

Approved Preceptor Workshop

Initial Training

Program Overview

Current Program Structure

Chuck Conner, Program Director

Lori Howard and Stacey Walters, Co-Clinical Coordinators

Lori: Preceptor related items

Stacey: Student related items

You can contact either of us about anything.

VSU:

Russ Hoff, Director of Sports Medicine (50% academic)

Katy Steele and Tracy Llewellyn, Asst ATs (no academic duty)

Kallie Walker, Chelcey Lyons, AJ Freeman, Malcolm Brown, GAs

Current Program Structure

- Students will take Pre-AT courses freshman year, 1 in fall and 2 in the spring, observe both semesters
- Students will be admitted after the spring term freshman year
- No clinical rotation the first semester in the program due to class size in spring and the difficulty holding labs and practicals.
- Begin clinical rotations Spring of sophomore year. Major rotations with some minor rotations mixed in too.
- If the preceptor and student are agreeable a year long placement the senior year is possible.
- The CEC's will visit each clinical site regularly. The purpose is to answer questions, support clinical education implementation, allow for communication between the program and clinical sites, etc.

Transition Period, class of 2014 and 2015

- These 2 groups of students are in the transition of program change
- The class of 2014 (current seniors) will not intern off campus, and due to this will have a credit shortfall which will be addressed with an independent study.
- The class of 2015 will be the last class to enter the program at the end of the fall 2012 semester. They will be taking all courses with the new credit hours.
- *We will admit a class of students at the end of fall term (c/o '15) and one at the end of the spring '13 term (c/o '16).
- The class of '16 students will be fully on the new curriculum.

Admissions

Students declare the major in athletic training as enrolling freshmen and begin the application process to the program during the fall semester of their freshman year. The admissions process requires two semesters.

- 1. Overall grade point average: A student must have a 2.75 overall GPA(includes transferred coursework) after the completion of all prerequisites/application required coursework.
- 2. Course work
 - a. Completion of 24 semester hours
 - b. A grade of "C" or better in HSAT 2050, 3430B, and 4300
- 3. Directed Observation
- a. Rotations at various clinical education facilities fall and spring semester
 - b. Skills test
- 4. Interview (end of spring semester)

- 5. Favorable recommendations from three non-familial sources
- 6. Completion of required admissions paperwork, including criminal background check (as a part of HSAT 2050)
- 7. Ability to provide own transportation to clinical education sites
- 8. Official Transcript
- 9. Hepatitis B vaccine inoculation or signed waiver
- 10. Documentation of required immunizations
- 11. Attendance at specified CDC/OSHA training and adherence to CDC/OSHA regulations
- 12. Ability to meet the published technical standards of the program

Course and Clinical Progression

- In your packet
- Fall '12-16 Course and Clinical Ed Progression

General feedback from students and CECs 2012-2013?

- Please don't allow students to do group activities for skill evaluation. IE all students at the site do an evaluation together, a rehab together, etc. Even for emergency care where more than 1 student each student's performance should either be evaluated separately or each student does their own emergency scenario
- Preceptors leaving students on their own and most of the time the students did not know where the AT was and the students were still providing care in the ATs absence. At a minimum it makes the students nervous and uncertain and in worst case scenario it violates CAATE standards and that is not acceptable.
- Schedule: Students had issues with: lack of a schedule, lack of days off, lack of notice about changes in the schedule, etc at every site except VHS. Preceptors must provide them with a schedule.

- Emergency Care/EAPS: Emergency care practice and review of EAPS is a big weakness for the program and for students. It really has to be a priority at every site. The CEC's are happy to help with this if needed.
- Allowing students to perform skills from their (CLF) on patients. This should be done in the ATR and on the field, court, etc. We realize there are times when for a variety of reasons that if may not be appropriate for students to provide the care initially, but the students reported and the CECs witnessed many missed opportunities.

