



Florida Gulf Coast University

Marieb College of Health & Human Services

***Department of Rehabilitation Sciences
Athletic Training Program***

***Clinical Education Handbook
Class of 2017-2019***

Introduction

Clinical education is an important part of the Athletic Training curriculum. It is the time for students to apply and expand the knowledge and skills they have learned in class. Clinical education represents the athletic training students' formal acquisition, practice, and Preceptor evaluation of the Entry-level Athletic Training Clinical Integration Proficiencies. All clinical education must be contained in individual courses that are completed over minimum of two academic years (FGCU students complete this over 5 semesters).

During clinical education, all Florida Gulf Coast University (FGCU) and Department of Rehabilitation Sciences Policies are applicable. Refer to the FGCU and Athletic Training Student Guidebooks.

The Clinical Education Handbook contains policies, procedures, and information relevant to the FGCU Athletic Training Program clinical education program. It is utilized by students, faculty, and preceptors. It serves as a reference and guide in matters related to clinical education and is updated annually and as needed.

Prior to the first clinical rotation, students must sign that they have reviewed the policies and agree to follow them.

Clinical Education Rotations

Students must gain clinical education experiences that address the continuum of care that would prepare a student to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and clinical abilities, Role Delineation Study/Practice Analysis and standards of practice delineated for an athletic trainer in the profession. Examples of clinical experiences must include, but should not be limited to: Individual and team sports; Sports requiring protective equipment (e.g., helmet and shoulder pads); Patients of different sexes; Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military); A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology).

The variety of patient populations, care providers, and health care settings used for clinical education must be consistent with the program's mission statement.

Clinical education must provide students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer.

***Each Athletic Training Student (ATS) is assigned to a preceptor, not to a facility or to a specific sport.**

Each ATS must complete the following required clinical rotations/assignments. Clinical assignments may vary based on semester and may be completed at a time deemed appropriate by the Clinical Education Coordinator (CEC).

- Equipment Intensive – football, lacrosse, ice hockey
- General Medical
- Lower Extremity – focus of assignment is on lower extremity injuries
- Upper Extremity – focus of assignment is on upper extremity injuries
- Additional Rotation – experience an area of practice he/she may be interested in such as rehabilitation clinic, industrial setting, etc

Clinical Sites

The Athletic Training Program (ATP) has a variety of clinical education sites for the ATS to complete his or her clinical education. FGCU has affiliations with intercollegiate athletics, local high schools, professional sports, outpatient rehabilitation settings, and with other college athletic programs. All students will work closely with the CEC in meeting all clinical education requirements.

Method for Determining Athletic Training Students Clinical Rotation Assignment:

Students are assigned to a variety of facilities in order to assure experiences with a variety of individuals who are physically active. The students in the Athletic Training Program must have a clinical rotation which provides a variety of patient populations, care providers, and health care settings, and the experiences must be consistent with the program's mission statement.

Student assignments are made at least one month prior to the beginning of the assignment. After assignments are made, the CEC notifies the facilities, including those not receiving assignments.

The clinical placement of students is determined by the Clinical Education Coordinator in collaboration with the Athletic Training Program Director, other Athletic Training Faculty, and Preceptors. It is the responsibility of the faculty to ensure that each student will receive the necessary experience to meet the clinical education requirements. In some instances, students will be able to request their clinical sites/experiences for their second year in the program. These requests need to be made in writing to the Clinical Education Coordinator by no later than the announced deadline. The Clinical Education Coordinator will take that request into consideration in determining the clinical site assignment. If there are multiple requests for a particular site, all equally qualified students will be determined through a lottery system.

Although the student has an opportunity to make requests, the CEC has the final responsibility for making assignments to ensure proper student clinical progression. All decisions are final, and students are not guaranteed placement in their top choice(s) and may be assigned to facilities outside the geographical areas in which they live.

Clinical Evaluation Plan

A student's performance during their clinical education assignment is evaluated in several ways:

1. Clinical Integration Proficiencies
2. Clinical Assessment Tool (CAT)
3. Professional Behaviors

The clinical proficiency evaluation plan for the ATP includes the formal instruction and evaluation of clinical competencies in the classroom/laboratory setting. The competency matrix reveals the clinical competencies that will be taught and evaluated in each individual course. The psychomotor skills are evaluated in the Introduction to Athletic Training and Athletic Training Practice series courses and during Clinical Practice I and II. The clinical integration proficiencies are evaluated in Clinical Practice III, IV, and V.

