GANNON UNIVERSITY
Athletic Training

MASTERS OF ATHLETIC TRAINING PROGRAM

CLINICAL EDUCATION HANDBOOK 2020-2021

Rev. 03/17/21

GANNON UNIVERSITY
Masters of Athletic Training
Clinical Education Handbook
2020-2021

TABLE OF CONTENTS

Contents

PART I: PHILOSOPHY AND GOALS OF ATHLETIC TRAINING EDUCATION

MAT Program Philosophy Statement

The philosophy of the MAT program is to create and foster an environment that supports the ethical, legal, and professional responsibilities of an athletic trainer to carryon throughout the profession.

- Open mindedness to an evolving profession that can meet the needs of the community. Encourages students to become proponents of the profession and educate all clientele and employers of the growing demand for these services.
- Continue to be a healthcare advocate, work collaboratively, and put the needs of others as a priority to provide excellent healthcare.

MAT Program Mission Statement

The Gannon University Athletic Training Program is dedicated to the professional preparation of knowledgeable, confident, skilled, compassionate, and reflective entry-level athletic trainers. Through comprehensive didactic, clinical education, and student-faculty interactions, the MAT program will provide a foundation to promote critical thinking, foster foundational behaviors, develop interprofessional collaboration, life-long learning, and ethical practice in a rapidly changing healthcare environment. The program is built upon fostering social responsibility within the athletic training community, and to serve as an advocate to meet the future needs of professional health and wellness of the patients and society.

MAT Program Goals

The Master of Athletic Training Program will:

1. Promote and support excellence in academic and clinical teaching and learning.
2. Prepare students to become certified athletic trainers who will be recognized as excellent entry-level professionals.
3. Provide support and promote the field of athletic training in the community.
4. Promote, support, and participate in interprofessional education and collaborative practice.

Outcomes of Students While in the MAT Program

1. Program graduates will possess the necessary skills in cognitive, behavioral (psychosocial) and clinical skills for successful practice as a health care practitioner.
    a. Learning Objective 1.1: Students will be able to demonstrate proficiency in clinical decision-making, evaluation techniques, injury and illness prevention and therapeutic interventions.
    b. Learning Objective 1.2: Students will be proficient in psychosocial techniques and promotion of health and wellness in a healthcare and community setting.
    c. Learning Objective 1.3: Students will demonstrate proficiency in verbal and written communication as a competent health care provider.

2. Develop health care practitioners that practice evidence-based medicine and life-long learning skills in the health professions.
    a. Learning Objective 2.1: Students will demonstrate the use of research to make informed clinical decision making.
    b. Learning Objective 2.2: Students will demonstrate proficiency in developing, researching, and analyzing focused clinical questions for development of original scholarship.
    c. Learning Objective 2.3: Students will demonstrate understanding of continuing professional development throughout the lifespan of a career.

3. Students will engage in activities that promote a transition to practice with other health professions across a variety of patient populations and various employment opportunities.
    a. Learning Objective 3.1: Clinical education will prepare students with learning experiences that prepare students to practice in a professional setting.
    b. Learning Objective 3.2: Students will demonstrate the ability to communicate with preceptors, parents, peers, and collaboration with other health care providers.
    c. Learning Objective 3.4: Students will develop competence in practicing with a diverse patient population.

4. Students will be able to demonstrate the ability to work within an interdisciplinary health care field promoting leadership, teamwork, ethical behavior and the administrative functions of a healthcare provider.
    a. Learning Objective 4.1: After completion of the program students examine various administrative models to incorporate into clinical practice.
    b. Learning Objective 4.2: After completion of the program students will demonstrate ethical responsibility as it relates to ethical practices and professionalism within, national, state and institutional policies.
    c. Learning Objective 4.3: Upon completion of the program, students will be able to describe the values associated with leadership, service, respect, compassion, and empathy in a clinical and community environment**.**

Equal Opportunity and Non-Discrimination Policy

It is the policy of Gannon University and the GU MAT Program to affirmatively implement equal opportunity to all qualified applicants and existing students and employees. In administering its affairs, the University and MAT program shall not discriminate against any person on any basis prohibited by law. All aspects of employment including recruitment, selection, hiring, training, transfer, promotion, termination, compensation, and benefits shall conform to this policy. All aspects of student affairs and education of students including recruitment, admissions, financial aid, clinical placement, access to facilities, student discipline, student life and student employment conform to this policy.

Gannon University and the GU MAT Program does not discriminate on the basis of sex in its education programs and activities. Gannon University will protect the rights of all students and employees to work and study free from harassment, including sexual harassment and/or sexual violence.

Inquiries and complaints concerning the application of Title IX and other non-discrimination policies are to be referred to the Gannon University Title IX Coordinator at 814-871-7224, and Director of Human Resources at 814-871-5624, or addressed in person. Human Resources is located in 306 Beyer Hall in the Student Development and Engagement office.

PART II: ATHLETIC TRAINING CLINICAL EDUCATION

A. Clinical Education Experiences

The MAT department is committed to providing quality clinical education to all students. Clinical education takes place over a course of two years with a total of five different clinical education experiences. In the clinical courses, the students will experience a variety of different client/patient populations including, but not limited to collegiate, high school, clinic, and general medical experiences to provide practice opportunities with patients of different sexes, different socioeconomic statuses, and of varying levels of activity and athletic ability.

B. Criteria for Clinical Education Facilities

The following is a list of the expectations the GU MAT Program has regarding clinical sites for the purpose of providing safe and comprehensive clinical education to the MAT students. Prior to beginning clinical education, the following must be completed for each clinical site:

1. Only those sites that have physicians and athletic trainers serving as clinical preceptors (CP) will be considered appropriate for clinical education. Supplemental clinical education experiences are defined later in the is manual. The MAT program provides this information to students and preceptors in the Student Handbook as well to ensure compliance with his policy.

2. A current affiliation site agreement contract must be on file with the Program Director and/or Coordinator of Clinic Education and completed prior to any student beginning a clinical rotation at that site.

3. Modality list with dated safety checks for each site with formal documentation of the calibration. <u>This calibration must also be kept on file with the clinical site.</u>

4. Signed Therapeutic Modality Safety Policy completed and signed annually for each active clinical site. Upon completion the form will be sent to the CCE. (Appendix A)

5. A standard of practice (must meet current guideline requirements from the NATA position statement). The standard of practice must include,

    a. Emergency Action Plan for each clinical site that is venue specific and posted at each individual venue
    b. Communicable disease policy that includes
        i. Bloodborne pathogens protection and exposure plan which includes Biohazard protection supplies and ability to dispose of bio-hazardous waste for the safety of each student, as well as adequate PPE.
        ii. Communicable and infectious disease transmission plan including COVID-19 policy
        iii. Handwashing availability

6. Clinical sites will require use of MAT Program issued photo identification which will be worn for all off-campus, course-related activities and for all clinical experiences per the Dress Code Policy outlined in the Clinical Education Handbook

7. Provide clinical site venue specific orientation for each ATS at the beginning of the clinical rotation.

8. Each clinical site will have an annual site visit conducted by the Coordinator of Clinical Education and/or the Program Director. A review of the site's health and safety standards, policies, and resources are confirmed as well as a confirmation of those athletic trainers that will be serving as preceptors in the coming academic year. These visits are conducted typically in the spring. This allows each clinical site to mitigate any deficits discovered during the visit prior to the assignment of athletic training students to the site. A "Clinical Site Evaluation" (Appendix B) form is completed and serves as a confirmation of the site's adherence to the established standards and once completed is housed with the CEC.

9. Gannon University and the GU MAT Program does not discriminate on any basis as prohibited by law in its education programs and activities. If it is determined that a Clinical Site violates that premise, the athletic training students will be removed.
    a. Inquiries and complaints concerning the application of Title IX and other non-discrimination policies are to be referred to the Gannon University Title IX Coordinator at 814-871-7224, and Director of Human Resources at 814-871-5624, or addressed in person. Human Resources is located in 306 Beyer Hall in the Student Development and Engagement office.

Clinical Preceptor Requirements and Duties

A. Preceptor Requirements

To become a clinical preceptor (CP) for the Gannon University (GU) Master of Athletic Training (MAT) program, an individual must meet the following requirements:

1. Be licensed/certified by the state as a health care provider, credentialed in the state in which they practice (where regulated)
    - A copy must be kept on file annually with the MAT Program

2. BOC certified and in good standing and state licensed (in states with regulation) for those clinical preceptors that are solely credentialed as athletic trainers.
    - A copy must be kept on file annually with the MAT Program

3. Must have a NPI number – may be obtained or FREE at this website: https://nppes.cms.hhs.gov/NPPES/Welcome.do

4. Preceptors may not be currently enrolled in the MAT Program at Gannon University.

5. Can show contemporary expertise via a Contemporary Expertise Form.
   - A copy must be kept on file annually with the MAT Program

6. Must complete the clinical preceptor training workshop with annual re-training.

B. Clinical Preceptor Roles and Responsibilities

Clinical preceptors that become a GU MAT program CP must be able to provide direct supervision during a clinical education experience, formal instruction, and evaluation of clinical competencies and proficiencies. He/she must also:

1. Provide a formal orientation to the ATS. The orientation form is provided by the MAT program and needs to be returned to the CCE at the beginning of each rotation.

2. Must use the Atrack and/or the survey software system identified by the MAT Program to track student progress.

3. Must complete and return ATS evaluation forms by the assigned dates.

4. Work with the student to provide opportunities for clinical skill evaluations as assigned by the MAT program.

5. Provide instruction and mentorship of the MAT students during clinical education in accordance with the program's policies and procedures.

6. Provide direct supervision of MAT students during their clinical education rotation. Direct supervision is defined as: ***"Supervision of the ATS during clinical experience. The Preceptors must be physically present and have the ability to intervene on behalf of the athletic training student and the patient."*** Physically present means that a Preceptor ***"… able to intervene on behalf of the athlete/patient" if the ATS is about to make a mistake or perform an improper behaviors/technique."*** In order for this to occur, a Preceptor must ***provide "constant visual and auditory interactions between the ATS and the Preceptor."*** Therefore, direct supervision means, the **ATS CANNOT** be left alone **AT ANY TIME**. If the Preceptor is not available at the clinical education site, the ATS **CANNOT** be there either

7. Provide opportunities for instruction to allow the MAT student to develop clinical skills, decision-making skills during actual patient/client care

8. Be a facilitator of learning through skill integration, knowledge, and evidence regarding the practice of athletic training and meet the curricular content standards.

9. Evaluate students on the proper competency level.

10. Provide constructive verbal and written feedback on a regular basis as well as during the mid-term and end-of-semester evaluations (when indicated by the Coordinator of Clinical Education)

a. The Preceptor must complete and sign the Clinical Preceptor Evaluation of ATS each semester on ATrack.
b. Each Preceptor is responsible for reviewing and discussing the evaluation of each ATS at the end of the rotation.
c. If the student is at a clinical rotation that is a semester long rotation, the Preceptor should have a face-to face mid-rotation evaluation meeting with the ATS. The mid-rotation evaluation is also due in ATrack.

11. Understand the CAATE Standard and the curricular content and when they are instructed in the MAT program.

12. Do not expect the ATS to act as a workforce for the clinical site. The ATS are at the site to learn, not to serve as a full-time staff member.

PART III: THE CLINICAL EDUCATION EXPERIENCE AT GANNON UNIVERSITY

A. Curriculum Plan

The MAT curriculum is designed to use theoretical and hands-on experiences designed to prepare students to progress toward increasingly complex and autonomous patient care experiences. The didactic course begins in a strong, foundational knowledge of advanced kinesiology and therapeutic intervention. Students will gain essential knowledge in athletic training practice, emergency conditions, and basic AT skills prior to beginning clinical education. Practical, hands-on and clinical educational experiences are embedded within the program to allow for immediate application and development of competency across the curriculum. Concepts between and within each course are cumulative and clinical experiences allow for direct application of any didactic material. The program offers over 25 clinical education experiences with opportunities across the country. Clinical experiences are planned to allow students practice opportunities with varied patient/client populations.

B. Curricular Design of Clinical Experiences

The clinical education portion of the MAT program is associated with 2 full years including summer and immersive clinical education experiences for academic credit. Clinical education learning experiences are designated as part of the GMAT 516, GMAT 546, GMAT 612, GMAT 631, GMAT 670.

Clinical education experiences will include both athletic training clinical experiences, supplemental clinical experiences, and inclusion of immersive clinical experiences. Clinical assignments are components of the MAT program that are designed to allow students to transfer skills and knowledge obtained in the classroom and provide real client/patient interactions in the clinical setting.

The MAT program will show logical progression of increasingly complex and autonomous patient-care and client-care experiences. The MAT Program incorporates the AT Milestones to show progress toward autonomous practice. Clinical education experiences must occur under supervision of a Clinical Preceptor that has to be a physician or licensed athletic trainer.

Supplemental clinical experiences (not counted as clinical education hours) can be under the supervision of another licensed healthcare professional for exposure to other patient populations, and unique experiences not considered clinical education.

Immersive clinical athletic training is a practice-intensive experience that allows the student to experience totality of care provided by athletic trainers. Students must participate in the day-to-day and week-to-week role of an athletic trainer for a minimum period of time of four weeks. Students are exposed to different individual and team sports, sports requiring equipment, patients of different sexes, non-sport patient populations, and a variety of conditions other than orthopedics. Currently, GMAT 670 is designed as a full semester, clinical immersive experience.

Learning does not have to occur solely in real-world situations but may also occur through mock scenarios or simulations performed with another ATS peer, Preceptor, or through Interprofessional experience.

The Coordinator of Clinical Education (CCE) assigns students to clinical sites based on providing the students the opportunity to practice with patients throughout the lifespan and of different sexes, different socioeconomic statuses, and of varying levels of activity and athletic ability. There will be opportunities for formal clinical education experiences at a non-regular basis (ex., ER rotation, orthopedic surgery requirements, semi-professional sport experiences, etc.). These experiences are determined by the CEC and will be incorporated into the clinical education course(s) and/or a specific academic course offering.

The students will be informed during the course of the specialty requirements.

All students are expected to follow the clinical rotation assignment. Students will be given a schedule for rotations. Preseason experiences are in conjunction with the academic year rotation. Students are expected to complete clinical skills sheets with an actual patient, population, and track patient encounters.

Clinical Preceptors may not request students for clinical rotations as those rotations are assigned by the MAT Program to optimize learning experiences.

