



PennState

Kinesiology | Athletic Training

CLINICAL EDUCATION MODEL

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Pre-Professional Phase Clinical Observation Experiences

Prior to potential application, and admission to the Athletic Training (ATHTR) major, prospective students enrolled in the Pre-Professional Phase are assigned to two separate clinical observations in two different athletic training facilities on campus. Each observation lasts approximately seven weeks, and takes place under the supervision of an assigned staff athletic trainer serving as a preceptor for the curriculum. These experiences provide potential applicants with the opportunity for exposure to a variety of clinical education sites associated with the major as a means of gaining insights into athletic training as a career as well as the unique, and rigorous demands of the degree program at Penn State.

Professional Phase Clinical Education Experiences

Upon acceptance to the major, athletic training students complete formal clinical education experiences that are associated with required clinical practice, and practicum courses. As part of each student's clinical education plan, they will be assigned to a variety of different clinical education sites, and practice settings in an effort to expose them to an array of experiences in athletic training, and the healing arts in treating diverse populations from varying socioeconomic backgrounds, and cross-sections of the lifespan.

Primary Assignments

Athletic training students complete five semester-long primary clinical education assignments, which are progressively modeled to prepare them to learn, develop, acquire and apply the foundational knowledge, skills, and abilities/attitudes required to effectively serve as a competent athletic trainer. All students will be required to complete a different primary clinical education assignment each semester in order to fulfill the specific requirements of the current model. This entails that students are exposed to diverse experiences, and populations that engage in various modes of physical activity, and/or sport, which contain the following elements:

- *Individual participation (accreditation mandated)*
- *Team participation (accreditation mandated)*
- *Equipment intensive (accreditation mandated)*
- *Female population (accreditation mandated)*
- *Male population (accreditation mandated)*
- *Lower extremity focused (program emphasis)*
- *Upper extremity focused (program emphasis)*

Non-Orthopaedic Exposures & Non-Sport Population Cycles (Accreditation Mandated)

Embedded within primary assignments are non-orthopaedic exposures, and non-sport population cycles that facilitate athletic training student exposures to varying general, and specific medical conditions as well as disciplines of the healing arts.

Non-orthopaedic exposures provide students with the opportunity to apply their clinical skills in providing care for different general, and/or specific medical conditions in the primary assignment with patients that may be considered athletes participating in organized competitive sports (e.g. high school, collegiate, professional, etc.), and/or in a non-sport cycle.

- Basic examples of these “hands-on” activities may include, but are not limited to students:
 - recognizing, assessing, and treating dermatological conditions (e.g. wound care, skin disorders, etc.);
 - administering baseline screenings for concussion management, and related interventions for follow up care & return to play;

- prevention, and treatment of heat stress/heat-related illness;
- assisting sports medicine personnel with various (non-orthopaedic) components of the pre-participation physical exam (e.g. taking a general medical history, measuring vitals, etc.);
- managing a general illness, or specific medical condition (e.g. application of primary care principles, administering a specific treatment, etc.).

In cycles, athletic training students are provided with the opportunity to perform their inclusive clinical skill set in managing various health-related conditions (e.g. orthopaedic, and general medical) for samples of the general population, which are NOT the athletes they interface with as part of their primary assignment.

- Basic examples of these “hands-on” activities may include, but are not limited to students:
 - performing an orthopaedic exam on a patient in a physician, nursing, or health care (non-athletic training) clinic scenario;
 - applying a therapeutic technique, or instructing a patient in corrective exercises as part of a plan of care in an in- or outpatient rehabilitation setting;
 - assisting fitness, and wellness personnel with health screenings, as well as exercise testing, and prescription;
 - electronic medical records data entry, and management for patient/client cases, and care;
 - administrative duties related to the day-to-day operations of patient/client care.

Clinical Education Courses

The following sequential three-credit clinical practice, and practicum/internship courses provide students with clinical education experiences in the ATHTR major:

- Pre-Professional Phase (clinical observation experience)
 - KINES 231 – Athletic Training Clinical Practice I | ATHTR 231 – Foundations of Clinical Practice I
- Professional Phase (clinical education “hands-on” experiences)
 - KINES 232 – Athletic Training Clinical Practice II | ATHTR 235 – Foundations of Clinical Practice II
 - KINES 395F – Practicum in Athletic Training | ATHTR 395A – Clinical Internship I
 - Includes an introductory non-sport cycle
 - 30-minute rotation that consists of participating in the inclusive operations for Penn State’s Exercise is Medicine on Campus
 - *Students submit a verification form (signed by Exercise is Medicine on Campus supervisor or AT faculty member) to practicum instructor, and complete a minimum of one detailed patient/client contact record in ATrack, which will be reviewed, and approved by the practicum course instructor*

