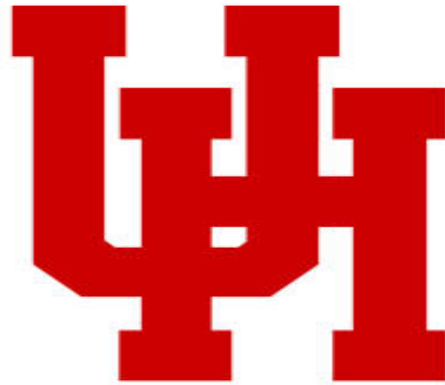


Master of Athletic Training Program Preceptor Training



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Objectives

- Overview of AT and CAATE
- CAATE Definitions
- MAT Program
- MAT Program Preceptor
- MAT Program Clinical Education
- Conclusions



Overview of AT Education Structure

- Definition of AT
- Definition of CAATE
- Definition of BOC
- Definition of NATA



Definition of AT

Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by ATs comprise of prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Athletic Training is recognized by the American Medical Association (AMA) as a health care profession.



Definition of CAATE

The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum education standards for quality and athletic training programs.

CAATE is sponsored by the American Academy of Family Physician, the American Academy of Pediatrics, the American Orthopedic Society for Sports Medicine, and the National Athletic Trainer's Association



Definition of BOC for AT

The Board of Certification, Inc. (BOC) was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers (ATs).

The BOC establishes and regularly reviews both the standards for the practice of athletic training and the continuing education requirements for BOC Certified ATs. The BOC has the only accredited certification program for ATs in the US.



Definition of NATA

The National Athletic Trainers' Association (NATA) is the professional membership association for certified athletic trainers and others who support the athletic training profession.

Founded in 1950, the NATA has grown to more than 35,000 members worldwide today. The majority of certified athletic trainers choose to be members of the NATA – to support their profession, and to receive a broad array of membership benefits.



Practice Domains and Educational Competencies

- Practice domains of AT
- Educational competencies
- MAT Program content areas
- Future of AT Education



Practice Domains of AT

- Injury/ Illness Prevention and Wellness Protection
- Clinical Evaluation and Diagnosis
- Immediate and Emergency Care
- Treatment and Rehabilitation
- Organizational and Professional Health and Well-being



Educational Competencies

- Evidence Based Practice
- Prevention & Health Promotion
- Clinical Examination & Diagnosis
- Acute Care of Injury & Illness
- Therapeutic Interventions
- Psychosocial Strategies & Referral
- Healthcare Administration
- Professional Development & Responsibility



UH Master of Athletic Training Program

Educational Content Areas

- Research in Athletic Training
- Emergency Management and Prevention of Injury
- Strength and Conditioning
- Therapeutic Modalities
- Administration
- Pharmacology
- Orthopedic Evaluation
- General Medical Conditions
- Nutrition
- Rehabilitation
- Psycho-social Intervention
- Clinical Proficiencies



The Future of Athletic Training Education

- “Professional Education in Athletic Training: An Examination of the Professional Degree Level”
 - Presented to NATA Board of Directors, Dec. 2013
- 11 Key Findings
 - Supporting Transition to Entry-Level Master’s Degree
- [White Paper Document](#)



Practice Settings

- Professional and Collegiate Sports
- Secondary and Intermediate Schools
- Sports Medicine Clinics
- Hospital ER and Rehab Clinics
- Occupational Settings
- Fitness Centers
- Physician Offices



Structure of AT Education Program

- Sponsorship
- Outcomes
- Personnel
- Program Delivery
- Health and Safety
- Student Records



Sponsorship

- Sponsoring institution (UH) must be accredited by an agency recognized by the DOE or by the Council for Higher Education and must be legally authorized to provide a program of post-secondary education
- CAATE-accredited AT programs must lead to a degree in Athletic Training (MAT).
- All sites where students are involved in patient care must have affiliation agreements



Outcomes

- There must be a comprehensive assessment plan to evaluate all aspects of the AT Education Program.
- The plan must be ongoing and document regular assessment of the AT Education Program
- The plan must include unique metrics related to the program
 - Collect data: obtain data to determine effective outcomes
 - Data analysis: analyze outcomes to determine effectiveness of meeting Program mission
 - Action plan



Personnel

- Program Director
- Clinical Education Coordinator
- AT Faculty
- Medical Director(s)
- Preceptors



Program Director (PD)

- Must be full-time employee of sponsoring institution
- Full faculty status, rights, responsibilities, and privileges
- Programmatic administrative and supervisory responsibility
- Have an amount of release/reassigned work load to meet all institutional responsibilities concerning the Program



