Clinical education represents the athletic training students’ formal acquisition, practice, and preceptor evaluation of Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of a preceptor. Formal evaluation of the application and integration of clinical proficiencies are completed by a preceptor and may be in conjunction with additional clinical instructors. Student placement at clinical sites are considered non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, gender, disability, sexual orientation, or other unlawful basis.

Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a preceptor. These experiences will be throughout each semester while enrolled in the MSAT program. During the student’s last semester, they will have an embedded component to ensure students are fully competent to practice autonomously in situations upon graduation. All students must have OSHA training prior to any clinical placement is allowed. Clinical competency courses shall include academic syllabi that contain measurable educational objectives and specific clinical proficiency outcomes, and other necessary clinical education requirements that can be assessed over time.

Clinical supervision is defined by visual and auditory interaction between the student and the preceptor. This policy of instructor supervision is a must and should be maintained in all occasions, without exceptions. Students are not allowed to work in any sport or facility without preceptor supervision. Students should arrive early to assist with pre-game treatment and will assist after events when warranted. Students are not allowed to travel with teams unless the preceptor is accompanying the student. Students are not allowed to replace clinical staff at any time. A preceptor must accompany all events in which students are allowed to collect clinical hours.

Graduate students will be required to maintain the minimum hour requirement assigned to the associated clinical competency course in which they are enrolled each semester until graduation. Administrative record keeping is currently accomplished through ATrack. Students and preceptors will have adequate training prior to documenting or validating clinical hours. The clinical hours are necessary for the student to have ample opportunity to practice as well as be evaluated on performances related to academic success. Although the program is proficiency based and does not require “hours”, some states have specific clinical hours to be accumulated in order to become state licensed. Students are required to log supervised hours. An important policy is to have hours logged each week. Weeks start on Sunday and end on Saturday for policy clarity. Preceptors should not be asked to validate hours that happened more than 10 days ago, because this might affect the accuracy of the recorded hours.

**Purpose of Clinical Education**

It is the purpose of the Lee University MSAT to be a functional educational and service facility for the Department of Health, Exercise Science, and Secondary Education. The program will endeavor to enhance the health care for the university’s intercollegiate athletes as well as the broader habitually active community of the university. The program will service the college community by endeavoring to help its members attain higher levels of performance through
proper health care and appropriate efforts to prevent injury and illness. Clinical Education is the bridge in which students affectively learn to utilize the various skill development taught in the classroom. This is a vital component to student learning.

The MSAT program will establish and maintain a corps of athletic training students that will be trained in the knowledge and skills that are essential to an entry-level athletic trainer. The purpose of clinical education is multidimensional. The student will:

- Utilize clinical experiences for peer practice, skill acquisition, and skill development
- Interact with many differing health care professionals, each having separate philosophies & experiences that will provide students with innovative skills that will enhance student development
- Written and verbal communication through peer teaching, clinical documentation, and professional interactions
- Gain confidence in self by practicing skills under direct supervision of allied health professionals (e.g. Certified Athletic Trainers, Orthopedic Surgeons, Physical Therapists, Registered Nurses, and Physician Assistants)
- Accumulate many hours in field settings where critical thinking and problem solving will occur on a daily basis
- Develop a mentorship with preceptors in order to foster a professional code of conduct that reflects Christian commitment.

At the completion of the program, the athletic training student should be able to function as a health care professional with minimal supervision in an allied health care setting and be eligible to sit for the BOC certification examination.

**Instruction of Clinical Proficiencies and Clinically Integrated Proficiencies**

The goal of Clinical Education is to facilitate a student’s ability to utilize the cognitive knowledge, psychomotor skills, and clinical abilities with behaviors of professional practice, which demonstrate a level of practice which is appropriate for an entry level certified athletic trainer. Clinical education is organized by lecture, lab, and clinical experience. These elements are taught overtime with consistent feedback provided to each student. The content taught is outlined in 2020 Standards for Accreditation of Professional Athletic Training Programs (CAATE, 2018). The Clinically Integrated Proficiencies published by CAATE are Lee University’s guide for the common set of skills that an entry-level athletic trainer should possess. Proficiencies also define the expectations of an outcome based clinical education system.

Clinical proficiencies and psychomotor competencies will be introduced and instructed during coursework. The skills are taught, demonstrated, practiced, and then evaluated in at least two settings, demonstrating learning over time. Documentation of these skill sets will occur on the proficiency signature pages and/or through electronic skill documentation.

