

CENTRAL COLLEGE ATHLETIC TRAINING EDUCATION PROGRAM DESCRIPTION

Central College offers a CAATE accredited, undergraduate Athletic Training Education Program (ATEP) in the Department of Exercise Science in the Division of Applied Arts.

This full-time, five semester academic program provides athletic training students with an effective blend of evidence-based didactic information and clinical experiences for skill and theory integration. The ATEP thoroughly addresses the NATA Athletic Training Educational Competencies (4th ed) in compliance with CAATE accreditation standards and Board of Certification (BOC) requirements. Additionally, the program emphasizes psychomotor skills essential for working with the physiological and biomechanical aspects of injury, illness, and performance of physically active populations.

Central's athletic training major offers educational experiences in collaboration with faculty and healthcare professionals, enabling students to master competencies and clinical proficiencies to become a professional entry-level athletic trainer. The athletic training education program occurs within a liberal arts framework that expands a student's educational background and critical thinking skills. Students will be enriched intellectually through interactions with staff, faculty, mentors and healthcare professionals on campus and through local, state, national and international experiences.

Mission Statement

The mission of the Central College Athletic Training Education Program (ATEP) is to prepare students to assume a professional role that will optimize the quality of healthcare provided to physically active people of any age, thereby maximizing the health-related quality of life realized by the individuals who receive the care.

Program Objectives and Goals

As an undergraduate-level academic program, the integration of clinical education and clinical experience into didactic and clinical instruction is a defining characteristic of the Central College ATEP. Rather than simply teaching students how to perform clinical procedures, the curriculum is designed to facilitate development of the critical thinking and clinical decision-making skills that characterize high-quality healthcare. All aspects of the curriculum will reflect an evidence-based and patient-centered approach to healthcare, which addresses a broad spectrum of health-related needs in the context of the patient's preferences.

All aspects of the Central College ATEP are designed to conform to the accreditation guidelines of the Commission on Accreditation of Athletic Training Education. Incremental development of foundational professional knowledge and clinical skills over a 4 year period prepares the student for successful completion of the Board of Certification (BOC) examination. The program provides exposure to a multitude of clinical concepts and professional issues that facilitate further professional development in the future. A primary objective of the Central College ATEP is to prepare athletic training students to ultimately become master clinicians and professional leaders.

Specific student-oriented goals of the Central College ATEP include the following:

- Development of critical thinking skills that will guide future clinical practice and foster commitment to lifelong continuing education.
- Provide classroom instruction that emphasizes scientific foundations for clinical theories and evidence-based clinical decision-making as they relate to entry level competencies.
- Provide clinical education experiences that develop entry level clinical proficiencies in AT.
- Cultivation of a strong commitment to a high standard of ethical conduct and professional excellence.
- Promotion of student professionalism in appearance and demeanor.
- Development of the ability to assist, interpret, and report research that will advance the practice of athletic training.
- Development of the ability to effectively communicate with both written and oral presentations.
- Development of the ability to effectively utilize technology in athletic training for injury prevention, injury rehabilitation, and information management.
- Facilitation of student understanding of the athletic trainer's evolving role within the U.S. health care delivery system.
- Empowerment of students to assume leadership roles in future professional endeavors.
- Provide opportunities for interaction with students and professionals from different disciplines that will promote development of problem-solving skills.
- Expand opportunities for students to obtain clinical experience in industrial worksites and corporate health promotion programs.
- Provide opportunities for international study or internship experience.

CENTRAL COLLEGE CLINICAL EDUCATION POLICY

I. CENTRAL COLLEGE-ATEP Definitions

(From "Standards for the Accreditation of Entry-Level Athletic Training Education Programs" published by the Committee on Accreditation of Athletic Training Education, December 7, 2007)

Ability to Intervene: The CI or ACI is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. This is the same as being "physically present."

Affiliate (Affiliated Setting): Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATEP for clinical experiences.

Affiliation Agreement: A 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 is the same as a memorandum of understanding.