At the beginning of a clinical rotation, the preceptor will receive a copy of the athletic training course syllabus for the respective coursework. This will further explain the clinical rotation and level of the student, (I-V). Clinical integration proficiencies are provided to the student and are assigned to a specific clinical practice class. Students must adhere to the timeline displayed on the course syllabus for clinical integration proficiency assessment and all clinical integration proficiencies must be completed successfully two weeks prior the end of any semester. The ATS will not be able to complete the clinical integration proficiencies in their next clinical assignment or ATP course. If the clinical integration proficiencies are not successfully completed (score of 3 or better on each) by the end of the rotation, they will receive a failing grade (F) for the rotation and will be unable to continue in the ATP. The student will have to reenroll in the clinical practice course in which they did not successfully complete the requirements the next time the course is offered.

The overall performance of the student will be assessed utilizing the Clinical Assessment Tool (CAT). The preceptor will complete the Clinical Assessment Tool on the ATS twice utilizing a Likert scale format as well as written commentary that documents progression through the rotation. The assessment will occur at the midpoint of the rotation and the end of the rotation and be provided to the student in conjunction with a formal meeting with the preceptor. The student will be issued a letter grade for the Clinical Practice course in which they are enrolled. ATS must achieve a passing grade of C in the Clinical Practice courses to progress in the ATP while maintaining an overall 3.0 Program GPA. Furthermore, all other program retention and progression guidelines are enforced.

Supervision Requirements

The preceptor will be given the current course syllabus stating which clinical rotation the ATS is currently enrolled (i.e. general medical). The ATS Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.

The FGCU ATP does not allow the ATS to serve as first responders or to perform any athletic training skills unsupervised. The ATS is not allowed to take the place of, or the responsibility of, staff during the clinical rotation. The ATS works under the direct supervision of the preceptor at the affiliated clinical site. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient. If these conditions are not satisfied the ATS is considered unsupervised. The ATP or affiliated clinical sites are not allowed to request/require the ATS to fill the role of a first responder during any of his/her clinical rotations. If/when an ATS is asked to perform as first responder, the policy is as follows:

The student must:

- decline the request to fill the role of a first responder
- contact the preceptor and Clinical Education Coordinator immediately,
- or if not possible, contact the ATP Program Director

If/when a student is presented with a situation that they are not supervised, they are to:

1. Immediately discontinue the assessment and treatment session, securing the safety of the athlete/client.
2. contact the preceptor and Clinical Education Coordinator for the ATP
3. or if not possible, contact the ATP Program Director

The ATP requires that the ATS and preceptor read and adhere to the First Responder policy and the Unsupervised Athletic Training Student Policy. These two forms must have the signature of the preceptor, ATS, and CEC or PD prior to starting the rotation. These two forms are found in the clinical education handbook and on Canvas for each class.

The preceptors are expected to:

- Instruct and evaluate all athletic training clinical integration proficiencies correctly;
- Allow the ATS time to practice and perfect the clinical integration proficiencies;
- Provide constructive and positive feedback to ATS while they practice and learn;
- Utilize a variety of instructional strategies and methods while instructing and evaluating clinical integration proficiencies.
- Encourage critical thinking, creativity, and problem solving in ATS; and
- Correctly assess ATS students on all related clinical integration proficiencies.
 - Any deviation from the expectations, responsibilities, and procedures of a preceptor within the FGCU ATP may result in the ATS being removed from/not being assigned with the preceptor. It is the responsibility of the student to immediately notify the ATP of any deviations from these expectations.

The FGCU ATP only utilizes individuals as outlined by the CAATE standard to serve as preceptors of clinical education. The practice of the FGCU ATP is the utilization of preceptor who has participated in ongoing training from the ATP as regulated by CAATE accreditation standards.

Communication & Problem Resolution

If a student has a problem during their clinical education rotation, he/she should first seek resolution with the preceptor. If the issue remains unresolved, the student should discuss the situation with the CEC. If still unresolved, the student may contact the ATP Program Director for additional assistance. In rare instances, students may contact the CEC without speaking with their preceptor. The CEC may be instrumental in helping the student find ways of appropriately communicating with the clinical instructor. As early in the rotation as possible, the preceptor should notify the CEC by phone if a student is having persistent difficulty and/or is at risk to fail the clinical education rotation. The CEC will assist with seeking a solution including counseling with the student and/or preceptor or making a site visit. A student who places patients, staff, or

self in an unsafe situation can be immediately withdrawn from the facility by the preceptor and the CEC will be notified. The CEC will initiate further discussion/action regarding the situation, in compliance with Department, College, and University policy.

