



College of Pharmacy
& Health Sciences

EXPERIENTIAL EDUCATION

Master of Athletic Training Program

COLLEGE OF PHARMACY AND HEALTH SCIENCES

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I. GENERAL DESCRIPTION

Drake University is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The experiential education program for the Master of Athletic Training program at the Drake University College of Pharmacy and Health Sciences consists of a series of five semesters of clinical experiences over the 5-semester program. Policies regarding this program are created to comply with the Commission on Accreditation of Athletic Training Education (CAATE) standards for athletic training programs. Complete curriculum for the [Master of Athletic Training Program](#) can be found on the Drake University College of Pharmacy and Health Sciences web site.

II. CLINICAL EDUCATION REQUIREMENTS

Table 1 provides an overview of the clinical education requirements for the Master of Athletic Training program. Students will complete five (5) sequential semesters of clinical education to successfully complete the Master of Athletic Training clinical education program. The first three semesters of Level 1 experience focus on developing foundational skills in the didactic and clinical settings. The remaining two semesters of Level 2 experiences focus largely on mastering clinical skills.

Table 1: Summary of Master of Athletic Training Program Clinical Education Requirements

Year 1 Clinical Experiences

Level IA Clinical Experience	Level IB Clinical Experience	Level IC Clinical Experience
Fall Semester	Spring Semester	Summer Semester
Practice Settings:	Practice Settings:	Practice Settings:
Traditional Physician Practice Surgical Observations	Traditional Non-Traditional Community Engagement	General Medical Care Community Engagement
Locations: College/University, HS, Off-Campus Clinics	Locations: College/University, HS, Off-Campus Sites	Locations: Off-Campus Clinics and Hospitals
Hours: 10 Hours Average Per Week Minimum: 100 Hours Maximum: 150 Hours	Hours: 12.5 Hours Average Per Week Minimum: 150 Hours Maximum: 200 Hours	Hours: 35 Hours Average Per Week Minimum: 60 Hours Maximum: 80 Hours

Year 2 Clinical Experiences

<p>Level IIA Clinical Experience August-January (varies) AT Immersion</p> <p>Practice Setting: Traditional, Preferred Non-Traditional, Optional</p> <p>Locations: Various</p> <p>Hours: Minimum: 480 Hours Maximum: 600 Hours</p>

<p>Level IIB Clinical Experience Spring Semester AT Concentrations</p> <p>Practice Setting: Individualized Placements</p> <p>Locations: Various</p> <p>Hours: Minimum: 200 Hours Maximum: 260 Hours</p>

Required Clinical Experiences

Level 1 Clinical Experiences

There are three (3) Level 1 Clinical Experiences: 1A, 1B, and 1C. Level 1 experiences are completed sequentially in the first three semesters and are designed to provide clinical application to the knowledge and skills developed in the didactic environment. Table 1 outlines parameters for Level 1 clinical experiences. Each Level 1 clinical experience requires a unique range of hours. Students should complete the number of hours indicated by the minimum and maximum number of required hours determined for each experience. In unique situations, a student may wish to exceed the stated maximum hours. The student must discuss the situation in advance and receive permission from the Coordinator of Clinical Education prior to exceeding the maximum stated hours. Learning objectives for these experiences are listed below along with mapping to applicable program outcomes and CAATE standards.

Level 1A: Traditional and Physician Practice Settings

Students will complete two clinical experiences in the following areas: 1) traditional athletic training setting and 2) physician practice setting. As an additional supplemental clinical experience, pending availability, students will be scheduled to additional supplemental experience(s) (e.g., surgical observations).

Each student must complete a minimum total of 100 hours, not exceeding a maximum of 150 hours, across the two experiences. Students should aim to complete an average of 10 hours per week during their rotations; however, they must not exceed a maximum of 20 hours per week.

Students must have at least two days per week where they do not participate in clinical education. The two experiences may be completed in any order designated by the Coordinator

of Clinical Education. Learning objectives for these experiences are listed below along with mapping to applicable program outcomes and CAATE standards.

1. Demonstrate ability to select and apply common taping, protective padding, splinting techniques, and assistive devices. (Standard 78 & 86; Program Outcome C1)
2. Define and demonstrate the principles of interprofessional practice, professionalism, and ethics to the profession of athletic training. (Standards 61, 65-66; Program Outcome A2)
3. Identify and demonstrate how resources and documentation are utilized and managed in the clinical setting. (Standards 81,88-89; Program Outcome A2)
4. Perform injury evaluation and management skills in the clinical setting. (Standards 62, 69, 71-72; Program Outcome C1)
5. Identify and utilize common policies used in the clinical setting to drive practice. (Standard 91-92; Program Outcome A2)

Level 1B: Traditional and Non-Traditional Settings

Students will complete two clinical experiences in the following areas: 1) traditional setting and 2) non-traditional setting. Each student must complete a minimum total of 150 hours, not exceeding a maximum of 200 hours, across the two experiences. Students should aim to complete an average of 12.5 hours per week during their rotations; however, they must not exceed a maximum of 20 hours per week. Students must have at least one day per week when they do not participate in clinical education.

The two experiences may be completed in any order designated by the Coordinator of Clinical Education. Students will also gain community engagement hours at the state basketball tournament one week during the semester, during which the community engagement hours will be prioritized over traditional and non-traditional clinical experiences. Learning objectives for these experiences are listed below along with mapping to applicable program outcomes and CAATE standards.

1. Demonstrate ability to select and apply common taping, protective padding, or splinting techniques. (Standard 78; Program Outcome A2)
2. Define and demonstrate the principles of effective communication, evidence-based medicine, professionalism, and ethics to the profession of athletic training. (Standards 59, 62, & 65-66; Program Outcome A2)
3. Identify and demonstrate how resources and documentation are utilized and managed in the clinical setting. (Standards 88-89; Program Outcome A2)
4. Assist in the entire continuum of care for a patient in a traditional and non-traditional athletic training setting. (Standards 69-73, 76; Program Outcome C1, C2)
5. Assist in the assessment and provision of appropriate interventions for patients in the prevention of injury and enhancement of sport performance. (Standards 79-80, 82, & 85-86; Program Outcome C1, C2, D3)
6. Identify and utilize common policies (including EAPs) used in the clinical setting to drive practice. (Standard 91-92; Program Outcome A2)

7. Identify and assist with the continuum of care for athletes at risk for and suffering from mild traumatic brain injury. (Standard 93; Program Outcome A2)

Level 1C: General Medical Care

Students will complete one clinical experience focused on general medical care in hospitals and/or clinics. Each student must complete a minimum total of 60 hours, not exceeding a maximum of 80 hours, during the rotation. Students should aim to complete an average of 30 hours per week during their rotation; however, they must not exceed a maximum of 40 hours per week. Learning objectives for this experience are listed below along with mapping to applicable program outcomes and CAATE standards.

