATP) is to provide a comprehensive health care education that focuses on the physically active. The ATP combines formal instruction in prevention, evaluation, rehabilitation, and management of injuries with clinical experiences in a variety of settings. The goal is to provide an environment that fosters the development of critical thinking and problem solving skills. The ATP prepares students for successful completion of the national Board of Certification (BOC) exam, as well as, becoming licensed to practice Athletic Training within the State of Utah.

Athletic Training Program Learning Outcomes

1. Students demonstrate proficiency and knowledge in the eight content areas of competency as outlined by the National Athletic Trainers' Association.
2. Students leave the program as distinctive, well-prepared, and experienced athletic trainers.
3. Students value the program and the unique learning experience provided at the University of Utah.
4. Post-graduation, students find jobs in the field or appropriate continuing education.

Definition of Terms

Ability to Intervene	The CI or ACI is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being “physically present.”
Academic Catalog/Bulletin	The official publication of the institution that describes the academic programs offered by the institution. This may be published electronically and/or in paper format.
Academic Plan	The plan that encompasses all aspects of the student’s academic classroom and clinical experiences.
Adequate	Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.
Administrative Support Staff	Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.
Affiliate (Affiliated Setting)	Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATP for clinical experiences.
Affiliation Agreement	A formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as the memorandum of understanding.
Allied Health Care Personnel	Physician Assistants, physical therapists, registered nurses, doctors of dental surgery, and other health care professionals, recognized by the AMA/AOA as allied health professionals, who are involved in direct patient care and are used in the classroom and clinical education portions of the ATP. These individuals may or may not hold formal appointments to the instructional faculty. Same as other health care professionals.
Approved Clinical Instructor (ACI)	An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The ACI may not be a current student within the ATP.
ATP	Athletic Training Program.

ATP Faculty	BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.
Athletic Training Facility/Clinic	The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.
Athletic Training Student (ATS)	A student enrolled in the athletic training major or graduate major equivalent.
Clinical Coordinator	The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATP. The clinical coordinator position is currently recommended, but not required by the Standards.
Clinical Education	The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of an ACI/CI.
Clinical Experiences	Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.
Clinical Instruction Site	The location in which an ACI or CI interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.
Clinical Instructor (CI)	An individual identified to provide supervision of athletic training students during their clinical experience. An ACI may be a CI. The ACI may not be a current student within the ATP.
Clinical Instructor Educator (CIE)	The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training. If more than one individual is recognized as a CIE for an ATP, then at least one of those individuals must be a BOC Certified Athletic Trainer.
Clinical Plan	The plan that encompasses all aspects of the clinical education and clinical experiences.
Clinical Ratio	The ratio of ACI or CI to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed eight students per instructor. If directed observation students

	are providing direct patient care or require supervision they must be included in this ratio.
Communicable Disease Policy	A policy, developed by the ATP, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC
Contemporary Instructional Aid	Instructional aids used by faculty and students including, but not limited to, computer software, AED trainers, and Epi-Pen trainers.
Contemporary Information Formats	Information formats used by faculty and students including electronic databases, electronic journals, digital audio/video, and computer software.
Didactic Instruction	See: Formal classroom and laboratory instruction.
Direct Patient Care	The application of professional knowledge and skills in the provision of health care.
Direct Supervision	Supervision of the athletic training student during clinical experience. The ACI and or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
Directed Observation Athletic Training Student	A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.
Distance Education	Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. Same as remote education.
Equitable	Not exact but can be documented as comparable with other similar situations or resources.
Expanded Subject Area	Subject matter that should constitute the academic "core" of the curriculum. It must include, but not be limited to the following areas: assessment of injury/illness, exercise physiology, first aid and emergency care, general medical conditions and disabilities, health care administration, human anatomy, human physiology,

	kinesiology/biomechanics, medical ethics and legal issues, nutrition, pathology of injury/illness, pharmacology, professional development and responsibilities, psychosocial intervention and referral, risk management and injury/illness prevention, strength training and reconditioning, statistics and research design, therapeutic exercise and rehabilitative techniques, therapeutic modalities, weight management and body composition.
Formal Instruction	Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.
Full-time Faculty	Recognized by the sponsoring institution as a full-time member of the faculty with all responsibilities and voting privileges as other designated full-time faculty and documented in institutional faculty delineations.
Funding Opportunities	Opportunities for which students may participate for reimbursement, but that do not require the students to utilize athletic training skills, to replace qualified staff, and are not required of the academic program.
General Medical Experience	Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.
Geographic Proximity	Within a vicinity to allow for annual inspection, review, and documentation of meeting all academic requirements by the ATP faculty/staff.
Learning Over Time (Mastery of Skills)	The process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.
Major	In documents of the institution (catalogue, web pages, etc.) where majors are listed, athletic training must be listed as a major. The designation as a major must be consistent with institutional and system wide requirements.
Master Plan	The plan of the ATP that encompasses all aspects of student education and learning in both the clinical and didactic settings.

Medical Director	The physician (MD or DO) who serves as a resource for the programs director and ATP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.
Memorandum of Understanding	See: Affiliation agreement.
Other Health Care Personnel	See: Allied health care personnel.
Outcome Assessment Instruments	The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the ATP mission, goals, and objectives of the program. Instruments also must be designed to collect data and feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.
Outcomes	The effect that the ATP has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.
Physical Examination	An examination performed by an appropriate health care provider (MD,DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.
Physically Interact	See: Ability to intervene and physically present.
Physically Present	See: Ability to intervene.
Physician	A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.
Pre-Professional Student	A student who has not yet been admitted formally into the ATP. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training Student.
Professional Development	Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services that allow for the continuation of eligibility for professional credentials.

Program Director	The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the ATP.
Remote Education	See Distance education.
Service Work	Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.
Sponsoring Institution	The college or university that awards the degree associated with the ATP and offers the academic program in Athletic Training.
Sufficient	See: Adequate.
Team Physician	The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he 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 ATP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

Learning over Time

Throughout the athletic training student's experience the student must show a progression of skill acquisition. The student should show through repeated evaluation that important skills are learned, performed, and retained, thus exhibiting a mastery of skills necessary to perform as an entry-level certified athletic trainer. It is imperative that the student practices the correct way to perform a skill.

The student must have time to master a skill. Skills that encompass the competencies of the entry-level athletic trainer (rehabilitation, risk management, taping, modalities, etc.) must be introduced early to the student in order to gain the necessary comprehension and mastery of the skill. This will allow the student to be continually challenged, allowing for instruction, monitoring, testing, correcting, and re-testing. It is up to the preceptor to challenge the skills where the student has demonstrated a weakness. Equally as important as practicing the correct way to perform, and demonstrating mastery, is the documentation of the completion of a skill. Documentation will demonstrate the mastery of the skill through the assistance of the preceptor as well as through the review and completion of the competencies in the classroom setting.

In the clinical experience, the preceptor will have the student practice the skills being taught in lecture or lab classes. The student, upon developing the ability to perform the skill, will be challenged by the preceptor. Initially the skill will be performed on volunteers or other students, yet as the student progresses, the preceptor will challenge the student on a real patient (under the preceptor's supervision). As the student's skills improve the challenge can happen unannounced. This will culminate in the student being able to perform the skill without close supervision (using "line of sight" supervision). The best way to remember this progression is to think of the medical model, "see one, do one, and teach one". This illustrates the ability of the student to progress from observer, to technician, to professional.

The University of Utah Clinical Education Curriculum

Beginning athletic training students start their clinical instruction after they have been accepted into the Athletic Training Program.

New athletic training students register for ESS 3401 – Introduction to Clinical Practices, ESS 3430 – Modalities and Therapeutic Exercise, ESS 3400 – Clinical Examination, and ESS 3420 – Professional Development & Responsibility. During this time the new athletic training students go through a series of practical evaluations in which they are taught and then demonstrate proficiency in basic tasks from an ankle evaluation to understanding therapeutic modalities and beyond. Additionally, the new athletic training students are assigned to Eric Yochem, MS, ATC and Joe Mcbeth, MS, ATC and the graduate assistant athletic trainers working with football, which enables them to participate in the medical coverage during spring football. We have found this experience to be an excellent way to expose these students to the day to day operations of the traditional athletic training room.

During their second and third semesters in the ATP, the athletic training students return to campus with the fall season athletes before classes begin. During this time the athletic training students are assigned to work with fall camps with either Utah Football with Eric Yochem and Joe Mcbeth, Utah Soccer with Tom Iriye or with one of the local high schools where sports medicine services are provided by University Healthcare (West, Copper Hills, Herriman, Jordan, Highland, Judge and Corner Canyon). The athletic training students experience a typical workday for three weeks leading up to the start of classes.

This experience allows them to participate in, and gain an understanding of the rigors of preseason camp as well as physical examinations.