C. Curriculum Schedule

Summer I	**(10 Credits)**	
GMAT 506	Principles of Athletic Training	2
GMAT 504	Clinical Appl. Of Care/Prevention in AT	3
GMAT 502	Applied Kinesiology	3
GMAT 503	Foundations in Therapeutic Interventions	2
Fall I	**(11 credits)**	
GMAT 531	Eval. And Treatment of the Lower Extremity	4
GMAT 542	Clinical Medicine I	2
GMAT 517	Evidence-Based Practice I	1
GMAT 516	Clinical Experience in AT I	4
Spring I	**(11 credits)**	
GMAT 538	Eval. and Treatment of the Upper Extremity	4
GMAT 529	Evidence Based Practice II	1
GMAT 546	Clinical Experience in AT II	4
GMAT 611	Clinical Medicine II	2

Summer II	**(9 credits)**	
GMAT 554	Health and Fitness Principles	2
GMAT 612	Clinical Experience in AT III	2
GMAT 685	Behavioral & Psych Conditions in AT	2
GMAT 655	Organization and Administration	3
Fall II	**(10 Credits)**	
GMAT 633	Evidence Based Practice III	1
GMAT 577	Eval. And Treatment of the Head, Neck and Spine	3
GMAT 556	Practical Applications of Health & Wellness	2
GMAT 631	Clinical Experience in AT IV	4
Spring II	**(9 credits)**	
GMAT 688	Athletic Training Capstone	1
GMAT 670	Clinical Experience in AT V	8

D. Clinical Experience Course Requirements
In addition to the didactic requirements of the MAT program, **the following items are required by the student for successful completion of each clinical course. Please refer to the course syllabus for any additional requirements.**

1. Students must follow all policies and procedures provided in the academic/clinical portion of the program's policy and procedures manual.

2. Students may continue with clinical education while on academic probation but may have clinical hours reduced as a result of the academic performance.

3. Students must pass each course within the major with a grade of "C" or above.

4. Students must complete the documentation requirements as outlined on syllabus and in the handbook.

5. Students are required to participate in the clinical education experience of the course throughout the entire semester *or as stated in the syllabus.* Students may not front load or back load clinical hours.

6. Students must complete the following evaluations in ATrack
   - ATS Evaluation of Preceptor at the conclusion of each rotation
   - ATS Evaluation of Site at the conclusion of each rotation

7. Each student will be provided with a semester clinical rotation schedule that due to the nature of the clinical education, setting may change.

8. The student is expected to meet with the clinical preceptor during the **orientation** of the clinical rotation and determine:

a. The weekly schedule for the clinical rotation and the policies and procedures of each site.
b. Venue-specific critical incidence response procedures such as emergency action plans (EAP) that are immediately accessible to students in an emergency situation.
c. Blood borne pathogens protocols and availability of PPE.
d. Reporting lines for the specific clinical site.
e. Site specific dress code requirements
f. Institutional documentation policies and procedures
g. Institutional plan for patient privacy and confidentiality

The orientation needs to be completed at the beginning of the clinical rotation. A Clinical Orientation form is completed, signed by the CP and forwarded to the CEC

9. Students are expected to complete the scheduled clinical education experiences as assigned by the Preceptor.

10. **Students may not miss more than 6 clinical experience days per academic year, no more than 3 per semester.** Students that miss a clinical experience day should follow the procedures listed in the Student Handbook Policy and Procedure Manual regarding attendance in the clinical education experience of the class. Missing more than six days (extenuating circumstances would need to be discussed with the Program Director and Clinical Education Coordinator) could result in an "F" for the course.

11. Failure to participate in the clinical education experience of the course throughout the entire semester may result in the student receiving an "F" for the course, regardless of what the assessment results are for the graded portions of the course. Students in the clinical course must meet the hourly guidelines given to students that reflect the appropriate course credit.

12. Students are required to complete all course activities, course assignments, as well as the assessment components that must be completed. **Students whose rotations continue after the last date of scheduled classes for the semester may receive an "incomplete" until all clinical duties are completed. Two (2) weeks prior to the last Friday of class, the CCE and student(s) will be informed of the post semester requirement and be provided with a schedule. If the student has duties that extend beyond the last scheduled date of classes the evaluation of the ATS should be completed at the end of the rotation rather than by the last Friday of classes so all skills and experiences can be evaluated.**

13. Students are encouraged to obtain approximately 20 hours of clinical experiences a week. Due to Middle States Accreditation, students are required to complete a minimum of 12 hours in a given week, but they may not exceed 30 hours in a week. Students are also required to be given 1 day per week off from clinical experiences. Students will log their clinical hours each week using *ATrack Online* and those hours will be reviewed weekly by the CCE. If a student is consistently logging hours per week below 12 or in excess of 25, the student and their preceptor will be notified and adjustments to the student's clinical hours must be made. Likewise, should a student not be given at least

one day per week away from clinical experiences, the student and preceptor will be notified and accommodations must be made at the direction of the CCE and/or the Program Director. **Please note that students should not expect to maintain hours around 12 per week as this is a minimum requirement and is not optimal for the clinical course. Students should expect to maintain approximately 20 hours per week in their clinical education experience.**

14. Students will also be required to log their patient encounters each week using *ATrack Online* and those encounters hours will be reviewed weekly by the CCE. A patient encounter is defined as any interaction with a patient when an athletic training service is provided, or a communication occurs regarding their health status

15. Clinical attendance related to acute or non-acute injury or illness will be consistent with Gannon University standard attendance policy. Communicate with either the CCE or the Program Director regarding missing clinical education experiences due to injuries or illnesses. The Communicable Disease Policy will guide the MAT program with regards to missing clinical experiences due to illnesses. This includes guidance with any COVID-19 related issue. Students are expected to contact the Coordinator of Clinical Education or Program Director regarding any communicable disease issue for further guidance.

16. The student's clinical education experience/component will take place in the following courses:
    - GMAT 516 (Clinical Experience in AT I)
    - GMAT 546 (Clinical Experience in AT II)
    - GMAT 612 (Clinical Experience in AT III)
    - GMAT 631 (Clinical Experience in AT IV)
    - GMAT 670 (Clinical Experience in AT V)

17. The Preceptor will complete and sign the Clinical Preceptor Evaluation of ATS each semester. Specific timing of when these evaluations need to be completed will be communicated by the CCE. Each preceptor is responsible for reviewing and discussing the evaluation of each ATS at the end of the clinical rotation. Students ae graded based upon an Excellent/Good/Fair/Poor scaling system. Students are expected to maintain Good to Excellent overall average. Students are expected to maintain an average of 3/5 scoring on a Likert scale. If a student consistently receives less than a 3/5 for several clinical rotations it may result in probation or disciplinary action.

18. Pre-clinical goals & reflection must be completed by the student at the beginning and the end of the clinical rotation; see clinical syllabi for clarification.

19. CPR/AED for the Professional Rescuer certification and Bloodborne Pathogen training, and HIPPA/FERPA training must be obtained prior to the beginning of the first clinical education experience (prior to beginning GMAT 516). In addition, The World Health Organization developed Five Moments for Hand Hygiene in Health Care to add

improvement for sanitation precautions. This module is required prior to beginning your first clinical rotation.

The two links below present the sanitation steps to follow when working the patients:
https://www.who.int/gpsc/tools/5momentsHandHygiene_A3-2.pdf?ua=1
https://www.who.int/gpsc/tools/GPSC-HandRub-Wash.pdf?ua=1

20. Transportation to clinical sites is the responsibility of the student.

21. Clinical facilities require each student to carry professional and personal insurance. Most facilities require minimal limits of $1,000,000/$3,000,000 professional liability and $1,000,000 personal liability. This policy covers all clinical experiences

22. The clinical site is not a paid worksite; therefore, **students may not receive any monetary remuneration during his/her clinical experiences.**

23. Due to COVID-19, students must sign the acknowledgement form and complete all assigned modules prior to entering into their clinical experience.
https://openwho.org/courses/IPC-HH-en
https://openwho.org/courses/COVID-19-IPC-EN
https://openwho.org/courses/IPC-PPE-EN

PART IV: POLICIES AND PROCEDURES FOR CLINICAL EDUCATION

A. Student Assignment of Clinical Experience

Assigning students to a clinical education placement is dependent upon several factors. The Gannon University MAT Program attempts to ensure that the students will have practice opportunities with a variety of client/patient populations which include:

1. Exposure to patients throughout the lifespan
2. Exposure to male and female Preceptors, sports, and patients.
3. Exposure to patients with different socioeconomic statuses.
4. Exposure to individual and team sports; varying levels of risk and athletic ability, including high risk (e.g., football, soccer, lacrosse), low risk (e.g., tennis, cross country), and equipment-intensive (e.g., football).
5. Exposure to an outpatient rehabilitation clinic and to a general medical rotation (e.g., family physician, physician assistant) for a minimum of 20 hours.
6. The student's professional goals and objectives are met.
7. The environment of the clinical education setting will provide a safe and educational learning environment (i.e., avoiding site where we know conflicts may arise)

Once a clinical education site has been selected, a student and Preceptor have an opportunity to make the necessary changes to his/her rotation before starting. Once a rotation has started a student is not allowed to alter his/her assignment without consulting with the MAT Program Clinical Educational Coordinator about a possible change. Please be aware that alterations to a student's clinical rotation may be necessary. Any changes to a clinical placement must be approved by the MAT Program Director or Clinical Education Coordinator.

B. ATS Clinical Education Experience

1. Students may NOT utilize their paid site of employment as a clinical education experiences at Gannon University. Failure to comply with this policy will result in removal of the students from the clinical education site.

2. Procedure for Continuing a Clinical Education Agreement
   The Master of Athletic Training Program maintain articulation agreements with various undergraduate institutions as a means of mutual promotion of AT education. Currently these agreements offer early admission opportunities and/or a 3+2 model to a designated number of students desiring enrollment in Gannon's Master of Athletic Training Program.

   Articulation agreements are reviewed annually with the outside program, and require ongoing communication with the program to determine appropriate applicants, the

interview process (if required), and selection of candidates for the specific program. A copy of the agreement is maintained with the MAT Program. Applicants from these colleges/universities must use Gannon's internal application process to submit their applications. Acceptance decisions are communicated directly with the applicant.

3. Harassment & Discrimination
   Harassment and/or discrimination of other students, athletes, patients, staff, etc.is a severe breech of professional ethics. Harassment and discrimination can take many forms including but not limited to sexual harassment (including sexual preference discrimination), gender discrimination, racial/ethnic discrimination, religious discrimination, sport-based discrimination, socioeconomic discrimination, etc. Athletic Training must be a color blind and gender-blind profession in terms of the quality of care provided. No form of harassment or discrimination will be tolerated and students engaging in such discrimination in classes or clinical experiences will be immediately removed from the experience. An ongoing pattern of harassment / discrimination may be grounds for dismissal from the ATP.

4. Sexual Harassment Complaint Procedures
   Sexual harassment can happen between student to student, clinical preceptor to MAT student, coaches or staff to MAT student. As soon as a problem is identified, it should be reported to the Coordinator of Clinical Education (CCE) or Sue Majocka the Student Conduct Officer: phone 814-871-7224, email: kerner005@gannon.edu.

   If the problem cannot be resolved at this level, the Coordinator of Clinical Education will contact the Office of Student Accountability, Police/Safety or the Title IX Coordinator. From this point, the next steps are on a case-by-case basis of what the procedure will be.

   Sexual harassment includes any behavior of a sexual nature that is, or may be perceived as, being unwelcome or offensive. Sexual harassment, by its very nature, violates the basic right of each individual to be treated as a person worthy of respect, and is in direct contradiction to the Gannon University mission. It is also a violation of state and federal laws.

Such conduct includes sexual advances, requests for sexual favors and other verbal or physical conduct or communication of a sexual nature directed toward a member of the Gannon community or applicant, particularly when one or more of the following circumstances are present:

- Submission to such conduct is an explicit or implicit term or condition of academic/clinical evaluation;
- Submission to or rejection of such conduct is used as a basis for an academic/clinical evaluation affecting the individual;
- The conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance, or creating an intimidating, hostile or offensive working or learning environment.

If a member of the Gannon community believes that he/she has been or is being subjected to sexual harassment or has observed sexual harassment, the initial course of action should be to advise or otherwise inform the alleged harasser that the behavior is unwelcome and must stop.

Because this action may not always be possible, informal and formal complaint resolution procedures are established. Please use the following procedure:

1. When a student is in a clinical setting and is subjected to sexual harassment, he/she should follow the above initial course of action to inform the alleged harasser that the behavior is unwelcome and must stop.

2. If this is not possible, the student should follow the sexual harassment policy and procedures of the facility. (These are generally located in the Policy and Procedure manual of the department or contact the Human Resources Department).

3. If it is not possible to follow this policy/procedure or it is unavailable, the student should seek advice, information or guidance by contacting the CCE or the Sexual Harassment Officer at Gannon.

4. The Sexual Harassment officer will assess the student's complaints, discuss available resources and options and determine if a formal complaint procedure is appropriate.

5. If a formal complaint is filed, it should follow the Gannon University Sexual Harassment Complaint Resolution Procedure.

6. Every attempt will be made to resolve cases of alleged sexual harassment at the earliest possible state with integrity and sensitivity to all parties involved. Confidentiality will be respected consistent with the University's legal obligations.

C. Health Policies

1. Castlebranch
   Gannon University - Master of Athletic Training program has partnered with Castle Branch, a secure online system to store your personal documentation.
   - International Background Checks
   - Drug testing depending on clinical placement

2. Physical Examination
   All student in MAT are required to submit a certificate of a complete physical examination, to be done by his/her private physician annually. A complete blood count and urinalysis must be included in the physical. This must be completed and turned in at designated deadlines. All information will be completed and managed through Castle Branch.

3. Immunizations
   Once a student has been formally admitted to the Athletic Training Program, they will be required to provide proof of immunizations during the Physical Exam (PPE). If the student does not have an updated immunization report, it will be the student's responsibility to obtain and incur the cost for the report or produce a signed waiver. Appropriate documentation will be kept on file as part of standard university procedure. Immunization records include, but are not limited to *TB Skin Test, Measles, Mumps, Rubella,* and *Hepatitis*. In the event OSHA guidelines require or allow, a signed waiver may be substituted for the TB skin test or HBV. It is strongly recommended to get a flu vaccination every year. **Some clinical sites may require flu vaccinations prior to the beginning of the clinical experience.**

4. Universal Precautions
   Students must complete GMAT 504, Universal Precautions, and WHO training located in Athletic Training Student Organization in Blackboard.

   Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and body-fluid precautions should be consistently used for ALL patients. This approach; previously recommended by CDC and referred to as "universal blood and body-fluid precautions" or "universal precautions," should be used in the care of ALL patients, especially including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

   In the case a student sustains an exposure, the student should immediately notify the CP and steps taken to mitigate the risk. The CCE and/or PD should be notified and completion of a "Bloodborne Pathogen Athletic Training Student Exposure Incident Report" (Appendix C) is mandatory.

5. Health Insurance
   Student/family responsibility and is required for the program. If you do not have an insurance policy, you must purchase health insurance from an outside source. Gannon University does have a student plan you can purchase.

6. Readmission to Clinical Area After Illness
   The student returning to clinical must consider the nature of his/her illness as to whether he/she is safe to practice. If the nature of the illness is felt to endanger either student or patient safety, the Clinical Preceptor and/or CCE will require that the student submit written documentation from his/her physician verifying that the student is able to return to the clinical area. After reviewing the medical release, the student will be readmitted to the clinical area at the discretion of the clinical instructor and/or clinic site and/or DCE.

7. Substance Abuse
   Underage drinking will not be tolerated under any circumstances. Consuming alcohol is discouraged, even for those students who are 21 or older. Any banned substance by the Commonwealth of Pennsylvania and Federal Law is prohibited. A student who needs

assistance for a personal problem concerning his/her own use, a friend's use, an athlete's use or a family member's use may approach an MAT faculty member, clinical instructor, administrator, the university Counseling Center, or the Alcohol and Other Drug Education Program. All information will be held in the strictest of confidence.

MAT Alcohol Use Policy:

- Any athletic training student reporting to clinical experiences and/or representing the MAT Program (at any site) under the influence of drugs and/or alcohol will immediately be suspended from the Athletic Training Education Program as outlined below.
- The use of alcohol during travel time with assigned athletic teams is forbidden at all times, regardless of legal age. While traveling with a team, the athletic trainer is responsible for the health and welfare of the athletes 24 hours a day. Consumption of alcohol or use of drugs may seriously impair the judgment of this responsible individual.

Policy Infractions:
An infraction of this policy by an athletic training student will result in a hearing before the Program Director and the student's current Clinical Preceptor who will render a decision on the infraction. Due process will be followed in keeping with University policy regarding individuals' rights.

D. Drug Screening
Students may be required to complete drug screening prior to the start or during a clinical experience, as required by the University and clinical sites to maintain a safe and healthy workplace.

PROCEDURES/PRACTICES:

- The student who is required to submit a drug screen prior to or during a clinical experience will be notified by the academic department/ program sending that student to the experience. Students will be responsible for all costs incurred relating to obtaining the drug screen.
- The student will be required to have the testing completed at a licensed clinical laboratory specifically approved to offer drug testing. This testing must be completed in the timeframe requested by the assigned clinical site.
- Failure to comply with the drug testing during the required timeframe will prevent the student's participation in the designated clinical site and may result in delay of completion of the program of study.
- If the result of the drug screen is negative, the student is cleared for the clinical experience and will take a copy of the results to the assigned clinical site.
- If the result of the drug screen is positive, the Chair/Director of the program will be notified. A positive drug test will result in the postponement of the clinical experience. University disciplinary sanctions may be determined appropriate as per University Regulations.

- The student with a positive drug test will be required to sign an agreement to continue in the program of study, with the following conditions:

    a. The student will be referred for mandatory evaluation and counseling by the Counseling Services and results will be released in general terms to the department Chair /Program Director.
    b. Based on the recommendation from Counseling Services the student may be required to satisfactorily participate in a drug abuse assistance or rehabilitation program, at the student's expense.
    c. Upon successful completion of the drug counseling/rehabilitation program the student will undergo drug screening (at the student's expense) prior to re-entry into further academic or clinical experiences. The results of any subsequent tests will be maintained in the program's confidential files. Positive results will be released as required by law and to accrediting, certifying, licensing and credentialing bodies upon request.
    d. The student may be subjected to random, periodic drug screening (at the student's expense) as a requirement for continuing in the program of study and/or by clinical sites.
    e. Failure to comply with the policy and/or evidence of continued drug use will result in an automatic dismissal from the academic program of study.

- The student may request a retest (at the student's expense) in the case that the student believe the test is falsely positive. Due to time constraints, the clinical rotation may be delayed while waiting for the results of the retest. The program reserves the right to mandate a more sensitive/specific method of testing i.e. hair sample.
- A copy of this written policy shall be made available to any and all students required.

E. Criminal Background Checks
Following formal acceptance into either Athletic Training Program, students must submit fingerprints and pay for a 50-state criminal background check and the Pennsylvania Child Abuse History Clearance, PA State Police, and Act 31 or Act 126 training through the Department of Education. International students are required to have a background check completed from their country prior to admission to the MAT Program. The MAT Program will ensure that a satisfactory background check is completed for all athletic training students prior to participating in off-campus clinical rotations, especially those sites with patients who are minors and those regulated by the Joint Commission on the Accreditation of Hospitals and Health Care Organizations (JACHO). If you facility requires a copy of these checks to be on record, please contact the CCE or Program Director.

F. CPR/First Aid/AED
CPR/AED for the Professional Rescuer certification must be obtained prior to the beginning of the first clinical education experience (prior to beginning GMAT 516). This certification will be available in GMAT 504.

G. HIPAA (Health Insurance Portability and Accountability Act)
All athletic training students will be issued and are required to sign the "Oath of

Confidentiality" (HIPAA) Statement.

Confidentiality of the student-athlete's medical records must be maintained at all times, as these are considered legal documents. Records are not permitted to leave the secured designated area of the clinical instruction site. Any questions or concerns from the press, professional scouts, game/event management staff, institution administrators, sports information personnel, opposing team personnel, spectators, or other bystanders must be directed to the Head Athletic Trainer, Preceptor, or Head Coach.

If medical records are requested for a classroom report, project, or research project, all medical release information must first be requested by the athletic training student to the Preceptor. Once appropriate dialogue and the projects have been approved, athletic training students may request participation of the patient/student athlete. All medical release information must be signed by the patient prior to medical document review. This form, once signed, limits the Athletic Training Student to only accessing the medical records of the student-athlete and injury noted on the form. This signed form does not allow for the medical records to be taken out of the facility or photocopied under any circumstances. Anyone associated with access to documents that are the property of the Clinical Instruction Sites will fully comply with all regulations set forth by the Health Information Portability and Accountability Act (HIPAA).

Athletic Training Students must remember that discussing the status of a student-athlete with other student-athletes is forbidden. This is considered a breach of confidentiality. **Any oral conversation that is overheard will violate the privacy of patients; therefore, conversations in patient care areas, hallways, stairwells, elevators, eating areas, and other places of public gathering should be kept to a minimum in order to ensure that patient confidentiality is not violated.** During the clinical education experience, breach of confidentiality is one of the most serious violations that can occur. This may result in removal from the clinical education experience, but could ultimately result in suspension or dismissal from the Gannon University Athletic Training Program.

HIPAA training is conducted in the GMAT 505 and students are required to review a course through an online service. This review is required to be completed prior to any clinical education experiences. A summary of the HIPAA policy rule can be found at: http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf

H. Absence from Clinical Experiences

1. Requests for Time Off
   The following represents the procedures for students to request days off. The days off are granted by the MAT Program faculty members (either the PC or the CCE) in advance. The Preceptor will then be informed by the MAT Program of the approved days off in advance so they are aware of the schedule change. No student should ask their CP for a day off and/or time away from the clinical experience for any reason. The preceptor will be emailed the information by the program's Administrative Assistant.

2. Illness
   In case of illness, Athletic Training Program students must notify the Preceptor and the Clinical Education Coordinator as soon as possible. In case of absence for short periods of time, due to personal illness or serious family problems, Athletic Training students must make up the missed experience before the completion of the course. Final grades will not be assigned until all work is completed.
3. Inclement Weather
   The Athletic Training Program will observe inclement weather closing and delay procedures enacted by the University. However, a clinical facility, their director, or preceptor can cancel or delay participation in a clinical rotation, activity, or course if they deem the weather to be a hazard to travel.

   If snowing, flooding, or any other act of nature prevents a student from attending the clinical education experience, and the university has not announced a university-wide weather policy update, the student will arrange to make up the clinical time with his/her instructor as necessary.

4. Sudden Conflict/Emergency
   In the event that a sudden conflict or emergency arises, the student must notify the preceptor immediately via phone or in person. Only in the most extreme conditions (i.e. death in the immediate family, hospitalization) will the notification be waived. Students are responsible to communicate with the preceptor on a daily basis regarding hours of operation for the preceptor related to the assigned clinical education experience.

I. Professional Appearance
   1. MAT Program will issue all students a photo identification badge which students will be required to wear worn for all off-campus, course-related activities and for all clinical experiences. This is so clients/patients can differentiate students form credentialed providers.

   2. Students are expected to maintain a neat and professional appearance at all times during clinical experiences. Their appearance should not distract from the professional image they are trying to develop. Extremes of appearance are to be avoided during clinical experiences. Students should be aware of any specific clinical experiences professional attire regulations. Students will have Gannon University approved athletic training shirts and other gear. Only clothing that is Gannon University oriented or otherwise neutral in nature will be acceptable for clinical experiences.

   3. Preceptors should clarify the dress code for each specific clinical experience with their students on or before the first day of the experience. Preceptors should be aware that each student must be professionally attired for each clinical rotation. If a student is not dressed appropriately, then the student should be dismissed from the clinical site for that day.

   4. On occasion, there will be opportunities for students to participate in extra events (e.g. Conference championships, tournaments, Gannon University events, etc.). When these events take place, the ATS will be supervised by a MAT Program approved Preceptor

and the event is considered part of their clinical experience. In these situations, the usual dress code will be in effect.

J. Cell Phone Use

Cell phones should be silent or off (not on vibrate) and not seen during class time UNLESS they are being used specifically for a learning activity. Violation of this policy is considered unprofessional behavior

K. Social Media

The Gannon University Master of Athletic Training Program has expectations for responsible and ethical behavior with Social Media. Examples include but are not limited to:

- Social networking sites such as Facebook or Instagram
- Video and photo sharing websites such as YouTube, Snapfish, Flickr, Snapchat
- Microblogging sites such as Twitter or Tumblr
- Weblogs and Online forums or discussion boards
- Any other websites or online software applications that allow individual users to post or publish content on the internet.

Students should exercise care and good judgment when posting personal information/content on these sites. As a student of the MAT program at Gannon University, the general public, clinical instructors, the assigned facility and future employers, may view postings/pictures/videos erroneously.

Students should not post any information on social media sites in regard to patients, clinical sites, clinical instructors, students, faculty and staff, even if it is believed that that all identifying information has been blinded. Additionally, the student will refrain from interaction with staff or patients on social media. This policy is intended to protect the privacy and confidentiality of patients, fellow students, faculty and staff, adjuncts and guest lecturers, clinical educators and affiliated facilities. Student must read and comply with all clinical facility HIPAA and social media policies.

If there is an infraction which occurs while completing coursework/activities on campus, the student will be reviewed by the Student Performance Committee. Noncompliance with these policies while in clinic may result in the clinic site dismissing the student with subsequent student review by the Student Performance Committee to determine his/her status in the program.

Photographing or using an audio/video device to record a fellow student, faculty, guest lecturer, adjunct, or patient/community volunteer WITHOUT their prior knowledge AND verbal or written consent obtained is prohibited.

PROCEDURES/PRACTICES:

1. Students will request permission from the class instructor prior to recording lecture or laboratory activities.

2. Written consent is required before recording patients/community volunteers. Consent forms are available on the MAT website, and from the program secretary. The course coordinator will maintain these consents in the course files.

Any infractions of the Social Media Policy may lead to disciplinary action as noted under the Professional Behavior Policy.

L. MAT Travel/Expense Policy

1. Transportation to clinical sites is the responsibility of the student. Living expenses incurred during an immersive clinical experience will be the responsibility of the student. These costs will be addressed with the student prior to the assignment of a clinical experience.
2. Team travel as part of the clinical assignment is not a requirement of the clinical education sequence. However, in the event there is an opportunity to travel with the assigned clinical preceptor it is highly encouraged and recommended.

   When such opportunities come about, ATSs must adhere to the following guidelines:

   a. Make sure student have their personal health insurance with them during their travel.
   b. Clinical hours can only be counted during the event and treatment times, not during travel time.
   c. Underage drinking will not be tolerated under any circumstances. Consuming alcohol is discouraged, even for those students who are 21 or older.
   d. If a player is injured enough to remain in a hospital, the ATS should return home with the team.
   e. If an ATS travels with the team, the ATS must be present with the Preceptor during all events and/or practices.
   f. If there are any serious problems that need to be addressed, immediately contact:
      - **Coordinator of Clinical Education: TBA**
        Office: 814-871-5873
        Cell:
      - **Program Director: Rebecca Mokris, D.Ed., LAT**
        Office: 814-871-7441
        Cell: 814-434-7933 (cell)

M. Evaluation of Student

Evaluations are a crucial part of the academic process, both for the program and the student. Preceptors are required to complete a mid-rotation evaluation (where applicable) and a final rotation evaluation. The student in turn will complete a final Preceptor supervisor assessment, a facility assessment, and a self-assessment of each rotation. Clinical Preceptors will be given aggregate data at the end of the spring semester. .

1. Clinical Skill Sheets

Preceptors will be given a rubric by the student that outlines the requirements within each skill sheet. Students must pass all components on the rubric to be considered "completed. Students that do not attempt on the first time have three other opportunities to complete the skills. This model allows the Preceptor to develop the student when the student needs remediation on skills. Preceptors should mark the DATE OF EACH ATTEMPT on the skill rubric.

2. Milestones
   The GU MAT has adopted the AT Milestones as a means to measure the student's progressive acquisition of increasingly independent and sophisticated client and patient care behaviors. The AT Milestones are designed to capture the breadth and depth of athletic training knowledge, skills, attitudes, and behaviors. They are organized to assess six general competencies, and eight specialty competencies. For every competency, there are specific sub-competencies, each with their own set of progressive milestones for measuring individual performance.

   The MAT program has mapped these milestones relative to each clinical course to track the student's progression to autonomous practice (Appendix D). The AT Milestones evaluation will be completed by the Clinical Preceptor at the conclusion of each clinical rotation in conjunction with the Clinical Preceptor Evaluation of Student.

