Approved Clinical Instructor & Clinical Instructor Workshop

The University of Texas at Austin
Athletic Training Education Program
Outline

- Definitions & Terminology
- Competencies & Proficiencies
- Roles of an ACI
- ACI qualities, skills & characteristics
- Student evaluations
- Learning Styles
- Teaching Styles
- Delivery Techniques
- Challenges in the Clinical Setting
- Reminders
- ATEP P&P
Definitions

• ACI
• CI
• Direct Supervision
• Supervision
• First Responder
• Educational Competencies
• Clinical Proficiencies
• Learning Over Time
• See handout
Definitions

• ACI
  – Requirements:
    • ATC or credentialed health care provider (AMA / AOA)
      – Minimum of 1 yr
    • Complete ACI training
    • 1x / 3 years
  – Responsibilities:
    • Formal instruction & evaluation of competencies & proficiencies
    • Communicate w/ ATS regularly
    • Comply w/ ATEP P&P
    • Responsible or setting up the ATS learning environment
    • Professional mentoring
Definitions

• C.I.
  – Requirements:
    • ATC or credentialed health care provider (AMA / AOA)
      – Minimum of 1 yr or be supervised by experienced CI
  – Responsibilities:
    • Supervise ATSs’ clinical experiences
    • Communicate with ATS regularly
    • Comply w/ ATEP P&P
    • Informal teaching & evaluation of skills & knowledge
      – NOT formal evaluation of proficiencies
    • Professional mentoring

“Whoa! That was a good one! Try it, Hobbs—just poke his brain right where my finger is!”
Definitions

• **Direct Supervision**
  - Clinical education experiences:
    • ACI / CI plans, directs, advises, & evaluates field experience
    • ACI / CI must be **physically present** to intervene
      – Don’t have to stand over ATS’s shoulder, just be there to intervene prn.
  - Proficiency assessment:
    • 1 on 1 evaluation of ATS proficiencies by ACI
Definitions

• “First Responder”
  – a.k.a. unsupervised student
  – **Students must be supervised at all times!**
    • Restroom / phone call, temporarily unsupervised
      – ATS will act as a “first aid provider” by stabilizing the athlete and waiting for the ACI / CI to return
    • Students can **NOT** cover px, weights, conditioning, tx, rehab sessions, massage sessions, etc. without supervision
  – “The JRC-AT and NATABOC have jointly not endorsed the concept of the first responder and the use of unsupervised students publicly on several occasions. We stand firmly by our definition of supervision of students and the need for intervention capabilities.”
Definitions

• Educational Competencies
  – Basic knowledge base for entry-level athletic trainers
  – Taught & evaluated in the classroom / lab

“Mr. Osborne, may I be excused? My brain is full.”
Definitions

• Clinical Proficiencies
  – Basic skills for an entry-level athletic trainer
  – These are evaluated by an ACI on a 1 on 1 basis
  – Taught in the classroom / lab but evaluated by an ACI
  – Can they apply what they’ve learned to the clinical setting?
Definitions

• Learning Over Time / Mastery of Skills
  – documented, continuous process of skill acquisition, progression, and student reflection
  – Allows the ATS to learn it, px it, get tested on it, then use it, then improve, integrate into overall skill set
  – Ex.
    • Learn to tape in KIN 219K (spring ‘11)
    • Px the taping over and over (spring ’11 – fall ‘12)
    • Level IA proficiency (fall ‘12)
    • Incorporate the skill into a tx / rehab plan (spring ‘13)
Proficiencies and Competencies
Competencies and Proficiencies


• Basic knowledge, skills, and clinical abilities to be mastered by ATS
  – What is needed to become an entry-level athletic trainer?
## Proficiencies & Competencies

<table>
<thead>
<tr>
<th>Year</th>
<th>Fall Courses</th>
<th>Profs.</th>
<th>Spring Courses</th>
<th>Profs.</th>
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<tbody>
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<td>1) Gen Ed</td>
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<td>1) Gen Ed</td>
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<td>2) Prerequisites</td>
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<td>So</td>
<td>1) Modalities</td>
<td>1A</td>
<td>1) Upper Body Eval</td>
<td>1B</td>
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<td>2) Lower body Eval</td>
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<td>3) Biomechanics</td>
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<td>Jr</td>
<td>1) Rehab</td>
<td>2A</td>
<td>1) Topics (Gen Med)</td>
<td>2B</td>
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<td></td>
<td>2) Ex. Phys.</td>
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<td>3) Conditioning</td>
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<tr>
<td>Sr</td>
<td>1) Administration</td>
<td>3A</td>
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<td>3B</td>
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<td></td>
<td>2) Nutrition</td>
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</table>