Once classes start, the second semester athletic training students begin a series of four 8-week rotations. During these rotations, the athletic training students are assigned to a preceptor for a given sport or site. The athletic training students will experience a variety of high risk and low risk sports with their assigned rotations on- or off-campus (football, soccer, gymnastics, alpine skiing, etc.). During these rotations each athletic training student is being evaluated on skills including but not limited to:

- interpersonal skills
- commitment to learning
- communication skills
- effective use of time and resources
- problem solving
- professionalism
- responsibility
- critical thinking
- constructive use of feedback
- stress management
- emergency injury management
- immediate injury management
- taping
- equipment fitting
- evaluation of injury
- modality application
- development of rehabilitation programs
- development of strength programs
- compliance with OSHA standards and documentation skills

Each of the preceptors completes an evaluation on each athletic training student under their supervision and discusses the outcome with the student. We find this evaluation to be a valuable tool for increasing the learning experience of the clinical time for our athletic training students. These evaluations are completed every eight weeks, at the end of the clinical rotations, for the second through fifth semester athletic training students. The athletic training students will also complete a self-evaluation to reflect on their performance and will share this with their preceptor. All of these evaluations should be discussed in person and signed by both parties (the athletic training student and the clinical instructor). The athletic training students also evaluate their preceptors and these evaluations are given directly to the Clinical Education Coordinator. These forms can be found in Appendix V.

During the fourth and fifth semester, the athletic training student returns to camps as they did during the previous year, however they will be assigned to one site or team for the entire academic year. Depending on their clinical assignment and what the athletic training student arranges with their preceptor, some students may participate in fall camp and others may not depending on the team or site they are assigned to as some teams may not have a fall camp. During these rotations each athletic training student is being evaluated in the same areas as they were in their second and third semesters. Being able to spend an entire year at a site gives the athletic training student the opportunity to follow a team or teams through the preseason, competitive season and offseason and allows them to polish their skills and develop autonomy.

Furthermore, the assigned clinical instructor works closely with their athletic training student to monitor and evaluate the delivery of medical coverage. This gives the fourth/fifth semester athletic training student experience not only in the day to day assessment of acute medical issues, but additional experience in following an athlete from injury through surgery, rehabilitation and back to participation. Additionally, it allows the athletic training student to build communication skills in working with coaches, parents, and other allied health care professionals thus preparing them for the board exam and professional practice as a certified practitioner.

NATA Athletic Training Educational Competencies – An Introduction

The didactic and clinical education components of the University of Utah's Athletic Training Program are designed around the *NATA Athletic Training Educational Competencies* (5th Ed.). There are eight core content areas and several expanded areas. The competencies identify the minimum requirements for the athletic training student entry-level education. The competencies are used to develop a consistent curriculum and educational experiences across all educational programs.

All Athletic Training Programs also utilize the learning over time model throughout the program by first instructing and evaluating the student in a didactic setting and then following the didactic course with a clinical application course where students will work with their preceptor to reinforce and be tested on skills previously taught in didactic courses. Additionally, instructors of the clinical courses will also reinforce previous didactic content by testing the athletic training student through practical and written examinations.

During the semester following a didactic course, the athletic training student will enroll in a clinical application course to refine his/her clinical proficiencies and put into use an evidence-based practice model where he/she will work on integration and appropriate clinical decision-making and critical thinking skills necessary to be a competent professional. Each clinical application course will also review a sampling of information from the prior semester(s). Students' learning over time schedule for our ATP is as follows.

Didactic Course Instruction	Clinical Course Instruction
ATSM 3300 – Intro to Prevention & Health Promotion in Sports Medicine H EDU 2720 – Emergency First Responder	
ATSM 3400 – Clinical Exam & Assessment I ATSM 3420 – Professional Development & Responsibility ATSM 3430 – TI I - Modalities	ATSM 3401 – Introduction to Clinical Practices
ATSM 3470 – Clinical Exam & Assessment II ATSM 3480 – TI II – Therapeutic Exercise	ATSM 3402 – Clinical Case Studies in Exam and Assessment I
ATSM 3490 – Health Care Administration	ATSM 3403 – Clinical Case Studies in Exam and Assessment II
ATSM 4010 – Practicum in Athletic Training I	ATSM 3404 – Clinical Practice in Exam and Assessment I
ATSM 4011 – Practicum in Athletic Training II	ATSM 3405 – Clinical Practice in Exam and Assessment II

Clinical Experience Purpose

The purpose of the clinical education experience is to offer each student an opportunity to develop increased proficiency in the skills required to become a BOC certified athletic trainer and demonstrate their ability to analyze, synthesize and integrate their clinical skills into professional practice while demonstrating appropriate professional behaviors. This experience is an essential element of the clinical application courses.

In addition to the live class meeting, the athletic training student attends his/her clinical education experiences, obtaining all of their clinical education hours under the **direct auditory and visual supervision** of an assigned preceptor. During the clinical education experience with a preceptor, the athletic training student is able to work in the field of athletic training under the direct supervision of a preceptor and apply the competencies learned in the classroom environment. The preceptor is readily available to guide and interact with the student, and be able to intervene on behalf of the patient and/or the student.

Clinical education experiences are directly linked to the competencies of the practicum and clinical experience courses. Athletic training students are assigned to a preceptor and clinical responsibility/sport assignment that best fulfills the clinical education needs of the student. Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.

Prior to admission into the University of Utah ATP, athletic training students complete direct observation hours, which are different from direct supervision hours. Direct observation hours offer the new student an opportunity to **observe** the clinical education environment and become familiar with the responsibilities and roles of the preceptor and student. These students do not perform any direct patient care.

Athletic Training Student Placement at Clinical Sites

The University of Utah ATP attempts to ensure that:

1. All students will be exposed to male and female preceptors, sports and/or patients.
2. All students will be exposed to individual and team sports; varying level of risk, including high risk (e.g., football, soccer), low risk (e.g., tennis, cross-country running) and equipment intensive (e.g., football).
3. All students will be exposed to an outpatient rehabilitation clinic and to a general medical rotation (e.g., employee health, balance clinic) for a minimum of three hours.
4. The student's professional goals and objectives are met.
5. The environment of the clinical education setting will provide a safe and educational learning environment (i.e., avoiding site placement where conflicts may arise)

Once clinical education site rotations have been selected and announced, a student and preceptor have an opportunity to make the necessary changes to his/her rotation schedule prior to the beginning of the rotation. Once a rotation has started, an athletic training student is not allowed to alter his/her assignment without speaking to the Clinical Education Coordinator and the Program Director about this change. Please be aware that changes to an athletic training student's clinical rotation may be necessary. To make any changes to the rotation the athletic training student will need to seek approval from the current preceptor, proposed preceptor and the Clinical Education Coordinator. This will be documented using the appropriate paperwork.

Please note that a preceptor should not solicit student help without speaking to the Clinical Education Coordinator prior to approval.

Athletic Training Student Education Experience and Paid Workplace

Students may **NOT** utilize their paid site of employment as a clinical education experience at the University of Utah. Failure to comply with this policy will result in removal of the athletic training student from the clinical education site.

Athletic Training Student as Work Force

Athletic training students in the clinical education setting **do not** replace a paid employee nor should they be treated as a paid employee (i.e., as a certified athletic trainer). Per CAATE accreditation guidelines *“considerations must be given to allow students comparable relief (days off) from clinical experiences during the academic year as compared to other student academic and student activities offered by the institution. (e.g., other health care program, athletics, clubs).”*

Athletic Training Students Clinical Education Experience Attendance

Each athletic training student has the privilege, not the right, to attend the assigned clinical education experiences. Students are expected to follow all rules, policies and guidelines included in this manual. If any student is dismissed from the clinical education experience for misconduct, his/her education in the ATP may be terminated.

Athletic training students are responsible to communicate with their preceptor on a daily basis to determine the hours that the preceptor expects the student to be present. The student and the preceptor should work together to determine the appropriate schedule to meet the minimum number of hours required. Each student must have at least one day off every seven days. The students should communicate with their preceptor ahead of time if they foresee a problem arising. (i.e., they are scheduled to work seven days straight).

Clinical Hours

It is required that athletic training students complete a minimum of 1200 hours and a maximum of 2000 hours in a clinical setting in order to graduate. The students may not work more than 40 hours per week during fall camp or other camps that are during non-semester hours. Additionally, the athletic training student should discuss their clinical hour “budget” during their initial orientation meeting with their preceptor at the beginning of their rotation when he/she discusses his/her schedule with the preceptor.

Tracking Hours and Experiences

Athletic training students are required to track, record and verify all hours. The hours are recorded online using the E*Value system. Hours must be recording and reviewed/approved weekly.

Academic/Clinical Scheduling Policy

The Athletic Training Program considers the didactic/academic portion of the athletic training student’s education to be the first priority. In general, the athletic training student will be excused from any clinical or other ATP requirement if it conflicts with a scheduled University of Utah academic or course requirement. However, it is important that if an athletic training student foresees a regular and substantial conflict with a clinical assignment that he/she speaks to the Clinical Education Coordinator and/or the Program Manager immediately. Placing academics first does not allow a student to schedule

a course that will entirely conflict with a clinical assignment. An athletic training student's clinical assignment is the program's second priority. An athletic training student will not be excused from a scheduled clinical assignment for any reason other than a scheduled University of Utah academic requirement or course, unless the student obtains prior approval from the Clinical Education Coordinator and/or the clinical preceptor.