- KINES 395G – Practicum in Athletic Training | ATHTR 495A – Clinical Internship II
 - Includes non-orthopaedic exposures (*students concurrently enrolled in KINES 336 – Medical Aspects of Athletic Training | ATHTR 336 – General Medical Principles of Clinical Practice*)
 - Minimum of two patient contacts completed through Penn State Intercollegiate Athletics physician clinics in campus athletic training facilities
 - *Students submit a verification form (signed by preceptor) to practicum instructor, and complete two detailed patient contact records in ATrack which will be reviewed, and approved by the practicum course instructor*

- KINES 395I – Practicum in Athletic Training | ATHTR 495B – Clinical Internship III
 - Includes a non-sport cycle, and non-orthopaedic exposures
 - Minimum of two patient/client contacts in the Penn State Center for Fitness & Wellness, and minimum of two patient/client contacts in the Penn State Center for Concussion Research & Service
 - *Students complete three detailed patient contact records in ATrack, which will be reviewed, and approved by the supervising preceptor at those respective sites*

- KINES 495F – Field Practicum in Athletic Training | ATHTR 495C – Clinical Internship IV
 - Includes non-orthopaedic exposures, and non-sport cycles
 - Minimum of two exposures, and two cycles (at different sites) each
 - The non-orthopaedic exposures can be satisfied through the primary assignment, and/or in combination with a non-sport cycle
 - Minimum of two patient/client contacts
 - *Students complete two detailed patient contact records in ATrack, which will be reviewed, and approved by the respective supervising preceptor*
 - The non-sport cycle will be completed with on, and/or off-campus affiliates (e.g. The Village at Penn State, UOC, and other potential health & wellness entities)
 - Minimum of two patient/client contacts at each different site
 - *Students complete two detailed patient contact records in ATrack, which will be reviewed, and approved by the respective supervising preceptor*

Clinical Education Progressions per Clinical Practice and Practicum/Internship Level

KINES 231: Athletic Training Clinical Practice I | ATHTR 231 – Foundations of Clinical Practice I (Pre-Professional Phase)

This is a clinical observation experience that is intended to increase student awareness for the role of the athletic trainer as an allied health care professional. The student will also become familiar with the daily operating procedures of an athletic training facility while being exposed to the culture of the profession. Students complete two rotations (approximately seven weeks in length) in different on-campus athletic training facilities under the mentorship of preceptors for the curriculum, and upper-level athletic training

students. In an effort to broaden a prospective student's exposure, they are also required to participate in various observational experiences specific to formal athletic events (e.g. Cross Country meet, Fencing tournament, Rugby match, etc.). Hands-on opportunities, if made available by supervising preceptors, are limited to basic tasks such as facility upkeep (e.g. sanitation practices, inventory stocking, equipment maintenance, etc.) assisting with the administration of hydration duties, and general clerical tasks.

KINES 232: Athletic Training Clinical Practice II | ATHTR 235 – Foundations of Clinical Practice II (Professional Phase)

This represents the initial introductory opportunity for athletic training students to engage in the application of theory, and foundational athletic training knowledge through hands-on patient/client care experiences. Students at this level are able to apply clinical skills that reflect the didactic material they were exposed to in KINES/ATHTR 135, KINES 231 | ATHTR 231, and KINES 233 | ATHTR 233 as well as those of concurrent courses (KINES 232 | ATHTR 235, and KINES 334 | ATHTR 334) under the supervision of preceptors. In addition to the basic tasks stated in KINES 231 | ATHTR 231, these clinical techniques consist of neuromusculoskeletal injury prevention/screening strategies, prophylactic taping/wrapping practices, and fundamentals of injury examination (focal, but not limited, to the lower extremity, and lumbopelvic spine), acute care, and emergency response. Application of therapeutic agents is limited to those categorized as infrared (e.g. cryotherapy, and superficial thermotherapy). Rehabilitation techniques applied are limited in scope to basic interventions that consist of administering range of motion, and progressive resistance exercises as well as elementary neuromuscular control techniques as prescribed by supervising preceptors. Introductory exposure to documentation, and record-keeping is also characteristic of this experience. Patient/client populations for this level are student-athletes participating in collegiate or secondary school sports.

KINES 395F – Practicum in Athletic Training | ATHTR 395A – Clinical Internship I (Professional Phase)

This reflects the first formal practicum/internship experience in the Athletic Training major. Students at this level build on the theory that underpins the psychomotor skills they were exposed to in preceding coursework. In addition to the applied clinical techniques associated with KINES 232 | ATHTR 235, students engage in the rehabilitation of neuromusculoskeletal injuries to the lower extremity, and lumbopelvic spine under the supervision of preceptors; furthermore, students expand on their injury examination skills with assessing pathology to the upper extremity, head, and torso to include evaluation of concussion under the supervision of preceptors. In this capacity, students begin to apply elementary evidence-based practice principles in the selection of applicable clinical interventions. Patient/client populations for this level are student-athletes participating in collegiate or secondary school sports.