Prerequisites:
- CC 306M Medical & Scientific Terminology,
- KIN 312K Care & Prevention of Athletic Injuries,
- KIN 219K Introduction to Athletic Training,
- KIN 324K Applied Human Anatomy
# Proficiencies & Competencies

<table>
<thead>
<tr>
<th>Proficiency Level</th>
<th>Related Courses</th>
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</thead>
<tbody>
<tr>
<td>1A</td>
<td>Intro to A.T., Care &amp; Prevention, Medical Terminology, Anatomy</td>
</tr>
<tr>
<td>1B</td>
<td>Modalities</td>
</tr>
<tr>
<td>2A</td>
<td>Upper Body Eval, Lower Body Eval, Biomechanics</td>
</tr>
<tr>
<td>2B</td>
<td>Rehab, Ex Phys, Conditioning</td>
</tr>
<tr>
<td>3A</td>
<td>Topics in A.T.</td>
</tr>
<tr>
<td>3B</td>
<td>Administration, Nutrition</td>
</tr>
</tbody>
</table>
Clinical Proficiency:

- Can they take the info they’ve learned in the classroom/lab and apply it in the clinical setting, in an actual situation (preferably) or a realistic scenario?
  - Knee evaluation:
    - Can they perform a knee evaluation correctly?
    - H.I.P.S.
      - Not every question is needed
      - Nor is every special test
        » Thomas Test w/ an ACL?
      - Do they know what things mean?
        » + Lachman = ?
    - Do they know what to do as well as what not to do?
    - Are they efficient? Can they think critically?
    - Can they take this info and apply it?
      - Referral, Tx plan, rehab plan, etc
    - Do they have the knowledge and skills of an entry-level ATC?
Proficiency Evaluation

• Done by an ACI
• 1 on 1 setting with ATS
  – Office Hours
    • Staged scenario
  – Clinical Experiences
    • Ideal situation!
    • Real-life case
    • Plenty of opportunity for this!

  – Ex: Athlete reports w/ ankle injury
    • Have ATS do the eval
    • ATS reports findings to you
    • ATS suggests tx, f/u, referral, rehab etc.
    • Evaluate the ATS performance

  – Ex: Athlete reports for tx
    • Have ATS suggest tx parameters to you
    • Evaluate the ATS performance
Proficiency Evaluation

0 = unable to perform the skill safely or effectively. Should not be allowed to perform the skill in the clinical setting. Must repeat this proficiency evaluation.

1 = able to perform the skill safely & effectively with prompting from ACI, should be allowed to perform the skill in the clinical setting with close supervision and assistance. Must repeat this proficiency.

2 = able to perform the skill safely and effectively without prompting from an ACI. Should be allowed to perform the skill in the clinical setting without the need for close supervision. Need not repeat this proficiency evaluation.

• If you were not there, would you feel comfortable with the ATS performing this skill / task safely and effectively on his / her own?
• Is he / she competent, proficient, and efficient?
Proficiency Evaluation

• Some proficiencies will have a detailed form ("skills test") for you to complete, others are very self explanatory.
  – Injury evaluation vs. obtaining body weight
  – Feel free to make suggestions to ATS
    • There is seldom only one “correct way”

• Provide specific feedback to ATS

• Sign his / her proficiency log, only if he/she received a “2” on the overall score
Proficiency Completion Log

• Sign student’s proficiency log, only if he/she received a “2” on the overall score

• If student receives a “0” or “1”,
  – Do NOT sign log
  – “must see __” in comments
    • Lets other ACIs know ATS needs to see you again for re-assessment

“Skills Test” Sheet

• “rubric sheet” for more complex skills (e.g. eval, tx)
• ATS brings form to you
• Must be used when indicated *
Proficiencies

• ATS can only perform a skill / task after they have:
  – Received formal instruction in the classroom or lab
  – Been “signed off” as having proved their proficiency, (i.e. earned a “2” on their proficiency evaluation)
  – “teachable moment”: take advantage of opportunities
    • 1st year student performing a Lachman on an injured player, even though they have not taken the eval course yet
      – You can demonstrate and have ATS perform the Lachman with you there, however, they can not just start doing knee evals after that incident.

• THIS IS A GOOD THING!
Being an ACI

Freshman athletic trainers.
Roles of an ACI

• Teaching
  – Formal & informal
    • Teachable moment
  – Competencies & proficiencies
  – Required info & “real-world” info
  – Classroom & clinical
  – Promote critical thinking
    • Create a clinician not a technician!