1. Define and demonstrate the principles of effective communication, interprofessional practice, evidence-based medicine, professionalism, and ethical practice in the profession of athletic training. (Standards 59, 61-62, & 65; Program Outcome A2)
2. Identify and demonstrate how policies and documentation are utilized and managed in the clinical setting. (Standards 89 & 91; Program Outcome A2)
3. Assist in the entire continuum of care for a variety of patients in a clinical setting. (Standards 69- 72, 74, 77, & 79; Program Outcome C1)
4. Understand how the principles of quality assurance and health informatics help drive patient care decisions. (Standards 63-64; Program Outcome C2)

Level 2 Clinical Experiences

There are two Level 2 Clinical Experiences: 2A and 2B. Level 2 experiences are immersive and intended to provide opportunity for the mastery of clinical skills as well as the opportunity to differentiate each student's skill set. Students will have the opportunity to apply and integrate their previous didactic and experiential instruction through hands-on experiences under the supervision of their preceptors. Table 1 outlines parameters for Level 2 clinical experiences. Each Level 2 clinical experience requires a unique range of hours. Students should complete the number of hours indicated by the minimum and maximum number of required hours determined for each experience. Each Level 2 clinical experience is outlined below. Learning objectives for each experience are listed below along with mapping to applicable program outcomes and CAATE standards.

Level 2A: Athletic Training Immersion

Students will complete an immersive clinical experience in athletic training settings based on the career goals and interests of the student. Students must complete a minimum total of 480 hours, not exceeding a maximum of 600 hours, during the rotation. The length of the rotation may vary and is determined by the preceptor, Coordinator of Clinical Education, and student. Students should aim to complete an average of 30-40 hours per week, depending on the length of the rotation, during their immersive experience. Exceptions to the weekly average may occur in circumstances where the rotation length is extended to provide a valuable learning experience.

Students must not surpass a limit of 60 hours per week outside the start and end of the semester, and a maximum of 55 hours per week during the semester. Students must also have at least one day per week when they do not participate in clinical education.

Variations from the typical schedule must be approved by the Coordinator of Clinical Education. Learning objectives for this experience are listed below along with mapping to applicable program outcomes and CAATE standards.

1. Demonstrate ability to select and apply common taping, protective padding, or splinting techniques. (Standard 78; Program Outcome A2)
2. Define and demonstrate the principles of effective communication, evidence-based medicine, professionalism, and ethics to the profession of athletic training. (Standards 59, 62, & 65-66; Program Outcome C4)
3. Identify and demonstrate how resources and documentation are utilized and managed in the clinical setting. (Standards 88-89; Program Outcome A2)
4. Provide care using common and advanced techniques to an active population along the entire continuum of care in an athletic training setting. (Standards 63-64, 69-78, 82-87; Program Outcome C1, C2, C3)
5. Provide personalized care to patients in order to improve outcomes. (Standards 56 & 58; Program Outcome A2)
6. Identify and utilize common policies (including EAPs) used in the clinical setting to drive practice. (Standard 90-94; Program Outcome A2)
7. Demonstrate the ability to complete administrative tasks associated with healthcare and athletic training. (Standard 94)

Level 2B: Athletic Training Concentrations

Students will complete an immersive clinical experience to develop unique knowledge and skills in a specific population or work setting. Each student must complete a minimum total of 200 hours, not exceeding a maximum of 260 hours. Students should aim to complete an average of 20 hours per week during their rotations; however, they must not exceed a maximum of 30 hours per week.

The length of the rotation may vary and is determined by the preceptor, Coordinator of Clinical Education, and student. Student-specific parameters regarding the number of weeks; minimum and maximum hours; total required hours; and other pertinent factors may also be adjusted by the Coordinator of Clinical Education to fit the clinical experience. Learning objectives for this experience are listed below along with mapping to applicable program outcomes and CAATE standards.

1. Demonstrate ability to select and apply common taping, protective padding, or splinting techniques. (Standard 78; Program Outcome A2)

2. Demonstrate ability to properly complete administrative tasks associated with healthcare and athletic training. (Standards 60, 63-64, 87-90, 94; Program Outcome A2)
3. Define and demonstrate the principles of effective communication, evidence-based medicine, professionalism, and ethics to the profession of athletic training. (Standards 59, 62, & 65-66; Program Outcome C2 & C4)
4. Identify and demonstrate how resources and documentation are utilized and managed in the clinical setting. (Standards 88-89; Program Outcome A2)
5. Demonstrate ability to properly diagnose, refer, test, treat, and care for common injuries and illnesses seen by athletic trainers in a variety of settings using appropriate resources. (Standards 58, 62, 64, 69-79, 82-84; Program Outcome C1, C2, & C3)
6. Assist in the assessment and provision of appropriate interventions for patients in the prevention of injury and enhancement of sport performance. (Standards 80, 82, & 85-86; Program Outcome C2)
7. Identify and utilize common policies (including EAPs) used in the clinical setting to drive practice. (Standard 91-92; Program Outcome A2)
Identify and assist with the continuum of care for athletes at risk for and suffering from mild traumatic brain injury. (Standard 93; Program Outcome A2)

Maximum Hours Increase Policy

In special circumstances, a student may wish to request an increase to the maximum number of allowable hours during their clinical experience. In this event, the student should email the Coordinator of Clinical Education, preceptor, and Program Director a formal request to gain additional hours. In this request, the student should include their reasoning for requesting the increase, including a synopsis of the available learning opportunities.

After the receipt of this request, the Coordinator of Clinical Education, and Program Director will review the student's academic progress in their current coursework. If the student is demonstrating satisfactory academic progress in their courses (course grade \geq 80% or instructor support), their rationale for requesting the increase is sound, and the preceptor is in support of this increase then it may be approved.

