

Athletic Training Clinical Education

PROFESSIONAL PHASE CLINICAL EDUCATION POLICY

Clinical education is designed to present students with opportunities to practice and apply the knowledge and skills gained in the classroom in carefully selected and supervised practical situations. The clinical portion of the students' education is housed within the four Clinical Practicum courses (i.e. ATHT 511L, 512L, 611L, 612L). To be a successful health care practitioner, it is essential that students take every opportunity to practice and refine their skills during clinical education experiences.

There are specific requirements and educational standards that students must meet as part of their clinical education experiences. Students must pass all CAATE standards assigned to each of the clinical practicum courses in order to pass the respective course. The standards embedded in each practicum serve as the framework for the clinical evaluations used to evaluate student performance during their clinical education experiences. The standards assigned to each practicum course align with didactic coursework, typically from the previous semester, and build across practicum courses as content understanding and clinical skill proficiency evolves. The standards allow for opportunities to synthesis and integrate knowledge, skills and clinical decision making into actual patient/client care. They are global in nature as we rarely perform athletic training skills in isolation of one another when treating a patient – we treat and manage the patient through an entire continuum of care.

All students, involved in clinical education, must be supervised **at all times** by a Certified Athletic Trainer (including dual credentialed clinicians (i.e. AT/PT, AT/PA) or a Physician.

The Clinical Education Coordinator, in conjunction with the Athletic Training faculty, determines clinical assignments; it is the faculty's goal to provide all students with similar yet comprehensive experiences and opportunities. All students are given opportunities to experience several practice settings (i.e. high school, collegiate, professional, clinic/industrial, and general medical), while gaining exposure to orthopedic and non-orthopedic conditions, and exposure to diverse patient populations. **To ensure this comprehensive education, students are not permitted a second experience with any previously-assigned clinical preceptor/site.** Throughout the clinical education experiences, students are evaluated by the preceptors on specific standards, associated with each practicum course.

Based upon Dr. Turocy's educational research published in the *Journal of Athletic Training*, students who gain approximately 1200 hours of clinical education have a higher passing rate on the BOC examination than those who acquire less or significantly more hours. Based upon these findings and over 25 years of program graduate data, Duquesne Professional Phase Athletic Training Students are required to gather a minimum of 1000 clinical education experience hours, as part of the four Athletic Training Clinical Practicum courses.

Students will engage in two types of clinical education experiences, non-immersive and immersive experiences. During ATHT 511L and 512L, students will engage in non-immersive clinical education experiences. These clinical education experiences will occur concurrently with didactic coursework. When participating in these experiences, although the focus of these experiences will be on optimizing and engaging in patient encounters, students will also be expected to meet specific clinical hour requirements to ensure adequate time to practice and refine clinical skills.

As part of both ATHT 611L and 612L, students will engage in both immersive and non-immersive clinical education experiences. During the fall and spring semesters of the 5th year, students will engage in 8 weeks of clinical immersion each semester, where they will engage in full-time clinical

education experiences. These experiences will enable students to experience the totality of athletic training. During these immersive experiences, student engagement in didactic coursework will be minimized to ensure that coursework does not impede the immersive clinical education experience.

Immersive experiences will be available to students within and outside the Pittsburgh region. Depending on the academic and professional goals of the student, it may be advantageous for the student to engage in an immersive experience outside the Pittsburgh region. Discussions between the student, Clinical Education Coordinator and program faculty will occur in order to appropriately counsel and place student for immersive experiences, particularly with respect to those experiences outside the Pittsburgh region. It should be noted that the student may incur additional expenses should they elect to pursue placement outside the Pittsburgh region.

During the non-immersive portion of the fall and spring semesters, students will participate in didactic coursework concurrently and will reduce time spent at their clinical education sites. This reduction in time spent clinically will afford students time to appropriately engage in their academic coursework. Similar to ATHT 511L and 512L, specific clinical hour requirements will be enforced while students are participating in the non-immersive component of experiences aligned with ATHT 611L and 612L.

Clinical Education Experience Requirements – Non-Immersive Experiences

Clinical Experience	Student Year	Minimum days/week	Maximum days/week	Average Minimum/Maximum hours/week*
Fall	4 th Year	3 days/week	6 days/week	10/20 hours
Spring	4 th Year	4 days/week	6 days/week	16/30 hours
Fall	5 th Year	4 days/week	6 days/week	16/30 hours
Spring	5 th Year	4 days/week	6 days/week	16/30 hours

*Average minimum/maximum weekly hours are based upon a monthly assessment of hours (total hours divided by weeks in month).