Clinical Education Evaluations

Evaluations are an essential element in the athletic training students' education. Preceptors are required to complete an evaluation every eight weeks. The student will complete a preceptor evaluation and a self-assessment every eight weeks as well.

Mid-Rotation Student Assessment Meeting

All students enrolled in the University of Utah ATP must schedule a meeting with their preceptor at the mid-point of the clinical rotation. The purpose of this meeting is to discuss individual clinical strengths and weaknesses and to determine whether the athletic training student is where he/she needs to be to satisfactorily complete his/her experience. Additionally this meeting can be used to determine where the student is in terms of development of personal and professional behaviors. Students are required to perform a self-assessment prior to this meeting and share this assessment with the clinical preceptor. Both assessment need to be signed by both parties to ensure that a meeting happened.

Final-Rotation Student Assessment Meeting

All students enrolled in the University of Utah ATP must schedule a meeting with their preceptor as the end of their clinical rotation. The purpose of this meeting is to review the student's overall performance during the clinical experience. The preceptor should review the assessment form with the student and the student should review their self-assessment form with the preceptor. Both forms should be signed by both parties to ensure that a meeting happened.

Preceptor Assessments

Each student will be given the opportunity to assess the performance of the preceptor i.e., determine whether, and to what extent objectives have been met, or are being achieved, competency of the preceptor (abilities, skills, technique, knowledge, leadership and characteristics of the teacher [personality, style, morals] and the quality of the setting) See Appendix V. A summary of these student assessment will be provided to the clinical site one year following the data collection to help provide student anonymity. The preceptor assessments will be returned to the Clinical Education Coordinator.

Preceptor Qualifications:

1. Preceptors must be a licensed Athletic Trainer in the State of Utah or licenses in a health care profession as define by the American Medical Association or American Osteopathic Association.
2. Preceptors may not be currently enrolled in the professional athletic training program at the University of Utah.
3. Preceptors receive planned and ongoing preceptor education from the University of Utah ATP designed to promote a constructive learning environment, coordinated by the Clinical Education Coordinator.

Preceptor Responsibilities:

1. Supervise athletic training students during clinical education.
2. Provide instruction and assessment of the current knowledge, skills and clinical abilities designated by CAATE and the University of Utah.
3. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient care.
4. Provide assessment of athletic training students' clinical integration proficiencies, communication skills and clinical decision-making skills during actual patient/athlete care.
5. Facilitate the clinical integration of skills, knowledge and evidence regarding the practice of athletic training.
6. Demonstrate the understanding of, and compliance with, the University of Utah's Athletic Training Program's policies and procedures.

Expectations of the Preceptor:

The following requirements must be met in order for athletic training students to be able to complete clinical education hours at the clinical site.

1. A current clinical education site agreement contract must be on file with the University of Utah ATP/Clinical Education Coordinator.
2. Preceptors must complete training every 2-3 years.
3. The following must be kept on file with the University of Utah ATP Director and update annually:
 - a. A current vita
 - b. NATA Membership number (if applicable)
 - c. A current copy of Utah Athletic Training license
 - d. A current copy of BOC card to verify that preceptor is in good standing
 - e. Modality and electrical safety checks for all modalities in use at clinical site
 - f. List of equipment available for student use (rehab, modalities, emergency, etc.)
 - g. Emergency Action Plan for clinical site and all relevant facilities
4. Preceptors must also comply with the following requirements:
 - a. Complete and return student evaluations by assigned dates (every eight weeks)
 - b. Provide clinical instruction and evaluation of the NATA Athletic Training Education Competencies as needed
Evaluate the performance of the athletic training students in their clinical experiences
 - c. Maintain open communication with the Clinical Education Coordinator/Program Director on a regular basis.

****Failure to meet these expectations may result in the removal of the student athlete trainers from the clinical site. ****

Other Roles of the Preceptor

1. Accepting the athletic training student assigned to his/her facility without discrimination.
2. Providing direct supervision and the athletic training student in the context of direct patient care, which is defined as *direct visual and auditory interaction between the preceptor and the athletic training student and is consistent with accreditation guidelines*.
3. Allowing the athletic training student an opportunity to answer his/her own questions using critical thinking/problem solving skills (and literature searches/EBM when applicable).
4. Providing supervised opportunities to actively participate in patient care related to the practicum course and clinical experience level of the ATS and that are consistent with accreditation guidelines.
5. Allowing the athletic training student to only perform skills on patients once assessed on the skill and when directly supervised by the preceptor.
6. Guiding the athletic training student in using communication skills and developing professional and ethical behaviors.
7. Assessing the athletic training student on competencies related to the practicum course and clinical experience level of the athletic training student.
8. Providing ongoing feedback in a constructive and non-threatening manner to assist the athletic training student in developing proficiency in skills related to the practicum course and clinical experience level of the ATS

Preceptors Certified for Less than One Year

In some instances, a preceptor may be a newly certified athletic trainer (as is the case with graduate assistants) and have athletic training students assigned to him/her. In this case, the newly certified preceptor will be supervised by another preceptor who have been certified for at least three years. (This will typically be a staff athletic trainer). Katie Woods, an appointed GA mentor, will also coordinate a meeting with the new preceptors at least once per semester to determine his/her progress as a preceptor.

Qualities of an Effective Preceptor:

1. Practice legal and ethical behaviors.
2. Demonstrate effective communication in a non-threatening manner.
3. Demonstrate effective instructional skills.
4. Perform appropriate evaluation skills.
5. Demonstrate clinical competence and commitment to the profession.
6. Demonstrate adequate administrative skills.

Preceptors and Direct Supervision:

Preceptors are required to provide direct supervision at all times while an athletic training student is completing his/her clinical education experience. Direct supervision is defined as *“Supervision of the ATS during clinical experience. The preceptors must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.”* Physically present means that preceptor is *“able to intervene on behalf of the athlete/patient if the ATS is about to make a mistake or perform an improper behavior/technique”*.

In order for this to occur, a preceptor must provide “constant visual and auditory interactions between the ATS and the preceptor”. Therefore, direct supervision means, the **ATS CANNOT be left alone AT ANY TIME**. Being left on his/her own to make any decisions regarding the disposition of an athlete or patient violates the accreditation standard and places the ATP at risk for losing its accreditation status. If you as a preceptor are not going to be physically present (at the clinical education site), then the ATS CANNOT be there either unless you have arranged for another supervisor to take your place. Also, do not assume students can act as a first responder, because their liability insurance *does not* cover them or you.

Direct supervision does not mean that an ATS cannot work independently to make clinical decisions or that the preceptor needs to stand next to the ATS at all times. CAATE encourages the use of graded supervision, which initially involves close monitoring, but once an ATS demonstrates proficiency and has some experience with a particular skill, that ATS can be granted supervised autonomy. That is, an ATS can initiate actions, perform initial evaluations and develop and implement rehabilitation plans with the preceptor in the same room/field where he/she can see and hear the student, but not necessarily looking over the student’s shoulder at all times. This level of supervision allows the ATS to learn maximally while still allowing for timely feedback and prompt correction of improper behaviors/techniques.

Providing Feedback

Research has demonstrated that athletic training students’ confidence and competence when they are provided with regular positive feedback and encouragement. In fact, athletic training students have reported that mentoring and nurturing behaviors such as explanation, demonstration and constructive feedback are helpful to increase their professional knowledge.

Feedback is vital in the development of an athletic training student’s clinical skills. Feedback should be delivered in a timely manner, as soon as possible. In a clinical environment, it is important to ensure that daily interactions are possible. Therefore, being able to provide effective feedback in a non-threatening, timely and encouraging fashion is necessary. When providing feedback to the ATS remember the following:

1. Criticism should be objective and focused on the task and not of the student’s personality. Point out the error and offer suggestions for improvement.
2. Establishing a policy for giving frequent feedback, even for small things can be perceived as a coaching relationship and can serve to decrease the negative impact of criticism when things go exceptionally wrong.
3. Every criticism should be accompanied by a positive suggestion for improvement.
4. Work to identify a positive aspect in the athletic training student’s performance first before providing corrective feedback
5. Do not embarrass the athletic training student or belittle the student, this defeats the purpose of providing feedback.
6. Do not delay feedback as this decreases the value of the feedback as a learning tool.
7. Try to be as specific and detailed as possible when providing feedback. This will help the athletic training student understand where his/her strengths and weaknesses lie and how he/she can improve them.
8. If the athletic training student does something well, praise it. This will reinforce this behavior and it can help to mollify negative feedback that may come later.

9. If possible, provide feedback on how the student can improve even if they have done a skill correctly.
10. Whenever possible, involve the student in identifying the error that was made and how to correct it; try to create teachable moments.