Clinical Education Levels

Level Indicator: Level 1

The ATS has recently been accepted into the Athletic Training Program and has participated in a limited amount of didactic coursework. The ATS is concurrently enrolled in Movement Science I, Introduction to Athletic Training, and Clinical Practice I. The ATS is being presented with equipment fitting, taping, bracing, emergency situations, legal responsibilities, general nutrition, strength and conditioning principles, basic treatment options, and basic assessment methodologies in Intro to Athletic Training. In the clinical rotation, these students are to be integrated into the normal routine of the operations of the Athletic Training facility in a slow and controlled manner. The ATS is to concentrate on the equipment intensive application during this clinical rotation (i.e. helmet fitting, taping, bracing, wrapping, first aid). If the preceptor currently has a level 3 or 4 student, the preceptor should allow for peer mentoring too occur to practice skills currently being instructed.

This rotation as part of Clinical Practice is considered an equipment intensive rotation and occurs concurrently with the didactic portion of the Introduction to Athletic Training course. ATS are allowed to perform skills in which they have been determined to be proficient by the preceptor.

Level 2:

The ATS is concurrently enrolled in ATP I, Research Methods in Health Care,, Clinical Practice II, and Movement Science II. They are learning the evaluation of the lower extremity (foot, ankle, lower leg, knee, hip/pelvis) as well as therapeutic modalities. They are also reviewing documentation and general flexibility exercises as well as resistance exercise programming. Furthermore, they are acquiring total body manual muscle testing and goniometry skills. This rotation occurs concurrently with the didactic portion of ATP I.

This rotation as part of Clinical Practice II is considered an additional rotation. ATS are allowed to perform skills in which they have been determined to be proficient by the preceptor.

Level 3:

The ATS is enrolled in ATP II, Clinical Practice III, General Medical Conditions in Athletic Training, and Applied Exercise Physiology. The ATS is learning upper extremity evaluation techniques, the competencies in General Medical, and basic therapeutic exercise knowledge and skills.

This rotation as part of Clinical Practice III is considered the general medicine rotation. ATS are allowed to perform skills in which they have been determined to be proficient by the preceptor.

Level 4:

The ATS is in 4th full semester in the program. They have completed an additional clinical rotation general medical rotation and equipment intensive rotation. They have completed the didactic instruction of upper and lower extremity assessment, therapeutic modalities, general medical conditions, therapeutic exercise, principles in strength and conditioning, taping, bracing, and wrapping techniques for the upper and lower extremity, pharmacology, documentation, and equipment fitting. The ATS is classified in the lower extremity rotation of the clinical education plan. This clinical rotation, as part of Clinical Practice IV, is a full time assignment with a preceptor in order to allow the student to understand the role of the Certified Athletic Trainer and understand the typical demands of a workday. This full time assignment also allows the student to integrate their knowledge and understanding throughout the workday under the direct supervision of a preceptor. This rotation occurs concurrently with the didactic content of ATP III, Human Performance and Energy Systems, and Athletic Healthcare Administration.

Level 5:

ATS are in the final semester in the program. They have completed clinical rotations in lower extremity assessment, general medical and equipment intensive. They have completed didactic instruction in upper and lower extremity assessment, therapeutic modalities, therapeutic exercise, psychosocial aspects, nutrition, management principles, and risk management principles, management, and professional development. Students will be presented with case studies that enable them to think through an entire situation from initial assessment to return to participation. The ATS is classified in the upper extremity rotation of the clinical education plan. This clinical rotation, as part of Clinical Practice V is a full time assignment with a preceptor in order to allow the student to understand the role of the Certified Athletic Trainer and understand the typical demands of a workday. This full time assignment also allows the student to integrate their knowledge and understanding throughout the workday under the direct supervision of a preceptor. This rotation occurs concurrently with the didactic content of ATP IV, Preparation for Entering and Growing in the Profession, and Sport and Exercise Psychology.

Securing New Clinic Sites

Any party (faculty, clinician, or student) may identify potential clinical sites. The CEC has the following responsibilities:

- Contact the appropriate party at the site.
- Visit the site
- Determine suitability of the site based on the criteria and needs of the program

- Initiate the procurement of the Affiliation Agreements, abbreviated vitae, equipment lists, and clinic policies and procedures.

When feasible, a site visit is made prior to establishing an agreement and assigning students.

Clinical Affiliation Agreements

The affiliation agreement process is coordinated through the Office of the Dean in the Marieb College of Health & Human Services. A signed affiliation agreement must be on file in the department clinical education files prior to the beginning of any student clinical rotation. Students are notified of any requirements of a clinical site through communication with the CEC.

Expenses

All expenses including, but not limited to, travel, housing, ATP clothing, and meals are the responsibility of the student. Students are also responsible for expenses related to liability insurance, criminal background checks, fingerprinting, and immunization updates. As outlined by the CAATE standards, students will not receive any monetary remuneration during this education experience, excluding scholarships. There will be occasions when students will have the opportunity to attend professional conferences. Expenses for these events are the responsibility of the student. Please contact the ATP faculty if questions should arise.

