



CLINICAL SITE & PRECEPTOR TRAINING MANUAL

SHARPENING INTELLECT DEEPENING CHRISTIAN FAITH INSPIRING ACTION SINCE 1909

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11/2017



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Rev 3/17



ATHLETIC TRAINING

Athletic Training Program Preceptor Training Manual

Introduction:

Our athletic training program has been educating and preparing certified athletic trainers for over 30 years. The CAATE (Commission on Accreditation of Athletic Training Education) requires preceptors who are athletic trainers and other allied health care professionals including: PTs, PT-ATs, OTs, Physicians, etc. As a qualified and committed professional, thank you for expressing an interest in providing an opportunity for clinical instruction and supervision of an athletic training student during their clinical experience.

Messiah College's Athletic Training Program is accredited by CAATE (the Commission on Accreditation of Athletic Training Education). As a preceptor, you will become familiar with CAATE and Messiah's ATP (Athletic Training Program) requirements, policies and procedures. You may find out more about Messiah's ATP and related requirements by accessing the Athletic Training website at www.messiah.edu.

[Click on Campus Directory (upper right beside Site Search); scroll down and click on Department of Health and Human Performance; click on Majors and Minors; click on Athletic Training.]

You may find out more about CAATE's requirements at www.caate.net.

[Click on Program Administrators circle; hover over Professional Programs and select Standards. At the bottom of the Standards page, click on the link for the 2012 Professional Standards.]

Preceptors are required to have training by our athletic training program to assure they meet all requirements and maximize their effectiveness in preparing and educating our students.

Preceptor Training Checklist:

1. ____ Read through the attached manual/packet (see Table of Contents).
2. ____ Familiarize yourself with Messiah College's ATP website and with CAATE Standards and glossary of terms.
3. ____ Complete and submit the **documents listed below** to Sandy Bush, sbush@messiah.edu by _____ (via enclosed envelope or attach in an email).
 - ____ Clinical Affiliate Site Agreement
 - ____ Preceptor/Supervisor Policy and Agreement Statement
 - ____ Preceptor Training Quiz
 - ____ Documentation that electrical modalities and electrical safeguards (e.g. GFIs) have passed safety inspections and are calibrated by a qualified technician.
 - ____ Emergency Action Plan (EAP), which is posted on-site and details site specific training. (EAP should be reviewed with ATS before starting clinical experience.)
(see reverse side)

4. ____ Complete/review BBP Form (review w/ student), adding and covering any site specific policies and procedures and access to PPE.
5. ____ Complete/review CDP Form (review w/ student), adding and covering any site specific policies and procedures and access to PPE.

Preceptor Responsibilities

Preceptors for Messiah's ATP include Physical Therapists, Athletic Trainers, Nurses, Physicians and other healthcare professionals. They supervise students during clinical education and clinical education experiences, which includes the following:

- a. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
- b. Provide instruction and opportunities for the student to develop foundational behaviors, clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
- c. Provide assessment of athletic training students foundational behaviors, clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
- d. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.

These preceptor responsibilities are planned/integrated into the clinical education course, requirements, assessment forms and information provided in this Preceptor Training.

Please read this manual/packet and review it with the Athletic Training Program Director, Sandy Bush, before supervising your student. Your supervision and service in athletic training education is greatly appreciated!

Preceptor FAQ's

1. As a new preceptor, can I meet with the program director/course supervisor to go over details and requirements?

Answer: Yes, the P.D. will contact and meet with all new preceptors to review all requirements and training information.

2. When preceptors need to communicate with the P.D., what are the most effective ways?

Answer: Email: sbush@messiah.edu; cell: 717.350.6011; office: 717.691.6037; personal meeting.

3. Is it true that athletic training students may not work/acquire more than 20 hours per week?

Answer: Yes, Messiah College and CAATE limit the weekly total so students do not overcommit themselves while taking a full course load with the clinical experience.

4. During clinical experiences involving patient/athlete care, must the Preceptor always be present to intervene for the student and patient?

Answer: Yes.

**MESSIAH COLLEGE
ATHLETIC TRAINING CLINICAL PRACTICUM/INTERNSHIP AGREEMENT**

This Agreement is made this _____ day of _____, 20__ between the Messiah College Athletic Training Program, hereinafter called "the College" and _____ hereinafter called the "Clinical Affiliate Site" (CAS).

WITNESSETH:

WHEREAS the College has a curriculum in athletic training; and

WHEREAS, clinical education is an integral part of the curriculum as a preparation for professional growth; and

WHEREAS, clinical education is required for BOC Certification and eligibility for PA State Class A Certification; and

WHEREAS, the CAS has a sports medicine related department which is dedicated to undertaking professional responsibility to assist in the clinical education of athletic training students; and

WHEREAS, the CAS and the College desire to cooperate in the mutual fulfillment of objectives.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the College and CAS intending to be legally bound, agree as follows:

PURPOSE

The purpose of this Agreement is to define the rules and responsibilities of the College and the CAS in the planning and implementation of the clinical education phase of the curriculum. Both parties agree to cooperate in the implementation of the provisions described herein in order to attain a maximally effective clinical education program that is beneficial to both parties.

JOINT RESPONSIBILITIES

- 1. Both parties assume responsibility to: orient the student about the site's mission statement, purpose, and goals, to assist in the development of learning competency objectives, and to assure regular communication regarding the student's performance and progress.**

- 2. The College will be responsible for determining the schedule of student assignments. Such schedule and assignments shall be subject to the approval of the Coordinator of Clinical Education (CCE) of the CAS.**

3. Both parties will inform one another in writing of the following as far ahead as reasonably possible: changes in academic curriculum, changes in the availability of learning opportunities and staff changes affecting either academic preparation or clinical teaching of the subject.