3. Site Visits
   Each clinical site will have an annual site visit conducted by the Clinical Education Coordinator and/or the Program Director. A review of the site's health and safety standards, policies, and resources are confirmed as well as a confirmation of those athletic trainers that will be serving as preceptors in the coming academic year. These visits are conducted typically in the spring. This allows each clinical site to mitigate any deficits discovered during the visit prior to the assignment of athletic training students to the site. A "Clinical Site Evaluation" form is completed and serves as a confirmation of the site's adherence to the established standards and once completed is housed with the CEC.

4. Evaluation of the Clinical Preceptor and Facility
   Each student will be given the opportunity to assess the performance of the Preceptor (i.e., determine whether, and to what extent, objectives have been, or are being achieved, competency of the Preceptor (abilities, skills, techniques, knowledge, leadership, and characteristics of the teacher [personality, style, morals]) and the quality of the clinical education setting A summative assessment of the Preceptor and facility evaluations will be provided by the MAT Program to the preceptor approximately 1 year after receiving and inputting the data. The delay in returning the data helps to provide student anonymity.

N. Liability Insurance
   Clinical facilities require each student to carry professional and personal insurance. Most facilities require minimal limits of $1,000,000/$3,000,000 professional liability and $1,000,000 personal liability. This policy covers all clinical experiences. Traditionally,

all health care professional students have been covered for professional and personal insurance under Gannon University's umbrella policy at no cost to the student. The Program Director or program secretary has information on liability insurance.

O. Clinical Education Penalties

If a student has an infraction that is identified by the CP, the student is subject to a written incident report. The Infraction Form (Appendix F) will be given to the student to sign and a copy will be emailed or mailed to the Clinical Education Coordinator and/or Program Director copied on the email. The following steps are to be taken if an athletic training student does not comply with educational, attendance policies, or clinical facility protocols.

1. The first infraction report constitutes a warning. The student and the CP will discuss the incidence and the CP will issue the student with a warning. The CP will then send an email to the CCE informing the program of an official warning.
2. The second infraction will result in an infraction report and will serve as documentation of the infraction. The CCE will then schedule a meeting between the CCE, the Preceptor and the ATS to discuss the incident and come to a resolution. A 5% reduction on the student's clinical evaluation will be assessed, thus effecting the outcome of the clinical course overall grade.
3. The third infraction will result in a conference between the student, Preceptor, Clinical Education Coordinator, and Program Director to discuss all incidents. An infraction form will serve as documentation of the infraction. A 10% reduction on the student reduction on the student's clinical evaluation will be assessed, thus effecting the outcome of the clinical course overall grade.
4. The fourth infraction will result in a conference between the student the CEC the Program Director and discuss the clinical experience and the continued enrollment in the MAT Program. The infraction form will serve as documentation of the infraction. The 4th infraction will result in a "F" for the clinical education course and will ultimately affect the matriculation through the MAT Program.

   ***If at any time the infraction form identifies an unexcused absence that day must be made-up during their clinical education rotation.

P. Removal from Clinical Experiences

Clinical Preceptors have a primary responsibility to ensure the safety of and provide care for their patients. To this end, a clinical preceptor may remove a student from his/her clinical experience at any time for conduct that compromises the safety or care of the patient or others in the clinical site. Behaviors that are grounds for temporary removal from the clinical experience include but are not limited to confidentiality breeches, harassment, absenteeism or tardiness, malpractice / negligence, failure to fulfill responsibilities, or other activities that the supervisor deems as unsafe or inappropriate.

Students are removed from experiences on a temporary basis and may be reinstated. Removal from an experience for more than three days requires the concurrence of the Program Director and CCE. Students removed from MAT Program Clinical Experience the remainder of the term for disciplinary or patient safety reasons will not be reassigned to another clinical

until the next experience cycle. Removal from a clinical experience will most certainly impact the clinical grade of the student, possibly to the extent that it requires repeating the course. This may also affect matriculation of the student throughout the clinical experience. Patterns of unsafe / unprofessional behavior may be grounds for dismissal from the MAT Program.

Q. Punctuality
Students are expected to be punctual for their classes and clinical experiences. Tardiness is not acceptable for practicing professionals and it is therefore not acceptable for students. Any instance of tardiness or absenteeism should be accompanied by an appropriate excuse. Outside jobs and student organization obligations are not an appropriate excuse for tardiness or absenteeism.

R. Interaction with Other Medical Professionals
Students should be very professional when interacting with physicians and other medical professionals. These interactions are very important to the clinical education of the student and they are to be actively sought out. Students are encouraged to ask questions when appropriate and to use appropriate professional jargon.

S. Interaction with Coaches
It is important that students learn to develop professional relationships with the coaches of teams with whom they are completing clinical experiences. Preceptors should discuss how to handle coaches' questions with their students. Generally, students' interactions with coaches should increase with each clinical experience. An effort should be made to include students in the discussions which provide valuable teaching experiences for the students.

T. Interaction with Athletes
The student athletes and patients at and any of our affiliated clinical sites (including Gannon) are PATIENTS. Students are expected to maintain the boundaries of such professional relationships so that there is not a compromise within the professional relationship. Students are expected to earn the respect of their patients in order to be effective healthcare providers to them. Students are should not be included in the chain of contact for athletes. Further, students ARE NOT PERMITTED to provide any healthcare outside of the supervised clinical rotations. If a student athlete calls a student to request care for a problem (whether it occurs in athletics or outside of athletics) the student will advise them to seek care in an AT facility or in the emergency room as is appropriate. Students should notify the Preceptor and CCE that they were contact by a patient. Students should never provide private "after hours" or "off the books" care that circumvents the healthcare plan put in place for the student-athletes and patients. Doing so is both unethical and illegal.

**If there is a time when a Gannon University student is assigned to Gannon University as a clinical rotation and there is a previous relationship with a student-athlete prior to enrolling in the MAT program, the student is required to disclose this information to the MAT Program Administration.

U. Clinical Preceptor Interactions with Athletic Training Students

A Preceptor has a duty to critically evaluate the ATS throughout the student rotation. Please be aware that all evaluations of students become part of the students' academic record and

are protected under FERPA laws. As such, Preceptors should not discuss student evaluations with other students.

Students will also learn professional behaviors from their Preceptors. Gannon University reserves the right to remove a student from a Preceptor because of a Preceptor's unprofessional behavior. Clinical Preceptors must maintain the bounds of instructor to student professionalism in interactions with the students.

V. Unethical and Criminal Behavior

1. Students are expected to abide by Gannon University's Student Code of Conduct and by all laws of the Commonwealth of Pennsylvania. Student conduct violations may result in severe penalties including expulsion from the University. Violation of state laws can potentially result in a student becoming ineligible to obtain certification to practice Athletic Training. Any criminal activity may be grounds for dismissal, including those incorrectly perceived as "minor violations" by students. Violations such as drug/alcohol/tobacco violations, theft, and more severe crimes are all potential grounds for dismissal from the MAT Program.

2. Student with Prior Offenses
   If you are an athletic training student with a prior police record you are required to inform the Program Director of this upon admission to the athletic training program. The Board of Certification (BOC) exam may not approve an athletic training student to be eligible to sit for the exam with a prior record of offense. The BOC does allow a pre-certification process for those students with a prior convicted offense. The exam handbook can be found here: https://www.bocatc.org/candidates/steps-to-become-certified/determine-eligibility/determine-exam-eligibility

3. Students That Are Convicted Of An Offense During Their Enrollment
   If you are arrested for an offense you must inform the Program Director immediately or as soon as possible. The Board of Certification (BOC) exam may not approve an athletic training student to be eligible to sit for the exam with a prior record of offense. The BOC does allow a pre-certification process for those students with a prior convicted offense.

   ***** PA State Licensure laws indicate that your ability to obtain a PA Athletic Training License may be compromised in some instances of criminal wrongdoing.

   More information can be found here:
   http://www.pacode.com/secure/data/049/chapter16/subchapBtoc.html

Appendix A - Therapeutic Modalities Safety Policy

Therapeutic Modality Safety Policy

Modality Policy and Procedures

Gannon University Athletic Training Program possesses several therapeutic modalities intended for the treatment of GU student-athletes as well as for educational instruction concerning modality principles and practices to AT students accepted into the MAT-Program. **Direct Supervision** by a preceptor must be established at all times with any use of the therapeutic modalities at Gannon University or any of the affiliated agreement clinical sites.

Modality Inspection

Gannon University and affiliated clinical sites will conduct annual inspections and/or calibration on all electrical modalities. Inspections of Gannon University electrical modalities will take place in the month of August of each year prior to start of the clinical education and student-athletes. All other clinical sites electrical modalities will be inspected in the calendar month in which each individual site's equipment is recertified annually. All clinical sites are required to submit current inspection and/or calibration documents at the time with re-inspection occur. All electric stimulation machines, whirlpools, and hydrocollators are connected to **Ground Fault Circuit Interrupters.**

Safety inspection in the form of electrical leakage and ground wire integrity will be performed annually. Ultrasound will be measured for output and adjusted to agree with the meter readings. Hydrocollators and Paraffin baths will be measured and adjusted for correct temperature.

Athletic Training Student Use

Athletic Training Students who are officially enrolled in the Athletic Training Program who have been instructed on the appropriate knowledge, skills and abilities of the use of therapeutic modalities may apply the modality to a student-athlete or patient under **direct supervision** of a preceptor. **NO electrical modality may be performed on a student-athlete or patient without the direct supervision of a preceptor.**

Modality Problems

Identification of any problems concerning any electrical modalities must be reported to the preceptor as soon as possible. The preceptor will immediately inspect the item and contact the contracted technician for repair instructions, if needed. For more specific trouble shooting information, refer to the Operation Manual located near the unit.

I understand and have read the Gannon University Therapeutic Modality Safety Policy.

_____

Clinical Education Site

_____

Preceptor Printed Name

_____

Preceptor Name Signed Date

Appendix B - Clinical Site Evaluation

Clinical Site Evaluation

Clinical Site_____ Date_____

Sponsorship:
Affiliation Agreement (Standard 3)_____

Personnel:
Preceptor Name/Credentials_____
State License Number/Expiration Date (Standard 39)_____
Preceptor Training Date (Standard 41)_____

Preceptor Name/Credentials_____
State License Number/Expiration Date (Standard 39)_____
Preceptor Training Date (Standard 41)_____

Preceptor Name/Credentials_____
State License Number/Expiration Date (Standard 39)_____
Preceptor Training Date (Standard 41)_____

Preceptor Name/Credentials_____
State License Number/Expiration Date (Standard 39)_____
Preceptor Training Date (Standard 41)_____

Site Standards

Health and Safety:
Therapeutic Equipment Safety Policy (Standard 71) _____
Modality Calibration Date_____
Verification of modality calibrations_____
GFI's_____

Blood borne pathogen policies and post exposure plan (Standard 74) _____
Location_____ (Standard 75)
Gloves_____
Hand washing/sanitizer_____
Bio hazard bags/containers_____

Emergency Action Plan (Standard 78) _____
Location(s)_____ (Standard 80)

Facilities and Instrustional Resources:
Equipment and Supplies Table (Standard 85) _____

1. This site provides an active, stimulating environment appropriate for the learning needs of the student. YES NO

2. This site supports the objectives of the MAT Program and the ATS YES NO

---

3. This site has a variety of learning experiences available to the students YES NO

---

4. This site's Preceptors practice ethically and legally YES NO

---

5. This site demonstrates administrative interest in and support of athletic training clinical education
YES NO

---

6. Communications within this site are effective and positive YES NO

---

7. This site's Preceptors are adequate in number to provide an eductaional program for students YES NO

---

8. This site's preceptor(s) have specific qualifications and is/are responsible for coordinating the assignments and activities of the students at this site YES NO

---

9. This site's Preceptors give ATSs opportunities to evaluate patients should the opportunty arise YES NO

---

10. This site's Precpetors are insterested in and active in professional associations related to athletic training
YES NO

Clinical Coordinator Signature Date

Preceptor Signature Date

Appendix C - Bloodborne Pathogens Incident Form

GANNON UNIVERSITY MASTERS of ATHLETIC TRAINING PROGRAM

Bloodborne Pathogen
Athletic Training Student Exposure Incident Report

This form should be filled out as soon as possible after a Student exposure incident.