Consistent with RSHS policy, it is mandatory that all students are responsible for transportation to and from affiliated sites for a minimum of three of the four clinical experiences. **Access to a vehicle is required**, as most clinical affiliations are not accessible via public transportation. Further, by CAATE Standards, students must be granted **at least one day off** from clinical education in every 7 days during the academic semester. **Clinical experience hours will be decreased according to the Academic Difficulty Policy for students who are in academic distress.** All attempts are made to have housing and meals paid by the sponsoring institution when the student is participating in a clinical assignment that requires student's involvement in clinical education at times outside of the regular University calendar. It is the student's responsibility to monitor his/her progress in gaining the required clinical experience hours.

In addition to transportation, students are responsible for all costs associated with their clinical education experiences. The following link provides a yearly breakdown of expenses. <https://duq.edu/assets/Documents/athletic-training/pdf/Additional%20Program%20Costs%20-%20MSAT.pdf> This list is neither exhaustive no exclusive. However, students must be aware of the costs they may incur as part of their clinical education experiences. It should be noted that relocation outside the Pittsburgh region for immersive clinical education experiences may result in additional expenses related to transportation, housing and living expenses.

The general policies and regulations for the Practicum Laboratory Assignments are as follows:

1. All clinical education experiences must be approved by the Department of Athletic Training and be performed under the direct supervision of Certified Athletic Trainer or other appropriately credentialed health care professional who is qualified to serve as a clinical preceptor (i.e dual credential ATC-PT. ATC-PA). Assignment to a clinical education experience is done by the Department of Athletic Training in a manner to ensure that all students get all required experiences. All due consideration is given to ensure equity in regard to distance and requirement for transportation. All students, however, will have some clinical experiences that will require longer travel times/distances.
2. All clinical education hours and patient encounters must be documented using the Typhon system. Instructions for the system will provided in advance of start of clinical education experiences.
3. All students are required to complete a SMART Goal sheet prior to the start of each semester's clinical experience. These identified goals should be approved by the clinical preceptor, as well as the student's faculty advisor. Upon completion of approval (with all signatures), the goals should be evaluated and maintained in accordance with the SMART Goal Policy located in the Department Policy & Procedure Handbook.
4. Athletic training students should remain after the patients' scheduled times to complete injury/treatment documentation, and restock medical kits. **No student may leave the athletic training facility for the day without the permission of his/her Clinical Preceptor.**
5. During clinical experiences, athletic training students are expected to monitor all activities and perform only those clinical skills for which they have been approved for by Clinical Preceptors. These clinical activities may include, but not be limited to, pre- and post-practice preparations, administering first aid, performing evaluations, and conducting rehabilitation and reconditioning activities with patients.
6. **NO HOMEWORK SHOULD BE DONE** at the clinical site unless the Clinical Preceptor grants permission, and no student should provide Athletic Training skills to anyone without the supervision of a Certified Athletic Trainer.
7. According to NCAA rules, athletic training students may be asked to participate in Drug Testing as either a participant or as a member of the medical staff. Failure to meet NCAA drug standards or to comply with NCAA policy will result in immediate failure of that clinical education experience.
8. Athletic training students are expected to learn the rules and safety considerations for each patient population with whom they are working. It is the Athletic Trainer's responsibility to prevent injuries from occurring, and by knowing the rules and expectations of the activity; an Athletic Trainer may be better able to prevent injury.
9. Athletic training students are expected to attend all games, meetings, scheduled patient care times and practices as determined by the clinical preceptor to whom they are assigned. If an athletic training student is ill, or must miss a required event, **it is the student's responsibility** to contact the Clinical Preceptor **prior to the time of the scheduled event/experience** and to **gain permission to miss clinical education.**