4. Withdrawal of the student from an assignment may be requested by the CAS or the College should a problem arise in which the student's behavior, health, or action is deemed to jeopardize patient welfare or otherwise seriously impair the CAS's or College's operations. The party requesting such withdrawal shall notify the other in writing of the request and the reasons for the request. The student may return to the CAS when and if the problem is resolved to the mutual satisfaction of the College and the CAS.

5. Rules, regulations, and procedures, including updates from both the CAS and the College, will be provided to both parties and assigned students.

6. The College and the CAS will establish the clinical education objectives for the affiliate devise methods for their implementation and evaluate their effectiveness. The College and the CAS will maintain ongoing, regular and effective communication to coordinate the planning and assessment of this program.

7. Neither party will consider the student an employee of the CAS, but rather a student in the clinical education phase of his/her professional education.

RESPONSIBILITIES OF THE SITE

1. The CAS will designate a qualified Coordinator for Clinical Education (CCE) to implement and plan the student's clinical experience.

2. The CCE will designate a qualified Preceptor to supervise and evaluate student progress. Any staff so designated shall meet the criteria established by accreditation standards or similar allied professional or medical association as well as any additional criteria established by the College.

3. Both the CCE and the Preceptor will have adequate time and resources to perform their responsibilities at a level necessary to maintain an effective student learning environment.

4. Students will have access to the CAS's cafeteria, library, and conference rooms (as available) during the term of this agreement. The CAS shall permit use of available instructional materials and supplies.

- 5. The CAS will provide measures necessary for the safety of the student and the student's belongings (an E.A.P., BBP's Policy/Procedures, Sanitary Facilities, etc.)**
- 6. The CAS will provide or obtain emergency medical care for students who become ill or injured while on duty at the CAS at the student's expense. The College and the CAS assume no responsibility for student health costs should emergency care be necessary.**

MISCELLANEOUS

- 1. While in the CAS, students will be subject to CAS rules and regulations including required dress, hours of attendance, and attending departmental programs (even if after hours). Students will be under direct supervision of CAS Personnel.**
- 2. The student shall be responsible for maintaining adequate health insurance throughout the affiliation.**
- 3. The College will provide professional liability insurance for each student.**

INDEMNIFICATION

College Indemnification. College agrees to indemnify, defend, and hold CAS and its directors, officers, employees, and agents harmless from and against any claims, liabilities, losses, costs, damages, or expenses, including reasonable legal fees and expenses, of any kind or nature arising out of the actions or omissions of College, its faculty, or its students in connection with the performance of their duties and obligations under this Agreement.

CAS Indemnification. CAS agrees to indemnify, defend, and hold College and its directors, officers, employees, and agents harmless from and against any claims, liabilities, losses, costs, damages, or expenses, including reasonable legal fees and expenses, of any kind or nature arising out of the negligent actions or omissions of Hospital and its directors, officers or employees in connection with the performance of their duties and obligations under this Agreement.

TERMS OF AGREEMENT

- 1. This Agreement shall be in effect for the time period required for the student to complete the athletic training internship as noted on the signature page of this document.**

- 2. This Agreement may be amended at any time by mutual agreement of the parties, provided that before any amendment shall be operative or valid, it shall be reduced to writing and signed by the designated representatives of the College and CAS. Such amendments are to be attached as an addendum to the Agreement and will have the same forces as the Agreement itself.**

- 3. This Agreement may be terminated by either party upon 90 days written notice to the other party. Such notice shall be sent by registered return receipt mail. The Agreement may also be terminated at any time by mutual consent.**

- 4. Any notice to be provided to this Agreement shall be sent by registered return receipt mail to the following address:**

**If to the College: Edwin "Sandy" Bush, M.S., ATC
Athletic Training Program Director
Messiah College
One College Avenue Suite 4501
Mechanicsburg, PA 17055**

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year mentioned above.

Clinical Affiliate Site

Affiliate Address

Athletic Training Student Intern:

Dates of Internship:

AFFILIATE SITE ADMINISTRATOR

AFFILIATE SITE PRECEPTOR

BY:

Signature

Signature

Name (Please print)

Name (Please print)

TITLE:

DATE:

MESSIAH COLLEGE ADMINISTRATION
DEPARTMENT OF HEALTH, NUTRITION, AND EXERCISE SCIENCE
ATHLETIC TRAINING PROGRAM

BY:

Date:
Angela Hare, Ph.D.
Dean of the School of S,E, & H
Messiah College
One College Avenue Suite 4501
Mechanicsburg, PA 17055

Date:
Edwin "Sandy" Bush, M.S., ATC
Athletic Training Program Director
Messiah College
One College Avenue Suite 4501
Mechanicsburg, PA 17055
Ph: 717.691.6037



ATHLETIC TRAINING

Preceptor/Supervisor Policy and Agreement Statement
(To be completed/signed and on record yearly)

The Preceptor(s) will be a professional designated by the Clinical Affiliate Site/Institution and approved by the Athletic Training Program Director at Messiah College (MC) to supervise students in the off-campus or on-campus clinical site. The Preceptor will be expected to provide clinical instruction, supervision and direction. Preceptors are expected to maintain current knowledge and skills related to athletic training and reinforce information presented in the Athletic Training Program curriculum.

Preceptors will bring minor problems with students to the Practicum Supervisor's attention. If minor problems or issues persist or become significant, the Program Director should be notified immediately. Should the Preceptor and Program Director determine that a site and student are not compatible, or issues/problems cannot be resolved, a student may be removed from the clinical affiliate site before the end of the clinical experience.

