

Managing Risk in an Athletic Training Education Program

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Risk management is defined as “a process designed to prevent losses of all kinds from everyone associated with an organization, including directors, administrators, employees, and clients.”^{1(p228)} In athletic training education programs (ATEPs), however, this definition can be applied to identify risk per-

tinuous to athletic training students in their clinical field experiences. As program directors continue to consult the standards and guidelines set forth by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) the process becomes unique and individualized depending on their respective universities. Three aspects of risk management are addressed in this article: assessing and identifying potential

are we protecting the patients on which our athletic training students (ATs) are working in the clinical setting (Figure 1)? It is important to remember that policies create structure and allow programs to adhere to a high standard of care for both students and clinicians.

When considering risk management in athletic training education we must first ask how risk is identified in relation to ATs. Athletic training education governance is currently transitioning from CAAHEP to the Commission on Accreditation of Athletic Training Education (CAATE). CAATE has reviewed, modified, and published new standards that will be in place for accreditation reviews beginning July 1, 2006. These standards provide a structure and help ATEPs identify specific risks such as exposure to blood-borne pathogens, requirements for technical standards, and physical examinations for students. These standards are used

KEY POINTS

▶ Athletic training education programs must define, plan for, and document possible risks involving athletic training students in their clinical field experiences.

▶ Using university resources such as legal council can aid in policy development.

▶ Managing student behaviors takes many forms including assessment of clinical experiences, admission criteria, and retention policies.

▶ Key Words: risk management, policy and procedures, athletic training students

risk, planning, and proper documentation. These areas exemplify the importance of the program director being administratively aware of potential risks and using the university's resources to help develop policies and procedures that minimize foreseeable risk in regard to athletic training students.

Foundation and Definitions

How are we as educators defining risk management in our ATEPs? More important, how



Figure 1 Athletic training student—clinical experience.

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to ensure a safe learning environment for ATs and provide a framework for identifying risk, as well as protecting patients and ensuring their safety during the ATs' clinical experience. The technical standards consist of eight statements that outline appropriate student behavior and identify the minimal physical, mental, and emotional requirements for ATs. The intent of the standards is to provide structure and compliance for appropriate student behavior. They encompass the Americans with Disabilities Act of 1990 (P.L. 101-336; "ADA" or "the Act") and provide comprehensive civil-rights protections to qualified individuals with disabilities. The Joint Review Committee on Educational Programs in Athletic Training defines the technical standards as "the physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATEP. The (technical) standards also promote compliance with the ADA and must be reviewed by University legal counsel."² The first technical standard states, "the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm."³ This first standard is vital to managing risk in an ATEP because it directly relates to students' ability to critically think and process information. For example, as ATs matriculate forward in the curriculum, accumulate clinical skills, and become proficient in them, they will continue to "practice" them in the clinical setting; thus, the ATs should be held accountable to the technical standards. Additional documentation is required for each AT enrolled in a formal program, as well as supplemental materials being required depending on the university policies and legal counsel's advice. The sidebar lists the minimum student records required for CAATE accreditation. CAATE accreditation requires a grievance procedure for ATs. Additional risk assessments not required by the minimum standards for CAATE accreditation include, but are not limited to, sexual harassment and patient confidentiality.

After risk has been identified, the next aspect of risk management is appropriate planning. There are many resources available to assist ATEPs in risk planning (Table 1). The expectation of potential problems with ATs and patient care will enable you in the planning stages to devise several possible solutions in advance. For example, defining professionalism for ATs by clearly stating their roles in the education program and the importance of maintaining appropriate relationships with staff, coaches, and student-athletes could prevent a future problem. Anticipating probable AT policy infractions will enable a program to develop established policies on how to handle such situations. Following is an example of a policy directly related to potential risk of a communicable disease:

In accordance with the Department of Health and Environment and the student health center,

Minimum Requirements for Athletic Training Students' Records

- Student physical exam
- Immunizations
- Technical standards
- Student clinical-experience evaluations
- Clinical proficiencies
- Advisement tracking sheet
- Evidence of OSHA training
- CPR/First-aid training completion

