The University of Utah Department of Physical Therapy and Athletic Training Master of Athletic Training

Clinical Education Handbook



Updated: October 2020



Welcome to Clinical Education in the Master of Athletic Training

Welcome to clinical education in the Master of Athletic Training program at the University of Utah. Clinical education is a vital component of our athletic training program. We have great preceptors that help students help put their didactic knowledge into clinical practice. We set up our athletic training program to maximum students' clinical immersion experiences and provide students with a depth of clinical experiences.

The following information has been compiled to help you understand the responsibilities and procedures around clinical education in the Master of Athletic Training program. Please read each page carefully and ask questions if you do not understand any of the material.

Mission of the Master of Athletic Training

The mission of the Master of Athletic Training program at the University of Utah is to develop confident and competent board-certified athletic training professionals. Our graduates will be highly qualified to practice a wide variety of settings and become effective members of the healthcare team using a student-focused healthcare curriculum, distinct interprofessional education, community engagement, and stimulating clinical experiences.

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Contact Information

Faculty



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Administrative Staff



Josh Larson Simulation and Clinical Manager joshua.larson@health.utah.edu 801.213.1329

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Josh manages simulation experiences in the Master of Athletic Training and specializes in acute care as a paramedic. Josh administrates clinical education items such as contracts and

professional liability. Josh also manages the PAC-12 Health Analytics Program at the University of Utah and will facilitate health informatics projects related to class and capstone projects.

Claire Forrester Program Coordinator 801.585.1820

Office: HPER East, Room 208

Claire coordinates all administrative tasks associated with the program. She handles financial reimbursements and purchasing, Graduate Record documentation, class and room scheduling, and event organization.

Clinical Education Procedures

Clinical Rotations

The following table describes the clinical rotations in the Master of Athletic Training

Semester	Type of Rotation	Rotations
Summer, 1st year		There are no rotations during the 1 st summer semester
Fall, 1 st year	Accessory (The goal of this semester is to focus on didactic knowledge in classes)	 Students will gain clinical experiences through ATSM 6500: Simulation in Athletic Training Students will have weekly assignments through the University of Utah Student Athletic Training Clinic Opportunities may exist for students to be assigned to our clinical education sites. This is based on student and clinical site. This is not a requirement.
Spring, 1 st year	4 - Part-time clinical experiences (1 per month, Jan - Apr)	During these spring and summer semesters, students will rotate through the following settings in order to meet CAATE standards 17
Summer, 2 nd year	2 - Part-time clinical experiences (1 per month, May-Jun)	 & 18. At a minimum, students will have experiences in the following 4 settings during these rotations: College/University Secondary School Physician Practice Military, Performing Arts, Industrial, or Specialty Clinics
Fall, 2 nd year	Full-time clinical internships	During these fall and spring semesters, you will have a variety of full-time immersion
Spring, 2 nd year	Full-time clinical internships	experiences. The timelines will be based on seasons (both in- and off-season). Students may rotation through rotations at different times.

Placements by Coordinator of Clinical Education

All clinical education placements are assigned by the Coordinator of Clinical Education. They may consult a student regarding assignments to make schedules and travel align with the students' needs. However, the Coordinator of Clinical Education has the final decision on clinical education rotations. If questions arise, be respectful in discussing placements with the Coordinator of Clinical Education.

Clinical Education Rotations and CAATE Standards

The Coordinator of Clinical Education places students to meet CAATE Standards for Accreditation of Professional Athletic Training Programs. In general, the following table describes how Standards 17 & 18 are meet.

Addition information on clinical assignments is found in the <u>Master of Athletic Training Student Handbook</u>, page 22.

Standard 17

A program's clinical education component is planned to include clinical practice opportunities with varied client/patient populations. Populations must include clients/patients

- throughout the lifespan (for example, pediatric, adult, elderly),
- of different sexes,
- with different socioeconomic statuses,
- of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
- who participate in non-sport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).

The following table describes the settings where students will accomplish the standard.