Clinical Education

- AT or appropriately credentialed healthcare professional.
- Complete a Preceptor workshop every 3 years or when changes related to clinical education occur.
- Provide instruction and/or evaluation of the Athletic Training Educational Competencies
- Provide opportunities for students to apply skills on patients when appropriate
- Have regular communication with the Clinical Education Coordinator(s)
- Understand the ATP policies and procedures.
- Understand CAATE competencies and when they are instructed within the ATP
- Communicate absences to CEC

- Provide formal orientation regarding the site to the ATS
- Provide honest and constructive criticism to the student on a regular basis as well as MT and EOS Evaluations
- Model professional characteristics to the student
- Supervise the student with constant visual and auditory interaction.
- 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.
- Keep the students' hours between the minimum and maximum per week/time period, with one day per week off.

- 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 with hip pocket supervision.

<u>Incorrect Example(s) of Individual skill instruction:</u>

- 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.

Clinical Affiliate

- Credentialed healthcare professional
- The CA can supervise and instruct a student but will not evaluate the student's skill.

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.

UPDATEs for 2013-2014

- New CAATE Standards implemented July 1, 2013: see
 Notebook
- Moving from Atrack to Evalue for our online documentation system
- Continuing to add new clinical sites: Spring 2014 = 3 classes of AT students to place.
- Video component in clinical rotation/class
- Individual sport exposure: best opportunity may be at high schools
- New form for students who will have post semester duties.
 Last Appendix in the Clinical P and P

Clinical Education Overview

- Each clinical rotation in which a student participates is associated with an academic course according to their level in the program
- These courses are HSAT 3440, 3441, 4440, 4441, 4442 and 4443 (depending upon which University catalog in which they were admitted)
- The clinical courses are 2 credit hours. The courses are typically scheduled to meet in the morning and afternoons. HSAT 3440 is the only clinical class that will meet during the afternoon times, but these students have no clinical rotation so there is not a conflict.

Clinical Education Plan

Students are required to:

- Follow all policies and procedures of the VSU ATP as well as their site
- Maintain hour's log as indicated by the clinical section (part B) of the VSU ATP Policy and Procedures Manual
- Follow the Clinical section of the P an P manual relating to injury/illness and requests for time off
- Complete ALL assigned clinical education experiences
 - If the student fails to complete ALL assignments, the student will receive a grade of F for the course (Preceptor should notify the CEC)
 - If the students clinical education experience goes beyond the end of the semester, then the student must request an incomplete from the course INSTRUCTOR, which will allow the student to continue beyond the end of the semester.
 - The student and CEC must be told about post semester requirements (including a schedule) 2 weeks before the last Friday of class.

Clinical Education Plan

Students are required to:

- Follow the schedule given to him/her by their Preceptor
 - Missing more than 5 days of a clinical rotation will result in a F for the course (the Preceptor should notify the CEC if a student misses more than 5 days)
- Complete the ATS Evaluation of the Preceptor and Site each semester
- Receive an Preceptor Evaluation of the ATS at midterm and end of the semester

Clinical Hours for the ATS

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	With no more than 50 hours per 2 week period	10	150minimum/semester375maximum/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				

Academic Assistance											
Time Period	Description	•	Ave clinical rotation hours	Ave AA hours	Max total hrs/week	· ·	Total hours for time period				
Semester	through last	2 per week plus no travel	10-15 hrs/wk		25 With no more than 50 hours per 2 week period		150 minimum/semester 375 maximum/semester				

- The minimum hours **must be met**.
- The maximum hours must NOT be exceeded.

number of hours as the semester progresses.

- The total hours for the period must fall between the maximum and the minimum.
- Students must complete hours throughout the entire clinical experience/rotation.
- 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

Students must log hours at least every 3 days and the ATP recommends logging

- must occur pre-semester, post-semester, or in-semester.
 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
- 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 or waiting out rain/lightning delays is **not** counted.
- 2. Any ATS found falsifying his/her clinical hours log will be immediately cited for disciplinary action and reported to the Program Director, and Clinical Education Coordinator(s).