Allied Health Care Personnel: Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Paramedic, Occupational Therapist, Optometrist, Orthotist, Pharmacist, Physical Therapist, Physician Assistant, Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline 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. This is the same as other health care professionals. (12-7-07)

Approved Clinical Instructor (ACI): An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The ACI may not be a current student within the ATEP.

ATEP: Athletic Training Education Program.

ATEP Faculty: BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.

Athletic Training Facility/Clinic: The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.

Athletic Training Student (ATS): A student enrolled in the athletic training. Program emphasis: *An ATS will not provide care to patients unless it is under the direct supervision of an ACI or CI, and will not be used as a replacement for professional clinical staff.*

Clinical Coordinator: The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATEP. The clinical coordinator position is currently recommended, but not required by the Standards.

Clinical Education: The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of an ACI/CI.

Clinical Experiences: Those clinical education experiences for the (primarily advanced) ATS that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.

Clinical Instruction Site: The location in which an ACI or CI interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATEP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.

Clinical Instructor (CI): An individual identified to provide supervision of athletic training students during their clinical experience. An ACI may be a CI. The ACI may not be a current student within the ATEP.

Clinical Instructor Educator (CIE): The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training. If more than one individual is recognized as a CIE for an ATEP, then at least one of those individuals must be a BOC Certified Athletic Trainer.

Clinical Instruction Plan: The plan that encompasses all aspects of the clinical education and clinical experiences.

Clinical Ratio: The ratio of ACI or CI to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed eight students per instructor.

Communicable Disease Policy: A policy, developed by the ATEP, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC.

Didactic Instruction: See: Formal classroom and laboratory instruction.

Direct Patient Care: The application of professional knowledge and skills in the provision of health care.

Direct Supervision: Supervision of the athletic training student during clinical experience. The ACI and or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

Formal Instruction: Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.

General Medical Experience: Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.

Learning Over Time (Mastery of Skills): The process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.

Medical Director: The physician (MD or DO) who serves as a resource for the programs director and ATEP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.

Outcome Assessment Instruments: The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the ATEP mission, goals, and objectives of the program. Instruments also must be designed to collect data and feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.

Outcomes: The effect that the ATEP has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.

Physical Examination: An examination performed by an appropriate health care provider (MD,DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.

Physically Interact: See: Ability to intervene and physically present.

Physically Present: See: Ability to intervene.

Physician: A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.

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

Service Work: Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.

Team Physician: The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he 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 ATEP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

II. Qualifications

Clinical Health and Liability Requirements

Once notified of admittance into the ATEP, students must meet the following requirements **prior to** beginning the clinical education component of the program:

As a student in the ATEP, you will be working in a variety of health care settings. The Central College-ATEP has established guidelines which comply with the **CAATE** Accreditation Standards, as well as the recommendations of the **ATEP Medical Director and Student Health Services**. Students must fulfill these requirements by **August 1** in order to start the clinical education component of the curriculum.

Complete the following requirements:

1) Physical examination, Immunizations and Technical Standards

- The physical examination will be conducted by a physician (MD or DO) or qualified health professional on an annual basis. Only the Central College Medical History and Physical Exam Form will be accepted. The form consists of the following components:
 - **Medical History** (completed by student)
 - **Examination** (completed by physician)
 - Immunization record (completed by student and reviewed and signed by physician)

- Students must complete their immunization information on the physical exam form. Failure to do so will result in a delay in the start of the clinical component of the ATEP until fulfillment of the requirement.
- The ATEP will not provide nor cover the costs for immunization or laboratory testing. The student can coordinate needed updates (i.e., Hepatitis B vaccine, Tuberculin testing, tetanus booster, etc.) through Student Health Services or through their own primary care physician/provider.
- PPD (Mantoux) for Tuberculin testing can be completed at the Student Health Services. Test must be read in the Student Health Services within 48-72 hours. This testing is **required annually** and should be scheduled to cover the entire clinical component time frame (August to the following July).

