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.” In athletic training education programs (ATEPs), however, this definition can be applied to identify risk pertinent 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 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 are we protecting the patients on which our athletic training students (ATSs) 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 ATSs. 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

Figure 1  Athletic training student—clinical experience.
to ensure a safe learning environment for ATSs and provide a framework for identifying risk, as well as protecting patients and ensuring their safety during the ATSs’ clinical experience. The technical standards consist of eight statements that outline appropriate student behavior and identify the minimal physical, mental, and emotional requirements for ATSs. 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.”

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.” 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 ATSs 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 ATSs should be held accountable to the technical standards. Additional documentation is required for each ATS 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 ATSs. 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 ATSs and patient care will enable you in the planning stages to devise several possible solutions in advance. For example, defining professionalism for ATSs 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 ATS 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,

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**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

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**Table 1. Web-Site References for Athletic Training Education**

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