Upon approval, the student will have their maximum number of allowable hours increased by 2x the weekly average as seen below:

Rotation	Increase Above Maximum
1A: Traditional and Physician Practice Settings	20 Hours
1B: Traditional and Non-Traditional Settings	25 Hours
1C: General Medical Care	Hours Increase Not Available
2A: Athletic Training Immersion	80 Hours
2B: Athletic Training Concentrations	40 Hours

If the student's request has been approved and they have reached the newly increased maximum number of allowed hours, they must initiate the process again by submitting another formal request if they wish to further increase the maximum limit.

Required Patient Populations

Accreditation standards require students gain exposure and experience providing care to various patient populations during the clinical education program. Specific populations include patients:

- Throughout the lifespan
 - Pediatric (<18 y/o)
 - Adult (18-65)
 - Elderly (65+)
- Of different sexes
- Of different socioeconomic status
- With varying levels of activity and athletic ability
- Who participate in non-sport activities

Students will document their exposure to these populations by completing the Patient Exposure Log in CORE, the learning management system for the experiential education program. To ensure accurate documentation of exposures, a Patient Exposure Log should be completed on a weekly basis during each experience. Students are expected to seek opportunities to obtain these experiences in their Level 1 and Level 2 clinical experiences.

Anticipated Experiential Education Costs

Students should anticipate additional costs related to experiential education. Site information in CORE may provide standard information related to these costs. Note this information is subject to change without notice. These costs include:

- Travel costs – Students are responsible for costs associated with travel related to their clinical experiences. Travel costs may vary from site to site and are dependent on your personal location.
- Professional apparel – Students are required to dress professionally when completing clinical experiences. Required apparel may vary from site to site.
- Site onboarding – Students are responsible for all costs related to immunizations and other site onboarding requirements, including any site-specific requirements. This includes any required trainings, background checks, or drug screenings.

Clinical Experience Placements

Although student preference is a major contributor to clinical experience placements, final placements are at the discretion of the program. Additionally, potential considerations influencing placements may include, but are not limited to, a student's academic performance in didactic and experiential courses; student's previous professional experience; site and preceptor preferences; and site characteristics.

Level 1 experiences are assigned to students by the Coordinator of Clinical Education as these experiences are foundational in nature. Level 2 experiences will also be assigned by the Coordinator of Clinical Education. Students should schedule a meeting with the Coordinator of Clinical Education in the fall of their A1 year to express any preferences for site location, preceptor, or practice setting for their Level 2 experiences. The Coordinator of Clinical Education will then determine appropriate sites based upon program policies as well as student professional goals. All placements are at the discretion of the Coordinator of Clinical Education. A student's academic standing, completed coursework, career goals, and site preferences may be considered in this process. Consideration when selecting preferences should include, but is not limited to, the following:

- Students should anticipate additional financial obligations due to clinical experiences. Students are responsible for obtaining transportation to sites. Site onboarding requirements may also add financial obligations.
- In general, students are not allowed to complete experiences at sites where they have been employed or where there is or has been a personal or professional relationship between the student and the preceptor or other site personnel. However, an exception may be possible if there is no overlap with the experience expectations and the student's employment duties and supervisor. Please contact the Coordinator of Clinical Education for consideration of all personal situations.
- Students are required to disclose if they have been employed at an assigned site or may have a personal or professional relationship with any site personnel at an assigned site. Lack of such disclosure will be viewed as a CPHS Honor Code violation and may result in a failing grade for the respective course. The Experiential Education Office will review and make recommendations on an individual basis.
- Students are also required to disclose any potential conflict of interest that may exist between themselves and potential preceptors and/or patients at their assigned clinical site. Family members, personal friends, and the student's athletic trainer (in the event the student is an active Drake student athlete) may not act as preceptors. Family members or personal friends of an assigned student should not directly or indirectly supervise the assigned student's preceptor. Lack of such disclosure will be viewed as a CPHS Honor Code violation and may result in a failing grade for the respective course. The Experiential Education Office will review and make recommendations on an individual basis.
- Students should consider additional financial obligations for travel, housing, site onboarding, and other expenses during clinical experiences. Students are responsible for all costs associated with clinical experiences.
- Completing a Level 1 experience at a site does not prohibit a student from completing a Level 2 experience at that site, at the discretion of the Coordinator of Clinical Education

Students will have one week following the release of clinical experiences assignments to submit a request to the Coordinator of Clinical Education to change an assigned clinical experience. The student must submit the reasons supporting a change in placement. The Coordinator of Clinical Education will determine whether to schedule a follow up meeting, deny the request, or change the placement. Failure to alert the Coordinator of Clinical Education within the defined timeframe implies acceptance of a clinical experience assignment and indicates student acknowledgement and acceptance of any costs associated with their assignment. Changes after this time period are not accepted. Lack of interest in a

site, change in career choice, and the desire to avoid a commute are not valid reasons to request a change in a clinical experience after the opportunity to submit a change request has lapsed. In unforeseen circumstances, a site may become unavailable and necessitate a change in the student's schedule. Student preference will be considered when such changes are necessary. Decisions will be based upon availability of sites, student performance, and type of clinical experience requested.

Clinical Experience Attendance

Site attendance policies include, but are not limited to, the following:

- Students are required to adhere to the schedule established by the experiential site.
- All absences, planned or unplanned, must be communicated via email with your preceptor. The Coordinator of Clinical Education should be copied on all such emails.
- If for any reason a student has a last-minute emergency or change in their schedule, the preceptor must be contacted as soon as possible. In the event that the preceptor cannot be reached directly, it is important to leave a message on the preceptor's voice mail and contact the Coordinator of Clinical Education if this occurs.
- More than one unexcused absence in a single clinical experience will result in immediate removal from the site and a failing grade of "NC" for that clinical experience. Note that a single clinical experience may involve more than one site. During all clinical experiences, unexcused absences need to be made up at the earliest possible time.
- Unexcused absences include, but are not limited to, the following:
 - Failure to contact the preceptor in advance of an absence
 - Failure to make arrangements with your preceptor or comply with arrangements for an excused absence
 - Requesting last-minute schedule revisions for reasons other than personal illness or family emergency
 - Leaving an experiential site early without permission
- During all clinical experiences, students need to make up hours missed in order to meet minimum hour requirements.
- Excused absences are identified as:
 - Professional Meeting Attendance - Students should contact the preceptor to request permission to attend a professional meeting.
 - University-Sanctioned Holidays - A list of all University-sanctioned holidays and events is available from the Coordinator of Clinical Education. Students are not allowed to attend site on these days. If a student would miss a unique educational opportunity if absent on a University-Sanctioned holiday, the student should consult the Coordinator of Clinical Education for guidance.
 - College-Sanctioned Events - If students attend listed College-sanctioned events such as Health Professions Day, the absences are excused. If students do not attend, they should report to the site as usual. Misrepresentation of attendance at a College-sanctioned event is considered an unexcused absence and a violation of the academic integrity policy.
 - Interviews – Students should clearly communicate with their preceptor regarding absences for post-professional education or employment interviews.