KINES 395G – Practicum in Athletic Training | ATHTR 495A – Clinical Internship II (Professional Phase)

Students progressing in their application of knowledge, skills, and abilities in managing neuromusculoskeletal injuries, which includes the rehabilitation of injuries to the upper extremity, and trunk, characterize the second practicum/internship. Along with the clinical techniques specific to KINES 395F | ATHTR 395A, students develop, and evolve in their utility of therapeutic agents for the management of injury to include therapeutic ultrasound & diathermy, phototherapy, low-level LASER, electrotherapy, mechanical energy, and manual therapy. Students refine the selection of interventions through continued exposure to an evidence-based practice paradigm under the supervision of preceptors. This level is also unique in providing an initial exposure in the assessment, and primary care of non-orthopaedic conditions, which parallels material presented in KINES 336 | ATHTR 336, in the context of their primary clinical education assignment. Patient/client populations for this level are student-athletes participating in collegiate or secondary school sports.

KINES 395I – Practicum in Athletic Training | ATHTR 495B – Clinical Internship III
(Professional Phase)

Students at this level refine the application of clinical techniques associated with KINES 395G | ATHTR 495A; moreover, they begin to heighten their participation in the administrative aspects of athletic training, which entails generating, updating, and maintaining the documentation of related health care records. Additional clinical education responsibilities entail a graded autonomy in the examination, and treatment of neuromusculoskeletal injuries, and primary care of non-orthopaedic conditions; this includes an active role in determining return-to-play or physical activity, with the use of psychosocial aspects of health care, under the supervision of preceptors. In addition to the patient/client populations for KINES 395G | ATHTR 495A, students receive exposure to non-sport populations.

KINES 495F – Field Practicum in Athletic Training | ATHTR 495C – Clinical Internship IV
(Professional Phase)

As the last practicum/internship in the program, this level provides students with a transition-to-practice experience, which entails a refinement for the application of all athletic training competencies inherent to the curriculum including an advanced utility for psychosocial strategies in the delivery of clinical care, and administration of health care systems. Regarding the latter, students assume greater responsibility for fostering communication among related personnel, record-keeping, facility maintenance, event organization/preparation, and delegating tasks to lower-level students at the discretion of supervising preceptors. Persistent with KINES 395I | KINES 495B, students operate in continued graded autonomy with the execution of all competencies in preparation to sit for the national exam administered by the Board of Certification for the Athletic Trainer. In addition to the patient/client populations for KINES 395I | ATHTR 495B, students receive additional exposures to non-orthopaedic conditions, and non-sport populations.

Clinical Instruction, Duty to Patient/Client Well-Being and Evaluation of Athletic Training Education Competencies

In conjunction with faculty, preceptors should ensure that athletic training students are educated on, and proficient in the application of specific practical skills, and clinical techniques before being expected to render them with patient/client interactions. If preceptors incorporate adapted or non-conventional methods into their clinical practice paradigm, which are not included or extensively covered in the program of study, preceptors are strongly encouraged to effectively educate students on these concepts as a means to broaden their knowledge, skills, and abilities as well as philosophical insights into health care. Considering that such methods may not be part of the a student's formal program of study, preceptors are again expected to ensure that athletic training students are educated on, and proficient in the application of such techniques before being expected to render them to patient/client populations. This consistent approach to student supervision, and mentoring contributes to the safety, well-being, and respect of patients/clients, which is a shared priority among all stakeholders in the Athletic Training major, and reflects the ethical standards that govern the profession.

Athletic training education competencies are delivered to students in didactic, laboratory, and clinical education settings. In similar fashion, students are evaluated on their proficiency in the application of such competencies in these varied settings. Preceptors take an active role in the clinical instruction, and evaluation of student competency via a variety of assessment platforms including, but not limited to, clinical integration proficiencies, practical examinations, and simulated/standardized patient scenarios. Record for completion of student assessment is maintained in various forms, which include, but are not limited to, paper-based rubrics, electronic databases (e.g. ATrack, Canvas, etc.), and manuals that are kept on file for periodic review to ensure satisfactory student progression, and curricular assessment.

Direct Supervision

Preceptors must directly supervise each athletic training student practicing in clinical education experience settings. Direct supervision is defined as ample visual, and auditory interaction between the preceptor, and student so as to permit the preceptor's ability to intervene on behalf of the student or patient/client in applicable clinical scenarios. This standard includes voluntary travel opportunities for students in the Athletic Training major. An appropriate ratio of athletic training student-to-preceptor will be assessed on a semester-to-semester basis, to account for potential changes in clinical site personnel or operations, as a means to ensure direct supervision is accounted for in all clinical education sites, and assignments.

Clinical Education Contact-Hour Guidelines

The weekly clinical education contact-hour maximums vary per clinical practice or practicum level, and have been based on the most recent ATHTR major 8-semester suggested academic plan (effective Spring Semester 2018). These guidelines aim, within reasonable considerations, to limit the inclusive curricular contact time to approximately 40 hours per week [(i.e. consecutive seven- (7) day period)]. However, this target is variable, given factors that include, but are not limited to: academic, and/or personal matters (e.g. unavoidable course scheduling conflicts, part-time enrollment, health status, family care needs, etc.), unique clinical unit practices (e.g. time of service operations, limited patient/client pools, supervisory challenges, etc.), and other case-specific issues. Upholding the spirit of the program's clinical education contact-hour guidelines, which are meant to establish a pragmatic framework for facilitating student learning, achievement, and real-world exposure to the profession of athletic training is a shared responsibility among the student, preceptor, and Clinical Education Coordinator (CEC).

Students, and preceptors should primarily aim to operate within the weekly stated ranges; however, in the event of related challenges (as described above) they may instead elect (upon consensus among the student, preceptor, and CEC) to operate within the stated semester range. For instance, if limited opportunities present themselves for a week or two, which leads to the student not satisfying the weekly-based minimum requirement, the student, and preceptor (in consultation with the CEC) should develop a reasonable plan to account for missed time (and thus clinical education opportunities). This may be achieved by ramping up hours in the following week(s), with efforts to avoid surpassing the weekly maximum limit if/as possible (rare exceptions to this may be part-time enrollment, relatively low credit load, temporary pause in clinical education experiences that necessitates hours beyond the weekly maximum to meet the semester minimum). Questions regarding these guidelines, and managing issues that warrant special considerations should be directed to the CEC.

In consideration of the information stated above, essential details on the guidelines are provided below:

- Each clinical education assignment is for the term of a semester (approximately 15 weeks)
 - A week is defined as a consecutive 7-day period
- Clinical education contact experiences should be limited to a minimum of 10 hours per week, and the maximum weekly hours permissible for each clinical practice or practicum level (detailed below):
 - *KINES 232 | ATHTR 235 – Based on an anticipated 16-credit course load, students may complete a maximum of 24 clinical education contact hours per week*
 - *Semester total = minimum of 150, and maximum of 360 clinical education*

- contact hours*
- *KINES 395F | ATHTR 395A – Based on an anticipated 15-credit course load, students may complete a maximum of 25 clinical education contact hours per week*
 - *Semester total = minimum of 150, and maximum of 375 clinical education contact hours*
 - *Time spent completing the non-sport cycle counts towards the weekly maximum*
 - *KINES 395G | ATHTR 495A – Based on an anticipated 16-credit course load, students may complete a maximum of 24 clinical education contact hours per week*
 - *Semester total = minimum of 150, and maximum of 360 clinical education contact hours*
 - *Time spent completing the non-orthopaedic exposures counts towards the weekly maximum*
 - *KINES 395I | ATHTR 495B – Based on an anticipated 15-credit course load, students may complete a maximum of 25 clinical education contact hours per week*
 - *Semester total = minimum of 150 and maximum of 375 clinical education contact hours*
 - *Time spent completing the non-sport cycle counts towards the weekly maximum*
 - *KINES 495F | ATHTR 495C – Based on a 15-credit course load, students may complete a maximum of 25 clinical education contact hours per week*
 - *Semester total = minimum of 150 and maximum of 375 clinical education contact hours*
 - *Time spent completing the non-sport cycles counts towards the weekly maximum*
- All athletic training students MUST be given a minimum of one (1) day off in every consecutive 7-day period
 - Off days must be logged in ATrack (www.ATRackonline.com) by athletic training students, and approved by preceptors
 - While students may elect to voluntarily engage in clinical education activities during an off day, this practice is discouraged
 - In the event a student volunteers to participate in clinical education activities on a scheduled day off, the student MUST DETAIL this in their ATrack hour log
 - It is required that ALL clinical education contact hours be appropriately DETAILED, and logged by athletic training students, and approved by preceptors via ATrack (www.ATRackonline.com)
 - Only time spent carrying out supervised athletic training clinical education duties should be recorded
 - For instance, time spent in travel, and meals should not be included in the daily log
 - Time voluntarily spent in clinical education experiences (particularly if they surpass the maximum contact-hour limit) should be logged in ATrack (www.ATRackonline.com) and appropriately designated as such
 - Students will have a three-day window to submit each day's hours via ATrack; after the three-day window closes, students will no longer be able to submit hours for that day, and may incur a penalty, which may lower their practicum course

final grade by 5% for not following through on clinical education requirements (per the ATHTR Disciplinary Policy)

- Students are strongly encouraged to log hours daily to avoid any discrepancies or inaccuracies in ATrack, and avoid a penalty in their practicum course final grade
- Preceptors will stay current with, and properly uphold and abide by the ATHTR major's clinical education contact hour model
 - It is the responsibility of the preceptor to help ensure supervised students operate within the minimum, and maximum allotted hours per practicum level
- Preceptors must approve clinical education contact hours logged by students via ATrack, the ATHTR major's online clinical education documentation, and archiving system, in a timely fashion
- Clinical education contact hours will be periodically monitored by the Clinical Education Coordinator throughout the semester
- Students that experience issues in their clinical education assignment, which contradict the ATHTR major clinical education contact hour guidelines should make the Clinical Education Coordinator aware of the issues immediately
- Preceptors that anticipate, or experience issues in abiding by the ATHTR major clinical education contact hour guidelines should communicate so to the Clinical Education Coordinator in a timely fashion