***Technical Standards**

Technical Standards are abilities that a person must possess and be able to perform to be an athletic trainer. These abilities are evaluated annually by a physician during the physical examination and by the student on the Technical Standards form. If there is any question as to whether these abilities can be performed, the student should contact the Director of Student Support Services and Disabilities Services and the student will be evaluated. Technical Standards forms are available on the Program website, from the program director, and are also listed in the ATEP Handbook.

2) Current CPR Certification (online CPR courses are accepted, with skill documentation provided).

- The only CPR Certification which will be accepted is either Health Care Provider (American Heart Association), or Professional Rescuer (American Red Cross).
- Should certification expire between program admission and the start of the clinical experience or will expire during the clinical experience, the student is responsible for notifying the Program Director, who will then organize a re-certification session.

3) Individual Student Professional Liability Insurance

Students formally enrolled in the Central College ATEP are required to purchase a Student Professional Liability Insurance rider through the business office at Central College, located in Central Hall.

- Coverage in the minimum of \$1,000,000 per incidence/occurrence and \$2,000,000 annual aggregate.
- The cost is \$20.00. (\$10.00 billed to the student each semester per list of ATEP enrolled students from the Program Director.

Initial Clinical Rotation

No student may begin the clinical education component of the program without formal admission into the ATEP and without completion of the clinical health and liability requirements.

Initial clinical experience placement for all students will be with on campus ACI's responsible for Central College Athletics. This clinical experience is based on the completed competencies and psychomotor skills associated with EXSC:151 – First Aid

and Sports Injuries. Additional emphasis of clinical education and associated requirements are evaluated in AT:223. The ATS must hold current CPR certification (Healthcare Provider/Professional Rescuer with AED) and have successfully completed all of the assigned skill evaluations prior to beginning this clinical experience. This will ensure that the ATS has obtained a basic skill level necessary to begin clinical education.

III. Instruction of Psychomotor Competencies and Clinical Proficiencies

Psychomotor Skills are first introduced and instructed in the curriculum (class/lab). The NATA Competency and Clinical Proficiency Matrix, Four Year Academic Plan, and ATEP Course Syllabi outline the specific skill breakdown per course. The Central College ATEP course instructor formally teaches, demonstrates, supervises skill practice, and evaluates ATS skill competency (this evaluation may be assisted by on/off-campus ACIs) for grade assignments. The ATS then has the opportunity to review and integrate clinical proficiencies (CP) in the clinical setting under the supervision of an ACI or CI. Formal CP evaluation can be completed only by an ACI.

Students should demonstrate continual advancement in the application of CPs as they progress through the clinical experiences and associated practicum courses (AT:223, 224, 323, 423, 424). As the ATS progresses through the clinical education component of the ATEP, his/her ACI/CI should be physically present at all times allowing the student to appropriately apply didactically acquired skills into the clinical environment in "real-life" and simulated situations. The ACI/CI must be able to intervene on behalf of the athlete and be physically present on-site. ACI/CIs are expected to continually review and assess previously learned psychomotor skills and proficiencies and encourage application of newly acquired skills during the clinical education rotations. Again, the formal evaluation is conducted by the ACI. A complete description of the clinical proficiency evaluation process can be found in Section IV: Evaluation of Psychomotor Competencies and Clinical Proficiencies.

IV. Evaluation of Psychomotor Competencies and Clinical Proficiencies

This section describes the ATEP procedures for psychomotor skill and clinical proficiency evaluation. The evaluation plan was created to ensure consistency in instruction and evaluation among the evaluators within the program.

The ATS has an individual portfolio containing completed psychomotor skill and clinical proficiency evaluation records along with other materials (exams, labs, projects, etc). The folders are controlled and maintained by the ATEP Director. Copies of skill evaluation materials are provided to the ATS or to the ACI ahead of time, depending on the type/level of evaluation. Practical Examinations forms (psychomotor skills) are provided to the ATS by the course instructor and are also available for the student online via Blackboard. Clinical Proficiency Evaluations (Full Practical Evaluations and Clinical Scenario Simulations) are assessable only to the ACIs. Students are not permitted to see these evaluations ahead of time.