Communication

The CEC is the liaison between Florida Gulf Coast University, the facility, the preceptor, and the student. Communication is maintained by mail, e-mail, telephone, group meetings, and individual meetings. Students and preceptors are encouraged to initiate communication with the CEC when any student is having significant difficulty with performance or behavior. Students should communicate with the CEC if there are issues that have not been resolved after the student has spoken with the preceptor.

Students are required to contact the CEC prior to missing any clinical activities!

The CEC, with assistance of the ATP faculty, is responsible for communicating levels of performance and material covered with the preceptor of the facility. This is done through verbal and written means, prior to the beginning of each clinical education assignment. Each preceptor receives a copy of the Clinical Education Handbook and appropriate course syllabus for the rotation.

Students must communicate with the clinic no later than two weeks prior to the beginning of the rotation.

Progression to Clinic

Students must be in good standing in the Athletic Training Program and meet all progression standards (Student Guidebook).

Schedule/Attendance

Students are expected to attend all scheduled clinical education experiences and record the time spent with the preceptor utilizing the proper documentation form. The preceptor determines specific schedules, with the student expected to follow a schedule that is similar to the preceptor. This might include some evenings, weekends, or holidays. Some facilities may have varied hours so students are expected to adapt to their preceptor's schedule. Clinical education may begin prior to or extend beyond the institution's academic calendar.

Campus wide breaks and/or holidays. Some sports practice or have games over semester breaks and holidays. Athletic training students assigned to preceptors working with those sports may be asked to remain on campus or travel with the preceptor and the team during those times. Students involved with those sports will be informed of the potential schedule well in advance in order to make possible arrangements. Although it is the intention to provide the student with the best opportunity to gain every clinical experience the FGCU ATP can allow, every consideration will be given to the student who has family or other obligations which make it necessary to leave campus during these times, and the student will not be penalized as long as the student has successfully completed all other clinical requirements as outlined per course.

Except for emergencies, the CEC and the preceptor must be notified in writing **at least 48 hours** in advance of an ATS being potentially absent from a scheduled activity/event. This potential absence must be approved by all parties, and it is the student's responsibility to initiate a plan for making up clinic time. Students who are habitually absent or late will be asked to sign and follow a learning contract that addresses the problem. Failure to meet the terms of the contract will result in a failing grade (F) in the course.

In the rare instance where illness or other catastrophic event prohibits attendance at or completion of a clinical practice experience, the following process **must** be followed:

- Personal contact by telephone or email to CEC
- AND**
- Personal telephone call to the preceptor /or clinical site.

Each athletic training student should be at least 15 minutes early to all of their field experience activities unless otherwise stated by their preceptors.

The ATS must correctly record clinical hours on the Hour Log recoding form. These must be added and signed by the supervising preceptor and submitted to the CEC following the rotation. At the beginning of the rotation, each student and preceptor will

sign a contract outlining the minimum hours per week and the minimum hours expected for the rotation. These minimums need to be consistent with the ATP expected minimums for each clinical rotation. During the rotation, the students must submit two week schedules which cover the upcoming two week schedule. The completed end of the rotation hour logs are maintained in the ATS' permanent clinical education file. Time spent traveling to and from competitions and practice shall not be counted toward completion of the student's clinical experience requirement. Any student who is found to be falsifying his/her clinical hours will be immediately cited for disciplinary action, reported to the ATP PD/CEC, and possibly reported to the Office of Judicial Affairs.

MINIMUM/MAXIMUM CLINICAL HOURS

The FGCU ATP has delineated the minimum and maximum number of hours for each of the 5 clinical rotations through extensive data analysis. The scheduling of clinical rotation hours MUST be distributed throughout the entire semester. The ATS in conjunction with his or her preceptor will determine a schedule to ensure that the minimum semester total will be achieved and the student will be continuously involved in the clinical education rotation throughout the entire semester. Failure to meet the minimum number of clinical hours, or failure to continue the rotation throughout the entire semester will require the student to continue a clinical rotation prior to beginning the next scheduled rotation. Furthermore, failure to achieve the minimum number of clinical hours in any clinical rotation could result in a failing (F) for that clinical course and will limit the ATS from progressing in the ATP.