- Personal illness or family emergencies - These excused absences must be clearly communicated to the primary preceptor by the student.
- In the event of inclement weather conditions, the student should contact their preceptor to determine the need for reporting to the site.

Additional Student Responsibilities

Additional student responsibilities include, but are not limited to, the following:

- Understand and self-monitor progress toward meeting competencies to assure requirements are adequately addressed at the current site when available.
- Follow all requirements in the respective course syllabus.
- Submit the University Risk Management Form in CORE prior to the first day of each experience. Inform the Coordinator of Clinical Education if you have plans to travel overnight as part of your experience for more than three consecutive nights as more documentation may be needed.
- Submit the Clinical Rotation Orientation Worksheet in CORE for each clinical site.
- Submit a Patient Exposure Log in CORE for each week spent at a clinical site.
- Submit a DOGS Assessment for each semester of clinical education.
- Submit Level 2 midpoint self-assessments in CORE as assigned.
- Submit a final self-assessment in CORE at the end of each experience and discuss it with your preceptor.
- Submit a final preceptor assessment in CORE at the end of each experience.
- Submit a final site assessment in CORE at the end of each experience.
- Do not enter any personal preceptor, site, patient, or student information in CORE.
- Failure to submit assignments in a timely manner may result in removal from the current clinical experience until assignments have been completed.

III. REQUIREMENTS PRIOR TO CLINICAL EXPERIENCES

Prior to the start of any clinical experience, all onboarding requirements must be completed, or the student will not be allowed to complete the clinical experience. CORE is the electronic documentation system utilized by the Experiential Education Office. Students are responsible for maintaining updated electronic copies of documents in CORE that demonstrate compliance with the following requirements. Students should maintain original documents and share documents with sites if requested.

Bloodborne Pathogen and Universal Precautions Training

Each fall, students will complete the designated online training program on prevention of exposure to bloodborne pathogens, including universal precautions. Students are required to pass an assessment of the training materials. Students are required to upload evidence of completion of the program in CORE.

HIPAA Training

Each fall, students will complete the designated online training program on the Health Insurance Portability and Accountability Act (HIPAA). Students are required to pass an assessment of the training materials. Students are required to upload evidence of completion of the program in CORE.

PPE Training

Upon entry to the program, students will complete the designated online training program on personal protective equipment (PPE) use and preventing infection transmission. Students are required to upload evidence of completion of the program in CORE.

FERPA Training

Upon entry to the program, students will complete the designated online training program on the Family Educational Rights and Privacy Act (FERPA). Students are required to upload evidence of completion of the program in CORE.

Health Insurance Coverage

Drake University College of Pharmacy and Health Sciences students must obtain personal health insurance. Some sites may request a copy of the student's health insurance card at the beginning of the experience.

Criminal Background Checks

Background checks are completed on each student prior to entrance into the program. Students may be required to repeat the background check if the program is extended beyond 24 months. The background checks are completed based on student's last seven (7) years of residence history and will include, at a minimum, felony and misdemeanor criminal history search for the state of Iowa and all counties outside Iowa identified by the address history, national criminal file search, sexual offender registry search, licensure sanctions or other administrative and disciplinary actions search, and a search of lists maintained by governmental agencies such as the Office of Inspector General. Results of the backgrounds checks will be kept electronically on the College server in a password protected file. Access to the information is limited to one student affairs staff person, one experiential education staff person, the Assistant Dean for Student Affairs and Enrollment Management, the Assistant Dean for Clinical Affairs, and others on a need-to-know basis. The College will notify students of findings as required by the Fair Credit and Reporting Act. Students may be assessed a fee to cover the cost of the background check.

Some states require supplemental background checks, which are the financial responsibility of the student. Sites may request copies of the background checks obtained by the College and/or may complete additional background checks, which are the financial responsibility of the student. Students should download a copy of their background check report and maintain a personal copy to share with sites if needed.

Information obtained in background checks may prohibit students from completing clinical experiences, thus delaying or preventing graduation. If there are findings in the background check, site contractual requirements may inhibit the student's participation in experiential activities at the site. Further evaluation will be completed to determine if a student is able to continue in the experiential program. If it is determined the student may continue in the program, experiential sites may be notified of findings so they may decide whether the student will be allowed to complete an experience at the site.

Drug Screening

Drake University College of Pharmacy and Health Sciences is contractually obligated to obtain drug screenings for students upon admission to the program. Students may be required to repeat the drug screen if the program is extended beyond 24 months. The College will determine the vendor and location of the drug screen. Drug screens completed for employment or independently by the student will not be accepted. Students may be assessed a fee to cover the cost of the drug screen. The drug screen will include a 10-panel drug screen with point of custody through an outside vendor. The Assistant Dean for Student Affairs and Enrollment Management, the Assistant Dean for Clinical Affairs, one staff member in the Student Affairs Office, one staff member in the Experiential Education Office, and others on a need-to-know basis will have access to the results of the drug test. Initial positive screens will undergo medical review by the vendor. Any confirmed positive findings will be handled under the Chemical Dependency Policy of the College. Results that show prescribed medication use that is consistent with a clinical diagnosis will not be reported to sites but results that indicate potential misuse will be reported. Experiential sites may request and complete additional drug screens; such screens may not employ the same clinical screening process as employed by CPHS and therefore may prevent site placement. Information obtained in drug screens may prohibit students from completing clinical experiences, thus delaying or preventing the student's ability to meet the requirements for graduation.

