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The UWSP Athletic Training Program - a joint collaboration of Athletic Training Education and Sports Medicine services – is built upon a tradition of dedicated service by our faculty and staff. Our service component strives to offer comprehensive care that includes athletic training, physical therapy and physician services to UWSP athletes, students, and staff. The nationally accredited Athletic Training Education Program is a competitive quality education program dedicated to providing a unique, integrative experience.

**Mission/Purpose of the UWSP Athletic Training Education Program:**

The mission of the University of Wisconsin-Stevens Point Athletic Training Educational Program is to provide students with a unique and comprehensive education as it relates to the profession of athletic training. The UWSP athletic training faculty and the sports medicine team are committed to educational approaches that encompass didactic, clinical and field educational experiences that prepare the athletic training student as an entry-level professional. Field experience opportunities are provided in the collegiate, high school and clinical environments. The athletic training student will have the opportunity to learn, develop, and master competency knowledge and proficiency skills, as defined by the Commission on Accreditation of Athletic Training Education (CAATE) competencies.

**Goals and Objectives of the Athletic Training Education Program**

- **Goal 1: To prepare successful entry-level athletic training professionals through proper didactic and clinical educational experiences**
  - **Objectives:**
    - To prepare student athletic trainers for the National Athletic Trainers’ Association Board of Certification (NATABOC) certification examination.
    - To provide the students with appropriate clinical education and subsequent field experience to develop and master clinical proficiencies in physically active populations.
    - To integrate new and current trends or topics as they relate to allied health professions.
    - To provide students exposure to injuries and illness in varied ethnic, racial, gender and socioeconomic backgrounds as much as possible.

- **Goal 2: Provide students with numerous opportunities to understand the roles and responsibilities of a certified athletic trainer**
  - **Objectives:**
    - To identify the importance of life-long learning and professional development.
    - To encourage personal and professional development through proper supervision and evaluation.
    - To continue to assist athletic training students in the accomplishment of their professional goals beyond their education at UWSP.
    - To foster awareness, appreciation, and adherence to professional ethics and standards of conduct as outlined in the NATA Code of Ethics.
Goal 3: To create a student-centered environment to encourage and facilitate learning in both the classroom and clinical setting.

Objectives:
- To provide consistent and frequent formative and summative feedback to students
- To foster developmental communication and dialogue between students, ACI/CIs, and other medical and allied health professionals.
- To provide opportunities for active learning in all educational settings of the ATEP.
- To continually question how the athletic training educational program’s "processes" hinder or promote student learning, and work to improve them.

Academic Program Requirements

Application Procedures:
Incoming freshman and transfer students declaring an athletic training major are “pre-majors”. Students must complete the application process and pre-requisite courses prior to being admitted to the ATEP. The admission/application requirements are:

- Before you apply, complete, or be in progress with good standing, in the following: AT 181, AT 182, Biology 160, Physics 101, HP/W 102, Psychology 110, WLNS 123, with a grade of C- or better.
- Have a minimum 2.75 grade point average in all credits attempted.
- Request (in writing) and complete the Athletic Training Educational Program application.
- Submit four letters of recommendation.
- Signed statement of acceptance for the athletic training educational program’s technical standards. (See Appendix A) The technical standards are to ensure all students meet the essential qualities necessary to be a successful athletic training student. Students are able to request reasonable accommodations through the Office of Disability Services. Requests for accommodation are not used prejudicially against students.
- Complete the formal interview.
- Application deadline is March 1. Admission decisions are provided in writing by April 1.
- Students not accepted in their initial application may reapply. Students will continue to work on general degree requirements and in their minor area of study while awaiting reapplication.
- Transfer courses in athletic training from other accredited UW System programs may be accepted. However, transfer students must realize that additional courses may be required to meet program competencies and proficiencies.
- If you are a transfer student or decide to major in AT after your freshman year, you may apply to the program after all pre-application requirements (listed in first bullet above) are complete.
• Student-athletes who desire to become accepted into the ATEP should refer to Policy on Athletic Training Student Participation in Intercollegiate Athletics (Appendix G). If accepted into the ATEP upon application, the student must follow this policy for clinical rotations.

