

Valdosta State University
Athletic Training Program



Approved Preceptor,
Supervisor, and
Affiliated Setting
Handbook

Updated July 2013

TABLE OF CONTENTS

Definition of Terms

Definition of Terms	Page 3
Clinical Education Overview	Page 5
Clinical Education Plan	Page 5
Clinical Experience hours	Page 6
Learning over Time	Page 8
Clinical Supervision	Page 9
Preceptor	Page 10
Clinical Affiliates	Page 13
Professional Liability Insurance	Page 13
Clinical Site Visits	Page 13
Evaluations	Page 13
Infraction Policy	Page 14
Roles and Responsibilities of ATS	Page 14
References	Page 15
Appendix 1	Page 16
Appendix 2	Page 19

DEFINITION OF TERMS

* **Taken from: CAATE 2012 Standards, version 3.5.13**

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 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 Affiliate	A licensed and credentialed health care professional who oversees and teaches an ATS at a clinical site.
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.
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.

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.
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.
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.

Clinical Education Overview

The clinical education portion of the VSU ATP is associated with 4-6 academic semesters (depending upon the University catalog in which the student was admitted) where the student earns academic credit. Clinical Education Learning Experiences are designated as a part of KSPE 3440, KSPE 3441, KSPE 4440, KSPE 4441, KSPE 4442 or KSPE 4443. 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, and other medical practices. Student will also spend time in both an orthopedic clinic and outpatient therapy settings. The clinical education occurs over a minimum of a minimum of 2 years

Clinical education is an important part in the overall education of athletic training students (ATS). Athletic training students feel that a little over half of their professional development comes from clinical education (Laurent & Wediner, 2001). Clinical education allows students to apply knowledge and skills from didactic and/or laboratory instruction in real-world situations. Learning does not have to occur solely in real-world situations, but may also occur through mock scenarios performed with another ATS or with the Preceptor.

Students and Preceptors must attend Clinical Education Training. Sophomore students will be oriented in January before the start of the semester either the Friday or Sunday before classes start. Upcoming juniors and seniors will be required to attend an update on Clinical Education prior to the start of their fall semester clinical rotations.

Clinical Education Plan

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 Education Program.

1. Students must follow all policies and procedures provided in the academic/clinical portion of the program's policy and procedures manual.
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 accurately 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.
 - a. Each student will be provided with a schedule that due to the nature of the clinical education setting may change.
 - b. Students are expected to complete the scheduled clinical education experiences/components as assigned by the Preceptor.
 - c. Students should not miss more than five clinical experience/component/ days. 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. Missing more than five days (extenuating circumstances would need to be discussed with the Program Director and Clinical Education Coordinator) could result in an "F" for the course.

- d. 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. Students are required to complete all course activities, course assignments, and course activities, as well as the assessment components that must be completed. **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 last Friday of class, the CECs and student(s) be informed of the post semester requirement and be provided with a schedule. 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.**
7. Clinical Attendance related to acute or non acute injury or illness can be found in Communicable Disease portion of this Manual
8. The student’s clinical education experience/component will take place in the following courses:
 - a. KSPE 3440 (Clinical Competencies I)
 - b. KSPE 3441 (Clinical Competencies II)
 - c. KSPE 4440 (Clinical Competencies III)
 - d. KSPE 4441 (Clinical Competencies IV)
 - e. KSPE 4442 (Clinical Competencies V)
 - f. KSPE 4443 (Clinical Competencies VI) (if required)
9. Students must complete the ATS Evaluation of Preceptor and Site each semester in Evalue
10. The Preceptor must complete and sign the Preceptor Evaluation of ATS each semester on Evalue.
10. Students must evaluate the Clinical Educators Site Visits (if applicable).
11. The Preceptor must complete and sign the Preceptor Evaluation of ATS each semester.
12. Current professional liability insurance
13. Current CPRO certification
14. Transportation to clinical sites is the responsibility of the student.
15. Completion of these criteria may/will result in the student progressing to the next clinical education experience/component.