Preseason, Postseason and Periods When University Courses are Not in Session

As a professional program, the Athletic Training major has been traditionally structured to provide students with authentic real-world experiences that reflect uniqueness of the discipline. Given the majority of practicing athletic trainers are employed in traditional settings (college & university, clinical outreach, and secondary school) that intersect with athletic operations, and related populations, the program strongly encourages student exposure to customary characteristics associated with these settings. These include opportunities to engage in clinical education experiences that occur in preseason, postseason, and other (appropriate) time periods that may occur when University courses are not in session (e.g. holidays, fall break, winter break, spring break, and summer break). These distinctive time periods are prime opportunities for short-term immersive-like clinical education experiences (associated with the respective clinical practice or practicum/internship course that takes place in the fall or spring semester) to enrich student knowledge, skills, and abilities. Such periods also represent ideal occasions for the professional development of students as a means to foster an accurate awareness, and understanding of the duties, culture, and socialization of athletic trainers practicing in the largest sector of the job market. This approach intends to benefit students as they shape their outlook on preliminary, and evolving anticipated career trajectories, and related pursuits.

Students, and preceptors are expected to discuss the prospect for clinical education experiences potentially occurring during these unique time periods at the meeting to complete the related semester clinical education agreement (e.g. identifying an assignment start date), and at timely intervals thereafter. This is done as a means to respect a student's time/schedule, and provide them with ample opportunity to make necessary arrangements to be able to participate in such clinical education experiences (if/as applicable).

Failure of preceptors to effectively communicate such expectations in a reasonable timely fashion, precludes a student from being expected to participate in clinical education experiences during these periods. Considering that courses may not be in session during these specific periods, the daily clinical-contact time may be scaled accordingly; however, preceptors are expected to do so in a manner that is consistent with judicious trade standards, and best-practices. For example, as a general rule of thumb, students should not be expected to participate in clinical education experiences for more than eight (8) hours in a given day or more than 40 hours in a given week (i.e. 7 consecutive days) during these time periods, unless the student independently wishes to voluntarily exceed these common boundaries.

- An exception to the preceding sentence includes preseason periods, which are distinctive given their intensive, yet short-term (typically approximately two-week) duration. Historically, preseason periods have been modeled as a limited full-time, immersive-based exposure in the health care industry to help develop student confidence, and facilitate transition to practice with an associated assignment. In this respect, the clinical education contact time closely (though not exactly) parallels industry practices (e.g. exempt professional job duties).
 - *During preseason, students are expected to engage in clinical education experiences for a minimum of 35 hours, and maximum of 56 hours in a given week, unless the student independently wishes to voluntarily exceed this boundary (though not recommended).*
 - If students are not allotted a day off in a consecutive 14-day intensive period, they must be provided an extra day off at some point throughout the semester (ideally during the first two weeks of classes). As applicable, students, and preceptors will assume primary responsibility for working together to ensure that time off carried over from the preseason period is provided at some point in the semester.

While preseason activities are linked to the respective practicum/internship course, related hours accumulated during this period are considered independent of the 15-week guidelines described in the preceding section, and do NOT count towards the semester maximum.

In any capacity, preceptors that require students to engage in clinical education experiences during these specific time periods will be primarily responsible for coordinating free lodging (as applicable), meals (or per diem), parking (as appropriate), proper travel during applicable clinical education events, adequate rest breaks throughout the day, and time off (as applicable) in accordance with the parameters of the clinical education site's governing policies. If such accommodations are not provided, students are precluded from being expected to participate in related scheduled activities. If a student wishes to voluntarily engage in such clinical education experiences during these time periods, considering stated accommodations cannot be provided, the student independently assumes responsibility for coordinating their participation, and is not entitled to reimbursement for related expenses.

Clinical Education Activities during Final Exam Periods

Preceptors are expected to be conscious, and considerate of related student time demands during final exam periods. Clinical contact hours are considered non-essential in this time period. If appropriate, students are permitted to voluntarily engage in clinical education experiences during these periods in a manner that does not negatively impact or conflict with successfully satisfying their academic requirements. The CEC will alert preceptors as to when the final exam period begins.

Clinical Education Expectations during Inclement Weather

Ultimately, the University takes the position that individuals must make their own judgment about whether to travel to clinical education sites for related activities when weather, personal health, or any of a number of other circumstances may intervene. Individual faculty, and preceptors are free to determine

how to respond when students are late or absent for weather reasons, and classes have NOT been cancelled; however, there is an expectation for these responses to be fair, understanding, and reasonable.