• Athletic training courses (courses beginning with the prefix AT) are to be completed at the University of Wisconsin - Stevens Point. Transfer courses in athletic training will be accepted if earned at other accredited UW-System programs. If a student is a transfer, or decides upon the major after their freshman year, the student may apply once all pre-application requirements are fulfilled.

• Admission to the ATEP is a competitive process. Meeting or exceeding the requirements for eligibility to apply to the program does not guarantee placement. Acceptance is based upon academic credentials, interviews, and available clinical sites. The application process is non-discriminatory and provides equal opportunity for all students to apply as long as they meet the minimum requirements for application.

• Once officially accepted into the ATEP, students are required to:
  
  • Provide verification of current physical examination by an approved, licensed health care provider (MD, DO, PA, or CNP) and the following information:
    
    o Include verification of physical health status (we will give you a form for this)
    
    o Freedom from communicable diseases
      
      ▪ Appropriate immunization history including hepatitis B, measles, mumps, rubella, tetanus, varicella, and diphtheria (must be a report from physician’s office)
      
      ▪ MMR titer (if you cannot verify vaccination history)
      
      ▪ Hepatitis B titer (mandatory)
      
      ▪ Varicella titer (if you did not have immunization)
        
        ▪ If titers do not show immunity, students will be required to obtain a MMR booster or future immunization for varicella or Hepatitis B
      
      ▪ TB test (need a two-step test for your first year in the ATEP if you have not had a previous test within the past 12 months)
    
    • Verification of student personal liability insurance prior to affiliated rotations. (approximately $30.00 per academic year)
    
    • Complete a background study as required by regulations in Wisconsin Administrative Code Chapter HFS 12. (approximately $20.00 onetime fee completed by the student)
    
    • Each year, students will be required to update their TB test and personal liability insurance.
    
    • All costs associated with obtaining medical records, completing a physical and titers, completing a TB test and performing a background check are the responsibility of the student. Costs will vary for medical requirements based on insurance and location of service.
ATEP Academic Retention Standards

- Maintain a 3.0 GPA in major and collateral coursework.
- Maintain a 2.75 cumulative GPA in all credits attempted.
- Maintain 3.0 (5.0) clinical evaluation scores. (Athletic training student evaluation form is based on a 5-point scale.)
- Failure to meet all of the retention criteria listed above will result in being placed on academic probation in the Athletic Training major. If the student does not attain all of the criteria for active status during the semester on probation, the student will be ineligible to continue in the major.

Competencies and Proficiencies

The standards of the ATEP are governed by the Commission on Accreditation of Athletic Training Education - CAATE, our accreditation body. The content of our courses and educational process are contained within the Athletic Training Educational Competencies and Proficiencies. These competencies are the didactic component of the courses, help to provide a sound basis for the athletic training curriculum. The proficiencies are hands-on skills the athletic training student needs to learn to be a competent entry-level professional. The athletic training student must perform all proficiencies and be documented as proficient, or in other terms they can do the skill without assistance. Both the competencies and proficiencies are provided in a specific sequence throughout the student’s time in the ATEP. (See Appendix A)

Clinical Experiences for Students and Expectations of Students during Clinical Rotations

Clinical Experience Hours

The ATEP is designed as a three year and/or six semester program. Students are assigned to two 8-week rotations each semester with an ACI at an affiliated clinical site as part of the academic requirements of a practicum course. These rotations allow for hands-on clinical practice and skill acquisition of the assigned competencies and proficiencies for each practicum course. The hours required each semester will vary according to the practicum course being taken.

Sophomores: 8-11 hours/week   Juniors: 12-16 hours/week   Seniors: 15-20 hours/week

Each student is given the ability to work with a variety of Certified Athletic Trainers, sports, and settings. They are provided experiences to allow them to work with varied genders, lower extremity, upper extremity and equipment intensive rotations. Students have the opportunity to work within the collegiate, high school, clinic, hospital, and industrial settings.