Clinical Experience Hours

Students will have a clinical experience for each semester they are enrolled with good standing in the ATP. Please refer to Clinical Experience/Component Requirements, bullet #5 regarding statement on clinical experience attendance. Students are required to meet with their Preceptor for the upcoming semester within 2 weeks of their assignment to the Preceptor. Students who do not meet with their Preceptor within the designated 2 week window will have 5% deducted from the following 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.

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.

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	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 hrs/wk	25 With no more than 50 hours per 2 week 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 hrs/wk	60	0	120 max	
Post Semester	Saturday after finals through last scheduled event	1 day off in every 7-day period	40 hrs/wk	40	0	80 max	
Hours Policy for Students Requiring Academic Assistance							
Time Period	Description	Days off	Ave clinical rotation hours	Ave AA hours	Max total hrs/week	Min hrs/wk	Total hours for time period
Semester	First day of class through last Sunday before finals week.	2 per week plus no travel	10-15 hrs/wk	5-10 hrs/wk	25 With no more than 50 hours per 2 week period	10	150 minimum/semester 375 maximum/semester
<ul style="list-style-type: none">• The minimum hours must be met.• 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 at least every 3 days and the ATP recommends logging 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 clinical sites is not counted.
- The CEC will review hours weekly. The preceptor 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).

It is up to the Preceptor to create a schedule that is sufficient for the rotation to be beneficial for the student. The purpose of clinical experiences/rotations is to allow the student to put the things that they have learned into practice while being supervised. The ATS should not take the place of a credentialed professional in providing health care services while unsupervised. The student can only truly benefit through constant and appropriate supervision by the Preceptor.

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 would 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.

Additionally the Preceptor:

- may instruct a student on a new individual skill,
- 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: An athlete reports to the ATR with a grade 2 lateral ankle sprain. During the examination by the Preceptor or upper class student who's 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 who's 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 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. The student will not report if the Preceptor is absent. Athletic Training Students Will NOT be placed in a situation in which they are utilized as "staff" athletic trainers by either the supervising AT 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.

***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 and leave until the preceptor, or other health care professional, returns. Unsupervised experiences will not be mandated or allowed for any student.
2. If the ATS voluntarily chooses not to leave the area during the temporarily unsupervised period, the student is required to function only as a CPR/First Aid trained individual would function and must not be referred to as an “Athletic Training Student”. In these situations, students are allowed to apply only those skills deemed appropriate by the American Red Cross CPRO Certification. At no time should the student utilize athletic training skills related to: evaluation to determine participation status, therapeutic modality and/or exercise application, or taping and wrapping skills (unless involved in emergency wound care situations).
3. There may be 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
4. 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.
5. 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.

Preceptor

The Preceptor is an important role in the educational process. As a Preceptor you will find that it is a great way to give back to the profession as you mold and shape athletic training students both professionally and personally. The Preceptor is a BOC Certified Athletic Trainer with greater than one year of BOC certification experience.

The following is a list of some of the expectations the VSU ATP has regarding Preceptors who are supervising students at their respective sites. See Criteria for Inclusion and Retention as a Clinical Affiliate for a complete list. Prior to beginning clinical education the following must be completed:

1. A current affiliation site agreement contract must be on file with the Program Director. The Program Director will communicate with each site to complete this form.

2. The following must be kept on file annually with the Program Director regarding the Preceptor:
 - a. Current copy of State of Georgia Athletic Training License
 - b. Current copy of BOC card verifying the BOC Certification Number and that the supervisor is in good standing
 - c. Modality list with dated safety checks for each site, formal documentation of the calibration must be on site.
 - d. List of equipment available to students at each clinical site.
 - e. Emergency Action Plan each clinical site.
 - f. Biohazard protection supplies and ability to dispose of bio-hazardous waste.
3. The supervising AT must complete a full Approved Preceptor Workshop to become a Preceptor for the program. This workshop must be completed every 3 years or when changes occur to clinical education. Approved Preceptor Re-training occurs annually.
4. The Preceptor must provide a formal orientation to the student.
5. The Preceptor must complete and return ATS evaluation forms by the assigned dates