The minimum/maximum hours for each clinical rotation are as follows:

| Clinical Rotation | Course Number | Minimum Semester Hours | Maximum Semester Hours |
|-----------------------|---------------|------------------------|------------------------|
| Clinical Practice I | ATR 3812 | 210 | 265 |
| Clinical Practice II | ATR 3822 | 210 | 265 |
| Clinical Practice III | ATR 4832 | 75 | 110 |
| Clinical Practice IV | ATR 4843 | 500 | 800 |
| Clinical Practice V | ATR 4852 | 375 | 500 |

The clinical education schedule must provide the ATS with relief. As outlined in the CAATE standard, the ATS must have a minimum of one day off in every seven-day period. The schedule is to be determined by the preceptor and ATS to ensure optimal learning times. Any excessive hours need to be reported to the FGCU ATP.

INCLEMENT WEATHER POLICY

The FGCU ATP urges caution to the ATS and preceptors in the event of inclement weather. These conditions include but are not limited to lightning, tornado activity, hurricane, hail, and rising/moving flood waters. In the event such unsafe conditions present themselves, seek appropriate shelter immediately.

In the event inclement weather forces the closure of the University, athletic training students are not required to report to clinical rotations until such time as the University officially re-opens. Furthermore, ATS and preceptors should exercise caution and engage in proper preparations for pending severe weather and any clinical education experience time postponed due to preparing for severe weather can be rescheduled following the inclement weather.

Guidelines for Travel

Traveling to away competitions is considered to be a privilege for athletic training students. It is expected that all athletic training students will represent all aspects of Florida Gulf Coast University in a positive manner when traveling. Proper attire is a must, and timeliness is expected on all occasions. Tardiness will NOT be tolerated. At no time will an athletic training student exemplify a behavior that puts at risk a student-athlete or deters a student-athlete from his or her athletic performance.

Travelling with sports teams will be allowed when invited by the preceptor and on a voluntary basis. **Students may not travel alone or without the direct supervision of a preceptor.** The Program Director and Clinical Education Coordinator of the ATP may withhold a student from travelling if they are not in good academic standing. Any travel that conflicts with classroom instruction must be approved by the faculty of the course(s) affected.

Orientation

Each affiliate must provide an orientation to the facility at the beginning of the experience. The orientation must include a review of all site policies and procedures. Orientation to EAPs, OSHA, and other policies specific to the clinical site are included.

Emergency Action Plans

All clinical education sites for the ATP have emergency action plans (EAPs) in their policy and procedure manuals. When a student is assigned to a clinical education site, he/she receives an orientation from the preceptor that describes the policies and procedures for that site. The EAPs are also available through Canvas for the clinical education courses (CP I –V).

Patient Care Responsibilities

The ultimate responsibility for patient/client remains with the assigned preceptor. Students are expected to discuss with their preceptor the mechanism by which patients/clients agree to treatment/instruction by the student. Students must always inform the patient/client of their student status and never lead anyone to believe otherwise. Students must inform their preceptor if they are asked to perform assessments and treatments for which the students have inadequate knowledge or have not had formal instruction on the proficiency. Students must not be used in lieu of professional or non-professional staff.

Ethical/Legal Responsibility

Students are required to practice in accordance with the NATA Code of Ethics and the Department of Rehabilitation Sciences Behaviors Plan.

Confidentiality

All patient/client information, patient records, and affiliate information are confidential. Students must make every effort to respect the confidential nature of this information. Students in doubt whether or not an item of information is confidential should consult with their clinical instructors. Students must comply with all HIPPA and FERPA policies and procedures, as implemented by the affiliate.

Social Networking and Communication Resources

Posting of personal information or material of a sensitive or potentially damaging nature on any social networking site (i.e. Facebook, Twitter, Instagram, YouTube, etc.) is strongly discouraged. Furthermore, it is highly discouraged to connect with athletes/patients that you are currently working with professionally since such connections can lessen the educational value of the clinical rotations. In addition, any misrepresentation of the Athletic Training Program, the Department of Rehabilitation Sciences or Florida Gulf Coast University in text, photo or video format is strictly prohibited. The failure to abide by the behaviors outline in the NATA Code of Ethics and Professional Behaviors of Professional Practice as it relates to social media will result in dismissal from the ATP and/or other disciplinary action.

Accommodation for Disability

All reasonable efforts will be made to accommodate students with special needs, following FGCU policy. Students must notify the CEC of the need prior to clinical education assignments. The CEC will work with the preceptor to ensure that the accommodation is appropriate.

Computer Usage in the Athletic Training Clinic

The computers located in the athletic training clinic are to be used for professional matters only. The use of the computer includes but is not limited to: use of Sports Ware for record keeping, utilizing software for the written and written simulation portion of the BOC examination, and retrieving or producing documents as directed by a staff athletic trainer. Under no circumstances are athletic training students permitted to check E-mail, “surf” the Internet, or play games at any time. Athletic training students may utilize the Internet for educational purposes only under authorization from a staff athletic trainer/clinical instructor. It is strictly prohibited for athletic training students to use the computer for any personal purpose during the clinical experience.