We have to start with a paper hours form. Please monitor the hours the students are reporting. The students will have to have the CEC approve their hours weekly

Students can only enter the past 7 days worth of hours. Week is Sunday to Saturday

Preceptors must go in and approve hours online in Evalue.** very important to monitor hours

Characteristics of Effective Preceptor

Legal and Ethical Behavior

- Comply with the NATA Code of Ethics and BOC Standards of Professional Practice to abide by the legal and ethical standards set forth by the profession
- Maintain state licensure
- Remain in good standing with the NATA

Communication Skills

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

Communication Skills

- Communicate positively, effectively with athletic training students
 - Should be clear, constructive, specific and timely (as close to the action/skill performed as possible)
 - Help the student build confidence levels
 - Validate the student's knowledge and skills when they do a good job

Interpersonal Relationships

 Students should consistently feel that the Preceptor is friendly, honest and approachable which is important to their success during a clinical rotation

Instructional Skills

- Demonstrate effective instructional skills during clinical education (clear and specific instructions and immediate feedback)
- Utilize teachable moments whenever possible
 - Can include an ATS performing skills on a patient or peer
 - Can include conversation about situations that have occurred during a Preceptor's practice
- Understand what skills the ATS is able to be evaluated on
- Encourage students to self-direct learning activities as this encourages life-long learning techniques and practices

Supervisory Skills

- Provide the right type, amount and quality of clinical supervision
- Directly supervise the ATS as the student is formally applying knowledge and skills to a patient
 - Enforce the rule of "constant visual and auditory interaction"
 when an ATS is engaged in real patient care
 - Allows the Preceptor to correct mistakes and reinforce good performance of skills
- Preceptor must be able to intervene on behalf of the athlete/patient as well as the ATS in the event that the ATS is putting the athlete/patient at risk of harm

Supervision

Direct supervision of the student by the Preceptor

- This means auditory and visual contact from the Preceptor
- 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.

Supervision

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.

Supervision

- 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.
- The student will not report if the Preceptor is absent.
- Refer to P and P for how "unsupervised" students will be addressed.

Administrative Skills

- 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
- Demonstrate effective documentation
- Encourage students to participate in professional development activities

Evaluation of Performance

- Inform the student of strengths and weaknesses of clinical performance through out the semester
 - Informally during or after a student performs skills
 - Formally through required mid-term/end-ofsemester evaluations
- We recommend scoring students as skills are performed.

Clinical Skills and Knowledge

- Demonstrate appropriate clinical competence in the field of athletic training through sound evidence based practice and clinical decision-making
- We are not asking you to change how you practice, but we are asking you to allow the student to practice and apply skills as they have learned them.
- It is important for the Preceptor to explain the basis for actions and clinical decisions to the ATS and vice versa
 - Allows the ATS to being to shape their ability in the decision-making process

Review of AT Educational Competencies

5th Edition Competencies

- Effective beginning Fall 2012
- Now 8, rather than the old 12 content areas that reflect current practice
 - Evidence-based practice
 - Prevention and health promotion
 - Clinical examination and diagnosis
 - Acute care of injuries and illnesses
 - Therapeutic interventions
 - Psychosocial Strategies and Referral
 - Healthcare Administration
 - Professional Development and Responsibility

Clinical Integration Proficiencies (CIP)

- These proficiencies represent the integration of knowledge, skills and clinical decision-making into patient care
- CIPS encompass multiple AT skills from multiple content areas.
- CIPs should occur when the athletic training student is engaged in real patient care.
- CIPs can be completed in simulated situations as well.
- CIPs will only be scored for the CURRENT classification and semester of the student.
 - You do not do all of them every semester

Review of Clinical Education Policy and Procedure Manual

Clinical Experience Contract

- Preceptors will go over expectations they have for the ATS using the "Clinical Experience Contract"
- This form is used in the initial meeting regarding the student's rotation the following semester.
- This meeting also gives the ATS an opportunity to talk to their Preceptor about goals that they have for the upcoming semester
- The student should follow the P and P Dress and Appearance policy when meeting with the Preceptor for the following semester.