TABLE 1. WEB-SITE REFERENCES FOR ATHLETIC TRAINING EDUCATION

Organization	Site
Joint Review Committee on Educational Programs in Athletic Training and Commission on Accreditation of Athletic Training Education	http://www.jrc-at.org/
National Athletic Trainers' Association	http://www.nata.org
Board of Certification for Athletic Trainers	http://www.bocatc.org/
The Education Council	http://www.nataec.org/
The Research and Education Foundation	http://www.natafoundation.org/
The Collegiate Sports Medicine Foundation	http://csmfoundation.org/

the following policies and procedures have been developed for the contracting and control of communicable diseases. Any student diagnosed with a communicable disease of any form is required to be reported to the Department of Health and Environment. Students who contract a communicable disease are required to obey guidelines prescribed by their attending physician and the recommendations of the university-affiliated physicians at the student health center. Students may not participate in clinical rotations and field experiences during the time they are affected by the communicable disease and shall not return to clinical participation until allowed by the attending physician.

The third piece of risk management directly related to the administration of an ATEP is accurate and effective documentation, such as ATEP-policy infractions. The accrediting bodies, CAATE and CAAHEP, have outlined the expectations and minimum standards necessary to protect ATSS. For instance, if ATSS are involved in direct general medical observations at public medical clinics on or off campus, training on the Health Insurance Portability and Accountability Act (HIPAA) might be required. This training must be recorded and documented before the ATSS may participate in any observations. Each medical facility including a university athletic training room must determine whether it is specifically a covered entity under HIPAA. If so, all medical personnel, students, staff, and physicians must adhere to HIPAA policy. As a result of a medical clinic's status as a covered entity under HIPAA regulations, the clinic must ensure privacy of information for all patients.

Managing Student Behaviors

Supervising ATSS in the clinical setting can be complex. Appropriate supervision is required, and effectively oriented approved clinical instructors (ACIs) hold a unique position in that their primary duty is to provide athletic training services to patients, with a secondary focus on ATS instruction. Direct supervision of ATSS during clinical experience is necessary to ensure proper and safe patient treatment. An ACI must be physically present and have the ability to intervene on behalf of the ATS and the patient. The ACI also "should be practicing ethically and legally as

outlined by the NATA code of ethics, the state standards of practice, the state practice act, and the clinic or athletic training program policy"^{4(p63)} In addition, it is recommended that the institution develop specific selection and evaluation guidelines for clinical education settings.⁴ Managing ATSS and providing an optimal teaching environment is crucial. Specifically, each clinical rotation setting, off campus or on, should meet not only Occupational Safety and Health Administration (OSHA) standards, such as mandatory use of personal protective equipment with exposure to blood-borne pathogens, but also a variety of other standards to ensure student safety.

Student orientations and in-service workshops are excellent ways to provide structure and document students' learning and exposure to several important accreditation standards. Blood-borne-pathogen training, discussion of confidentiality issues, and reviewing policies and procedures can be accomplished in this manner. As the program director defines each aspect of the program to evaluate the risks in managing students, another faculty member could serve as a coordinator of clinical education or clinical coordinator. The clinical coordinator would be charged with the duties of developing, implementing, evaluating, and documenting ATSS' clinical-education experiences from every aspect and monitoring risk management in the clinical-education setting.

Managing the student learning experience takes many forms including assigning clinical-experience rotations, admissions criteria, and retention policy. There are helpful resources such as the clinical instructor educator program, which provides guidelines and training for ACIs, to offer guidance in managing students' clinical learning experiences. Berry, Miller, and Berry⁵ point out that the specific type of clinical-experience setting and the clinical assignment affect the amount of time spent in active learning. This is an important concept to consider when assigning students to clinical rotations to increase active learning and manage the risk associated with their clinical field experience. To effectively manage student behaviors we, as program directors, must place the students in the optimal clinical-experience assignment to promote learning.

Program admission and retention standards must be documented for CAATE accreditation. Written policies referring to the ATEP admission materials must

appear in all forms of advertising for the program, in the university catalog, and on all Web pages. Following is an example of a selective admissions policy:

Students seeking admission to the Athletic Training Education Program must meet published requirements for admission to the school and to the department. Students will be selected once a year at the end of the spring semester for fall-semester admission to the program. The department offers a limited number of openings for admission to the Athletic Training Education Program. The number of available openings for student admissions is dependent on the established ratio of students to clinical instructors and will dictate the number of students accepted into the program. The number of students admitted may vary on a yearly basis depending on the current enrollment in the program.⁶

