



2014-2015

VSU Athletic Training Program Policy and Procedure Manual

Section “B” Clinical Education Information

School of Health Sciences
Valdosta, GA 31698
229-333-5959

This is a dynamic document that will be updated as needed on a continual basis.

Section “B” / Clinical Education Information

Updated July 2014

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Captain Joseph Zeal, MD

Clinical Affiliates**Family Practice and Sports Medicine**

Dr. Ben Hogan

DEFINITION OF TERMS

Taken from: CAATE 2012 Standards, version 3.5.13

| | |
|--|---|
| Academic plan: | The document that encompasses all aspects of the student's classroom, laboratory, and clinical experiences. Also called a specimen program or curriculum plan. |
| Academic year: | Two academic semesters or three academic quarters. |
| Affiliation agreement: | formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding. |
| Appropriate administrative authority: | Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement. |
| Clinical Affiliates | A licensed and credentialed health care professional who oversees and teaches an ATS at a clinical site. |
| Clinical education: | The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor. |
| Clinical site: | A physical area where clinical education occurs. |
| Communicable disease: | A contagion that may be directly transmitted from person-to-person or by a person from an inert surface. |
| Comprehensive Assessment Plan: | The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program. |
| Course/coursework: | Courses involve classroom (didactic), laboratory, and clinical learning experience. |
| Direct patient care: | The application of athletic training knowledge, skills, and clinical abilities on an actual patient. |
| Distant learning site: | Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution interacting with students at other locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. |
| Emergency Action Plan | A venue-specific "blueprint" used for the management of medical emergencies. See: http://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf |
| Fees: | Institutional charges incurred by the student other than tuition and excluding room and board. |
| Goals: | The primary or desired results needed to meet an outcome. These are usually larger and longer term than objectives. |
| Health Care Professional: | Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Nurse Practitioner, Emergency Medical Technician, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse, or Social Worker. These individuals must hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty. |
| Infectious disease: | A disease caused by microorganisms entering the body. An infectious disease may or may not be contagious. |
| Laboratory: | A setting where students practice skills on a simulated patient (i.e., role playing) in a controlled environment. |

| | |
|--|---|
| Medical director: | The physician who serves as a resource regarding the program's medical content. There is no requirement that the medical director participates in the clinical delivery of the program. |
| Memorandum of understanding (MOU): | Similar to an affiliation agreement, but tends not to include legally-binding language or intent. |
| Objectives: | Sub-goals required to meet the larger goal. Generally objectives are more focused and shorter-term than the overriding goal. |
| Outcome (program): | Outcome (program): The quantification of the program's ability to meet its published mission. The outcome is generally formed by multiple goals and objectives. For example, based on the evaluation of the goals associated with the outcomes, each outcome may be measured as "met," "partially met," or "not met." |
| Outcome assessment instruments: | A collection of documents used to measure the program's progress towards meeting its published outcomes. Examples of outcomes assessment instruments include course evaluation forms, employer surveys, alumni surveys, student evaluation forms, preceptor evaluation forms, and so on. |
| Physician: | A medical doctor (MD) or doctor of osteopathic medicine (DO) who possesses the appropriate state licensure. |
| Pre-professional student: | A student who is not formally admitted into the program. Pre-professional students may be required to participate in non-patient activities as described by the term Directed Observation Athletic Training. |
| Preceptor: | A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base. |
| Professional development: | Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services that allow for the continuation of eligibility for professional credentials. |
| Program Director: | The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program. |
| Retention:. | Matriculating through the AT program culminating in graduation. |
| Retention rate: | A time-based measure of the number of students who are enrolled at the start of the period being studied (e.g., 1 year, 4 years) versus those enrolled at the end of the period. Retention rate is calculated as: number at end/number at start * 100. |
| Similar academic institution (Syn: Peer institution): | Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions. |
| Stakeholder: | Those who are affected by the program's outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni. |
| Team physician: | The physician (MD or DO) responsible for the provision of health care services for the student athlete. The team physician may also be the medical director; however, this is not required by the Standards. |
| Technical standards: | The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel. |

GENERAL CLINICAL EDUCATION INFORMATION

The clinical education segment of the program is associated with 4-6 academic courses where the student earns academic credit (according to the University catalog in which the student was admitted). Clinical Education Learning Experiences are designated as a part of HSAT 3440, HSAT 3441, HSAT 4440, HSAT 4441, HSAT 4442 or HSAT 4443.

Students are challenged to apply skills and critical thinking to situations that are simulated with various clinical educators as well as situations involving real patients. The clinical education occurs over a minimum of a minimum of 2 years. Students gain exposure individual and team sports, sports requiring equipment, patients of different sexes, non-sport patient populations, and a variety of conditions other than orthopedics. Adjunct professional setting rotations include orthopedic, out-patient therapy services, [the military setting](#), and other medical practices. The majority of clinical education experiences take place in the traditional setting of athletic training through rotations at the University, area high schools [and an NAIA college](#). The roles and expectations associated with clinical education and experiential learning rotations are commensurate with student's knowledge, abilities, and needs.

During a student's clinical education, they are assigned to a Preceptor(s) who supervises them. The supervision of the clinical education experience must involve the constant visual and auditory interaction between the Preceptor and student. The Preceptor's supervision of students must also allow for multiple opportunities of evaluation and feedback.

Certain rotations may involve the student attending clinical education at times when the University is closed. This may require the student to have their own room and board prior to the start of the semester and/or after the end of the semester. Situations where this is true include, but are not limited to:

1. Rotations that begin before the first official start date of classes for the semester.
2. Rotations that end after the last date of scheduled classes for the semester.
3. Rotations that continue through holiday periods (Thanksgiving, Christmas, spring break, as well as others).

**** Note regarding Post Semester Clinical Activities: Students and preceptors will discuss post-semester requirements during the initial Clinical Site Orientation. At this time a last report date will be established and documented on the Clinical Site Orientation form. The End of Semester Evaluation of the ATS will be completed by the assigned due date so that grades for the clinical course may be submitted to the Registrar during the regular grading period. Students must complete all assigned clinical duties. Students no longer have to submit a Request for Incomplete form due to this change.**

~~Students whose rotations continue after the last date of scheduled classes for the semester may receive an "incomplete" until all clinical duties are completed. Two (2) weeks prior to the end of the semester, the Preceptor and student must meet to discuss any rotations that continue past the last day of the current semester. The student should be provided with a post semester schedule and the CEC should be notified. If the Preceptor requires that the rotation continue past the last day of scheduled classes (not to include finals week), the student must complete the "Request for a Grade of Incomplete" (<http://www.valdosta.edu/academics/registrar/forms/request-for-incomplete-form.pdf>) and submit to their clinical course instructor. If the student has duties that extend beyond the last scheduled date of classes the evaluation of the ATS should be completed at the end of the rotation rather than by the last Friday of classes so all skills and experiences can be evaluated.~~

The clinical education component of the curriculum requires students to complete extensive afternoon, evening, and weekend clinical rotations. Clinical education may also include travel to and from sites that are up to 55 miles away from VSU's main campus. All clinical rotations will likely interfere with the student's ability to

hold outside employment and/or function as a student athlete at Valdosta State University. The ATP does not prohibit outside employment or participation in intercollegiate athletics, but those activities are secondary to clinical education of the student. Students need to make appropriate financial plans prior to enrolling in the program. Students are not prohibited from holding outside employment and/or function as a student athlete at Valdosta State University, but such activities may interfere with the student's clinical assignments or their ability to complete coursework.