Student Name:_____DOB_____

GU Student ID: _____Student Phone Number: _____

Preceptor: _____Preceptor Phone Number: _____

1. Date of Exposure:_____
2. Time of Exposure:_____
3. Clinical Site\Location of Exposure:_____

   _____
4. Describe clearly and in detail how the incident occurred: _____

   _____

   _____
5. Were there any witnesses to incident, if so, list names: _____

   _____
6. Location medical attention was given (Student Health Center, Emergency Room):

   _____

   _____

_____

Athletic Training Student Signature *Date*

_____

Preceptor Signature *Date*

Appendix D - AT Milestones

GMAT 515 - AT Milestones

Patient-Care and Procedural Skills (PC-2): Patient-Centered Care: Demonstrates humanism and cultural competency (Family Medicine PROF-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Fails to demonstrate appropriate compassion, respect, and empathy Has difficulty recognizing the impact of culture on health and health behaviors Exhibits resistance to improving cultural competence	Consistently demonstrates compassion, respect, and empathy Recognizes impact of culture on health and health behaviors	Displays a consistent attitude and behavior that conveys acceptance of diverse individuals and groups, including diversity in gender, age, culture, race, religion, disabilities, sexual orientation, and gender identity Elicits cultural factors from patients and families that impact health and health behaviors in the context of the biopsychosocial model Identifies own cultural framework that may impact patient interactions and decision-making	Incorporates patients' beliefs, values, and cultural practices in patient care plans Identifies health inequities and social determinants of health and their impact on individual and family health Anticipates and develops a shared understanding of needs and desires with patients and families; works in partnership to meet those needs

Patient-Care and Procedural Skills (PC-3): Diagnosis and Management: Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (Internal Medicine PC-1)				
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)	
Does not collect accurate historical data Does not use physical exam to confirm history Relies exclusively on documentation of others to generate own database or differential diagnosis Fails to recognize patient's central clinical problems Fails to recognize potentially life threating problems	Inconsistently able to acquire accurate historical information in an organized fashion Does not perform an appropriately thorough physical exam or misses key physical exam findings Does not seek or is overly reliant on secondary data Inconsistently recognizes patients' central clinical problem or differential diagnoses	Consistently acquires accurate and relevant histories from patients Seeks and obtains data from secondary sources when needed Consistently performs accurate and appropriately thorough physical exams Uses collected data to define a patient's central clinical problem(s)	Acquires accurate histories from patients in an efficient, prioritized and hypothesis- driven fashion Performs accurate physical exams that are targeted to the patient's complaints Synthesizes data to generate a prioritized differential diagnosis and problem list Effectively uses history and physical examination skills to minimize the need for further diagnostic testing	

Patient-Care and Procedural Skills (PC-4): Diagnosis and Management: Physical Examination (systems-based examination adapted for health condition and contextual factors) (Physical Medicine and Rehabilitation PC-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Fails to perform a thorough physical examination Fails to seek feedback or guidance on the accuracy and thoroughness of physical examination Performs physical examination procedures that are contraindicated and create increased patient discomfort or risk	Performs a general physical exam Requires prompting to perform a thorough physical examination including all necessary elements (e.g., medical, neurologic)	Performa a physical exam that assists in functional assessment (e.g., may include balance, gait, cognition, neurologic, or musculoskeletal assessments) Performs excessive physical examination using unwarranted techniques Begins to identify normal and pathologic findings	Performs a relevant, accurate comprehensive disorder-specific physical exam Modifies exam to accommodate the patient's impairments and minimize discomfort Efficiently performs a hypothesis-driven and targeted physical exam that drives clinical decision making across a spectrum of ages, impairments, and clinical settings

Practice-Based Learning and Improvement (PBLI-4): Quality Improvement: Monitors practice with a goal for improvement. (Internal Medicine PBLI-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Unwilling to self-reflect upon one's practice or performance Not concerned with opportunities for learning and self-improvement	Inconsistently self- reflects upon one's practice or performance and inconsistently acts upon those reflections Misses opportunities for learning and self- improvement	Regularly self-reflects upon one's practice or performance and identifies areas to improve practice Inconsistently acts upon opportunities for learning and self-improvement Recognizes the value of critical reviews and morbidity and mortality conferences (M and Ms) for learning and self- improvement	Regularly self-reflects upon one's practice or performance and maximizes practice improvement Recognizes sub-optimal practice or performance as an opportunity for learning and self- improvement Actively engages in critical reviews and morbidity and mortality conferences (M and Ms) to support learning and improvement in self and others

Interpersonal and Communication Skills (ICS-1): Communicates effectively with patients and caregivers. (Internal Medicine ICS-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Ignores patient preferences for plan of care Makes no attempt to engage patient in shared decision- making Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful Defers difficult or ambiguous conversations to others	Engages patients in shared decision making in uncomplicated conversations Requires assistance facilitating discussions in difficult or ambiguous conversations Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds Incorporates patient- specific preferences into plan of care

Interpersonal and Communication Skills (ICS-2): Communicates effectively with patients, families, stakeholders, and the public. (Family Medicine C-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Demonstrates disrespectful communication with patients, families, stakeholders, or the public Fails to recognize physical, cultural, psychological, and social barriers to communication Unable to establish rapport and facilitate patient-centered information exchange	Recognizes that respectful communication is important to quality care Identifies physical, cultural, psychological, and social barriers to communication Uses the medical interview to establish rapport and facilitate patient-centered information exchange	Matches modality of communication to patient needs, health literacy, and context Organizes information to be shared with patients and families Participates in life- altering discussions and delivery of bad news Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit	Educates and counsels patients and families in disease management and health promotion skills Engages patients' perspectives in shared decision making Recognizes non-verbal cues and uses non- verbal communication skills in patient encounters Effectively communicates difficult information, such as life-altering discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis

Interpersonal and Communication Skills (ICS-4): Health Information Technology: Appropriate utilization and completion of health records. (Internal Medicine ICS-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3 (Ready for Unsupervised Practice)**
Health records are absent or missing significant portions of important clinical data Health records are disorganized and inaccurate Health records are not completed in a timely manner Privacy of health records is not adequately maintained Fails to recognize the criticality of appropriate utilization and completion of health records	Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning Health records are completed in a timely manner Privacy of health records is of prime importance	Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning Health records are succinct, relevant, and patient specific	Health records are organized and complete from patient intake to discharge, documenting all patient interactions, a thorough history and physical examination, daily treatment notes, referrals, and discharge summary Health records capture patient-rated outcomes Health records adhere to all state and federal guidelines

Professionalism (PROF-1): Completes a process of professionalization. (Family Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3 (Ready for Unsupervised Practice)**
Demonstrates lack of professionalism Places personal values ahead of professional values Fails to exhibit appropriate honesty, integrity, and respect to patients and team members	Defines professionalism Knows the basic principles of medical ethics Recognizes that conflicting personal and professional values exist Demonstrates honesty, integrity, and respect to patients and team members	Recognizes own conflicting personal and professional values Knows institutional and governmental regulations for the practice of athletic training	Recognizes that athletic trainers have an obligation to self- discipline and to self- regulate Engages in self- initiated pursuit of excellence Embraces the professional responsibilities of being an athletic trainer Practices to the full scope of education and training and formal privileging within a health system

Professionalism (PROF-2): Has professional and respectful interactions with patients, caregivers, members of the interprofessional team, and stakeholders. (Internal Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Lacks empathy and compassion for patients and caregivers Disrespectful in interactions with patients, caregivers, members of the interprofessional team, and stakeholders Sacrifices patient needs in favor of own self-interest Blatantly disregards respect for patient privacy and autonomy	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care Emphasizes patient privacy and autonomy in all interactions	Demonstrates empathy, compassion and respect to patients and caregivers in all situations Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers Demonstrates a responsiveness to patient needs that supersedes self- interest Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate

Professionalism (PROF-4): Exhibits integrity and ethical behavior in professional conduct. (Internal Medicine PROF-4 - Modified)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Dishonest in clinical interactions, documentation, research, or scholarly activity Refuses to be accountable for personal actions Does not adhere to basic ethical principles Blatantly disregards formal policies or procedures	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity Begins to reflect on personal professional conduct	Honest and forthright in clinical interactions, documentation, research, and scholarly activity Demonstrates integrity, honesty, and accountability to patients, society and the profession Identifies and responds appropriately to lapses of professional conduct among peer group

Patient-Care and Procedural Skills (PC-3): Diagnosis and Management: Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (Internal Medicine PC-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Does not collect accurate historical data Does not use physical exam to confirm history Relies exclusively on documentation of others to generate own database or differential diagnosis Fails to recognize patient's central clinical problems Fails to recognize potentially life threating problems	Inconsistently able to acquire accurate historical information in an organized fashion Does not perform an appropriately thorough physical exam or misses key physical exam findings Does not seek or is overly reliant on secondary data Inconsistently recognizes patients' central clinical problem or differential diagnoses	Consistently acquires accurate and relevant histories from patients Seeks and obtains data from secondary sources when needed Consistently performs accurate and appropriately thorough physical exams Uses collected data to define a patient's central clinical problem(s)	Acquires accurate histories from patients in an efficient, prioritized and hypothesis- driven fashion Performs accurate physical exams that are targeted to the patient's complaints Synthesizes data to generate a prioritized differential diagnosis and problem list Effectively uses history and physical examination skills to minimize the need for further diagnostic testing

Patient-Care and Procedural Skills (PC-5): Diagnosis and Management: Diagnostic Evaluation. (Physical Medicine and Rehabilitation PC-3) This includes: • **Differential diagnosis of primary and secondary conditions** • **Appropriate studies (e.g., laboratory, imaging, neuropsychological)** • **Functional assessments**			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Fails to develop an appropriate list of differential diagnoses Uncertain of which diagnostic studies are appropriate for common medical conditions Fails to recognize when medical referral is necessary	Identifies appropriate diagnostic studies for common medical conditions Identifies reasonable diagnosis for common medical conditions	Produces a differential diagnosis for common medical conditions Recommends appropriate diagnostic studies for common medical conditions Inconsistently interprets diagnostic study results	Develops a comprehensive differential diagnosis, including less common conditions Orders appropriate diagnostic studies for common medical conditions Appropriately prioritizes the sequence and urgency of diagnostic testing Correctly interprets diagnostic study results and appropriately pursues further testing or specialist input Appropriately integrates functional assessment measures into overall evaluation

Patient-Care and Procedural Skills (PC-6): Diagnosis and Management: Develops and implements comprehensive management plan for each patient. (Internal Medicine PC-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3 (Ready for Unsupervised Practice)**
Care plans are consistently inappropriate or inaccurate Does not react to situations that require urgent or emergent care Does not seek additional guidance when needed	Inconsistently develops an appropriate care plan Inconsistently seeks additional guidance when needed	Recognizes patients requiring urgent or emergent care Seeks additional guidance and/or consultation as appropriate	Consistently develops and implements appropriate care plan Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences

Practice-Based Learning and Improvement (PBLI-1): Evidence-Based Practice: Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems. (Family Medicine PBLI-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3 (Ready for Unsupervised Practice)**
Unable to locate appropriate evidence related to the patients' health problems to help direct care Unable to categorize and interpret the strength of a research study	Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes the design of a research study	Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes Formulates a searchable question from a clinical question Evaluates evidence- based point-of-care resources	Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines Critically evaluates information from others, including colleagues, experts, and sales representatives, as well as patient-delivered information Incorporates principles of evidence-based care and information mastery into clinical practice

Practice-Based Learning and Improvement (PBLI-3): Quality Improvement: Learns and improves via performance audit. (Internal Medicine PBLI-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Disregards own clinical performance data Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Limited awareness of or desire to analyze own clinical performance data Nominally participates in a quality improvement projects Not familiar with the principles, techniques or importance of quality improvement	Analyzes own clinical performance data and identifies opportunities for improvement Participates in a quality improvement project Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care	Analyzes own clinical performance data and actively works to improve performance Actively engages in quality improvement initiatives Demonstrates the ability to apply common principles and techniques of quality improvement to improve care

Practice-Based Learning and Improvement (PBLI-4): Quality Improvement: Monitors practice with a goal for improvement. (Internal Medicine PBLI-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Unwilling to self-reflect upon one's practice or performance Not concerned with opportunities for learning and self-improvement	Inconsistently self- reflects upon one's practice or performance and inconsistently acts upon those reflections Misses opportunities for learning and self- improvement	Regularly self-reflects upon one's practice or performance and identifies areas to improve practice Inconsistently acts upon opportunities for learning and self-improvement Recognizes the value of critical reviews and morbidity and mortality conferences (M and Ms) for learning and self- improvement	Regularly self-reflects upon one's practice or performance and maximizes practice improvement Recognizes sub-optimal practice or performance as an opportunity for learning and self- improvement Actively engages in critical reviews and morbidity and mortality conferences (M and Ms) to support learning and improvement in self and others

Interpersonal and Communication Skills (ICS-1): Communicates effectively with patients and caregivers. (Internal Medicine ICS-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Ignores patient preferences for plan of care Makes no attempt to engage patient in shared decision- making Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful Defers difficult or ambiguous conversations to others	Engages patients in shared decision making in uncomplicated conversations Requires assistance facilitating discussions in difficult or ambiguous conversations Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds Incorporates patient- specific preferences into plan of care

Interpersonal and Communication Skills (ICS-2): Communicates effectively with patients, families, stakeholders, and the public. (Family Medicine C-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Demonstrates disrespectful communication with patients, families, stakeholders, or the public Fails to recognize physical, cultural, psychological, and social barriers to communication Unable to establish rapport and facilitate patient-centered information exchange	Recognizes that respectful communication is important to quality care Identifies physical, cultural, psychological, and social barriers to communication Uses the medical interview to establish rapport and facilitate patient-centered information exchange	Matches modality of communication to patient needs, health literacy, and context Organizes information to be shared with patients and families Participates in life- altering discussions and delivery of bad news Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit	Educates and counsels patients and families in disease management and health promotion skills Engages patients' perspectives in shared decision making Recognizes non-verbal cues and uses non- verbal communication skills in patient encounters Effectively communicates difficult information, such as life-altering discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis

Interpersonal and Communication Skills (ICS-3): Communicates effectively in interprofessional teams. (Internal Medicine ICS-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Utilizes communication strategies that hamper collaboration and teamwork Verbal and/or non- verbal behaviors disrupt effective collaboration with team members	Uses unidirectional communication that fails to utilize the wisdom of the team Resists offers of collaborative input Exhibits defensive behaviors within the health care team	Inconsistently engages in collaborative communication with appropriate members of the team Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	Consistently and actively engages in collaborative communication with all members of the team Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care

Interpersonal and Communication Skills (ICS-4): Health Information Technology: Appropriate utilization and completion of health records. (Internal Medicine ICS-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Health records are absent or missing significant portions of important clinical data Health records are disorganized and inaccurate Health records are not completed in a timely manner Privacy of health records is not adequately maintained Fails to recognize the criticality of appropriate utilization and completion of health records	Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning Health records are completed in a timely manner Privacy of health records is of prime importance	Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning Health records are succinct, relevant, and patient specific	Health records are organized and complete from patient intake to discharge, documenting all patient interactions, a thorough history and physical examination, daily treatment notes, referrals, and discharge summary Health records capture patient-rated outcomes Health records adhere to all state and federal guidelines

Professionalism (PROF-1): Completes a process of professionalization. (Family Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Demonstrates lack of professionalism Places personal values ahead of professional values Fails to exhibit appropriate honesty, integrity, and respect to patients and team members	Defines professionalism Knows the basic principles of medical ethics Recognizes that conflicting personal and professional values exist Demonstrates honesty, integrity, and respect to patients and team members	Recognizes own conflicting personal and professional values Knows institutional and governmental regulations for the practice of athletic training	Recognizes that athletic trainers have an obligation to self- discipline and to self- regulate Engages in self- initiated pursuit of excellence Embraces the professional responsibilities of being an athletic trainer Practices to the full scope of education and training and formal privileging within a health system

Professionalism (PROF-2): Has professional and respectful interactions with patients, caregivers, members of the interprofessional team, and stakeholders. (Internal Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Lacks empathy and compassion for patients and caregivers Disrespectful in interactions with patients, caregivers, members of the interprofessional team, and stakeholders Sacrifices patient needs in favor of own self-interest Blatantly disregards respect for patient privacy and autonomy	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care Emphasizes patient privacy and autonomy in all interactions	Demonstrates empathy, compassion and respect to patients and caregivers in all situations Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers Demonstrates a responsiveness to patient needs that supersedes self- interest Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate

Professionalism (PROF-4): Exhibits integrity and ethical behavior in professional conduct. (Internal Medicine PROF-4 - Modified)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Dishonest in clinical interactions, documentation, research, or scholarly activity Refuses to be accountable for personal actions Does not adhere to basic ethical principles Blatantly disregards formal policies or procedures	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity Begins to reflect on personal professional conduct	Honest and forthright in clinical interactions, documentation, research, and scholarly activity Demonstrates integrity, honesty, and accountability to patients, society and the profession Identifies and responds appropriately to lapses of professional conduct among peer group

Systems-Based Practice (SBP-4): Interprofessional Teams: Works effectively within an interprofessional team. (Internal Medicine SBP-1; Level 1 from Family Medicine SBP-4)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Refuses to recognize the contributions of other interprofessional team members Frustrates team members with inefficiency and errors Disregards need for communication at time of transition Does not respond to request of caregivers in other delivery systems	Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member Identifies roles of other team members but does not recognize how/when to utilize them as resources Frequently requires reminders from team to complete athletic training responsibilities Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests, reinjury)	Understands the roles and responsibilities of all team members but uses them ineffectively Participates in team discussions when required but does not actively seek input from other team members Communication with future caregivers is present but with lapses in pertinent or timely information	Understands the roles and responsibilities of and effectively partners with, all members of the team Actively engages in team meetings and collaborative decision- making Proactively communicates with past and future care givers to ensure continuity of care

Medical Knowledge (MK-2): Knowledge of diagnostic testing and procedures. (Internal Medicine MK-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Lacks foundational knowledge to apply diagnostic testing and procedures to patient care Chooses inappropriate diagnostic tests or procedures that place the patient at risk or pose a safety hazard	Uncertain of which diagnostic tests and procedures are appropriate Understands which diagnostic tests and procedures to perform, but can not adequately explain why Does not understand the concepts of pre-test probability and test performance characteristics	Inconsistently interprets basic diagnostic test accurately Needs assistance to understand the concepts of pre-test probability and test performance characteristics Minimally understands the rationale and risks associated with common procedures	Consistently interprets basic diagnostic tests accurately Understands the concepts of pre-test probability and test performance characteristics Fully understand the rationale and risks associated with common procedures

Medical Knowledge (MK-3): Basic Sciences of Athletic Training, including Biology, Chemistry, Physics, Psychology, Anatomy, Physiology, Statistics, Research Design, Epidemiology, Pathophysiology, Biomechanics and Pathomechanics, Exercise Physiology, Nutrition, Pharmacology (Sports Medicine MK-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Lacks appropriate foundational knowledge in the basic sciences Knowledge is limited to traditional athletic populations (e.g. college and secondary school aged) without appropriate understanding of anatomy and physiology across the lifespan	Demonstrates knowledge of the basic sciences of athletic training Demonstrates knowledge of anatomy and physiology related to growth, development, and aging	Demonstrates knowledge of basic sciences applied to athletic training in patients of all ages Demonstrates basic science knowledge foundational to prevention, rehabilitation, and management	Synthesizes scientific knowledge in managing common medical conditions Integrates basic and clinical science knowledge of pathophysiology, tissue healing, and treatment interventions in return- to-activity decisions Demonstrates knowledge of factors associated with risk of injury, including age, gender, and disability Demonstrates both basic science and clinical knowledge of the details of tissue healing and cellular physiology across the lifespan in selecting treatment options

Practice-Based Learning and Improvement (PBLI-1): Evidence-Based Practice: Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems. (Family Medicine PBLI-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Unable to locate appropriate evidence related to the patients' health problems to help direct care Unable to categorize and interpret the strength of a research study	Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes the design of a research study	Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes Formulates a searchable question from a clinical question Evaluates evidence- based point-of-care resources	Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines Critically evaluates information from others, including colleagues, experts, and sales representatives, as well as patient-delivered information Incorporates principles of evidence-based care and information mastery into clinical practice

Practice-Based Learning and Improvement (PBLI-4): Quality Improvement: Monitors practice with a goal for improvement. (Internal Medicine PBLI-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3**
Unwilling to self-reflect upon one's practice or performance Not concerned with opportunities for learning and self-improvement	Inconsistently self- reflects upon one's practice or performance and inconsistently acts upon those reflections Misses opportunities for learning and self- improvement	Regularly self-reflects upon one's practice or performance and identifies areas to improve practice Inconsistently acts upon opportunities for learning and self-improvement Recognizes the value of critical reviews and morbidity and mortality conferences (M and Ms) for learning and self- improvement	Regularly self-reflects upon one's practice or performance and maximizes practice improvement Recognizes sub-optimal practice or performance as an opportunity for learning and self- improvement Actively engages in critical reviews and morbidity and mortality conferences (M and Ms) to support learning and improvement in self and others

Interpersonal and Communication Skills (ICS-1): Communicates effectively with patients and caregivers. (Internal Medicine ICS-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Ignores patient preferences for plan of care Makes no attempt to engage patient in shared decision- making Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful Defers difficult or ambiguous conversations to others	Engages patients in shared decision making in uncomplicated conversations Requires assistance facilitating discussions in difficult or ambiguous conversations Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds Incorporates patient- specific preferences into plan of care

Interpersonal and Communication Skills (ICS-2): Communicates effectively with patients, families, stakeholders, and the public. (Family Medicine C-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Demonstrates disrespectful communication with patients, families, stakeholders, or the public Fails to recognize physical, cultural, psychological, and social barriers to communication Unable to establish rapport and facilitate patient-centered information exchange	Recognizes that respectful communication is important to quality care Identifies physical, cultural, psychological, and social barriers to communication Uses the medical interview to establish rapport and facilitate patient-centered information exchange	Matches modality of communication to patient needs, health literacy, and context Organizes information to be shared with patients and families Participates in life- altering discussions and delivery of bad news Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit	Educates and counsels patients and families in disease management and health promotion skills Engages patients' perspectives in shared decision making Recognizes non-verbal cues and uses non- verbal communication skills in patient encounters Effectively communicates difficult information, such as life-altering discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis

Interpersonal and Communication Skills (ICS-3): Communicates effectively in interprofessional teams. (Internal Medicine ICS-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3 (Ready for Unsupervised Practice)**
Utilizes communication strategies that hamper collaboration and teamwork Verbal and/or non- verbal behaviors disrupt effective collaboration with team members	Uses unidirectional communication that fails to utilize the wisdom of the team Resists offers of collaborative input Exhibits defensive behaviors within the health care team	Inconsistently engages in collaborative communication with appropriate members of the team Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	Consistently and actively engages in collaborative communication with all members of the team Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care

Interpersonal and Communication Skills (ICS-4): Health Information Technology: Appropriate utilization and completion of health records. (Internal Medicine ICS-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3 (Ready for Unsupervised Practice)**
Health records are absent or missing significant portions of important clinical data Health records are disorganized and inaccurate Health records are not completed in a timely manner Privacy of health records is not adequately maintained Fails to recognize the criticality of appropriate utilization and completion of health records	Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning Health records are completed in a timely manner Privacy of health records is of prime importance	Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning Health records are succinct, relevant, and patient specific	Health records are organized and complete from patient intake to discharge, documenting all patient interactions, a thorough history and physical examination, daily treatment notes, referrals, and discharge summary Health records capture patient-rated outcomes Health records adhere to all state and federal guidelines

Professionalism (PROF-1): Completes a process of professionalization. (Family Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3 (Ready for Unsupervised Practice)**
Demonstrates lack of professionalism Places personal values ahead of professional values Fails to exhibit appropriate honesty, integrity, and respect to patients and team members	Defines professionalism Knows the basic principles of medical ethics Recognizes that conflicting personal and professional values exist Demonstrates honesty, integrity, and respect to patients and team members	Recognizes own conflicting personal and professional values Knows institutional and governmental regulations for the practice of athletic training	Recognizes that athletic trainers have an obligation to self- discipline and to self- regulate Engages in self- initiated pursuit of excellence Embraces the professional responsibilities of being an athletic trainer Practices to the full scope of education and training and formal privileging within a health system

Professionalism (PROF-2): Has professional and respectful interactions with patients, caregivers, members of the interprofessional team, and stakeholders. (Internal Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3 (Ready for Unsupervised Practice)**
Lacks empathy and compassion for patients and caregivers Disrespectful in interactions with patients, caregivers, members of the interprofessional team, and stakeholders Sacrifices patient needs in favor of own self-interest Blatantly disregards respect for patient privacy and autonomy	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care Emphasizes patient privacy and autonomy in all interactions	Demonstrates empathy, compassion and respect to patients and caregivers in all situations Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers Demonstrates a responsiveness to patient needs that supersedes self- interest Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate

Professionalism (PROF-4): Exhibits integrity and ethical behavior in professional conduct. (Internal Medicine PROF-4 - Modified)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Dishonest in clinical interactions, documentation, research, or scholarly activity Refuses to be accountable for personal actions Does not adhere to basic ethical principles Blatantly disregards formal policies or procedures	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity Begins to reflect on personal professional conduct	Honest and forthright in clinical interactions, documentation, research, and scholarly activity Demonstrates integrity, honesty, and accountability to patients, society and the profession Identifies and responds appropriately to lapses of professional conduct among peer group

Systems-Based Practice (SBP-2): Patient Safety: Emphasizes patient safety. (Family Medicine SPB-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Ignores medical errors Fails to understand that medical errors vary widely across settings and between providers Ignores the importance of team-based care in ensuring patient safety	Understands that medical errors affect patient health and safety, and that their occurrence varies across settings and between providers Understands that effective team-based care plays a role in patient safety	Recognizes medical errors when they occur, including those that do not have adverse outcomes Understands the mechanisms that cause medical errors Understands and follows protocols to promote patient safety and prevent medical error Participates in effective and safe hand-offs and transitions of care	Uses current methods of analysis to identify individual and system causes of medical errors common to athletic training Develops individual improvement plan and participates in system improvement plans that promote patient safety and prevent medical errors Performs effective and safe hand-offs and transitions of care

Systems-Based Practice (SBP-4): Interprofessional Teams: Works effectively within an interprofessional team. (Internal Medicine SBP-1; Level 1 from Family Medicine SBP-4)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Refuses to recognize the contributions of other interprofessional team members Frustrates team members with inefficiency and errors Disregards need for communication at time of transition Does not respond to request of caregivers in other delivery systems	Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member Identifies roles of other team members but does not recognize how/when to utilize them as resources Frequently requires reminders from team to complete athletic training responsibilities Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests, reinjury)	Understands the roles and responsibilities of all team members but uses them ineffectively Participates in team discussions when required but does not actively seek input from other team members Communication with future caregivers is present but with lapses in pertinent or timely information	Understands the roles and responsibilities of and effectively partners with, all members of the team Actively engages in team meetings and collaborative decision- making Proactively communicates with past and future care givers to ensure continuity of care

Patient-Care and Procedural Skills (PC-7): Diagnosis and Management: Manages patients with progressive responsibility and independence. (Internal Medicine PC-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Cannot advance beyond the need for direct supervision in the delivery of patient care Cannot manage patients who require urgent or emergent care Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and quality care Provides inconsistent preventative care Inconsistently provides comprehensive care for single or multiple diagnoses	Requires indirect supervision to ensure safety and quality care Provides appropriate preventive care Provides comprehensive care for single or multiple diagnoses Under supervision, provides appropriate care for medically complex patients Initiates management plans for urgent or emergent care	Independently manages patients who have a broad spectrum of clinical disorders including undifferentiated syndromes Seeks additional guidance and/or consultation as appropriate Appropriately manages situations requiring urgent or emergent care

Medical Knowledge (MK-2): Knowledge of diagnostic testing and procedures. (Internal Medicine MK-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Lacks foundational knowledge to apply diagnostic testing and procedures to patient care Chooses inappropriate diagnostic tests or procedures that place the patient at risk or pose a safety hazard	Uncertain of which diagnostic tests and procedures are appropriate Understands which diagnostic tests and procedures to perform, but can not adequately explain why Does not understand the concepts of pre-test probability and test performance characteristics	Inconsistently interprets basic diagnostic test accurately Needs assistance to understand the concepts of pre-test probability and test performance characteristics Minimally understands the rationale and risks associated with common procedures	Consistently interprets basic diagnostic tests accurately Understands the concepts of pre-test probability and test performance characteristics Fully understand the rationale and risks associated with common procedures

Practice-Based Learning and Improvement (PBLI-1): Evidence-Based Practice: Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems. (Family Medicine PBLI-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Unable to locate appropriate evidence related to the patients' health problems to help direct care Unable to categorize and interpret the strength of a research study	Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes the design of a research study	Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes Formulates a searchable question from a clinical question Evaluates evidence- based point-of-care resources	Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines Critically evaluates information from others, including colleagues, experts, and sales representatives, as well as patient-delivered information Incorporates principles of evidence-based care and information mastery into clinical practice

Practice-Based Learning and Improvement (PBLI-2): Quality Improvement: Improves systems in which the athletic trainer provides care. (Family Medicine PBLI-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Fails to recognize the key STEEEP (safe, timely, effective, efficient, equitable, patient-centered) elements of quality health care Unable to accurately describe the system of care in which they are working Unable to identify quality gaps in their own health systems	Understands the key elements of quality health care (STEEEP) Recognizes the importance of measuring the end results of health care in order to adequately assess health care quality Begins to identify potential gaps in quality care	Recognizes inefficiencies, inequities, variation, and quality gaps in health care delivery Identifies potential gaps in quality care and identifies potential contributing factors within the system Recognizes the importance of developing quality improvement teams	Assesses available health care outcomes data to compare their results to expected results within the system Uses a systematic improvement method (e.g., Plan-Do-Study- Act [PDSA] cycle) to address an identified area of improvement Compares care provided by self and practice to internal and external standards, identifies areas for improvement, and implements change in their practice.