Personal Cell Phones

Personal cell phones are permitted when an ATS is at practices and events. However, the ATS should not make or receive personal calls or texts when “on duty”. The cell phone should only be used in case of emergency or to communicate with other Athletic Training Staff members or emergency personnel for AT business. Furthermore, ATS should never text student athletes. Failure to meet the terms of these guidelines will result in a failing grade (F) in the course, potential professional behaviors probation or dismissal from the program

Personal Health

Students retain responsibility for their personal health and well-being. Students must follow universal precaution guidelines and policies of their facilities. Preceptors must provide the emergency action plan and Blood Borne Pathogen Exposure plan to the ATS prior to the beginning of their clinical rotations.

During clinical experience assignments, an ATS may be exposed in situations of inherent injury, blood and body fluid exposure. There are standard operating procedures, definitions of accident and exposure, and incident reports that an ATS and Preceptor are expected to follow if such an accident occurs.

BLOOD AND OTHER BODILY FLUIDS

1. Universal Blood and Body Fluid Precautions as set forth by the Centers for Disease Control are to be adhered to in all clinical courses.
2. Students are required to have the Hepatitis B vaccine series or have signed the Hepatitis B Declination Form prior to entering clinical courses.
3. If a student is exposed to blood or other bodily fluids through a needle stick, cut, and splash to the eyes or mouth or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood, the following actions are to be taken:

- a. The student immediately informs the preceptor.
- b. The preceptor informs the pertinent agency staff, the FGCU ATP PD or CEC
- c. The student is medically evaluated within 48 hours by a physician in the facility or within a designated agency if the evaluation cannot be done within the original clinical facility, by a physician of the student's choice, or through University Health Services.
- d. An incident report is filed with the facility, if required.
- e. An FGCU incident report is completed and sent to the Dean.
- f. Centers for Disease Control Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus should be followed

Please refer to FGCU OSHA Exposure Control at
<http://www.fgcu.edu/EHS/BloodbornePathogens.html>

Students must provide documentation of measles and rubella immunizations (or exemption), Varicella titer test or immunization, current Tetanus booster, Mantoux TB test within one year of application and yearly thereafter, and Hepatitis B Vaccine series and positive titer or a student signed waiver.

Some affiliates may have additional health requirements. These requirements are indicated in material provided prior to the site selection process. A student choosing a facility is also agreeing to the health stipulations. Students are strongly recommended to carry health insurance throughout the program.

POLICY RELATED TO STUDENT INJURY WHILE IN THE CLINICAL SETTING

The student is responsible for the cost of emergency and other health care during clinical experiences. Affiliates are responsible for assisting students to procure treatment as needed. Some facilities may require proof of health care insurance. The clinical affiliate has the right to require injured or ill students to leave the clinic if they place themselves or others at risk.

1. Seek testing, evaluation, and treatment as appropriate
2. Contact Jason Craddock, Program Director/Clinical Education Coordinator, at 239-590-7535 (office)
3. Fill out an incident report and submit to the Program Director office

Communicable Disease Policy

Students with illnesses are required to see a physician or nurse practitioner to determine if the illness is actively communicable. Students with active communicable disease (e.g. influenza) are not permitted to participate in any clinical experience until cleared by a physician or nurse practitioner. Documentation must be submitted to the CEC and preceptor outlining diagnosis and illness treatment plan. In the event that the student is not able to perform his or her clinical duties due to this illness, the student's clinical rotation may be extended to ensure all requirements of that clinical rotation are met. (See the Athletic Training Program Student Guidebook for more information)

Criminal Background Checks

The FGCU ATP requires students to undergo a criminal background check. At times, some facilities may require additional criminal background checks and fingerprinting. Students, at their own expense, are responsible for providing the appropriate documentation. See Criminal Background Checks, Processes and Procedures of the AT Student Guidebook.

Personal Appearance

Students must dress conservatively and in good taste in order to protect themselves and their patients and to model professionalism. Athletic training students must wear athletic training apparel determined by the ATP faculty and/or dictated by the preceptor to every assigned rotation. The preceptor will determine if long pants/ shorts and type of footwear are acceptable for that facility. It is the student's responsibility to follow each facility's personal appearance policy. A student arriving to their clinical setting not abiding to this policy will be sent home and the clinical time missed will need to be re-scheduled. Chronic disregard to this policy will result in a Failing (F) grade for the clinical course.