The Valdosta State University Athletic Training Program faculty understands that in order to maintain and even to raise the standards of education in our curriculum, that the clinical education experience must involve a highly structured framework that provides the athletic training students with comprehensive learning opportunities. It is essential that the clinical education experience consist of teaching and evaluation tools that are consistent, reliable, applicable, and thorough. It is through the combined educational experiences of academic and clinical learning that enables the Valdosta State University Athletic Training Program to set the high standards that are necessary for its graduates to be professional and competent athletic trainers.

Students and Preceptors must attend Clinical Education Training. [All students will be required to complete an update on Clinical Education prior to the start of their fall semester clinical rotations.](#)

LEARNING OVER TIME

The ATS must be able to demonstrate a progression of skill acquisition. Being able to show through repeated evaluation that important skills are learned, performed, and retained will exhibit that the student has mastered the knowledge base and skills required to function as a certified athletic trainer. ~~The Preceptor will receive a Competency Level Form (CLF) for each student at the start of each clinical rotation which delineates the skills on which the student must be evaluated.~~ [A competency level form \(CLF\) will be provided to both the preceptor and the student when the student has skill\(s\) and/or hours restrictions.](#)

Additionally the Preceptor:

- may instruct a student on a new individual skill,
- [may instruct a student on a skill related to a course that the student did not pass](#)
- have the student perform the new individual skill on the peer or Preceptor,
- if the Preceptor deems the student can accurately perform the individual skill, the Preceptor may allow the student to perform the new individual skill on a patient with close direct (hip pocket) supervision to allow for an unscheduled teachable moment.
- each time the student performs ~~the non-CLF~~ individual skill the Preceptor must maintain close direct (hip pocket) supervision of the student performing the ~~non-CLF~~ individual skill.
- All of the above criteria must be met for a Preceptor to allow a student to perform a new individual skill on a patient.

Correct Example of Individual skill instruction: A patient reports to the ATR/clinic with a grade 2 lateral ankle sprain. During the examination by the Preceptor or upper class student who ~~whose CLF indicates that this student~~ may perform an extremity evaluation a positive Anterior Drawer Test is assessed as positive. The Preceptor could then take the student whose CLF does not allow them to do an extremity evaluation and teach that student how to do an Anterior Drawer Test for the ankle on a peer student. If the Preceptor deems the student instructed on the individual skill has performed it accurately, the Preceptor can allow that student to perform the Anterior Drawer Test on the patient to appreciate a positive test.

Incorrect Example(s) of Individual skill instruction:

- 1) It is not allowed to teach a student to do an entire Ortho or Gen Med evaluation and then allow the student to do the evaluation on a patient.

- 2) It is not allowed to teach a student how to do a patient's daily rehab and allow the student do the rehab on the patient.
- 3) It is not allowed to teach a student how to apply a modality and have the student do it on an ongoing basis.

The student will be responsible for demonstrating that the previously evaluated skills can be performed at any time at a high level of competency. Therefore, the student will be responsible over the entire program to be able to perform skills that may have been learned the very first day in the program.

CLINICAL EXPERIENCE OVERVIEW

Current competencies provide the basis for deriving the objectives and activities constituting the program's curriculum. Both program competencies and curriculum objectives are consistent with the stated level of student preparation. The student's 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. Preceptors should evaluate the athletic training student objectively and fairly by identifying their strengths and weaknesses. The evaluation should [accurately reflect the student's competence relative to the knowledge and skills at the student's particular level.](#)

Supervised clinical experiences involve direct contact at the site of supervision between the ATS and the Preceptor, who plans, directs, advises, and evaluates the student's athletic training clinical experience. The Preceptor must be on-site where the athletic training experience is being obtained. Preceptors/Supervisors must be physically present when the student is performing skills on a patient so that they may intervene on behalf of the patient. Preceptors who are supervising an ATS' experiences will provide supervision that ensures that a student performs his or her tasks in a manner consistent with the [BOC Standards of Professional Practice of the profession of Athletic Training.](#)

CLINICAL EXPERIENCE/COMPONENT REQUIREMENTS

In addition to the didactic requirements of the ATP, the following items are required by the student for successful completion of the Clinical Education Experience/Component as part of the Valdosta State University Athletic Training Program.

1. Students must follow all policies and procedures provided in the academic/clinical portion of the program's policy and procedures manual [as well as the rules/policies of the assigned clinical sites.](#)
2. Students must maintain an overall GPA of 2.75 or higher in order to participate in the clinical education experience/component.
3. Students must pass each course within the major, specific to the clinical education experience/component, with a grade of "C" or above.
4. Students must log their hours in via the mechanism indicated by the program's Clinical Education Coordinators.
5. **Students are required to participate in the clinical education experience/component of the course throughout the entire semester.** Due to the nature of the clinical education setting the schedule may change and students have to be flexible.
 - a. Students are expected to complete the scheduled clinical education experiences/components as assigned by the Preceptor.
 - b. Students should not miss more than five clinical experience/component days.
 - c. Students that miss a clinical experience/component/day should follow the procedures listed in the policy and procedure manual regarding attendance in the clinical education experience/component of the class.

- d. Missing more than five days (extenuating circumstances would need to be discussed with the Program Director and Clinical Education Coordinators) could result in an “F” for the course.
- e. Failure to participate in the clinical education experience/component of the course throughout the entire semester will result in the student receiving an “F” for the course, regardless of what the assessment results are for the graded portions of the course.
6. **Clinical attendance related to acute or non-acute injury or illness can be found in Communicable Disease portion of this Manual**
7. Students are required to complete all course activities, course assignments, as well as the assessment components (this includes completing reassessment of any CIP).
8. Students will be evaluated on each CIP once throughout the semester by the preceptor. Students that score below an “8” will be required to reassess the CIP with the clinical course instructor or program director (note: the CIP may not involve the same situation as the first one). It is at the discretion of the instructor as to when CIP’s are reassessed. If the reassessment cannot occur until after the semester, the student may elect to apply for an incomplete. The student should communicate with the clinical course instructor as soon as they receive a score of “7 or lower” on a CIP to schedule a make-up time.
 - a. Reassessment will not change the student’s grade. The CIP score(s) will be a part of the End of Semester Evaluation form.
 - b. Failure to reassess on a CIP with a score of “7 or lower” could result in an F for the clinical course.
9. The student’s clinical education experience/component will take place in the following courses:
 - a. HSAT 3440 (Clinical Competencies I)
 - b. HSAT 3441 (Clinical Competencies II)
 - c. HSAT 4440 (Clinical Competencies III)
 - d. HSAT 4441 (Clinical Competencies IV)
 - e. HSAT 4442 (Clinical Competencies V)
 - f. HSAT 4443 (Clinical Competencies VI) (if required)
10. Students must complete the ATS Evaluation of each Preceptor and Site each semester.
11. Students must evaluate the Clinical Educators Site Visitors.
12. The Preceptor must complete and sign the Preceptor Evaluation of ATS each semester.
13. Required e-Value purchase by the assigned date [by the Program Director](#).
14. [Students must log patient encounters on a daily basis in e-Value \(PXDX\)](#).
15. Transportation to clinical sites is the responsibility of the student.
16. Current professional liability insurance.
17. Current CPRO [and oxygen](#) certification.
 - a. [Oxygen certification may be obtained through the American Red Cross](#).
 - b. [Common courses that meet the CPR/AED requirements are:](#)

| Provider Name | Course Title |
|--|--|
| American Heart Association | ACLS |
| American Heart Association | BLS Healthcare Provider |
| American Heart Association | Heartcode BLS |
| American Red Cross | CPR/AED for the Professional Rescuer |
| American Safety and Health Institute | CPR for Professionals |
| Emergency Care and Safety Institute | Health Care Provider CPR |
| National Safety Council | Basic Life Support for Health Care and Professional Rescuers |