Sport Classifications

Gender- Male/Female
Equipment Intensive: Hockey and Football
Upper Extremity: Wrestling, swimming, baseball, softball, golf, and volleyball
Lower Extremity: Basketball, tennis, track, cross country, and soccer

Attendance Policy

a. Attendance policy –
   1. The clinical portion of the ATEP is a continuous experience starting during the 1st semester of the ATEP. Presence at clinical rotations is a key factor in the education and success of the Athletic Training Student (ATS). Therefore,
absence from one's clinical setting is unacceptable. Missing the clinical rotation is just like skipping an academic course.

2. Students will be expected to acquire their clinical hours in rotations designated by the Clinical Coordinator. A schedule for the rotations will be provided by the ACI. Thanksgiving, the winter break, Spring Break and Good Friday, as well as holiday weekends, will be considered as non-rotation days.

3. Students are expected to arrive on time. Tardiness is not acceptable and habitual tardiness can result in disciplinary action.

4. Students are to record their clinical hours on the time sheets provided by the Clinical Coordinator. These hours are to be signed off weekly by the ACI. Students are responsible for ensuring the time sheets are filled out COMPLETELY.

5. In cases of inclement weather, the ATS should abide by the Inclement Weather Policy.

6. If an ATS is also a student-athlete, the ATS must adhere to the Policy on Athletic Training Student Participation in Intercollegiate Athletics.

7. If absence is necessary for any reason, students must make personal or verbal contact with the ACI/CI prior to any absence. Students will be required to correspondingly lengthen their clinical experience to complete missed days in rotations. If the ACI/CI cannot be reached the Clinical Coordinator should be contacted.

8. In absences occurring more than 3 days as a result of illness, students will be required to have written documentation of medical clearance prior to returning to their clinical rotations.

Should an extended absence be necessary, the program director and the clinical education coordinator must be notified as soon as possible. The program director, the clinical education coordinator and the university HESA department

Dress Code Expectation

Dress Code: During all clinical rotations the ATS must follow the following dress code. The only time exceptions can be made is through verbal approval of the supervising ACI at each clinical site. Clothing needs to allow the ATS to perform the duties necessary to learn the skills of an entry-level athletic trainer and remain seen as a healthcare professional.

a. Attire

1. Issued name tags must be worn at all times.

2. Closed toe shoes, no slip-ons/sandals

3. Khaki (style) pants

4. Khaki (style) shorts (must come to at least mid-thigh)
5. Shirts must be tucked in, except for shirts tailored to be un-tucked. Un-tucked shirts should not expose the belly or back during normal movements, nor should shirts expose the chest area. Appropriate shirts for clinical rotations are:
   1. UWSP Athletic Training Polos
   2. UWSP Athletic Training T-Shirts or Sweatshirts (no hoodies)

6. Outdoor practice – Please wear appropriate clothing in case of inclement weather. UWSP hats are also acceptable outside.

7. Events – ATS must wear the UWSP Athletic Training Polos at events unless supervising ACI instructs and/or approves alternate attire. T-shirts and sweatshirts are not allowed.

8. Piercings - No lip or tongue piercings will be allowed during clinical rotations. Piercings have the potential of interfering with cardiopulmonary resuscitation. Other piercings may be asked to be removed if they portray a non-professional image.

Curriculum and Clinical Education

Overview of CAATE Definitions

Standards for the Accreditation of Entry-Level Athletic Training Education Programs

- Purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum standards of quality of entry level Athletic Training education programs.

- Sponsored by The American Academy of Family Physicians, the American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, and the National Athletic Trainers’ Association (NATA).

- The Standards for the Accreditation of Entry Level Educational Programs for the Athletic Trainer (Standards) are used to prepare entry-level athletic trainers.
  - Each institution’s responsibility to demonstrate compliance with these Standards in order to obtain and maintain recognition as a CAATE-accredited Athletic Training Education Program (ATEP). These Standards are to be used for the development, evaluation, analysis, and maintenance of ATEPs. The Standards also contain a glossary of terms used throughout the document; the definitions provided in the glossary must be applied as stated. Via comprehensive and annual review processes, CAATE is responsible for the evaluation of a program’s compliance with the Standards. The Standards provide minimum academic requirements; institutions are encouraged to develop sound innovative educational approaches that substantially exceed these Standards.
Responsibilities of the Athletic Training Education Faculty and Students

ATEP Medical Directors (Dan Kraeger and Jim Banovetz)
The medical directors of the UWSP athletic training education program are licensed physicians by the State of Wisconsin and “act as a resource and expert for the medical content of the ATEP in both formal classroom and supervised clinical experiences” (CAATE Standard B4.2).