Part of Standard	Rotation Type
Patients throughout the life span	Physician practice
Different sexes	Secondary school
	Physician practice
Different socioeconomic statuses	Secondary school
	Physician practice
	• Industrial
Varying levels of activity and athletic ability	 Professional
	 College/University
	 Secondary school
Who participate in non-sport activities	Military/ROTC
	 Industrial
	 Performing arts

Each student will be assigned to at least 4 different settings during their complete time in the Master of Athletic Training that will meet all aspects of Standard 17

- College/University
- Secondary School
- Physician Practice
- Military/ROTC, performing arts, industrial, or leisure activates through healthcare specialty clinics

Standard 18

Students gain experience with patients with a variety of health conditions commonly seen in athletic training practice.

The following table describes the settings where students will accomplish the standard.

Part of Standard	Rotation Type
Injury prevention	 Professional
	 College/University
	 Secondary school
Urgent and emergent care	 College/University
	 Secondary school
Primary care	Physician Practice
	 Secondary school
	 College/University
Orthopedics	College/University
	Secondary school

	Physician practice
Rehabilitation	College/University
	Secondary school
Behavioral health	Secondary school
	College/University
Pediatrics	Secondary school
	Physician practice
Performance enhancement	 College/University
	 Secondary school
	Military/ROTC
General medical	Physician Practice
	 Secondary school
	College/University

Requirements and Documents Prior to Starting Clinical Rotations

Before a student can start any clinical education rotation they must first complete the following documents.

- Basic Life Support and CPR Certification
- Federal Educational Rights and Privacy Act (FERPA) training
- Health Insurance Portability and Accountability Act (HIPAA) training
- Blood-Bourne Pathogen training
- Youth Protection Safety of Minors Code of Conduct training
- Sign the Infectious Disease Policy
- Background Check
- Drug Screening
- Immunization
 - Evidence of completed vaccinations for Hepatitis B (three successive shots), TB test (within one year), MMR, and TDAP (within the last ten years)
- COVID-19 specific documents
 - o Travel and Exposure questionnaire
 - o University of Utah Health Attestation form

Additional information with specific information on these requirements can be found in the <u>Master of Athletic Training Student Handbook</u>, page 20.

Clinical Orientation

Preferably prior to the start but at least 2 days within a clinical rotation, students *must* have an orientation meeting with their preceptor. The purpose of the orientation is two-fold:

- 1. Make sure the student knows the required policies and procedures of the site, including a review of the emergency action plan.
- 2. For the student and preceptor to set goals. These goals should be review frequently throughout the rotation. At a minimum the goals should be included in the final student clinical assessment.

The Clinical Orientation form and process will be completed in Exxat. It is the *students' responsibility* to make sure this is turned in no later than 2 days in the clinical rotation cycle.

Student Clinical Assessments

For part-time clinical experiences, students will be assessed by the preceptor one time at the end of each clinical rotation cycle. For full-time clinical internships, students will be assessed by the preceptor two times. There will be a mid-cycle and an end of cycle evaluation.

All student clinical evaluations will occur by completing the Student Clinical Education Evaluation form in Exxat. We use the same for all student clinical education evaluations so the student can track progress throughout their professional program career. Especially early in their program career, we do not expect students to be at a "Level 3, Competent." Students will not be graded on what their level they are at, but instead their progress toward the goals that were set during the Clinical Orientation. *Preceptors please provide quality feedback on the students' goals in order to assign clinical education grades*.

It is the students' responsibility to make an appointment with the preceptor to complete the Student Clinical Education Evaluation. Preceptors will be emailed a link for this assessment and must be the one to complete the evaluation.

Clinical Documentation

During clinical rotations students will need to document the following items. All of these items are completed in Exxat.

- 1. Hours log
- 2. Patient encounters
 - a. CAATE Curricular Content check-off

Preceptors

Mission of Preceptors

Clinical preceptors are the most important individuals in the Master of Athletic Training program. The mission of preceptors is to teach the transition of students' didactic knowledge to clinical competence. This transition of skills will be accompanied by positive mentoring of current and potential future trends in athletic training.

Preceptor Qualifications

According to CAATE Standard 31, preceptors for athletic training clinical experiences must be an athletic trainer or physician. Only athletic trainers or physicians will be able to complete evaluations of athletic training students related to CAATE Curricular Standards. Supplemental clinical experiences can be precepted by other qualified healthcare providers.

