

ALVERNIA UNIVERSITY

ATHLETIC TRAINING PROGRAM

CLINICAL EDUCATION MANUAL



Alvernia University
400 St. Bernardine Street
Reading, PA 19607-1799

Acknowledgement

Represented by my signature below, I acknowledge that I have received the *Alvernia University Athletic Training Program Clinical Education Manual*. My signature also confirms that I have read and understand its contents, and all of my questions have been answered satisfactorily.

X _____
Signature

Date

Name Printed

Please remove this page and return it to the Athletic Training Secretary in Veronica Hall (2nd floor).

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Alvernia University

PART I – Overview

INTRODUCTION

The following policies and procedures have been established for the purpose of clarifying, organizing, and maintaining an effective Athletic Training Program at Alvernia University. It is our hope that this handbook will inform the Athletic Training Student, as well as the Athletic Program Administration, Athletic Coaches, Preceptors and the Athletic Training Faculty and Staff of its policies and procedures.

This handbook is to serve as a guideline for the professional staff and students when carrying out the normal day-to-day operations of the Athletic Training Program, as well as in making administrative and professional decisions. The contents are designed to assure safe, prudent, unbiased care for the Alvernia University athlete, as well as to provide for quality education in the Athletic Training Program. The provisions of this guide are not to be regarded as a contract between the student and Alvernia University. The University reserves the right to change any provisions or requirements at any time within the student's term of residence.

ACCREDITATION STATUS

The Athletic Training Program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). CAATE is located at 6836 Austin Center Blvd, Suite 250, Austin, TX 78731-3193. Their phone number (512) 733-9700.

THE ATHLETIC TRAINING PROFESSION

According to the National Athletic Trainers' Association (NATA), a certified athletic trainer is a highly educated and skilled professional specializing in athletic health care. In cooperation with physicians and other allied health personnel, the athletic trainer functions as an integral member of the athletic health care team in secondary schools, colleges and universities, sports medicine clinics, professional sports programs and other athletic health care settings.

AMERICANS WITH DISABILITIES ACT (ADA)

Special Needs Students

The University determines its ability to meet the specific requests of special needs students on a case-by-case basis. Reasonable accommodations, as defined by Act 504 and the Americans with Disabilities Act (ADA), are provided when students self-identify and provide documentation to the University's Americans with Disabilities Act Coordinator. Students needing assistance should contact the Disability Services Office in BH 106, by phone (610.568.1499), fax (484-335-4486), or e-mail (disability.services@alvernia.edu)

ADA Accommodations

In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (“ADA”), the University offers accommodations to students with documented learning, physical and/or psychological disabilities. It is the responsibility of the student to contact the Disability Services Coordinator, preferably prior to the beginning of the semester, to initiate the accommodation process and to notify instructors as soon as possible so accommodations can be made early on in the semester. Course requirements will not be waived but, if possible, reasonable accommodations will be made to allow each student to meet course requirements. Students needing assistance should contact the Disability Services Office in BH 106, by phone (610.568.1499), fax (484-335-4486), or e-mail (disability.services@alvernia.edu).

PROGRAM MISSION

The Athletic Training Program at Alvernia University has a primary purpose of providing students with the intellectual and clinical foundation that will enable them to play an important role in the health care of athletes and others involved in physical activity.

The Athletic Training Program is committed to giving students the opportunities needed to develop the knowledge, skills and attitudes needed to become a highly-qualified allied health professional in the field of Athletic Training.

Throughout the Program, students will gain a breadth and depth of knowledge in the field of Athletic Training, as well as in the liberal arts. Students will also develop critical thinking skills, as well as gain an appreciation for the profession of Athletic Training and the role of the Certified Athletic Trainer.

PROGRAM GOALS

These are congruent with the Athletic Training Education Competencies, fifth edition, from the National Athletic Trainers’ Association.

1. Meet the Standards as set forth by the Commission on Accreditation of Athletic Training Education;
2. Promote professional and ethical practice of Athletic Training;
3. Provide high-quality classroom and laboratory experiences for students that include NATA competencies and proficiencies;
4. Provide effective, supervised clinical experiences for students that include NATA competencies and proficiencies; and
5. Prepare students for entry-level practice as a certified athletic trainer congruent with the core values of Alvernia University.

Student Learning Outcomes

1. Demonstrate a basic understanding of foundational knowledge and skills within the Athletic Training Program.
2. Utilize knowledge of basic science and research methodology to interpret evidence-based research related to athletic training and answer clinically relevant questions.
3. Demonstrate general prevention principles, strategies, and procedures that optimize the overall health and quality of life of clients/patients.
4. Demonstrate strong clinical examination and problem-solving skills. Students will be able to identify and evaluate, utilizing clinical reasoning and thinking skills, in order to formulate a differential diagnosis.
5. Demonstrate an accurate knowledge and skill in evaluation and immediate management of acute injuries and illnesses.
6. Demonstrate the ability to design a therapeutic intervention program utilizing a broad range of interventions and be knowledgeable about common prescription and nonprescription drugs.
7. Recognize abnormal social, emotional, and mental behaviors and demonstrate the intervention and referral process while demonstrating moral and ethical judgment. Students will be able to communicate effectively and respectfully with individuals/groups, professionals, and society.
8. Identify, describe, and develop risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management

ALVERNIA UNIVERSITY ATHLETIC TRAINING ADVISORY COMMITTEE

The Athletic Training Advisory Committee consists of members of the Alvernia University Faculty, as well as professionals from the surrounding community. This body functions to ensure that the Program functions to meet Accreditation Standards. The Advisory Committee meets minimally once per year, with additional meetings called if the Program requires.

ATHLETIC TRAINING CODE OF ETHICS (www.nata.org)

The Code of Ethics of the National Athletic Trainers' Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

Principle 1:

Members shall respect the rights, welfare and dignity of all individuals.

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted or required by law.

Principle 2:

Members shall comply with the laws and regulations governing the practice of athletic training.

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2 Members shall be familiar with and adhere to all National Athletic Trainers' Association guidelines and ethical standards.

2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

Principle 3:

Members shall accept responsibility for the exercise of sound judgment.

3.1 Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2 Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

Principle 4:

Members shall maintain and promote high standards in the provision of services.

4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

Principle 5:

Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

5.1 The private conduct of the member is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.

5.2 Members of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

Reporting of Ethics Violations

Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA's Executive Director or Chair of the Ethics Committee.

Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA

Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee. An individual may report information on the condition that the individual's name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

NATA
Ethics Investigations
2952 Stemmons Frwy
Dallas, TX 75247-6196

BOC Standards of Professional Practice

Implemented January 1, 2006

Introduction

The mission of the Board of Certification Inc. (BOC) is to provide exceptional credentialing programs for healthcare professionals. The BOC has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as "Athletic Trainer" from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The *BOC Standards of Professional Practice* consists of two sections:

- I. Practice Standards
- II. Code of Professional Responsibility

I. Practice Standards

Preamble

The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers. Compliance with the Standards is mandatory.

The Standards are intended to:

- assist the public in understanding what to expect from an Athletic Trainer
- assist the Athletic Trainer in evaluating the quality of patient care
- assist the Athletic Trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:

- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Standards at all times.

Standard 1: Direction

The Athletic Trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention

The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

Standard 3: Immediate Care

The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis

Prior to treatment, the Athletic Trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

Standard 5: Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation

The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient's status.

Standard 7: Organization and Administration

All services are documented in writing by the Athletic Trainer and are part of the patient's permanent records. The Athletic Trainer accepts responsibility for recording details of the patient's health status.

II. Code of Professional Responsibility

Preamble

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The *Professional Practice and Discipline Guidelines and Procedures* may be accessed via the BOC website, www.bocatc.org.

Code 1: Patient Responsibility

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
- 1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare
- 1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice

- 1.4 Maintains the confidentiality of patient information in accordance with applicable law
- 1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
- 1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
- 1.7 Exercises reasonable care, skill and judgment in all professional work

Code 2: Competency

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities
- 2.2 Participates in continuous quality improvement activities
- 2.3 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards
- 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care
- 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care
- 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education
- 3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful
- 3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials
- 3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public
- 3.10 Complies with all confidentiality and disclosure requirements of the BOC
- 3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity
- 3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion
- 3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

Code 4: Research

The Athletic Trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
- 4.2 Protects the rights and well being of research subjects
- 4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

Code 5: Social Responsibility

The Athletic Trainer or applicant:

5.1 Uses professional skills and knowledge to positively impact the community

Code 6: Business Practices

The Athletic Trainer or applicant:

6.1 Refrains from deceptive or fraudulent business practices

6.2 Maintains adequate and customary professional liability insurance

Foundational Behaviors of Professional Practice

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient

- ♦ Recognize sources of conflict of interest that can impact the client's/patient's health.
- ♦ Know and apply the commonly accepted standards for patient confidentiality.
- ♦ Provide the best healthcare available for the client/patient.
- ♦ Advocate for the needs of the client/patient.

Team Approach to Practice

- ♦ Recognize the unique skills and abilities of other healthcare professionals.
- ♦ Understand the scope of practice of other healthcare professionals.
- ♦ Execute duties within the identified scope of practice for athletic trainers.
- ♦ Include the patient (and family, where appropriate) in the decision-making process.
- ♦ Work with others in effecting positive patient outcomes.

Legal Practice

- ♦ Practice athletic training in a legally competent manner.
- ♦ Identify and conform to the laws that govern athletic training.
- ♦ Understand the consequences of violating the laws that govern athletic training.

Ethical Practice

- ♦ Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.
- ♦ Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice*.
- ♦ Comply with other codes of ethics, as applicable.

Advancing Knowledge

- ♦ Critically examine the body of knowledge in athletic training and related fields.
- ♦ Use evidence-based practice as a foundation for the delivery of care.
- ♦ Appreciate the connection between continuing education and the improvement of athletic training practice.
- ♦ Promote the value of research and scholarship in athletic training.
- ♦ Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

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Cultural Competence

- ♦ Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- ♦ Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- ♦ Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism

- ♦ Advocate for the profession.
- ♦ Demonstrate honesty and integrity.
- ♦ Exhibit compassion and empathy.
- ♦ Demonstrate effective interpersonal communication skills.

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PART II – Program Personnel

FACULTY/STAFF

Tom Franek, Ph.D., LAT, ATC

Athletic Training Program Director

Associate Professor

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610-796-3012

Kimberly Stoudt, Ed.D, LAT, ATC, EMT, EMT-T

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Suzanne Cotter, MD

Adjunct Instructor

Paul Marr, MD

Team Physician

John Martin, MD

ATP Medical Director

Thomas G. Porrazzo, PhD, LAT, ATC

Associate Professor & Chair of Allied Health & Human Services

Head Athletic Trainer

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Janice Stock

Administrative Support

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610-796-8373

ATHLETIC TRAINING PROGRAM FACULTY & STAFF ROLE DELINEATION

The Athletic Training Program Faculty and Staff shall consist of the following individuals: Team Physician, Athletic Training Program Director, Clinical Education Coordinator, Head Athletic Trainer, Assistant Athletic Trainer, Department Chair, Clinical Instructors, Athletic Director, Adjunct Faculty, Athletic Training Students and Clerical and Support Staff.

The Team Physician, Head Athletic Trainer/Professor and Assistant Athletic Trainer/Professor will primarily coordinate medical care for student-athletes. The Athletic Training Program Director and Department Chair will be primarily responsible for the educational component of the Athletic Training Program. Clinical Instructors will be responsible for the continued clinical education and evaluation of clinical skills of the Athletic Training Student as established by the Faculty of the Athletic Training Program.

Medical Director

The medical director will be an MD/DO who is licensed to practice in the state of PA. He/she will act as a resource and expert for the medical content of the ATP in both formal classroom and supervised clinical experiences.

Team Physician

The team physician shall be involved in the Athletic Training Program. He/she will have a sincere interest in the professional preparation of the athletic training student and will be willing to share his/her knowledge through ongoing informal discussion, classroom instruction, clinics and other in-service related sessions.

Athletic Training Program Director

The Athletic Training Program Director shall be responsible for the day-to-day operation, coordination, supervision and evaluation of all aspects of the Athletic Training Program. The Program Director will be a Certified Athletic Trainer and will instruct classes in the Athletic Training Program.

Clinical Education Coordinator (CEC)

The CEC is a faculty member who is identified as the "Clinical Education Coordinator" and is given three hours release time per semester, consistent with other Allied Health (i.e. OT, DPT, Nursing) Programs on Campus. The CEC is responsible for the clinical progression of each student in the ATP. They will perform annual clinical site evaluations, as well as assure student evaluations. The CEC will assure Preceptor evaluation and training. The CEC will work closely with the preceptors and program director throughout the academic year via visits, email and phone.

Head Athletic Trainer/Professor

The Head Athletic Trainer/Professor shall be a Faculty member with responsibilities of teaching designated classes within the Athletic Training Program, as well as provide Athletic Training coverage. This person must be qualified through professional preparation (NATABOC and state certification) and experience in the field of Athletic Training.

Assistant Athletic Trainer/Professor

The Assistant Athletic Trainer/Professor shall be a Faculty member with responsibilities of teaching designated classes within the Athletic Training Education Program, as well as assist the Head Athletic Trainer with Athletic Training coverage. This person must be qualified through professional preparation (NATABOC and state certification) and experience in the field of Athletic Training.

Department Chairperson

The Department Chairperson will assist the Athletic Training Program Director and other Staff/Faculty in the administration of the Athletic Training Program. The Department Chair will also serve on Athletic Training Program Committees. This individual may instruct classes in the Athletic Training Program.

Preceptor

A preceptor must function to: supervise students during clinical education; provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission; provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care; provide assessment of athletic training students' clinical integration, proficiencies communication skills and clinical decision-making during actual patient/client care; facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training; demonstrate understanding of and compliance with the program's policies and procedures.

Athletic Director

The Athletic Director will function as defined by the University. In addition, the Athletic Director will be aware of the educational and clinical components of the Athletic Training Program and will assist in the delivery of these components. Regular correspondence between the Head Athletic Trainer and the Athletic Director will include any updates on Athletic Training Student clinical education or changes in the Athletic Training Program.

Adjunct Faculty

The Adjunct Faculty for the Athletic Training Program will teach those courses required by the curriculum. These faculty members will be qualified through professional preparation and experience in their respective academic areas. They will be familiar with the *Competencies in Athletic Training* as they pertain to their respective teaching area. Adjunct Faculty will also demonstrate a sincere interest in assisting the Athletic Training Students in development of professional skills and knowledge.

Athletic Training Students

The Athletic Training Students are the core of the Athletic Training Program. They shall exhibit professional characteristics and commitment to their Program. They will strive to continually improve upon their knowledge and skills.

Clerical and Support Staff

The Clerical and Support Staff will be available to support Program personnel.

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PART III – Program Progression Policy, Content & Requirements

Progression Policy

- Achievement of a "C" or better in each athletic training (AT) course. Students may repeat/delete only one athletic training (AT) course throughout the Athletic Training Program.
- Students who receive a grade of less than a "C" in an athletic training course may not progress in athletic training courses for which that course is a prerequisite.

PROGRAM REQUIREMENTS

Students accepted into the Athletic Training Program must maintain a 2.5 overall GPA. Students falling below these levels are reviewed by the program director and placed on probation or possibly dismissed from the program.

All athletic training students entering the clinical field must meet the following requirements:

- Obtain a Pennsylvania Child Abuse History Clearance (ACT 151), a Criminal History Record Check (Act 34) and an FBI Criminal Clearance (Act 114) prior to the start of their first clinical rotation (these clearances must be updated on a yearly basis).
- Submit a completed health record to the Health & Wellness Center.
- Obtain specific immunizations which includes: a Two-step TB Test, Diphtheria/Tetanus Booster, Measles, Mumps and Rubella and series of Hepatitis B vaccinations, and a Pneumococcal vaccine or waiver.
- Obtain yearly Bloodborne Pathogens and OSHA training and complete the Communicable Disease Policy.
- Required yearly influenza vaccination or refusal.
- Maintain current certification in CPR and First Aid.
- Provide transportation for clinical experience off-campus (public or private).
- Provide proof of current health insurance

ATHLETIC TRAINING MAJOR REQUIREMENTS

Major: 67 credits

AT 101, 113, 206, 209, 222, 250, 251, 301, 310, 311, 321, 340, 410, 411, 433, 440, 445, 446.

Related Areas: 30 credits

BIO 107, 108, 117, 118, 208, 211, 217; MAT 208; PSY 101, 208; THE 210.

COURSE DESCRIPTIONS

AT 101 (3 credits)

Introduction to Athletic Training

This course is intended to introduce students to the profession of athletic training and sports medicine; including history, function, career opportunities and professional standards of the national (NATA) and state (PATS) organizations, as well as the educational objectives of the athletic training major. Facilities where athletic training is practiced, types of clients treated, equipment used, and the various relationships with other healthcare professionals are discussed. Students spend a minimum of 25 observational hours and a maximum of 30 observational hours with a preceptor at the university's facilities.