1. When clinical experiences occur during a game, athletic training students are to wear khaki pants/shorts with the appropriate game shirt or attire approved by the FGCU ATP or preceptor.
2. Dress during practice or athletic training clinic assignments includes a FGCU Athletic Training shirt and appropriate pants or shorts. Shorts should be an acceptable length (see below) and yoga type pants are not to be worn. Jeans may never be worn at any clinical experience.
3. At no time should clothing containing logos or pictures that are inappropriate and/or unprofessional be worn, (i.e. alcohol, beer, tobacco, etc.)
4. Shirts must always be worn tucked in with a belt around the waist (if applicable).

5. All excessive facial jewelry must be removed. (Excessive as determined by the professional staff)
6. In addition, gentlemen shall be clean-shaven or must keep facial hair neat and trimmed.
7. The length of shorts should be at an acceptable level. (not too long, not too short, NO short-shorts)
8. Open toed shoes (sandals, flip-flops, etc.) are not to be worn at any time during a clinical experience.
9. Athletic training clothing is for use during athletic training assignments/events only. It is not to be used as workout clothes or in any other inappropriate manner.
10. If, at any time, the supervising preceptor or FGCU ATP Faculty deems an ATS' appearance to be less than professional, the ATS will be asked to leave and return when he/she meets all requirements.
11. Dress for physician and outpatient rehabilitation clinics should be extremely professional and the minimum requirement is neatly pressed khaki pants and appropriate golf type shirt, tucked in, name tag, and closed toe shoes.

Name Badges

Students will be issued name badges during the first week of the fall semester. The name badges are worn at all times when the student is in the clinical education setting. The name badges clearly indicate student status. Some facilities require an additional identification badge supplied by the facility.

CPR Certification

Students must be certified in health care provider adult and infant CPR, First Aid, and AED upon entering the ATP and maintain certification at all times while in the program. Students will provide proof of certifications to the Department of Rehabilitation Sciences. See Immunization/Certification Requirements in Student Guidebook requirements for process.

Universal Precautions/OSHA Requirements

Students must meet facility requirements regarding universal precautions and OSHA regulations. Students are required to update the OSHA training every year in the program. This is scheduled in MS I and ATP III.

Sexual Misconduct

Students must follow FGCU and clinical facility guidelines regarding sexual misconduct.

Liability Insurance

Students must maintain professional liability insurance in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 per aggregate. Students not submitting documentation of this current insurance are NOT allowed to participate in any clinical experience. Students will provide proof of liability insurance to the Department of Rehabilitation Sciences. See Immunization/Certification Requirements in Student Guidebook requirements for process.

Alcohol/Illegal drugs

FGCU ATP and/or the affiliated clinical site have the right to immediately remove a student from the facility if the student is suspected of being under the influence of alcohol or illegal drugs. The preceptor should notify the CEC who seeks resolution on an individual basis, utilizing the FGCU Student Guidebook as a guide. A student who attends their assignment under the influence of alcohol or illegal drugs can be expelled from the program and the University. See FGCU Student Guidebook for further details.

Forms to Be Completed (These forms are completed during EACH clinical rotation)

- **Clinical Assessment Form (CAT):* Two assessments by preceptor. One at midterm and one at completion of rotation. Needs to be signed and dated by preceptor and student.
- **Clinical Site Evaluation Form (completed by student):* ATS is to complete this form at the end of the clinical rotation and return to the ATP. Needs to be signed and dated by the student.
- **Preceptor Evaluation-Student Experience Evaluation Form (completed by student):* ATS will complete this form at the end of clinical rotation and return to the ATP. Needs to be signed and dated by the student.
- *Faculty Visit During Clinical Rotation (completed by CEC):* completed by clinical coordinator during each rotation.
- *Preceptor Survey (complete by preceptor):* this form is sent to the preceptor at the end of the academic year.
- *First Responder and Unsupervised Athletic Training Student Policy:* these forms are to be completed at the beginning of every clinical rotation at each individual site and each preceptor.

*These forms must be submitted to the CEC at the end of the clinical rotation/semester in order to receive a grade for the course. Course grades will be withheld until ALL forms are completed and submitted to the CEC.

**Florida Gulf Coast University
Department of Rehabilitation Sciences**

Signature Page

I acknowledge receipt of the following and understand that it is my responsibility to review the document and follow the guidelines.

Department of Rehabilitation Sciences Athletic Training Clinical Policies

I understand that if I have any questions related to information contained in this document, it is my responsibility to seek clarification from the CEC.

Student Name (printed)

Student Signature

Date

Clinical Education Definitions: Abbreviations

Glossary from Commission on Accreditation of Athletic Training Education (CAATE) found on www.caate.net

Academic plan: The document that encompasses all aspects of the student's classroom, laboratory, and clinical experiences.

Academic year: Two academic semesters or three academic quarters.