18. Completion of Site Orientation Form.
19. Completion of Student Applied Learning Experience Agreement.
20. Completion of Student Responsibility Statement.
21. Completion of Release of Waiver and Liability.
22. Completion of these criteria may/will result in the student progressing to the next clinical education experience/component.

CLINICAL ASSIGNMENTS

Clinical assignments for the upcoming semester will be posted 1 week after the Friday of the first week that early registration opens. Once the student receives their clinical assignment, they must make an appointment to meet with their upcoming supervisor within 2 weeks of assignment posting. Students who do not meet with their Preceptor within the designated 2 week window will have 5% deducted from the following succeeding semester's ATS evaluation by the Preceptor. Within that meeting the student must complete the Clinical Experience Contract between Preceptor and ATS Form (see Appendices) with the supervisor and return the form to the Clinical Education Coordinator. The student is required to take a copy of their class schedule for the succeeding semester to the meeting so the preceptor is aware of any issues with the student's class schedule that may impact the student's placement at that site. After a preceptor and AT Program Admin have approved a student's course schedule any changes to the course schedule that impact clinical education time will not be allowed.

Athletic training students must schedule classes so they can be in the athletic training room no later than 1:00 p.m. The only exception to this rule will be for athletic training classes within the major. By arranging schedules to end before 1:00 p.m. the athletic training students will be able to participate in pre-practice activities. Some sports have later practice times, so the student must check with a staff certified athletic trainer concerning practice schedules after receiving clinical assignment before registering for a night class. We understand that certain courses will create conflicts with some practice times, however scheduling an elective course during heavy ATR/clinic times, practice and or game times is inappropriate. Permission must be obtained from the Program Director and communicated to the Clinical Education Coordinators before scheduling afternoon or evening classes that are outside of the major, and if permission is granted it is the student's responsibility to communicate their schedule to their future Preceptor. Conflicts between a student's class schedule and a clinical placement may require the student to make an alternate course selection.

Students must submit their schedule to the Clinical Education Coordinator by the end of the first week of early registration. This allows the Clinical Education Coordinator to assign rotations according to the student's class schedule. Failure of the student to submit their schedule by the assigned time and specified format may result in the student not being placed at a site for the upcoming semester. ~~where afternoon class scheduling is not feasible with the clinical experience schedule.~~

Students may be assigned to a preceptor who requires the student report before the start of the semester. For fall semester this means a student attending summer school may have little to no gap between the end of summer school and the start of their fall clinical rotation. It may be prudent to wait for the clinical assignments prior to committing to summer school if that will be an issue for the student. Further a student's spring assignment may require student participation after the end of the semester; and therefore, conflict with the student taking courses in Maymester. If classes are scheduled during clinical time this may result in a change in the student's clinical assignment. Clinical rotation assignments are up to the discretion of the Clinical Education Coordinators and may be subject to change.

The following are some of the things taken into consideration when assigning students to clinical rotations.

- Site: number of students preferred, type of skills needed at the site, personality of preceptors, preceptor feedback on the type of student they want or don't want especially in back to back rotations, how the student placed there previously did because that impacts who we send next.
- CAATE: requires that every student have specific exposures/rotations
- Student needs: what the Clinical Education Site Visitors: (based on visits) recognize that you need more exposure to, where a student is in the program, student weaknesses, student strengths, and preceptor feedback regarding what you need or what might help you grow. Student needs should **not** be confused with student wants. Our goal is to give the student the opportunities that are required and ones that will help them grow as an athletic training student and young professional. Sometimes a student's needs are going to match their wants but often they are not.
- Preceptor feedback: they tell us whether you are needy, independent, lack confidence, work well in a group, don't work well in a group, are overconfident in the level of knowledge a student has, a student's enthusiasm and desire for the profession of athletic training, show initiative and will do a great job anywhere, if they have seen concerns or red flags from students that concern them, who to never place you with again because the pairing of certain students can distract from the learning environment at clinical, what a student is prepared to handle, and whether the preceptor would be willing to have a student again or not or even a similar student.
- The student's class schedule – afternoon classes are prohibited. If you schedule an afternoon class (after 1pm) that is not an athletic training major class, the Clinical Educators may choose to switch you to another site.
- Distance site placements: We look at whether a student has been to one yet or not. We try to make this equitable, and we are not asking anyone to do a distance site more than once.
- Student post-graduation goals
- The CEC tries not to place students together at subsequent rotations unless it cannot be avoided.
- The CEC tries to have different levels of students at sites for mentoring purposes.
- The CEC tries to break up sequential in-season traditional AT rotations. Multiple in-season rotations for students can be strenuous and mentally taxing overall.
- Some students will work with the same preceptor twice and some will not. The GAs move sites and the staff may be covering different sports from year to year.
- The CEC looks at what is best for both the student, the preceptor, and the program as far as a placement is concerned.

The CEC takes all this into consideration and more and try to meet the needs of all students.

CLINICAL EXPERIENCE ATHLETIC TRAINING STUDENT SUPERVISION

There must be direct supervision of the athletic training student in the clinical/field experience through constant and direct contact between the preceptor and the athletic training student.

In situations when constant and direct contact between the Preceptor and the athletic training student is not possible, the athletic training student will immediately contact the preceptor. Until their arrival, the athletic training student will serve **only as a first responder**. First responders may only provide basic first aid and CPR.

*Note: Athletic Training Students WILL NOT be unsupervised. If the Preceptor is or has to be absent from their respective site, either the student or the Clinical Education Coordinator must be contacted so that the athletic training student does not go unsupervised. Athletic Training Students WILL NOT be placed in a situation in which they are utilized as “staff” ~~athletic trainers~~ by either the supervising AT/**Preceptor** or members of the coaching staff.

Direct supervision

Direct supervision (physically present, able to see and hear the ATS) describes the supervision required of students during clinical experiences. The Preceptor must be able to intervene on behalf of the patient and the ATS. This requirement, however, is not synonymous with preventing students from making clinical decision. Students are strongly encouraged to make clinical decisions, commensurate with their progression in the Program, under the supervision of the Preceptor or other qualified health care professionals.

Graded (Direct) Supervision

The ATP incorporates a graded method of supervision, which initially involves close monitoring (key words: “hip pocket”), when first performing skills on a patient but progresses to supervised autonomy, once a student demonstrates proficiency of that skill. This level of supervision allows some independence while still allowing for timely feedback and prompt correction of potentially unsafe behaviors/techniques. Direct supervision, when properly implemented, should encourage clinical decision-making during actual patient/client care.

Parameters of Supervision:

1. Students must be directly supervised by a preceptor during the delivery of any and all athletic training services. This may include both direct supervision and graded (direct) supervision.
2. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
3. There will be regular communication between the ATP and the preceptor **related to supervision**.

*****What to do When a ‘Supervised’ Clinical Experience becomes ‘Unsupervised’**

1. If a situation arises that leaves a student unsupervised during patient care (i.e., preceptor leaves to take a phone call or use the restroom and no other health care professional is present), the student must leave the area or close the ATR/**clinic** and leave until the preceptor, ~~or other health care professional~~, returns. Unsupervised experiences will not be mandated or allowed for any student.
2. There may be an instance where the preceptor has stepped away from the student (i.e., to speak to a coach, parent or administrator, etc.) or the student has stepped away from the preceptor (to prepare a practice field, go to the restroom, etc.). In the event of an injury/emergency, the student should notify the preceptor (via radio/mobile phone) immediately and may act as a first responder until the preceptor arrives.
 - a. Basic first aid and CPR includes controlling bleeding, wound care, treatment of shock, and assessment of ABC’s, provision of rescue breathing, and provision of CPR.

- b. The student may not evaluate, treat (or supervise a treatment), or make return to play decisions without direct supervision
3. These unsupervised incidences must immediately be reported to the ATP Clinical Education Coordinator. Unsupervised time is not authorized by the ATP and the student should not record those clinical experience hours.
4. When in doubt about their role or responsibility, the student should request clarification from the ATP Clinical Education Coordinator. If immediate clarification cannot be sought, the student should carry out basic first aid and CPR, and afterward report the incident to the Clinical Education Coordinator. Students will in no way be disciplined for reporting violations.
5. The athletic training student must not allow themselves to be unsupervised. If this occurs the student must communicate this to the Clinical Education Coordinator(s), failure to do so could result in an Infraction Form or removal from the site.

CLINICAL EXPERIENCE HOURS POLICY

Please refer to Clinical Experience/Component Requirements, bullet #5 regarding statement on clinical experience attendance.

If an athletic training student requests time off, he/she should make the request in writing via the “ATS Absence Request” (see Appendices) to the Preceptor and Clinical Education Coordinator at least two weeks in advance. Note: the request could be denied.

The VSU ATP Clinical Hours policy encompasses Semester hours and Pre or Post Semester hours.

| Hours Policy | | | | | | | |
|--|---|---|------------------|---|--------------------|--|-----------------------------|
| Time period | Description | Days off | Average hrs/week | Max hrs/week | Min hrs/week | Total hrs for time period | |
| Semester | First day of class through last Sunday before finals week. | 1 day off in every 7 day period | 20-25 | 25 With no more than 50 hours per 2 wk period | 10 | 150 minimum/semester 375 maximum/semester | |
| Pre Semester | Time before the first day of classes | 1 day off in every 7-day period | 60 | 60 | 0 | 120 max | |
| Post Semester | Saturday after finals through last scheduled event After the student's last final is completed | 1 day off in every 7-day period | 40 | 40 | 0 | 80 max | |
| Hours Policy for Fall Semester Sophomores | | | | | | | |
| Semester | First day of class through last Sunday before finals week. | 1 day off in every 7 day period, plus no travel | 10-15 hours/week | 15 | 10 | 150 minimum 225 maximum | |
| Hours Policy for Students Requiring Academic Assistance (AA) | | | | | | | |
| Time Period | Description | Days off | Ave clinical | Ave AA | Max total hrs/week | Min clinical | Total hours for time period |

| | | | rotation hrs | hours | | hrs/wk | |
|---------------|--|---|------------------|-----------------|---|--------|--|
| Semester | First day of class through last Sunday before finals week. | 2 days per week in addition to what non-AA students are getting, plus no travel | 10-15 hours/week | 5-10 hours/week | 25 With no more than 50 hours per 2-week period | 10 | 150 minimum/semester 375 maximum/semester |
| Post Semester | After the student's last final is completed | 1 day off in every 7-day period | 40 hours/week | N/A | 40 | 0 | 80 max |

- The minimum hours **must be met, this includes the weekly and the total hours minimum.**
- The maximum hours must NOT be exceeded.
- The total hours for the period must fall between the maximum and the minimum.
- Students must complete hours throughout the entire clinical experience/rotation.
- Students must log hours daily online via E-Value. ~~Indicate "off" if there are no hours for the day.~~
- Students must have a minimum of one day off in every seven-day period. This must occur pre-semester, post-semester, or in-semester.
- Travel to non-Lowndes County sites is counted.
- The CEC will review hours weekly. The preceptor **and student** should review hours weekly in order to keep track of where the student falls with regards to the maximum number of hours as the semester progresses.
- If a student is consistently logging hours per week below 10 or in excess of 25, the student and their preceptor will be notified and adjustments to the student's clinical hours must be made. Likewise, should a student not be given at least one day per week (during the semester) away from clinical experiences, the student and preceptor will be notified and accommodations must be made at the direction of the Clinical Education Coordinator &/or the Program Director.
- Failure to continue to attend the clinical experience once the minimum number of clinical hours has been achieved may result in disciplinary action or even dismissal from the program for unprofessional behavior.
- For students who need Academic Assistance there may be instances when the CECs decrease the max hours and increase the number of days off per week as well as decrease in the content on the clinical evaluation for some students for the entire clinical rotation. Preceptors will be notified up front of the change in clinical hours and the skills that these students can perform.
- 1 clinical hour = 1 contact hour

1. Time that is spent traveling to and from games and practices, meals, orientation to the sites, unsupervised time, or waiting out rain/lightning delays is **not** counted.
2. Any ATS found falsifying his/her clinical experience hours log will be immediately cited for disciplinary action and reported to the Program Director, and Clinical Education Coordinator(s).
3. Students participating in the Academic Assistance Program cannot volunteer for additional clinical hours outside of those outlined in the AA.
4. Students are not permitted to "volunteer" their services during final exam week or "volunteer" hours over the maximum during any time period. **Any student who wishes to volunteer for any time under the maximum weekly hours must notify and get permission from the Clinical Education Coordinator(s) for any volunteer hours.**

BASIC CLINICAL EXPERIENCE RULES AND REGULATIONS

The following rules and regulations are important for a properly functioning athletic training program. We are professionals working in an allied health facility and these guidelines serve as a blueprint to ensure a

professional atmosphere and medical facility. Rules and regulations include, but are not limited to the following:

1. The computers in the athletic training rooms/clinics are not for personal use (i.e. checking email, surfing the net, downloading, etc.).
 - a. The computer is for staff use, record keeping, and internet logging of **clinical** education hours.
2. Cell phones must be in the non-ring mode. Non-emergent calls and texts are not permitted
 - a. The general rule regarding cell phones while at the clinical site is that cell phones are prohibited from use (i.e., calling, texting, apps, games, web use, camera, etc.).
 - b. Preceptors may request that you use your cell phone in conjunction with tasks associated with your clinical duties (i.e., phoning Emergency Medical Services, asking you to take your phone with you when you do field set up so they can contact you with any changes).
 - c. During team travel there may be additional restrictions. The student is expected to follow both the Athletic Training policy and the team's guidelines related to cell phone use on the road.
 - d. Students caught using their cell phone in an inappropriate manner may be cited by the Preceptor, CEC or PD via the Infraction Form.
- ~~3. No food or drink is permitted in the athletic training facility.~~ **Consult with your preceptor to see what is and is not allowed at the site.**
4. Inappropriate relationships with patients and/or student athletes outside of professional practice as a healthcare provider are prohibited. BOC Standards of Professional Practice and NATA Code of Ethics states:

“Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.”