There are two primary methods by which the skill evaluations are performed. The first method is "Controlled" Psychomotor Skill Evaluations (Practical Exams) and the second method is "Clinical Setting" Clinical Proficiency Evaluations (Full

Evaluations, Scenario/Simulations, and Patient Evaluations). A universal set of guidelines/forms for skill evaluation is utilized in both methods of evaluations. Each method is described below in detail.

Controlled Evaluations: Psychomotor Skill Evaluation

Psychomotor skills are assigned to specific didactic courses/labs according to content area (as indicated on the 4th Edition NATA Competency Matrix) and are organized into Practical Examinations. Psychomotor skills are instructed in the didactic course/lab. Following a period of supervised practice and peer evaluation, the ATS schedules a Practical Examination appointment with a Central College-ACI within two weeks of skill instruction. All ACIs who have undergone formal ACI training from the Central College CIE may conduct the Practical Examinations. These evaluations may occur during clinical experience hours with the ideal evaluation being conducted outside of the clinical experience. Practical Examinations are conducted in a one-on-one format with the ACI. Each member of the evaluation team is an ACI (who is an ATC), but may not necessarily be involved with the supervision of athletic training students during clinical experiences. When evaluations take place outside of normal clinical experience times, ACIs will post a signup schedule outside of their office at least one week in advance of the evaluations. Students sign-up on these schedules and must complete an equal number of evaluations with each member of the evaluation team.

Every student must demonstrate a minimal level of performance/competence in the evaluations. Scores lower than seventy percent (70%) on any of the evaluations will result in the student repeating the procedure until above 70% performance is demonstrated. The initial grade remains in the student's academic record for grading purposes. The ATEP Director maintains all controlled evaluation performance records and at the end of each semester, the records are placed in the student's clinical portfolio. **NO SKILLS CAN BE APPLIED TO REAL PATIENTS UNTIL THE STUDENT HAS DEMONSTRATED THE MINIMAL LEVEL OF COMPETENCY. ALL SKILL APPLICATION ON PATIENTS MUST OCCUR UNDER THE SUPERVISION OF AN ACI/CI.**

The guidelines and descriptions of the Psychomotor Skill evaluations are universally understood by the ACI's. These documents are revised and distributed annually. In addition, specific techniques and details are thoroughly discussed during designated meeting times throughout the semester. The detail and high level of communication (monthly staff meetings and email communications as needed) among the evaluators ensures the consistency of instruction and evaluation. Objectivity is maintained by utilizing evaluation tools with descriptive grading criteria. Each skill is broken down into essential tasks of the original skill. The evaluation tools are revised and reviewed as needed.

Clinical Setting Evaluations: Clinical Proficiency Evaluations

Full Evaluations

Full evaluations are comprehensive orthopedic evaluations with clinical decision-making components. These evaluations occur in the semester following the completion of the respective skills and are conducted in a one-on-one format with a member of the Central College ACI's. These evaluations function as a transition from detailed individual skill evaluation to more "holistic" skill evaluation.

Scenario/Simulation Evaluations

Scenario/Simulation Evaluations are clinical-decision based evaluations using a trained-model that will provide feedback to the ATS based on specific questions asked. These evaluations are performed in the last semester of the program and are conducted in a one-on-one format with the ATEP Director, Clinical Coordinator, ATEP Faculty Member, or Head Athletic Trainer (all of whom are ACIs). The purpose of these evaluations is to provide an additional opportunity to confirm student proficiency and to ensure integration of clinical proficiency in "real-life" situations.

Patient Evaluations

Patient Evaluations consists of clinical proficiency integration into the clinical setting through application of skill with actual patients under the supervision of an ACI or CI. Only ACIs can sign-off on these evaluation; CIs are allowed and encouraged to provide feedback to the student on skill performance.