AT 113 (3 credits)

Emergency Response

Provides the knowledge, skills, and confidences to help a person who is a victim of injury or sudden illness. Students learn how to assess a person's condition and how to recognize and care for life-threatening emergencies. Students will also receive OSHA training in the handling of blood borne pathogens. Cross listed with PED 104.

AT 206 (4 credits)

Therapeutic Exercise

Study of the basic types of exercises applied in the treatment of disease and injury. Emphasis is on the teaching aspect of working with the physically active client. Introduction to the physiological effects of exercise and the basic principle of joint range of motion, manual muscle testing and functional activities. Use of mechanical exercise equipment is also taught, stressing safety during exercise, signs of over dosage and use of proper body mechanics. Correct and incorrect exercise procedures as well as indications and contraindications for different exercise are reviewed. Student will acquire skills in performing goniometric measurements. Three hours lecture and two hours lab. Prerequisites: BIO 107, BIO 117.

AT 209 (4 credits)

Therapeutic Modalities and Treatment Techniques

Introduction to patient care activities include draping and positioning, body mechanics, patient transport, bed mobility, transfers, gait training, tilt table, aseptic techniques, vital signs, therapeutic massage, intermittent venous compression. Introduction to theory, application of treatment of the following physical modalities: cold pack, moist heat paraffin, infrared, ultra violet, fluidotherapy, intermittent traction, ultrasound, hydrotherapy, and diathermy. Indications contraindications and precautions will be emphasized. Three hours lecture and two hours lab. Prerequisites: BIO 107, BIO 117, BIO 108 and BIO 118.

AT 222 (4 credits)**Care and Prevention of Athletic Injuries**

Introduction to the concepts of injury prevention, recognition and management, as they relate to athletics. Integrates three hours lecture and two hours lab weekly.

Prerequisite: permission of instructor.

AT 250 (5 credits)**Recognition and Evaluation of Athletic Injuries I**

Students taking this course will be able to conduct thorough clinical injury/illness evaluations and determine the nature, type and severity of injuries for the basis of providing First Aid/emergency care, referring for medical diagnosis/treatment and follow up treatment. Major focus is on the upper extremities. A minimum of 50 and a maximum of 75 hours working with a preceptor at the university's facilities is required. This course requires three hours lecture and two hours lab. Prerequisite: Formal admission to the AT Program.

AT 251 (5 credits)**Recognition and Evaluation of Athletic Injuries II**

Students taking this course will be able to conduct thorough clinical injury/illness evaluations and determine the nature, type and severity of injuries for the basis of providing First Aid/emergency care, referring for medical diagnosis/treatment and follow up treatment. Major focus is on the lower extremities. A minimum of 50 and a maximum of 75 hours working with a preceptor at the university's facilities is required. This course requires three hours lecture and two hours lab. Prerequisite: Formal admission to the AT Program.

AT 301 (3 credits)**Advanced Athletic Training Procedures**

Advanced rehabilitation science procedures. Movement science focuses on a study of normal motor control and on movement abilities. This course will discuss current applied neurosciences concepts to allow students to practice the application of motor learning principles to rehabilitation. The electrotherapy unit includes an in-depth discussion of electro-physiology, the instrumentation and application of various types of transcutaneous electrical stimulation. Integrates two hours lecture and two hours lab weekly. Prerequisite: BIO 107, 117, BIO 108, 118 and BIO 211.

AT 310 (5 credits)**Athletic Training Clinical I**

Course includes both seminar and practical application. Students spend a minimum of 200 hours and maximum 320 hours working with a preceptor at the university's facilities or an affiliated site. Major focus is on lower extremities. Students spend 10 hours working with a physician in an orthopedic office setting. Prerequisite: AT 206, 209, 251 or permission of the Program Director

AT 311 (5 credits)**Athletic Training Clinical II**

Course includes both seminar and practical application. Students spend a minimum of 200 hours and maximum 320 hours working with a preceptor at the university's facilities or at an affiliated site. Major focus is on upper extremities. Students spend 10 hours working with a physician in an orthopedic office setting. Prerequisite: AT 310 or permission of the Program Director.

AT 321 (2 credits)**Strength and Conditioning Techniques for Rehabilitation Professionals**

Course includes a functional, scientific approach to the design of strength and conditioning programs. Includes testing protocols used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, and endurance. General fitness, wellness, and sports nutrition concepts and dietary supplements will be discussed. Course includes 1 hour of lecture and 2 hours of lab weekly. Prerequisite: AT 206

AT 340 (3 credits)**Organization and Administration of Athletic Training**

Organization and administration of Athletic Training Programs as identified by the National Athletic Trainers' Association, in the Competencies in Athletic Training document. Topics include licensing, continuing education requirements, record keeping, purchasing and maintenance of equipment and facilities, and policies and procedures for the operation of Athletic Training Program. Practical experiences are interwoven throughout the course.

AT 410 (5 credits)**Athletic Training Clinical III**

Course includes both seminar and practical application. Students spend a minimum of 200 hours and maximum 320 hours working with a preceptor at the university's facilities or an affiliated site. Major focus is on contact sports and general medical conditions and disabilities. Students spend a minimum of 10 observational hours and a maximum of 15 observational hours with a preceptor at a general medical facility. Prerequisite: AT 310 and 311, or permission of the Program Director.

AT 411 (5 credits)**Athletic Training Clinical IV**

Course includes both seminar and practical application. Students spend a minimum of 200 hours and maximum 320 hours working with a preceptor at the University's facilities or an affiliated site. Major focus is on psychosocial intervention and counseling techniques. Prerequisite: AT 310 and 311, or permission of the Program Director.

AT 433 (3 credits)**Exercise Physiology**

Study of the application of physiological principles of human performance to sports/exercise including theories and principles for improving performance. Examination of current literature and research. Focus on examples for athletic training and coaching application. Prerequisites: BIO 107, 117, BIO108 and 118.

AT 440 (2 credits)**Pharmacology in Athletic Training**

Study of pharmacologic applications for injury/illness to athletes and the physically active. Includes indications, contraindications, interactions of medications, and relevant governing regulations.

AT 445 (3 credits)**Senior Capstone I**

This course explores quantitative and qualitative research methodologies used in athletic training and evaluation of published research in the field. The capstone activity involves designing a research project and presenting it for Institutional Review Board approval.

Basic format and organization issues are covered, along with how to identify a research topic, access resources, and write a literature review. Pre-requisite: MAT 208 and Senior Status.

AT 446 (3 credits)**Senior Capstone II**

This course explores quantitative and qualitative research methodologies used in athletic training and evaluation of published research in the field. The capstone activity involves a research project ending with a presentation. The student will write their project during this class utilizing APA style with emphasis on chapters 1-3. This course is also designed to further prepare the student for the BOC exam.

ACADEMIC PLAN

The following list outlines a sample eight semester sequence including courses required for an Athletic Training Program. Liberal arts requirements are placed in various semesters, but they can be interchanged with any semester.

Academic Plan

Semester 1 - 16 credits

BIO 107 - Anatomy & Physiology I	AT 101 - Intro to AT
BIO 117 - Anatomy & Physiology I Lab	
FYS 101 - First Year Seminar	
COM 101: Composition & Research	
THE 105 or PHI 105	

Semester 2 - 17 credits

BIO 108 - Anatomy & Physiology II	AT 113 - Emergency Response
BIO 118 - Anatomy & Physiology II Lab	AT 222 - Care and Prevention, Athletic Injuries
PSY 101 - Intro to Psychology	
THE 105 or PHI 105	

Semester 3 - 18 credits

BIO 217 - Principles of Sports Nutrition	AT 209 -Therapeutic Modalities and Treatments
PSY 208 - Human Development Across the Lifespan	AT 250 – Recognition & Evaluation of AT Injuries I
WORLD LANGUAGE	

Semester 4 - 16 credits

BIO 211 – Kinesiology	AT 206 - Therapeutic Exercise
WORLD LANGUAGE	AT 251 - Recognition & Eval of Athletic Injuries II

Semester 5 - 16 credits

BIO 208 - Neuroscience for Rehabilitation	AT 301 – Advanced Athletic Training Procedures
MAT 208 - Introductory Statistics	AT 310 - Athletic Training Clinical I
	AT 321 - Strength and Conditioning Techniques for Rehabilitation Professionals

Semester 6 - 17 credits

THE 210 - Medical Moral Theology	AT 311 - Athletic Training Clinical II
GEN ED	AT 340 - Organization and Administration
GEN ED	

Semester 7 - 16 credits

GEN ED	AT 410 - Athletic Training Clinical III
GEN ED	AT 440 - Pharmacology
	AT 445 - Senior Capstone I

Semester 8 - 17 credits

GEN ED	AT 411 - Athletic Training Clinical IV
GEN ED	AT 433 - Exercise Physiology
	AT 446 - Senior Capstone II

FRATERNIZATION POLICY

It is the policy of the Alvernia University Academic Programs that students should NOT fraternize on a personal level with staff, patients, students or clients during assigned academic field placements on or off campus. Selected examples of fraternization are:

- After hours personal contact with staff, client, patients or students
- Inappropriate touching or gestures
- Inappropriate communication (implied or direct)
- Flirting

DISCIPLINARY ACTIONS

Upon receipt of a written complaint, the Dean will initiate an investigation. Following the completion of an investigation, appropriate corrective measures, if warranted, will be taken. Corrective measures may include:

- Verbal warning
- Written warning
- Dismissal from course
- Dismissal from academic program

ACADEMIC STANDARDS

Athletic Training Students must maintain a 2.5 overall GPA. Those Athletic Training Students falling below a 2.5 GPA will be placed on probation for up to one academic year. If the academic standards are not met by the completion of the successive year, the student will be dismissed from the program.

To re-enter the program after dismissal, the student must schedule a meeting with a committee made up of the Athletic Training Program Director, Department Chairperson and Alvernia University Head Athletic Trainer. At this time, he/she must present evidence that he/she has attained the 2.5 GPA requirement and state his/her reasons for re-entry. After this meeting, the Committee will discuss the student's situation and notify the individual of his/her status for the following semester.

ACADEMIC GRIEVANCE POLICY

The Student Grievance Committee attends to grievances of an academic nature. The committee is composed of faculty members and two students. Students are selected by the Student Government Association. The chair is elected by the committee members. The committee is involved in a student grievance only if the proper procedures have been followed by the student. Those procedures can be found in the Undergraduate Student Handbook. The student must discuss the situation/grade with the instructor within 20 calendar days of occurrence/disagreement.

HOURS REQUIREMENTS

RECORDING HOURS

All Athletic Training hours must be recorded. These records will be kept in the Athletic Training Room. It is highly recommended that the Athletic Training Student keep a duplicate copy.

Freshman year – 50 hours (a minimum of 25 observational hours [maximum of 30 hours] in both AT 101 & AT 113 with a preceptor at the university's facilities).

Sophomore year – 100 hours (a minimum of 50 observational hours [maximum of 75 hours] must be completed on campus under the supervision of a preceptor, these hours required for AT 250 & AT 251).

AT 310, 311, 410, 411 – 200 Hours each

SIGN IN Rounded to the next quarter of an hour

Example: in at 12:01 recorded as 12:00
 in at 12:08 recorded as 12:15

SIGN OUT Rounded to previous quarter of an hour

Example: out at 11:52 recorded as 11:45
 out at 11:59 recorded as 12:00

Documentation of hours should be turned into the Athletic Training Program Director to be placed in your file by the end of each semester. While at your clinical affiliation, the Preceptor should sign your hours sheet and send them to the Athletic Training Program Director. For AT 410 Students spend a minimum of 10 observational hours and maximum of 15 observational hours with a preceptor at a general medical facility.

Minimum hours – 200

Maximum hours – 320

Students are required to have a minimum of one (1) day off in every seven-day period.

DRESS CODE

Appearance is vital to the development of confidence and respect from the student-athletes, coaches and peers, as well as promoting professionalism. The following guidelines are effect.

1. The Athletic Training Student shall keep himself or herself as hygienically clean as possible to prevent the spread of pathogenic bacteria.

2. While in the Alvernia University Athletic Training Room, the Athletic Training Student will wear appropriate attire. Students in their freshman and sophomore year are required to wear khaki pants or shorts. All required Athletic Training attire will be ordered through the Program. Sneakers must be worn unless dressing up for an indoor contest – then appropriate footwear is required.
3. While at clinical placements off-campus, proper dress will be determined by your Preceptor.
4. For indoor contest students may wear dress clothes with approval of an Preceptor.
5. Appropriate outer clothing is to be worn during inclement weather. This includes sweatshirts, warm-up pants/jackets, windbreakers, winter jackets and sneakers.
6. If traveling with a team, the Athletic Training Student will wear attire that has been approved by a Preceptor.
7. The following clothing *will not* be permitted in the Athletic Training Room or at practices or competitions:
 - cut-off shorts
 - sandals
 - sweat pants
 - torn clothing
 - skirts
 - t-shirts with inappropriate logos (alcohol or profane in nature)
 - baseball caps or hats of any type (except outside)
 - tank tops

Those Athletic Training Students that fail to wear appropriate attire will be asked to leave and change. Hours *will not* be counted while wearing the inappropriate attire.

Alvernia University

PART IV – The Athletic Training Student

ATHLETIC TRAINING STUDENT QUALITIES

An Athletic Training Student at Alvernia University is expected to possess, gain or develop the following qualities:

1. **Dependability** – When given an assignment, the Athletic Training Student can be depended upon to fulfill that assignment without being reminded.
2. **Loyalty** – The Athletic Training Student must be loyal to the profession, University, academic department, coaches, student-athletes and one another. An Athletic Training Student may not always agree with every aspect of the Athletic Training Program, Department, or University. Comments should be expressed in the appropriate manner and to the appropriate persons.
3. **Dedication** – The Athletic Training Student must be dedicated to the Program and profession, as well as to those whom which the Athletic Training Student works. The Athletic Training Student may put in longer hours and receive less credit than students in many other academic programs.
4. **Skill** – This profession involves many skills, and the Athletic Training Student should be continually striving to improve those skills. The Athletic Training Student should continually ask him/herself, “How can I do this better?”
5. **Maturity** – The Athletic Training Student must exhibit emotional maturity and stability at all times. The Athletic Training Student should attempt to resolve all conflicts with coaches, faculty or peers in a mature manner.
6. **Confidence** –The Athletic Trainer inspires confidence in his/her athletes, coaches and peers by knowing what to do, when to do it, and how to do it. Athletic Training Students should aspire to develop this quality.
7. **Professionalism** – This is one of the most important qualities of the Athletic Trainer, and it encompasses all the other qualities. The professional is constantly working to improve on all skills. If one wishes to be treated like a professional, one must first prove that one is a professional. The Athletic Training Student should develop this professionalism.

ATHLETIC TRAINING STUDENT CONDUCT

The Athletic Training Student is expected to conduct him/herself at all times in such a manner as to be a credit to those he/she represents, exemplifying the traditional values of honesty, good sportsmanship, courtesy and modesty commonly associated with good citizenship. Any Athletic Training Student who has conducted his/herself in such a manner as to reflect negatively on the University, Athletic Department and/or the Athletic Training Program will be disciplined accordingly. This may include, but not be limited to, suspension or dismissal from the Athletic Training Program.

General Guidelines of Athletic Training Student Conduct:

1. Information relating to medical and/or personal problems of athletes, coaches or staff is regarded as privileged information. Any problems should be reported to the appropriate personnel.
2. Verbal obscenities, threatening remarks and physical confrontations are not permitted. Should an incident occur while the Athletic Training Student is “on-duty” or at a clinical assignment, the Athletic Training Student is to report the incident to the Preceptor or other professional staff present. If physical force is threatened or used, Public Safety should be contacted immediately.
3. When representing the Athletic Training Program, there is to be no usage of illegal drugs or consumption of alcoholic beverages (regardless of age) at any time. This encompasses all activities associated with your clinical assignment, including traveling with a team and coverage of a team at an affiliated site.
4. Report for all assignments on time. If you are unable to meet an assigned responsibility you must make arrangement with your Preceptor prior to the absence taking place. In the case of emergency you should make every effort to contact your Preceptor. If he/she is not available, call the Clinical Education Coordinator.
5. Disciplinary action will be taken for failure to show up for assignments at the discretion of the Preceptor and Clinical Education Coordinator.

ATHLETIC TRAINING STUDENT RESPONSIBILITIES

Athletic Training Students at Alvernia University have varying responsibilities depending on their skill level and academic preparation through the Program. The following are general duties and responsibilities of **ALL** Alvernia University Athletic Training Students:

1. Maintain a professional attitude at all times when representing Alvernia University.
2. Maintain the status and function of the Athletic Training Room at all times.
3. Be responsible for duties and assignments by completing them, by notifying your supervising Athletic Trainer when you will be absent and arranging for coverage of your assignment when you are absent.
4. Respect the right of confidentiality of athletes.
5. Make your best effort to cooperate in the entire Athletic Training Program.
6. Use the proper channels for questions and procedural advice.
7. Keep current with Athletic Training Room functions and actively seek improvement in the Program.

