ADRIAN COLLEGE

Athletic Training Program

BS/MS Athletic Training Handbook
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I. INTRODUCTION

“Athletic training is practiced by athletic trainers, health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities. Students who want to become certified athletic trainers must earn a degree from an accredited athletic training curriculum. Accredited programs include formal instruction in areas such as injury/illness prevention, first aid and emergency care, assessment of injury/illness, human anatomy and physiology, therapeutic modalities, and nutrition. Classroom learning is enhanced through clinical education experiences. More than 70 percent of certified athletic trainers hold at least a master’s degree (www.nata.org).”

To become an athletic trainer, students must pass a comprehensive test administered by the Board of Certification. Once certified, they must meet ongoing continuing education requirements in order to remain certified.

This student handbook contains critical information regarding required coursework, requirements for graduation, and codes of conduct for Athletic Training Students. It will be an invaluable resource for students as they prepare for graduation, and to take the Board of Certification exam.

GRADUATE ATHLETIC TRAINING PROGRAM MISSION STATEMENT

Mission Statement

To deliver exceptional educational programming for the future success of athletic training graduates and the profession.

Program objectives

- The program will provide a secure, but intellectually stimulating academic environment that supports independent and cooperative learning across diverse student backgrounds.
  - Ribbons of Excellence:
    - Caring for humanity and the world
    - Crossing boundaries and disciplines
    - Learning throughout a lifetime
- Using evidence based practice, students will collaborate with interprofessional teams of health professionals to provide patient centered care.
  - Ribbons of Excellence:
    - Caring for humanity and the world
    - Crossing boundaries and disciplines
- Via scientific inquiry, students will consume, apply and perform clinically relevant research.
  - Ribbons of Excellence:
    - Thinking critically
    - Learning throughout a lifetime
    - Developing creativity
- Students will exhibit and promote all aspects of professional and ethical conduct, and uphold the standards of practice.
  - Ribbons of Excellence:
    - Caring for humanity and the world
    - Learning throughout a lifetime
II. ATHLETIC TRAINING STUDENT CODE OF CONDUCT

The Athletic Training Program (AT Program) at Adrian College is committed to excellence. As an allied health profession, it is very important that Athletic Trainers (AT) and Athletic Training Students (ATS) alike conduct themselves in a professional manner at all times. Whether in the classroom or learning clinically, ATSs are expected to uphold Adrian’s standards of excellence. While working in community physician’s offices, rehabilitation clinics, or on the athletic field, it should be understood that ATSs are not only representing themselves, but the profession of athletic training, the sport with which they are working, coaches, athletes, and Adrian College. Therefore, the following standards for attire and conduct have been set for the AT Program. Furthermore, please refer to Appendix A for the National Athletic Trainers’ Association Code of Ethics.

Adrian College Student Code of Conduct

- We take responsibility for our own learning and personal development.
- We challenge each other to develop intellectually and ethically.
- We practice personal and academic integrity.
- We consider and seek to understand different ideas and viewpoints.
- We conduct ourselves with dignity and civility in our interactions with one another.
- We care about others’ welfare and seek to be responsive to their needs.
- We strive to keep one another safe from physical and emotional harm.
- We respect the dignity and worth of all persons.
- We celebrate human differences in their many forms.
- We confront bigotry with caring and without compromise.
- We respect the rights and property of others.
- We take responsibility for our actions, bear the consequences of those actions, and learn from them.
- We challenge others to take responsibility for their actions, to bear the consequences, and to learn from them.

General Rules

As health care professionals, Athletic Trainers must provide a safe and trusting environment, so that effective emergency care and treatment of athletes may be rendered. