NEWS NOTE

Guidelines for the Clinical Education of Students Enrolled in Accredited Athletic Training Education Programs

The following is a draft of the Guidelines *as presented at the NATA Annual Meeting & Clinical Symposia. It is published here for discussion purposes only. For updates of this information, please see the Education Council's web site <www.cewl.com>.*

Description

The student's clinical experience is composed of two elements: clinical education and field experience. The clinical education component involves the acquisition and practice of clinical skills. The field experience provides the student with the opportunity to apply these skills in the clinical (i.e., the athletic training room, practice/game coverage) environment.

The guidelines presented in this document relate only to the student's clinical education. The field experience may be conducted at the institution's discretion, but should conform to the Joint Review Committee – Athletic Training (JRC-AT) guidelines and state practice acts (if applicable). An overview of the existing JRC-AT guidelines pertaining to field experiences is presented later in this document.

Pedagogy

1. Clinical education experiences used to meet the requirements of the JRC-AT may be offered using academic courses or academic credit.

   a. The contact hours included in clinical education course should be determined in accordance with each institution's academic guidelines.

   b. A clinical academic course could include a laboratory class, an internship, a practicum or externship.

2. All accredited athletic training education programs should include clinical education courses, or related courses that incorporate an academic syllabi or clinical instruction manual that includes educational objectives and specific clinical skill outcomes.

   a. The clinical education program must include the presentation and evaluation of the *Athletic Training Clinical Proficiencies*.

   b. The *Athletic Training Clinical Proficiencies* outcomes must be measurable and the evaluations of those outcomes must be documented over time.

Clinical Education Duration

1. The program's clinical education component should be offered in no less than two academic years.

2. There should be no fewer than four clinical education courses in semester-based programs or six courses in a quarter-based program.

3. The athletic training program director must ensure that the *Athletic Training Clinical Proficiencies* are taught, practiced and evaluated in a progression over time.

Clinical Education Supervision

1. An approved clinical instructor (ACI) (as defined in the subsequent section) should supervise the students' clinical education.

2. Supervision of students by the ACI should be through constant visual and auditory interaction between the student and the approved clinical instructor.

3. Students should be assigned to an approved clinical instructor, not to facilities or sports.

4. The daily supervision of students by the ACI must include multiple opportunities for evaluation and feedback between the student and approved clinical instructor.

5. Students are permitted to develop proficiency within adjunct affiliated professional clinical sites (e.g., hospital emergency rooms, exercise physiology labs) during the clinical education course or experience; however, these experiences should not comprise the majority of the student's clinical experience. In this situation the supervisor need not possess an ACI.

Field Experience Overview

The primary settings for the students' clinical education and field experiences should include athletic training room(s), athletic practices, and competitive events. The athletic training room is considered to be a designated physical facility where comprehensive health care services are provided. Comprehensive health care services include practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation and related services.

Ample opportunity should be provided for student coverage of athletic practices and competitive events in a variety of men's and women's sports, including high-risk sport activities. These experiences should also include adequate opportunities for observation of, and involvement in, the immediate management and emergency care of variety of acute athletic injuries and illness.

Practitioner competencies should provide the basis for deriving the objectives and activities constituting the program's curriculum. Both program competencies and curriculum objectives should be consistent with the stated level of practitioner preparation. The level is delineated in the program's goals and objectives statements and encompasses the knowledge, skill and behavior expected of graduates upon entry into the field.

Supervised field experiences involves personal/verbal contact at the site of supervision between the athletic training student and the certified athletic trainer who plans, directs, advises, and evaluates the student's athletic training field experience. The supervising certified athletic trainer must be on-site where the athletic training experience is being obtained.

Clinical supervisors should be readily accessible to students for ongoing feedback and guidance on a daily basis. Certified athletic trainers who are supervising athletic training students' experiences shall afford supervision adequate to assure (following stated written and verbal direction) that the student performs his or her tasks in a manner consistent with the *Standards of Practice of the Profession of Athletic Training*.

Clinical Assignments

1. The students' clinical education/field experience must include:
   a. Practices and events
   b. Pre-event preparation
   c. Athletic training room experiences

2. The students' clinical education courses should include a variety of clinical settings, including but not limited to:
   a. Four year colleges and universities
   b. Two year colleges
   c. High schools
   d. Clinics
   e. Hospitals
   f. Industrial health care and rehabilitation clinics
   g. Professional sports
   h. Olympic sports

3. A student's clinical education should include a physically active population that is, and has been, involved with high-risk physical activity.

4. The student's clinical education course, field experiences, or a combination of the two should provide the opportunity to expose the student to specific populations for the duration of their competitive season.

5. At no time during the clinical education component shall students be used as replacement for regular clinical staff.

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