Practice-Based Learning and Improvement (PBLI-3): Quality Improvement: Learns and improves via performance audit. (Internal Medicine PBLI-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Disregards own clinical performance data Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Limited awareness of or desire to analyze own clinical performance data Nominally participates in a quality improvement projects Not familiar with the principles, techniques or importance of quality improvement	Analyzes own clinical performance data and identifies opportunities for improvement Participates in a quality improvement project Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care	Analyzes own clinical performance data and actively works to improve performance Actively engages in quality improvement initiatives Demonstrates the ability to apply common principles and techniques of quality improvement to improve care

Practice-Based Learning and Improvement (PBLI-4): Quality Improvement: Monitors practice with a goal for improvement. (Internal Medicine PBLI-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Unwilling to self-reflect upon one's practice or performance Not concerned with opportunities for learning and self-improvement	Inconsistently self- reflects upon one's practice or performance and inconsistently acts upon those reflections Misses opportunities for learning and self- improvement	Regularly self-reflects upon one's practice or performance and identifies areas to improve practice Inconsistently acts upon opportunities for learning and self-improvement Recognizes the value of critical reviews and morbidity and mortality conferences (M and Ms) for learning and self- improvement	Regularly self-reflects upon one's practice or performance and maximizes practice improvement Recognizes sub-optimal practice or performance as an opportunity for learning and self- improvement Actively engages in critical reviews and morbidity and mortality conferences (M and Ms) to support learning and improvement in self and others

Interpersonal and Communication Skills (ICS-1): Communicates effectively with patients and caregivers. (Internal Medicine ICS-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Ignores patient preferences for plan of care Makes no attempt to engage patient in shared decision- making Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful Defers difficult or ambiguous conversations to others	Engages patients in shared decision making in uncomplicated conversations Requires assistance facilitating discussions in difficult or ambiguous conversations Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds Incorporates patient- specific preferences into plan of care

Interpersonal and Communication Skills (ICS-2): Communicates effectively with patients, families, stakeholders, and the public. (Family Medicine C-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Demonstrates disrespectful communication with patients, families, stakeholders, or the public Fails to recognize physical, cultural, psychological, and social barriers to communication Unable to establish rapport and facilitate patient-centered information exchange	Recognizes that respectful communication is important to quality care Identifies physical, cultural, psychological, and social barriers to communication Uses the medical interview to establish rapport and facilitate patient-centered information exchange	Matches modality of communication to patient needs, health literacy, and context Organizes information to be shared with patients and families Participates in life- altering discussions and delivery of bad news Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit	Educates and counsels patients and families in disease management and health promotion skills Engages patients' perspectives in shared decision making Recognizes non-verbal cues and uses non- verbal communication skills in patient encounters Effectively communicates difficult information, such as life-altering discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis

Interpersonal and Communication Skills (ICS-3): Communicates effectively in interprofessional teams. (Internal Medicine ICS-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Utilizes communication strategies that hamper collaboration and teamwork Verbal and/or non- verbal behaviors disrupt effective collaboration with team members	Uses unidirectional communication that fails to utilize the wisdom of the team Resists offers of collaborative input Exhibits defensive behaviors within the health care team	Inconsistently engages in collaborative communication with appropriate members of the team Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	Consistently and actively engages in collaborative communication with all members of the team Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care

Interpersonal and Communication Skills (ICS-4): Health Information Technology: Appropriate utilization and completion of health records. (Internal Medicine ICS-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Health records are absent or missing significant portions of important clinical data Health records are disorganized and inaccurate Health records are not completed in a timely manner Privacy of health records is not adequately maintained Fails to recognize the criticality of appropriate utilization and completion of health records	Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning Health records are completed in a timely manner Privacy of health records is of prime importance	Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning Health records are succinct, relevant, and patient specific	Health records are organized and complete from patient intake to discharge, documenting all patient interactions, a thorough history and physical examination, daily treatment notes, referrals, and discharge summary Health records capture patient-rated outcomes Health records adhere to all state and federal guidelines

Professionalism (PROF-1): Completes a process of professionalization. (Family Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Demonstrates lack of professionalism Places personal values ahead of professional values Fails to exhibit appropriate honesty, integrity, and respect to patients and team members	Defines professionalism Knows the basic principles of medical ethics Recognizes that conflicting personal and professional values exist Demonstrates honesty, integrity, and respect to patients and team members	Recognizes own conflicting personal and professional values Knows institutional and governmental regulations for the practice of athletic training	Recognizes that athletic trainers have an obligation to self- discipline and to self- regulate Engages in self- initiated pursuit of excellence Embraces the professional responsibilities of being an athletic trainer Practices to the full scope of education and training and formal privileging within a health system

Professionalism (PROF-2): Has professional and respectful interactions with patients, caregivers, members of the interprofessional team, and stakeholders. (Internal Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Lacks empathy and compassion for patients and caregivers Disrespectful in interactions with patients, caregivers, members of the interprofessional team, and stakeholders Sacrifices patient needs in favor of own self-interest Blatantly disregards respect for patient privacy and autonomy	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care Emphasizes patient privacy and autonomy in all interactions	Demonstrates empathy, compassion and respect to patients and caregivers in all situations Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers Demonstrates a responsiveness to patient needs that supersedes self- interest Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate

Professionalism (PROF-4): Exhibits integrity and ethical behavior in professional conduct. (Internal Medicine PROF-4 - Modified)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Dishonest in clinical interactions, documentation, research, or scholarly activity Refuses to be accountable for personal actions Does not adhere to basic ethical principles Blatantly disregards formal policies or procedures	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity Begins to reflect on personal professional conduct	Honest and forthright in clinical interactions, documentation, research, and scholarly activity Demonstrates integrity, honesty, and accountability to patients, society and the profession Identifies and responds appropriately to lapses of professional conduct among peer group

Systems-Based Practice (SBP-4): Interprofessional Teams: Works effectively within an interprofessional team. (Internal Medicine SBP-1; Level 1 from Family Medicine SBP-4)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Refuses to recognize the contributions of other interprofessional team members Frustrates team members with inefficiency and errors Disregards need for communication at time of transition Does not respond to request of caregivers in other delivery systems	Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member Identifies roles of other team members but does not recognize how/when to utilize them as resources Frequently requires reminders from team to complete athletic training responsibilities Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests, reinjury)	Understands the roles and responsibilities of all team members but uses them ineffectively Participates in team discussions when required but does not actively seek input from other team members Communication with future caregivers is present but with lapses in pertinent or timely information	Understands the roles and responsibilities of and effectively partners with, all members of the team Actively engages in team meetings and collaborative decision- making Proactively communicates with past and future care givers to ensure continuity of care

Patient-Care and Procedural Skills (PC-7): Diagnosis and Management: Manages patients with progressive responsibility and independence. (Internal Medicine PC-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Cannot advance beyond the need for direct supervision in the delivery of patient care Cannot manage patients who require urgent or emergent care Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and quality care Provides inconsistent preventative care Inconsistently provides comprehensive care for single or multiple diagnoses	Requires indirect supervision to ensure safety and quality care Provides appropriate preventive care Provides comprehensive care for single or multiple diagnoses Under supervision, provides appropriate care for medically complex patients Initiates management plans for urgent or emergent care	Independently manages patients who have a broad spectrum of clinical disorders including undifferentiated syndromes Seeks additional guidance and/or consultation as appropriate Appropriately manages situations requiring urgent or emergent care

Medical Knowledge (MK-2): Knowledge of diagnostic testing and procedures. (Internal Medicine MK-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Lacks foundational knowledge to apply diagnostic testing and procedures to patient care Chooses inappropriate diagnostic tests or procedures that place the patient at risk or pose a safety hazard	Uncertain of which diagnostic tests and procedures are appropriate Understands which diagnostic tests and procedures to perform, but can not adequately explain why Does not understand the concepts of pre-test probability and test performance characteristics	Inconsistently interprets basic diagnostic test accurately Needs assistance to understand the concepts of pre-test probability and test performance characteristics Minimally understands the rationale and risks associated with common procedures	Consistently interprets basic diagnostic tests accurately Understands the concepts of pre-test probability and test performance characteristics Fully understand the rationale and risks associated with common procedures

Practice-Based Learning and Improvement (PBLI-1): Evidence-Based Practice: Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems. (Family Medicine PBLI-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Unable to locate appropriate evidence related to the patients' health problems to help direct care Unable to categorize and interpret the strength of a research study	Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes the design of a research study	Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes Formulates a searchable question from a clinical question Evaluates evidence- based point-of-care resources	Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines Critically evaluates information from others, including colleagues, experts, and sales representatives, as well as patient-delivered information Incorporates principles of evidence-based care and information mastery into clinical practice

Practice-Based Learning and Improvement (PBLI-2): Quality Improvement: Improves systems in which the athletic trainer provides care. (Family Medicine PBLI-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Fails to recognize the key STEEEP (safe, timely, effective, efficient, equitable, patient-centered) elements of quality health care Unable to accurately describe the system of care in which they are working Unable to identify quality gaps in their own health systems	Understands the key elements of quality health care (STEEEP) Recognizes the importance of measuring the end results of health care in order to adequately assess health care quality Begins to identify potential gaps in quality care	Recognizes inefficiencies, inequities, variation, and quality gaps in health care delivery Identifies potential gaps in quality care and identifies potential contributing factors within the system Recognizes the importance of developing quality improvement teams	Assesses available health care outcomes data to compare their results to expected results within the system Uses a systematic improvement method (e.g., Plan-Do-Study- Act [PDSA] cycle) to address an identified area of improvement Compares care provided by self and practice to internal and external standards, identifies areas for improvement, and implements change in their practice.

Practice-Based Learning and Improvement (PBLI-3): Quality Improvement: Learns and improves via performance audit. (Internal Medicine PBLI-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Disregards own clinical performance data Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Limited awareness of or desire to analyze own clinical performance data Nominally participates in a quality improvement projects Not familiar with the principles, techniques or importance of quality improvement	Analyzes own clinical performance data and identifies opportunities for improvement Participates in a quality improvement project Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care	Analyzes own clinical performance data and actively works to improve performance Actively engages in quality improvement initiatives Demonstrates the ability to apply common principles and techniques of quality improvement to improve care

Practice-Based Learning and Improvement (PBLI-4): Quality Improvement: Monitors practice with a goal for improvement. (Internal Medicine PBLI-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Unwilling to self-reflect upon one's practice or performance Not concerned with opportunities for learning and self-improvement	Inconsistently self- reflects upon one's practice or performance and inconsistently acts upon those reflections Misses opportunities for learning and self- improvement	Regularly self-reflects upon one's practice or performance and identifies areas to improve practice Inconsistently acts upon opportunities for learning and self-improvement Recognizes the value of critical reviews and morbidity and mortality conferences (M and Ms) for learning and self- improvement	Regularly self-reflects upon one's practice or performance and maximizes practice improvement Recognizes sub-optimal practice or performance as an opportunity for learning and self- improvement Actively engages in critical reviews and morbidity and mortality conferences (M and Ms) to support learning and improvement in self and others

Interpersonal and Communication Skills (ICS-1): Communicates effectively with patients and caregivers. (Internal Medicine ICS-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Ignores patient preferences for plan of care Makes no attempt to engage patient in shared decision- making Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful Defers difficult or ambiguous conversations to others	Engages patients in shared decision making in uncomplicated conversations Requires assistance facilitating discussions in difficult or ambiguous conversations Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds Incorporates patient- specific preferences into plan of care

Interpersonal and Communication Skills (ICS-2): Communicates effectively with patients, families, stakeholders, and the public. (Family Medicine C-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Demonstrates disrespectful communication with patients, families, stakeholders, or the public Fails to recognize physical, cultural, psychological, and social barriers to communication Unable to establish rapport and facilitate patient-centered information exchange	Recognizes that respectful communication is important to quality care Identifies physical, cultural, psychological, and social barriers to communication Uses the medical interview to establish rapport and facilitate patient-centered information exchange	Matches modality of communication to patient needs, health literacy, and context Organizes information to be shared with patients and families Participates in life- altering discussions and delivery of bad news Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit	Educates and counsels patients and families in disease management and health promotion skills Engages patients' perspectives in shared decision making Recognizes non-verbal cues and uses non- verbal communication skills in patient encounters Effectively communicates difficult information, such as life-altering discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis

Interpersonal and Communication Skills (ICS-3): Communicates effectively in interprofessional teams. (Internal Medicine ICS-2)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Utilizes communication strategies that hamper collaboration and teamwork Verbal and/or non- verbal behaviors disrupt effective collaboration with team members	Uses unidirectional communication that fails to utilize the wisdom of the team Resists offers of collaborative input Exhibits defensive behaviors within the health care team	Inconsistently engages in collaborative communication with appropriate members of the team Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	Consistently and actively engages in collaborative communication with all members of the team Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care

Interpersonal and Communication Skills (ICS-4): Health Information Technology: Appropriate utilization and completion of health records. (Internal Medicine ICS-3)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Health records are absent or missing significant portions of important clinical data Health records are disorganized and inaccurate Health records are not completed in a timely manner Privacy of health records is not adequately maintained Fails to recognize the criticality of appropriate utilization and completion of health records	Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning Health records are completed in a timely manner Privacy of health records is of prime importance	Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning Health records are succinct, relevant, and patient specific	Health records are organized and complete from patient intake to discharge, documenting all patient interactions, a thorough history and physical examination, daily treatment notes, referrals, and discharge summary Health records capture patient-rated outcomes Health records adhere to all state and federal guidelines

Professionalism (PROF-1): Completes a process of professionalization. (Family Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Demonstrates lack of professionalism Places personal values ahead of professional values Fails to exhibit appropriate honesty, integrity, and respect to patients and team members	Defines professionalism Knows the basic principles of medical ethics Recognizes that conflicting personal and professional values exist Demonstrates honesty, integrity, and respect to patients and team members	Recognizes own conflicting personal and professional values Knows institutional and governmental regulations for the practice of athletic training	Recognizes that athletic trainers have an obligation to self- discipline and to self- regulate Engages in self- initiated pursuit of excellence Embraces the professional responsibilities of being an athletic trainer Practices to the full scope of education and training and formal privileging within a health system

Professionalism (PROF-2): Has professional and respectful interactions with patients, caregivers, members of the interprofessional team, and stakeholders. (Internal Medicine PROF-1)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Lacks empathy and compassion for patients and caregivers Disrespectful in interactions with patients, caregivers, members of the interprofessional team, and stakeholders Sacrifices patient needs in favor of own self-interest Blatantly disregards respect for patient privacy and autonomy	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care Emphasizes patient privacy and autonomy in all interactions	Demonstrates empathy, compassion and respect to patients and caregivers in all situations Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers Demonstrates a responsiveness to patient needs that supersedes self- interest Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate

Professionalism (PROF-4): Exhibits integrity and ethical behavior in professional conduct. (Internal Medicine PROF-4 - Modified)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** (Ready for Unsupervised Practice)
Dishonest in clinical interactions, documentation, research, or scholarly activity Refuses to be accountable for personal actions Does not adhere to basic ethical principles Blatantly disregards formal policies or procedures	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity Begins to reflect on personal professional conduct	Honest and forthright in clinical interactions, documentation, research, and scholarly activity Demonstrates integrity, honesty, and accountability to patients, society and the profession Identifies and responds appropriately to lapses of professional conduct among peer group

Systems-Based Practice (SBP-4): Interprofessional Teams: Works effectively within an interprofessional team. (Internal Medicine SBP-1; Level 1 from Family Medicine SBP-4)			
Critical Deficiencies	**Level 1**	**Level 2**	**Level 3** **(Ready for Unsupervised Practice)**
Refuses to recognize the contributions of other interprofessional team members Frustrates team members with inefficiency and errors Disregards need for communication at time of transition Does not respond to request of caregivers in other delivery systems	Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member Identifies roles of other team members but does not recognize how/when to utilize them as resources Frequently requires reminders from team to complete athletic training responsibilities Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests, reinjury)	Understands the roles and responsibilities of all team members but uses them ineffectively Participates in team discussions when required but does not actively seek input from other team members Communication with future caregivers is present but with lapses in pertinent or timely information	Understands the roles and responsibilities of and effectively partners with, all members of the team Actively engages in team meetings and collaborative decision- making Proactively communicates with past and future care givers to ensure continuity of care

Appendix E - Infraction Form

GANNON UNIVERSITY MASTER OF ATHLETIC TRAINING PROGRAM
INCIDENT REPORT

Name: _____ Student ID: _____ Incident Date:_____
Incident Location: _____Witness(es): _____

Reason for Report:

□ Unexcused Absence(s) □Chronic Tardiness □ Dress Code
□Failure to Communicate □ Dereliction of Duty □Negligence
□Insubordination □Sexual Harassment □Felony
□ Breach of Confidentiality □ Intoxication etc. □ Falsification
□Attitude/Lack of Professionalism □Academic Dishonesty □ Other

Incident Description: _____

_____
_____
_____
_____
_____
_____
_____

I, the undersigned, understand that my signature below
IS NOT an admission of guilt, but rather an acknowledgement of the report.