Upon notification of the University canceling classes due to inclement weather, expectations for student participation in clinical education activities (on-, and off-campus) must be waived until classes resume. If the University closes at any point due to inclement weather, preceptors should immediately dismiss students from any, and all clinical education activities (on- or off-campus) in an appropriate fashion to facilitate safe travel back to the student's residence. This does not apply if students are currently away from campus on a travel opportunity with supervising preceptors; instead, in this particular circumstance, preceptors are to follow related direction from appropriate University or affiliated clinical education site personnel of authority when traveling.

Clinical Education Travel Parameters

In certain scenarios, athletic training students may be provided with, but are not obligated to have, a voluntary opportunity for travel ONLY when accompanied, and appropriately supervised by a preceptor associated/affiliated with the Athletic Training major administered by Penn State. Students are expected to operate under the policies, procedures, protocols, and practices that govern the major in all settings, including travel opportunities. As common practice, preceptors will assume responsibility for outlining the specific skills a student may apply during a travel opportunity, which are to be based on the competencies associated with a practicum/internship level (a general overview of the competencies corresponding with practicum/internship levels is accessible at <http://hhd.psu.edu/kines/clinical-internship-practicum-experience>), and a student's experience under the mentorship of the respective preceptor(s). In addition to abiding by the parameters outlining student expectations in the major, students are expected to abide by all medical staff, and team rules, and regulations. Preceptors, and/or associated medical, and/or team personnel will communicate additional specific related expectations to the student.

General Criteria for Supervised Travel

Travel related experiences are ONLY available to athletic training students who meet the following criteria:

- Currently enrolled in or have satisfactorily completed the following courses:
 - *KINES 232: Clinical Athletic Training II*
 - *KINES 334: Mechanisms and Evaluation of Lower Body Athletic Injuries*
- Hold current credentialing in emergency cardiac care (CPR/AED for health care professionals)
- Endorsed applicable waivers

With all travel opportunities, preceptors, and students agree to execute the following tasks before departing University Park Campus:

- Discuss, and conform dress/attire expectations associated with all aspects of the travel opportunity
 - Dress, and attire should reflect professionalism at all times given the student acting as a representative of Penn State's Departments of Kinesiology and Intercollegiate Athletics or University Orthopedics Center.
- Review, and familiarize the student with equipment, and supplies associated with rendering of athletic training services during a travel opportunity
- Recognize that athletic training students are considered extensions of the medical services staff during travel, and should be assigned to lodging accordingly; thus, athletic training

students are NOT to be assigned to room with a student-athlete/patient under any circumstance

- Ensure the student, and preceptor are aware of all applicable contact information for maintaining reliable lines of communication with all applicable personnel throughout every aspect of a travel opportunity
- Discuss the need to be aware of personal safety, and how to take appropriate precautions/measures for doing so
- Establish that students are not to drive a vehicle to transport personnel or equipment/supplies of any type during any aspect of a travel opportunity

During athletic training activities in a travel opportunity, students, and preceptors should be certain to:

- Establish introductions with the host athletic training, and/or medical staff(s)
- Review the local emergency medical procedures with the host athletic training, and/or medical staff(s)
- Secure accessibility to the appropriate contact information for the host athletic training, and/or medical staff(s)
- Uphold the fact that students are NOT to independently make any return-to-play decisions, those decisions are the responsibility of the supervising preceptor
- Ensure students are not to drive a vehicle to transport an injured or ill patient at any time during travel
- Establish that in the event a patient requires transportation to a health care facility, a member of the athletic training, and/or medical staff, and/or team representative is responsible for staying with the patient until they have been discharged

Athletic Training Students and Use of Vehicles for University Business

Per Penn State policy BS20 (<https://policy.psu.edu/policies/bs20>), which pertains to driving for University business, and use of related vehicles, athletic training students are NOT permitted to operate Penn State, or personal vehicles for University business purposes (e.g. transporting student-athletes, or patients; picking up/dropping off vehicles from/to Fleet; moving equipment to/from athletic venues, etc.). In their clinical education capacity throughout the academic year, athletic training students are considered unpaid interns from a Penn State Human Resources perspective, and NOT employees; therefore, they are not suitable personnel to task with driving for University business. For further clarification on this policy, or related questions, please contact the Risk Management Office at 814-865-6307.

Clinical Education Attire and Personal Appearance Guidelines

The reputation of the Athletic Training major, Penn State Health, Department of Intercollegiate Athletics Medicine, and program affiliates is influenced by the appearance of its faculty, staff, and students. Neat, well-attired, and clean appearance creates an atmosphere of confidence, respect, and professionalism, which is expected by patients/clients, and colleagues.

As an athletic training student, and aspiring future practitioner, one encounters a variety of patients/clients from diverse cultural, ethnic, and socioeconomic backgrounds. In order to establish a professional, and trusting relationship with those patients/clients, and to decrease the potential for offense or discomfort to patients, an expectation of appropriate grooming, and clinical attire is required. A health care professional's dress, and appearance are essential in establishing a relationship of trust, and confidence. In some cases this requires that individual attire, and personal appearance preferences be balanced with

the need for effective patient/client interaction. As a student, and soon-to-be athletic trainer, patients'/clients' needs come first – even at the expense of individual expression.