Characteristics and Teaching Strategies for the Various Learning Styles

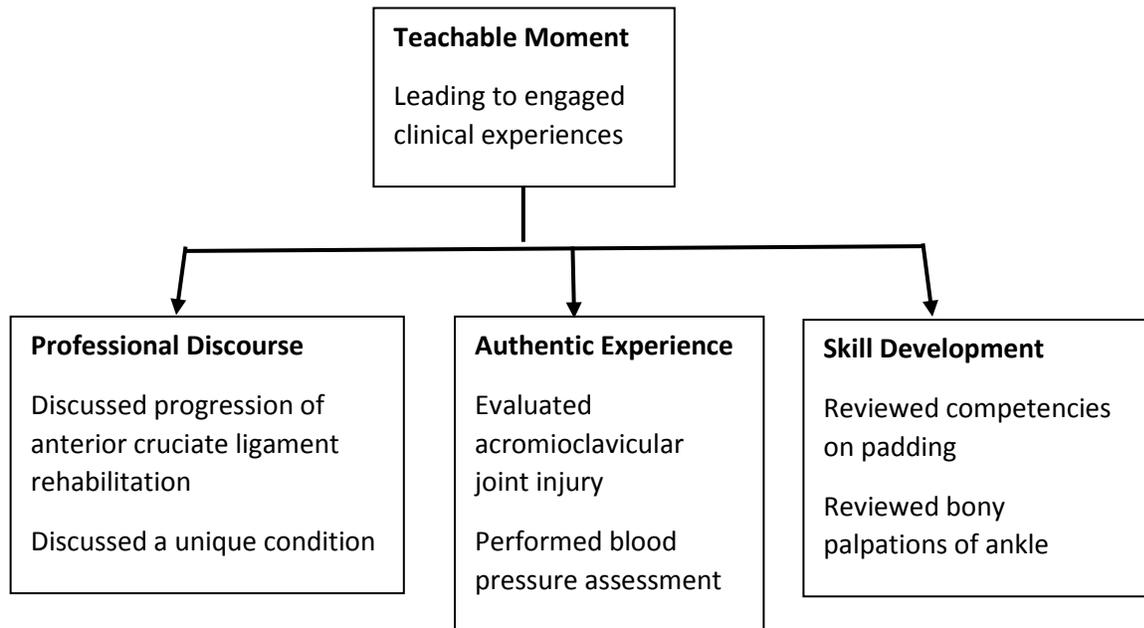
Learning Style	Strengths	Weaknesses	Teaching Techniques
<u>Accommodator</u> – emphasize concrete experience and active experimentation; prefer to work with others	Involvement in new situations with trial and error; risk taking	Trivial improvements; being involved in seemingly meaningless activities	Encourage to learn by observing, then practicing hands-on activities Encourage to complete work on time; help to structure and commit to goals
<u>Diverger</u> – emphasize concrete experience and reflective observation; perform well “brainstorming”, are sensitive and emotional	Imaginative ability; understands people	Inability to make decisions	Must be encouraged to make and stick to decisions Present them with scenarios and allow them to think about potential decision-making situations ahead of time
<u>Converger</u> – rely primarily on abilities of abstract conceptualization and active experimentation.	Uses deductive reasoning; prefers application of ideas; problem solving; decision making	Makes decisions too quickly; solves the wrong problem; less inclined to deal with people	Encourage to make systematic decision; assist them with their reasoning
<u>Assimilator</u> – rely on abilities of abstract conceptualization and reflective observation; stress over practicality	Builds theoretic models; uses inductive reasoning; more likely to be interested in investigating patterns and mechanisms of injury and finding solutions that treating the injuries	Lack of practical application generated from theory; less focused on people; more concerned with ideas and abstract concepts	Encourage to learn from previous experience; focus their ideas and energy on the task at hand

Stradley, SL, et al: A nationwide learning-style assessment of undergraduate athletic training students in CAAHEP-Accredited athletic training programs. *JAT*. 2002; 37(4 suppl): S-141-S146.

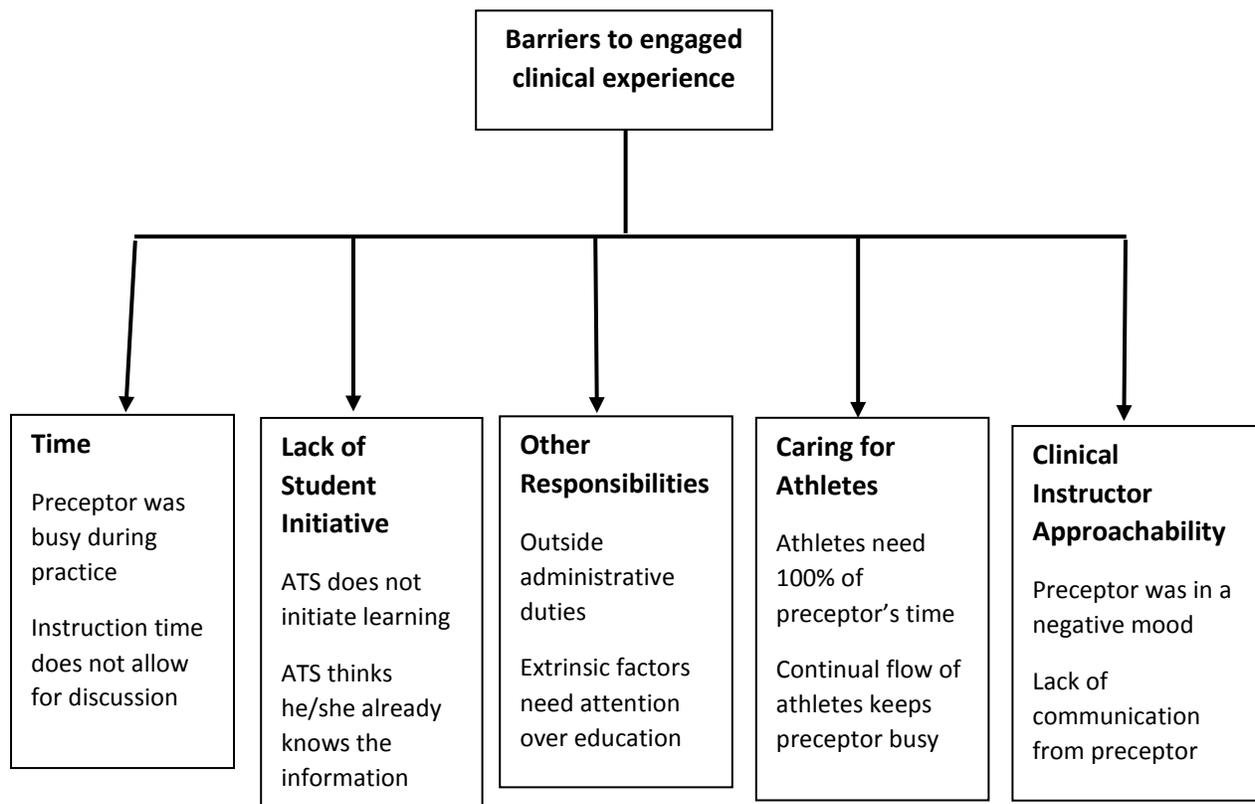
Becoming an Effective Clinical Instructor

Teachable Moment

A teachable moment has been defined as occurring when a preceptor and an athletic training student actively participate and interact with each other to enhance learning and foster intellectual curiosity in the clinical education environment. Three major themes emerged from the research completed: professional discourse, authentic experience and skill development.



Perceived Barriers to Creating a Teachable Moment



Standout Teachable Moments:

Rich's research found that most standout teachable moments identified were simply dialogue between the preceptor and the ATS. This should emphasize the importance of open communication between the preceptor and the ATS. Not only is effective communication important but it is always crucial for the clinical education and success of the ATS. Literature has shown that communication skills, interpersonal skills and provision of information through discussion between the preceptor and the ATS are considered essential behaviors of the preceptors.

Clinical education serves as an important supplement to classroom learning and allows for the athletic training student to apply what they have learned to a practical setting. Authentic experiences, defined early as hand-on experiences in the clinical setting, are typically the most memorable for the ATS. Authentic experiences tend to comprise a very small percentage of the teachable moments in the clinical settings however, so it is important to try to provide these experiences whenever time and schedules permit.

The Psychomotor Domain – How skills are learned

In order for the athletic training student to demonstrate mastery of the NATA Athletic Training Education Competencies, it is necessary for him/her to exhibit cognitive, psychomotor and affective components of the skill. The athletic training student has the ability to demonstrate the cognitive portion of the skill in the classroom environment. The athletic training student has the opportunity to demonstrate mastery of the psychomotor domain of the skill in the practicum or lab classes as well as in the clinical experience. It is the preceptor who has the ability to instruct and aid the student in mastering necessary competencies during the clinical experience. In order to aid the student, the preceptor must recognize the components necessary to demonstrate psychomotor skill acquisition.

To be an effective instructor, the preceptor must understand how the skill is learned. According to Gentile, the student learns by; *understanding the idea of movement, followed by actual performance, refinement of skill, and ultimately committing the skill to memory*. Harrow described seven stages of the psychomotor domain (described in the table below). This model demonstrates a progression from the athletic training student identifying a skill to eventual mastery of the skill.

Stage	Description	Example
Distinguish	The student displays the ability to visually identify the basic components of various skills	Identify a valgus stress test from a Lachman's test
Set	The student assumes the physical position to perform the skill	Assumes the hand placement to perform a Lachman's test
Guided Response	Student duplicates the skill demonstrated by the instructor	The student is able, with assistance, to pull the tibia anteriorly during a Lachman's test
Mechanism	Student responds to feedback regarding technique	Refinement of hand placement, force application, etc.