The following Policies are made between the Clinical Affiliate Site, its Preceptors and the MC Athletic Training Program.

I. Direct Supervision Policy

Students assigned to the Clinical Affiliate Site will be under the "direct supervision of the Preceptor" at all times (as defined by CAATE), and will not be used to replace, or take the position of an ATC, PT, etc. A Preceptor must be "physically-present" with the ATS at all times. Unsupervised Clinical Experience(s), even if voluntary, are not part of the educational program and cannot be required.

II. Access to Emergency Action Plan

Messiah College Athletic Training students are required to review with their Preceptor the Emergency Action Plan (EAP) of the host site. This is to be done by the end of day-one of their clinical experience, but may be done earlier should the student come for an orientation session prior to the official start of their clinical experience. Preceptors are to review this plan and point out where this plan can be found should the student need to review/access the EAP in case of medical or non-medical emergency.

III. ATS Clinical Hours Experience Policy

The number of clinical hours required for each practicum or clinical course is listed on the Clinical Requirements and Assignments Form (Section VII). Students may not acquire more than 20 clinical hours per week and all hours must be documented and approved by the Preceptor weekly. The Preceptor and Practicum Supervisor sign off on all clinical hours performed (see Section VII). Students may volunteer for extra clinical hours with approval and completion of the Clinical Hours Volunteer Form (see Section X).

IV. Communicable Disease Policy (CDP) and Bloodborne Pathogens Policy (BBP)

The Preceptor will review with the ATS the applicable Communicable Disease Policy (CDP) and will read and sign the Athletic Training Program's Communicable Disease Policy (see Section VIII). The Preceptor will review the Clinical Site's Bloodborne Pathogens Policy (BBP) and Procedures with the ATS and assure they have access to and awareness of BBP's, P.P.E., barriers, biohazard materials/containers/items, forms, etc. They will also be made aware of all sanitary facilities (sinks, disinfectant soaps, towels, etc.) location(s) and availability.

Preceptor _____

CAS _____

Page two: Preceptor/Supervisor Policy and Agreement Statement (continued)

The following agreements are made between all Preceptors and the MC Athletic Training Program.

1. The Practicum Supervisor (PS) will communicate with the Preceptor via a variety of means including: email, snail mail, tele-fax, phone and personal meetings. The PS will visit the clinical site at least once if the experience is 4 weeks or less and twice if it is longer than 4 weeks to determine concerns, student progress and performance.

2. Preceptors are asked to contact the Practicum Supervisor and Program Director with concerns, questions, and/or feedback at any time. The P.D. can be reached by phone: 717.691.6037, or email: sbush@messiah.edu.

3. It is the duty of the MC Program Director to update the Preceptors of any changes in policy, schedules, or curriculum which may affect the Preceptor or Clinical Affiliate Site. It is the duty of the Clinical Affiliate Site/Preceptor to make sure the site facilities meet all applicable safety/health standards.

4. The Clinical Affiliate Site will be informed of student assignments, performance evaluation forms, student requirements, etc. The Program Director will be responsible for implementation of assessments of the Clinical Affiliate Site and Preceptors.

5. Students' affiliate site responsibilities, attire, behavior, demeanor and hours are jointly determined by the MC Athletic Training Program (practicum requirements, institution expectations, and applicable professional organizations: i.e. CAATE, PA-AT Practice Act) and the Preceptor.

6. Students must comply with the requirements, rules and guidelines listed above. Failure to comply will result in disciplinary action by the Program Director, upon notification by the Preceptor, and/or Program Director.

7. Each student is evaluated by the Preceptor approximately half-way through the experience and at the end of the experience. The evaluation is to be shared with the student to communicate progress, areas of positive performance and areas needing improvement.

8. Clinical Affiliate Sites and Preceptors will be evaluated by students assigned to these sites. A summary/copy of each evaluation will be provided to the Preceptors, and kept on record. These evaluations will be used to determine the suitability of the site and Preceptor effectiveness and will serve as a means to help improve the student experience and meet accreditation requirements. Clinical Affiliate Sites/Preceptors who do not meet requirements may be discontinued.

Please print/sign the following indicating you have read and understand the above information.

Preceptor Name (print): _____ Signature: _____

Date: _____

Program Director signature: _____

P.D. comments: _____

Clinical Affiliate Site: _____

Preceptor Name: _____

Messiah College Preceptor Training Quiz

Directions: Please complete the following quiz after reading through the Preceptor Training Packet.

Sign, date, and return quiz to Sandy Bush (Program Director) in enclosed envelope or by email, sbush@messiah.edu. We would like these completed and returned by _____.

Circle the correct True (T) or False (F) answers below:

- T F 1.** Preceptors who need to communicate with the athletic training program director (regarding questions/concerns) may contact via cell phone, office phone, email, etc.
- T F 2.** CAATE (The Commission on Accreditation of Athletic Training Education) prefers preceptors who are motivated and committed to the education and preparation of athletic training students.
- T F 3.** Athletic training students are limited to a max of 20 hours/ week and must have one day off in a 7-day-week.
- T F 4.** Before a student can begin the formal clinical hours experience, the preceptor will need to review/complete and sign required forms, including: 1) Clinical Affiliate Site Agreement, 2) Preceptor/ Supervisor Policy & Agreement Statement, 3) Communicable Disease Policy (CDP), and 4) make sure student has all required background checks and clearances.
- T F 5.** Preceptors and students are required to sign off/complete all clinical hours and evaluation forms by the end of the student's experience.
- T F 6.** Preceptors will facilitate the clinical integration of knowledge/skills and evidence-based practice of athletic training during the experience.
- T F 7.** Preceptors do not have to provide Direct Supervision of the student (i.e. - the ability to observe/intervene on behalf of the student during patient care).