***Failure to meet these expectations may result in removal of the athletic training students from the clinical site.**

Roles and Responsibilities of the Preceptor:

1. Supervise the student with constant visual and auditory interaction.
2. Only evaluate students on skills on the students Competency Level Form
3. Provide opportunities for the student to apply skills on patients when appropriate.
4. Do not expect the ATS to act as a workforce for the site. They are at the site to learn, not to serve as a full-time staff member.
5. Provide honest and constructive criticism to the student on a regular basis as well as during the mid-term and end-of-semester evaluations.
6. Keep the students' hours between the minimum and maximum per week/time period, with one day per week off.
7. Understand the ATP policies and procedures.
8. Understand CAATE competencies and when they are instructed within the ATP

Benefits of Being a Preceptor/Clinical Affiliate

1. CRO/O2 Certification provided through VSU
2. CEUS provided through Preceptor Training
3. Interaction with other athletic trainers
4. Stay current on Athletic Training Educational Issues and Methods
5. You have an opportunity to influence the VSU ATP.
6. You have an opportunity to influence future athletic trainers.
7. You will have opportunities to participate in the didactic instruction if you are interested in doing so.

Weidner and Henning (2004) developed seven standards for the effective Preceptor. These include legal/ethical behavior, communication skills, interpersonal relationships, instructional skills, supervisory/administrative skills, evaluation of performance and clinical skills/knowledge. Preceptors should use these seven standards as a guideline for responsibilities as well as methods for supervising the ATS.

Legal and Ethical Behavior

1. The Preceptor should comply with the NATA Code of Ethics and BOC Standards of Professional Practice.

2. It is important that the Preceptor work within and abide by the legal and ethical standards set forth by the profession. Doing so will enforce to athletic training students the importance of this as they become more independent.

Communication skills

1. The Preceptor should communicate effectively and often with the Program Director and/or Clinical Education Coordinator (CEC) regarding a student's progress during each clinical rotation.
2. The Preceptor should communicate effectively with athletic training students. Preceptors should create professional (problem-solving, constructive criticism, feedback, etc.) and personal dialogue (discussions about career, getting to know the student, etc.)

Interpersonal relationships

1. The Preceptor should enter into a positive and effective relationship (i.e., role model and mentor) with athletic training students.
2. Students should consistently feel that the Preceptor is friendly, honest and approachable which is important to their success during a clinical rotation.
3. The approach for the Preceptor should be how the Preceptor can help the student, not how the student can help the Preceptor.

Instructional skills

1. The Preceptor should demonstrate effective instructional skills during clinical education.
2. The Preceptor should utilize teachable moments whenever possible. This can include an ATS performing skills on a patient, or it could also include conversation about situations that have occurred during an Preceptor's practice (i.e., dealing with a difficult coach, dealing with a student athlete who has an eating disorder, etc.).
3. The Preceptor should understand what the student is able to do during their rotation and skills that they are not allowed to do because they have not been formally instructed and assessed.
4. The Preceptor should encourage students to self-direct learning activities as this encourages life-long learning techniques and practices. This should not include an ATS sitting down to read a book, but rather by practicing skills on another ATS or the Preceptor.

Supervisory and administrative skills

1. A Preceptor should provide the right type, amount and quality of clinical supervision. The Preceptor should also uphold the clinical education policies, procedures of the Athletic Training Education Program (ATP).
2. The Preceptor must directly supervise the ATS as the student is formally applying knowledge and skills to a patient. This allows the Preceptor to correct mistakes and reinforce good performance of skills.
3. The Preceptor must be able to intervene on behalf of the athlete/patient in the event that the ATS is putting the athlete/patient at risk of harm.
4. Administratively the Preceptor must complete evaluation forms on the ATS's performance as well as inform students about relevant policies and procedures of their particular clinical setting.
5. Encourage students to participate in professional development activities.

Evaluation of performance

1. The Preceptor should inform the student of strengths and weaknesses of clinical performance. This can be done informally during or after a student performs skills but must be done through the formal mid-term/end-of-semester evaluations.
2. Appropriate supervision allows the Preceptor to give students constructive criticism and praise regarding skill performance.

