



# Approved Preceptor Workshop

Update July 2013 to inform preceptors of changes to Clinical  
Education for the 2013-2014 year

# General Clinical Ed info

- Stacey: student issues
- Lori: Preceptor issues
- 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.
- 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.

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 it may not be appropriate for students to provide the care initially, but the students reported and the CECs witnessed many missed opportunities.
- Student report date/leave date(s): Example Erin Cole



UPDATES for 2013-2014



# Preceptor

- Formerly ACI and CI
- 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

# Preceptor

- 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.



# Standard 54, 2013 Standards

ATS must be instructed on AT clinical skills prior to performing those skills on patients.

Previously worded that students had to be formally instructed and evaluated on a skill before performing the skill on a patient.

- obviously this is a big change that impacts various things in the program.
  - One is that now if a student fails a didactic class they will not have to sit out from a clinical rotation the next semester (more info in the hours policy) and in some cases may be able to graduate on time. \*\*Jay, Russ, Katy\*\*
  - The next slides go through how this will be implemented in the ATR.

# Preceptor

- 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.

# Preceptor

- 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.

# Preceptor

## 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.

# Clinical Affiliate

- Credentialed healthcare professional
- The CA can supervise and instruct a student but will not evaluate the student's skill.
- Examples: physicians and other non AT healthcare professionals

# Clinical Education

- New CAATE Standards implemented July 1, 2013: see Notebook
- Moving from Atrack to Evalue for our online documentation system, but it won't be ready when rotations start
- 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 in the spring
- New form for students who will have post semester duties. Last Appendix in the Clinical P and P

# Clinical Education Plan

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 and the student must be given a schedule for the post semester. See new form

# 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
<b>Semester</b>	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
<b>Pre Semester</b>	Time before the first day of classes	1 day off in every 7-day period	60 hrs/wk	60	0	120 max
<b>Post Semester</b>	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	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

Hours Policy for Students Requiring Academic Assistance

- 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.
- 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.

- Travel to sites outside of Lowndes County is counted.
- 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 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.

Once we start with Evalue 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

# 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 (page 10) for how “unsupervised” students will be addressed.

# Preceptor 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



# 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

- The student should follow the P and P Dress and Appearance policy when meeting with the Preceptor for the following semester.
- For Spring 2014, the orientation form will include a place to document a report date.

# 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.
- 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).

# Clinical Assignments

The ATs 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

- This year is a test for the 1 year 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

- 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

- 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

# Evaluation Forms

- It is very important that Preceptors turn in evaluations by the due date.
- If a Preceptor is going to require a student to report post-semester 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 of class.  
\*\*new form

# 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.

# Environmental Issues

- 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.

# Non-Acute Illness/Injury

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.



What we need from you?

- We want your feedback on how we can help you with clinical education at your sites. There is an evaluation for this.
- video consent form: at high schools how to implement it
- Preceptor and Site initiation and Retention Form, signed and returned to Lori by Aug 1.



# 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

# Still to come

- BBP Exposure form
- Possible educational opportunities in the CONHS Sim lab
- Other changes due to the move to the new college