Program Director (Holly Schmies)
The Program Director is responsible for all day–to–day operation, coordination, supervision, and evaluation of all aspects of the athletic training educational program. These responsibilities include: (i) Administration and evaluation of the athletic training education program (ii) Coordinate and instruct courses within the athletic training education program (iii) Provide direction and continuing progression of the athletic training education program (iv) Advise athletic training and pre-athletic training majors (v) Maintain student files and documents in accordance with the CAATE Standards for Accreditation.

Clinical Coordinator (Rhonda Verdegan)
The Clinical Coordinator is responsible for the coordinating the athletic training students’ clinical experience. These responsibilities include: (i) Evaluate and supervise athletic training and pre-athletic training majors (ii) Instruct courses within the athletic training major (iii) Work with the Program Director to coordinate the athletic training educational program’s affiliated sites and respective clinical instructors (iv) Provide ACI training and communicate on a regular basis with the approved clinical instructors (v) Assign athletic training students to clinical rotations and maintain records of their performance and hours.

Clinical Instructor Educator (CIE) – (Rhonda Verdegan)
Recognized and designated by the institution as the CIE for the educational program, BOC credentialed for a minimum of three years, designated and authorized by the institution to oversee the Approved Clinical Instructor (ACI) training. Knowledgeable in the content areas required for the training of ACI’s.

ACI training includes the following content areas:

- Learning styles and instructional skills
- Review of the Athletic Training Educational Competencies
- Evaluation of student performance and feedback
- Instructional skills of supervision, mentoring, and administration,
- Program/institution-specific policies, procedures, and clinical education requirements, legal and ethical behavior
- Communication skills
- Appropriate interpersonal relationships,
- Appropriate clinical skills and knowledge.
- Be trained/re-trained by the institution’s CIE at least once every three years.
Approved Clinical Instructor (ACI)
*Most important factor in student’s satisfaction with the clinical education process.*

Approved Clinical Instructors (ACI) is a licensed/certified athletic trainer who provides direct supervision and instruction to athletic training students in the clinical setting. The ACI should have a minimum of one year experience as a certified athletic trainer and should also possess a strong academic orientation, demonstrated clinical teaching skills, and a sincere interest in the professional preparation of student athletic trainers.

All ACIs for the UWSP ATEP must attended an ACI workshop to prepare them to supervise, instruct and evaluate students on the Athletic Training Educational Competencies. All ACIs are expected to follow the State of Wisconsin Athletic Training Practice Act, the BOC Standards of Practice and the NATA Code of Ethics.

Specific responsibilities of the ACI within the UWSP ATEP are:
1. Provide the ATS with an orientation and expectations for the clinical setting. This must include reviewing emergency action plans and blood borne pathogen protocols.
2. Provide the ATS with an appropriate schedule to fulfill the hour requirements for each rotation. Work with the students to ensure the schedule is not in conflict with academic requirements.
3. Communication with Program Director and/or Clinical Coordinator regarding students’ progress toward clinical education goals at regular intervals or during times needing intervention assistance.
4. Provide opportunities for clinical instruction as much as possible utilizing both real life experiences, mock practical scenarios or case studies.
5. Provide ongoing evaluation of student performance through verbal feedback and written evaluation in a timely manner.
   a. Make sure you are aware of ATS goals from the Goal Sheet.
   b. 4-week evaluation on the monthly time sheet and 8-week comprehensive evaluation.
   c. Minimum of two meetings with ATS to go over 4-week and 8-week evaluations.
6. Capable of teaching and evaluating the clinical proficiencies that are specific to the clinical setting or environment.
7. Current knowledge and skill that support decisions based on science and evidence-based medicine.
8. Maintain clinical skills and knowledge through participation in continuing education.
9. Only allow students to perform skills on patient for which they have been evaluated clinically and found proficient to perform.
10. Assist ATS with proficiency skill packets and skill evaluation during their clinical rotation.
11. Utilize various teaching methods to challenge the student to think critically, to develop clinical decision making skills and to understand differences between each clinical experience.
12. Report any student misconduct, policy/procedure violations or gross clinical deficiencies to the clinical coordinator and/or program director.
13. Demonstrate understanding of, and compliance, with the policies and procedures of the ATEP.
14. Demonstrate ethical behavior as defined by the NATA Code of Ethics and the BOC Standards of Professional Practice.
15. Benefits of being an UWSP CI
a. UWSP Athletic pass
b. Continuing education credit opportunities