8. Do not remove medical files from the Athletic Training Room.
9. Keep medical records updated.
10. Maintain sanitary conditions in the Athletic Training Room.
11. Ensure that athletes sign out reusable equipment.

DRUG AND ALCOHOL USE

Any student who reports for a clinical assignment under the influence of alcohol or illegal drugs or partakes in their use while at a clinical assignment will face immediate suspension. Students of the Athletic Training Program are also subject to University-wide policies on drug and alcohol abuse and all other pertinent federal, state, and local regulations regarding substance abuse on campus or at a clinical site.

MISDEMEANOR/FELONY CONVICTIONS

Prior to your first clinical rotation all athletic training students must complete a PA Criminal Background Check, a Child Abuse History Clearance and an FBI Clearance.

The Board of Certification does not have a list of convictions that would automatically eliminate someone from being eligible to take the BOC exam; each conviction is reviewed on a case by case basis.

Students wanting to know prior to entering an AT program if their conviction is a factor for exam eligibility should contact the BOC for more information.

ATHLETIC TRAINING STUDENT RECORDS

Each student will be responsible for maintaining current First Aid and CPR for the Professional Rescuer certification.

Personal medical records will be housed in the Student Health Center at Alvernia University. The Campus Nurse and the Athletic Training Program secretary will verify that each student has a completed health record on file, *including required influenza vaccination and/or refusal*.

ATHLETIC TRAINING STUDENT ASSOCIATION

Student participation is encouraged in this Association. Membership is open to any student interested in the profession of Athletic Training.

EXTRA-CURRICULAR ACTIVITIES

At Alvernia University, it is common for Athletic Training Students to be involved in a number of extracurricular activities. The Athletic Training Student must keep in mind the number of hours required to adequately fulfill his/her Athletic Training responsibilities before joining one of these organizations. All efforts will be made by the Athletic Training Program personnel to accommodate each Athletic Training Student's extra-curricular activities with respect to sports assignments and/or clinical education placements. However, in the event that conflicts arise, Athletic Training responsibilities must take priority. Failure to fulfill an Athletic Training Program commitment due to a non-academic function may be considered a violation of conduct and appropriate disciplinary action may be taken.

Students will be permitted to play one intercollegiate sport at Alvernia University per academic year. It must be understood, however, that Athletic Training Program responsibilities will always take precedent. It must also be understood that if a situation arises, whether due to NATABOC requirements or lack of completion of clinical hours, an Athletic Training Student will be asked to become a non-participant in order to fulfill Athletic Training Program requirements. For example, it is required by the Athletic Training Program that all athletic training students complete a clinical experience with an equipment intensive sport (football). If the student participates on a fall sports team, such as, but not limited to, soccer, volleyball or field hockey, the Athletic Training Student may have to become a non-participant during a season in order to fulfill the football requirement. This is only one of numerous possible examples. The final decision for each individual situation will be determined by the Athletic Training Program Director.

Student athletes may be required to complete clinical hours during the summer, and/or during other university breaks. It is essential for the student to complete all required clinical hours. Students are required to secure housing and transportation for all clinical assignments.

It is understood that some students may find it necessary to secure outside, paid employment while attending Alvernia University. Although strongly discouraged by the Athletic Training Program, especially as student becomes an upperclassman, this is allowable to the extent that it does not interfere with a student's ability to adequately fulfill his/her Athletic Training Program responsibilities. Failure to fulfill an Athletic Training Program commitment, as in any other scenario, may be considered unexcused by the Athletic Training Program personnel and appropriate disciplinary action will be taken.

ALVERNIA UNIVERSITY BACKGROUND CHECK POLICY – ACADEMIC PROGRAMS

It is the policy of Alvernia University's academic programs to fully comply with Pennsylvania Laws related to criminal record and child abuse history clearances prior to entering any field/clinical educational setting that involves direct contact with children or older adults (defined as a person who is 60 years of age or older) and is associated with academic programs and/or service learning. Depending on the academic program, a repeated background check may be required prior to entering senior-level coursework.

Students in academic programs and/or service learning (if required by the facility) with convictions/charges documented on the background check reports will be advised on an individual basis. The student must understand and agree that Alvernia University may disclose the results of the background checks to the clinical/field facility where the student has sought to be placed. Certain types of clinical/field facilities have the right and/or responsibility to preclude students from the facility who have a history of criminal activity or child abuse.

Additionally, applicants to the **Education** and pre-license **Health** Programs (Nursing, Occupational Therapy and Social Work) must understand that in order to meet program outcomes they are obliged to directly work with children (Education and Nursing) and/or older adults (Nursing, Occupational Therapy and Social Work). **There are no alternatives to meet program outcomes.** Such applicants/students with convictions/charges documented on the criminal* or child abuse reports will be denied acceptance into courses with associated clinical/field practice and therefore cannot complete the applicable program of study. Such applicants/students will be advised of other academic study options at Alvernia University.

* Convictions/charges documented on a PA Criminal Record Check report will be based on criteria outlined in Acts 169/13

Many professions require further licensing or certification beyond a college degree and applicants may be denied employment in certain occupations for misdemeanors and felony convictions, including alcohol related offenses. Refer to the Pennsylvania Liquor Control Board for a complete listing of criminal violations related to licensure www.lcb.state.pa.us/edu/.

Academic programs will include written statements regarding background checks in their marketing and catalog documents. Students will be advised of the background check policy during the admission process prior to service learning (if required by the facility).

The specific laws affecting background checks and the accompanying mechanism of checking are outlined on the following page.

PROCEDURES:

Students are responsible for obtaining the following clearances. The fees for the clearances are the responsibility of the students. A copy of the clearances will be maintained in the student's file.

1. Act 34 – PA State Police Criminal Record Check
2. Act 114 – FBI Clearance
3. Act 151 – PA Child Abuse History Clearance
4. The decision to not allow enrollment in a clinical course based upon a positive criminal or child abuse record check may be appealed by the student. See Alvernia University Student Grievance Policy and Process.

Law	Description	Requirement	Mechanism of Checking
<p>Older Adults Protective Services Act</p> <p>OAPSA Act 169 (1996) and Act 13 (1997)</p> <p>(www.aging.state.pa.us)</p>	<p>Affects employees/students in nursing homes, personal care homes, domiciliary care homes, adult daycare centers and home health care providers</p>	<p>Submit to a criminal record background check</p> <p>Report the suspected abuse of any person who is receiving care from the agency regardless of age</p>	<p>PA Criminal Record Check</p> <p>For students who have not been residents of PA for two consecutive years immediately preceding the date of application, a Federal Bureau of Investigation (FBI) Criminal History Background check on the required Department of Aging Form (FD-258 and PDACBC-1)</p> <p>(8/31/07 Department of Aging Memo)</p>
<p>PA Department of Public Welfare Child Protective Services Law</p> <p>Section 6344</p> <p>Title 23 Pa. Chap. 63</p> <p>Act 73</p> <p>(www.dpw.state.pa.us)</p>	<p>Affects any individual with a significant likelihood of regular contact with children in the form of care, guidance, supervision or training.</p>	<p>Submit to PA Child Abuse History Clearance, PA Criminal Record Check, and FBI Criminal History Background Check</p>	<p>PA Child Abuse History Clearance Form (CY-113-UF)</p> <p>PA Criminal Record Check</p> <p>FBI Criminal History Background Check via Cogent Systems</p>
<p>PA Department of Education</p> <p>Act 34 (1985) amended by Act 114 (2006) (criminal background)</p> <p>Act 151 (child abuse)</p> <p>Section 111 of Public School Code and Chapter 8 of State Board of Education Regulations</p> <p>(www.teaching.state.pa.us)</p>	<p>All student teachers participating in classroom teaching, internships, clinical, or field experiences; prospective employees of public and private schools, vo-tech, and intermediate units who have direct contact with children must provide a copy of PSP, FBI reports no more than 1 year old</p>	<p>Submit to PA Child Abuse History Clearance, PA Criminal Record Check, and FBI Criminal History Background Check</p>	<p>PA Child Abuse History Clearance Form (CY-113-UF)</p> <p>PA Criminal Record Check</p> <p>FBI Criminal History Background Check via Cogent Systems</p>
<p>PA Department of Education</p> <p>Background Checks (Act 114 and Act 24)</p> <p>Changes to Section 111 of School Code September 28, 2011</p>	<p>Act 24 of 2011 contains a number of significant changes to the PA School Code that are designed to enhance the safety of school children. Section 111 applies to all student teachers participating in classroom teaching, internships, clinical, or field experiences; prospective employees of public and private schools, vo-tech, and intermediate units who have direct contact with children.</p>	<p>Required reporting within 72 hours of any arrest or conviction of an offense listed in Section 111e that has occurred after September 28, 2011.</p>	<p>PA Child Abuse History Clearance Form (CY-113-UF)</p> <p>PA Criminal Record Check</p> <p>FBI Criminal History Background Check via Cogent Systems</p> <p>PDE reporting form 6004</p>

Initial 5/09; Revised 6/10, 5/12

Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997

<u>Offense Code</u>	<u>Prohibitive Offense</u>	<u>Type of Conviction</u>
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3933	Unlawful Use of a Computer	1 Felony or 2 Misdemeanors
CC3934	Theft From a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A36	Illegal Sale of Non-Controlled Substance	Felony
CS13A37	Designer Drugs	Felony



Background Checks Notification of Policy

(Initials in all boxes)

I acknowledge receipt of the background check policy.

I acknowledge that if convictions/charges are documented on the background check reports, it is my responsibility to notify the school/clinical/field facility of these infractions.

I acknowledge my responsibility to make Alvernia University aware of any changes to my record after the initial background check is completed.

I acknowledge that my failure to adhere to the background check policy, or to make the required disclosures to Alvernia University, shall subject me to disciplinary action up to and including dismissal from any academic program in which I am participating and my removal from the University.

I acknowledge that I am aware of the provisions of Act 24 and that certain enumerated convictions result in an individual being prohibited from working in the Pennsylvania Educational System and that the prohibition may be for a period of years or even a lifetime ban from working in the educational field.

Student name printed

Date

Student signature

Civility

Civility has been regarded historically as a social virtue covering the ways members of a community relate to one another, especially those ways in which community members demonstrate recognition, helpfulness, friendliness, mutual respect, and openness to communication. Codes of common courtesy and decorum are also associated with this concept, and Robert's Rules of Order were initially developed to ensure orderly and "civilized" discussion in deliberative bodies such as legislatures. The behaviors and attitudes listed below are attempts to capture key areas which can be regarded as collectively demonstrating workplace behaviors that make for "civil" work environment. The attitudes and behaviors listed below are artificially divided into levels and are linked (even if in some cases tangentially) to core concepts of mutual respect, helpfulness, friendliness and courtesy that play major roles in the western tradition of civility.

Level 1

1. Refrains from intentionally offensive behavior.
2. Avoids using physical or verbal aggression in dealing with patients or co-workers.
3. Avoids rude speech and refrains from interrupting others inappropriately.
4. Exhibits basic rules of courtesy and polite behavior.
5. Refrains from demeaning commentary on individuals who are of a different ethnic, religious, or lifestyle background.

Level 2

1. Is friendly and helpful in the workplace toward patients and co-workers.
2. Displays common courtesy toward patients who may be unable to reciprocate.
3. Responds willingly to requests for assistance from staff or patients.
4. Listens attentively when addressed by co-workers and patients.
5. Responds directly and clearly to requests for information and to polite behavior.

Level 3

1. Initiates offers of assistance to staff and patients without being asked.
2. Acts to protect patient rights and respects the rights of co-workers, including rights to privacy and autonomy.
3. Accepts critical feedback without responding aggressively, and is able to present critical feedback tactfully.
4. Consistently deals with co-workers in a friendly and open manner.
5. Understands professional roles in the workplace and respects boundaries defined by these roles when initiating offers of assistance or the presentation of critical feedback.

Level 4

1. Consistently displays an attitude of mutual cooperation and respect with healthcare team members.
2. Consistently displays a willingness to assist patients and co-workers in the delivery of care.
3. Functions as a role model of civility and maintains civility in the most difficult of circumstances.
4. Tactfully encourages others to demonstrate mutual respect, concern for patients, and friendliness in the healthcare environment.

Alvernia University

PART V – The Athletic Training Room

ATHLETIC TRAINING ROOM RESPONSIBILITIES

During your time in the Athletic Training Room, the following procedures should be followed:

1. Clean, and then fill the warm and cold whirlpools as needed.
2. Clean tables with germicidal cleaner.
3. Launder towels and wraps.
4. Stock tables and carts with proper supplies.
5. Fill ice cups.
6. File any paperwork.
7. Check the hydrocollator water level, and fill as needed.
8. Pick up loose items and put in proper place.

When answering the phone, be courteous and state the following;

“Alvernia University Athletic Training Room, this is _____, how can I help you?”

If you take a message, be sure to indicate who called, time and day of call and if call is to be returned, the necessary contact information.

Alvernia University

PART VI – Communicable Disease/Blood-borne Pathogens Exposure and Control Plans

COMMUNICABLE DISEASE POLICY

The purpose of this Communicable Disease Policy is to protect the health and safety of all parties; to ensure the welfare of the students enrolled within the particular affiliation site; as well as those patients who may come in contact with them during the clinical experience. It is designed to provide athletic training Students, preceptors, and athletic training faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers (www.cdc.gov).

What are Communicable Diseases?

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

Communicable Diseases Cited by the CDC

<i>Blood-borne Pathogens Diarrheal diseases Hepatitis viruses Measles Pediculosis Scabies Varicella</i>	<i>Conjunctivitis Diphtheria Herpes simplex Meningococcal infections Pertussis Streptococcal infection Zoster</i>	<i>Cytomegalovirus infections Enteroviral infections Human immunodeficiency virus (HIV) Mumps Rubella Tuberculosis Viral respiratory infections</i>
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Guidelines for Prevention of Exposure and Infection

1. Students must successfully complete annual Blood-borne pathogens training prior to initiating formal clinical experiences. (This is done the first week of classes at Alvernia University)
2. Students are required to use proper hand washing techniques and practice good hygiene at all times.
3. Students are required to use Universal Precautions at all times. This applies to all clinical sites.
4. Patient care should not be performed when the Athletic Training Student has active signs or symptoms of a communicable disease.

Guidelines for Managing Potential Infection

1. Any student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her supervising Preceptor **immediately** and to the Clinical Education Coordinator. (see exposure plan below)
2. Any student, who demonstrates signs or symptoms of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease **immediately** to his/her supervising Preceptor.
3. The student is responsible for keeping the Clinical Education Coordinator informed of his/her conditions that require extended care and/or missed class/clinical time. The student may be required to provide written documentation from a physician to return to class and/or clinical site.
4. If a student feels ill enough to miss ANY class or clinical experience that student should notify the appropriate instructor or supervising Preceptor **immediately**. Any absence must be supported with written documentation from a physician.

By signing below, you indicate you understand and will abide by this Communicable Disease Policy.

Athletic Training Student Name (Print)

Athletic Training Student Signature

Date

Alvernia University Department of Athletics and Recreation Exposure Control Plan

Blood-borne Pathogen Post-Exposure Plan

Purpose of the Plan

This plan has been designed to reduce the chances of exposure to blood borne pathogens that individuals in the department may encounter secondary to injuries that occur during athletic-related activities. These blood-borne pathogens include, but are not limited to, the hepatitis B virus (HBV), hepatitis C virus (HBC), and human immunodeficiency virus (HIV). The following information will serve as a supplement to the guidelines put forth in the Exposure Plan written for all employees serving at the college. The guidelines in both documents were set by the Occupational Safety and Health Administration (OSHA) standard, 29 CFR 1910.1030.

This plan specifically focuses on the following individuals in the department:

1. Certified Athletic Trainers responsible for medical coverage during athletic events (i.e. practices and games).
2. Coaches, game day administrators, and officials who may be exposed blood borne pathogens secondary to their involvement in athletic-related activities.
3. Student-athletes who may be exposed to blood borne pathogens secondary to their participation in collegiate athletics.
4. Athletic training students who may be exposed to blood borne pathogens during either observational or clinical setting.

Coaches are included in the plan due to the fact that all head coaches at Alvernia University are certified in CPR. It is also highly recommended that assistant coaches receive certification, but they are not required to do so.

Procedures

Due to the nature of their occupation, Certified Athletic Trainers working within the department will be primarily responsible for carrying out procedures in the exposure plan. However, since other athletics and recreation department employees and students can be present during situations involving exposure to blood borne pathogens, they too will be responsible for seeing that appropriate steps are taken if they are involved in an incident.

All Certified Athletic Trainers and athletic training students involved with observational or clinical hours must attend an annual training seminar on blood borne pathogens. The University will be responsible for providing information and training meetings for all Certified Athletic Trainers and anyone else who would want to attend.

All employees are also encouraged to review the detailed exposure control plan developed by the University. There will be a copy of the detailed plan located in the Athletic Training Room for review if necessary.