Complex Overt Response	Coordination of individual maneuvers into a complex task	The student demonstrates the ability to perform the task independently
Adaptation	Student self-modifies the technique to obtain the best response	Adapting the Lachman's test to an individual with large leg girth
Origination	The student develops new maneuvers	An alternate form of stressing the anterior cruciate ligament is created

Harrow, A: Taxonomy of psychomotor domain. New York, David McKay, Inc., 1972

In addition to helping a student master a skill it is necessary for the preceptor to understand the elements necessary to teaching. Jensen and Shepard identified the "five essential elements to a teaching situation" (shown in the table below). The preceptor can use this as a template in order to determine not only how to teach effectively, but to learn from each teaching opportunity.

Element	Description
Comprehension	What is known; what is unknown
Transformation	Relating known information into teachable content and format
Instructional performance	Teaching methods that are in tune with the student's learning style
Reflective evaluation	Analysis of the student's and instructor's performance
New comprehension	The teacher gaining new knowledge from the teaching experience

Challenges of Clinical Education

From the beginning of time there have been conflicts among individuals. The manner in which conflict is diverted, minimized and resolved is the management scheme. The key to effective management is foresight, having foreknowledge of the future. If we can predict how people will act, we can deal with them quickly and effectively.

Possible problem areas within the clinical education experience are as follows. Some areas may be more or less of a concern depending on your particular environment/setting.

Climate – refers to the environment or learning atmosphere within clinical education.

Management – managing people is a difficult job. The preceptor's behavior and treatment of others affect the ability to guide people to perform their duties. An effective manager should be able to plan, provide and protect subordinates so that they are focused on the goals of the program.

Expectations – The preceptor will have expectations of the ATS and the ATS will have expectations of the preceptor. These factors vary considerably depending on the teaching and learning styles discussed previously. Unrealistic expectations lead to perceptual problems that affect the Preceptor-ATS relationship. Orientation should be clear and written materials should be provided whenever possible

so both the preceptor and the ATS understand their roles. Students often make assumptions based on other clinical experiences, so each preceptor should orient their student to their specific expectations.

Feedback – covered extensively in an earlier section.

Communication – communication lines should be well established between the preceptor and the ATS. Breakdowns in communication may occur and are often the cause of crises. An affective preceptor must be approachable and non-confrontational with criticism and feedback. Communication is the responsibility of both the speaker and the listener. Both parties must be sure that the ideas have been correctly communicated, perhaps by the listener summarizing what was heard in a different way.

Assessment – assessment is a primary area of concern for potential conflict. Sometimes people tend to push the limit of what is acceptable behavior. There will always be students with marginal productivity, excuses and poor aptitude. Fair and objective grading/assessment is the key to preventing conflict.

Time Management – The ability to balance the workload of teaching without compromising one's own duties is a delicate procedure. Time management is a concern for both the preceptor and the ATS. Respect for both party's time constraints and responsibility will help reduce conflict.

Collaboration – the interaction the preceptor and ATS have with other individuals. The interaction with others affects productivity either negatively or positively. For example, the coaching staff may treat the ATS either as a contributor or an intruder. It is up to the preceptor to promote the ATS as a pre-professional. It is also important to be mindful of other ATCs. Other ATCs may be resentful of the students who view the preceptor as a mentor or may feel that they have to cover more of the workload so that the preceptor has time to teach the ATS. Effective communication can help avoid conflict in this situation. It is also important to promote the ATS as a pre-professional to other health professionals (MD, PT, RN, physiologists, etc.). Athletic training students must learn how to communicate with these individuals in a professional and respectful manner.

Financial Issues –The University of Utah ATP tries to assist students facing financial challenges as best as we can by helping direct them to the appropriate resources.

Student Behavior – ATS behavioral problems such as tardiness or lack of professionalism are some of the most difficult to address. Strict guidelines at orientation may help to avoid these but there will always be students who challenge the preceptor. Students should be treated consistently by the preceptor and personality conflict should be minimized and resolved early.

Evidence Based Medicine (EBM)

What is EBM? Integration of the best available evidence with clinical expertise and patient values to make clinical decisions (Sackett, et al, 1996). The foremost reason for using EBM is to improve the care delivered to patients. EBM provides clinicians with the tools for finding evidence and analyzing the quality of that evidence to make informed decisions about patient care. EBM promotes critical thinking in the clinician and requires open-mindedness to look for and try new methods scientifically supported by the literature.

How to practice EBM: 5 Step for incorporating EBM into clinical practice

1. Define clinically relevant questions: clinical questions must be formulated in such a way that the search for answers will lead to helpful results. To pose a clear question, the clinician must include these four components (PICO): 1) Patient population, 2) Intervention/treatment, 3) Comparison group, and 4) Outcome of interest.
2. Search for the best evidence: Establishing a set of criteria for article selection will ease the search (i.e., only articles in the past 5 years); MEDLINE, PubMed, SPORT Discus, Cochrane Library, Best Evidence, PEDRO, UpToDate, etc.
3. Critically Appraise the Evidence: This involves rating the quality of the article and applying statistical results to clinical practice. Examining likelihood ratios, numbers needed to treat and confidence intervals are other ways of presenting clinically relevant significance rather than just the traditional P values for significance.
4. Applying the Evidence: Integrate the information discovered into practice.
5. Evaluate the Performance of EBM: Use critical thinking skills to determine if the outcome worked and if the process of EBM worked. As with any skill, this takes time and practice.

Steves, R, Hootman, JM. Evidence-Based Medicine: What is it and how does it apply to athletic training? *JAT*. 2004; 39 (1): 83-87.

Essential Requirements for Completion of the Athletic Training Bachelor of Science Degree

1. Current Professional Rescuer or Health Care Provider CPR/AED certification.
2. Proof of First Aid, Blood Borne Pathogen, and Oxygen Administration or Emergency Oxygen certification.
3. Submit proof of hepatitis B vaccination (1st shot).
4. Declared major in Athletic Training.
5. A 2.8 cumulative GPA for all University of Utah courses and a 3.0 GPA in all ATP required courses.
6. Minimum grade of a C in ATP required courses.
7. Complete all required major courses and all required clinical assignments.
8. Complete a minimum of 1200 and a maximum of 2000 clinical hours.
9. Complete applicable University requirements.
10. No pending infractions or other professional conduct violations.
11. Meet with the ATP academic advisor once per year while enrolled in the Athletic Training major.

ATP Pre-requisite Courses

- BIOL 2325 – Human Anatomy
- ATSM 3300 – Introduction to Prevention and Health Promotion in Sports Medicine
- ATSM 3310 – Laboratory for ESS 3300
- H EDU 2720 – Emergency Medical Responder (or requisite certifications)

ATP Core Courses

- ATSM 3400 – Clinical Exam in Athletic Training I (Lower Extremity) (Spring)
- ATSM 3401 – Introduction to Clinical Practice (Spring)
- ATSM 3420 – Professional Development and Responsibility (Spring)
- ATSM 3430 – Therapeutic Intervention I – Modalities (Spring)
- ATSM 3402 – Acute Care and Emergency Response (Fall)
- ATSM 3470 – Clinical Exam in Athletic Training II (Upper Extremity and Spine) (Fall)
- ATSM 3480 – Therapeutic Intervention II – Therapeutic Exercise (Fall)
- ATSM 3403 – Advanced Practice in Athletic Training (Spring)
- ATSM 3490 – Health Care Administration (Spring)
- ATSM 3404 – Clinical Decision Making in Athletic Training I (General Medicine) (Fall)
- ATSM 4010 – Practicum in Athletic Training I (Fall)
- ATSM 3405 – Clinical Decision Making in Athletic Training II (Spring)
- ATSM 4011 – Practicum in Athletic Training II (Spring)

ATP Major Courses

- NUTR 1020 – Scientific Foundations of Human Nutrition
- BIOL 2420 – Human Physiology
- KINES 3091 – Physiology of Fitness
- KINES 3092 – Kinesiology
- KINES 3093 – Biomechanics
- KINES 4780 – Psychology of Injury (or ESS 3340 – Sports Psychology)
- Any University Statistics course

Other courses may be acceptable or substitutable. These are handled on an individual basis. The ATP honors all previous major requirements for two years.

Four-Year Recommended Course Progression

Below is the recommended course progression for freshman students interested in the Athletic Training Program. This is only an outline. Athletic training students' progression may vary based on academic background and goals.