**Clinical Instructor (CI)**

Clinical Instructors (CI) is a licensed/certified athletic trainer who provides direct supervision and instruction to athletic training students in the clinical setting. The CI should have a minimum of one year experience as a certified athletic trainer and should also possess a strong academic orientation, demonstrated clinical teaching skills, and a sincere interest in the professional preparation of student athletic trainers. All CIs are expected to follow the State of Wisconsin Athletic Training Practice Act, the BOC Standards of Practice and the NATA Code of Ethics.

If a CI is credentialed for less than one year, the program must develop and document the implementation of a plan for supervision of that CI by an experienced credentialed CI that ensures the quality of instruction provided to the athletic training students.

**Specific responsibilities of the CI within the ATEP are:**

1. Provide the ATS with an orientation for the clinical setting. This must include reviewing emergency action plans and blood borne pathogen protocols.
2. Provide the ATS with an appropriate schedule to fulfill the hour requirements for each rotation. Work with the students to ensure the schedule is not in conflict with academic requirements.
3. Communication with Program Director and/or Clinical Coordinator regarding students’ progress toward clinical education goals at regular intervals or during times needing intervention assistance.
4. Provide opportunities for clinical instruction as much as possible utilizing both real life experiences, mock practical scenarios or case studies.
5. Provide ongoing evaluation of student performance through verbal feedback and written evaluation in a timely manner.  
   a. Make sure you are aware of ATS goals from the Goal Sheet.  
   b. 4-week evaluation on the monthly time sheet and 8-week comprehensive evaluation  
   c. Minimum of two meetings with ATS to go over 4-week and 8-week evaluations
6. Current knowledge and skill that support decisions based on science and evidence-based medicine.
7. Maintain clinical skills and knowledge through participation in continuing education.
8. Only allow students to perform skills on patients for which they have been evaluated clinically and found proficient to perform.
9. Utilize various teaching methods to challenge the student to think critically, to develop clinical decision making skills and to understand differences between each clinical experience.
10. Report any student misconduct, policy/procedure violations or gross clinical deficiencies to the clinical coordinator and/or the program director.
11. Demonstrate understanding of, and compliance, with the policies and procedures of the ATEP.
12. Demonstrate ethical behavior as defined by the NATA Code of Ethics and the BOC Standards of Professional Practice.
13. Benefits of being an UWSP CI
   a. UWSP Athletic pass
   b. Continuing education credit opportunities

**Legal and Ethical Behavior of the ACI/CI**

1. Hold appropriate credential BOC certification and state license, registration, certification, or exemption.
2. Provide services that are within the scope of the respective state practice act
3. Provide athletic training services that are consistent with state and federal legislation
   a. Equal opportunity and affirmative action policies, ADA, HIPPA, and FERPA
4. Demonstrate ethical behavior as defined by the NATA Code of Ethics and the BOC Standards of Professional Practice.

**Appropriate Interpersonal Relationships of the ACI/CI**

1. Form appropriate and professional relationships with athletic training students.
2. Model appropriate behavior and professional interpersonal relationships when interacting with athletic training students, colleagues, patients and administrators.
3. Appropriately advocate athletic training students when interacting with colleagues, patients, and administrators.
4. Be a positive role model/mentor for the athletic training students.
5. Maintain and open and approachable demeanor to the athletic training student in the clinical setting.