Athletic Training Student's Signature: _____Date:_____

MAT Personnel's Signature: _____Date: _____
Role of Personnel at time of incident: PD CEC CP
Reviewed By: _____Title_____

Comments/Remarks:_____
_____
_____
_____
_____
_____

Reviewer's Signature: _____ Date: _____

MAT Personnel's Signature: _____

Being an Effective Clinical Preceptor

Weidner and Henning (2004) developed seven standards for the effective Preceptor. These include:

- legal/ethical behavior,
- communication skills,
- interpersonal relationships,
- instructional skills,
- supervisory/administrative
- evaluation of performance and
- clinical skills/knowledge.

Preceptors should use these seven standards as a guideline for responsibilities as well as methods for supervising the ATS.

Legal and Ethical Behavior

1. The Preceptor should comply with the NATA Code of Ethics and BOC Standards of Professional Practice.
2. It is important that the Preceptor work within and abide by the legal and ethical standards set forth by the profession. Doing so will enforce to athletic training students the importance of this as they become more independent.

Communication skills

1. The Preceptor should communicate effectively and often with the Program Director and/or Coordinator of Clinical Education (CCE) regarding a student's progress during each clinical rotation.
2. The Preceptor should communicate effectively with athletic training students. Preceptors should create professional (problem-solving, constructive criticism, feedback, etc.) and personal dialogue (discussions about career, getting to know the student, etc.)

Interpersonal Relationships

1. The Preceptor should enter into a positive and effective relationship (i.e., role model and mentor) with athletic training students.
2. Students should consistently feel that the Preceptor is friendly, honest and approachable which is important to their success during a clinical rotation.
3. The approach for the Preceptor should be how the Preceptor can help the student, not how the student can help the Preceptor.

Instructional skills

1. The Preceptor should demonstrate effective instructional skills during clinical education.
2. The Preceptor should utilize teachable moments whenever possible. This can include an ATS performing skills on a patient, or it could also include conversation about situations that have occurred during a Preceptor's practice (i.e., dealing with a difficult coach, dealing with a student athlete who has an eating disorder, etc.).
3. The Preceptor should understand what the student is able to do during their rotation and skills that they are not allowed to do because they have not been formally instructed and assessed.
4. The Preceptor should encourage students to self-direct learning activities as this encourages life-long learning techniques and practices. This should not include an ATS sitting down to read a book, but rather by practicing skills on another ATS or the Preceptor.

Supervisory and administrative skills

1. A Preceptor should provide the right type, amount and quality of clinical supervision. The Preceptor should also uphold the clinical education policies, procedures of the Athletic Training Education Program (ATP).
2. The Preceptor must directly supervise the ATS as the student is formally applying knowledge and skills to a patient. This allows the Preceptor to correct mistakes and reinforce good performance of skills.
3. The Preceptor must be able to intervene on behalf of the athlete/patient in the event that the ATS is putting the athlete/patient at risk of harm.
4. Administratively the Preceptor must complete evaluation forms on the ATS's performance as well as inform students about relevant policies and procedures of their particular clinical setting.
5. Encourage students to participate in professional development activities.

Evaluation of performance

1. The Preceptor should inform the student of strengths and weaknesses of clinical performance. This can be done informally during or after a student performs skills but must be done through the formal mid-term/end-of-semester evaluations.
2. Appropriate supervision allows the Preceptor to give students constructive criticism and praise regarding skill performance.

Clinical skills and knowledge

1. The Preceptor should demonstrate appropriate contemporary expertise and clinical competence in the field of athletic training through sound evidence based practice and clinical decision-making.
2. It is important for the Preceptor to explain the basis for actions and clinical decisions. It allows the ATS to being to shape their ability in the decision-making process.

Appendix G - Covid-19 Education Plan

Program/Department COVID-19 Student Education Plan

It is expected that all students planning to return to clinical education complete training as part of the student return to clinical experiences. While this training is intended for students returning to clinical education and/or enrollment and participation in practicum/internship experiences, particularly at clinical facilities, you may also want to create an educational plan for all of your students using the provided resources. This can be integrated into your courses, where appropriate, and captured within the syllabus or teaching continuity plan.

Programs anticipating student return to clinical experiences, practicums and/or internships in the next 1-2 weeks, should complete and return this educational plan to the Dean's office asap. Programs planning future student return to clinical experiences should complete and return to the Dean's office asap, but no later than two weeks prior to student placement or the start of the experience.

Name of Program: Master of Athletic Training Program - Erie
Plan developed and approved by:
Name(s): R. Mokris, K. Williams
Date: 6/9/2020

1. List the specific training modules students are required to complete. This list can include recommended resources provided by the Clinical Education Task Force and/or resources specific to your discipline.
    a. Standard Precautions: Hand Hygiene, World Health Organization (WHO): course covering proper hand hygiene protocols. The duration is approximately one hour and participants will receive a certificate following successful completion (post-test must be passed) https://openwho.org/courses/IPC-HH-en

    b. Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19), WHO: This course provides a review of infection prevention and control measures to respond to an outbreak, limit transmission, and identify and isolate suspected and confirmed COVID-19 cases. Course takes approximately one hour and is comprised of three modules (Preparedness, readiness and IPC; The Novel Coronavirus (COVID-19): its epidemiology, risk factors, definitions, and symptomology; and Standard precautions, transmission-based precautions and COVID-19 specific recommendations. A confirmation of participation is available following completion of all of the modules. https://openwho.org/courses/COVID-19-IPC-EN

    c. COVID-19: How to Put On and Remove Personal Protective Equipment (PPE): course contains two modules. The first shows the process for donning and doffing PPE according to droplet/contact precautions. The second shows the process for donning and doffing PPE according to airborne/contact precautions for aerosol generating procedures. Videos included for both. Course takes approximately 15

minutes for completion (no certificate currently available). https://openwho.org/courses/IPC-PPE-EN

2. List the method(s) of assessing student knowledge of COVID-19 (i.e. quiz, use of modules requiring successful completion of quiz to earn certificate of completion, etc.).
   a. Students will need to provide the MAT program with the certificate of completion from the Standard Precautions course, the Infection Prevention & Control course & a screen shot showing completion of the PPE course
   b. Students are required to take the COVID-19 Quiz and obtain an 85% or higher on the quiz in order for it to be accepted.

3. List the method(s) of confirming student completion of required training modules (i.e. upload certificates of completion to Bb dropbox, completion of quiz or other assessment, track student access of web resources through Bb, etc.).

   Students will be sending all materials to the MAT program Secretary who will then enter it into a spreadsheet entitled MAT "required documentation". This data base will ensure all students have all required documentation.

4. Identify course(s) where training will be implemented. If not embedded into a course, how will you inform the student of the requirements and ensure student completion?

   Students were informed that this information was required during the MAT orientation. The information is placed in the Blackboard Athletic Training Student Organization. The information is also going to be placed as an addendum into the MAT Clinical Education portion in the Student Handbook. Further, the information will be told to students again during the Clinical Education orientation and training that will be held prior to their first clinical experiences (for Cohort VII).

   Cohort VI is informed of this information during their summer clinical education course GMAT 612. This information is required to be completed prior to beginning their on-site clinical education this summer.

5. Provide a timeline for implementation of COVID-19 education.
   a. Students are currently completing the above program requirements. 2nd year students need to complete it asap to begin their on-site clinical education and 1st year students need to complete the courses no later than June 30th.

Appendix H - Return to Clinical Experiences

Gannon University
Student Acknowledgement for Return to Clinical Experiences/Practicum Experiences

The health and well-being of students is a priority. You should begin or resume a clinical experience/practicum experience during the COVID-19 pandemic only if you are comfortable doing so. Additionally, you should engage in direct patient care only if you are permitted by the clinical site/practicum site and are comfortable doing so. We strongly encourage you to speak with the clinical site/practicum site about any concerns that you have about your health and well-being prior to beginning, and throughout, the clinical experience/practicum experience.

It is important that you understand the risks associated with resuming or beginning a clinical experience/practicum experience during the COVID-19 pandemic. In addition to risks that you may normally encounter when present within a clinical facility, such as risk of an injury or contracting a disease or illness, resuming or beginning a clinical experience/practicum experience at this time may increase the risk that you may come into contact with or contract COVID-19. Individuals who contract COVID-19 may experience a wide range of symptoms, from mild symptoms to severe illness or death. Additionally, an asymptomatic person may inadvertently spread COVID-19 to others.

If you have a health condition that puts you at high risk for serious illness from COVID-19 or have unique circumstances, you should consult with your personal health care provider prior to beginning or resuming your clinical experiences/practicum experiences. An example of a unique circumstance is a person who is a caregiver for an immunosuppressed family member. You should also refer to CDC's guidelines for at-risk populations for further information. If necessary, you may request a medical leave of absence until you can safely return to direct patient care activities. A leave of absence may result in a delay in program completion/graduation.

If you are concerned about returning to your clinical experience/practicum experience for any reason, you may choose to take a personal leave of absence until such time as you are comfortable returning to your clinical experience/practicum experience. A leave of absence may result in a delay in program completion/graduation.

If you choose to resume or begin a clinical experience/practicum experience during the COVID-19 pandemic, it is important to understand the requirements and your responsibilities throughout the clinical experience/practicum experience. By signing below, you are acknowledging your understanding of the following requirements for the return to your clinical experience/practicum experience:

- I have completed the required education and training modules as outlined by my program.
- I will abide by all University, program, and clinical site/practicum site policies and procedures as well as all requirements of the University, program, clinical site/practicum site, as well as local, state, and federal governments and agencies. I acknowledge that these policies, procedures, and requirements may change from time to time in response to the COVID-19 pandemic.

- I will immediately contact Gannon University's Health & Wellness Center if I experience signs and symptoms of COVID-19 or experience a high-risk exposure event and will follow all provided guidelines.
- I will follow appropriate personal protective equipment (PPE) requirements and will report any concerns related to PPE availability and use to the director of clinical education/clinical coordinator/academic fieldwork coordinator.
- I will limit travel before and during clinical experiences/practicum experiences and will follow any self-quarantine requirements prior to the start of a clinical experience/practicum experience and any travel restrictions during a clinical experience/practicum experience.
- I will follow CDC and site recommendations and regulations related to COVID-19 illness precautions and prevention (attached).

If you have questions or concerns relating to your health and well-being, please contact your personal health care provider prior to beginning or returning to your clinical experience/practicum experience. If you have questions relating to University or program policies and procedures, please contact the Chair/Program Director and/or Director of Clinical Education/Clinical Coordinator/Academic Fieldwork Coordinator. For questions related to policies and procedures or requirements of the clinical site/practicum site, or the local area in which the clinical site/practicum site is located, please contact your clinical site/practicum site.

I acknowledge with my signature below that I have reviewed and understand all of the information and I will conform to all stated requirements, policies, procedures and guidelines. Failure to comply may result in the suspension of clinical experiences/practicum experiences, a delay in program completion/graduation, placement on a behavioral contract, program probation, or dismissal from the program. I understand that requirements, policies and procedures are subject to change and I will complete all subsequent requirements as indicated. I also understand my option to take a leave of absence if I choose based upon risk for serious illness or concern about return to clinical experiences/practicum experiences.

_____ _____

Printed Name Signature Date

Appendix I - Covid-19

COVID-19 Illness Precautions and Prevention Recommendations

The Centers for Disease Control and Prevention (CDC) has outlined prevention strategies https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html, as well as symptoms to watch out for https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html related to COVID-19. Students should be familiar with this information.

Some examples include:

- Wash your hands frequently for 20 seconds or more under warm water with soap.
- Use alcohol-based sanitizer that contains 60%-95% alcohol if unable to wash hands.
- Avoid touching your eyes, face, and mouth with unwashed hands.
- Wear a cloth face cover.
- If you cough, sneeze, or have a runny nose, always cover your mouth and nose with a tissue.
- Throw used tissues into a trash can immediately and wash your hands thoroughly before touching anything or anyone.
- Do not share food, drink, utensils or dishes with others, and wash dishes, cups and silverware after use to prevent someone else from using contaminated items.
- If you become ill with a fever, cough or other symptoms (see the CDC website for more information about symptoms https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html), please stay home from clinical rotation/practicum sites until your healthcare provider recommends that you can return. Please notify your faculty contact at Gannon, as well as your clinical site/practicum site of any absence due to illness. Please contact Gannon University's Health & Wellness Center immediately and follow all provided guidelines. If illness should result in multiple days off site, the program will work with you to come up with a solution.