Clinical skills and knowledge

1. The Preceptor should demonstrate appropriate clinical competence in the field of athletic training through sound evidence based practice and clinical decision-making.
2. It is important for the Preceptor to explain the basis for actions and clinical decisions. It allows the ATS to being to shape their ability in the decision-making process.

Clinical Affiliate

Clinical Affiliates are licensed and credentialed healthcare professional(s) who oversees and teaches an ATS at a clinical site. Clinical Affiliates for the VSU ATP are healthcare professionals who are not athletic trainers.

Professional Liability Insurance

ATP Students are required to purchase professional liability insurance that provides coverage with activities related to the clinical class. Students whose rotations begin prior to fall semester of the academic year or end after the last day of classes in the spring semester of the academic year are covered by liability insurance because it is a requirement of their clinical course. Outside of the clinical course requirements, students are not covered by liability insurance so any duties that they perform would fall under the liability of the PRECEPTOR or supervising athletic trainer. Students who volunteer to return to the high schools or students who volunteer to participate in various summer sports camps are not covered under the liability insurance.

Clinical Site Visits

Periodically the Clinical Education Coordinator (CEC) and/or the Program Director may make a scheduled or unscheduled **weekly** visit to each clinical site. The purpose of this is as follows:

1. The students feel a continued presence from the ATP faculty when they are at the clinical site.
2. To observe the athletic training students in their clinical rotation
3. To provide an opportunity for on-going communication between the PRECEPTOR and the CEC or Program Director while students are at the clinical site.
4. To allow the CEC's to participate in the student's clinical education.

There are also times when athletic training students are not present that the CEC or Program Director may visit the clinical site. This again allows an opportunity for on-going communication between the PRECEPTOR and CEC or Program Director. These visits may be used to obtain feedback from the PRECEPTOR that assists the ATP faculty in improving overall clinical education.

Evaluations

***Please refer to the Clinical Education Policy and Procedure Manual (CEPPM), Section B**

PRECEPTOR Evaluation of the ATS

Please refer to CEPPM,

As previously mentioned the PRECEPTOR is required to evaluate the athletic training student twice per semester. Evaluations are meant to be used and taken as constructive criticism to help the athletic training student better their clinical skills, abilities and personality traits as they matriculate through the ATP. It is important for the PRECEPTOR to give honest feedback to the student. These evaluations are due back to the CC at a specified time and a reminder is sent via email to each PRECEPTOR. The evaluation scores are part of the student's clinical course grade and therefore it is important that they are submitted in a timely fashion.

ATS Evaluation of the PRECEPTOR and Site

Please refer to CEPPM,

Each ATS who takes part in a clinical rotation is required to submit an evaluation of the PRECEPTOR and of the clinical site. This evaluation can be found in the Clinical Education Policy and Procedure manual. This evaluation is important to the ATP so that we can ensure that students are gaining enough quality experience at each clinical site. It is normal that some PRECEPTORS and sites will receive below average or poor evaluations. The ATP is most concerned when there is a consistent consensus across semesters and academic years that a site or PRECEPTOR is below average or poor. The Valdosta State University ATP reserves the right on whether to re-assign students to a site/PRECEPTOR or not. It is never the ATP's intention to lose a valuable site or PRECEPTOR, but rather to help the PRECEPTOR/site improve what it is able to provide the student with regards to clinical education and clinical experiences.

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. The first Policy and Procedure violation results in a 5% deduction on the student's evaluation. A second Policy and Procedure violation results in a 10% deduction on the student's evaluation.