If there is suspicion of this type of relationship, or proof that there is compromise of the professional relationship, the Program Director, Clinical Education Coordinator, and the Supervisor or Preceptor who has knowledge of the relationship, will schedule a meeting with the student inquiring about suspected inappropriate relationships with student athletes or patients. Disciplinary action will be at the discretion of the Program Director, including suspension from the rotation or suspension from the program.

5. Athletic Training Students **are not** to provide transportation for a student or patient at a clinical setting, or wait alone with a student or patient for a parent pick up.
6. **Any athletic training student having a relationship with a student in a high school clinical setting will be permanently dismissed from the athletic training education program.**
7. Any athletic training student having a relationship with a minor has legal ramifications beyond the program. Faculty, staff and the Preceptors are required by law to report any inappropriate relationships between an adult and a minor.
8. **Inappropriate relationships with coaches (full time, part time, or volunteer) are NOT permitted and will result in disciplinary action which may include dismissal from the rotation or dismissal from the program.** USG Policy 8.2.3
9. Inappropriate relationships with graduate assistants (coaching or athletic training) are prohibited per USG Policy 8.2.3. If there is suspicion of this type of relationship, or proof that there is compromise of the professional relationship, the Program Director, Clinical Education Coordinator, and the Preceptor and/or Director of Sports Medicine, will schedule a meeting with the student inquiring about suspected inappropriate relationship. Disciplinary action will be at the discretion of the Program Director, including dismissal from the rotation.
10. Students requesting to be absent or to have time off for reasons other than communicable disease/acute injury or illness, personal emergency, or reasons outlined on the **ATS REQUEST FOR ABSENCE FROM A CLINICAL EXPERIENCE FORM** must provide documentation related to the time off to the CECs.
- ~~11. Students are not permitted to “volunteer” their services during final exam week or “volunteer” hours over the maximum during any time period.~~ **Moved to above section on Clinical Hours Policy.**

12. Students are not permitted to use alcohol, tobacco or other drugs while participating in any clinical education or any clinical experience opportunities.
13. Students using social media are reminded that HIPAA and FERPA guidelines should be considered before information is posted online. Further, while social media can be a positive means of communication (easy to use and deliver information, fast, etc) there can also be negative aspects of social media (cyber bullying, loss of privacy, cyber stalking, cyber predators, etc). Therefore, it is recommended that students be respectful, be careful, be responsible, and be accountable for their conduct via social media and understand that inappropriate use of social media that violates the BOC Standards of Practice, the NATA code of Ethics, university, college, departmental, or program rules and policies or is deemed illegal will be sanctioned.

Recommendations for posting on social media:

- be respectful
- remember your audience
- keep controversial topics out of the conversation
- think twice before posting
- strive for accuracy
- avoid commentary about other schools, other ATP, and other students
- forget about jokes April Fools or otherwise
- what you post can haunt you professionally forever
- it is recommended that athletic training students not “friend” patients on social media

GUIDELINES ON DRESS AND APPEARANCE

An athletic training student shall act and dress like an allied health professional in the athletic training room, at practice, at games, and while traveling. It is the responsibility of each student to keep his/her appearance neat and clean. A professional, neat, and clean personal appearance while on duty is an important factor in gaining respect of athletes, coaches, faculty, and the general public. The guidelines include, but are not limited to the following:

GENERAL GUIDELINES REGARDING DRESS/APPEARANCE

1. Students are expected, at all times, to present a professional appearance and attitude.
2. Inclement weather: check with the Preceptor
3. Clothing
 - a. Clothing must be modest. All clothing must cover the belly and buttocks and not be excessively tight.
 - b. **Skinny fit khakis are not allowed.**
 - c. NO jeans, sweat pants, yoga pants.
 - d. Wind suit pants or khaki pants are the choice during cooler weather.
 - e. Pants and shorts should have a clean hemline (no cut-offs) and no holes.
 - f. The length of shorts will be considered appropriate when the shorts extend beyond the fingers with arms resting at side, and not going below the knee.
 - g. A belt must be worn with Khaki shorts or pants, black is the preferred color.
 - h. No underwear may be showing. It is the discretion of the supervising AT as to when pants are too low.
 - i. Tank tops or sleeveless shirts will not be allowed.
 - j. Sweatshirts/jackets should not have logos other than VSU or they should be plain. Color of sweatshirt/jacket should be red, black, gray, or white.

- k. Hats with a non-VSU logo are not permitted. Hats should be red, black, gray, or white. Hats may not be worn inside buildings.
- 4. Shoes
 - a. Athletic shoes must be worn at all times within the athletic training setting.
 - b. No sandals, flip-flops, open toed, heel less or high heel shoes will be allowed.
- 5. Athletic Training Students must wear a watch with seconds reading.
- 6. Hair
 - a. Maintain appropriate hair length (as defined by ATP Faculty) and professional looking hairstyle that is well groomed.
 - b. Males: side burns above the middle of the ear, and must be clean shaven daily.
 - i. ***For males, if the student has a medical condition that results in not being able to shave daily, then the student must provide written documentation from a treating physician to the Clinical Education Coordinator.***
 - c. Females with shoulder length hair must have hair pulled back, and hair beyond shoulder length must be in a pony-tail.
- 7. Piercings
 - a. Males: NO facial piercing for male (includes earrings).
 - b. Females: piercing is limited to ears and must be limited to 2 per ear. Female earrings must be modest for safety purposes (no large hoops or dangling earrings).
 - c. Males and females: No visible body piercing is permitted.
- 8. Jewelry
 - a. Jewelry should be modest and minimal
- 9. Fingernails must be properly manicured per CDC regulations.
 - a. Artificial fingernails or extenders are prohibited
 - b. When viewing from the palmar surface fingernail tips must not be visible beyond the tips of the fingers.
 - c. No fingernail polish
- 10. Tattoos
 - a. Visible tattoos must be covered.
 - b. The student must provide the supplies to cover tattoos. The method and material utilized to cover tattoos must be approved by the student's Preceptor.
 - c. The Preceptor may require that the student wear long sleeves or long pants if another method of covering tattoos cannot be determined.
- 11. Breath should be fresh.
- 12. Body odors should be pleasant with fragrances kept to a minimum.

STUDENTS APPLYING FOR PROGRAM/OBSERVATION EXPERIENCES

Observation student must follow **all** of the general guidelines regarding dress and appearance as well as the following:

- 1. Required Dress: collared shirt (which tucks in), khaki pants or shorts of the appropriate length with a belt.
 - a. Refer to General Guidelines Regarding Dress/Appearance, guideline 3 for more information.
- 2. Name tags must be worn at all times.