Clinical Affiliate Site: _____

Preceptor Name: _____

T F 8. The preceptor will provide instruction and assessment of current knowledge, skills, and clinical abilities (as identified on the ATED Performance Evaluation form) approximately half way through and at the end of the experience (and review it with the student).

T F 9. Students respond positively to being critiqued/evaluated in front of athletes and others especially if negative reinforcement is used.

T F 10. Athletic training students, in general, learn by doing "hands-on" applications and by being questioned by their preceptors, who supervise/challenge them during clinical education.

T F 11. Preceptors are responsible for progressively increasing the student's amount of clinical responsibility and decision-making to improve their professional development and autonomous practice.

T F 12. The Athletic Training Student will evaluate the Preceptor and the Clinical Affiliate Site on standard forms with copies provided to the student's preceptor (before they can be graded for their course).

Quiz Pass ____ Yes ____ No

Preceptor Signature: _____ Date _____

Program Director Signature: _____ Date: _____

Messiah College Athletic Training
Student Clinical Experience Performance Evaluation – Form D
ATED 449: Clinical Experience in Athletic Training

Student Name: _____ Class/Level: Senior/Level III

Preceptor: _____ Practicum Supervisor: _____

Clinical Affiliation Site: _____ Semester/Year Eval. Completed: _____

Point Value: _____ Points Earned: _____ Grade: _____

Grading Policy:

This Evaluation is based on a LETTER GRADE system. All performance areas (attributes/skills) are evaluated on a five (5) point scale. Students master a skill/attribute when a four (4) (B) rating is received.

**Keep in mind: Practicum I students (Sophomores) are Introductory/Basic- Level I students.
Practicum II & III students (Juniors) are Intermediate/Mid- Level II students.
Clinical course students (Seniors) are Advanced/Entry- Level III students.**

Cognitive skills, Psychomotor Skills, and Affective Characterizations are evaluated according to the criteria/rating scale below.

Criteria/Rating Scale:

A = (5 pts) Excellent Skill/Behavior Performance is exceptional (consistently exceeds expectations for level)

B = (4 pts) Very Good Skill/Behavior Performance is complete or at a mastery level (can immediately/appropriately adjust behavior/skill for Preceptor if requested).

C = (3 pts) Average Skill/Behavior Performance is close to complete/mastery level, but requires occasional instruction/correction.

D = (2 pts or below) Unacceptable Skill/Behavior Student must repeat/improve the skill or behavior.

NO = Not Observed **Note:** In cases where a professional practice or a clinical integrated proficiency is not observed directly, give the student a hypothetical scenario, and evaluate their performance/response or application.

- Please make comments to clarify ratings, indicate areas for improvement, or indicate improvements that have been made.

Directions: Evaluate and review the student's performance twice during the clinical experience. Eval A, approximately halfway through, and Eval B at the end. The ATS should read and sign first, followed by the Preceptor, then the Practicum Supervisor and finally the Program Director.

- Please return this form to the Practicum Supervisor within a week of the student's completion of the Practicum experience.

Grade %: The % of Total Points and Grade Equivalents are listed below. Please indicate the student's total points when indicated. A student must average a B or better to meet the course skill requirements.

A =93 A- =90 B+ =87 B =83 B- =80 C+ =77 C =74

I. Professional Practice Behaviors

In each of the Professional Practice Behaviors listed, the ATS will demonstrate:

IA. Professionalism:

1. Professional Dress/Appearance: (follows standard dress/appearance guidelines)

	A	B+	B	C+	C	D		A	B+	B	C+	C	D	
Eval A: Scale:	5	4.5	4	3.5	3	2		Eval B: Scale:	5	4.5	4	3.5	3	2
Comments:								Comments:						

2. Effective interpersonal communication skills (develops rapport with all personnel and exhibits compassion and empathy with patient/clients)

Eval A: Scale:	5	4.5	4	3.5	3	2		Eval B: Scale:	5	4.5	4	3.5	3	2
Comments:								Comments:						

3. Honesty, integrity, dependability and initiative (is organized, completes all duties, is trustworthy and self-motivated)

Eval A: Scale:	5	4.5	4	3.5	3	2		Eval B: Scale:	5	4.5	4	3.5	3	2
Comments:								Comments:						

4. Organization/planning ability (effective time management, clinical experience schedule planning, etc.)

Eval A: Scale:	5	4.5	4	3.5	3	2		Eval B: Scale:	5	4.5	4	3.5	3	2
Comments:								Comments:						

5. Accepts authority/constructive criticism (interacts positively & professionally, follows chain of command, attempts Recommendations/instructions, etc.)

Eval A: Scale:	5	4.5	4	3.5	3	2		Eval B: Scale:	5	4.5	4	3.5	3	2
Comments:								Comments:						

6. Self-Confidence (works with self-assurance and independence)

Eval A: Scale:	5	4.5	4	3.5	3	2		Eval B: Scale:	5	4.5	4	3.5	3	2
Comments:								Comments:						

IB. Privacy of the Patient

7. Knowledge/application of patient confidentiality standards.

Eval A: Scale:	5	4.5	4	3.5	3	2		Eval B: Scale:	5	4.5	4	3.5	3	2
Comments:								Comments:						

IC. & ID. Legal/Ethical Practice

8. Understanding and compliance with accreditation requirements (e.g. direct supervision by preceptor).

Eval A: Scale:	5	4.5	4	3.5	3	2		Eval B: Scale:	5	4.5	4	3.5	3	2
Comments:								Comments:						

9. Understanding and compliance with professional standards and codes including:

Eval A:

- ___ A1. Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, etc.
___ A2. Respects the expertise/responsibility of all the patient's healthcare providers.