All ACIs who are assigned a student(s) must complete designated clinical proficiency and performance evaluations. An ACI will supervise one, but no more than eight (8) ATSs in the clinical setting. The assigned supervising ACI monitors the ATS's completion of the designated clinical proficiencies. Upon completion of the clinical experience, the ATEP Clinical Coordinator reviews all evaluation materials, which are then placed in the student clinical folder (for clinical performance evaluations) or portfolio (for skill evaluations).

Evaluation documents are distributed each rotation to the ATS and/or ACI. The first portion of evaluation documentation is the Four year Academic Plan Competency and Proficiency Matrix. Each course syllabus will delineate and describe individual competencies, psychomotor skills, and clinical proficiencies or through objectives for student understanding along with timeframes for completion. The second portion of the evaluation documentation is the clinical rotation performance evaluation package. As Competencies and Proficiencies are integrated into the clinical setting, the ACI evaluates the student's performance and updates the Competency and Proficiency Matrix appropriately. Each ATS must complete all of the clinical evaluations before moving on to the next rotation.

The clinical rotation performance evaluation package contains evaluation forms on the ACI, the ATS (Performance and Professional Behavior Evaluation) and, the Clinical Site/Experience. These forms are completed at the end of each clinical rotation by Level I students and twice a semester for each Level II and Level III student by the ACI or the ATS. These forms utilize Likert-type evaluation scales for specific areas of professional and clinical competence.

V. Clinical Personnel Responsibilities

ACI Responsibilities

The ACI must be an ATC or other qualified health care professional with current credentialing and licensure within his or her respective discipline. A minimum of one-year experience in the respective discipline is also required. The ACI is responsible for assisting in the instruction and evaluation of clinical proficiencies and refinement of psychomotor skills. ACI personnel will include members of the Central College-ATEP faculty and Athletic Training Staff, other certified athletic trainers who have at

least one year of professional experience, and qualified health care professionals who have undergone appropriate ACI training and understand the objectives and qualifications of each level of student. All eligible candidates must complete a Central College-ATEP ACI Workshop, complete an ACI Review Workshop every three (3) years, and support the Policies and Procedures of the ATEP. The ACI must be familiar with the curriculum and have a high level of understanding of the evaluation guidelines. The ACI will provide instruction and supervision of the ATS. The ACI shall perform psychomotor and/or clinical proficiency instruction and evaluation, as well as professional performance evaluation throughout the educational experience. The ACI shall also be involved with the learning-over-time continuum during the clinical experience. The ACI understands that the student's role is not to provide athletic training services, meaning that the ATS should never be utilized as a replacement for staff or faculty or as a first-responder. The ACI will maintain contact with the ATEP through meetings (phone or in-person) and e-mail correspondence, to facilitate communication of the student's progress.

CI Responsibilities

The CI must be an ATC or other qualified health care professional with current credentialing and licensure within his or her respective discipline. A minimum of one-year experience in the respective discipline is also required. CIs are responsible for the instruction, evaluation, and supervision of athletic training students in the clinical setting. A CI is not charged with the formal evaluation of clinical proficiencies. The CI must support the Policies and Procedures of the ATEP and understand that the student's role is not to provide athletic training services, meaning that the ATS should never be utilized as a replacement for staff or faculty or as a first-responder. The CI will maintain contact with the ATEP through meetings (phone or in-person) and e-mail correspondence, to facilitate communication of the student's progress.

ATS Responsibilities

The student is responsible for being pro-active in the clinical education as well as the didactic component of the program. Students are expected to be organized in the class room setting, with a clear understanding of important dates and objectives of the class. Clinical experiences provide vast opportunities for learning. Students are expected to work with the ACI or CI to facilitate these opportunities. Although these supervisors are, in part, responsible for your clinical education, it is the ATS responsibility to be organized and set specific objectives outlining what they want to accomplish in the experience. The ACI/CI has responsibilities in addition to student education; therefore planned instruction and student learning cannot be an ACI/CI requirement. To facilitate this process, in each of the five clinical rotation courses, the student will provide the clinical rotation instructor with a list of semester objectives (including short-term goals) for that semester. These goals will be reviewed by the instructor and monitored for progress/completion bi-monthly throughout the semester. These objectives should be shared with the assigned ACI or CI in the form of ATS self-evaluations that include goals, level of learning, and stated strengths and weaknesses prior to each clinical experience.