VSU ATP ADMITTED STUDENTS VALDOSTA STATE UNIVERSITY

- 1. Daily Operations
 - a. The student must wear issued/approved VSU Athletic Training clothing (black issue shorts and gray issue tee).
 - b. Shirts must be tucked into the waistline of the shorts or pants at all time (no exceptions).

- c. For games khaki shorts (of appropriate length) or pants, VSU issued collared game shirt, and a belt must be worn unless assigned to VSU Basketball where professional dress is required.
 - d. It is permissible to wear program clothing to class as long as it is worn as described above. Program clothing cannot be worn outside of class or the clinical rotations. Failure to wear the uniform as described will complete a VSU ATP Infraction Form. This infraction form serves as documentation of the offense and per the violation policy will result in a deduction from the final Midterm and End of Semester Evaluation. Information regarding the deduction can be found in the section titled “Clinical Evaluation Forms.
2. VSU Football/Soccer
- a. Travel
 - i. Day Bus Travel: Males collared shirt, females business casual dress
 - ii. Night Bus Travel: comfortable, appropriate dress (check with Preceptor)
 - iii. Plane Dress: Business casual or game day dress. No open toed shoes.
 - b. Game Operations
 - i. Pregame: VSU issue black shorts and gray tee
 - ii. Game: Khaki short of appropriate length (cargo shorts are not allowed) or pants and VSU issue collared game shirt
3. VSU Basketball
- a. Travel
 - i. VSU issue black shorts or black athletic pants or VSU issue game polo and khaki pants or shorts (of appropriate length), no open toed shoes
 - b. Games
 - iii. Males: Dress pants, professional shirt, and belt
 - iv. Females: Dress pants, professional top, belt if pants have loops, dress must be functional, no big jewelry
 - v. Shoes: no open toed or back, functional dress shoes, flats are required
 - vi. Blazer/jacket, sweater, vest, tie are optional
4. VSU Other sports (Volleyball, Tennis, Baseball, Softball, Cross Country, Cheerleading)
- a. Khaki shorts/pants and game shirt (check with Preceptor)
 - b. Belt if pants have loops
 - c. Sneakers
 - d. No large jewelry
 - e. If layers are required due to weather, please consult with the supervising AT’s for clarification on their preference regarding dress.
 - f. If the student is unsure they should consult with the supervising AT for clarification on what is appropriate dress for the event.

LOWNDES HIGH, VALDOSTA HIGH, THOMASVILLE HIGH SCHOOL, THOMAS UNIVERSITY, and COLQUITT HIGH SCHOOL: Follow VSU guidelines above

GENERAL MEDICAL/OUTPATIENT THERAPY/ORTHOPEDICS

1. Students are expected, at all times, to present a professional appearance and attitude.
2. Collared or dress shirts (T-Shirts are NOT allowed) must be tucked into the waistline of the shorts or pants at all times. A belt must be worn. [The VSU AT Game shirt/polo is not part of the attire for GM/OT/Ortho rotations.](#)
3. Khaki shorts or pants. (Please refer to General Guidelines Regarding Dress/Appearance, guideline 3 for more information regarding short length)
4. NOTE: each general medical site may have facility specific dress and appearance policies, as well as conduct policies that must also be followed.
5. Name tags must be worn at all times.

6. Sneakers or closed toe and heel shoes are appropriate.

GENERAL MEDICAL/ OUTPATIENT THERAPY/ ORTHOPEDIC ROTATION/MINI ROTATION **GOALS**

Opportunities to observe and interact with health and/or medical specialists in their work setting will occur during some rotations. These opportunities should not be the only exposure of the students to health and medical specialists. More regular and planned interactions would involve clinical assignments within other facilities such as physician's offices, outpatient therapy clinics, etc. Students must develop an understanding of the roles and responsibilities of health and medical professionals in the care of the physically active and as they relate to athletic training. ~~The athletic training student's duty is to serve primarily in an "observation" capacity at General Medical , Outpatient Therapy, and Orthopedic rotations.~~ Athletic Training students at Outpatient Therapy, Orthopedic Rotations, and General Medical will have the opportunity to perform skills on patients. Students are expected to perform skills on patients just as they would at a traditional Athletic Training site. Performance of skills on patients is up to the discretion of the Preceptor.

1. Follow VSU ATP Dress and Appearance Policy
1. Arrive 15 minutes early for your rotation and check in with the appropriate person
2. Hughston Outpatient Therapy: ~~Gayla Prince~~ Lisa Elder
 - a. Hughston Ortho: Kathy Gordon
 - b. Valdosta Orthopedic Associates: Ashly McDaniel
 - c. Moody Air Force Base: Assigned preceptor or MSgt Evita Yuan
 - d. Dr. Hogan: Shelly Myers
3. Introduce yourself to the person that you are checking in with at the site.
4. Be proactive and interactive
 - a. Introduce yourself to the patient ~~that you are observing or assisting with.~~
 - b. Explain to them ~~why you are there (that you are an athletic training student and that you are observing rehab at the clinic) UNLESS it interferes with the physician or therapist interacting with the patient.~~
5. Ask questions appropriately
 - a. Don't ask why the therapist chose a certain exercise or modality in front of the patient (it may appear that you are challenging the therapist and their decisions).
 - b. Don't ask questions while the provider is providing care to or dealing with a patient (wait until afterwards or downtime to ask questions).
 - c. If it is a question of you wanting to watch a technique during a treatment or exercise, then by all means ask for clarification or further details on how to perform something (that way you can watch her – she may even give you feedback while she is doing therapy on the patient).
 - d. Use common sense when choosing when and how to ask a question.
6. Stay awake
 - a. ~~Some of you may be going to an early morning session and noticeably in class this is sometimes an issue.~~
 - b. ~~Do not sit or lounge around while you are there, it's only 2 hours, be up and moving so you can be active.~~
7. ~~LEAVE YOUR MOBILE PHONE IN THE CAR~~ (See Mobile phone policy BASIC CLINICAL EXPERIENCE RULES AND REGULATIONS)
 - a. ~~Do not take it in with you. It can be a distraction for you and for the operations in the clinic/office.~~
 - b. ~~Be respectful that it is a place of business.~~
8. If for any reason when you arrive, the provider is out sick or for any other reason:
 - a. Call Stacey or Lori.
 - b. If neither of us answers, leave a message
 - c. We will get back to you as soon as possible

- d. Do not call anyone else. Go home, and we will get back with you with further instructions.

CLINICAL/FIELD EXPERIENCE EVALUATION FORMS

Evaluation forms will be used consistently throughout the athletic training student's clinical. Athletic training students will be evaluated by their preceptor twice (mid-term, end of semester) during the semester. **Sections 1-5 are to be scored based on the definitions provided.** After each evaluation, the student will have time to review the evaluation with their ~~clinical supervisor or approved clinical instructor~~ preceptor. Athletic training students should remain consistent on the high marks and strive to improve on the low marks.

Athletic training students will evaluate the preceptor and the clinical site or general medical/outpatient therapy/orthopedic site at the end of each rotation/semester. ~~Athletic training students should not identify themselves on the evaluation form.~~ The evaluation forms are available to the respective Preceptor after the rotation/semester has been completed.

ENVIRONMENTAL ISSUES

Athletic training students that are at clinical/field experience settings **other** than Valdosta State University must follow the Valdosta State University "Lightning Policy" unless the site specific policy requires evacuation of the field at a time earlier than that of the VSU policy and return to the field later than that of the VSU policy.