Exposure Determination

Athletic-related activities can place individuals at risk for exposure at any time. Many times it will be while caring for an individual who sustained an injury. The following are activities one may encounter for potential exposure to a blood borne pathogen:

- Performing CPR
- Resuscitation with mouth to mouth
- Taking care of blisters
- Managing an ill athlete (vomit)
- Management of a compound fracture
- Dressing and wound care
- Suture removal
- Assisting physicians with knee aspiration or cauliflower ear
- Proper disposal of soiled uniforms or towels
- Cleaning tables and infected areas
- Proper disposal of biohazard waste

Most of these activities are the responsibilities of Certified Athletic Trainers, therefore, they will be responsible for making sure the plan is carried out. However, there are certain activities (i.e. CPR) that may be performed by other department employees. It is important that all bodily fluids are treated as if they contain a blood borne pathogen.

Compliance

The goal of compliance in preventing disease transmission of blood borne pathogens may be achieved in many ways. Appropriate engineering and work practice controls along with practicing Universal Precautions can help protect all members of the department.

Appropriate containers for biohazard waste along with personal protective equipment are all located in the Athletic Training Room in the Physical Education Building. Certified Athletic Trainers covering practices and games should make sure that appropriate equipment is available at these events. All waste soiled with potentially infectious material should be disposed of in specific containers for hazardous waste and labeled accordingly. Appropriate hygiene measures (i.e. hand washing) should be taken care of immediately after care of a sick and/or injured individual. Antiseptic gels or wipes may be used if a hand washing facility is not in the immediate area. If hands come in contact with any bodily substance or materials contaminated by a bodily substance, they should be washed with soap and water immediately. It is recommended that food and drink be eliminated from the workplace due to possible exposure to a blood borne pathogen.

It is important that personal protective equipment be used when there is potential for exposure. This equipment consists of the following: latex gloves, goggles, face shields, CPR masks, and gowns. Any equipment that is single use should be disposed of in red biohazard bags. Any sharps instruments (i.e. needles or scalpel blades) should be placed in an appropriate sharps container. An appropriate disinfectant solution will be made available in the circumstance that any surface is soiled with blood or body fluids.

Post-Exposure Evaluation and Follow-Up

In the circumstance that an exposure incident occurs, the involved individual must contact his/her direct supervisor. (If the exposure occurs outside of the University, the individual is directed to the Athletic Training Website front page, where an icon marked “Blood-borne Pathogen Exposure Plan” for immediate access to the entire post-exposure plan) If the supervisor is unable to be contacted, treatment should not be delayed. The following steps should be taken after an attempt to contact the supervisor:

1. Wash the affected area with soap and water. If an eye splash injury occurs, flush the eye with water.
2. Go immediately to the nearest Emergency Room with your source individual if feasible.
3. If an individual is traveling with a team at the time of exposure, go to the nearest emergency room in the respective area. Do not wait until you get back from the contest/event before receiving care.
4. The involved individual should then follow-up with the recommended care as directed by the Emergency Department personnel.

It is important that documentation of the incident also take place. This document will contain the route(s) of exposure and how the exposure occurred. A form is available (in the athletic training room) to document the exposure incident.

The exposed individual will be given the option for baseline blood testing. If the source individual is known, they will be given the option to consent for testing to determine HIV, HCV, and HBV status. If the source individual is already known to have a blood borne disease, new testing does not need to be performed. If their status is unknown and they consent to testing, the exposed employee should be made aware about laws protecting the confidentiality of this information.

Exposure Incident Report
Athletic Department
(Please Print)

Name _____ Date ____/____/____

Date of Birth ____/____/____ SS# ____-____-____

Telephone (Home): _____ Telephone (Cell): _____

Date of Exposure ____/____/____ Time of Exposure ____AM ____PM ____

Hepatitis B Vaccination Status _____ Location of Incident _____

Describe the circumstances under which the exposure incident occurred:

Name what body fluids, if any, you were exposed to:

Describe the route of exposure (mucosal contact, contact with non-intact skin, percutaneous):

Describe any personal protective equipment (PPE) in use at the time of the exposure incident:

Did the PPE fail? _____ If yes, how? _____

Identification of source individual(s) name(s): _____

Other pertinent information: _____

Physician/Health Care Provider Information

Name of physician/health care provider: _____

Facility: _____

Address: _____

Was the student treated in an emergency room? Yes _____ No _____

Was the student hospitalized overnight as an in-patient? Yes _____ No _____

Revised 3/6/13

Exposure Incident Post-Exposure Source Individual's Consent Form
Department of Athletics and Recreation

Source Individual Name: _____

Date: _____

_____ I hereby consent to blood collection to determine the presence of blood-borne pathogens, and to document my test results. This information will be provided confidentially to the individual(s) exposed to my blood.

_____ I do not presently consent to having my blood tested.

Source Individual's Signature

Date

Athletics Administrator Signature

Date

Alvernia University

PART VII – Emergency Action Plans

Alvernia University Emergency Action Plan Angelica Park

Emergency Personnel

One of the following will serve as the emergency personnel; certified athletic trainer; responder; coach. If more than one person is on site, the person with the highest training will address the emergency.

Emergency Communication

Cell phone.

Emergency Equipment

Medical kit/splints/AED which are brought by the certified athletic trainer or the responder during all home games and practices. Coaches are required to have a cell phone during all practices.

Emergency Procedures

1. Consistent with his/her training, the certified athletic trainer/responder/coach will determine the nature and severity of the problem and provide appropriate immediate care to the student-athlete.
2. In the event that an ambulance is needed, the certified athletic trainer/responder/coach will call EMS (911). Public Safety will then be notified by radio or cell phone. The certified athletic trainer/responder/coach will provide the EMS dispatcher with the following information
 - that an ambulance is needed and the address (end of Greenway Terrace)
 - the location of the injured or ill student-athlete
 - the nature of the emergency
 - the care being provided.
3. Personnel will meet the ambulance at the front entrance of the park and direct EMS to the site and assist as appropriate.
4. If the Ambulance is needed give the following directions
From Campus: Located just off the south end of campus. Exit out of the Alvernia University main entrance and make a right onto Greenway Terrace, Angelica Park Tennis Courts, Baseball and Softball Fields are located at the end of Greenway Terrace.

Follow-up Notification

If the injured or ill student is an Alvernia University student and requires EMS to take them to the emergency room, the following persons will be notified: Athletic Director, emergency contact person on students health form (i.e. parent/guardian) and Director of Health Services (consistent with the Alvernia University Medical Consent and Release Form). If the injured or ill student-athlete is a member of the visiting team, the home school athletic department will be notified of the situation.

Alvernia University Emergency Action Plan Body Zone

Emergency Personnel

One of the following will serve as the emergency personnel; certified athletic trainer; responder; coach. If more than one person is on site, the person with the greatest training will address the emergency.

Emergency Communication

Cell phone or landline phone located at the customer desk in main foyer of complex.

Emergency Equipment

Medical kit/splints/ which are brought by the certified athletic trainer or the responder. An AED is located on site.

Emergency Procedures

1. Consistent with his/her training, the certified athletic trainer/responder/coach will determine the nature and severity of the problem and provide appropriate immediate care to the student-athlete.
2. In the event that an ambulance is needed, the certified athletic trainer/responder/coach will call EMS (911). The certified athletic trainer/responder/coach will provide the EMS dispatcher with the following information
 - that an ambulance is needed and the address (3103 Paper Mill Road, Wyomissing, PA 19610)
 - the location of the injured or ill student-athlete
 - the nature of the emergency
 - the care being provided.
3. Personnel will meet the ambulance at the front door and direct EMS to the site and assist as appropriate.
4. Directions if needed.

Body Zone Sports and Wellness Complex is located just off of Route 222, north of the city of Reading. Exit Route 222 at Spring Ridge, turn right at the first traffic light. Drive past the Turkey Hill Market and turn left at the next stop sign. Take the next immediate right into the complex.

Follow-up Notification

If the injured or ill student is an Alvernia University student, the following persons will be notified: administrator on duty (i.e. Athletic Director), parents/guardians and Director of Health Services (consistent with the Alvernia University Medical Consent and Release Form). If the injured or ill student-athlete is a member of the visiting team, the home school athletic department will be notified of the situation.

Alvernia University Emergency Action Plan Main Campus

Emergency Personnel

One of the following will serve as the emergency personnel; certified athletic trainer; responder; coach. If more than one person is on site, the person with the greatest training will address the emergency.

Emergency Communication

Radio, walkie-talkie or telephone.

Emergency Equipment

Medical kit on site, additional emergency equipment accessible from the athletic training room. (610 796 8399).

Emergency Procedures

1. Consistent with his/her training, the certified athletic trainer/responder/coach will determine the nature and severity of the problem and provide appropriate immediate care to the student-athlete.
2. In the event that an ambulance is needed, the certified athletic trainer/responder/coach will call EMS (911). Public Safety will then be notified by radio. The certified athletic trainer/responder/coach will provide the EMS dispatcher with the following information
 - that an ambulance is needed
 - the location of the injured or ill student-athlete
 - the nature of the emergency
 - the care being provided.
3. Public Safety will meet the ambulance at the front entrance of the University or at another site determined by Public Safety. Public Safety will direct EMS to the site and assist as appropriate.
4. If the Ambulance is needed on one of the playing fields on campus, Public Safety will escort them down the pathway between the softball/field hockey and soccer/lacrosse fields.

Follow-up Notification

If the injured or ill student is an Alvernia University student and requires EMS to take them to the emergency room, the following persons will be notified: Athletic Director, emergency contact person on students health form (i.e. parent/guardian) and Director of Health Services (consistent with the Alvernia University Medical Consent and Release Form). If the injured or ill student-athlete is a member of the visiting team, the home school athletic department will be notified of the situation.

Alvernia University Emergency Action Plan

Alvernia University Sports Park

Emergency Personnel

One of the following will serve as the emergency personnel; certified athletic trainer; responder; coach. If more than one person is on site, the person with the greatest training will address the emergency.

Emergency Communication

Land line telephone (610 775 2613) and cell phone.

Emergency Equipment

Medical kit/splints/AED which are brought by the certified athletic trainer or the responder. Phone on the side of the Barn, which faces the playing fields and is closest to farm house, as you enter the complex.

Emergency Procedures

1. Consistent with his/her training, the certified athletic trainer/responder/coach will determine the nature and severity of the problem and provide appropriate immediate care to the student-athlete.
2. In the event that an ambulance is needed, the certified athletic trainer/responder/coach will call EMS (911). The certified athletic trainer/responder/coach will provide the EMS dispatcher with the following information
 - that an ambulance is needed and the address (1592 Wyomissing Rd. Mohnton, PA)
 - the location of the injured or ill student-athlete
 - the nature of the emergency
 - the care being provided.
3. Personnel will meet the ambulance at the front entrance of the complex, direct EMS to the site and assist as appropriate.
4. If the Ambulance is needed give the following directions
Turn onto New Holland Road (PA-625 South) which is the intersection of 724 and/PA-625 South, follow for approximately five miles. Turn right into Wyomissing Road. Sovereign Bank Sports Park is located .5 (one half) miles down Wyomissing Road on the right. There is a sign with the name on it.

Follow-up Notification

If the injured or ill student is an Alvernia University student and requires EMS to take them to the emergency room, the following persons will be notified: Athletic Director, emergency contact person on students health form (i.e. parent/guardian) and Director of Health Services (consistent with the Alvernia University Medical Consent and Release Form). If the injured or ill student-athlete is a member of the visiting team, the home school athletic department will be notified of the situation.

Alvernia University Emergency Action Plan St Anthony's & Montessori School Gym

Emergency Personnel

One of the following will serve as the emergency personnel; certified athletic trainer; responder; coach. If more than one person is on site, the person with the greatest training will address the emergency.

Emergency Communication

Land line telephone (610) 396-0882 is available during the week only from 9-2. Coaches and athletic trainers must carry a cell phone during all practices.

Emergency Equipment

Medical kit/splints, brought by the certified athletic trainer, responder, or the Coach. Cell phone must be brought with them. AED is located in the equipment room as you enter gym from side green doors.

Emergency Procedures

1. Consistent with his/her training, the certified athletic trainer/responder/coach will determine the nature and severity of the problem and provide appropriate immediate care to the student-athlete.
2. In the event that an ambulance is needed, the certified athletic trainer/responder/coach will call EMS (911). The certified athletic trainer/responder/coach will provide the EMS dispatcher with the following information
 - that an ambulance is needed and the address (211 Grace St, Reading, PA 19611)
 - the location of the injured or ill student-athlete (gym)
 - the nature of the emergency
 - the care being provided.
3. Personnel will meet the ambulance at the front entrance of the complex, direct EMS to the site and assist as appropriate.
4. If the Ambulance is needed give the following directions
From Upland Ave, turn north onto Grace St and continue to 211 Grace St on the right hand side. From Lancaster Ave. turn south on Grace St and continue to 211 Grace St. on the left hand side.

St Anthony's & Montessori School Gym
211 Grace Street
Reading, PA 19611-1915
(610) 396-0882

Follow-up Notification

If the injured or ill student is an Alvernia University student and requires EMS to take them to the emergency room, the following persons will be notified: Athletic Director, emergency contact person on students health form (i.e. parent/guardian) and Director of Health Services (consistent with the Alvernia University Medical Consent and Release Form). If the injured or ill student-athlete is a member of the visiting team, the home school athletic department will be notified.

Alvernia University

PART VIII – Practice & Competition Coverage

SPORTS PRACTICE COVERAGE PROTOCOL

The athletic team's practices and games will serve as a laboratory for the Athletic Training Student. All students must have adequate opportunity for observation and involvement with a variety of sports. The placement of Athletic Training Students with team sports is determined by the Faculty/Staff of the Athletic Training Program based upon availability of Preceptors.

The following is a list of general duties required for adequate sports coverage:

1. Arrive before the athletes do. General rule of thumb: 60 minutes prior to practice, or at a time specified by your supervising Certified Athletic Trainer.
2. Make sure the kit is fully stocked with the appropriate supplies.
3. Fill water containers and ice chests.
4. Apply all wraps, bandages, protective taping, etc. that you are qualified to apply.
5. Do not permit crowding at the tables. Athletes not needing treatment have no business in the Athletic Training Room and should be asked to leave.
6. A general rule of thumb is that you should treat those who are in-season first. However, in-season athletes will be treated on a first come, first serve basis.
7. If practice is beginning and your athletes have not left the Athletic Training Room, at least one member of the team's Athletic Training Student Staff should cover practice and one should stay with the athletes. Never leave an athlete unattended in the Athletic Training Room.
8. Each Athletic Training Student should have a fanny-pack with them at all times during practice and games. It should be filled with emergency care supplies such as Band-Aids, gauze pads, gloves, tape, scissors and antiseptic.
9. Take all necessary equipment/supplies to the practice site. Valuable time can be saved if needed equipment is on hand.
10. Provide enough water to adequately hydrate the athletes. Gauge amount needed by checking the weather forecast. Place the water in a location so to allow easy access, but not to interfere with practice.
11. While at practice, **YOU MUST WATCH THE ATHLETES AT ALL TIMES**. If the team is spread out over a number of areas, divide the staff up and each cover an area.

12. It is expected that you will provide immediate and adequate care to an injured athlete while on the field. Do not use shortcuts. Do not allow the pressure from a coach or the injured player to supersede your good judgment.
13. You should become familiar with the Emergency Action Plan and know how to operate within it.
14. Following practice, bring all equipment back to the Athletic Training Room. The water coolers should be cleaned out with a germicidal cleaner.
15. ALL injury reports must be completed before leaving for the day. It is best to create a record of the injury while it is fresh in your mind. DO NOT PROCRASTINATE.
16. Any reusable equipment issued (crutches, ace wraps, sleeves, etc.) must be signed out by the athlete. Instruct the athlete that they must be returned as soon as they are no longer needed.
17. If you are the last to leave for the day, make sure the whirlpools are emptied, the floor has been swept, the radios have been put away, the Golf cart has been put away, and all doors have been locked.

RADIO USAGE

Radios must be taken to the practice site. All communications should be limited to necessary information. In case of an emergency where an ambulance is needed, follow the Emergency Action Plan.

When requesting another Athletic Trainer:

Identify yourself, and your location, and then identify the person you are requesting.

GOLF CART POLICY

The use of the golf cart is for transporting equipment and mildly injured athletes to and from practice/game fields. Please follow these guidelines:

1. A maximum of three people are to ride on the golf cart at any given time.
2. When driving the golf cart on the street, follow all traffic rules.
3. Try to avoid rough terrain whenever possible.
4. Maintain an adequate stopping distance.

THE USE OF THE GOLF CART IS A PRIVILEGE. YOUR DRIVING PRIVILEGES CAN BE REVOKED AT ANY TIME FOR FAILURE TO FOLLOW THE RULES.

Alvernia University

PART IX - CLINICAL EDUCATION

COMPETENCIES

Each student entering into the Athletic Training Program will be required to complete all education competencies for graduation.