Clinical Experience Orientation

- Preceptors will receive a "Competency Level Form" (CLF)(Appendices) each semester that notifies you of what a student can be evaluated on.
- ATS's competency level, goals, and responsibilities
- Review of policy and procedures for site
- OSHA information
- Team travel, if appropriate for the site
- Students who travel are required to discuss any missed time or work with the instructor prior to missing class
- Schedule: It is very important that the student receive a schedule (weekly or monthly).

Student Clinical Experience Requirements

In addition to previously mentioned requirements, ATSs must:

- Maintain GPA of 2.75 or higher in order to participate in clinical education component
- Pass courses in the major with a C or better
- Log hours accurately and on time
- Complete and sign your evaluation of the Preceptor and the Site each semester. This is anonymous and the Preceptor only be able to access it after the semester ends.

Clinical Assignments

The ATSs must have the following clinical experiences:

- Individual and team sports
- Sports requiring protective equipment
- Patients of different sexes
- Non-sport patient populations
- Patients with a variety of conditions other than orthopedics

The CECs have to ensure all students complete all the CAATE required experiences.

Other factors related to assignments are: students goals, preceptors needs and input, having students with varying skill levels at each site, not assigning students in a cohort for each rotation

Rules

- Cell phones must be in the non-ring mode. Non-emergent calls and texts are not permitted
 - 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.).
 - 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).
 - 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.
 - Students caught using their cell phone in an inappropriate manner may be cited by the Preceptor, CEC or PD via the Infraction Form.

Rules

- Students are not permitted to "volunteer" their services during final exam week.
- Inappropriate relationships with patients and/or student athletes are prohibited
 - This is a violation of the BOC Standards of Professional Practice and the NATA Code of Ethics
 - NATA COE states: Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of AT.

Rules

- ATSs cannot provide transportation for a student athlete or patient at their clinical setting
- ATSs cannot wait alone with a student or patient for parent pick up (Preceptor must be present)
- Suspicion of an inappropriate relationship with a patient or student athlete will result in disciplinary action at the discretion of the Program Director
- ATSs having an inappropriate relationship with a student at a HS setting will be permanently suspended from the program
- Inappropriate relationships with a minor must be reported by law to appropriate authorities
- Inappropriate relationships with coaches (full time, part time, or volunteer) are NOT permitted and will result in disciplinary action
- Inappropriate relationships with graduate assistants (coaching or athletic training) is not recommended or condoned.

Dress Policy

For full policy see Clinical Ed Policy and Procedure Manual. Below is a summary

The students are required to wear only their VSU issued uniforms to all clinical sites. Exception: basketball or other sport whereby the student is expected to dress in professional attire at the game.

Watch with seconds reading is required

Daily: Black issued shorts with VSU AT logo, grey VSU t-shirt, tennis shoes

Game: VSU AT collared shirt, belt, khaki pants or shorts, tennis shoes

Appearance Policy

Hair

- Males: side burns above middle ear, clean shaven
 - If medical conditions preclude a male from shaving, documentation of condition from treating physician must be provided to the Clinical Coordinator
- Females: shoulder length hair must be pulled back, hair beyond shoulder length must be in a pony-tail

Piercings

- Males: No facial or visible body piercings allowed, includes earrings
- Females: No visible body piercings, ear piercings limited to 2 per ear, earrings must be modest (no dangling earrings or large hoops)
- 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

Appearance Policy

- Tattoos
 - Cover visible tattoos with your own supplies
 - Do NOT use ATR supplies
 - Preceptor may require the student wear long sleeves or pants otherwise
- Breath should be fresh
- Body odor should be pleasant

Evaluation Forms

- ATS Evaluation
- Preceptor and Site Evaluation
- CEC Visit Evaluation (if applicable)
- Clinical Education evaluation
- Students should realize that a 6 is possible as a score on the ATS Evaluation
- It is very important that Preceptors turn in evaluations by the due date.
- If a Preceptor is going to require a student to report postsemester this information needs to be communicated both to the student and the CECs. The deadline for this communication is 2 weeks before the last Friday of the semester.