Athletic training students that are at clinical settings on the Valdosta State University campus must follow the Valdosta State University "Lightning Policy" (provided in the "Athletics" section of the policy and procedure manual). Once the preceptor receives a text that lightning is within 8 miles of the location, it is the preceptor's responsibility to remove the students to a suitable, fully enclosed facility that is deemed as safe structure. The Preceptor will also receive an all clear text when 30 minutes has passed since the last lightning strike within the 8 mile range. At this point, students may return to the field/location. The Preceptor will provide specific information to the athletic training students regarding "evacuation from the field" and "return to the field."

Other environmental concerns (i.e. heat/sun exposure, cold exposure, poor air quality exposure) should be addressed with the athletic training student to provide a safe and conducive environment for learning.

Inclement Weather: Tornado, flooding, hurricane: If VSU or an affiliated site is closed due to inclement weather the student is not permitted to attend the clinical rotation until the university or affiliated site re-opens.

COMMUNICABLE DISEASE / ILLNESS / INJURY/PERSONAL EMERGENCY

Athletic training students are expected to be in attendance at their clinical experience unless excused by the Preceptor or Clinical Education Coordinator.

Acute Illness/Injury:

1. In case of acute illness (fever 99.9 degrees F or higher), or acute injury (i.e. fracture, etc.), the athletic training student should contact the **Clinical Education Coordinator and their Preceptor** as soon as possible and not attend the clinical experience until the situation has been resolved.
2. The student should secure an appointment with VSU's Student Health Center or other local healthcare provider (i.e., family physician, ER physician, etc.) **ASAP**.
3. The ATS is required to present documentation from Student Health Center, or other healthcare provider to the Clinical Education Coordinator if they were absent due to an illness, communicable disease or

injury. The healthcare provider should also indicate when the student may return to their clinical rotation.

4. The Clinical Education Coordinator **and** ATS will notify the Preceptor in the event that the student will not be at their clinical rotation and will also inform the Preceptor as to when the ATS will resume their clinical experience.
5. If classroom and/or clinical education times are missed due to illness/injury, the student must provide medical documentation indicating the condition and the student's participation status (to include modifications that could allow the student to continue to participate in the clinical education experience).
6. Students should also contact "The Division of Student Affairs" so that all instructors can be made aware of the absences. If an illness/injury prevents the athletic training student from being able to complete his/her classroom and/or clinical education experience, "The Division of Student Affairs" will be contacted to determine the institutional protocol for this type of situation.
7. The acquisition of competency skills requires a student to participate fully in class, if the student's injury or illness precludes them from performing clinical skills then the student will be required to withdraw from the class or take an incomplete if the instructor approves the incomplete.
 - a. The student must provide documentation from the treating healthcare provider with a thorough listing of the types of activities the student may and may not perform.
 - b. The documentation must be updated on each subsequent appointment until the ATP receives documentation that the patient has been released with no restrictions.
 - c. Students who fail to provide this documentation will not be allowed to report to their clinical assignment until the appropriate documentation is provided. The absence from the clinical assignment may/will result in deductions to the student's grade or failure of the rotation.

Non-Acute Injuries or Illnesses:

1. Treatment of non-acute injuries (allergies, dental or eye appointments, follow up appointments or treatment of ongoing conditions should be scheduled not to conflict with class or clinical time.
2. It is acceptable to ask for the day of an appointment to be your day off for the week as long as you ask for it to be scheduled as your day off as soon as the appointment is scheduled. The Preceptor may not change the schedule to give you time off. It is their choice.

Personal Emergency (death in family, direct family member illness, etc.)

1. The student should communicate the emergency to the Clinical Education Coordinator or Program Director as well as their Preceptor.
2. The Preceptor or Program Director will assume responsibility of communication with the athletic training student and disseminate important information to others involved in clinical education of the student until the student returns to campus.
3. If classroom and/or clinical education times are missed due to personal emergency, the student must provide documentation of the emergency situation.
4. Students should also contact "The Division of Student Affairs" so that instructors can be made aware of the absences. If an illness/injury prevents the athletic training student from being able to complete his/her classroom and/or clinical education experience, "The Division of Student Affairs" will be contacted to determine the institutional protocol for this type of situation.

ATHLETIC TRAINING PROGRAM REGULATIONS **IN ACCORDANCE WITH OSHA STANDARDS & CDC PRECAUTIONS**

Certified athletic trainers and athletic training students of the VSU Athletic Training Program are anticipated to come in contact with blood or other infectious materials while performing their clinical duties. The potential for exposure only exists in the athletic training rooms and affiliated settings but, also on the practice or competition fields.

1. Potential for Exposure: airborne, droplets, or direct contact
 - I. Possibility of exposure while performing:

- i. wound cleaning
 - ii. whirlpool procedures
 - iii. towel and equipment sanitation
 - iv. emergency protocols for injury situations
 - v. urine screening
 - vi. initial orthopedic and general medicine evaluations
 - vii. care and treatment of heat illness
 - viii. ambulatory aid techniques
 - II. Universal Precautions: All blood or other potentially infectious material will be considered infectious, regardless of the perceived status of the individual.
 - III. Engineering Controls: This is using the available technology and devices to eliminate or minimize athletic trainers' exposure to blood or other potentially infectious materials. Engineering controls would include:
 - i. sharps containers
 - ii. surface sanitizer
 - iii. splash guards
 - iv. gloves
 - v. biohazard container
 - vi. hand sanitizer
 - IV. Work Practice Controls: These are alterations in the manner in which a task is performed in an effort to reduce the likelihood of an athletic trainer's exposure to blood or other potentially infectious materials.
 - i. Hands and any contaminated area shall be washed with soap and water for 10-15 seconds after removing gloves or as soon as possible after contact with body fluids.
 - ii. In the event blood or other bodily fluids contact the eye, immediately flush with water or eye wash.
 - iii. All personal protective equipment should be removed immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated container for storage, washing, decontamination or disposal.
 - iv. Used needles and other sharps shall not be sheared, bent, broken, recapped or resheathed by hand.
 - v. Instruments shall be sterilized regularly.
 - vi. Towels shall not be shaken. When towels are contaminated the contaminated surface should be folded in and carried away from the body.
 - vii. After providing care and coming in contact with blood or other bodily fluids, remove gloves. Apply new gloves to clean area. Next wash hands.
 - viii. Clean area in between patients.
2. Personal Protective Equipment
- I. This is specialized clothing or equipment used by athletic trainers to protect themselves from direct exposure to blood or other potentially infectious materials.
 - II. VSU shall provide and assure athletic trainer use of appropriate personal protective equipment, such as gloves.
 - III. VSU shall provide for the cleaning, laundering, or disposal of personal protective equipment.
 - IV. Surgical or examination gloves shall be replaced when visibly soiled, torn or punctured.
 - V. HBV vaccination shall be offered to all athletic trainers.
3. Post Exposure Evaluation and Follow-Up
- I. If you are exposed, you need to report the incident.
 - i. Wash affected area immediately and apply first aid
 - ii. VSU staff will make available to the student a confidential medical evaluation and follow-up of the incident.
 - iii. Contact VSU Health Services as soon as possible for post exposure follow up.