• Evaluating
  – Formal evaluation of clinical proficiencies
    • One on one setting
    • Office hours (staged)
    • Clinical Rotations (real)
  – ATS “performance” in the clinical setting
    • Skills & knowledge not just personal characteristics
  – Ongoing process
Roles of an ACI

• Supervision
  – All ATS must be supervised
  – Direct (1on1) supervision during proficiency evaluation

• Mentoring
  – Teach them what it is like to be an AT, a professional, an adult, etc.
    • Taking advantage of the (+)
      • dealing with the (-)
  – Advise on future plans
  – Assist w/ future plans
  – Helping them be a “better” student, person, professional, etc.
Qualities, Characteristics, & Skills of an Affective ACI

• Legal & ethical behavior
  – ATS & ACI must follow:
    • NATA Code of Ethics,
    • Texas State laws,
    • NCAA rules,
    • ATEP P&P,
    • CAATE guidelines
    • etc.

• Communication skills
  – w/ ATS, program director, etc.
  – Non-threatening, tactful, honest, encouraging
  – Express interest in ATS as a whole
  – Be open to ATS feedback
Qualities, Characteristics, & Skills of an Affective ACI

• Supervisory Skills
  – Create a positive learning environment
  – Clarify goals, objectives, & expectations
    • Initial meeting / orientation
  – Provide timely feedback
    • Don’t let it pile up
  – Open & supportive to ATS
  – Provide appropriate supervision
Qualities, Characteristics, & Skills of an Affective ACI

• Instructional Skills
  – Knowledgeable in A.T.
    • Things have changed since we were in school
  – Understand level of ATS and their prior knowledge
    • Appropriate clinical responsibilities based on proficiency completion
  – Know different teaching & learning styles
  – Encourage critical thinking & problem solving skills, not just fact recall
Qualities, Characteristics, & Skills of an Affective ACI

• Performance Evaluation Skills
  – Provide clear & objective ATS performance evaluations
  – Frequent, objective, & specific feedback
  – Address mistakes & reinforce good performance
Qualities, Characteristics, & Skills of an Affective ACI

• Clinical Competence
  – Knowledge of 12 domains of A.T.
    • Risk mgt / inj prev
    • Pathology of illness / inj
    • Assessment & eval
    • Etc.
  – Things have changed since we were in school!
    • Heart auscultation
    • Body fat analysis
    • Laser therapy
    • Manual therapy skills
Qualities, Characteristics, & Skills of an Affective ACI

• Administrative Skills
  – Time management
  – Completing & submitting appropriate paperwork in a timely fashion
    • D.O. evals
    • ATS evals
    • Proficiency evals
    • Etc.

• Professional Development
  – Demonstrate professionalism
  – Promote professionalism to ATS
  – Aid ATS in understanding their professional responsibilities
  – Encourage ATS participation in meetings, organizations, etc.
  – Introduce ATS to professional peers
Evaluating ATS

• Formative feedback to ATS
  – Continuous corrective feedback
  – (+) reinforcement
  – Correct mistakes,
  – Reinforce good performance

Freshman athletic trainers.
Evaluating ATS

• Assessing ATS clinical performance
  – Documents ATS skill acquisition, level of ability, & progression
  – Provides feedback re: instructional techniques & quality of clinical instruction
  – Evaluate ATS ability to perform psychomotor skills & ability to apply and integrate psychomotor skills & attitudes in their clinical experiences
  – Evaluate the ATS overall clinical performance
    • Preferably evaluate the ATS performance of proficiencies on real patients w/ real injuries
Evaluating ATS

• Be honest
• Be consistent
• Be objective
• Provide comments
  – Be specific
• Review w/ the ATS
• Both ATS & ACI sign & date the form
Learning Styles

“Mr. Osborne, may I be excused? My brain is full.”
Learning Styles

• Students have different learning styles
• Instructors need to adapt to the students’ learning styles
• How you learn, doesn’t work for everyone
• Students are not easily classified into 1 learning style, they use many different styles at different times (if not, they don’t learn well)
Learning Styles

• “a specific pattern of behavior & /or performance the learner utilizes in approaching learning experiences, the way information is processed, retained, and utilized”
Learning Styles

• Sensory Learning Styles
  – Visual
  – Imitative
  – Auditory
  – Bodily-kinesthetic