**Athletic Training Student (ATS):**

All students officially accepted into the UWSP ATEP are expected to follow all policies and procedures established by the University, the College of Professional Studies, the School of Health, Exercise Science and Athletics, all affiliated clinical sites (on and off campus), and the Athletic Training Education Program. Failure to abide by these policy and procedures may result in probation and/or dismissal from the program. In addition, each student is expected to maintain academic excellence, the highest professional and ethical standards, and to take an active role in his/her athletic training education.

**Clinical Proficiency Instruction and Evaluation**

Students will be provided a proficiency manual/packet preceding each practicum course, designed to aid in the development of the competencies and proficiencies required for an entry-level athletic trainer completing an undergraduate athletic training education program. The packet will include new skills/information from the ATEP courses and Learning Over Time [LOT] requirements from previous courses.

All assigned competencies and proficiencies will coincide with a specific athletic training practicum course. The following are guidelines for proficiency completion:
Athletic training students must demonstrate their mastery of proficiency either during regularly scheduled clinical rotation hours, during class time for the appropriate practicum experience course, or during an individually scheduled time with an ACI.

It is expected that athletic training students will complete proficiencies at the designated time established by the course instructor. If a student is unable to meet an assigned time, it is the student's obligation to make arrangements with the instructor.

**Grading Scale for Proficiencies**

**Clinical Proficiency Grading Key**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Demonstrates proficiency in skill with only confirmation</td>
</tr>
<tr>
<td>3</td>
<td>Demonstrates proficiency in skill with verbal guidance</td>
</tr>
<tr>
<td>2</td>
<td>Completes skill with psychomotor guidance</td>
</tr>
<tr>
<td>1</td>
<td>Unable to complete skill</td>
</tr>
</tbody>
</table>

**Clinical Proficiency Instruction and Evaluation**

3. Students will be provided a proficiency manual/packet designed to aid in the development of the competencies and proficiencies required for an entry-level athletic trainer completing an undergraduate athletic training education program. The packet will include new skills/information from the course and Learning Over Time (LOT) requirements from previous courses. (See Appendix B for more information)

4. All assigned competencies and proficiencies will coincide with specific course levels and assigned rotations. The following are guidelines for proficiency completion:

   a. Athletic training students must demonstrate their mastery of proficiency either during regularly scheduled clinical rotation hours, during class time for the appropriate practicum experience course, or during an individually scheduled time with an ACI.

   b. It is expected that athletic training students will complete proficiencies at the assigned time. If a student is unable to meet an assigned time, it is the student's obligation to make arrangements with the instructor.

   c. When students have successfully completed proficiencies, the evaluator will sign and date your proficiency sheet. At the completion of all assigned proficiencies prior to the end of each semester, the student will hand in their manual/packet to the instructor of the practicum course for verification of completion.

   d. Students will also be expected to demonstrate previously learned skills through LOT experiences as assigned in practicum courses. It is also the student's responsibility to continually practice skills at all times during clinical rotations.
Evaluation/Grades in the Practicum Courses

1. Grades in these courses are a combination of:
   a. Completion of assigned clinical hours (10% of grade for course)
   b. Completion of proficiency skill packets (verification by course instructor)
   c. Evaluation of clinical performance by the ACI (20% of grade for course)
   d. Grades on assignments, exams/quizzes, and mid-term and final practical examinations (70% of grade for course)

2. The course syllabi for each practicum course will provide students with more information on the required hours, evaluations by the ACI and other requirements for the course such as the practical exams and other assignments.

Expectations of the ACI (Proficiencies Packet)

The role of the Approved Clinical Instructor (ACI) is:

To assist students in developing their athletic training skills and to verify proficiency completion. The ACI's signature on a student's proficiency indicates the student's achievement of that proficiency.

Offer suggestions and advice to the student, however, do not let them use the evaluator as the primary resource. Students should come prepared for the final signature by the ACI.

Students must demonstrate their skills. They should not simply be allowed to explain what they are doing.

The ACI should be fair with the evaluation of the student. All students admitted to the program will eventually be in a position of responsibility and must possess the knowledge and skills contained in the proficiencies. Conversely, being unreasonably tough may unfairly discourage some students from progressing through the clinical portion of the program.