PD Responsibilities

- Ongoing compliance with Standards
- Planning, development, delivery, documentation, and assessments of all components of the curriculum
- Clinical Education
- Programmatic budget



Clinical Education Coordinator (CEC)

- Faculty member that must be identified as the CEC
- CEC must be allowed release/reassigned workload to meet institutional responsibilities for clinical education



CEC Responsibilities

- CEC must have input and assurance of the following:
 - AT Student clinical progression
 - Clinical site evaluation
 - AT Student evaluation
 - Preceptor training
 - Preceptor evaluation



AT Faculty

- All ATs involved in the education of AT students must be certified by the BOC and where applicable, be credentialed by the State.
- In addition to the PD, there must be at least one full-time faculty member to meet the following: advise and mentor students, meet program outcomes, allow institution to offer AT courses on a regular and planned basis, maintain appropriate student to faculty ratios.



Medical Director

- Be an MD/DO who is licensed to practice in the state sponsoring the program
- In coordination with the PD, serve as a resource and medical content expert for the program



Preceptor

- A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base



Preceptor Responsibilities

- Supervise AT 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 student to develop clinical integration proficiencies, communication skills, and clinical decision making during actual patient/client care



Preceptor Responsibilities

- Provide assessment of AT 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 program's policies and procedures



Preceptor Qualifications

- Be credentialed by the state in a health care profession
- Not be currently enrolled in the Athletic Training program at the institution
- Receive planned and ongoing education from the program designed to promote a constructive learning environment



Program Delivery

- The AT curriculum must be from the most recent edition of the NATA education competencies
- Formal instruction must be in a classroom, clinical, and laboratory environments
- Opportunities for AT students to interact with other medical personnel on a continuing basis
- Clearly written course syllabi for all courses that are written using objectives in measurable terms



Program Delivery – Clinical Education

- Clinical education must follow a logical progression that reinforces the sequence of formal instruction of AT knowledge, skills, and clinical abilities, including clinical decision making, all leading to autonomous practice
- Clinical education must provide students with authentic, real-time opportunities to practice and integrate AT knowledge, skills, clinical abilities, decision making, and professional behaviors required by the profession



Program Delivery – Clinical Education

- Clinical education must allow AT students to practice with different patient populations, care providers, and various allied health care settings
- Clinical education assignments cannot discriminate based on sex, ethnicity, religious affiliation, or sexual orientation



Program Delivery – Clinical Education

- There must be opportunities for the AT students to gain clinical experiences that address the continuum of care in a variety of settings that include but are not limited to:
 - Individual and team sports
 - Sports requiring protective equipment
 - Patients of different sexes
 - Non-sport patient populations
 - A variety of conditions other than orthopedics



Program Delivery – Clinical Education

- All clinical education sites must be evaluated by the Program on an annual and planned basis, and those evaluations are part of the program's comprehensive assessment plan
- A BOC AT, with the appropriate state license, must supervise the majority of the AT student's clinical coursework



Program Delivery – Clinical Education

- AT students must be officially enrolled in the Program prior to performing skills on patients
 - AT students must be formally instructed on AT clinical skills prior to performing 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 academic calendar



Program Delivery – Clinical Education

- All clinical education experiences must be educational in nature
 - Program must have written policy that delineates minimum/maximum requirement for clinical hours
 - Students must have a minimum of one day off in every seven day period
 - Students will not receive any remuneration, excluding scholarships
 - Students will not replace professional AT staff or medical personnel



Program Delivery – Clinical Education

- AT program must include provision for supervised clinical education with the preceptor
 - There must be regular communication with the preceptor
 - The number of students assigned to a preceptor must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care
 - Students must be directly supervised by a preceptor during the delivery of AT services. Preceptor must be physically present to intervene on behalf of the AT student and/or patient



Health and Safety

- Technical standards
- Documentation of immunizations
- Active communicable or infectious disease policy signed by AT student
- AT student liability insurance
- HIPAA training
- Safety policy for all therapeutic equipment
 - Documentation of calibration required



Health and Safety

- Bloodborne pathogen (BBP) training prior to beginning clinical education experience
- BBP policy must be posted or readily available at all locations where exposure exists and must be immediately available to students and/or preceptors
- Students must have access to and use of appropriate BBP barriers, control measures, and sanitation supplies at all sites



Health and Safety

- All sites must have venue-specific, written emergency action plans (EAP) that are based on well-established national standards
- The Program must have a process for site-specific training and review of the EAP with the AT student prior to clinical education
- AT student must have immediate access to the plan in an emergency situation



Student Records

- BBP training
- Program admission application and supporting documents
- Signed technical standards with appropriate accommodations (if needed)
- Academic progression
- Remediation and disciplinary actions
- Clinical education experiences



Contact Information & Websites

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