ASSIGNMENT OF CLINICAL ROTATIONS

Assignment of clinical sites and instructors will be determined by the Clinical Education Coordinator. Input from the student is encouraged in regard to assignment and will be considered. However, it must be understood that the Athletic Training Student will ultimately be required to report to the Clinical Site and Instructor as determined by the Clinical Education Coordinator.

It should be noted that certain clinical assignments may require mandatory attendance while classes are NOT in session, such as pre-season, post-season or over semester breaks. This is determined by the individual Preceptor, the Course Instructor, and the Clinical Education Coordinator. If a student should have required attendance during one of these time periods, the student may request arrangement for room and board through Alvernia University.

Students are required to submit evidence of child abuse, criminal history, and FBI clearances prior to clinical experience. All forms can be obtained from the AT Secretary, in VH, 2nd Floor. Students are also required to complete the Hepatitis B Vaccination Series Form (available at Health & Wellness). All students must also receive the influenza vaccine or have a signed refusal form on file with H & W.

CLINICAL EDUCATION EXPERIENCE

The clinical education experience provides an opportunity for integration of skills and for the practice clinical proficiencies.

The progression of the clinical education experience illustrates that the student will initially observe a Preceptor and upper classmen in the daily procedures of the Athletic Training Room and duties associated with the practice/competition setting. By the completion of the final year, the Athletic Training Student will have involvement with both team and individual experiences, upper and lower extremity experiences, high and low risk experiences, collegiate and high school settings, been exposed to both genders, had both general medical and equipment intensive experiences. No experience should allow the student to perform skills beyond their level of education. *Students must be supervised at all times by a preceptor.*

Uniform Safety Policy for Therapeutic Equipment

Alvernia University Athletic Training uniform safety policy for therapeutic equipment requires that all equipment tested has been checked for excessive electrical chassis leakage and proper earth bond resistance. The test equipment will comply with the standards set forth by the following: IEC 60601, IEC 606-01-1, AAMI, NFPA 99, and the newly published standard for in-service and after repair testing of medical electronic devices, the IEC 62353. The testing will be on an annual basis at all affiliated clinical sites including Alvernia University.

PROFESSIONAL LIABILITY INSURANCE

Alvernia University provides liability insurance for students while enrolled in AT 250, 251, AT 310, 311, 410, and 411. Students are billed a fee for this coverage on a yearly basis.

MONETARY REMUNERATION

Students *will not* receive any monetary remuneration during this education experience, excluding scholarships. Students *will not* replace professional athletic training staff or medical personnel.

PRECEPTOR EVALUATION OF ATHLETIC TRAINING STUDENT

For each clinical assignment, the Preceptor will evaluate the Athletic Training Student. This formal evaluation will take place a minimum of twice (mid & final) per semester. This evaluation will be turned into the Alvernia University faculty member responsible for the corresponding course. The instructor will submit the evaluation to the Clinical Education Coordinator. The evaluation will be maintained in the student's folder. The student will have the right to view the evaluation, and is encouraged to discuss it with the Preceptor, Course Instructor, Clinical Education Coordinator and/or the Athletic Training Program Director.

ATHLETIC TRAINING STUDENT EVALUATION OF CLINICAL EXPERIENCE

Athletic Training Students enrolled in clinical (AT 250, 251, 310, 311, 410, 411) will be asked to evaluate the strengths and weaknesses of the experience at the assigned clinical site, including the corresponding Preceptor. This is required once per clinical. The evaluation will be submitted to the Instructor responsible for the corresponding course. The Instructor will submit the evaluation to the Clinical Education Coordinator.

OVERALL EVALUATION OF THE ATHLETIC TRAINING PROGRAM BY STUDENTS

In addition to the previously mentioned tools for evaluation, the Athletic Training Student will be asked to evaluate the Athletic Training Program on an overall basis. The Alumni Survey will be mailed to all graduates within 2 months of graduation.

HARASSMENT POLICY FOR ACADEMIC FIELD EXPERIENCES

A. BACKGROUND

It is the responsibility of each person on campus to respect the personal dignity of others. Alvernia has always encouraged its students, faculty and staff to celebrate in the diversity of the University and to immediately confront any expressions of harassment within the community based on differences in sex, race, religion, disability or ethnic background. Your Academic Field Experience will be taking you outside of the Alvernia Campus Community. The Agency in which you will serve has been carefully screened by the University and the Sponsoring Agency has affirmed its complete agreement with the policy of showing no tolerance for any form of harassment. The Sponsoring Agency has agreed to hold all members of its institutional community to the same high standards of respect and dignity essential to the mission of Alvernia.

B. DEFINITIONS

Sexual Harassment is one example of forbidden harassment and has been defined by the University as unwanted sexual attention, intimidation or advances that are made:

- a. Either explicitly or implicitly as a term or condition of academic or employment status or advancement;
- b. As a basis for academic or employment decisions;
- c. Which unreasonably interfere with an individual's work or academic performance; and/or
- d. Which create an intimidating, hostile or offensive work or academic environment.

C. RESOURCES

Alvernia does wish to make known to all of the participants in Academic Field Experiences that there are available resources and procedures for resolving any instances of harassment, including sexual harassment, which might be confronted by program participants within the Alvernia Community, or while in the institutional community of the Sponsoring Agency.

1. Information, Counseling and Support

If you, as a participant in an Academic Field Experience, believe that you may have been the victim of harassing conduct, and you wish to seek information and/or counseling about the incident or incidences giving rise to this concern, you should immediately contact either:

- a. The Faculty Supervisor of the Program;
- b. The Department Chair; or
- c. The Division Dean, and request a confidential counseling session. In order that any incident may be immediately addressed, you should make this contact within ten (10) days of the occurrence.

If your concerns can be addressed at this first counseling session, and neither you nor your counselor feel that the incident rises to the level of harassment, the matter may be concluded without further action. If, however, after the counseling, you wish to proceed with a formal Complaint regarding the perceived harassment, you may take advantage of the formal Complaint procedure.

2. Formal Complaint Procedure

Any participant in an Academic Field Experience who feels he or she has been the subject of harassment of any kind may, after participating in the initial counseling session, file a Complaint in writing setting forth the material facts of the incident. To facilitate the contemporaneous investigation of the incident, the written Complaint should be filed within ten (10) days of the informal counseling session. The written Complaint should be directed to and addressed to the Vice President of Academic Affairs.

Upon receipt of the written Complaint, the Vice President of Academic Affairs will initiate an investigation concerning the Complaint. The investigation will include the contacting of the Sponsoring Agency, as well as others identified as being witnesses or having firsthand knowledge of the alleged behavior or incident.

Following an investigation and a completion of appropriate corrective measures, if warranted, the University will so advise the person filing the formal Complaint.

See page 30 of the Student Handbook for additional information regarding harassment; including bullying, stalking, discriminatory harassment, hazing and sexual harassment.

Alvernia University

PART X - REFERENCES

EXAM REFERENCES

2018-2019

The reference list below represents the materials used to support exam items during the 2018-2019 exam year (April to February), as determined by the subject matter experts of the BOC Exam Development Committee (EDC). Every item is referenced twice to ensure a consensus exists on each item. Please note that a specific “edition” and “year” for each reference is not included in the list for the purpose of simplification. During the exam development process, the BOC uses the most current edition of a reference when constructing items.

Administrative Topics in Athletic Training Concepts to Practice. Harrelson, G.L., Gardner, G. & Winterstein, A. Thorofare, NJ: SLACK Inc.

Advanced Fitness Assessment and Exercise Prescription. Heyward, V.H., Gibson, A.L. Champaign, IL: Human Kinetics.

Athletic Taping and Bracing. Perrin, D.H. Champaign, IL: Human Kinetics.

Athletic Training and Sports Medicine: An Integrated Approach. Starkey, C. Burlington, MA: Jones & Bartlett Learning.

Brunnstrom’s Clinical Kinesiology. Houglum, P.A., Bertoti, D.B. Philadelphia, PA: F.A. Davis.

Clinical Exercise Physiology. Ehrman, J., Gordon, P., Visich, P. & Keteyian, S. Champaign, IL: Human Kinetics .

Clinical Kinesiology and Anatomy. Lippert, L.S. Philadelphia, PA: F.A. Davis.

Clinical Pathology for Athletic Trainers Recognizing Systemic Disease. O’ Conner, D. P., Fincher, A. L. Thorofare, NJ: SLACK Inc.

Concepts of Athletic Training. Pfeiffer, R.P., Magnus, B.C. & Trowbridge, C.A. Burlington, MA: Jones & Bartlett Learning.

Emergency Care and Transportation of the Sick and Injured. Pollak, A.N. Burlington, MA: Jones & Bartlett Learning.

Emergency Management for Sport and Physical Activity. Casa, D. J., Stearns, R. L. Burlington, MA: Jones & Bartlett Learning.

Emergency Response Management for the Athletic Trainers. Miller, M. G., Berry, D. C. Philadelphia, PA: Wolters Kluwer.

Endurance Sports Nutrition. Eberle, S.G. Champaign, IL: Human Kinetics.

Evidence into Practice Integrating Judgement, Values, and Research. Hack, L. M., Gwyer, J. Philadelphia, PA: F.A. Davis.

Evidence-Based Practice in Athletic Training. Raab, S., Craig, D. Champaign, IL: Human Kinetics.

BOC EXAM REFERENCES

- Evidence-Guided Practice A Framework for Clinical Decision Making in Athletic Training.* Van Lunen, B. L., Hankemeier, D. A. & Welch, C. E. Thorofare, NJ: SLACK Inc.
- Examination of Musculoskeletal Injuries.* Shultz, S.J., Houglum, P.A. & Perrin, D. H. Champaign, IL: Human Kinetics.
- Examination of Orthopedic & Athletic Injuries.* Starkey, C., Brown, S.D. Philadelphia, PA: F.A. Davis.
- Exercise Physiology: Theory and Application to Fitness and Performance.* Powers, S.K., Howley, E.T. Boston, MA: McGraw-Hill.
- Exercise Testing and Prescription: A Health-Related Approach.* Nieman, D. Boston, MA: McGraw-Hill.
- Ferri's Practical Guide: Fast Facts for Patient Care.* Ferri, F.F. Philadelphia, PA: Elsevier.
- First Aid for Colleges & Universities.* Karren, K.J., Hafen, B.Q., Limmer, D. & Mistovich, J.J. Boston, MA: Benjamin Cummings - Pearson.
- First Aid, CPR, and AED Essentials.* American Academy of Orthopedic Surgeons. Burlington, MA: Jones & Bartlett Learning.
- Foundations of Athletic Training Prevention, Assessment, and Management.* Anderson, M. K. Philadelphia, PA: Wolters Kluwer.
- Gray's Atlas of Anatomy.* Drake, R.L. Philadelphia, PA: Elsevier.
- Health Care Finance and the Mechanics of Insurance and Reimbursement.* Harrington, M. K. Burlington, MA: Jones & Bartlett Learning.
- Instructions for Sports Medicine Patients.* Safran, M.R., Zachazewski, J. & Stone, D.A. Philadelphia, PA: Elsevier Saunders.
- Legal Aspects of Health Care Administration.* Pozgar, G.D. Burlington, MA: Jones & Bartlett Learning.
- Management Strategies in Athletic Training.* Ray, R., Konin, J. Champaign, IL: Human Kinetics.
- Manual of Structural Kinesiology.* Floyd, R.T. New York, NY: McGraw-Hill.
- Measurement and Evaluation in Human Performance.* Morrow, J.R., Kang, M., Disch, J.G. & Mood, D.P. Champaign, IL: Human Kinetics.
- Medical Conditions in the Athlete.* Walsh-Flanagan, K., Cuppett, M. Champaign, IL: Human Kinetics.
- Medical Terminology Simplified.* Gyls, B.A., Masters, R.M. Philadelphia, PA: F.A. Davis.
- Modalities for Therapeutic Interventions.* Michlovitz, S.L., Bellew, J.W. & Nolan Jr., T.P. Philadelphia, PA: F.A. Davis.
- Nancy Clark's Sport Nutrition Guidebook.* Clark, N. Champaign, IL: Human Kinetics.
- National Athletic Trainers' Association.* Position Statements.

BOC EXAM REFERENCES

Orthopaedic Rehabilitation of the Athlete Getting Back in the Game. Reider, B.C., Davies, G.J. & Provencher, M.T. St. Louis, MO: Elsevier Saunders.

Orthopedic Physical Assessment. Magee, D.J. Philadelphia, PA: Elsevier.

Pharmacology Clear & Simple. Watkins, C.J. Philadelphia, PA: F.A. Davis.

Pharmacology: An Introduction. Hinter, H., Nagle, B. Boston, MA: McGraw-Hill.

Physical Rehabilitation of the Injured Athlete. Andrews, J.R., Harrelson, G.L. & Wilk, H.E. Philadelphia, PA: Elsevier.

Preventing Sudden Death in Sport & Physical Activity. Casa, D., Stearns, R. Burlington, MA: Jones & Bartlett Learning.

Principles of Athletic Training: A Guide to Evidence-Based Clinical Practice. Prentice, W.E. Boston, MA: McGraw-Hill.

Principles of Pharmacology for Athletic Trainers. Houglum, J., Harrelson, G.L. & Seefeldt, T.W. Thorofare, NJ: SLACK Inc.

Rehabilitation Techniques for Sports Medicine and Athletic Training. Prentice, W. E. Thorofare, NJ: SLACK Inc.

Running Mechanics and Gait Analysis. Ferber, R., Macdonald, S. Champaign, IL: Human Kinetics.

Sports Emergency Care: A Team Approach. Rehberg, R.S. Thorofare, NJ: SLACK Inc.

Sports Nutrition for Health Professionals. Muth, N. Philadelphia, PA: F.A. Davis.

Taping, Wrapping, and Bracing for Athletic Trainers (Functional Methods for Application and Fabrication). Grubbs, A. Thorofare, NJ: SLACK Inc.

Therapeutic Exercise Foundations and Techniques. Kisner, C., Colby, L.A. Philadelphia, PA: F.A. Davis.

Therapeutic Exercise: From Theory to Practice. Higgins, M. Philadelphia, PA: F.A. Davis.

Therapeutic Exercises for Musculoskeletal Injuries. Houglum, P. A. Champaign, IL: Human Kinetics.

Therapeutic Modalities. Starkey, C. Philadelphia, PA: F.A. Davis.

Therapeutic Modalities for Musculoskeletal Injuries. Denegar, C. R., Saliba, E. & Saliba, S. Champaign, IL: Human Kinetics.

Therapeutic Modalities the Art & Science. Knight, K. L., Draper, D. O. Baltimore, MD: Lippencott, Williams and Wilkins.

Trail Guide to the Body. Biel, A. Boulder, CO: Books of Discovery.

Understanding Your Health. Payne, W., Hahn, D.B. & Lucas, E.B. Boston, MA: McGraw-Hill.

***The above references are used to develop the NATABOC exam and are recommended reading materials for our Athletic Training Students.**

Appendices



SOCIAL MEDIA POLICY

03.16.12

INTRODUCTION Social media outlets are powerful communications tools that have a significant impact on organizational and professional reputations. Because they blur the lines between personal voice and institutional voice, Alvernia has adopted the following policy to clarify how to best enhance and protect personal and professional reputations when participating in social media.

Social media refers to the use of web-based and mobile technologies for communication and interactive dialogue. Examples include but are not limited to LinkedIn, Twitter, Facebook, Second Life, Google+, Flickr, YouTube, Foursquare, and MySpace.

Alvernia takes no position on your decision to start or maintain a blog or participate in other social networking activity, however employees need to follow appropriate behavioral standards. The same laws, professional expectations, and guidelines for interacting with students, parents, alumni, donors, media, and other university constituents apply to web-based interaction. For conduct standards, consult the Alvernia University Employee Handbook and the most recent Course Catalog.

Members of the campus community are reminded that the Alvernia network, network resources and equipment are intended to assist the community in achieving all aspects of the University's mission including education, administration and the mission of the Bernardine Franciscan Sisters. All Alvernia policies that govern academic and personal behavior equally apply to campus computing resources. Additional policies and guidelines may also apply to users of particular systems and equipment on the campus network or that communicate with resources on the network. Similarly, federal, state and local laws concerning libel, harassment, privacy, copyright, theft, and threats also apply to computing environments and may be prosecuted by law enforcement officials.

USING SOCIAL MEDIA – A PRIMER

Privacy

If you do participate in social media using university owned resources, remember that all contents of Alvernia's IT resources and communications systems are the property of the University. Therefore, employees should have no expectation of privacy whatsoever in any message, files, data, document, facsimile, social media post, conversation, or message, or any other kind of information or communications transmitted to, received or printed from, or stored or recorded on electronic information and communications systems.

University monitoring

In order to prevent misuse, the University reserves the right to monitor, intercept, and review, without further notice, every employee's activities using IT resources and communications systems, including but not limited to social media postings and activities. Your consent to such monitoring is validated by your acknowledgment of these policy standards and your use of such resources and systems. This might include, without limitation, the monitoring, interception, accessing, recording, disclosing, inspecting, reviewing, retrieving and printing of transactions, messages, communications, postings, log-ins, recordings and other uses of the systems as well as keystroke capturing and other network monitoring technologies. The University also may store copies of such data or communications for a period of time after they are created, and may delete such copies from time to time without notice.