10. A student not engaging fully in his/her clinical experience(s) may be dismissed by the Clinical Preceptor or Department of Athletic Training, given a failing grade for that experience with elimination of all hours accrued at the clinical site, and/or undergo remedial restitution
11. The Clinical Education Coordinator, the current clinical preceptor, and the clinical preceptor identified for the student's next assignment should be consulted as to the dates of starting and ending clinical experience. The ending date of the current experience will take priority over the starting date of a new clinical education opportunity.
12. Any outside University-sponsored responsibility (e.g., Orientation or Resident Assistant) must be done in coordination with the responsibilities of the Athletic Training Program. These two schedules must coordinate. In order to accomplish this successfully, extra-curricular or work assignment schedules should be discussed with both your clinical preceptor and faculty advisor. Open communication with your clinical preceptor is essential for your development as an Athletic Training professional.
13. Athletic training students are encouraged to maintain documentation within Typhon to chronicle their patient experiences and are required to complete all clinical assignments as designated by the clinical practicum syllabi. Student documentation within the system (Typhon) should contain no patient personal or identifying information and be maintained in a manner that is consistent with HIPAA.
13. Athletic training students are evaluated twice formally during the course of each clinical experience. The student is required to complete the mid-experience evaluation as a self-evaluation to identify areas of strength or areas of improvement; this evaluation is shared between the clinical preceptor and the student. The final evaluation, done by the clinical preceptor and discussed with the student, serves as a basis for the clinical education grade. Successful completion of all standards designated for the clinical practicum is required.
14. The use of drugs and/or alcohol by an Athletic Training student will not be tolerated prior to or during any athletic training medical experience, including travel time, practice, and/or games. If there is suspicion of use, the student is subject to a formal investigation conducted in accordance with the RSHS Professional Code of Conduct and the Department Professional Behavior Policy.
15. Sports gambling (e.g. wagering on contests, participating in pools/brackets where money is exchange) will not be tolerated at any time. This is a violation of NCAA rules and may jeopardize the NCAA standing of the entire University. If there is suspicion of gambling, the student is subjected to a formal investigation by the Department and may be passed on to the School and the Office of Student Life as deemed appropriate by the Athletic Training Department. Failure to comply with these guidelines will result in immediate failure of the clinical education experience.
16. Athletic training students are expected to behave and act as professionals at all times in accordance with the RSHS Student Code of Conduct and the Department of Athletic Training Behavior Policy. Fraternization, dating, or other inappropriate behaviors with minors and/or student athletes at any of the high schools is unethical, illegal, and will not be tolerated by the Department of Athletic Training. Violation of this policy will result in immediate removal from the clinical site and possible dismissal from the program.

17. Fraternalization with the students-athletes on your team, and/or patients under your care is unprofessional and presents a conflict of interest. This inappropriate activity will be evaluated and adjudicated in accordance with the RSHS Student Code of Conduct and the Department Professional Behavior Policy.
18. Athletic training students are expected to adhere to the rules and regulations established by Duquesne University, the Rangos School of Health Sciences, the Department of Athletics, the Department of Athletic Training, HIPAA, the NCAA, the PIAA, and other governing body or employer for that clinical site.
19. Athletic training students are expected to follow **strictly** all policies set forward in this policy, as well as those specified by the clinical preceptor(s). Students who violate the rules and policies put forth here and those put forth by the clinical preceptor(s) are subject to the disciplinary procedures outlined later in this section.

Disciplinary Action

In the event of an infraction of the policies and procedures by a student, the Department of Athletic Training has the authority to review the case and decide upon the repercussions, which may include actions to dismiss the student from the Athletic Training Program. Each case is subject for review and evaluation based upon the RSHS Student Code of Conduct and the DU Athletic Training Professional Behavior Policy; however, the following guidelines also may be used by the clinical preceptors for disciplinary actions.

FIRST INCIDENT: The clinical preceptor warns the athletic training student of the problem/incident. The clinical coordinator is notified and a notation of that offense and recommendations for remediation are documented in the student's permanent file.

SECOND INCIDENT: The clinical preceptor warns the athletic training student of the problem/incident. The Clinical Education Coordinator is notified immediately by the Clinical Preceptor, followed by formal written notification to the student, including recommendations for improvement, which is copied and stored in the student permanent file. The student and incident will also be reviewed and evaluated by the Department's Professional Behavior Committee for violation of the RSHS Student Code of Conduct and/or the DU Athletic Training Professional Behavior Policy.

THIRD INCIDENT: The athletic training student is removed from the clinical site and notation of the incident is made in the student's permanent file. The DU Athletic Training Professional Behavior Policy will be the only procedure followed at this time.

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