Module 1

CLINICAL PRECEPTOR PRINCIPLES & CLINICAL EDUCATION MODEL
A clinical preceptor is a health care professional who has completed the corresponding tutorial administered by the athletic training program.

The preceptor is recognized by the CAATE a direct on-site supervisor of clinical education in the athletic training program.
To provide preceptors with an education-based model and related strategies for interfacing with students while operating in a clinical context to be able to successfully serve as effective instructors, supervisors and mentors.
CAATE Clinical Preceptor Qualifications

Be credentialed in a medical or allied health care profession

Not be currently enrolled in the entry-level athletic training program at the institution

Receive planned and ongoing education form the athletic training program deigned to promote a constructive learning environment
CAATE Clinical Preceptor Responsibilities

Supervise students during clinical education

Provide instruction and assessment of the current knowledge, skills and clinical abilities designated by CAATE

Provide instruction and opportunities for the students to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care

Provide assessment of students’ clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care

Facilitate the clinical integration of skills, knowledge and evidence regarding the practice of athletic training

Demonstrate understanding of and compliance with the athletic training policies and procedures
Deliberate Mentorship

Intentionally demonstrate and describe complex professional skills

Seize opportunities for instruction through story-telling; disclose salient personal experiences as a means of teaching, reassuring and connecting with the student

Offer students a model of coping, not a model of mastery

Confront self-defeating, unprofessional or career-inhibiting student behavior

Encourage innovative thought and creative problem solving
Clinical Education Coordinator

A faculty member within the athletic training program responsible for overseeing administrative matters related to clinical education, such as:

- Student clinical progression
- Student evaluation
- Clinical site evaluation
- Preceptor training
- Preceptor evaluation
Clinical education must follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation.

The clinical education plan must reinforce the sequence of formal instruction of athletic training knowledge, skills and clinical abilities, including clinical decision-making.

Clinical education is the planned clinical integration of the knowledge, skills and abilities taught and evaluated in the classroom.
Clinical education must provide students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an AT.

Clinical education is the real-world development of the student.
Clinical education must allow students opportunities to practice with different patient populations, care providers and in various allied health care settings relative to the athletic training program’s mission statement.

Clinical education assignments cannot discriminate based on sex, ethnicity, religious affiliation or sexual orientation.
Students must gain clinical education experiences that address the continuum of care that would prepare a student to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and clinical abilities, the role delineation study and standards of practice delineated for an AT in the profession.

Examples of clinical experiences must include but should not be limited to:

- Individual and team sports
- Sports requiring protective equipment (e.g., helmet and shoulder pads)
- Patients of different sexes
- Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military)
- A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology)
CAATE Clinical Education Requirements

All clinical education sites must be evaluated by the athletic training program on an annual and planned basis and the evaluations must serve as part of the athletic training program’s comprehensive assessment plan.

An AT certified by the BOC who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student’s clinical fieldwork; the remaining clinical fieldwork may be supervised by any appropriately state credentialed medical or allied health care professional.
CAATE Clinical Education Requirements

• Students must be officially enrolled in the athletic training program prior to performing skills on patients
  – Students must be instructed on athletic training clinical skills prior to performing those skills on patients
  – All clinical education must be contained in individual courses that are completed over a minimum of two academic years; clinical education may begin prior to or extend beyond the institution’s academic calendar
  – Course credit must be consistent with institutional policy or institutional practice
CAATE Clinical Education Requirements

- All clinical education experiences must be educational in nature.
  - The athletic training program must have a written policy that delineates a minimum/maximum requirement for clinical hours.
  - Students must have a minimum of one day off in every seven-day period.
  - Students must not receive any monetary remuneration during this education experience, excluding scholarship.
  - Students will not replace professional athletic training staff or medical personnel.
The athletic training program must include provision for supervised clinical education with a preceptor

- There must be regular communication between the athletic training program and preceptors
- The number of students assigned to a preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care
  » A maximum ratio that has been suggested is 4:1
- Students must be directly supervised by a preceptor during the delivery of athletic training services; the preceptor must be physically present and have the ability to intervene on behalf of the student and the patient/client
Penn State Athletic Training
Clinical Education Model

Prepare students to be critical thinkers through the process of graded autonomy and progression of learning experiences in the clinical setting.

Provide formalized instruction and specific feedback to students during their clinical experiences through management of real cases or through scenarios.

Serve as a mentor (through advice and modeling) for students to prepare them for the practical aspects of the profession of athletic training while emphasizing the foundational behaviors of the profession.

Encourage students to become engaged learners by requiring students to come prepared to their clinical sites with specific goals (weekly, monthly or semester) and by setting clear expectations for each student.
Penn State Clinical Education
Exposure Emphases*

• Upper extremity intensive
• Lower extremity intensive
• Equipment intensive
• Both genders
• Off campus/high school setting
• General medical
• Orthopaedic surgery
• Strength and conditioning

*As suitable
Penn State Athletic Training Faculty

William E Buckley, PhD, MBA, ATC
   Professor of Exercise & Sport Science and Health Education
Alison R Krajewski, MS, ATC
   Instructor of Kinesiology
Lauren C Kramer, PhD, ATC
   Instructor of Kinesiology
Sayers John Miller, III, PhD, PT, ATC
   Assistant Professor of Kinesiology
Brent I Smith, DHSc, ATC
   Instructor of Kinesiology
John L Vairo, PhD, ATC
   Clinical Assistant Professor of Kinesiology; Program Director | Clinical Education Coordinator
## Entrance to Athletic Training Major

### Students identify an interest in ATHTR major

### Prerequisite Courses
- KINES 202: Functional Human Anatomy
- KINES 135: Introduction to Athletic Training
- KINES 231: Athletic Training Clinical Practice I
- KINES 233: Emergency Care in Athletic Training

### Application (Sophomore fall)
- Cumulative GPA ≥ 2.5
- Prerequisite GPA ≥ 3.0
- Feedback from preceptors (KINES 231)
- Entrance interview

---

*Admission is competitive and highly selective; meeting the minimum requirements does not guarantee admission to the major*
Sophomore Spring Semester

KINES 232: Athletic Training Clinical Practice II
Instructor: Smith
- Basic rehabilitation and modality skills
- Introductory hands-on athletic training clinical rotations

KINES 334: Mechanisms and Evaluation of Lower Body Athletic Injuries
Instructor: Vairo
Junior Fall Semester

KINES 395F: Practicum in Athletic Training
  Instructor: Krajewski
  • Athletic training clinical rotation
  • Physical therapy observational experience

KINES 335: Mechanisms and Evaluation of Upper Body Athletic Injuries
  Instructor: Vairo

• KINES 434: Rehabilitation of Injuries to the Lower Extremity
  Instructor: Miller
Junior Spring Semester

KINES 395G: Practicum in Athletic Training
Instructor: Buckley
- Seminar
- Athletic training clinical rotation
- Strength and conditioning observational experience

• KINES 336: Medical Aspects in Athletic Training
  Instructor: Krajewski

• KINES 435: Rehabilitation of Injuries to the Trunk and Upper Extremities
  Instructor: Miller

• KINES 436: Therapeutic Modalities in Athletic Training
  Instructor: Smith
KINES 395I: Practicum in Athletic Training

Instructor: Buckley

- Seminar
- Athletic training clinical rotation
- Orthopaedic surgery observational experience

KINES 438W: Administration and Issues in Athletic Training

Instructor: Buckley
KINES 495F: Field Practicum in Athletic Training

Instructor: Kramer

- Athletic training clinical rotation
- Primary care – Allied health care – Complimentary & alternative medicine observational experience