Athletic trainers must be in good standing with the Board of Certification and their state licensing agency (Utah-DOPL). Preceptors of other healthcare professions must be licensed (or appropriate regulation) healthcare providers in the state in which they practice.

Preceptors must have 2 years of full-time experience in their profession. Preceptors must have planned and ongoing education for their role as a preceptor, and show contemporary expertise, per CAATE Standard 45.

Preceptor Training and Communication

The Master of Athletic Training will hold at least 1 preceptor training event each year. This training can be hosted in-person or online and will be synchronously or asynchronously. It is expected that program preceptors make every effort to attend this preceptor training. The Master of Athletic Training program will try to supply BOC Category A CEUs at each preceptor training event.

The Coordinator of Clinical Education will set-up at least one site visit annually. This visit may be conducted by any athletic training faculty. The site visit will be used to review clinical education policy and procedures, required accreditation documents, and most importantly student needs. These site visits may occur in-person or virtually.

Besides the annual site visit, communication between the Master of Athletic Training program and preceptors will occur in Exxat or from frequent emails. Preceptors can also review policy and procedures and Exxat information on the Canvas "AT Preceptor Training" site.

Preceptor Duties

Preceptors in the Master of Athletic Training have the following duties.

- 1. Provide instruction and assessment of the students' clinical skills and abilities.
- 2. Provide instruction and opportunities for the student to develop clinical and communication skills, and clinical decision-making processes during actual patient encounters.
- 3. Provide assessment of athletic training students' clinical and communication skills, and clinical decision-making processes during actual or simulated patient encounters.
- 4. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training
- 5. Demonstrate understanding of and compliance with the Master of Athletic Training program's policies and procedures
- 6. Have planned and ongoing education for their role as a preceptor
- 7. Demonstrate contemporary expertise

Assessment of Preceptors

The Master of Athletic Training will use the following criteria to assess preceptors.

- 1. Students will complete a Preceptor Evaluation form at the end of each clinical rotation cycle. This form will be completed within 7 days of the end of the clinical rotation through Exxat. It is the students' responsibility to complete.
- 2. Attendance to annual preceptor training
- 3. Professional development activities related to precepting, including Master Preceptor Training

Priority for Clinical Rotation Placement to Preceptors

The following will be used as criteria when selecting preceptors for clinical rotations.

- 1. Student needs and circumstances
- 2. Years of experience of athletic trainer
- 3. Advanced professional development or Athletic Training Specialty Certification
- 4. Master of Athletic Training program preceptor assessment scores
- 5. Master Preceptor Training by NATA
- 6. Professional development specific to precepting or attendance of a CAATE Accreditation Conference

Assessment of Clinical Education Program

We will use the following items to assess the clinical education program. All items will be analyzed and summarized each semester.

- 1. Student Clinical Education Evaluation scores
- 2. Number of patient encounters per site
- 3. Number of actual patient experiences per site

Additional Clinical Education Policy and Procedures

These are a few policy and procedures related to clinical education found in the Master of Athletic Training Student Handbook. This is not the comprehensive list of policies and procedures for clinical education. For additional information with more detail please review all Clinical Education and Professional Behavior policies and procedures in the Master of Athletic Training Student Handbook, pages 20-33.

Outside Employment

The Athletic Training Program does not specifically restrict employment. However, a student's employment that extends beyond the program requirements is not a top priority for the program and some employment may impact a student's academic and program progress. Additional employment should not impact a student's ability to progress academically or inhibit participation in clinical placements.

We highly recommend students do not maintain employment during clinical placements but realize that may not be possible or realistic. Depending on the location and hours of the clinical placement, the student may need to adjust employment hours or be unable to continue employment. If employment hours conflict with clinical hours, the student will be expected to forfeit or change employment hours. A student may request time off for employment obligations but should *never* expect or demand a clinical site to alter clinical placement hours as a result of employment demands!

Clinical Assignment

Canceling a Clinical Placement

A clinical placement will not be changed once it is confirmed with a clinical site. Students should discuss the situation with the Coordinator of Clinical Education as soon as possible if they feel a need to cancel or change a clinical assignment. If significant extenuating circumstances arise, the student may have the option to cancel/alter the placement. Extenuating circumstances may include student illness or injury, family issues impacting the student's ability to participate, an alteration in the student's ability to progress within the program, or a problem at the clinical site (identified by the program(s)). An approved cancelation of placement may result in the student completing the placement at a later time —and may, therefore, delay graduation. Under no circumstances should a student directly contact a clinical site to negotiate a change or cancel a planned clinical placement without discussing this with the Coordinator of Clinical Education first.