There may instances where clinical education sites have unique issues that will require adaptations to these guidelines. Clinical education sites are responsible for developing, and maintaining their own specific policies regarding attire, and personal appearance. In creating site-specific policies, personnel managers should take into consideration these programmatic guidelines.

Preceptors are responsible for ensuring their students comply with the clinical education attire, and personal appearance guidelines. It is within the preceptor's responsibility to determine appropriateness of dress within the guidelines listed below, and associated clinical education site policies.

The following guidelines are required in all clinical educational settings:

- General Principles

- Good personal hygiene is to be maintained at all times. This includes cleanliness, and regular bathing to offset offensive body odor, and regular dental hygiene to offset offensive mouth odor.
- Perfume/cologne/aftershave/ should be lightly scented, and excessive use is discouraged due to patient/client, and peer comfort concerns (e.g. allergic reactions).
- Make-up should be subdued.
- Clothes in good repair, cleaned, and allow for adequate movement (not tight) for clinical training, and patient/client care.
- Clothing items with written messages or large graphics that are not representative of the University or clinical education site are not permitted.
- Garments that expose the trunk with movement should not be worn.
- No midriff tops, halters, translucent or transparent tops, shirts or tops with low-cut necklines or tank tops.
- Undergarments should not be visible, even with movement. Examples include, but are not limited to: thongs, bra straps, boxer shorts or camisole.

- Hair

- Shall be clean, neat, and worn in controlled style to prevent the hair from falling in the face; when in doubt, wear it back.
- Shoulder-length hair must be secured to avoid interference with work or patient/client care.
- Natural human color.
- Men's beards are acceptable, but must be neatly trimmed.

- Nails

- Natural nails must be kept trimmed (less than ¼ inch from tip of finger) and clean (free of visible dirt) with no special adornments. Nail polish is discouraged as chipping makes adequate cleaning difficult, and may support the growth of organisms. Chipped nail polish must be removed.
- Muted tones of nail polish.
- No artificial nails, and/or nail tips since they more likely to harbor pathogens.

- Shoes
 - Comfortable, clean, and in good repair. No open-toed shoes.
 - Clogs are acceptable (at the discretion of supervising preceptors).
 - Hiking boots are acceptable in the winter.
 - Clean sneakers are acceptable.

- Jewelry, and Tattoos
 - No excessive jewelry (to decrease risk of cross-infection or posing as an occupational hazard).
 - The following are permitted (at the discretion of supervising preceptors): a watch, up to three rings, small earrings of either small hoops or studs (large earrings are distracting, and may be pulled through the ear), academic pin/s, other pins, badges or insignias which represent an award or health care message, minimum of bracelets/s, and necklaces or chains (up to two each).
 - Visible body modification is discouraged based on that fact that it may be offensive or cause discomfort to others. This includes body piercing (e.g., eyebrow, chin, lip, etc.), earrings in excess of two (2) per ear, and wearing of body jewelry or the outward display of tattoos (therefore, cover all tattoos, if possible). Related cases should be discussed, and managed among the student, preceptor(s), and CEC.

All Athletic Training major faculty, staff, and preceptors, including upper-level students, are responsible for setting an example by being a positive role model, and practicing appropriate attire, and personal appearance habits when interacting with all program personnel, and associates. In addition, enforcing the attire, and personal appearance guidelines through consistent application is recommended.

Preceptors may prohibit students from participating in clinical education experiences until they change into appropriate attire or make other adjustments necessary to comply with these guidelines. With repeated violations to these guidelines, preceptors also reserve the right to temporarily dismiss a student from a clinical education site if they are not appropriately attired or if their personal appearance does not conform to governing guidelines. Such action may result in requiring further professional development training for the student, and disciplinary recourse until the behavior is corrected. Failure to comply with these guidelines may potentially interfere with timely graduation or completion of the degree program.

Clinical Education Decorum Guidelines

Athletic training students are required to comply with the University's student Code of Conduct, Athletics Integrity Agreement (and related policies), the NATA Code of Ethics, and PATS Code of Ethics. In addition, students are expected to uphold the Penn State Values, and the University's ethical culture initiatives. Resources related to decorum are made easily accessible to program personnel through ATrack Documents. In addition to these criteria, students are also obligated to comply with the respective practicum/internship course's policies on student conduct, and decorum (provided in respective syllabi), and those of the specific clinical education site.

Characteristics key to the development of a health care professional include, but are not limited to:

- Ethical conduct and honesty
- Integrity
- Ability to recognize one's limitations and accept constructive criticism
- Concern for oneself, others, and the rights of privacy

- Appropriate value judgment with respect to interpersonal relationships with peers, superiors, patients/clients, and their families
- Responsibility to duty
- An appearance consistent with a health care professional
- Punctual attendance at all program scheduled activities, and adherence to deadlines set by the faculty, and preceptors

There may instances where clinical education sites have unique issues that will require adaptations to these guidelines. Clinical education sites are responsible for developing, and maintaining their own specific policies regarding decorum. In creating site-specific policies, personnel managers should take into consideration these programmatic guidelines.