• Expressive Learning Styles
  – Individual
  – Group
  – Oral expressive
  – Written expressive
  – Sequential
  – global
Sensory: Visual Learners

- Prefers to see words / numbers in a book, board, chart, workbook, models, computers, etc.
- Typically write down much of what they hear
- Typically a holistic learner
  - All or none
  - “Aha, I get it”
- Good w/ whole systems, major concepts, inductive learning, problem solving
- How would you teach the concept to a hearing impaired person?
Sensory: Visual Learners…

• Remember what they see not what they hear – show them
• Are not step by step learners, give them the “big picture” first
• Have poor rote memory
Sensory: Imitative Learners

- The student observes and models your behavior

- Problematic b/c
  - Student’s learn how, not why
  - Student’s don’t have the experience to alter things when needed
Sensory: Auditory Learners

- Prefer to vocalize to themselves, move their lips when reading
- Audiotapes, lectures, discussions are useful
Sensory: Bodily-Kinesthetic Learners

• Learn best by doing or being involved, experiencing
Expressive: Individual

- Think and work alone...introverted
- Self-motivated
- Not good w/ groups
- Usually good at thinking through concepts
- Need clear instruction, goals, objectives
- ~25% of all students, but are the top 85%
Expressive: Group Learner

• Studies in groups
• Interacts w/ others
• Are stimulated by others’ opinions, thoughts
• Benefit by group discussions
Expressive: Oral Expressive

• Prefers to verbalize things instead of write them down
Expressive: Written Expressive

• Best with written reports, essays, journals, notes, etc.
• Good w/ taking & learning from notes
• Need time before expressing themselves verbally
Expressive: Sequential Learner

- Needs structure and pre-planned activities
- Uses logic to problem solve
- Pays attention to detail
- Makes lists of goals
- Usually work on one task at a time, complete it, then move on
Expressive: Global Learner

- Unstructured ordering of thoughts & ideas
- Wants to know the main idea, then creates their own way of completing the tasks to get there
- Works on many tasks at a time
Teaching Styles

“Whoa! That was a good one! Try it, Hobbs—just poke his brain right where my finger is!”
Teaching Styles

• Teaching students in the manner in which you were taught does not always work

• Common Styles:
  – Assertive
  – Suggestive
  – Collaborative
  – Facilitative
Teaching Styles

• Need to gradually change style to accommodate students’ progress
• In the beginning the teacher is the show
  – ATS needs detailed instructions / guidance
• As ATS progresses, ACI should provide + reinforcement to ATS & encourage the ATS to “push” themselves into new things
• As ATS pushes themselves to learn and do new things, the ACI should allow the ATS to do more w/ less instruction / supervision
• Later the teacher should guide the show and allow the ATS to run it (under supervision)
# Changing leadership / teaching style

<table>
<thead>
<tr>
<th>Style</th>
<th>ACI action</th>
<th>Level of guidance / supervision</th>
<th>ATS level of readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling</td>
<td>gives explicit instructions ATS has no decision making input</td>
<td>High, close supervision</td>
<td>Low, ATS is insecure in ability</td>
</tr>
<tr>
<td>Selling / coaching</td>
<td>Explain rationale for decisions, provide opportunity for ATS clarification</td>
<td>Mod high supervision</td>
<td>Moderate, ATS feels unable but willing to perform</td>
</tr>
<tr>
<td>Participating</td>
<td>Share ideas &amp; facilitate decision making processes w/ ATS</td>
<td>Mod low supervision</td>
<td>Moderate, ATS feels able but insecure in ability</td>
</tr>
<tr>
<td>Delegating</td>
<td>Give decision making responsibility to ATS</td>
<td>Low, little supervision, but always supervised</td>
<td>High, ATS feels able &amp; confident in ability</td>
</tr>
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</table>
Teaching Styles

• Student-centered teaching styles promote creative problem solving & critical thinking skills
  – Use open ended questions
    • Fosters analytical thinking not recollection of facts
  – Helps the student understand the need for lifelong learning

• Too many of us stay with the teacher centered teaching style
Essential Teaching Elements for ACIs / CIs

- **Comprehension**
  - The ACI determines what is known / unknown (by the ACI & ATS)

- **Transformation**
  - The ACI organizes & transfers info into teachable content & format

- **Instructional performance**
  - The ACI identifies teaching methods that are in tune w/ the ATS’ s learning style

- **Reflective evaluation**
  - The ACI analyzes both the ATS’ s and ACI’ s performance

- **New comprehension**
  - The ACI gains new knowledge from the teaching experience
Teaching Clinical Skills

• Skill learning can be categorized into these steps:
  – Initially understanding the task /skill / movement
  – Performing the task/ skill/ movement
  – Refinement of the skill
  – Committing the skill to memory
Teaching Clinical Skills

• 1. ACI establishes a problem that leads to a goal
  – Create an assignment, test, project, etc.
  – The ATS will recognize the need for certain knowledge to overcome this problem

• 2. ACI engages the ATS
  – How do they learn best?
  – Use a variety of methods (visual, auditory, self-directed problem solving activities, etc.)