- iv. Report injury to the VSU Biosafety Officer
 - v. The staff shall notify the source patient of the incident and the athletic trainer exposed (or vice versa) and attempt to obtain consent to collect and test the source's blood to determine the presence of HIV and/or HBV infection.
 - vi. Follow-up of the exposed athletic trainer/patient shall include counseling medical evaluation of any acute illness that occurs within twelve weeks, post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practice.
 - vii. Maintain records for the duration of the athletic trainer's employment plus 30 years.
4. Infectious Waste Disposal
 - I. All infectious material shall be placed in sharps containers, leak proof containers or color-coded red bags.
 - II. Disposable syringes, needles, scalpel blades and other sharp items shall be disposed of in the sharps container.
 - III. When handling, storing, or transporting infectious waste, gloves shall be worn and the bags should be double-bagged.
 5. Decontamination of Spills
 - I. Gloves are to be worn during this procedure. Spills of blood and other body fluids shall first be removed and gloves removed.
 - II. New gloves should be applied and then the area disinfected with an approved disinfectant presently being used by the athletic training room.
 6. Laundry Practices
 - I. Laundry that is contaminated with blood or potentially infectious materials or that may contain contaminated needles or sharps shall be treated as if it were HBV/HIV infectious and handled as little as possible with a minimum of agitation.
 - II. Contaminated laundry shall be bagged at the location where it was used and shall not be sorted or rinsed in patient areas.
 - III. Contaminated laundry shall be placed and transported in bags that are labeled or color coded and that prevent liquid seepage, if such a potential exists.

CLINICAL EXPERIENCE ORIENTATION

Preceptors must have an orientation session with their athletic training students at the beginning of each field experience rotation. The following areas are to be addressed:

1. Expectations of the ATS by the Preceptor
 - a. Part of the orientation will include forms that the ATS and the Preceptor complete prior to the beginning of the rotation. This allows expectations of the ATS to be clearly explained and documented.
 - b. The "Orientation Form" and the "Clinical Experience Contract between the Preceptor and ATS Form" must be completed by the Preceptor and ATS and returned to the Clinical Education Coordinator
2. ATS's competency level, goals, and responsibilities
3. Review of policies and procedures, attendance, effective communication, dress code, first aid and emergency care supplies and equipment locations, OSHA Standards/CDC Precautions (**emergency action plan and OSHA Standards/CDC Precautions must be available and posted at each facility used at the site**)
4. ATS's must have access to and utilize appropriate blood-borne pathogen barriers and proper sanitary precautions, as well as access to appropriate biohazard disposal equipment (and procedures in which this is conducted)

5. Team travel is voluntary but the student must be with their supervising Preceptor if traveling with a team. Academic work that the student misses should be discussed with the instructor before traveling.
6. Frequency that the students will receive practice, game, treatment, rehabilitation, and other schedules. (ATP recommends weekly or monthly schedules)
7. Rotation to address the clinical hours policy (applicable during the academic year)
 - a. **Note: Students must be given one documented day off per week. Students receiving Academic Assistance must have 2 days off per week (in addition to what students on the regular clinical hours policy are getting) plus no travel. Students should be aware that Outpatient Therapy, General Medicine and Orthopedic mini-rotations may occur simultaneously with clinical assignments and the hours related to the OT, GM, and Ortho plus the clinical assignment must average of 20-25 hours per week.**
8. Other information deemed essential by each site.
9. Post Semester requirements, with the end date documented on the orientation form.

INFRACTION POLICY

If decided by a Preceptor or faculty member of the VSU ATP that an ATS has committed an offense related to the guidelines of the policy and procedure manual, an infraction form will be completed. The infraction form will serve as documentation of the offense and will be placed in the ATS's academic file. ~~Please refer to the section titled "CLINICAL EVALUATION FORMS" for more information on how each violation is managed.~~

The ATS evaluation includes deductions for infractions. If the supervising Preceptor or any other faculty member feels that the student's appearance or behavior violates the policy and procedure manual, Standards of Practice, Code of Ethics, or assigned duties and defined expectations of the student's current clinical assignment(s), the following consequences may be used:

1. First violation: The student will be dismissed from the rotation for a minimum of one day with a loss of ~~5% of applicable evaluation period grade (midterm and/or end of semester)~~ of the final clinical class grade. The length of dismissal beyond the minimum is left to the discretion of the supervisor. In order to resume a clinical rotation, the student must first meet with the ~~clinical supervisor~~ Clinical Education Coordinator and the Program Director. A VSU ATP Infraction Form will be documented per established guidelines. The student should be aware that the loss of one day at their clinical site will impact their overall minimum hours for the week. Not reaching the minimum hours for the week will result in a second infraction form.
2. Second violation: results in the student's dismissal for one week from the rotation with a loss of ~~10% of the applicable evaluation period grade~~ of the final clinical class grade. The length of dismissal time beyond the minimum is left to the discretion of the supervisor. In order to resume a clinical rotation, the student must first meet with the ~~clinical supervisor~~ Clinical Education Coordinator and the Program Director. A VSU ATP Infraction Form will be documented per established guidelines.
3. Third violation: Permanent dismissal from the rotation for the semester requires the rotation to be repeated and will result in an "F" for the student's clinical grade. The student will not be allowed to return to their clinical rotation, nor will another rotation or supervisor be assigned to the student for the remaining time period. Following the dismissal, the student must meet with the Clinical Education Coordinator(s) and the Program Director.
4. There are instances where a student's actions or behaviors are so egregious or recalcitrant that a Preceptor may dismiss a student from the site permanently resulting in an "F" for the final grade of the clinical course. This can occur outside of a first, second or third infraction. The student will not be allowed to return to their clinical rotation, nor will another rotation or supervisor be assigned to the student for the remaining time period. Following the dismissal, the student must meet with the Clinical Education Coordinator(s) and the Program Director.

CONCLUSION

Clinical education and experiences should be initiated early in the program and designed to provide the student with sufficient opportunity to develop specific health care competencies. First and foremost, restructuring our clinical education process has made us collectively re-evaluate the roles, responsibilities, and expectations of athletic training students. While development of psychomotor skills should represent a major focus of the student's clinical experience, many opportunities also should be provided for development and demonstration of competencies and foundational behaviors of professional practice. The supervision of the clinical education experience must involve the constant visual and auditory interaction between the Preceptor and student. The Preceptor supervision of the students must allow for multiple opportunities for evaluation and feedback. The greater the variety of experiences the student has, the more prepared he or she may become. Multiple opportunities for on-field or on court evaluations need to be provided to the student as well as multiple opportunities in the ATR and to interact with the coach(es).

The Valdosta State University Athletic Training Program faculty understands that in order to maintain and even to raise the standards of education in our curriculum, that the clinical education experience must involve a highly structured framework that provides the athletic training students with comprehensive learning opportunities. Again, it is essential that the clinical education experience consist of teaching and evaluation tools that are consistent, reliable, applicable, and thorough. The Valdosta State University Athletic Training Program has set high standards for itself and the athletic training students that are accepted into the program. One of our main goals should be to properly prepare the athletic training student through a broad education spectrum that includes learning through the established content areas.

APPENDICES OF ALL FORMS NOW LOCATED IN E-VALUE DOCUMENTS