A student that does not demonstrate competence during skill evaluation must wait until the next day for another attempt. The ACI should record date, initial unsuccessful attempts, and provide comments to the ATS to assist in proper skill development.

Following successful completion of a student's proficiency, be sure to sign and date the appropriate proficiency form.

Clinical Education

The ATEP curriculum must include provision for clinical experiences under the direct supervision of a qualified ACI or CI in an appropriate clinical setting.
• ACI or CI must be physically present and have the ability to intervene on behalf of the athletic training students to provide on-going and consistent education.
  o Students should never be left alone to provide athletic training services.
  o If the ACI/CI needs to leave the facility or clinical site, the student should not be left to perform any athletic training related duties without your supervision.
  o If the ACI/CI cannot be at the clinical site, the student is not expected to be there without direct supervision.
• The ACI or CI must consistently and physically interact with the athletic training student at the site of the clinical experience.
  o Learning is the focus in clinical experiences. Learning must be highly interactive and consist of learning over time and professional behavior.
  o Interactions can include working on proficiencies, practicing clinical skills, observation of the ACI/CI in the clinical setting, simple conversation about the role of an athletic trainer or professional development
  o The goal is to provide the ATS with as much exposure to your role as possible
• There must be regular planned communication between the ATEP and the ACI or CI
  o The Clinical Coordinator will visit each ACI twice per academic year.
  o You are always able to contact the Clinical Coordinator or Program Director with any questions or concerns.
• The number of students assigned to an ACI or CI in the clinical experience component must be of a ratio that will ensure effective education and should not exceed a ratio of eight students to an ACI or CI in the clinical setting.
  o The number of students assigned to an ACI or CI at an off-site clinical rotation will never exceed 2 students per ACI at a time.
  o The number of students assigned to an ACI at UWSP will never exceed an 8:1 ratio of students to ACI.
• Clinical experience must provide students with opportunities to integrate cognitive and psychomotor skills/clinical proficiency
  o It is the expectation of all ACI/CI to work directly with the students to learn new information and hands-on skills.

**Direct Supervision**

Supervision of the athletic training student during the clinical experience is a policy that should be abided by the ACI/CI. The ACI and or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

It is important to remember the student is not just workforce for the ACI/CI. The athletic training student is present to learn and grow from their experiences at the varied clinical settings.

At no time should the athletic training student be left alone at a clinical experience. The ACI/CI should be within visual proximity of the student.

**Learning Styles**
Athletic training students are coming into the ATEP with a variety of learning styles. We all prefer to learn in certain ways. It is important to understand a little about the different learning styles so that the ACI/CI can apply different strategies during the clinical rotation experience.

Learning Styles Inventory

1. Kolb Learning Style Inventory
   - Converger
     o Characteristics: Decision maker, takes abstract info and processes concrete solutions
     o What you may see: They rush to solve a problem without necessary info, they are not afraid to jump in and make clinical decisions
     o What you can do: Slow them down a little and make sure they have all info needed and tell you why the decision was made
   - Diverger
     o Characteristics: Creator, takes in of concrete experience and processes, brainstorming, imagination allows for creations of many alternative solutions
     o What you may see: Wants to observe skill being done many times by ACI, wants to be very thorough and does all aspect of the eval regardless if they are not necessary, hard time multitasking
     o What you can do: Be patient, offer specific feedback, give them some time to reflect, help ATS prioritize care
   - Assimilator
     o Characteristics: Systematic planner, goal setter, takes in abstract info and observation to create a rational explanation, inductive reasoned
     o What you may see: Understand theory or evidence based approach, have trouble with practical application, like to work alone
     o What you can do: Give them some independent work to do (reading research/book) that relates to injury/illness they encountered
   - Accommodator
     o Characteristics: Do-er, learns through practical experience, adapts to change, transforms concrete info into action
     o What you may see: Risk takers, jump in and ready to help and ask questions later, first to volunteer, complete trivial tasks but miss out on learning opportunities because of it, they do not like “down time”
     o What you can do: Peer assisted learning, role playing, clinical simulations, need constant challenging, need to question them on the “why” of what they are doing

2. Gregorc Style Delineator
   - Concrete Style Delineator
     o Characteristics: Ordered, sequential, instinctive, appreciates a set routine, adverse to change
o What you may see: like a structured environment “step by step”, strive for perfection, prefer hands on, and see things black/white
o What you can do: Perform the skill step by step, then allow for practice. Have them brainstorm and differential diagnoses

- Abstract Sequential
  o Likes to listen and read, uses conceptual models, highly verbal, resistive to change
  o What you may see: Highly analytical, get meaning from observing, become easily frustrated
  o What you can do: Do verbal instruction while modeling, observe task first then have them attempt it. Get out visual aids and challenge with independent reading.