General guidelines that pertain to common decorum expectations for students enrolled in health care professional programs are outlined below:

- Conduct
 - The possession or use of alcohol and other drugs, fireworks, guns, and other weapons is prohibited.
 - The parking of vehicles must be in accordance with associated parking regulations.
 - No violence, including sexual abuse or harassment, will be tolerated.
 - Hazing of any kind is prohibited. Bullying including verbal, physical, and cyber bullying are prohibited.
 - Theft, and use of tobacco products is prohibited.
 - Smoking is not permitted in any buildings associated with Penn State Health.
 - Misuse or damage of University, and Penn State Health property is prohibited. Charges will be assessed against those who are responsible for damage or misusing such property.
 - The inappropriate use of cameras, imaging, and digital devices is prohibited including use of such devices in patient/client care areas, restrooms or other areas where privacy is expected.
- Arrival
 - Out of courtesy, arrive at the clinical education site 5-10 minutes early. This practice may help avoid a late arrival and will help you maintain a responsible image. If you are going to be late, be sure to contact the supervising preceptor or to inform them of your expected arrival time.
- Language
 - Words such as “excuse me,” “sir,” ma’am,” “please,” and “thank you” are polite ways to address professionals, and patients/clients. Try to use proper titles with all of the associated staff personnel. Eye contact plays a vital role in effective communication as it allows the person with whom you are speaking to know that they have your full attention. Please also try, and keep your voice volume at an appropriate range to show respect for patients/clients.
- Manners
 - Cell phones, and mobile communication devices or programs should be turned off or on silent while in clinical education activities.
 - Discuss appropriate use of such devices with preceptors at the onset of a clinical education experience.

- Gum chewing is not generally acceptable, however, an occasional breath mint is permissible.
 - Always remember that you are a guest. Treat everyone, and everything with respect. Being overly polite is never going to harm you or anyone else. A good example of this would be to obtain permission to enter a patient's/clients are, and ask permission to participate in specific procedures.
 - Always remember to ask permission before using someone else's desk or related items.
 - Please try to follow exactly the tasks given to you by your preceptor. If you are unclear about what to do, where to go, what to get, or who to see, it is best to ask for direction.
 - **Do not ever attempt to represent yourself as being able to do or use anything you have not been specifically trained or instructed to do.**
 - Operating in a health care setting allows you to experience certain emotional, and physical aspects of people that may be hidden from public view; therefore, it is important that you show utmost respect, compassion, and calmness when dealing with patients/clients.
 - If you feel uncomfortable at any time, please ask to kindly excuse yourself from an area or patient/client case.
- Flexibility
 - Clinical education sites are expected to do their best to provide students with the experience they seek; however, their first priority is the care of patients/clients. At times, the nature of the health care environment might cause changes to your experience, including: change of operation time, preceptor(s), a procedure to participate in, etc. Your understanding in this regard is appreciated.
 - Positive Enthusiasm
 - In order to create a vibrant, and effective learning environment, students are expected to show visible interest, and excitement in whatever they are tasked with in clinical education experiences. It is advised that students demonstrate genuine enthusiasm, and a willingness to learn at all times.
 - Gratitude
 - Though not required, a thoughtful gesture would be to send a thank you note to your preceptor(s), and related personnel to let them know how much you appreciated the educational opportunity offered to you, and what you learned from the experience.

All Athletic Training major faculty, staff, and preceptors, including upper-level students, are responsible for setting an example by being a positive role model, and practicing appropriate decorum when interacting with all program personnel, and associates [please see Academic Policy 47 <https://policy.psu.edu/policies/ac47> , and 85 <https://policy.psu.edu/policies/ac85>]. In addition, enforcing the decorum guidelines through consistent application is recommended.

The program faculty, and preceptors communicate regularly to discuss student professional development, and to evaluate their progress. Any behaviors that call into question professionalism will be referred to the CEC, and Program Director for review. The Program Director will make necessary recommendations for further action, if warranted, to the Department Head, and Associate Dean for Undergraduate Studies & Outreach, which may include dismissal from the Athletic Training major.

Links to Related University Resources

- Penn State Athletic Training major website for detailed information on clinical education matters
 - <https://hhd.psu.edu/kines/undergraduate/major-athletic-training/clinical-education>
- ATrack
 - www.atrackonline.com
- University Policies and Rules for Undergraduate Students
 - <http://senate.psu.edu/policies-and-rules-for-undergraduate-students/>
- Penn State Policies
 - <https://policies.psu.edu/>
- College of Health and Human Development Policies and Procedures
 - <https://hhd.psu.edu/hhd/undergraduate/advising/policies-and-procedures>
- University Ethics and Compliance Units
 - <https://universityethics.psu.edu/ethics-compliance-units>