ECC Training

ECC Training Students must become certified in Emergency Cardiac Care. Options for this certification include Basic Cardiac Life Support (BLS) Protocol for Health Care Providers or Professional Rescuer trainings. The training program selected must include a component where hands-on skills are demonstrated and tested in-person. Students considering an alternative program should consult the Coordinator of Clinical Education to determine if the training is acceptable. Current certification must be maintained throughout the experiential education program. A signed copy of the student's certification card must be submitted to the Experiential Education Office via the CORE system. Experiential education sites may have additional CPR training requirements.

Medical Certification/Physical Examination

Students must complete a physical examination and provide the required health certification prior to entry to the program. Health certification includes 1) confirmation that a physical was performed by a licensed healthcare provider; 2) documentation of any limitations regarding the technical requirements of the MAT program; and 3) lack of communicable disease. Additional certifications may be required to return to the program following medical leave. Students are responsible for all fees associated with this requirement. The required Medical Certification Form is available in the CORE Document Library. Completed Certification forms must be uploaded to the CORE system.

If the physical examination for an incoming A1 student was completed within four months of A1 orientation, another physical examination is not required. To accommodate health insurance limitations on timing of physical examinations, if an incoming A1 student had a physical examination between 4-12 months prior to P1 orientation, appropriate certification documentation from that physical examination may be obtained from your provider. However, another physical examination and certification

documentation must be completed within one year of the previous physical examination or by the first day of the spring semester, whichever is first. A physical examination that does not impact health insurance billing may be obtained at the Student Health Center during the fall semester at minimal cost.

Immunization Requirements

Students are required to provide documentation to the Experiential Education Office via CORE of current immunization status. Students shall maintain these records and share with sites upon request. A copy of current immunization records must be on file in the Experiential Education Office via CORE in order to participate in clinical experiences. Sites may have additional requirements, such as titers or additional TB tests. Students bear any costs and the responsibility for completing all immunization or healthcare requirements.

Following are the minimum immunization requirements. Individual sites may have additional requirements. Acceptable documentation is a licensed healthcare provider record, immunization card or laboratory copies of titers.

- Measles/Mumps/Rubella
 - Measles - Two immunization dates or positive lab titer required
 - Mumps - Two immunization dates or positive lab titer required
 - Rubella - Two immunization dates or positive lab titer required
- Tetanus/Diphtheria/acellular Pertussis (Tdap) – Tdap immunization is required every 10 years.
- Tuberculosis (TB) testing - Incoming students should receive a TB blood test no earlier than 4 months prior the first day of class in the fall semester of the student's A1 year, then annual tests repeated within one year of previous test. Students with a history of a positive TB skin test, a positive TB blood test, or receipt of the BCG vaccine should contact the Experiential Education Office to determine their TB testing requirements. In these situations, annual requirements may include recent documentation of a negative chest x-ray, negative TB symptoms, and/or lack of TB disease that would preclude participation in roles providing direct patient care to at-risk patient populations. Some sites require additional TB testing.
- Hepatitis B – Three immunization dates or positive lab titer required
- Varicella - Two immunization dates or positive lab titer required
- Influenza immunization – Required annually. The Experiential Education Office will provide a due date for this immunization each year, typically around October 1
- COVID-19 immunization - Receipt of this immunization is highly encouraged but receipt and proof are not required by the program. However, many sites, particularly hospital, clinics, or institutional sites, do require COVID-19 immunization. Therefore, documentation in the CORE system of COVID-19 immunization status is requested to facilitate processing of student placements. Students may enter their immunization information, exemption, or decline.

Students who wish to seek religious or medical exemption from immunization requirements should contact the Experiential Education Office for guidance. Such exemptions may be provided by some experiential education sites, but Drake CPHS has no influence on the willingness of sites to consider exemption requests. Lack of any site-required immunization may delay or hinder program progression.

Liability Insurance

Student liability insurance is provided by Drake University for all students enrolled in experiential education courses or programs. Any actions on the part of the student that may place the student or the University at risk for litigation must be immediately reported to the Assistant Dean for Clinical Affairs. Delay in the reporting of such events may void the coverage provided for the student. Information regarding University liability insurance coverage is available from Drake University's Insurance and Risk Management Services Office. If an experiential site requests a copy of a student's liability insurance, the student should consult with the Experiential Education Office. Students should not supply any other information regarding insurance coverage information to any experiential education site as that coverage is not intended curricular experiential education. The University's insurance covers all curricular and co-curricular activities. If a student is performing AT services that are not curricular or co-curricular, an additional professional liability insurance policy is suggested for those purposes. However, documentation of any personal professional liability insurance policy should not be provided to experiential sites.

Mandatory Reporter Training

Students will complete Child Abuse Mandatory Reporter trainings for the State of Iowa as provided by the Iowa Department of Human Services. Information is found at <https://hhs.iowa.gov/child-welfare/mandatoryreporter>. Once successfully completed, students will print the completion certification and upload it into CORE. Trainings must be completed and documented prior to beginning clinical experiences. Costs associated with any mandatory reporter trainings are the responsibility of the student.

Site-Specific Requirements

In addition to the listed requirements, individual sites may have additional requirements. If known, these requirements are listed in CORE along with the cost of the requirement if known. Such requirements are subject to change without notice. Students are responsible for completing these requirements prior to any due dates. Students are responsible for any additional costs associated with these requirements.

IV. PROGRAM POLICIES FOR STUDENTS

Communication of Program Information

Keeping informed of college and program information during the experiential education program is a shared responsibility between the College and the student. Students must comply with the College's Expectations with Respect to Electronic Communication. Students are responsible for keeping current with published information distributed either in print, web, or electronically, including program policies and experiential syllabi. The College will communicate additional information to the student using available technology. It is a requirement of the experiential education program that all students have e-mail and Internet access. The CORE Document Library is the primary source for experiential education information. Students will be expected to access information electronically by Drake e-mail, Drake's College of Pharmacy and Health Sciences web page, and CPHS experiential education web page. Hard copy information will not be mailed to individual students. It is the student's responsibility to update

their profile within CORE so that it contains a current address, permanent address, mobile telephone number and Drake e-mail address. Preferred name changes entered in the Drake University system do not transfer to CORE. Students may update their preferred name directly in the CORE system or by contacting the Experiential Education Office.