VI. Clinical Experiences & Rotations

Affiliated Clinical Sites

To provide a well-rounded clinical education experience, we have affiliation agreements with a variety of clinical education sites. Affiliated sites must meet specified standards, and clinical hours can only be accrued at these affiliated sites. These

policies and standards ensure that students have liability insurance coverage through Central College and are provided with a worthwhile educational experience. The Clinical Coordinator assigns students to ACIs and CIs at the various clinical affiliate sites. The Affiliated Clinical Site List is available from the Program Director and can be located on the program website.

Level I: First Year Clinical Experience

Students complete approximately 16, two-week rotations of on-campus and off-campus experiences with ACIs and CIs. These experiences include exposure to a variety settings and populations, varying levels of injury risk (e.g., football), and different types of protective equipment, as well as general medical experiences that address the continuum of care which will prepare a student to function in a variety of practice settings. These experiences are also designed to address the domains of practice delineated for an entry-level athletic trainer. Specific rotation placement for students is carefully planned to ensure fair and equal opportunity for all students.

Level II: Second Year Clinical Experience

The goal for Level II ATS is to have at least two clinical experiences with an in-season sport including football. All Level II students will spend a significant portion of their clinical experience with football. These seasons include fall (football, volleyball/cross country, soccer/tennis), winter (wrestling, basketball, indoor track), and spring (baseball/tennis, softball, outdoor track). An entire season with a particular ACI is beneficial to the ATS to become fully involved with the daily care of athletes. The remaining experiences are internships, study abroad experiences, or general athletic training room experience (assisting with rehab, treatment, and evaluation of out of season athletes). The second semester of the Level II ATS has been developed to give the ATS an opportunity to study abroad or have a semester long internship experience as this is an important part of the mission of Central College and Liberal Arts framework.

Level III: Third Year Clinical Experience

Students provide the Clinical Coordinator with their top three placement requests during the spring semester of their second year. The Clinical Coordinator will take ACI input into consideration; however the final placement decision is made by the Clinical Coordinator in consultation with the Program Director. Although student requests are considered, it is important for students to understand that not all requests can be granted, and that additional factors must also be taken into consideration, such as:

- Past didactic and clinical performance in the ATEP
- Past clinical experiences in the ATEP (ensuring fulfillment of all necessary requirements relating to the required clinical education exposures)
- Maturity and professionalism
- Professional goals of the ATS
- Personal attributes of the ATS
- Past disciplinary actions

General Medical Experiences

Each first year student completes at least one two-week rotation (approximately 10-15 hours) with a chiropractor, dentist, eye doctor, team physician, and physical therapy clinic. Level III students complete 10-15 hours with the Central College Team Physician.

Additional Clinical Experience Opportunities

There are opportunities for interested students to gain experience in numerous sports medicine and rehabilitation clinics and high schools. Other sites may be incorporated as they become available (such as hospital ER, ambulance, orthopedic clinic, student health services) and are proven to provide educational benefits. Formal evaluations of student progress and performance will be completed at mid-semester and at the end of the semester by the assigned ACI for the Level II and Level III student. Level I students are continually evaluated after each two-week rotation.

Clinical Education Hour Requirement

Each ATS will complete no less than 70 hours in their first and second semester (average 5 hours/2 week rotation) and 140 hours in the third through fifth semesters (average 10 hours/week). Hours will be submitted weekly during the meeting time of associated Clinical Rotation course. Time sheets will be located in athletic training clinic, on the associated Blackboard course, and on the ATEP website. The ATS should sign in when arriving and sign out at the completion of each day. Recorded times should be correct to the nearest quarter hour. The supervising ACI or CI must initial the student's time sheet weekly (daily with rotating ACIs) and ensure that the descriptions of activities (i.e., sport, general medical) are recorded accurately.