Comments:

Eval B:

- ___ B1. Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, etc.
___ B2. Respects the expertise/responsibility of all the patient's healthcare providers.

Comments:

IE. Advancing Knowledge

10. Knowledge and use of evidence based practice in the delivery of care.

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments:

IF. Cultural Competence

11. Understanding of how to work respectfully/effectively with patients from diverse populations and diverse work environments.

Eval A: Scale: 5 4.5 4 3.5 3 2 Eval B: Scale: 5 4.5 4 3.5 3 2

Comments:

Note: In cases where a CIP is not observed, give the student a scenario, problem, task to perform in a hypothetical setting/situation and evaluate the performance/response.

A B+ B C+ C D

Scale: 5 4.5 4 3.5 3 2

IG. Clinical Integration Proficiencies (CIP)

In each of the CIPs listed, the ATS will:

CIP- Prevention & Health Promotion

CIP-1.0

12. Review the patient's chart, system's review and health history status including, (but not limited to): medications, present illness or injury/chief medical complaint, surgical history, physical activity/health status to:

Eval A:

- ___ 1. Determine the patient's response to exercise/rehab.
___ 2. Determine the patient's response to therapeutic techniques (i.e. manual, modalities, supportive)
___ 3. Determine prevention of additional injury/illness.
___ 4. Determine need for patient education or referral.

Comments:

Eval B:

- ___ 1. Determine the patient's response to exercise/rehab.
___ 2. Determine the patient's response to therapeutic techniques (i.e. manual, modalities, supportive)
___ 3. Determine prevention of additional injury/illness.
___ 4. Determine need for patient education or referral.

Comments:

CIP-Health Care Administration

CIP-2.0

13. Eval A:

_____ 1. Has knowledge/ability to navigate/appropriately use Clinic's EMR system for basic documentation practices within the Clinic's policy, procedures, and state laws.

Comments:

Eval B:

_____ 1. Has knowledge/ability to navigate/appropriately use Clinic's EMR system for basic documentation practices within the Clinic's policy, procedures, and state laws.

Comments:

CIP- Clinical Assessment Dx/Care/Therapeutic Intervention

CIP-3.0

14. Eval A:

_____ a.1 Performs a clinical exam of an upper extremity injury, determines a dx/differential dx, participation clearance or restriction, referral, initial care, treatment goals/follow-up care, application of appropriate therapeutic modalities, rehabilitation techniques, medications, etc. Also, utilize one standard documentation form (e.g. S.O.A.P.) to document activity level, return to ADL decisions, patient outcomes and progress in treatment plans).

_____ b.2 Performs a clinical exam of a lower extremity injury to determine clinical assessment, acute care and therapeutic interventions and documentation (see CIP-4a.1 above).

Comments:

Eval B:

_____ a.1 Performs a clinical exam of an upper extremity injury, determines a dx/differential dx, participation clearance or restriction, referral, initial care, treatment goals/follow-up care, application of appropriate therapeutic modalities, rehabilitation techniques, medications, etc. Also, utilize one standard documentation form (e.g. S.O.A.P.) to document activity level, return to play decisions, patient outcomes and progress in treatment plans).

_____ b.2 Performs a clinical exam of a lower extremity injury to determine clinical assessment, acute care and therapeutic interventions and documentation (see CIP-4a.1 above).

Comments:

III. Signatures/Documentation

A. Date/year the student received/reviewed/completed the clinical skill/attribute evaluation: _____

B. Student Signature: _____ Date: _____

C. Preceptor Signature: _____ Date: _____

D. Practicum Supervisor Signature: _____ Date: _____

E. Program Director Signature: _____ Date: _____

Note: The student signature does not necessarily mean that he/she is in agreement with the evaluation. It serves as proof that the clinical skill/attribute evaluation was reviewed with the student.

Comments:

**MESSIAH COLLEGE
ATHLETIC TRAINING PROGRAM**

PROGRAM EVALUATION OF PRECEPTOR/SUPERVISOR

Name of Preceptor: _____ Clinical Course/Experience _____ Date _____

Student Level/Yr. _____ ATS Name _____ ATS Signature _____

The following evaluation is to be used to evaluate the Athletic Training Program Clinical Aspects (specifically, your supervising preceptor). Please be honest. This is one important method to help evaluate the Athletic Training Program and improve its overall effectiveness.

Evaluation Guidelines Code:

Please use the following scale as a guide and CIRCLE the appropriate response (number) for each statement to the right of each statement. If you have no basis to honestly judge or think it doesn't apply to your circumstance, circle #1.

- 5 - Very Good; Always performs optimally
- 4 - Good; Most of the time performs optimally
- 3 - Average/Acceptable; Frequently performs optimally (but not most of the time)
- 2 - Below Average/Improvement Needed; Occasionally performs optimally
- 1 - No basis to Judge/Not Applicable

*Provide specific comments as appropriate at the end of the second page.