Withdrawing from a Clinical Placement

The Coordinator of Clinical Education may withdraw a student from a clinical assignment if, in their judgment, the student is performing incompetently, unprofessionally, or poses a safety threat to patients, the preceptor, the staff, or themselves. The clinical preceptor may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical facility's disciplinary policy. "The student shall be required to follow all the rules, regulations, and procedures of the facility" (as per contract). These rules, regulations, and procedures should be introduced to the student during orientation to the facility or before the clinical assignment/experience.

Academic/Clinical Scheduling

The Athletic Training Program considers the didactic/academic portion of a student's education to be its first priority. In general, you will be excused from any clinical or other Master of Athletic Training requirement if it conflicts with a scheduled University of Utah academic or course requirement. However, it is essential that if a student foresees a regular and substantial conflict with a clinical assignment, they contact their preceptor immediately and Coordinator of Clinical Education.

A student's clinical assignment is the program's second priority. A student will not be excused from a scheduled clinical assignment for any reason other than a scheduled University of Utah academic or course requirement unless the student obtains prior approval from the Coordinator of Clinical Education or the clinical preceptor. To be approved for any short term or regular absence, speak to the Coordinator of Clinical Education or preceptor. The Coordinator of Clinical Education and the preceptor at the clinical site will determine the consequences of the requirement to make up for the absence. Students requesting an absence may be required to formally request, in writing, absence from the clinical experience. This will be kept in the student's academic/clinic file.

Students may not miss a course and then attend a clinical assignment. If you are too ill to participate in a course, you are too ill to provide patient care. Students that miss courses and then attend a clinical assignment will be penalized for abuse of this policy.

Any time missed due to illness or emergency must be reported to the clinical preceptor or the Coordinator of Clinical Education and may need to be replaced. Time off for appointments for medical and dental care – either for the student or the student's dependents, should be discussed with the clinical preceptor prior to making the appointment. The student is expected to schedule appointments outside of clinical time and attempt to minimize the disruption to the clinical assignment and facility functioning.

Often holidays such as New Year's, Easter, Memorial Day, Independence Day, (Pioneer Day in UT), and others occur during a clinical placement. Students will follow the same holiday schedule as their preceptor; therefore, students may be in the clinic on holidays and maybe separated from family/friends on that day. Closure of the University does not excuse the student from participating in the scheduled clinical placement.

Driving

Students are advised not to transport a patient or client for any reason unless driving a state vehicle and have passed the required driving test for driving vehicles for University Business. If a student chooses to drive a patient/client, the student and the vehicle being used for transportation may be liable for all damages or incidents that occur during transportation. A student is not required to drive or use his/her own vehicle for transporting athletes as part of a clinical assignment or responsibility. If a student has a question about this policy or has been asked to transport against their wishes, please contact the Coordinator of Clinical Education.

Relationships

Students are not allowed to engage in non-clinical, personal relationships (intimate or otherwise) with clients/patients. Any relationship with these persons that encompasses more than patient care or program/health care requirements must be communicated to the Coordinator of Clinical Education. If a relationship exists prior to admittance to the program or if a student perceives the development of a relationship, the student must speak to the Program Director as soon as possible. If a student is unclear about any aspect of a relationship with one of these groups or persons, the student is obligated to speak to the Coordinator of Clinical Education immediately. Violation of this policy may result in disciplinary action that could include immediate dismissal from the program.

A relationship may consist of any of the following: Friends on Facebook, Instagram, Snapchat, or other social media site; Texting or calling a patient/client or receiving a text or call from a patient/client that is not required in the delivery of health care; attending parties or other social functions of the patient's/client's that are not University-sponsored or sanctioned. This list is not exhaustive.

This policy is intended to protect both health care providers and clients/patients. Violations of this policy could result in physical and mental harm at its worst but may erode trust in health care providers and the professional generally if the highest ethical standard is not maintained.