- Abstract Random
  o Founded in feeling, emotions, critical thinker, can adapt, bored by routine, forgetful
  o What you may see: Work well with others and are good listeners. Not competitive and easy going. Establish relationships with patients, may become overly involved or attached. Difficulty accepting criticism, need time to process new info and reflect.
  o What you can do: Emphasize maintain professional boundaries. Provide constructive feedback that is specific and away from the patient. Give them time to process information.

- Concrete Random
  o Critical thinker/insightful thinker, intuitive, impulsive, likes to lead, little interest in practical aspects
  o What you may see: Catch on and skip steps to making decisions. Excel in leadership positions. Learn by trial and error. Thrive in busy environment but will skip remedial tasks.
  o What you can do: Ask their rational if they skip steps. Allow student freedom but be watchful, give feedback at the end. Emphasize the importance of the small tasks.

Evaluation of Clinical Experiences

Evaluation Tools

ACI Paperwork – Forms (See ATEP website)

Student Evaluation forms – Monthly hours/8wk/16wk (Go to Clinical Coordinator)

➢ Monthly – short eval form on hours sheet
➢ 8 & 12 week – long evaluation form, student level specific

Students Paperwork – Forms (See ATEP website)

Goal Sheets – filled out first week of rotation (Feedback from ACI)
Evaluation of Self – handed in end of rotation (Clinical Coordinator)

Hours Sheets – Handed in every month, signature, quick eval (Clinical Coordinator)

Evaluation of ACI – handed in end of rotation (Program Director)

**Learning Over Time** – Forms (See ATEP Website)

**Fall**
- Seniors – 1 upper eval & 1 modalities
- Juniors – 2 prevention/care

**Spring**
- Seniors – 1 therapeutic exercise & 1 anything
- Juniors – 1 prevention/care & 1 lower eval

**Disciplinary Actions** – Form

Athletic Training Student Handbook – Policies & Procedures (See ATEP Website)

**(a) Disciplinary Actions**

a. Any student who does not abide by the policies and procedures set forth by the ATEP staff through this Student Handbook may be subject to disciplinary actions.

b. All offenses will be documented (including the verbal warning) and a record will be kept in the ATS file housed in the office of the Director of Athletic Training Education.

c. An individual offense will be handled with the following disciplinary actions:

i. 1st Offense - Verbal warning and individual meeting with ACI

ii. 2nd Offense – 1st Written warning – 1 day suspension, formal apology to ACI and ATEP staff, and personal written reflection.

iii. 3rd Offense – 2nd Written warning - minimum of 1 week suspension, formal meeting with ATEP staff prior to being allowed to return to clinical rotation. At this meeting, appropriate consequences will be decided by the ATEP staff with assistance from the Associate Dean of HESA.

iv. 4th Offense - Removal from the program

d. Accumulation of three 1st offenses or two 2nd offenses of unrelated issues requiring disciplinary actions will count as the equivalent of a 3rd offense.

e. Disciplinary Actions are accumulative during the 3 years in the ATEP.
f. These disciplinary actions are separate from academic retention standards. In addition to maintaining good academic standing, students need to follow the policies and procedures for the ATEP. Don’t worry......the Student Handbook is designed to be helpful and the policies and procedures just help with clarity and understanding.

Chain of Command

1. If an athletic training student has a matter that needs to be addressed certain channels must be recognized. It is important to follow the below chain of command:

2. Athletic training student

3. Approved Clinical instructor

4. Clinical Coordinator

5. Director of Athletic Training Education

6. Associate Dean School of Health, Exercise Science and Athletics/Athletic (HESA

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