Roles and Responsibilities of the ATS

Roles and responsibilities of the ATS include but are not limited to the following:

1. Communicate with Preceptor prior to arriving at the clinical site. This should be done the semester prior to the rotation just after clinical assignments are posted.
2. Provide transportation to and from the clinical assignment.
3. Recognize that outside work and extra-curricular activities do not take precedence over clinical experiences.
4. Communicate to the Preceptor and the Clinical Education Coordinator (CEC) regarding any issues that would cause the student to be late or absent from your clinical rotation.
5. Practice skills on a frequent basis.
6. Notify the CEC if you feel you have been unsupervised at a site.
7. Mentor underclassmen and provide a positive communication with those interested in Athletic Training.
8. Understand that you may only apply non CLF skills to patients ONLY when you have close direct supervision.
9. Follow the ATP policies and procedures as well as any additional policies and procedures of the site.
10. Accurately document hours within the permitted time frame.
11. Complete clinical experience contract between PRECEPTOR and ATS and abide by it. reporting for all assigned clinical sessions including, but not limited to, practice sessions, competitions, treatment sessions, rehabilitation sessions, training sessions, meetings, in-services, and appointments.
12. Providing or obtaining transportation to and from the clinical sites and paying for all associated costs (i.e. fuel, parking, permits, etc.). This includes, but is not limited to, the expenses associated

with fuel and parking. The ATP is not responsible for costs or damages incurred while traveling to or from the clinical sites.

13. Obtaining the uniform or type of clothing deemed appropriate for the clinical site. Please refer to the Clinical Education Program policy and procedure manual.
14. Securing student liability insurance that covers the student during their involvement with the clinical site.
15. Maintaining current CPR and AED certification.
16. Purchase access to E-value.
17. Informing the PRECEPTOR and Program Director of any questions or concerns regarding the clinical rotations or clinical site.
18. Informing the PRECEPTOR and Program Director of any violations of local laws, state laws, federal laws, policies and procedures of the clinical site, policies and procedures of the ATP, and violations of the NATA's Code of Ethics.
19. Informing the Program Director, Clinical Education Coordinator, and PRECEPTOR if the student's health status changes. Please refer to the Clinical Education Program policy and procedure manual, pages.

References:

1. Wediner, T. G. (2009). *The Athletic Trainer's Pocket Guide to Clinical Teaching*. Thorofare, NJ: SLACK Incorporated.
2. Laurent, T. & Wediner T. G. (2001). Clinical Instructors' and student athletic trainers' perceptions of helpful Clinical Instructor characteristics. *Journal of Athletic Training*, 36(1), 58-61.
3. Weidner, T. G. & Henning J. M. (2004). Development of standards and criteria for the selection, training, and evaluation of athletic training approved Clinical Instructors. *Journal of Athletic Training*, 39(4), 335-343.

Appendix 1

Clinical Affiliate Selection/Retention Criteria Valdosta State University Athletic Training Program

Below are the criteria for inclusion and retention of a site as a Clinical Affiliate for the ATP.

Related to the Clinical Site:

1. Commitment to Athletic Training Student education as evidenced by an environment focused on teaching and learning and not an environment that uses students as “workers”.
2. Provision of multiple opportunities for directed clinical instruction.
3. Exposure to environments/practices not readily available Valdosta State Athletic Training Setting.
4. Availability of a variety of healthcare professionals with multiple perspectives, exposing students to intellectual breadth of experiences and opportunities.
5. Affiliated site provides a safe environment, as evidenced by appropriate policies regarding BBP, EAP, modalities calibration, and electrical safeguards (as appropriate), and environmental safety (ex, lightning).
6. Affiliated site is willing to enter into a written Memorandum of Understanding affiliation agreement with the Valdosta State University ATP to allow for the placement of athletic training students.
7. Willingness to allow VSU ATP Clinical Education Coordinator on site to observe/educate students.
8. (If applicable) the site provides an environment where the Athletic Trainer is respected and responsible for the medical care of student athletes/patients.
9. Affiliated site has supplies and equipment to carry out policies related to BBP, EAP, and environmental safety

Related to the Preceptor/Supervisor:

10. Sound, evidence based, professional, ethical clinician(s)
11. Clinicians committed to providing an academic stimulating and challenging learning experience.
12. Environment employs clinicians that are qualified and appropriately licensed and certified.
13. Clinicians accept the responsibility in the Athletic Training student’s clinical education development and progression.
14. Preceptor provides regular timely planned evaluation of athletic training student performance and competency.
15. Preceptor/Supervisor accepts feedback from ATP related to clinical education and provides feedback to the VSU ATP.