Social media at work

Use of university computers and your time in the workplace is intended for university-related business as approved by supervisors and in accordance with the Responsible Use of Technology Policy (www.alvernia.edu/it/responsible-use.html). However, we recognize that faculty and staff may occasionally desire to use social media for personal activities while at work by using IT resources and communication systems. Such occasional use is permitted if it does not involve unprofessional or inappropriate content and does not interfere with timely completion of work or personal productivity.

Confidential information

Do not use the University's IT resources and communications systems for any matter that you desire to be kept private or confidential from the institution.

Liability

Remember that you are responsible for what you post on your own site and on the sites of others. Individuals can be held liable for commentary deemed to be copyright infringement, defamatory, proprietary, or obscene. You are also reminded to obey the Terms of Service of any social media platform you use.

SECTION 1: POLICIES FOR POSTING ON BEHALF OF THE UNIVERSITY

If you post content on a social media site on behalf of the university or a university department or area of the university you must adhere to the following policies. Students involved in registered student clubs and organizations are also expected to abide by these policies. For details, refer to the student handbook which contains comprehensive and specific policy information related to social media use by members of student clubs and organizations, as well as guidelines and policies for social media use by all Alvernia students.

- **Notify the university:** Departments, units or individuals that would like to initiate an Alvernia branded presence on a social media outlet should obtain the approval of their area Vice President and then coordinate their plans with Alvernia's Marketing and Communications Department to ensure the institutional social media presence is managed appropriately. All institutional pages must have a full-time appointed employee who is identified as being responsible for content. Ideally, the head of the department is responsible for oversight of the content posted. Alvernia's Marketing and Communications Department reserves the right to delete pages that aren't approved.
- **Have a plan:** Departments should consider their messages, audiences, and goals, as well as a strategy for keeping information on social media sites up-to-date. Alvernia's Marketing and Communications Department can assist and advise you with your social media planning.
- **Link back to the university:** Whenever possible, link back to the Alvernia University Web site. Ideally, posts should be very brief, redirecting a visitor to content that resides within the Alvernia University Web environment. When linking to a news article about Alvernia University, check first to see whether you can link to a story on the Alvernia University News Center (www.alvernia.edu/news/) instead of to a publication or other media outlet.
- **Protect the institutional voice:** Posts on social media sites should protect the university's institutional voice by remaining professional in tone and in good taste. No individual Alvernia unit should construe its social media site as representing the university as a whole, unless approved by Alvernia's Marketing and Communications Department. Consider this when naming pages or accounts, selecting a profile picture or icon, and selecting content to post. Names, profile images, and posts should all be clearly linked to the particular department or unit rather than to the institution as a whole.

SECTION 2: BEST PRACTICES

This section applies to those posting on behalf of a University department, though the guidelines may be helpful for anyone posting on social media in any capacity. Consistent with the University's mission statement, the user should think about the ethics and responsibility associated with posting content online or within a social network.

- **Think twice before posting:** Privacy does not exist in the world of social media. Be aware that a presence in social media is or easily can be made available to the public at large. This includes prospective students, current students, current employers, colleagues, and peers. Consider this before publishing to ensure the post will not alienate, harm, or provoke any of these groups. If you are unsure about posting something or responding to a comment, ask your supervisor for input or contact the Director of Marketing at 610-790-1938.
- **Strive for accuracy:** Get the facts straight before posting them on social media. Review content for grammatical and spelling errors. If you are unsure about institutional facts do not post them until you have confirmed them by contacting the Marketing and Communications Department.
- **Be respectful:** Understand that content contributed to a social media site could encourage comments or discussion of opposing ideas. Responses should be considered carefully in light of how they would reflect on the poster and/or the University and its institutional mission. Social media should never be used in a way that defames or disparages Alvernia or its stakeholders.
- **Photography:** Visitors can easily appropriate photographs posted on social media sites. Consider adding a watermark and/or posting images at 72 dpi and approximately 800x600 resolution to protect your intellectual property. Images at that size are sufficient for viewing on the Web, but not suitable for printing. Remember that copying and pasting images is against copyright laws and apply online as well as in print. If you have questions regarding the usage or purchase of the university's images, please contact the Marketing and Communications Department at 610-796-8281.

SECTION 3: POLICIES FOR ALL SOCIAL MEDIA SITES, INCLUDING PERSONAL SITES AND BLOGGING

- **Protect confidential and proprietary information:** Do not post confidential or proprietary information about Alvernia University, students, employees, or alumni. Employees must follow the applicable federal requirements such as FERPA and HIPAA, as well as NCAA regulations in their social media interactions. All applicable university privacy and confidentiality policies apply to social media. Employees who share confidential information do so at the risk of disciplinary action up to and including termination.
- **Maintain privacy:** Do not discuss a situation involving named or pictured individuals on a social media site without their permission. As a guideline, do not post anything that you would not present in any public forum.
- **Respect copyright and fair use:** When posting, be mindful of the copyright and intellectual property rights of others and of the University. For guidance, consult the guidelines for Copyright and Fair Use Policy in the Alvernia Employee Handbook. Questions regarding this policy or what options may be available for resolving issues arising under it may be referred to department/division managers, departmental chairs, the Copyright Committee, the Office of the Provost or Human Resources.
- **Don't use Alvernia University logos for endorsements:** Do not use the Alvernia University logo or any other university images or iconography on personal social media sites. Do not use Alvernia University's name to promote a product, cause, political party, or candidate. Unless specifically instructed, employees are not authorized to speak on behalf of the University. If you disclose your affiliation with Alvernia, you should also include a disclaimer that your views do not represent the views of the University.

SECTION 4: SAFETY AND PRIVACY TIPS FOR SOCIAL NETWORKING

The previous material covers specific policies and guidelines for social media use. The following section offers common sense recommendations for responsible and safe use, in the best interests of Alvernia:

On personal sites, identify your views as your own: The line between professional and personal business is sometimes blurred. Be thoughtful about your posting's content and potential audiences. Be honest about your identity. In personal posts, you may identify yourself as an Alvernia University faculty or staff member. However, please be clear that you are sharing your views as an individual, not as a representative of the University. Set privacy settings to help control who can look at your profile, personal information and photos. You can limit access somewhat but not completely, and you have no control over what someone else may share.

Think about how much information you want to share with strangers. Not everyone will respect your personal or physical space.

Consider the image you are projecting by the materials and photos you are posting. Is it one that you want current and future friends or colleagues to know you by? What does your profile say to Alvernia community members and students?

What if you change your mind about a post? For instance, what if you want to remove something you posted as a joke or to make a point? It is important to read the social networking site's privacy and caching statements. Removing material from network caches can be difficult. Posted material can remain accessible on the Internet until you've completed the prescribed process for removing information from the caching technology of one or multiple (potentially unknown) search engines.

It is important that personal equipment have spyware and virus protections installed. Some sites collect profile information to spam you. Others contain links that can infect equipment with viruses that can destroy data and infect others with whom you communicate. Remember to back up your work on an external source in case of destructive attacks.

SECTION 5: MISUSE OF SOCIAL MEDIA Users are not permitted to use Alvernia computing resources to create, transmit or store threatening or harassing materials. You should not produce or transmit any work that has the intent or effect of unreasonably interfering with individual or a group's educational or work performance at Alvernia or elsewhere, or that creates an intimidating, hostile or offensive educational, work or living environment. This includes viewing, sending or making available offensive materials, unless such activity is appropriate for academic or work purpose. Users of all such services have a responsibility to use these services properly and to respect the rights of others in their use of these services and in accordance with published terms of service. All relevant Alvernia policies apply to the use of these services, but in particular:

Users may not produce, publish, transmit or distribute materials using the Alvernia network that are contrary to the mission and identity of the University.

Users may not use these services in violation of any applicable laws.

Use that might contribute to creation of a hostile academic or work environment is prohibited.

Any unauthorized commercial, non-profit, political or advocacy use not required for course work, research, or the conduct of Alvernia business is prohibited.

Any non-incidental personal use such as advertisements, solicitations, or promotions is prohibited.

Alvernia administrators have authorized certain individuals to send electronic mail to large groups such as faculty, staff, students, specific classes or groups, alumni, etc., or to the entire Alvernia community. These lists are not open to posts from the community at large. When using these lists, it is the sender's obligation to understand the service and to protect the recipients from intentional or unintentional disclosure of private information.

Any content posted to a service that is inconsistent with these rules, as well as unsolicited mail from outside of Alvernia (e.g., SPAM) may be subject to automated interception, quarantine and disposal. Furthermore, violation of the policies and procedures set forth in the Social Media Policy will result in disciplinary action up to and including termination of employment.

REPORTING VIOLATIONS:

Alvernia requests and strongly urges employees to report any violations or possible or perceived violations to their supervisor, manager or the HR department.

ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM

PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT

MID SEMESTER

AT 101, 113, 250, 251, 310, 311, 410. 411

Preceptor – Please rate the student on the following areas. This tool is meant to serve as a formal assessment tool to foster growth and development of the student and track student growth from the freshman through the senior year.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Area	Rating (Student Self Scores)	Rating (Preceptor Scores Student)	Comments
<u>Professionalism</u> (<i>students demonstrate a professional attitude and is respectful during all clinical interactions). (professional attire, punctuality, follow site policy and procedures, etc)</i>			
<u>Dependability</u> (based on hours completed to date, students adhere to scheduled/selected hours and dates)			

<u>Maturity</u> (how much interaction occurs with preceptors)			
<u>Confidence</u> (takes initiative to engage preceptors with thoughtful questions)			
<u>Skills</u> (ability to complete tasks assigned by preceptor)			

Preceptor _____

Date _____

Student _____

Date _____

Update 5/2016 TF

ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM

PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT

FINAL SEMESTER

AT 101, 113, 250, 251, 310, 311, 410, 411

Preceptor – Please rate the student on the following areas. This tool is meant to serve as a formal assessment tool to foster growth and development of the student and track student growth from the freshman through the senior year.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. (Requires a preceptor comment)

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Area	Rating (Student Self Scores)	Rating (Preceptor Scores Student)	Comments
<u>Professionalism</u> (<i>students demonstrate a professional attitude and is respectful during all clinical interactions). (professional attire, punctuality, follow site policy and procedures, etc)</i>)			
<u>Dependability</u> (based on hours completed to date, students adhere to scheduled/selected hours and dates)			

<u>Maturity</u> (how much interaction occurs with preceptors)			
<u>Confidence</u> (takes initiative to engage preceptors with thoughtful questions)			
<u>Skills</u> (ability to complete tasks assigned by preceptor)			

Preceptor _____

Date _____

Student _____

Date _____

Update 5/2016 TF

ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT (ATS)
AT 250 MID-SEMESTER

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to injuries and conditions of the upper extremities.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
History (<i>student takes and documents a complete and thorough medical Hx</i>)		
Inspection		
Palpation (<i>student consistently palpates appropriate bony and soft tissue landmarks</i>)		
ROM and MMT (<i>student effectively assesses joint ROM and MMT results and objectively quantifies deficient findings, ie grading scale and goniometric measurement</i>)		

Special Tests (<i>student selects and appropriately demonstrates special tests to rule in / rule out specific conditions</i>)		
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Students consistently document their findings consistent with site/preceptor specific format.

Score / Comment:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score / Comment:

Preceptor _____

Date _____

Student _____

Date _____

Updated 5/2016 TF

**ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT (ATS)
AT 250 FINAL SEMESTER**

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to injuries and conditions of the upper extremities.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation.
(Requires a preceptor comment)

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
History (<i>student takes and documents a complete and thorough medical Hx</i>)		
Inspection		
Palpation (<i>student consistently palpates appropriate bony and soft tissue landmarks</i>)		

ROM and MMT (<i>student effectively assesses joint ROM and MMT results and objectively quantifies deficient findings, ie grading scale and goniometric measurement</i>)		
Special Tests (<i>student selects and appropriately demonstrates special tests to rule in / rule out specific conditions</i>)		

Students consistently document their findings consistent with site/preceptor specific format.

Score / Comment:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score / Comment:

Preceptor _____ Date _____

Student _____ Date _____

Updated 5/2016 TF

ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM

PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT (ATS)

AT 251 MID SEMESTER

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to injuries and conditions of the upper extremities.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
History (<i>student takes and documents a complete and thorough medical Hx</i>)		
Inspection		
Palpation (<i>student consistently palpates appropriate bony and soft tissue landmarks</i>)		
ROM and MMT (<i>student effectively assesses joint ROM and MMT results and objectively quantifies deficient findings, ie grading scale and goniometric measurement</i>)		

Special Tests (<i>student selects and appropriately demonstrates special tests to rule in / rule out specific conditions</i>)		
--	--	--

Students consistently document their findings consistent with site/preceptor specific format.

Score / Comment:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score / Comment:

Preceptor _____ Date _____

Student _____ Date _____

Updated 5/2016 TF

ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM

PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT (ATS)

AT 251 FINAL SEMESTER

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to injuries and conditions of the upper extremities.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
History (<i>student takes and documents a complete and thorough medical Hx</i>)		
Inspection		
Palpation (<i>student consistently palpates appropriate bony and soft tissue landmarks</i>)		
ROM and MMT (<i>student effectively assesses joint ROM and MMT results and objectively quantifies deficient findings, ie grading scale and goniometric measurement</i>)		

Special Tests (<i>student selects and appropriately demonstrates special tests to rule in / rule out specific conditions</i>)		
--	--	--

Students consistently document their findings consistent with site/preceptor specific format.

Score / Comment:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score / Comment:

Preceptor _____ Date _____

Student _____ Date _____

Updated 5/2016 TF

**ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT
AT 310 (LOWER EXTREMITIES) – JUNIOR YEAR (MID EVAL)**

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to injuries and conditions of the lower extremities.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
<u>History</u> <i>(student takes and documents a complete and thorough medical Hx)</i>		
<u>Inspection</u>		
<u>Palpation</u> <i>(student consistently palpates appropriate bony and soft tissue landmarks)</i>		
<u>Active ROM</u> <i>(student effectively assesses joint ROM results and objectively quantifies deficient findings, ie goniometric measurement)</i>		
<u>Passive ROM</u> <i>(student effectively assesses joint ROM results and objectively quantifies deficient findings, ie goniometric measurement)</i>		

<u>Manual Muscle Testing</u> <i>student effectively assesses MMT results and objectively quantifies deficient findings, ie grading scale)</i>		
<u>Joint Stability Tests</u> <i>(student selects and correctly demonstrates appropriate joint stability tests to rule in/ rule out specific conditions)</i>		
<u>Special Tests</u> <i>(student selects and correctly demonstrates appropriate special tests to rule in / rule out specific conditions)</i>		
<u>Neurological Assessment</u> <i>(student effectively assesses dermatome and myotome function)</i>		
<u>Vascular Assessment</u> <i>(student effectively assesses vascular function at and distal to the injury)</i>		
<u>Clinical Diagnosis</u> <i>(student can utilize physical evaluation skills to generate an appropriate differential diagnosis and determine a clinical Dx)</i>		
<u>Documentation</u> <i>(student consistently documents initial evaluations, daily progress/rehabilitation notes and / or discharge notes as applicable. Notes are clearly written and include appropriate medical terminology)</i>		
<u>Therapeutic Exercise</u> <i>[student is able to generate 1) an accurate list of clinical problems, 2) a list of appropriate short-term and long term goals, 3) select or administer appropriate therapeutic exercises to accomplish each goal]</i>		

<u>Therapeutic Modalities</u> <i>[student is able to generate 1) an accurate list of clinical problems, 2) a list of appropriate short-term and long term goals, 3) select and administer appropriate therapeutic modalities to accomplish each goal, 4) discuss indications, contraindications and precautions for all selected modalities]</i>		
<u>Professionalism</u> <i>attire, punctuality, communication (communicates clearly and effectively with all persons at the site)</i>		

Weekly Schedule and learning goals:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score: _____ Comments:

Preceptor _____ Date _____

Student _____ Date _____

Updated 5/2016 TF

**ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT
AT 310 (LOWER EXTREMITIES) – JUNIOR YEAR (END OF YEAR)**

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to injuries and conditions of the lower extremities.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
<u>History</u> (<i>student takes and documents a complete and thorough medical Hx</i>)		
<u>Inspection</u>		
<u>Palpation</u> (<i>student consistently palpates appropriate bony and soft tissue landmarks</i>)		
<u>Active ROM</u> (<i>student effectively assesses joint ROM results and objectively quantifies deficient findings, ie goniometric measurement</i>)		
<u>Passive ROM</u> (<i>student effectively assesses joint ROM results and objectively quantifies deficient findings, ie goniometric measurement</i>)		