Fall – Year 1		Spring – Year 1	
MATH 1050 (QA)	4	BIOL 2325 Human Anatomy (pre-requisite)	4
H EDU Emergency Medical Responder	4	Writing 2010	3
Elective	3	ATSM 3300 Introduction to Prevention & Health Promotion in Sports Medicine	3
BIOL 1210 Principles of Biology (Possible SF)	4	ATSM 3310 Introduction to Prevention & Health Promotion in Sports Medicine Laboratory	1
		MATH 1070	3
Total Semester Credits	15	Total Semester Credits	14

Fall – Year 2		Spring – Year 2	
American Institutions course (AI)	3	ATSM 3400 Clinical Exam in Athletic Training I	3
Fine Arts course (FF)	3	ATSM 3401 Introduction to Clinical Practice (spring football)	2
H EDU 5300 (possible DV & upper division writing (CW))	3	ATSM 3420 Professional Development & Responsibility	2
KINES 2500 Exploration of Movement Science	3	ATSM 3420 Therapeutic Intervention I – Modalities	4
KINES 4780 Psychology of Injury (or ESS 3340)	3	KINES 3092 Kinesiology	3
Humanities course (HF)	3		
Total Semester credits	18	Total Semester Credits	14

Fall – Year 3		Spring – Year 3	
BIOL 2420 Human Physiology (possible AS)	4	NUTR 1020 Scientific Foundations of Human Nutrition	3
ATSM 3402 Acute Care & Emergency Response	2	KINES 3091 Exercise Physiology (possible QL)	3
ATSM 3470 Clinical Exam In Athletic Training II	4	Fine Arts course (FF)	3
ATSM 3480 Therapeutic Intervention II – Therapeutic Exercise	3	ATSM 3403 Advanced Practice in Athletic Training	2
Humanities course (HF)	3	ATSM 4880 Scholarship in Sports Medicine or ESS 3406 Signature Experience	1
Total Semester Credits	16	Total Semester Credits	12

Fall – Year 4		Spring – Year 4	
Elective	3	Electives	8
KINES 3093 Biomechanics (possible QL prerequisite)	3	ATSM 3405 Clinical Decision Making in Athletic Training II	2
ATSM 3404 Clinical Decision Making in Athletic Training I	2	ATSM 4011 Practicum in Athletic Training	2
ATSM 4010 Practicum in Athletic Training	2	ATSM 4880 Scholarship in Sports Medicine or ATSM 3406 or Signature experience	2
ATSM 4880 Scholarship in Sports Medicine or ATSM 3406 or Signature experience	2		
International Requirement (IR)	3		
Total Semester Credits	15	Total Semester Credits	14

Course Descriptions

ATSM 3300 – Introduction to Prevention & Health Promotion in Sports Medicine: This course focuses on important aspects for prevention and health promotion of active populations. It is also intended as an introduction course to athletic training. If you choose to take the lab, you will practice skills and implement the knowledge you learned during the didactic course.

ATSM 3310 – This athletic training course will be the lab companion class to ATSM 3300. This class will require you to practice the skills and apply the knowledge you learned in the didactic course, ATSM 3300. The lab will focus on important aspects of prevention and health promotion of active populations. This laboratory is required for all applicants to the Athletic Training Program.

ATSM 3400 – Clinical Exam in Athletic Training I: An advanced course designed for athletic training majors. Students will be introduced to prevention, evaluation and rehabilitation using Evidence Based Practice to evaluate athletic health and performance.

ATSM 3401 – Introduction to Clinical Practice: Select, apply and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity as outlined by the 5th edition National Athletic Trainers' Association competencies.

ATSM 3402 – Acute Care & Emergency Response: Using case studies, students will be introduced to evidence based practice for Athletic Trainers. Evidence-based practitioners incorporate the best available evidence, clinical skills and the needs of the patient to maximize patient outcomes. An understanding of the evidence based practice concepts and their application is essential to sound clinical decision-making and the critical examination of athletic training practice.

ATSM 3403 – Advanced Practice in Athletic Training: Using case studies, students will continue their study of evidence based practice for Athletic Trainers. Students will be asked to critically investigate exam and diagnosis skills and techniques based on the case studies. Students will continue to apply their knowledge and ask critical questions in the clinical settings.

ATSM 3404 – Clinical Decision Making in Athletic Training I: Students will refine their clinical examination skills in a practical setting. The refinement of these skills requires a thorough understanding of anatomy, physiology and biomechanics and information from these course will be used throughout the course.

ATSM 3405 – Clinical Decision Making in Athletic Training II: Students will continue to refine the on-going clinical examination process this is repeated, to some extent, each time that a patient is treated. This course will use the clinical examination skills studied in ATSM 3404 to accurately diagnose and effectively treat patients. Students will apply clinical reasoning skills throughout the physical examination process in order to assimilate data, select the appropriate assessment tests and formulate a differential diagnosis.

ATSM 3420 – Professional Development & Responsibility: This course will provide students with an understanding of the history, roles and responsibilities and current state of the Athletic Training profession. The course will also focus on the need to practice within a broader healthcare community

and how athletic trainers can work collaboratively with other healthcare providers and refer clients/patients when such referral is warranted.

ATSM 3430 – Therapeutic Interventions – Modalities: This course will focus on therapeutic interventions that are designed to enhance function by identifying, remediating and preventing impairments and activity restrictions (functional limitations) to maximize participation in a wide variety of settings (e.g., aquatic, clinic) with basic and contemporary equipment/modalities and on a wide range of patients with respect to age, overall health and desired level of activity.

ATSM 3470 – Clinical Exam in Athletic Training II – An advanced course designed for athletic training majors. In-depth review of prevention and evaluation techniques involved in head, spine, upper extremity and sport related problems.

ESS 3480 – Therapeutic Intervention II: This course will educate the athletic trainer on the need to be knowledgeable about nutrition, common prescription and nonprescription drug indications, adverse reactions and interactions on a wide range of patients with respect to age, overall health and desired level of activity.

ATSM 3490 – Health Care Administration: This course will focus on an understanding of risk management, health care delivery mechanisms, insurance, reimbursement, documentation, patient privacy and facility management for the Athletic Trainer.

ATSM 4010 – Practicum in Athletic Training I: An advanced course in evaluation of head, spine and upper extremity injuries for athletic training majors. Study, practice and demonstrate clinical proficiency of the 5th edition National Athletic Trainers' Association Competencies in Athletic Training.

ATSM 4011 – Practicum in Athletic Training II: An advance course in evaluation of internal, lower extremity and special sports related problems for athletic training majors. Study, practice and demonstrate proficiency of the 5th edition National Athletic Trainers' Association Competencies in Athletic Training.

ATSM 4880 – Scholarship in Sports Medicine: This is a directed project course with a member of the Athletic Training staff or faculty. This could include research, clinical experience, internships or other such projects. In general, this course is for students with an advanced understanding of the athletic training field and sports medicine.

BIOL 2325 – Human Anatomy: Rigorous, in-depth coverage of structure and function of the human body. Laboratories use prosected human body parts.

BIOL 2420 – Human Physiology: Principles of human function.

H EDU 2720 – Emergency Medical Responder: The Emergency Medical Responder course is designed for people with a duty to respond such as police, athletic trainers and first response team members but who do not need EMT level training. This class includes CPR, AED, and use of oxygen, bloodborne pathogens and emergency care. The class is designed for those who will not have much medical equipment available to them. This class meets current NATA and CAATE requirements.

KINES 2500 – Exploration of the Movement Sciences: Designed to introduce prospective KINES majors to the plethora of ideas, issues and career opportunities that span the movement sciences spectrum. The use of technology will underscore the student's experience as students are guided toward an understanding of themselves and others as physically active individuals. Science as a way of qualitatively and quantitatively knowing about movement will be addressed.

KINES 3091 – Exercise Physiology: Movement is a basic human behavior. The primary objective of this course is to examine the physiological basis of human movement. The focus will be on reviewing what exercise physiologists have learned about the diversity of physical activity. Although many physiological responses to activity are predictable, the magnitude and pattern of responses are unique depending on age, gender, and previous experience of the individual.

KINES 3092 – Kinesiology: This course is designed to engage you in the process of learning how to qualitatively analyze the movements of the human body and to discover underlying principles. As a result of integrating information from musculoskeletal anatomy and neuromuscular physiology you will be better able to help your students/client perform with optimum safety, effectiveness and efficiency.

KINES 3093 – Biomechanics: This course has been designed to introduce students to how muscular forces produce joint torque and how joint torque allows for a variety of movements humans perform.

KINES 3340 – Sport Psychology: Introduction to and overview of the psychosocial aspects of sport. Performance control, establishment of a learning environment and the social context of performance are examined with their theoretical bases.

KINES 4780 – Psychology of Sport Injury: This course examines the psychological factors involved in sport-related injuries and the rehabilitation process. Relevant theory and research will be discussed as well as practical applications. Some topics include: stress, responses to injury, mental skills used to manage injury (i.e., goal setting, motivation, confidence) social support, potential problems faced during rehabilitation and returning to sport after injury. This is a sport psychology course, therefore discussion will not focus on the physiological processes involved in injury.

NUTR 1020 – Scientific Foundations of Human Nutrition and Health: Role of carbohydrates, proteins, lipids, water, vitamins and minerals in human nutrition. Relationship of nutrition to maintenance of health and prevention of disease. Role of nutrition in weight control, sports nutrition, eating disorders, pregnancy/lactation and chronic diseases are discussed. Students participate in laboratory applications for lipid profiles and blood pressure assessment.