In compliance with CAATE standards and the NCAA regulations, all students must have one day off per week. No exceptions. The Central College-ATEP faculty will monitor student hours and make adjustments when appropriate. The Clinical Coordinator will import student hours into a database and provide reports to the ATEP Director each semester. Monitoring will also be utilized to ensure that equal and fair opportunities exist for the ATS.

Criteria for ATS Progression Through Clinical Experiences

The clinical education component of the ATEP is associated with academic credit in the five clinical rotation courses: AT:223, 224, 323, 423, and 424. The ATS must receive a grade of "C" or higher to progress into the next clinical rotation and associated level. Each syllabus will describe the components used to determine the grade, but in general, a student must complete all of the required clinical experience hours and coursework, receive satisfactory performance evaluations from the ACI and CI, and complete the clinical proficiency evaluations and psychomotor skills required for the respective course to progress to the next clinical rotation course and level.

Athletic training students will also be evaluated on personal and professional competency through the Professional Behavior Evaluation at mid-semester and the conclusion of each semester for Level II and Level III students, and at the completion of each clinical experience for Level I students.

VII. Central College-ATEP Supervision Policy

The Central College-ATEP Clinical Supervision Policy is compliant with CAATE accreditation standards and the Iowa Athletic Training Practice Act.

Direct Supervision (physically present) describes the supervision required of Athletic Training Students during clinical experiences. The ACI/CI must be physically present and have the ability to intervene on behalf of the patient and the Athletic Training Student.

The ATEP incorporates CAATE's recommendation for utilizing the graded supervision method. Initially, supervision involves close monitoring, but once a student demonstrates proficiency and has some experience with a particular skill, that student should be granted supervised autonomy (i.e. permitted to initiate actions, perform initial evaluations, and develop and implement rehabilitation plans with the clinical instructor in the same room/field where he/she can see and hear the student, but not necessarily looking over the student's shoulder). This level of supervision positions students to learn maximally at all times while still allowing for timely feedback and prompt correction of improper behaviors/techniques. Direct Supervision still encourages independent actions, positioning students to develop "real world" critical thinking abilities, and does not infer that all student actions should be prompted or directed.

TRAVEL POLICY

Students will have the opportunity to accompany an ACI/CI to away competitions as space and budgetary constraints allow. Level II and Level III Athletic Training Students are allowed to travel without a supervising ACI/CI as a condition of their work study but **are not required**. Students not wishing to travel must make other arrangements to earn their work study. When traveling you must follow all the rules and regulations that apply to the first aid provider/work study policy of Central College. The Central College ATEP Handbook and Central College Code of Student Conduct are in affect at any time you are in class, accruing clinical hours or representing Central College.

Students are not permitted to volunteer for clinical activities (e.g., sport camps or internships) that are outside the requirements of the ATEP, unless the ATEP can document that the students are protected under the College's liability insurance in these roles and that this practice is within the Iowa Athletic Training practice act.

FIRST AID PROVIDER POLICY

The ATEP faculty does not support unsupervised clinical education experiences for students and believe that using students in this capacity exposes those involved to liability risk, conflicts with the mission of the program and violates CAATE Standards. For this reason, students are only assigned to supervised clinical experiences and therefore when Level II or Level III students chose to travel for work study they function as a First Aid Provider and not an ATS.