SECTION I. GENERAL/ROLE MODELING

- | | | |
|----|---|-----------|
| A. | Serves as a Professional Role Model(dress, attitude, practice, etc.) | 5 4 3 2 1 |
| B. | Serves as a Mentor/Advisor/Counselor (shows interest in students overall well-being in addition to professional growth/development) | 5 4 3 2 1 |

SECTION II. CLINICAL INSTRUCTION/SUPERVISION

- | | | |
|----|--|-----------|
| A. | Communicates clinical information effectively. | 5 4 3 2 1 |
| B. | Provides constructive criticism appropriately. | 5 4 3 2 1 |
| C. | Responds to student's questions clearly/positively. | 5 4 3 2 1 |
| D. | Provides opportunities for student to develop and apply clinical skills. | 5 4 3 2 1 |
| E. | Provides accurate/timely critique/evaluation of professional attributes. | 5 4 3 2 1 |
| F. | Provides accurate/timely critique/evaluation of clinical skills. | 5 4 3 2 1 |
| G. | Provides opportunities to increase amounts of clinical responsibility and decision making, leading to autonomous practice upon graduation. | 5 4 3 2 1 |

SECTION III. PERSONAL QUALITIES

- | | | |
|----|--|-----------|
| A. | Develops positive rapport and puts students at ease. | 5 4 3 2 1 |
| B. | Treats students with respect and dignity | 5 4 3 2 1 |
| C. | Is honest in dealing with students. | 5 4 3 2 1 |
| D. | Handles problems/frustrations in a positive manner. | 5 4 3 2 1 |
| E. | Serves as a Christian Role Model. | 5 4 3 2 1 |

SECTION IV. INSTRUCTIONAL IMPLEMENTATION:

- | | | |
|-------|--|-----------|
| A. | Identifies/reviews clinical requirements/objectives clearly. | 5 4 3 2 1 |
| B. | Provides an educational in-service addressing the following: | |
| _____ | 1) bloodborne pathogens policies/plans | 5 4 3 2 1 |
| _____ | 2) identifies biohazard disposal equipment procedures | 5 4 3 2 1 |
| _____ | 3) describes sanitary precautions and directions to sanitary facilities (bathrooms, sinks, wash cleansers, etc.) | 5 4 3 2 1 |
| _____ | 4) reviews venue specific emergency action plan(s) | 5 4 3 2 1 |
| C. | Provides Direct Supervision of student | 5 4 3 2 1 |
| D. | Assures the student does not exceed 20 clinical hours per week. | 5 4 3 2 1 |
| E. | Provides daily instruction/interaction related to clinical requirements/experiences | 5 4 3 2 1 |
| F. | Reviews all clinical performance evals with student in a timely fashion (i.e. halfway and at end of experience) | 5 4 3 2 1 |

ATS/PRECEPTOR/PD COMMENTS/RECOMMENDATIONS

Athletic Training Student (ATS) Comments:

A) The following strengths or positive qualities of my Preceptor made my clinical experience/learning beneficial:

B) The following suggestions for my Preceptor may have made my clinical experience/learning more beneficial:

Preceptor Name/Signature/Date: My signature below indicates I have reviewed the ATS's evaluation.

Preceptor Name (print): _____ Preceptor Signature _____ Date _____

Preceptor Comments:

C) I have the following constructive comments related to the ATS's Preceptor/Supervisor Evaluation:

D) The following comments/suggestions may help improve the clinical experience/affiliation for ATs and the Athletic Training Program:

E) Course Supervisor/Program Director Comments:

CS/PD Signature/Date: _____ / _____ Date/Rev./Filed: _____
(Rev '15)

**MESSIAH COLLEGE
ATHLETIC TRAINING PROGRAM**

PROGRAM EVALUATION OF CLINICAL AFFILIATE SITE

Name of CAS: _____ Clinical Course/Experience: _____ Date: _____

Student Level/Yr.: _____ ATS Name: _____ ATS Signature: _____

The following evaluation is to be used to evaluate the Athletic Training Program Clinical Aspects (specifically, your clinical affiliate site). Please be honest. This is one important method to help evaluate the Athletic Training Program and improve its overall effectiveness.

Evaluation Guidelines Code:

Please use the following scale as a guide and CIRCLE the appropriate response (number) for each statement to the right of each statement. If you have no basis to honestly judge or think it doesn't apply to your circumstance, circle #1.

- 5 - Very Good; Always performs optimally
- 4 - Good; Most of the time performs optimally
- 3 - Average/Acceptable; Frequently performs optimally (but not most of the time)
- 2 - Below Average/Improvement Needed; Occasionally performs optimally
- 1 - No basis to Judge/Not Applicable

*Provide specific comments as appropriate at the end of each assessment area:

- | | |
|---|-----------|
| 1) Provides an introduction to and an explanation-walk-through of the facilities, practice venues, contest venues, etc.
Comments: | 5 4 3 2 1 |
| 2) Provides an introduction to medical staff, administration and other essential personnel.
Comments: | 5 4 3 2 1 |
| 3) Makes available educational resources to the student (e.g. anatomical models, charts, texts, journals, internet/computer sources, etc.)
Comments: | 5 4 3 2 1 |
| 4) Site provides student with review of the site's policies, procedures and plans in case of bloodborne pathogens and/or infection exposure.
Comments: | 5 4 3 2 1 |
| 5) Site provides student with review of access/utilization of appropriate bloodborne pathogen barriers, sanitary precautions, bio hazard disposal equipment etc.
Comments: | 5 4 3 2 1 |
| 6) Site provides review of current communicable disease policy and procedures in case of disease exposure.
Comments: | 5 4 3 2 1 |
| 7) Site provides review of applicable electrical modalities use and electrical safeguards (e.g. GFIs).
Comments: | 5 4 3 2 1 |
| 8) Site provides review of applicable EAPs for athletic training facilities and practice/game venues and reviews with ATS where EAPs are posted/available.
Comments: | 5 4 3 2 1 |
| 9) Site provides a positive clinical education & learning environment for students.
Comments: | 5 4 3 2 1 |

ATS/PRECEPTOR/PD COMMENTS/RECOMMENDATIONS

Athletic Training Student Comments:

A) The following strengths or positive qualities of my CAS made my clinical experience/learning beneficial:

B) The following suggestions for my CAS may have made my clinical experience/learning more beneficial:

Preceptor Name/Signature/Date: My signature below indicates I have reviewed the athletic training student's evaluation.