Clinical Site Visits

The Clinical Education Coordinator, Program Director or another representative of the ATP will conduct at least one clinical site visit each year. The purpose of these visits is to observe the athletic training students in their clinical rotation and to facilitate effective communication with the preceptors. The Clinical Education Coordinator and Program Director will conduct meetings with the preceptors annually and solicit feedback throughout the year in order to determine the strengths and weaknesses of our clinical education program.

Proof of Insurance Coverage

While participating in assigned clinical rotation with an established education site for the University of Utah, students will be covered by the blanket University of Utah malpractice insurance.

Athletic Training Student Professional Behavior and Dress

1. All athletic training students are expected to act according to the University of Utah student Code which can be found here <http://www.regulations.utah.edu/academics/6-400.html>.
2. **Dress** – dress code is determined by the preceptor and the policies of the clinical site. The University of Utah ATP’s preference is that the athletic training student dress professionally. At a minimum, the athletic training student is required to follow the dress code as outlined by University of Utah HealthCare. <http://healthcare.utah.edu/careers/docs/DressCodePolicy.pdf>
 - a. Clothing – athletic training students are encouraged to wear clothing given to them by the ATP, UUOC or Utah Athletics while at the clinical site. Athletic training students are allowed to wear other professional clothing as dictated by the Health Care dress code or the clinical site.
3. **Badge/Identification** – All athletic training students are required to wear their UCard ID badge above the waist in a visible fashion. These ID badges are to be worn at all times during a clinical assignment.
4. **Attendance**
 - a. Only one excused absence is permitted before it affects the athletic training student’s clinical grade
 - b. Being late counts as an absence
 - c. Athletic training students are expected to act professionally and communicate with their preceptors should something arise that may cause them to be tardy or miss their clinical rotation
5. **Dating/Relationships**
 - a. Dating of University of Utah athletes is strongly discouraged. If a student is in a relationship that extends beyond his/her clinical assignment, he/she must inform the Clinical Education Coordinator. Athletic training students are not allowed to be engaged in an intimate relationship, anything beyond the clinical assignment, with any athlete at the clinical assignment. Athletic training students must speak with the CEC immediately if he/she foresees this happening or it is currently happening. An athletic training student **will be dismissed from the Athletic Training Program for not following this policy.**
 - b. An athletic training student may not date any person at/from their clinical assignment. The athletic training student must speak to the Clinical Education Coordinator immediately if he/she is in violation of this policy or foresees him/herself violating this policy.
6. **Substance Use and Abuse**
 - a. Athletic training student use, possession or distribution of any narcotic or other controlled substances on University premises or at University activities (ex. off-campus clinical experiences and team travel) except as expressly permitted by law and University regulations is not acceptable at any time.
 - b. Athletic training student use, possession or distribution of alcoholic beverages on University premises or at University activities (ex. off-campus clinical experience and team travel) except as expressly permitted by law and University regulations is not acceptable at any time.
7. **Cell Phones** – cell phones are to be used for emergencies only while at the clinical education setting. Cell phones must not be used for personal calls or texting unless approved by the preceptor.

Social Media Recommendations

- a. **Public Media** – refers to any technology used to communicate messages (dissemination of fact, opinion and entertainment and whose mission is to serve the public. Public media domains include print (newspapers, books, magazines, posters, flyers, etc.), traditional public and commercial broadcasts (such as TV, radio, film), digital media (Internet, e-mail, social networks, podcasts, chatrooms, blogs) and any other types of platform or distributions mechanism to expand reach and engage audiences.
 - i. When using any public media platforms, athletic training students are expected to conduct themselves responsibly as members of the ATP, the Athletics Departments, the Department of Physical Therapy and Athletic Training, the College of Health and the community.
- b. **Social Networks** – such as Facebook, Myspace, Twitter, Instagram and other digital platforms and distribution mechanisms facilitate student communication and collaboration. Participation with these networks has both positive and potentially negative consequences. It is critical that the athletic training student be aware of the negative consequences and exercise appropriate caution when using these networks. Athletic training students are not restricted from using social networks (internet, blogs, chatrooms, Facebook, Twitter, etc.) but they must understand that any content made public is expected to follow acceptable social behaviors and to comply with federal and local laws and the policies and procedures of the ATP and The University of Utah. Ignorance of these regulations does not excuse the student from adhering to them.
- c. **Guidelines** – the following guidelines are to provide framework to help the athletic training student conduct themselves safely and responsibly on-line.
 - i. Be careful with how much and what identifying information you share. Use caution not to publish your home or dorm address, bank account numbers, your social security number. Anyone with your email address can find you on social media sites.
 - ii. Facebook and other sites provide privacy settings, use these to protect your private information.
 - iii. Be aware that potential and current employers often access information you place on-line. Protect yourself by maintaining a self-image that you can be proud of several years from now.
 - iv. Be sure not to have a false sense of security about your rights to freedom of speech. It is not un-limited. On-line social networks are not a place where you can say or do whatever you want without consequences.
- d. **Prohibited Conduct** – athletic training students are visible representative of the University and are expected to uphold the values and responsibilities of the University while meeting all of the requirements set forth by the University of Utah and the ATP. The ATP prohibits malicious and reckless behavior when utilizing public and social media outlets. It is important for the athletic training student to recognize the power of public media domains and the potentially negative image that they can portray about student-athletes, coaches, the athletics program and the University. The malicious use of on-line social networks or any public media domain will not be tolerated and may result in disciplinary action. Such malicious uses include, but are not limited to:

-
- i. Derogatory language and remarks about other athletic training students, athletes, coaches, athletic administrators or representatives of other universities or colleges, University of Utah faculty or staff.
 - ii. Demeaning statements about, or threats to, any third party.
 - iii. Incriminating photos or statements depicting violence; hazing; sexual harassment; vandalism, stalking; underage drinking; selling, possessing, or using controlled substances; or any other inappropriate behaviors.
 - iv. Creating a serious danger to the safety of another person or making a credible threat of serious physical violence or emotional injury to another person.
 - v. Indicating knowledge of an unreported felony theft or felony criminal damage to property.
 - vi. Indicating knowledge of an unreported NCAA violation regardless if the violation was unintentional or intentional.
 - vii. If an athletic training student is found to be inappropriately using an on-line social network, he or she will be in direct violation of this policy and subject to the appropriate sanctions administered by the ATP.

Responsibilities and Duties of the University of Utah Athletic Training Student

It is important that all athletic training room policies and procedures are followed. Be sure to be familiar with all guidelines outlined below.

Note – The term “Staff Athletic Trainer” refers to any certified athletic trainer (or other health care provider designated by the ATP) working for the University of Utah, or approved clinical site, who has completed at least one (1) year of experience as a BOC certified athletic trainer and has completed the preceptor training workshop hosted by the University of Utah Clinical Education Coordinator.

The term “athletic training student” refers to any student currently enrolled in the University of Utah Athletic Training Program.

University of Utah Professional Conduct

1. You are expected to behave as a professional when in the athletic training rooms. No horseplay, profanity or unprofessional conduct will be tolerated.
2. When athletic training students are working at a game, match or practice where there are spectators, wearing professional attire is mandatory.
3. Athletic training students are responsible for the cleanliness and neatness of the athletic training and rehabilitation rooms.
4. When you are working at a practice, remain professional. Keep in mind that you are representing the University of Utah, your dress and appearance is a direct reflection on the ATP.
5. If grade point average becomes unacceptable, the athletic training student will be put on academic probation limiting the student’s participation in the clinical experience.
6. Any issues an athletic training student has with a coach or student-athlete should be handled by a staff athletic trainer/preceptor.
7. As a University of Utah athletic training student you represent the Physical Therapy and Athletic Training Department and the ATP. Until you are certified, you should not be giving health care advice.
8. Any information you obtain about injuries or conditions of any of our athletes is to stay in the athletic training room or health care setting; it is not for public release. Releasing this private, protected health information may be reason for dismissal from the ATP. It is also a HIPAA violation and can be prosecuted by law.
9. Your experience within the University of Utah athletic training rooms and clinical settings outside the University will be a learning situation; however, you will have to show interest and study on your own. Our staff is experienced enough that there are a number of people who can answer questions and help with problem areas. Never be afraid to ask for help.
10. The telephones and computers in the clinical settings are only to be used for official University business.
11. Remember that we are a staff of individuals working towards a similar goal. Work together and do not embarrass each other in front of another person. Be positive and constructive in your dealings with each other.