In the case where a student would be left unsupervised (e.g., ACI/CI leaves to take a phone call or use the restroom), the student does not have to leave the clinical experience site but may not count the hours towards their clinical rotation requirement. Unsupervised experiences cannot be mandated to any student. When the ATS is left unsupervised, the student

is required to function only as a Professional Rescuer CPR/First Aid/AED/Blood Borne Pathogens trained individual would and must not be referred to as an "Athletic Training Student". In these situations, students are allowed to apply only those skills deemed appropriate by the certifying agency. At no time should the student utilize athletic training skills related to: evaluation to determine participation status, therapeutic modality and/or exercise application, or taping and wrapping skills (unless involved in emergency wound care situations). This unsupervised time period is not considered in the accumulation of clinical experience hours. When an ATS is not under direct supervision (i.e., they are not under "constant visual and auditory interaction") by a credentialed professional, the ATS will act as a "first aid provider". The role of a first aid provider is to provide first aid or emergency treatment to injured athletes or patients. **All Central College athletic training students are required to maintain current first aid and CPR certifications to be eligible for participation in the clinical education program. Unsupervised ATS / "first aid providers" may perform the following duties:**

1. Evaluation of injuries and illnesses to determine the need for EMS or immediate referral

- First aid providers may not make decisions on whether or not an athlete may return to activity other than removing an athlete from activity for immediate referral or emergency medical care.
- In the event a first aid provider evaluates an athlete with an injury or illness that does not require (a) activation of EMS, (b) immediate referral, or (c) the provision of emergency first aid; the first aid provider is to immediately contact the appropriate supervisor or credentialed professional, according to the clinical site's policies and procedures to inform him or her that there is an athlete with a non-emergent injury or illness (Refer to the ATEP Handbook). The first aid provider is NOT to render a decision as to whether or not the athlete may return to play, nor is the first aid provider to perform any other evaluations or treatments.
- In the event a first aid provider evaluates an athlete with an injury or illness that requires (a) activation of EMS, (b) immediate referral, or (c) the provision of emergency first aid; the first aid provider will activate the Emergency Action Plan (EAP) according to that site's policies and procedures or based on the recommendation of the host athletic training staff. After taking the appropriate actions, the first aid provider will notify the appropriate clinical supervisor according to the site's policies and procedures and document the incident on the appropriate forms (Refer to the ATEP Handbook).

2. Provide ice, compression, and elevation

- In the event a first aid provider provides ice, compression, and or elevation, the first aid provider will notify the appropriate supervisor according to the site's policies and procedures and document the incident on the appropriate forms (Refer to the ATEP Handbook).

3. Splint, immobilize, or provide support to an injury

- In the event a first aid provider splints, immobilizes, or provides support to an injury, the first aid provider will notify the appropriate supervisor according to the site's policies and procedures and document the incident on the appropriate forms (Refer to the ATEP Handbook).

4. Activate EMS

- In the event a first aid provider activates EMS, the first aid provider will notify the appropriate supervisor or host athletic trainer and document the incident on the appropriate forms.

5. Perform CPR, rescue breathing, and / or AED procedures

- In the event a first aid provider performs CPR, rescue breathing and / or AED procedures, the first aid provider will notify the appropriate supervisor or host athletic trainer and document the incident on the appropriate forms.

6. Provide first aid care for "medical emergencies"

- In the event a first aid provider provides first aid, the first aid provider will notify the appropriate supervisor according to the site's policies and procedures or the host athletic training staff and document the incident on the appropriate forms.

Unsupervised students / first aid providers may NOT provide "athletic training services". Activities which are NOT to be performed by an unsupervised student include:

1. Providing treatments for injuries other than the activities listed above.
2. Providing or supervising rehabilitation procedures.
3. Making decisions about the disposition of an injured or ill athlete other than the activities listed above.

Students are required to notify the Program Director immediately if they feel that they are inadequately supervised in the clinical setting.

There are possible legal implications of staying onsite and providing CPR/First Aid services. The College's liability insurance plan that provides protection during your clinical experience portion of your education as an athletic training student may not provide liability coverage when you become a volunteer providing CPR/First Aid services. If you choose to stay, you are doing so with the knowledge that we are uncertain of whether or not the College's insurance plan will offer liability protection.

If you **understand and agree** to the "first aid provider" conditions mentioned in this agreement please sign and write the date below and copy. This document will be signed annually.

Student Signature _____ Date _____

Work Study/First Aid Provider Supervisor _____ Date _____