<u>Manual Muscle Testing</u> <i>student effectively assesses MMT results and objectively quantifies deficient findings, ie grading scale)</i>		
<u>Joint Stability Tests</u> <i>(student selects and correctly demonstrates appropriate joint stability tests to rule in / rule out specific conditions)</i>		
<u>Special Tests</u> <i>(student selects and correctly demonstrates appropriate special tests to rule in / rule out specific conditions)</i>		
<u>Neurological Assessment</u> <i>(student effectively assesses dermatome and myotome function)</i>		
<u>Vascular Assessment</u> <i>(student effectively assesses vascular function at and distal to the injury)</i>		
<u>Clinical Diagnosis</u> <i>(student can utilize physical evaluation skills to generate an appropriate differential diagnosis and determine a clinical Dx)</i>		
<u>Documentation</u> <i>(student consistently documents initial evaluations, daily progress/rehabilitation notes and / or discharge notes as applicable. Notes are clearly written and include appropriate medical terminology)</i>		
<u>Therapeutic Exercise</u> <i>[student is able to generate 1) an accurate list of clinical problems, 2) a list of appropriate short-term and long term goals, 3) select or administer appropriate therapeutic exercises to accomplish each goal]</i>		

Therapeutic Modalities <i>[student is able to generate 1) an accurate list of clinical problems, 2) a list of appropriate short-term and long term goals, 3) select and administer appropriate therapeutic modalities to accomplish each goal, 4) discuss indications, contraindications and precautions for all selected modalities]</i>		
Professionalism <i>attire, punctuality, communication (communicates clearly and effectively with all persons at the site)</i>		

Weekly Schedule and learning goals:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score: _____ Comments:

Preceptor _____ Date _____

Student _____ Date _____

Updated 5/2016 TF

**ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT
AT 311 (UPPER EXTREMITIES) – JUNIOR YEAR (MID EVAL)**

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to injuries and conditions of the upper extremities.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. (Requires a preceptor comment)

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
<u>History</u> (student takes and documents a complete and thorough medical Hx)		
<u>Inspection</u>		
<u>Palpation</u> (student consistently palpates appropriate bony and soft tissue landmarks)		
<u>Active ROM</u> (student effectively assesses joint ROM results and objectively quantifies deficient findings, ie goniometric measurement)		
<u>Passive ROM</u> (student effectively assesses joint ROM results and objectively quantifies deficient findings, ie goniometric measurement)		

<u>Manual Muscle Testing</u> <i>student effectively assesses MMT results and objectively quantifies deficient findings, ie grading scale)</i>		
<u>Joint Stability Tests</u> <i>(student selects and correctly demonstrates appropriate joint stability tests to rule in / rule out specific conditions)</i>		
<u>Special Tests</u> <i>(student selects and correctly demonstrates appropriate special tests to rule in / rule out specific conditions)</i>		
<u>Neurological Assessment</u> <i>(student effectively assesses dermatome and myotome function)</i>		
<u>Vascular Assessment</u> <i>(student effectively assesses vascular function at and distal to the injury)</i>		
<u>Clinical Diagnosis</u> <i>(student can utilize physical evaluation skills to generate an appropriate differential diagnosis and determine a clinical Dx)</i>		
<u>Documentation</u> <i>(student consistently documents initial evaluations, daily progress/rehabilitation notes and / or discharge notes as applicable. Notes are clearly written and include appropriate medical terminology)</i>		
<u>Therapeutic Exercise</u> <i>[student is able to generate 1) an accurate list of clinical problems, 2) a list of appropriate short-term and long term goals, 3) select or administer appropriate therapeutic exercises to accomplish each goal]</i>		

Therapeutic Modalities <i>[student is able to generate 1) an accurate list of clinical problems, 2) a list of appropriate short-term and long term goals, 3) select and administer appropriate therapeutic modalities to accomplish each goal, 4) discuss indications, contraindications and precautions for all selected modalities]</i>		
Professionalism <i>(students demonstrate a professional attitude and is respectful during all clinical interactions). (professional attire, punctuality, follow site policy and procedures, etc)</i>		

Weekly Schedule and learning goals:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score: _____ Comments: _____

Preceptor _____ Date _____

Student _____ Date _____

Updated 5/2016 TF

**ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT
AT 311 (UPPER EXTREMITIES) – JUNIOR YEAR (Final EVAL)**

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to injuries and conditions of the upper extremities.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
<u>History</u> (<i>student takes and documents a complete and thorough medical Hx</i>)		
<u>Inspection</u>		
<u>Palpation</u> (<i>student consistently palpates appropriate bony and soft tissue landmarks</i>)		
<u>Active ROM</u> (<i>student effectively assesses joint ROM results and objectively quantifies deficient findings, ie goniometric measurement</i>)		
<u>Passive ROM</u> (<i>student effectively assesses joint ROM results and objectively quantifies deficient findings, ie goniometric measurement</i>)		

<u>Manual Muscle Testing</u> <i>student effectively assesses MMT results and objectively quantifies deficient findings, ie grading scale)</i>		
<u>Joint Stability Tests</u> <i>(student selects and correctly demonstrates appropriate joint stability tests to rule in / rule out specific conditions)</i>		
<u>Special Tests</u> <i>(student selects and correctly demonstrates appropriate special tests to rule in / rule out specific conditions)</i>		
<u>Neurological Assessment</u> <i>(student effectively assesses dermatome and myotome function)</i>		
<u>Vascular Assessment</u> <i>(student effectively assesses vascular function at and distal to the injury)</i>		
<u>Clinical Diagnosis</u> <i>(student can utilize physical evaluation skills to generate an appropriate differential diagnosis and determine a clinical Dx)</i>		
<u>Documentation</u> <i>(student consistently documents initial evaluations, daily progress/rehabilitation notes and / or discharge notes as applicable. Notes are clearly written and include appropriate medical terminology)</i>		
<u>Therapeutic Exercise</u> <i>[student is able to generate 1) an accurate list of clinical problems, 2) a list of appropriate short-term and long term goals, 3) select or administer appropriate therapeutic exercises to accomplish each goal]</i>		

<u>Therapeutic Modalities</u> <i>[student is able to generate 1) an accurate list of clinical problems, 2) a list of appropriate short-term and long term goals, 3) select and administer appropriate therapeutic modalities to accomplish each goal, 4) discuss indications, contraindications and precautions for all selected modalities]</i>		
Professionalism <i>(students demonstrate a professional attitude and is respectful during all clinical interactions). (professional attire, punctuality, follow site policy and procedures, etc)</i>		

Weekly Schedule and learning goals:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score: _____ Comments:

Preceptor _____ Date _____

Student _____ Date _____

Updated 5/2016 TF

Foundational Behaviors of Professional Practice

(Have Preceptor initial)

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient

- _____ Recognize sources of conflict of interest that can impact the client's/patient's health.
- _____ Know and apply the commonly accepted standards for patient confidentiality.
- _____ Provide the best healthcare available for the client/patient.
- _____ Advocate for the needs of the client/patient.

Team Approach to Practice

- _____ Recognize the unique skills and abilities of other healthcare professionals.
- _____ Understand the scope of practice of other healthcare professionals.
- _____ Execute duties within the identified scope of practice for athletic trainers.
- _____ Include the patient (and family, where appropriate) in the decision-making process.
- _____ Work with others in effecting positive patient outcomes.

Legal Practice

- _____ Practice athletic training in a legally competent manner.
- _____ Identify and conform to the laws that govern athletic training.
- _____ Understand the consequences of violating the laws that govern athletic training.

Ethical Practice

- _____ Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.
- _____ Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice*.
- _____ Comply with other codes of ethics, as applicable.

Advancing Knowledge

- _____ Critically examine the body of knowledge in athletic training and related fields.
- _____ Use evidence-based practice as a foundation for the delivery of care.
- _____ Appreciate the connection between continuing education and the improvement of athletic training practice.
- _____ Promote the value of research and scholarship in athletic training.
- _____ Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

Cultural Competence

- _____ Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- _____ Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- _____ Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism

- _____ Advocate for the profession.
- _____ Demonstrate honesty and integrity.
- _____ Exhibit compassion and empathy.
- _____ Demonstrate effective interpersonal communication skills.

**ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT
AT 410 (GENERAL MEDICAL) – SENIOR YEAR (MID EVAL)**

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to **general medical conditions and disabilities**.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment)**.

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
<u>History</u> <i>(student takes and documents a complete and thorough medical Hx)</i>		
<u>Blood Pressure</u> <i>(student can demonstrate the correct procedure to obtain an accurate blood pressure.)</i>		
<u>Pulse</u> <i>(student can demonstrate the correct procedure to obtain an accurate heart rate. Students should be able to ID a pulse key upper and lower extremity sites.</i>		
<u>Respiration</u> <i>(student can demonstrate the correct procedure to obtain an accurate rate of respiration.)</i>		

<u>Auscultation</u> (student can demonstrate the correct procedure to auscultate the thorax for breath and cardiac sounds. Student can discuss normal and pathological sounds.)		
<u>Otoscope</u> (student can demonstrate the correct procedure to evaluate the outer and middle ear, the nasopharynx, and the oropharynx using an otoscope.)		
<u>Ophthalmoscope</u> (student can demonstrate the correct procedure to evaluate the anterior, middle and posterior chamber of the eye using and ophthalmoscope.)		
<u>Peak-flow Meter</u> (student can demonstrate the correct procedure to evaluate peak respiratory flow using a peak flow meter.)		
<u>Recognition of General Medical Conditions / Clinical Diagnosis</u> (student can utilize physical evaluation skills to generate an appropriate differential diagnosis and determine a clinical Dx)		
<u>Management of Asthma</u> (student can discuss an appropriate plan to recognize, treat an asthmatic as well as describe preventative techniques for asthma. Can be simulated!!).		
<u>Management of Diabetic Illness</u> (student can discuss an appropriate plan to recognize, treat a diabetic as well as describe preventative techniques for diabetes. Can be simulated!!).		

<u>Management of Seizure</u> <i>(student can discuss an appropriate plan to recognize, and manage a seizure. Can be simulated!!).</i>		
<u>Medical Referral</u> <i>(student can describe when a general medical condition needs to be referred to another healthcare provider. Student can identify the appropriate practitioner per incident).</i>		
<u>Documentation</u> <i>(student consistently documents initial evaluations, daily progress/rehabilitation notes and / or discharge notes as applicable. Notes are clearly written and include appropriate medical terminology)</i>		

Weekly Schedule and learning goals:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score: _____ Comments:

Preceptor _____

Date _____

Student _____

Date _____

Updated 5/2016 TF

ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT
AT 410 (GENERAL MEDICAL) – SENIOR YEAR (FINAL EVAL)

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to **general medical conditions and disabilities.**

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment)**.

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
<u>History</u> (student takes and documents a complete and thorough medical Hx)		
<u>Blood Pressure</u> (student can demonstrate the correct procedure to obtain an accurate blood pressure.)		
<u>Pulse</u> (student can demonstrate the correct procedure to obtain an accurate heart rate. Students should be able to ID a pulse key upper and lower extremity sites.		
<u>Respiration</u> (student can demonstrate the correct procedure to obtain an accurate rate of respiration.)		

<u>Auscultation</u> (student can demonstrate the correct procedure to auscultate the thorax for breath and cardiac sounds. Student can discuss normal and pathological sounds.)		
<u>Otoscope</u> (student can demonstrate the correct procedure to evaluate the outer and middle ear, the nasopharynx, and the oropharynx using an otoscope.)		
<u>Ophthalmoscope</u> (student can demonstrate the correct procedure to evaluate the anterior, middle and posterior chamber of the eye using and ophthalmoscope.)		
<u>Peak-flow Meter</u> (student can demonstrate the correct procedure to evaluate peak respiratory flow using a peak flow meter.)		
<u>Recognition of General Medical Conditions / Clinical Diagnosis</u> (student can utilize physical evaluation skills to generate an appropriate differential diagnosis and determine a clinical Dx)		
<u>Management of Asthma</u> (student can discuss an appropriate plan to recognize, treat an asthmatic as well as describe preventative techniques for asthma. Can be simulated!!).		

<u>Management of Diabetic Illness</u> <i>(student can discuss an appropriate plan to recognize, treat a diabetic as well as describe preventative techniques for diabetes. Can be simulated!!).</i>		
<u>Management of Seizure</u> <i>(student can discuss an appropriate plan to recognize, and manage a seizure. Can be simulated!!).</i>		
<u>Medical Referral</u> <i>(student can describe when a general medical condition needs to be referred to another healthcare provider. Student can identify the appropriate practitioner per incident).</i>		
<u>Documentation</u> <i>(student consistently documents initial evaluations, daily progress/rehabilitation notes and / or discharge notes as applicable. Notes are clearly written and include appropriate medical terminology)</i>		

Weekly Schedule and learning goals:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score: _____ Comments: _____

Preceptor _____

Date _____

Student _____

Date _____

Updated 5/2016 TF

**ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT
AT 411 (PSYCHOSOCIAL INTERVENTION AND COUNSELING
TECHNIQUES) – SENIOR YEAR (MID-SEMESTER EVAL)**

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to psychosocial intervention and counseling techniques.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
<u>Meets Ethical/Moral Obligations</u> (<i>student demonstrates principles of ethical / moral practice</i>)		
<u>Recognition of Eating Disorders</u> (<i>can be simulation/discussion</i>)		
<u>Recognition of Substance Abuse</u> (<i>can be simulation/discussion</i>)		
<u>Selects Appropriate Counseling Techniques</u> (<i>can be simulation/discussion</i>)		
<u>Use of Stress Reduction Techniques</u> (<i>can be simulation/discussion</i>)		
<u>Use of Motivational Techniques</u> (<i>can be simulation/discussion</i>)		

<u>Communication with Healthcare Providers</u> (students demonstrates effective communication with preceptors, team physician, etc)		
<u>Medical Referral</u> (student appropriately recommends/facilitates referral to team physician / specialist)		
<u>Documentation</u> (student consistently documents initial evaluations, daily progress/rehabilitation notes and / or discharge notes as applicable. Notes are clearly written and include appropriate medical terminology)		
<u>Professionalism</u> (students demonstrate a professional attitude and is respectful during all clinical interactions). (professional attire, punctuality, follow site policy and procedures)		

Weekly Schedule and learning goals:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score: _____ Comments: _____

Preceptor _____ Date _____

Student _____ Date _____

Updated 5/2016

**ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
PRECEPTOR EVALUATION OF THE ATHLETIC TRAINING STUDENT
AT 411 (PSYCHOSOCIAL INTERVENTION AND COUNSELING
TECHNIQUES) – SENIOR YEAR (FINAL EVAL)**

Preceptor – Please rate the student on his/her ability to perform the following skills with reference to psychosocial intervention and counseling techniques.

5 = Excellent: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. Can provide and defend a theoretically sound rationale for performance. Exceeds expectations for this rotation. **(Requires a preceptor comment)**

4 = Very Good: The ATS can independently complete all level-specific tasks and standard procedures successfully and safely. The ATS requires little or no cueing from preceptor. The ATS can often use theory to defend performance. ATS meets the expectations of the rotation.

3 = Good: the ATS can complete some level-specific tasks and standard procedures safely and correctly. The ATS requires consistent cueing from the preceptor to compete standard tasks. The ATS can function safely under supervision but has not demonstrated independent practice. ATS meets minimal expectations for the rotation.

2 = Fair: ATS cannot complete tasks and standard procedures safely or correctly without assistance from the preceptor. The ATS performs below preceptor expectations for their academic level. The ATS needs remediation in 1 or more specific areas. **(Requires a preceptor comment).**

1 = Poor: The ATS cannot complete standard procedures safely or correctly with preceptor cueing. The ATS show little or no interest during the clinical rotation. The ATS consistently demonstrates unprofessional behaviors. The ATS needs remediation in 1 or more specific areas **(Requires a preceptor comment)**

Skill	Score	Comments
<u>Meets Ethical/Moral Obligations</u> (<i>student demonstrates principles of ethical / moral practice</i>)		
<u>Recognition of Eating Disorders</u> (<i>can be simulation/discussion</i>)		
<u>Recognition of Substance Abuse</u> (<i>can be simulation/discussion</i>)		
<u>Selects Appropriate Counseling Techniques</u> (<i>can be simulation/discussion</i>)		
<u>Use of Stress Reduction Techniques</u> (<i>can be simulation/discussion</i>)		

<u>Use of Motivational Techniques</u> (<i>can be simulation/discussion</i>)		
<u>Communication with Healthcare Providers</u> (<i>students demonstrates effective communication with preceptors, team physician, etc</i>)		
<u>Medical Referral</u> (<i>student appropriately recommends/facilitates referral to team physician / specialist</i>)		
<u>Documentation</u> (<i>student consistently documents initial evaluations, daily progress/rehabilitation notes and / or discharge notes as applicable. Notes are clearly written and include appropriate medical terminology</i>)		
<u>Professionalism</u> (<i>students demonstrate a professional attitude and is respectful during all clinical interactions</i>). (<i>professional attire, punctuality, follow site policy and procedures</i>)		

Weekly Schedule and learning goals:

Students consistently present their preceptor with a weekly schedule of clinical education contact days and 1-2 learning goals.