• 3. ACI controls the learning environment
  – Make is realistic / real life
  – Allow ATS to px their skills on real people or real-like simulations

• 4. ACI provides timely feedback
  – Focus on the behavior not the student
  – Feedback should be descriptive & specific not judgmental
Teaching Clinical Skills

• Must introduce in a common sense fashion
• Must provide increasing difficulty
Stages of Psychomotor Skill Acquisition

• After the ATS learns the skills in the classroom they should practice the skill then...

• They should be allowed to perform the skill in the clinical setting under direct supervision, then...
  – After proving their proficiency

• The ATS should be allowed to perform the skill w/o direct supervision
## Stages of Psychomotor Skill Acquisition

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Example</th>
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<tbody>
<tr>
<td>Distinguish</td>
<td>ATS displays the ability to visually identify basic components of various skills</td>
<td>Identify a valgus stress test from a Lachman’s</td>
</tr>
<tr>
<td>Set</td>
<td>ATS assumes physical position</td>
<td>Assumes hand placement to perform the Lachman’s</td>
</tr>
<tr>
<td>Guided response</td>
<td>ATS duplicates the skill demonstrated by the ACI</td>
<td>ATS is able w/ assistance to pull the tibia anteriorly</td>
</tr>
<tr>
<td>Mechanism</td>
<td>ATS responds to ACI feedback</td>
<td>ATS refines hand placement and force application, etc.</td>
</tr>
<tr>
<td>Complex overt response</td>
<td>Coordination of individual maneuvers into a complex task</td>
<td>ATS demonstrates the ability to perform the task independent</td>
</tr>
<tr>
<td>Adaptation</td>
<td>ATS self-modifies the technique to obtain the best result</td>
<td>ATS adapts the Lachman to a person w/ large leg girth</td>
</tr>
<tr>
<td>Origination</td>
<td>ATS develops new maneuvers</td>
<td>ATS creates an alternative form of stressing the ACL</td>
</tr>
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</table>
Methods for Teaching Clinical Proficiencies

- Cognitive Apprenticeship
  - ATS participates with ACI to learn knowledge, physical skills, procedures, thinking processes & professional culture of the field

- 4 dimensions to ideal teaching / learning environment
  - Content
  - Method
  - Sequence
  - sociology
Dimensions to ideal teaching / learning environment

• Content
  – Domain knowledge
  – Facts, concepts, procedures of A.T.
  – “book knowledge”

• Teaching Methods
  – Modeling
  – Coaching
  – Scaffolding
  – Articulation
  – Reflection
  – Exploration
Dimensions to ideal teaching / learning environment

Teaching Methods

• Modeling
  – ATS observes ACI
  – ATS sees how task should look

• Coaching
  – ACI observes ATS while ATS performs a task
  – ACI provides verbal or physical feedback / assistance
  – Allows ATS to participate while ACI guides them
Dimensions to ideal teaching / learning environment

Teaching Methods

• Scaffolding
  – ACI support ATS before or during a task
  – Hints, directions, reminders
  – Backward chaining:
    • Demonstrate last step 1\textsuperscript{st} then each preceding step
    • Gives ATS an idea of what the outcome should be
    • Best for longer procedures
  – Forward lengthening
    • Demo 1\textsuperscript{st} step, they px
    • Demo 2\textsuperscript{nd} step, they px…
    • Best for short procedures

• Articulation
  – ACI watches their actions after / while the ATS verbalizes their knowledge, reasons, thinking processes
  – Otherwise, the ACI has to make inferences about the ATS knowledge, reasons, etc based on their actions
Dimensions to ideal teaching / learning environment

Teaching Methods

• Reflection
  – ATS compares their practice w/ previous px or with the ACI’s px
  – Not just replay the event, but analyze it

• Exploration
  – Create opportunities for ATS to identify and solve real practice problems on their own
Dimensions to ideal teaching / learning environment