University of Utah Athletic Training Room Operations

1. All athletic training room policies and procedures are to be followed.
2. Complete any job-related duty requested by a staff athletic training/preceptor, team physician, other healthcare provider or an administrator.
3. Carry out the treatment, rehabilitation and care of the athletes under the supervision of a staff athletic trainer/preceptor.
4. If a staff athletic trainer/preceptor or team physician is not available, notification of a staff athletic trainer/preceptor, or team physician of any problem in a timely fashion is absolutely necessary.
5. Athletic training students will be assigned to care for and transport all athletic training supplies and equipment as needed at a practice or game.
6. Athletic training students will not refer any athlete to a doctor or medical facility. The ATS may be assigned by a staff AT/preceptor to transport an athlete to a medical facility.
7. Only University of Utah student athletes, coaches and administrators are treated in the athletic training room facility on the University of Utah campus. Any other individuals have to be cleared through a staff athletic trainer.
8. Athletic training students will never carry or administer any prescription medications.
9. Coats, books and backpacks are to be stored in assigned areas only, not in the athletic training room or a staff athletic trainer's office unless permission is given.
10. After using rehabilitation equipment, replace straps, appliances, and weights back in place. Be very careful with all equipment.
11. Athletic training students are responsible to have water, cups, ice, field kits and emergency equipment at every practice or game setting.
12. The athletic training student's clinical assignment will be assigned by the Clinical Education Coordinator. If you are scheduled to be at your clinical experience, be there on time. If you are unable to make your assigned time, you are responsible to find someone to cover your assigned time, unless the absence is approved by your preceptor.
13. Individual athletic training kits will be supplied with materials only to perform your clinical assignment.

University of Utah Athletic Training Student's Responsibilities While Traveling with a Team

1. In order to count hours completed during travel all athletic training students must be supervised by a staff athletic trainer/clinical instructor.
2. All athletic training duties must be under the supervision of the staff athletic trainer/clinical instructor.
3. Following travel, athletic training students are encouraged to review all care provided with the staff athletic trainer/clinical instructor.
4. Athletic training students should always dress appropriately; if a dress standard is established, the ATS will be expected to adhere to it.
5. The athletic training student is part of the staff and may not get involved with social activities with the athletes while on road trips.
6. Athletic training students will not drink alcohol during a road trip.
7. Athletic training students should not critique coaches and especially not in front of athletes. Athletic training students are there to care for the health of the student-athletes, not to be their coach.
8. Athletic training students will not carry or distribute any prescription medication to any athlete.
9. Athletic training students should record all injuries and the actions taken during a road trip.
10. If you are asked to drive a vehicle, always drive responsibly; never allow any alcohol in your vehicle. If you feel impaired, you should request another to drive.

University of Utah Athletic Training Program (ATP) – Student Contract (January 2016)

As an athletic training student in the Athletic Training Program (ATP) at the University of Utah, I agree to abide by the following expectations to retain my position in the program. I will be provided a copy of this contract for my records.

- A. I understand that I am required to have current CPR/AED certification, a pre-participation screening completed by a physician, a copy/record of my Hepatitis B vaccination, and sign the University of Utah Athletic Training Program Qualifications and Technical Standards (<http://www.health.utah.edu/exercise-sport-science/athletic-training/prospective-students/technicalstandards.pdf>). I understand that I must submit these documents to the Program Director within two weeks of my first ATP core course and that I may not continue beyond the first month of the ATP until this is completed and submitted.

Student Initials: _____

- B. I understand that I must maintain a cumulative University of Utah GPA of 2.8 at all times, a 3.0 or better in the Athletic Training major and cannot receive lower than a C- in any Athletic Training required courses. If I fail to maintain these academic requirements, I will be placed on academic probation from the ATP and my graduation may be delayed.

Student Initials: _____

- C. I understand that I must report to my assigned clinical experience in the capacity of an athletic training student (ATS) each semester while enrolled in the ATP.

Student initials: _____

- D. I understand that the length of my clinical experiences is consistent with comparable academic programs requiring a clinical or supervised component. I understand that I may average as much as 20 hours per week for my clinical experience and will be required to complete a minimum of 1200 hours but no more than 2000. I understand that my volunteer hours are not recorded by the program and cannot be converted.

Student Initials: _____

- E. I understand that I must report for clinical experiences no earlier than August 1st while enrolled in the program. I will report to this clinical experience in the capacity of an athletic training student (ATS).

Student Initials: _____

- F. I will report to my clinical experience as an athletic training student with an assigned preceptor. I understand that I must provide my own transportation to and from my clinical experience and that the University of Utah ATP or the Department of Physical Therapy and Athletic Training will not reimburse me for any travel expenses I incur.

Student Initials: _____

- G. I understand that during my final year in the ATP, I will report to my clinical experience as an athletic training student throughout an entire season (pre-season, in-season, post-season) with an assigned preceptor and athletic sports team and/or clinical affiliate.

Student Initials: _____

- H. I understand that the Program Director and the Clinical Education Coordinator will ask for my input on while clinical experiences I have each semester; but the Program Director (Dr. Dibble) and the Clinical Education Coordinator (Dr. Tidswell) have the final determination on which clinical experiences I receive.

Student Initials: _____

- I. I will abide by the University of Utah's ATP personal appearance policy by reporting to my clinical experiences as an athletic training student.

Student Initials: _____

- J. I will abide by all policies within the University of Utah Athletic Training Program Policies and Procedures Handbook while reporting to my clinical experiences as an athletic training student.

Student Initials: _____

- K. I understand the absence request policy, and will give a minimum of 48 hours written notice to my preceptor which I need to miss a practice or event. If I am missing a game or event, I understand that it is my responsibility to find an equally (or more) qualified individual to perform my duties. I understand that taking a day off for academic reasons requires the 48-hour minimum notice.

Student Initials: _____

- L. I understand that is it becomes necessary to request an extended leave of absence I must request it in writing from the Program Director (Dr. Dibble) and it must be approved before my leave of absence begins. I understand that a leave of absence may delay my date of graduation.

Student Initials: _____

- M. I understand that if I am employed, my employment must not conflict with my athletic training clinical responsibilities. If my employment conflicts with my athletic training clinical responsibilities, I will adjust my employments schedule around my athletic training clinical responsibilities.

Student Initials: _____

- N. I understand that I may be given an infraction for violation of policies, procedures or exhibiting inappropriate behavior.

Student Initials: _____

- O. I understand that if I obtain any infraction as an athletic training student, I will have a meeting with one or all of the following people; the Program Director, the Clinical Education Coordinator or the Program Manager. I understand that subsequent infractions have further consequences in addition to the meeting. I understand that infraction notices accumulate throughout my education in the University of Utah's ATP and they are never removed from my record.

Student Initials: _____

- P. I am required to meet with the ATP Academic Advisor once a year. Generally, this will be a prescheduled meeting with the Academic Advisor and the Program Director. I will be prepared for this meeting and complete all assignments related to this appointment.

Student Initials: _____

- Q. I understand that my preceptor will evaluate me, I will evaluate my preceptor and I will evaluate myself each semester.

Student Initials: _____

- R. I understand that I may be put on probation or terminated from the ATP at any time for failure to progress academically or clinically and for accumulation of infraction notices, or for inappropriate behavior as outlined by the University of Utah's ATP Student Handbook. I understand that the University of Utah Policies and Procedures are recognized and enforced as part of the ATP Student Handbook.

Student Initials: _____

- S. I acknowledge that a copy of the ATP Student Handbook is available to me online through the ATP website and that I must comply and follow the National Athletic Trainers' Association Code of Ethics found online at <http://www.nata.org/codeofethics>.

Student Initials: _____

- T. I understand that if I do not understand a policy or procedure in the ATP Student Handbook, if I experience or witness a violation of any policy or procedure, or if I have any questions academically, clinically or otherwise pertaining to my ability to be successful in the Athletic Training Program that it is my responsibility to contact the Program Manager as soon as possible. I understand that failure to do so may affect the ATP's ability to successfully assist me in resolving my conflict, question or concern.

Student Initials: _____

- U. If I request an accommodation in a required Athletic Training required course, I will inform the Program Manager that I have made such a request and will provide documentation of the request. If I have questions about this policy, I will speak to the Program Manager immediately.

Student Initials: _____

Student Name: _____

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Athletic Training Educational Competencies Outcomes

The athletic training student will complete clinical integration proficiencies as outlined in their clinical course syllabi. These are based on the didactic course learning objectives and clinical instruction. These assignments should be completed by the deadline given by the instructor. The preceptor may evaluate students during clinical practicum courses, during any lab setting in which there is time, or during any study session. The preceptor may also evaluate students at the clinical site. All clinical integration proficiencies must be practiced with a peer and successfully completed under preceptor/instructor observation prior to performing the skill on an athlete/patient. The athletic training student should be aware of the preceptor's schedule and appropriate times to complete proficiencies. It is the student's responsibility to plan ahead.

The following are descriptions of the evaluation criteria for each clinical integration proficiency. Students are required to have a peer review each proficiency in the clinical setting before asking a preceptor to evaluate skills and knowledge.

Clinical Integration Proficiency Grading Criteria

P = Proficient/Passed

NP = No Proficient

NI = Needs Improvement

NE = Not Evaluated

IA = Initial Assessment

Appendix I – NATA Athletic Training Educational Competencies 5th Edition

https://www.nata.org/sites/default/files/competencies_5th_edition.pdf

Appendix II - NATA Code of Ethics

<http://www.nata.org/membership/about-membership/member-resources/code-of-ethics>

Appendix III - Utah State Licensing Act (Practice Act)

http://le.utah.gov/xcode/Title58/Chapter40a/C58-40a_1800010118000101.pdf

Appendix IV – Athletic Training Program website

<http://www.health.utah.edu/physical-therapy-athletic-training/athletic-training/index.php>

Appendix V – Evaluation Forms