Score:_____ Comments:

Preceptor _____

Date _____

Student _____

Date _____

Updated 5/2016

Foundational Behaviors of Professional Practice

(Have Preceptor initial)

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient

- _____ Recognize sources of conflict of interest that can impact the client's/patient's health.
- _____ Know and apply the commonly accepted standards for patient confidentiality.
- _____ Provide the best healthcare available for the client/patient.
- _____ Advocate for the needs of the client/patient.

Team Approach to Practice

- _____ Recognize the unique skills and abilities of other healthcare professionals.
- _____ Understand the scope of practice of other healthcare professionals.
- _____ Execute duties within the identified scope of practice for athletic trainers.
- _____ Include the patient (and family, where appropriate) in the decision-making process.
- _____ Work with others in effecting positive patient outcomes.

Legal Practice

- _____ Practice athletic training in a legally competent manner.
- _____ Identify and conform to the laws that govern athletic training.
- _____ Understand the consequences of violating the laws that govern athletic training.

Ethical Practice

- _____ Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.
- _____ Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice*.
- _____ Comply with other codes of ethics, as applicable.

Advancing Knowledge

- _____ Critically examine the body of knowledge in athletic training and related fields.
- _____ Use evidence-based practice as a foundation for the delivery of care.
- _____ Appreciate the connection between continuing education and the improvement of athletic training practice.
- _____ Promote the value of research and scholarship in athletic training.
- _____ Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

Cultural Competence

- _____ Demonstrate awareness of the impact that clients’/patients’ cultural differences have on their attitudes and behaviors toward healthcare.
- _____ Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- _____ Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism

- _____ Advocate for the profession.
- _____ Demonstrate honesty and integrity.
- _____ Exhibit compassion and empathy.
- _____ Demonstrate effective interpersonal communication skills.

**ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
STUDENT EVALUATION OF
PRECEPTOR/CLINICAL SITE©**

It is very important to the Department of Athletic Training that we receive your input on each of your clinical practicum experiences for each of the Clinical Sites in which you have been placed. Your information will remain anonymous; general comments will be shared at the end of the year with the Preceptors to help them improve their clinical site and their teaching methods while educating the students in the Department of Athletic Training.

PRECEPTOR: _____ **CLINICAL SITE:** _____

SPORT ASSIGNMENT: _____ **DATE of ROTATION:** _____

STUDENT'S NAME: _____

Preceptor Evaluation©

Please circle the number corresponding with your feelings, beliefs, and behaviors about your Preceptor.

KEY

1=Seldom	2=Occasionally	3=Fairly often	4=Almost Always	5= Always
----------	----------------	----------------	-----------------	-----------

<u>Professional Attitudes and Actions</u>					
1. My Preceptor is well respected by the team physician and AD.....	1	2	3	4	5
2. My Preceptor demonstrates self-respect.....	1	2	3	4	5
3. My Preceptor anticipates respect from others.....	1	2	3	4	5
4. My Preceptor is a positive professional role model for students.....	1	2	3	4	5
5. My Preceptor demonstrates self-confidence as a professional.....	1	2	3	4	5
6. My Preceptor cares about student learning in the clinical setting.....	1	2	3	4	5
7. My Preceptor verbally and actively promotes the athletic training profession.....	1	2	3	4	5
8. My Preceptor assists students in understanding their professional responsibility.....	1	2	3	4	5
<u>Characteristics Of Effective Leaders</u>					
9. My Preceptor seeks out challenging opportunities that test his/her own skills.....	1	2	3	4	5
10. My Preceptor is in control of athletic training situations.....	1	2	3	4	5
11. My Preceptor has made his/her employment position (environment) better each year...	1	2	3	4	5
12. My Preceptor has a vision or goal for his/her own professional growth.....	1	2	3	4	5
13. My Preceptor puts others' (athletes, SAT's, coaches) needs before his/her own needs...	1	2	3	4	5
<u>Communication Skills</u>					
14. My Preceptor provides feedback to students in a timely manner.....	1	2	3	4	5
15. My Preceptor actively promotes clinical discussion with students.....	1	2	3	4	5
16. My Preceptor corrects students tactfully in an appropriate location/place.....	1	2	3	4	5
17. My Preceptor deals with conflict in a mature/professional manner.....	1	2	3	4	5
18. My Preceptor provides a clear orientation during first day(s) of rotation.....	1	2	3	4	5
19. My Preceptor provides on-going communication for student expectations.....	1	2	3	4	5
20. My Preceptor encourages students to ask questions.....	1	2	3	4	5
21. My Preceptor is an active listener.....	1	2	3	4	5

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1=Seldom	2=Occasionally	3=Fairly often	4=Almost Always	5= Always
----------	----------------	----------------	-----------------	-----------

<u>Teaching Abilities And Attitudes</u>					
22. My Preceptor provides stimulating real scenarios for students to learn.	1	2	3	4	5
23. My Preceptor promotes critical thinking skills in his/her teaching to foster learning...	1	2	3	4	5
24. My Preceptor combines academic knowledge with clinical practice.....	1	2	3	4	5
25. My Preceptor admits to students when he/she does not know the correct answer to a question.....	1	2	3	4	5
26. My Preceptor follows up on his/her lack of knowledge and seeks out the correct information.....	1	2	3	4	5
27. My Preceptor keeps up with current information within Athletic Training.....	1	2	3	4	5
28. My Preceptor takes time to learn to know athletic training students personally.....	1	2	3	4	5
29. My Preceptor is organized in his/her teaching methods.....	1	2	3	4	5
30. When teaching an inexperienced student, my Preceptor demonstrates a clinical skill first, then allows the student to practice it.....	1	2	3	4	5
31. My Preceptor asks students for feedback regarding his/her teaching.....	1	2	3	4	5
32. My Preceptor prepares (mental/write down) a learning experience/discussion prior to the students coming to his/her clinical setting.....	1	2	3	4	5
<u>Personal Attributes</u>					
33. My Preceptor's behaviors reflect his/her beliefs.....	1	2	3	4	5
34. My Preceptor is an honest person.....	1	2	3	4	5
35. My Preceptor acts accordingly to the professional code of ethics and standards.....	1	2	3	4	5
36. My Preceptor is a trust-worthy person.....	1	2	3	4	5
37. My Preceptor dresses professionally during event coverage.....	1	2	3	4	5
38. My Preceptor encourages athletic training students to dress professionally.....	1	2	3	4	5
39. My Preceptor encourages athletic training students to project a positive professional demeanor to the public.....	1	2	3	4	5
40. My Preceptor is innovative in creating an optimal athletic training position for him/herself.	1	2	3	4	5
41. My Preceptor is open to new opportunities.....	1	2	3	4	5
42. My Preceptor continually asks him/herself if there is a better way to accomplish his/her goal.....	1	2	3	4	5
43. My Preceptor is excited about the direction profession of Athletic Training is headed..	1	2	3	4	5
44. My Preceptor demonstrates passion for his/her work to athletic training students.....	1	2	3	4	5
45. My Preceptor assists students in the day-to-day "clean-up" activities.....	1	2	3	4	5
46. My Preceptor uses different motivational techniques for different situations.....	1	2	3	4	5
47. My Preceptor challenges athletic training students clinically.....	1	2	3	4	5
48. My Preceptor keeps him/herself motivated.....	1	2	3	4	5
49. My Preceptor keeps athletic training students motivated.....	1	2	3	4	5
50. My Preceptor respects athletic training students.....	1	2	3	4	5

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Alvernia University Athletic Training Program
Preceptor/Clinical Site Evaluation©

Please circle the number corresponding with your feelings and beliefs about your clinical site. Please circle the number that best applies to the statement.

KEY

1=Seldom	2=Occasionally	3=Fairly often	4=Almost Always	5= Always
-----------------	-----------------------	-----------------------	------------------------	------------------

1. The clinical site provided me with a stimulating learning environment.....	1	2	3	4	5
2. The supplies and equipment at the Clinical Site were adequate to meet the demands and expectations placed upon me.....	1	2	3	4	5
3. The Clinical Site provided me with challenges in which I could utilize my skills.....	1	2	3	4	5
4. The experiences I encountered during my clinical practicum reinforced the information and skills I learned in my course work.....	1	2	3	4	5
5. The protocols and procedures of the Clinical Site were explained to me adequately and in sufficient time to implement them effectively.....	1	2	3	4	5
6. Proper OSHA guidelines in the management of blood, bodily fluids, and medical waste were used at my clinical site.....	1	2	3	4	5
7. Prescribed guidelines of the governing body for athletics (NCAA, PIAA) in regards to the care and treatment of athletes were used at my clinical site.....	1	2	3	4	5

8. The Department of Athletic Training should continue to use this clinical site. **YES** **NO**

9. Below, please describe the STRENGTHS of this Preceptor and Clinical Site.

**Alvernia University Athletic Training Program
Preceptor/Clinical Site Evaluation© (continued):**

Describe the WEAKNESSES or AREAS FOR IMPROVEMENT of this Clinical Site and Preceptor, AND give constructive recommendations as to how those weaknesses may be improved.

11. Please provide constructive suggestions as to how to improve this clinical practicum experience.
12. On the average, how many contact hours did your preceptor spend with you for educational instruction (formal/informal) per day_____or per week_____
- (Contact hours mean discussing information, informal teaching, conversing, interacting....mentoring!)

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Revised: March 2013

ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM

STUDENT EVALUATION OF PRECEPTOR /CLINICAL SITE©

It is very important to the Department of Athletic Training that we receive your input on each of your clinical practicum experiences for each of the Clinical Sites in which you have been placed. Your information will remain anonymous; general comments will be shared at the end of the year with the Preceptors to help them improve their clinical site and their teaching methods while educating the students in the Department of Athletic Training.

PRECEPTOR: _____ **CLINICAL SITE:** _____

SPORT ASSIGNMENT: _____ **DATE of ROTATION:** _____

STUDENT'S NAME: _____

Preceptor Evaluation©

Please circle the number corresponding with your feelings, beliefs, and behaviors about your Preceptor.

KEY

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<u>Professional Attitudes and Actions</u>					
1. My Preceptor is well respected by the team physician and AD.....	1	2	3	4	5
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Alvernia University Athletic Training Program
Preceptor/Clinical Site Evaluation©

Please circle the number corresponding with your feelings and beliefs about your clinical site. Please circle the number that best applies to the statement.

KEY

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3. The Clinical Site provided me with challenges in which I could utilize my skills.....	1	2	3	4	5
4. The experiences I encountered during my clinical practicum reinforced the information and skills I learned in my course work.....	1	2	3	4	5
5. The protocols and procedures of the Clinical Site were explained to me adequately and in sufficient time to implement them effectively.....	1	2	3	4	5
6. Proper OSHA guidelines in the management of blood, bodily fluids, and medical waste were used at my clinical site.....	1	2	3	4	5
7. Prescribed guidelines of the governing body for athletics (NCAA, PIAA) in regards to the care and treatment of athletes were used at my clinical site.....	1	2	3	4	5

8. The Department of Athletic Training should continue to use this clinical site. **YES** **NO**

9. Below, please describe the STRENGTHS of this Preceptor and Clinical Site.

**Alvernia University Athletic Training Program
Preceptor/Clinical Site Evaluation© (continued):**

10. Describe the WEAKNESSES or AREAS FOR IMPROVEMENT of this Clinical Site and Preceptor, AND give constructive recommendations as to how those weaknesses may be improved.
11. Please provide constructive suggestions as to how to improve this clinical practicum experience.
12. On the average, how many contact hours did your preceptor spend with you for educational instruction (formal/informal) per day _____ or per week _____
(Contact hours mean discussing information, informal teaching, conversing, interacting....mentoring!)

Alvernia University Clinical Orientation Form (FALL)

Site: _____ Date: _____

Preceptor: _____ Preceptor: _____
Name Signature

ATS: _____ ATS: _____
Name Signature

Students enrolled in the Athletic Training Program at Alvernia University are required to participate in clinical experiences. All Preceptors are expected to hold an **Orientation Session** to explain and review the information listed below with athletic training students assigned to them for clinical rotations.

Date Completed:

Verify ATS current level of emergency response and CPR certification.

Review Emergency Action Plan (EAP): emergency phone numbers, location of EAP and communications to initiate EAP. This should be posted at the site.

Review all OSHA regulations and locations of personal protective devices and bio-hazard containers at the site.

Review the chain of command followed at the site.

Determine the ways in which it is best for the preceptor and the student to make contact in case of illness, postponed or cancelled events, etc. Email addresses, cell phone numbers, home numbers should be exchanged when appropriate.

Dress Code: Students are expected to follow the Alvernia University dress code. Students *can utilize the dress code of the affiliated site.*

Select a clinical schedule that will maximize student meaningful learning.

Make introductions to the appropriate personnel (athletic director, coaches, players, colleagues).

Review of courses completed and in progress. 1st semester juniors will review the status of AT 301 and what skills they are allowed to perform.

In conjunction with the student, identify the student's learning goals for this clinical.

Discuss the student's previous clinical experiences as it pertains to the ATS clinical performance and the clinical sites and proficiencies the student was exposed to. Students are encouraged to share the previous semester(s) final evaluations.

Review of evaluation tools used by both ATS and Preceptor, during clinical setting.

Review and discuss "Athletic Training Student Responsibilities" *and* the Alvernia University Athletic Training Program's policies and procedures (Clinical Education Manual).

Alvernia University Clinical Orientation Form (SPRING)

Site: _____ Date: _____

Preceptor: _____ Preceptor: _____
Name Signature

ATS: _____ ATS: _____
Name Signature

Students enrolled in the Athletic Training Program at Alvernia University are required to participate in clinical experiences. All Preceptors are expected to hold an **Orientation Session** to explain and review the information listed below with athletic training students assigned to them for clinical rotations.

Date Completed:

- _____ Verify ATS current level of emergency response and CPR certification.
- _____ Review Emergency Action Plan (EAP): emergency phone numbers, location of EAP and communications to initiate EAP. This should be posted at the site.
- _____ Review all OSHA regulations and locations of personal protective devices and bio-hazard containers at the site.
- _____ Review the chain of command followed at the site.
- _____ Determine the ways in which it is best for the preceptor and the student to make contact in case of illness, postponed or cancelled events, etc. Email addresses, cell phone numbers, home numbers should be exchanged when appropriate.
- _____ Dress Code: Students are expected to follow the Alvernia University dress code. Students *can utilize the dress code of the affiliated site.*
- _____ Select a clinical schedule that will maximize student meaningful learning.
- _____ Make introductions to the appropriate personnel (athletic director, coaches, players, colleagues).
- _____ Review of courses completed and in progress. 1st semester juniors will review the status of AT 301 and what skills they are allowed to perform.
- _____ In conjunction with the student, identify the student's learning goals for this clinical.
- _____ Discuss the student's previous clinical experiences as it pertains to the ATS clinical performance and the clinical sites and proficiencies the student was exposed to. Students are encouraged to share the previous semester(s) final evaluations.
- _____ Review of evaluation tools used by both ATS and Preceptor, during clinical setting.
- _____ Review and discuss "Athletic Training Student Responsibilities" and the Alvernia University Athletic Training Program's policies and procedures (Clinical Education Manual).

ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM
CLINICAL EXPERIENCE VERIFICATION

Student Name _____

Preceptor Name _____

Clinical Setting (Orthopedic Office or General Medical Office):

Course (AT 310, 311, 410, 411):

Semester (Fall or Spring and Year):

Number of Hours Completed:

I verify that the student has completed these hours with a variety of patient populations.

Preceptor _____ Date _____

Authorization to Release Medical Information Form

ALVERNIA UNIVERSITY HEALTH AND WELLNESS CENTER EXPERIENTIAL LEARNING STUDENT HEALTH INFORMATION

All degree and certificate seeking Alvernia University students are required to submit a completed health record including a medical history form, immunizations, tuberculosis risk questionnaire, and current health insurance to the Health and Wellness Center.

Health records maintained by the Health and Wellness Center are confidential and will be released only with written permission. Students participating in experiential learning (i.e. internships, fieldwork, clinical, student teaching) are responsible for completing the “Authorization to Release Medical Information” (below) and submitting it to the Health and Wellness Center (located in Veronica Hall) in order to release information requested by internship sites. Students are responsible for maintaining communication with the Health and Wellness Center and for assuring that current information is on file in the Health and Wellness Center. This Authorization is in effect for your academic career at Alvernia University and may be revoked at the Health and Wellness Center.

Students and internship coordinators may request information from:

Claire Murphy, MD
Director of Health Services
Alvernia University
400 Saint Bernardine Street
Reading, PA 19607-1799

Phone: 610-568-1467
Fax: 610-796-8422

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____, give my permission to Alvernia University Health and Wellness Center to release my health information relevant to the health requirements of my internship to my instructor, academic department, or appropriate representative at my internship site.

Information shared with Internship sites becomes part of the student’s Education Record under FERPA. This includes, but is not limited to immunization records, physical exams, tuberculosis testing, and drug screens.

Print Name

Student ID number

Student Signature

Date

Internship Site

Major

Office use:
Internship Level

Rev. 4/21/2017

WAIVER & RELEASE FROM LIABILITY FORM