Learning over time is the documented continuous process of skill acquisition, progression, and student reflection. It involves the demonstration of systematic progression through the cognitive, psychomotor, and clinical proficiencies within different contextual environments (e.g., athletic training room, practice field, etc.). Assessment of learning over time is built around multiple indicators and sources of evidence such as observations (student affective behaviors, interviews); performance samples (clinical skill demonstration); and tests or test-like procedures. Clinical
integrated proficiencies are holistic in nature and allow the student to integrate multiple skills into through patient care. Learning over time will be demonstrated through proficiency evaluations during the academic and clinical experiences. Preceptors are given the appropriate evaluation tools for a clinical review. Classroom laboratory examinations or classroom instructor proficiencies will be more in depth and will allow the student appropriate one-on-one interaction. All MSAT students will be assigned to a specific preceptor for each rotation. All preceptor evaluations will be conducted in a one-on-one situation.

Current Affiliated Sites
An athletic training student’s primary clinical experiences will be on the Lee University campus. The MSAT will utilize off-campus rotations, such as football and other diversified experiences, to enhance the clinical education and field experiences of athletic training students. The campus health clinic plays an important role when students begin learning general medical conditions as they relate to the well-being of physically active individuals. Off-campus sites listed below are utilized to provide educational experience in a non-traditional environment. These rotations are designed to enhance the upper and lower extremity and general medical experiences. Grace Academy, McCallie School, Cleveland High School, Walker Valley High School, Bradley Central High School, and Ooltewah High School will provide students with experience in an equipment intensive, high-risk environment through sports such as football and wrestling. Students are responsible for transportation to and from clinical sites and all costs incurred. The following traveling distances from Lee University to clinical sites are approximated:

- Bradley Central High School – 1.5 miles
- Ooltewah High School – 15 miles
- Center for Sports Medicine and Orthopedics in Chattanooga – 28 miles
- Center for Sports Medicine and Orthopedics in Cleveland – 1 mile
- McCallie High School – 28 miles
- Cleveland High School – 2.5 miles
- Cleveland State Community College - 3.0 miles
- Grace Academy – 23 miles
- Walker Valley High School – 10 miles
- Boyd Buchanan School – 27 miles

Rotation of Students for Clinical Sites and Field Experiences
Students are assigned to a specific preceptors or supervisor, not to a facility or sport. Clinical rotations during the first four semesters of the Masters program will last one semester. And finally, the last 10 weeks of the student’s tenure at Lee University will be spent in an embedded experience which will train students in health care delivery as it relates to that site’s expectations. Student will be required to perform the tasks of the day for the same amount of time, as the preceptor is required to spend. If overtime is excess and hinders the students’ ability to learn, then the student should report this issue to the clinical coordinator. Each student will gain experience in four general areas: Upper extremity, lower extremity, equipment intensive, and general medical. An overall emphasis on high-risk sports will foster student learning. Placement of students in Clinical Rotations is based in part on the following considerations:

- Classroom preparation
- Clinical preparation
- Performance evaluations in both classroom and clinical rotations
Examples of Each of the Clinical Emphases:

**Upper extremity**
- Men’s tennis
- Women’s tennis
- Men’s baseball
- Women’s softball
- Women’s volleyball
- Women’s Lacrosse

**Lower extremity**
- Men’s cross country
- Women’s cross country
- Men’s basketball
- Women’s basketball
- Men’s soccer
- Women’s Lacrosse

**General Medical**
- Lee University Health Clinic
- Lee University Athletic Training Room
- Center of Sports Medicine

**Equipment Intensive**
- High school athletics
- Intercollegiate athletics

**CLINICAL EDUCATION GUIDELINES**

**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 environment (i.e., the athletic training room, practice/game coverage). Both educational experiences will be supervised by a preceptor.

**Clinical Education Supervision**

A preceptor, as defined in the subsequent section, will at all times supervise the students’ clinical education. “Supervision” of students by the preceptor is defined by the CAATE as, “Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student’s knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.” Students are assigned to a preceptor, not to facilities or sports. The daily supervision of students by the preceptor allows for multiple opportunities for evaluation and feedback between the student and approved clinical instructor. Students are permitted to develop proficiency within adjunct affiliated professional clinical sites (e.g., hospital emergency rooms, clinics, exercise physiology labs) during the clinical education course or experience. These experiences, however, do not comprise the majority of the student’s clinical experience.