Preceptor Name (print): _____ Preceptor Signature: _____ Date: _____

Preceptor Comments:

C) I have the following constructive comments related to the ATS's Preceptor /Supervisor Evaluation:

D) The following comments/suggestions may help improve the clinical affiliate site/facilities for athletic training students and the athletic training program:

E) Course Supervisor/Program Director Comments:

CS/PD Signature/Date: _____ / _____ Date/Rev./Filed: _____

Name _____

Date _____

Office use

Messiah College Athletic Training Program Communicable Disease Policy (CDP)

The purpose of Messiah's Athletic Training Program Communicable Disease Policy (CDP) is to meet caATE requirements (<http://www.caate.net/>) and protect the health and safety of all parties involved in the educational process. In addition, this policy is to ensure the welfare of the students enrolled within this program as well as those patients they may come in contact with during their clinical experiences. It is designed to provide Athletic Training Students, Preceptors (formerly CIs), and athletic training faculty and staff with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for healthcare workers (www.cdc.gov).

What are Communicable Diseases?

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects).

Communicable Diseases Cited by the CDC:

Bloodborne Pathogens	Conjunctivitis	Cytomegalovirus infections
Diarrheal diseases	Diphtheria	Enteroviral infections
Hepatitis viruses	Herpes simplex	Human immunodeficiency virus (HIV)
Measles	Meningococcal infections	Mumps
Pediculosis	Pertussis	Rubella
Scabies	Streptococcal infection	Tuberculosis
Varicella	Zoster	Viral respiratory infections

Guidelines for Prevention of Exposure and Infection

1. Students must successfully complete an annual Bloodborne pathogens training.
2. Students are required to use proper hand washing techniques and practice good hygiene at all times.
3. Students are required to use Universal Precautions at all times. This applies to all clinical sites.
4. Students are not to provide patient care if they have active signs or symptoms of a communicable disease.

Name _____

Date _____

Office use

Guidelines for Managing Potential Infection

1. Any student who has been exposed to a potential infection before, during, or after a clinical experience, or who has been diagnosed with having a communicable disease of any form, should report that exposure to his/her Preceptor immediately, and notify Sandy Bush, Messiah's Athletic Training Program Director. The athletic training student will also follow up for diagnosis and care in the Engle Health Center.
2. Any student, who demonstrates signs or symptoms of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease immediately.
3. The student is responsible for keeping the Program Director informed of his/her conditions that require extended care and/or missed class/clinical time. The student may be required to provide written documentation from a physician to return to class and/or clinical site.
4. If a student feels ill enough to miss ANY class or clinical experience that student should notify the appropriate instructor or preceptor immediately.

By signing below, you indicate your comprehension and compliance with Messiah's Athletic Training Program Communicable Disease Policy (CDP). Any violation of the Communicable Disease Policy (CDP) will result in disciplinary action as determined by Messiah's Program Director, with approval of the H.H.P. Department Chair.

Athletic Training Student (Print): _____ Date

Athletic Training Student (Signature): _____ Date

Preceptor (Print): _____ Date

Preceptor (Signature): _____ Date

Program Director (Print): _____ Date

Program Director (Signature): _____ Date

Reference Sources: http://www.cdc.gov/ncidod/dhqp/gl_hcpersonnel.html

Name _____

Date _____

Annual Bloodborne Pathogens (BBP) Review

Office use

TO: ATs and ATSS

FROM: Sandy Bush, Athletic Training Program Director

RE: Bloodborne Pathogen Video/Test

All ATs and ATSS must review Bloodborne Pathogens information on an annual basis. All staff and students are required to review this policy at http://www.messiah.edu/documents/hr/compliance/exposure_control_plan.pdf and then complete the attached test. These tests must be forwarded to me. A passing score is 8 out of 10 correct answers. Any individual that does not pass will have to watch the video again and retake the test. Students passing will be identified on a BBP Roster and kept on file.

Learning Exercise

Directions: Answer each of the following questions "True" or "False" by circling the appropriate letter.

- T F 1. Preceptors for Messiah's Athletic Training Program ensure Athletic Training Students (ATSS) comply with bloodborne pathogens policies and related care.
- T F 2. Bloodborne pathogens are microorganisms that can be carried in human blood or body fluids and cause serious diseases.
- T F 3. There is a vaccine that can prevent infection from Hepatitis B.
- T F 4. Using Universal Precautions means wearing Personal Protective Equipment (PPE) anywhere in the clinical setting when an exposure occurs.
- T F 5. It is easier to become infected with HIV than with HBV.
- T F 6. You should/reuse wash single-use latex gloves if you get human blood or body fluids on them.
- T F 7. Contaminated clothing or uniforms should be cleaned and laundered according to established safety procedures.
- T F 8. It is safe/appropriate for employees and students (whose hands or other areas are exposed to blood or other bodily fluids) to wash them with plain water.
- T F 9. You should wrap contaminated "sharps" with tape and dispose in the trash if a sharp's container is not immediately available.
- T F 10. The Exposure Control Plan (ECP) contains information and procedures to protect employees/students from exposure and transmission of bloodborne pathogens in the clinic setting/workplace.
- T F 11. For you to become infected, the disease-carrying pathogen usually enters the body through a wound, cut or opening.