16. Preceptor/Supervisor provides feedback to the VSU ATP Clinical Education Faculty as well as the VSU ATP program.
17. Preceptor/Supervisor directly supervises students (visual and auditory contact with the athletic training student during patient care.
18. Preceptor/Supervisor provides a schedule to the student on a regular basis.
19. The Preceptor/Supervisor follows and enforces the VSU ATP Policy and Procedure manual.
20. Preceptor attends VSU ATP Preceptor Training on an annual basis.
21. The Preceptor/Supervisor demonstrates effective instructional skills.
22. The Preceptor/Supervisor demonstrates effective administrative skills.
23. The Preceptor/Supervisor demonstrates effective communication.
24. The Preceptor/Supervisor receives overall satisfactory ATS evaluations.
24. The Preceptor has an active professional liability insurance policy.

All clinical supervisors must have current BOC certification and Georgia License to practice athletic training and at least one academic year of clinical service or athletic training education employment post-certification or license that incorporated supervision of athletic training students. Those athletic training clinical staff or graduate assistants with less than one year of experiences in the supervision of athletic training students, must meet with CECs for additional training during their first year of employment. All preceptors must have completed an initial Approved Preceptor (AP) Workshop prior to supervising students. Each year from June to July, all new and returning clinical supervisors must complete a review AP Workshop.

If a preceptor (AP) fails to renew AP qualification by the last day of July each year, the Program will adjust the beginning clinical rotation dates, using the first day of qualification as the start date for clinical supervision purposes. This means that an AP will not have any assigned students until and unless they meet these qualifications. Failure to meet qualifications may mean that an AP will not have students assigned for at least a semester. In addition, failure to be approved to start a supervisory role with the education program by the last day of July will result in withdrawal of any commitments for student assignments.

It is possible that a Preceptor would receive a substantially negative review at any time during the semester for reasons of ethical and moral endangerment, in which case the result would be termination of the current preceptor role at that time, and

- a reduced level of supervision; or
- a cancellation of student assignments.

Review of Preceptor qualifications will take place yearly in May and at other times as necessary. These reviews will be conducted by the ATP Director and Clinical Education Coordinators.

Should any preceptor be charged with illegal or unethical behavior, immediate removal of students will occur and continue until the charges are resolved. This charged person will be removed immediately from preceptor status.

When consistently poor preceptor feedback from formal student evaluations occurs over the course of a single year, specific review will take place in May with the Program Director, and Clinical Education Coordinators. The potential outcome of that review is one of the following: renewal of preceptor status, removal from preceptor status, or mentor status.

Instances and reported occasions in which students are left unsupervised (according to policies) will result in an investigation of the circumstances by the Program Director and Clinical Education Coordinators. The potential outcome of that review is one of the following: renewal of preceptor status, removal from preceptor status, or mentor status.

Preceptors whom do not provide timely feedback to students on performance will be reminded of program expectations and allowed to respond. For continued non-response from the preceptor, a formal review will take place with the Program Director and Clinical Education Coordinators. The potential outcome of that review is one of the following: renewal of preceptor status, removal from preceptor status, or mentor status.

I am aware that modifications to the provided information (guidelines/standards/behaviors) and/or failure to comply with the provided information (guidelines/standards/behaviors) will result in Athletic Training Students being removed from the affiliated setting and my supervision as a preceptor. In order for students to return to the affiliated setting, I understand that I will have to demonstrate that the guidelines/standards/behaviors non-compliances have been appropriately addressed to the satisfaction of the VSU PD and CEC. In order to be re-instated as a preceptor, I understand that I will have to demonstrate that the guidelines/standards/behaviors have been appropriately addressed to the satisfaction of the VSU PD and CEC.

Name of Preceptor _____ Date _____

Signature of Preceptor _____

APPENDIX 2

EValue: Online documentation system

Web address: www.e-value.net

Login: Will be provided once it is finished being built.

It will be used to document and approve student hours, student schedules, evaluations, file repository: P and P manuals, Preceptor Training Manual, All program Clinical Ed forms (IE absence requests, infraction forms, etc), maps to clinical sites, and more