Affiliation agreement: formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding.

Appropriate administrative authority: Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement.

Assessment plan: See Comprehensive Assessment Plan

Clinical education: The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor.

Clinical site: A physical area where clinical education occurs.

Communicable disease: A contagion that may be directly transmitted from person-to-person or by a person from an inert surface.

Comprehensive Assessment Plan: The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program.

Course/coursework: Courses involve classroom (didactic), laboratory, and clinical learning experience.

Curricular Plan: See Academic Plan

Degree: The award conferred by the college or university that indicates the level of education (baccalaureate or masters) that the student has successfully completed in athletic training.

Direct patient care: The application of athletic training knowledge, skills, and clinical abilities on an actual patient.

Distant learning site: Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution interacting with students at other locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences

Emergency Action Plan: A venue-specific "blueprint" used for the management of medical emergencies. See:

<http://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf>

Faculty: An individual who has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions. Additionally, faculty are defined as follows:

Core faculty – Administrative or teaching faculty devoted to the program that has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by the institution. This person is appointed to teach athletic training courses, advise and mentor students in the AT program. At minimum, this must include the Program Director and one (1) additional faculty member. Core full-time faculty report to and are evaluated and assigned responsibilities exclusively by the administrator (Chair or Dean) of the academic unit in which the program is housed.

Associated faculty – Individual(s) with a split appointment between the program and another institutional entity (e.g., athletics or another institutional department). These faculty members are evaluated and assigned responsibilities by two different supervisors.

Adjunct faculty - Individual contracted to provide course instruction on a full-course or partial-course basis, but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.

Fees: Institutional charges incurred by the student other than tuition and excluding room and board.

Goals: The primary or desired results needed to meet an outcome. These are usually larger and longer term than objectives.

Health Care Professional: Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse, or Social Worker. These individuals must hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or

may not hold formal appointments to the instructional faculty.

Higher education accrediting agency: An organization that evaluates post-secondary educational institutions.

Infectious disease: A disease caused by microorganisms entering the body. An infectious disease may or may not be contagious.

Laboratory: A setting where students practice skills on a simulated patient (i.e., role playing) in a controlled environment.

Major: The designation as a major must be consistent with institutional and system wide requirements. Institutional documents (e.g., catalog, web pages) must list athletic training as a major.

Medical director: The physician who serves as a resource regarding the program's medical content. There is no requirement that the medical director participates in the clinical delivery of the program.

Memorandum of understanding (MOU): Similar to an affiliation agreement, but tends not to include legally-binding language or intent.

Monetary remuneration: Direct cash payment received by students for athletic training services and/or time (e.g., hourly wage, work study).

Objectives: Sub-goals required to meet the larger goal. Generally objectives are more focused and shorter-term than the overriding goal.

Official publication: An institutional document (printed or electronic) that has been approved by the appropriate institutional personnel.

Outcome (program): The quantification of the program's ability to meet its published mission. The outcome is generally formed by multiple goals and objectives. For example, based on the evaluation of the goals associated with the outcomes, each outcome may be measured as "met," "partially met," or "not met."

Outcome assessment instruments: A collection of documents used to measure the program's progress towards meeting its published outcomes. Examples of outcomes assessment instruments include course evaluation forms, employer surveys, alumni surveys, student evaluation forms, preceptor evaluation forms, and so on.

Physician: A medical doctor (MD) or doctor of osteopathic medicine (DO) who possesses the appropriate state licensure.

Pre-professional student: A student who is not formally admitted into the program. Pre-professional students may be required to participate in non-patient activities as

described by the term Directed Observation Athletic Training.

Preceptor: A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base.

Professional development: Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services that allow for the continuation of eligibility for professional credentials.

Program Director: The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program.

Release time (reassigned work load): A reduction in the base teaching load to allow for the administrative functions associated with functioning as the Program Director and/or clinical coordinator.

Retention: Matriculating through the AT program culminating in graduation.

Retention rate: A time-based measure of the number of students who are enrolled at the start of the period being studied (e.g., 1 year, 4 years) versus those enrolled at the end of the period. Retention rate is calculated as: number at end/number at start * 100.

Secondary selective admissions process: A formal admission process used for acceptance into the AT major following acceptance into the institution. Secondary selective admissions is optional and determined by the program.

Similar academic institution (Syn: Peer institution): Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions.

Sponsoring institution: The college or university that offers the academic program and awards the degree associated with the athletic training program.

Stakeholder: Those who are affected by the program's outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni.

Team physician: The physician (MD or DO) responsible for the provision of health care services for the student athlete. The team physician may also be the medical director; however, this is not required by the Standards.

Technical standards: The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.