P&P Manual Violation Management

- Policy and Procedure Violation by ATS
 - First
 - Student dismissed from rotation (length of time is up to Preceptor)
 and given a 5% deduction during that grading period
 - VSU ATP Infraction Form will be documented
 - Second
 - Student dismissed from rotation (length of time is up to Preceptor) and given a 10% deduction during that grading period (NOTE: a second deduction is added to the first deduction totaling 15% of the students grade being removed)
 - VSU ATP Infraction Form will be documented

P&P Manual Violation Management

- Third
 - Permanent dismissal from the rotation for the semester.
 - Grade of "F" for the clinical course
 - Student will NOT return to clinical rotation
 - Another rotation or supervisor will not be assigned to the student for the remaining time period
- Preceptors should communicate problems via the "Infraction Form" with faculty responsible for the clinical class in order for the infraction to be correctly calculated on the students grade.

Examples of Issues which could result in an Infraction

- Student who does not exhibit professional dress or demeanor when interacting with other students, clients (patients and/or student athletes), clinical preceptors, or faculty as defined by student's major.
- Student who is removed from a clinical experience.
- Blatant dishonesty or breach of confidentiality.
- Purposefully compromising the well-being of a student or client (patient and/or student athlete)/
- Harassment of students/clients, faculty or staff.
- Student fails an End of Semester (EOS) evaluation with a letter grade of D or lower.

Examples Specific to ATP Rotations

- Student is not present and/or punctual for clinical rotation/experience and does not present a documented excuse.
- Student is non-compliant with the ATP Policy and Procedure Manual.
- Student is consistently unable to perform skills/ proficiencies on which the student has been taught and graded.

General Med Rotations

- Will be shortened and will occur after the student has completed the Sports Related Illnesses and Conditions (KSPE 4450) course
- Occur during the same semester as a regular rotation
- Orthopedic and outpatient therapy rotations are separate from Gen Med rotations.

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
- The policy at VSU is removal from field at 8 miles
- Return 30 minutes after last lightning strike in 8 mile range.
- 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.

Acute Illness/Injury

- In case of acute illness or injury, ATS should contact both the Preceptor and the CEC
- Student should make appointment with VSU Student Health or other local healthcare provider
- If student misses clinical rotation(s), the student must provide documentation to the CEC
- ATS must notify the Preceptor that they will miss days due to injury/illness and when they can return.

Non-Acute Illness/Injury

- 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

- ATS will contact the Clinical Coordinator or Program Director as well as the Preceptor
- One person will assume responsibility of communication with the ATS until the ATS returns to campus
- If classes are missed, ATS should provide documentation of emergent situation
- ATS should also contact "the Division of Student Affairs"

What we need from you?

 We want your feedback on how we can help you with clinical education at your sites.

Video: Clinical class requirement

- Submit a video skill review/assessment:
 - Students are required to submit one (1) video of them performing patient care, either live or in a mock scenario prepared by the preceptor.
 - The student will be required to perform a self-assessment of their performance on the skill using the definitions as defined on the mid-term and end of semester evaluations.
 - The student should then ask that a peer perform an assessment of their performance. These videos must be completed and submitted to the instructor by week 10 of the semester (to include the self- and peer- assessments).
 - These videos will be presented in clinical class and discussion will be used to promote critical thinking with regards to the video.
 - Video Consent Form

Suggestions

- Score student skills as they perform them
- Use of video analysis for student feedback
- Please communicate questions or problems related to clinical education and or ATSs