A selective admissions policy requires well-determined criteria for ranking applicants. The following excerpt is an example of basic criteria used for ranking applications:

In the event that the number of applicants exceeds the availability of openings for admission, the following criteria will be used as a selective admissions process. Applicants will be ranked based on the following:

- Cumulative GPA (2.5 minimum)
- Final grade in Intro to Athletic Training course (percentage score)
- ACI/CI evaluations from clinical rotations
- Recommendations from three former supervisors/mentors/teachers
- Outcome of staff interview⁷

Once students are admitted into the program, they must maintain minimum standards. Following is an example of a generic retention policy:

Students are required to maintain a minimum cumulative grade-point average (GPA) of at least 2.5. Students whose cumulative GPA is below 2.5 at the end of any semester will be placed on academic probation. If at the end of the following semester (spring or fall) the cumulative GPA is not 2.5 or above, the student will be dismissed from the program.

The "First Responder"

A rare situation might arise when students are not supervised in the clinical setting. Although this is not a desirable situation, program directors must be prepared for it, and the ATSs need to understand their limitations. From an education standpoint the bottom line is that a student should not take the place of an athletic training staff member. When this situation does occur, the first-responder contract needs to clearly define what the student may and may not do when unsupervised. An ATS or novice learner does not possess the knowledge base to critically think and make a return-to-play decision. Most contracts limit students to basic first aid—as comparable to a "good Samaritan." It is important that not only the students understand their role but also that coaches understand the students' limitations. Everyone involved should read and sign the contract, including the program director, head athletic trainer, ACI, and student, before any possible event in which the ATS might be unsupervised. The intent of this first-responder contract is to create a strong understanding that the ATS is not yet a certified athletic trainer and therefore may not replace a qualified staff ATC. Although ATSs are credentialed in first aid and CPR and are able to render first aid in an emergency situation, they should understand the first-responder policies. Following is an example of an opening statement for a first-responder contract:

The purpose of this contract is to clearly define the roles and responsibilities of a first responder. In the event that a student is *not* in the presence of his or her ACI or clinical supervisor, the athletic training student *must only* act within the roles of a first responder. The roles and responsibilities of the first responder are to be clearly understood and enforced any time the field experience of the athletic training student is unsupervised (this will also apply to travel experiences that are unsupervised by an ACI or clinical instructor).

Documentation

During the learning process, ATSs have access to patient medical records, and privacy issues certainly come into play related to HIPAA. The right to privacy concerning medical records is a public issue, with covered entities. The educational rights for ATSs are defined by the Family Educational Rights and Privacy Act (FERPA),

which can be found at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>. Each college and university will define this differently for the student population and provide appropriate documentation specific to both HIPAA and FERPA. Annual program review and evaluation are further documentation that can assist in the risk-management aspect of an ATEP and provide an opportunity for the program director to assess the past year, address any situations related to risk management, and adjust policies accordingly.

Conclusion

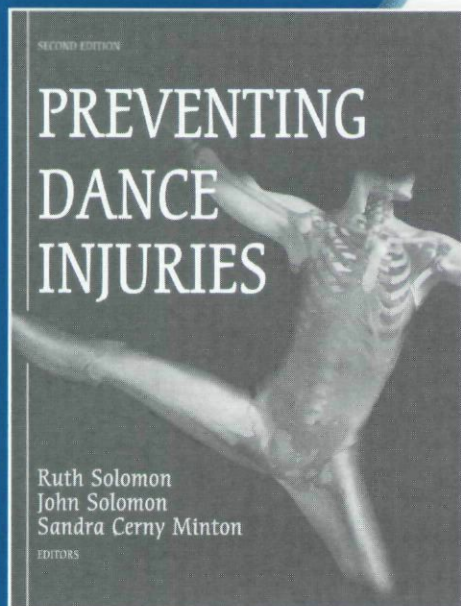
Athletic training educators' primary goal is to prepare athletic training students for the profession, not just teach them knowledge and skills. Following prudent and proper risk-management procedures will minimize the liability risk for the program director, athletic staff, students, and institution. Many of these risk-management policies and procedures exist among peer institutions, so it is not necessary to "reinvent the wheel" when crafting a new policy. Communicate and share with your colleagues, compare and contrast various policies, and then tailor the policy that is best for your program and institution to your own needs. ■

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