- **Sequencing**
  - Appropriate sequencing of learning experiences to help ATS acquire, integrate, and use knowledge
  - Increase complexity throughout sequence
  - Increase diversity throughout sequence
    - Different scenarios / settings / contexts
  - Present global skills before local skills
    - Have student participate in an entire process, then break it down for them

- **Sociology**
  - Professional practice & interactions w/ professionals & other students
  - ATS observes “role models” in action
  - ATS experience the professional culture
  - Student intrinsically wants to learn more / improve skills so they can participate more
  - Cooperation & competition amongst students
    - ATS get together to assist one another in learning vs.
    - ATS compare their experiences to others’ or discuss how they would have addressed the situation
Challenges in Clinical Education

- Climate
  - Learning environment / atmosphere
    - Conducive to learning?
    - Non-threatening?
    - Encouraging?
    - Professional?

- Management
  - Be firm but fair
  - Support ATS
  - Have a plan for what they do
Challenges in Clinical Education

• Expectations:
  – Of ACI
  – Of ATS
  – Address at orientation
    • Within 1 week of beginning the rotation
    • Clear, written expectations
    • General to ATEP
    • Specific to ACI

• Feedback
  – Timely
  – Daily interaction
  – Objective
  – Constructive
  – Focused on task
  – Address errors
  – Reinforce / praise good behaviors
Challenges in Clinical Education

• Communication
  – B/t ACI & program director
  – b/t ACI & ATS
  – Be approachable & nonconfrontational
  – Both the ATS & ACI are responsible for communicating with each other

• Assessment
  – Be fair
  – Be firm
  – Be objective
Challenges in Clinical Education

• Time Management
  – Being an ACI takes time
    • Meetings
    • Tx
    • Rehab
    • Proficiencies
    • mentoring
  – Being an ATS takes time also
    • CLASS & Labs
    • Meetings
    • Clinical duties

• Collaboration
  – “interaction the ACI & ATS have with others”
  – ACI should promote the ATS as a professional to athletes, coaches, physicians, administrators, parents, etc.
  – Encourage coaches & athletes to see ATS as part of the team, not an outsider
  – Cooperation b/t ACIs, b/t ACI & program director,
Challenges in Clinical Education

• Financial Issues
  – ACIs are not paid
  – We ask for as little of your time as possible
  – Being an ACI in exchange for ATS assistance
  – You don’t have to be an ACI if you don’t want to...

• Student Behavior
  – Address issues with the ATS early
  – DOCUMENT problems early
    • Violation report
  – Let the program director know
  – Address expectations in orientation
  – Don’t let it get personal
Challenges in Clinical Education

• Enforcing / Following Policies & Procedures
  – Institutional Policies
  – ATEP P&P manual
  – ATEP ACI manual
  – Clinical sites P&P manual
  – CAATE guidelines
  – TDH guidelines
Reminders…

• ATS must be supervised at all times by a credentialed professional
  – ATS cannot travel with teams without an ATC
  – Cannot take the place of an ATC at any time

• Proficiencies must be evaluated in a 1:1 setting

• Only sign the ATS proficiency log if they “passed” the proficiency, i.e. received a “2”

• ATS can only perform a skill after they’ve been formally instructed and evaluated
Reminders...

• The ATS is an athletic training STUDENT
  – Academic issues have priority over clinical assignments
  – Ideal clinical hours 20± / week
    • 40 minus course load
  – MUST have at least one day off

• Give the ATS ongoing feedback
  – Address problems, praise good behaviors
  – Document problems early
Program Specific Issues

• Any questions?
• P&P Review:
  – “first aid provider”
  – Clinical supervision
“First Responder” cont’d…

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

- provide ice, compression, and elevation
  - in the event a first aid provider provides ice, compression, and or elevation, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.
“First Responder” cont’d...

- splint, immobilize, or provide support to an injury
  - in the event a first aid provider splints, immobilizes, or provides support to an injury, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.
“First Responder” cont’d…

• activate EMS
  – in the event a first aid provider activates EMS, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.
“First Responder” cont’d...

• perform CPR, rescue breathing, and / or AED procedures
  – in the event a first aid provider performs CPR, rescue breathing and / or AED procedures, the first aid provider will notify the appropriate supervisor according to the site’s policies and procedures and document the incident on the appropriate forms.
“First Responder” cont’d...

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

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

• Students are required to notify the Program Director immediately if they feel that they are inadequately supervised in the clinical setting.

• Students may not travel with a team, in the capacity of an ATS, unless a credentialed professional also accompanies the team and will supervise the ATS as an ACI or CI.