Confidentiality

Students will have access to personal information about patients, staff, and business operations of the experiential education site. This information must remain at the site and be held in strictest confidence. Confidential information, including clinical matters, should not be communicated to other students, patients, laypersons, or other health professionals in public areas or outside the site. Students are expected to follow the policies regarding confidentiality for each experiential site. Upon entry to the professional program, students are required to sign a Statement of Confidentiality. Violation of the confidentiality policy may result in a loss of credit or a failing grade in the clinical experience and/or a potential Honor Code violation.

Confidentiality must also be maintained while entering required documentation in the CORE system. Protected health information (patient name, medical record number, birth date, health insurance number, social security number, etc.) should not be entered into the CORE system. In addition, students should not document site names, student names, preceptor names, physician names, or other healthcare provider names into the system in any form including case logs.

Students are not to remove patient data from site nor place data on external storage units or personal computers. Students should never use their personal cell phone to communicate patient-specific information. Students should never access any personal medical records unless involved in the care of the patient or participating in a project under the direction of their preceptor. Accessing one's personal health record or any records of a family member is strictly prohibited.

CORE

Students are required to use CORE, an internet-based tracking system to record their activities, case logs, and evaluations. Students must review the information in CORE related to assigned sites and any onboarding requirements prior to student placement. Site information is subject to change. Preceptors use CORE to monitor and document student performance. Various evaluations are also completed by students and preceptors through CORE.

Student Medical Emergencies

In the event of a medical emergency while at an experiential site, students should be provided care in the same manner that the site would obtain medical services for its employees. The site will make arrangements for emergency first aid and transportation if needed. Cost of transportation and any medical treatment are the responsibility of the student and/or their health insurer.

Student Compensation

Students may not receive monetary compensation for participation in the experiential education program, with the exception of site-specific housing and food allowances available to all. Students are

responsible for all transportation, housing, food, onboarding, and any other personal expenses associated with their experiences.

Disability Statement

If a student needs course adaptations or accommodations because of a disability; has emergency medical information; or needs special arrangements in case a building must be evacuated, the student should make an appointment with the Student Disabilities Services Office to obtain the appropriate documentation. Documentation should be shared with the Assistant Dean for Student Affairs and Enrollment Management, Assistant Dean for Clinical Affairs, and Coordinator of Clinical Education. Students should also communicate this information to their preceptor. Note that not all disabilities can be accommodated during the experiential program.

Library Resources

Access to library resources may be necessary for participation in the experiential education program. Students should utilize information resources available at each assigned experiential site. Students and preceptors also have access to online resources at the Drake University Cowles Library. Preceptor use of such resources is limited to use while precepting students. Preceptors who wish to use these resources while precepting students should contact the Experiential Education Office to obtain access instructions. Students may utilize personal electronic devices for research purposes if allowed by the site. Students should discuss utilization policies with the preceptor to ensure mutual understanding of appropriate device use.

Reporting of Program Policy Violations

Students and preceptors must contact the Coordinator of Clinical Education or Assistant Dean for Clinical Affairs to report, verbally and/or in writing, violations of experiential education program policies. This includes alleged ethical and legal violations of the practice of athletic training; alleged sexual or other discriminatory harassment; verbal abuse; inappropriate and offensive physical contact; and all forms of discrimination. Students should immediately report concerns to the Coordinator of Clinical Education or Assistant Dean for Clinical Affairs and not wait to report concerns on the preceptor/site evaluation form at the end of an experience. Students may also contact the University's Title IX Coordinator to report this information at titleix@drake.edu. Immediate reporting of such incidents will allow the appropriate action to be taken in accordance with University/College guidelines.

Professionalism

The student is expected to respect and comply with experiential site policies, rules and regulations as well as experiential education program policies, rules and regulations. Professionalism policies include, but are not limited to, the following:

- Students will have opportunities to learn independently and must demonstrate maturity in their actions.
- Students must demonstrate discretion in their behavior at all times but particularly toward patients and site personnel.
- Students should respect the opinions of others, accept constructive criticism, and assume responsibility for their actions.

- Students should not engage in any behavior that is disruptive to the work environment including non-emergent personal calls or use of personal electronic devices.
- Students using personal electronic devices as information resources should discuss utilization policies with the preceptor to ensure mutual understanding of appropriate device use.
- All site policies related to use of personal electronic devices must be followed, including communication practices such as texting. In no circumstances should a student photograph any patient, patient care situation, or the work environment.
- Professional integrity must be maintained at all times.
- Students must demonstrate professional oral and written communication at all times including but not limited to preceptors, faculty, Experiential Education Office administrators and staff, and teaching assistants.
- Students who do not appropriately follow HIPAA policies of the program and/or the experiential site may be removed from the site and receive a failing grade (NC) for the experience. If violations are discovered after the student completes the experience, a previously assigned grade may be retrospectively changed to a failing grade (NC).
- Students are obligated to conduct themselves in accordance with the College of Pharmacy and Health Sciences Honor Code. The CPHS Honor Code is applicable to all work completed as a requirement of clinical education, including all assignments and activities completed for experiential education.
- Misrepresentation of your work or any other action of a deceptive nature will be considered violation of the CPHS and University Honor Codes and will be pursued as such.
- Preceptors who have concerns with student professionalism are encouraged to discuss the issue with the student. If the concern is of a serious magnitude or if no improvement has been made after discussing less serious concerns with the student, the preceptor should contact the Experiential Education Office so appropriate measures may be taken which may include removing the student from the site. Lapses of professionalism may result in removal from the site without an opportunity for correction at the discretion of the respective Course Coordinator.
- Preceptors have the right to request that a student be removed from a clinical experience due to, but not limited to, unprofessional behavior or concerns for patient safety. A no credit grade of "NC" will be assigned to any experience where the student was removed from a clinical experience due to preceptor request.
- All acts of unprofessional behavior can be considered a violation of the Honor Code. According to the Honor Code students should demonstrate: respect and concern for the welfare of patients; respect for the rights of others; trustworthiness; responsibility and sense of duty; ethical and legal conscience; and professional demeanor.
- Preceptors who wish to report a proposed Honor Code violation should contact the Experiential Education Office.
- Students who are found in violation of the Honor Code may be removed from the site and assigned a no credit grade of "NC" for the respective clinical experience, with possible dismissal from the College of Pharmacy & Health Sciences.