Lee University preceptors are listed in the academic administrative structure of the student handbook. Training for preceptors occurs every other year; however, yearly group meetings will ensure adequate communication toward ongoing program improvement. Clinical instruction is
organized so that preceptors are aware of what each level student needs to be taught during different rotations based on their educational level. Preceptors are taught how to debrief and provide adequate feedback which will enhance learning for the students. All negative communication issues whether on the preceptor and student side should be discussed with the clinical coordinator. Student are instructed to be professional and only request a reassignment for a rotation in issues deemed unresolvable or consistently hampers to the student educational goals.

Field Experience Overview

The primary settings for the students’ clinical education and field experiences should include athletic training room(s), athletic team 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 is 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 also include adequate opportunities for observation of, and involvement in, the immediate management and emergency care of a variety of acute athletic injuries and illnesses. 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 involve 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 athletic trainer is always on-site where the athletic training experience is being obtained.

Clinical supervisors are readily accessible to students for on-going feedback and guidance on a daily basis. 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.

Immersive Clinical Experiences

There will be two immersive clinical experiences embedded into the MSAT. Clinical immersion provides an opportunity for the student to gain longer, daily clinical experience more in-line with a traditional job setting. During the clinical immersive experience students will have minimal didactic course work allowing them to focus on clinical education. Clinical immersion is designed to help transition the student into a professional career, integrate the student into all facets of professional activity at a specific setting, and increase confidence of knowledge and skill by increasing the opportunity for exposure to injuries and conditions.
High school Immersive Experience: The high school immersive experience will occur in conjunction with ATEP 500 at the end of the first summer in the program. During the month of July students will spend 2 weeks in didactic instruction with 2-3 weeks of full immersion, 40 hours per week, at a local high school. The primary sport to be covered will be football, however as dictated by the preceptor, additional fall sport coverage may be warranted. Students wishing to gain additional football clinical experience following the completion of their high school immersive experience will be allowed up to 30 volunteer hours (not counted towards their fall clinical hour requirement), under the supervision of a preceptor, as long as it does not interfere with their fall clinical assignment responsibilities.

Comprehensive Immersive Experience: During the final academic year, occurring in either the fall or spring semester of the MSAT, students will spend 5 weeks on campus in didactic instruction followed by 10 weeks in complete clinical immersion with some online education requirements. The 10-week immersive experience location will be determined based on a combination of student career placement desire, student educational needs, clinical site availability, and educational ability of the site and associated preceptor(s). The purpose of the comprehensive immersive experience is to increase autonomy of practice to provide for a more seamless transition to independent practice. Additionally, it is preferable for students to observe orthopedic surgeries during this time. The 10-week immersive experience will require 40 hour weeks or a minimum of 300 clinical hours. Students will be provided various clinical opportunities within a 100 mile radius of Lee University. However, students wishing to conduct this experience farther than 100 miles, must obtain approval from the Lee University program director, arrange for all preceptor and clinical site approval prior to beginning their experience, and obtain housing on their own for the duration of the experience.

Student Team Travel Policy
Athletic training students traveling with athletic teams is a valuable experience to prepare for professional practice. Students traveling within the confines of the educational program must adhere to the following guidelines: 1. Travel is at the discretion of the head coach. 2. First year MSAT students may travel at any time only if will not require them to miss any class time. 3. Second year MSAT students may only miss 2 non-consecutive days per semester due to travel. 4. Travel during an immersive clinical experience is unlimited due to lack of class time requirement.

Clinical Education Summary
The student’s clinical education course, embedded experiences, or a combination of the two should provide exposure of the student to specific populations, establishing adequate learning environments.

The Athletic Training Educational Competencies abide by the Standards for the Accreditation of Entry-Level Educational Programs for the Athletic Trainer (CAATE) to ensure students encounter quality educational experiences. The standards are provided at this link (http://caate.net/pp-standards/).

Our clinical education plan seeks to foster learning over time. Repetition is a key component in the learning process. A sampling of proficiencies and clinically integrated proficiencies are provided for students each semester. Each practicum course will have a signature pages that represents a snapshot of the intended skills and clinically integrated competencies that a student is expected to accomplish by the end of that course.