(continued on reverse side)

Name _____

Date _____

- T F 12. When a student/employee becomes exposed to a bloodborne pathogen, an Exposure Incident Form or Record must be completed. Office use
- T F 13. Students are not to provide patient care if they have active signs or symptoms of a communicable disease.
- T F 14. To clean and prepare a skin laceration/wound for steri-strips, the care provider would choose hydrogen peroxide.
- T F 15. When caring for wounds with blood or bodily fluids, students must always wear p.p.e. especially protective gloves.
- T F 16. When M.R.S.A. is suspected, the infected athlete should be referred to the appropriate medical practitioner for a culture and antibiotics that are effective.

Quiz Pass ____ Yes
 ____ No

CDP Reviewed/Signed ____ Yes
 ____ No

Student Signature: _____ Date: _____

AT/Preceptor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Comments:

ATHLETIC TRAINING STUDENT (ATS) CLINICAL HOURS RECORD

Directions: Please record all clinical experience hours accurately. Have your assigned Preceptor sign off on your hours each month and have your Preceptor make comments as needed. Work Study hours CANNOT count for clinical education/experience hours.

ATS Name: _____ Semester & Year: _____
 Preceptor: _____ Sport(s): _____
 Practicum/Clinical Name: _____ Semester Total: _____

Month: _____

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Total</u>
Wk 1 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 2 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 3 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 4 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 5 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							Monthly Total _____

ATS Signature: _____ Date: _____
 Preceptor Signature: _____ Date: _____
 Comments (Progress, compliance, etc.): _____

Month: _____

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Total</u>
Wk 1 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 2 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 3 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 4 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							
Wk 5 Hours	_____	_____	_____	_____	_____	_____	_____	_____
Experience(s) (Describe Briefly):	_____							Monthly Total _____

ATS Signature: _____ Date: _____
 Preceptor Signature: _____ Date: _____
 Comments (Progress, compliance, etc.): _____

Month: _____

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Total</u>	
Wk 1 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 2 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 3 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 4 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 5 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____							Monthly Total	_____

ATS Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Comments (Progress, compliance, etc.):

Month: _____

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Total</u>	
Wk 1 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 2 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 3 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 4 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____								
Wk 5 Hours	_____	_____	_____	_____	_____	_____	_____	_____	
Experience(s) (Describe Briefly):	_____							Monthly Total	_____

ATS Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Comments (Progress, compliance, etc.):

Practicum Supervisor Signature (Indicating Approval): _____ Date: _____

Program Director Signature (Indicating Approval): _____ Date: _____

**MESSIAH COLLEGE ATHLETIC TRAINING
CLINICAL REQUIREMENTS AND ASSIGNMENTS**

Introduction:

Students must acquire a minimum number of Clinical hours/experiences to assure:
a) the application of athletic training skills,
b) the acquisition of required clinical experience(s), and
c) professional development (at Messiah or a Clinical Affiliate site).

Under no circumstances will athletic training students be permitted to acquire more than 20 hours per week. Students **must acquire** the **minimum number of clinical hours** (listed below) and **may not exceed** the **maximum number of clinical hours** (listed below).

Year/Level	Fall Semester	J-Term	Spring Semester
	Minimum-Maximum Hours Required	Minimum-Maximum Hours Required	Minimum-Maximum Hours Required
So/I	25-40 (Directed Observation)		80-100 (Practicum I)
Jr/II	80-120 (Practicum II)	20-60 (Clinical Exp./Optional)	80-100 (Practicum III)
Sr/III	120-200 (Collision Sport Experience)	45-60 (Clinical Exp. in AT)	

A Junior ATS may take ATED 291 Clinical Experience during J-Term or Summer Term

Additional Requirements:

Direct Supervision: Students must be directly supervised by their Preceptor (i.e. physically present) for clinical hours/experiences to count.

Clinical Hours Documentation: All hours must be documented on standard forms, approved/signed by the Preceptor, Practicum Supervisor and Program Director. Preceptor checks of daily/weekly/monthly and semester totals are mandatory.

Student Limitations/Requirements:

- 1) In Practica and Clinical Experience courses, students must have a minimum of one day off in every seven-day period.
- 2) Students may not acquire more than 20 hours per week. Since students are in a Practicum vs. an Internship, (lower semester hours credit) less than 20 hours per week is advantageous.
- 3) Student schedules will be determined by the student and Preceptor. The Practicum supervisor will assure that schedules meet Practicum and accreditation requirements.

Note: Preceptors are responsible for understanding and complying with all information, policies and procedures described in the Preceptor/Supervisor Policy & Procedures Manual.



**MESSIAH COLLEGE
ATHLETIC TRAINING PROGRAM
Student Clinical Experience/Hours
Volunteer Form**

I, _____, understand that I have completed all of my required/designated clinical experience hours for my semester practicum/clinical course, _____.

And, I assure I am not being pressured or forced to get any additional clinical hours/experience.

And, I assure that my academic experience will not be compromised by volunteering to acquire additional hours.

And, I assure that acquiring additional hours will not cause me any undue stress or inconvenience.

And, I realize that I will be under the direction and supervision of my Preceptor for these hours/experience.

ATS Signature: _____ Date: _____

Preceptor: _____ Date: _____

Program Director: _____ Date: _____

Volunteer Clinical Hours Total: _____



Facility Safety and Equipment Calibration (CAATE standards)

All Clinical Affiliate Sites must provide annual/current documentation of electrical safety checks and equipment (modality/exercise, etc.) calibration by a qualified professional or electrician.

These "checks" assure safety and reduced liability for students, patients, athletic trainers and the institutions/care centers involved.

Calibration records and/or safety letters must be on record before students begin their clinical experience.