Student Attire

All students should dress in accordance with the professional attire policy or as instructed by your preceptor based on site norms. Required apparel will vary from site to site. Appropriate apparel should be discussed with each preceptor during experiential site orientation. Professional attire policies include, but are not limited to, the following:

- Students must comply with the dress code policy for the experiential site to which they are assigned.
- Dress should be professional and modest in nature.
- A Drake University Athletic Training Student nametag must be worn at all times unless otherwise instructed by the student's preceptor.
- Certain experiential sites may require an additional site-specific identification tag. This identification tag must be returned to the site prior to the end of the experience.

Equipment Use

Therapeutic modality units are delicate and require training in order to utilize them in a safe manner. Students should not attempt to use these devices without training or without the expressed permission of the preceptor. Use of these devices shall be done only in accordance with manufacturer's recommendations and as instructed in labs/experiential education. Students should only treat patients on properly calibrated equipment. The Coordinator of Clinical Education will ensure all electrical therapeutic modalities have been calibrated on an annual basis.

Radiation Exposure Policy

Students have a small potential exposure risk to radiation during the clinical program. Students are not required to complete any activities that would expose them to radiation. Possible exposures could occur if a student is allowed to, and chooses, to observe diagnostic imaging during their clinical experiences throughout the program. Additional exposure possibilities may occur if a student accompanies a patient to an emergency department, physician appointment, or surgery. The program is unaware of any additional potential radiation exposures. If additional potential exposures are identified, students will be notified.

When exposure is possible, preceptors should provide lead vests to students upon request. Additionally, preceptors should allow students not to observe any imaging tests if the student prefers to avoid potential exposure. Students should consult the Coordinator of Clinical Education if they have any safety concerns related to possible radiation exposure.

Prevention of Infectious Disease Transmission

Students shall follow all precautions as noted in the required bloodborne pathogen training and PPE training programs. Students shall ensure personal cleanliness during clinical experiences and will let the preceptor know when their health may limit contact with others. Students shall clean hands prior to and immediately after contact with others.

If the student or preceptor believes the student has an infectious disease, the student should be removed from the experiential site and referred to an appropriate health care provider if needed. The Experiential Education Office must be immediately contacted. The student shall not stay at their clinical

experience if they have any of the following signs and/or symptoms: fever above 100 degrees, frequent coughing/sneezing, obvious infected skin lesion that cannot be covered, colored discharge from the eyes, nausea/vomiting, or other common symptoms of an infection. The student must communicate with their preceptor and the Experiential Education Office on a daily basis about their status. The student may return to experiential education site when approved by the student's medical provider if applicable or upon approval of the preceptor and Experiential Education Office.

Emergency Action Plans

Each clinical experience site will have an Emergency Action Plan (EAP) posted for each venue where patients will potentially be treated. These EAPs will be provided in the site documents in CORE as well as at each clinical site. Students should orient themselves to the site's EAP(s) at the beginning of each clinical experience.

V. STUDENT ASSESSMENT

The evaluations utilized for student assessment are adapted from the [AT Milestones Project](#) (Sauers, E, Pecha, F, Laursen, M, & Walusz, H. (2019)) and are mapped to the program outcomes. Students will complete a self-evaluation during each clinical experience, and preceptors will evaluate the student on their skill and professional development for all experiences not occurring in physician practice settings.

Specific athletic training skills are evaluated and tracked in through the Demonstration of Growth in Skill (DOGS) Assessment process. Preceptors will assess the pertinent skills and document their findings on the applicable DOGS Assessment form by the end of each clinical experience. The Coordinator of Clinical Education will use this information to verify the skills required for a specific clinical experience were satisfactorily demonstrated and appropriately documented. If required skills are not likely to be satisfactorily demonstrated, or unable to be assessed, during the clinical experience the student must communicate this to the Coordinator of Clinical Education prior to the last week of the clinical experience for the respective semester.

If the preceptor confirms this learning opportunity was not available to the student, or a skill was not satisfactorily demonstrated, a simulated lab-based experience lead by program faculty may be acceptable. The opportunity to use simulation to satisfy these requirements is at the sole discretion of the Coordinator of Clinical Education. If simulation is acceptable, students must complete all simulations by the end of the semester.

All experiential courses in the Master of Athletic Training program are graded as a credit grade of "CR" or a no credit grade of "NC". Grading policies for individual courses are available in the respective course syllabus. Students who do not obtain a credit grade of "CR" for a clinical experience course must satisfactorily complete remedial coursework in order to progress to the next experiential course in the professional program. Students will register for an independent study remedial course during either the summer or January term. Remedial coursework will be graded as either a credit grade of "CR" or a no credit grade of "NC". Tuition will be charged for this course. The Coordinator of Clinical Education will

determine the required coursework and associated learning objectives based upon the reason(s) for failing the previous clinical experience. Examples may include, but are not limited to, completing additional hours at an experiential site; activities and assignments related to professionalism; and/or targeted exercises to improve clinical skills. If remedial coursework is not satisfactorily completed, the student will be removed from the program. Students may only repeat a required course once. Students who fail to receive a credit grade of “CR” in the repeated course will be removed from the Master of Athletic Training program.

VI. PROGRAM POLICIES FOR PRECEPTORS

Criteria and Qualifications

The Experiential Education Office will evaluate new sites and/or preceptors prior to providing experiential education for Drake University students. Initial evaluation will be conducted by the Coordinator of Clinical Education via site visit, telephone, or electronic conversations. Site demographic and descriptive information are maintained in the CORE system by the Experiential Education Office. Preceptors must be health care providers whose experience and qualifications include the following:

- Licensure as a health care provider, credentialed by the state in which they practice (where regulated)
- BOC certification in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers
- Planned and ongoing education for their role as a preceptor
- Contemporary expertise

Physicians or athletic trainers who wish to be considered as a preceptor must submit biographical information and a resume/CV in CORE. Based on the specific site and preceptor demographic as well as the submitted descriptive information, the Experiential Education Office will determine the type(s) of experiences that will be offered by the site. If the experiential education program’s current capacity for the experience type(s) offered by the applicant site is sufficient, the program may choose not to pursue the site affiliation. Prior to placing students at a site, the Coordinator of Clinical Education or designee will tour the site to ensure it meets CAATE Standards. Preceptors must complete preceptor training and submit all required documentation required by the program and CAATE (e.g., license and BOC information).

Family Educational Rights and Privacy Act (FERPA)

Preceptors and staff at the site must comply with the Family Educational Rights and Privacy Act (Buckley Amendment) in its handling of educational records of students. Preceptors will be informed of their requirements under FERPA as part of the preceptor orientation process. Most commonly, FERPA pertains to student schedules, demographic information, and coursework/evaluations associated with clinical experiences; all of which must be kept confidential from patients, other students, and other staff at the site without a legitimate educational interest.

Contemporary Expertise

Preceptors will identify and maintain an area of contemporary expertise related to the practice of athletic training. Contemporary expertise is defined by the CAATE as, “Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice.” An individual’s role within the athletic training program should be directly related to the person’s contemporary expertise. No specific requirements are required regarding types or numbers of areas of contemporary expertise. Initial areas will be identified by the preceptor and Coordinator of Clinical Education. Preceptor expertise will be used by the Coordinator of Clinical Education in making student assignments for clinical education to ensure clinical experience objectives will be met.

Maintaining Expertise

Documentation of contemporary expertise will be submitted via CORE every two years. Preceptors will also submit an updated resume to demonstrate continued clinical practice in their area of expertise.

Ongoing Site Evaluation

Experiential education sites will be evaluated on an annual basis by the Coordinator of Clinical Education. As a part of the evaluation, the Coordinator will ensure all therapeutic modalities are up to date in the inspection of therapeutic modalities. Any experiential education site found to be deficient in this regard will be notified by the Coordinator of Clinical Education and a plan to have the therapeutic modalities inspected will be established. The students will be removed from that clinical site until modalities have been inspected. The Coordinator of Clinical Education will keep on file a matrix of the therapeutic modalities at each clinical site and their last inspection.

Student Orientation

At the start of each new clinical experience, preceptors must provide students with an orientation session. This session must cover necessary policies and procedures to ensure safety and a quality educational experience. The student must submit a signed orientation sheet to the Coordinator of Clinical Education as described in the respective course syllabus. At a minimum, the following information should be reviewed at this orientation.

- Appropriate apparel for site
- Bloodborne pathogen policy for the clinical site
- Emergency action plan for the clinical site
- Communicable and infectious disease policies
- Documentation policies and procedures
- Patient privacy and confidentiality protections
- Unique site-specific rules or regulations
- Required nametag usage for students
- Site-specific rules or regulations

Preceptor Education

Preceptors will be educated and onboarded through a coordinated process with the Coordinator of Clinical Education and the Experiential Education Office. The Coordinator of Clinical Education will provide education to the preceptors to help them understand how clinical education helps the program fulfill their mission and goals. This process will start with initial conversations during the vetting process for a clinical site. Formal preceptor training will occur in a small group or one-on-one format once a preceptor has completed the onboarding process on CORE. After the initial preceptor training, all active preceptors who are currently taking students will receive training on an annual basis. Additional training materials made available through virtual sessions created by the Coordinator of Clinical Education and are found in the CORE Document Library.

Teaching Responsibilities

Preceptors have responsibility for providing the student with adequate opportunities to develop, refine, and demonstrate competence in practice functions specific to the experience. Student-preceptor interaction shall facilitate student development in accordance with student level in the experiential education program. The preceptor shall allocate adequate time to each competency area applicable to the site/experience, that the minimum hours requirements are fulfilled, and the maximum hours requirements are not exceeded. The preceptor shall consider student development needs when scheduling tasks and/or activities. Preceptors serve as a role model to be emulated by the student.

Student Evaluation and Assessment

The primary preceptor has the overall responsibility for assuring the student has adequate opportunities to develop and demonstrate aptitude in the designated CAATE Standards. Preceptors monitor student performance, identify strengths and opportunities for improvement, and provide remediation as necessary to foster student development in applicable competency areas. Constructive and timely student feedback is encouraged to allow opportunity for ongoing development. The preceptor and student should meet to discuss student assessments.

Results of the assessments are incorporated into the student's final grade. The program is responsible for assignment of the final grade. Failure of the preceptor to complete these performance assessments in a timely manner may result in discontinuation of the preceptor's participation in the clinical program.

CORE Requirements

Students are required to use CORE to record their evaluations and other items. Preceptors use CORE to monitor and document student performance. Preceptors will receive emails with hyperlinks to access the required student evaluations. Preceptors must complete assigned mid-point and final assessments in CORE for each student. DOGS Assessment will be completed by the preceptor as a hard copy document. Preceptor resources on CORE use are available in the Document Library in CORE.

College Communication and Participation

Comments and/or recommendations from preceptors to improve or enhance the experiential education program are encouraged. Preceptors are encouraged to maintain frequent communication with the Experiential Education Office, particularly in situations of student conflict or underperformance.

The Experiential Education Office uses a variety of methods to communicate with preceptors including the CORE Document Library and additional electronic communication methods as needed. Email is the primary mode for routine communications from the Experiential Education Office including notices of student evaluations, requests for site availability for placements, and reminders of upcoming events or due dates.

Athletic Training Experiential Review Committee

The Drake University College of Pharmacy and Health Sciences utilizes the Athletic Training Experiential Review Committee (ERC) comprised of faculty, preceptors, students, and the Experiential Education Office members to review and recommend policy related to the athletic training experiential education program including issues related to quality of experiences at sites. Preceptors interested in serving on the Athletic Training ERC should notify the Experiential Education Office.

Summary of Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- Orient the student to the practice site including work schedules, attire, parking, evaluation methods and overall responsibilities.
- Identify and assign appropriate activities and/or projects to support students in demonstrating program competencies and objectives.
- Regularly monitor and assess student progress on competencies to identify strengths and areas for improvement.
- Complete all assigned midpoint evaluations to communicate student progress and address areas of concern.
- Communicate concerns or questions regarding student progression or programmatic issues in a timely manner with the Experiential Education Office.
- Answer student questions and serve as a resource to enhance student understanding of athletic training and patient-related issues.
- Review the final assessment of the student in person with the student, provide comments on the student strengths, and document specific areas require ongoing development with a suggested plan for improvement.
- Immediately notify the Experiential Education Office of any student experiencing difficulties.
- Maintain student confidentiality.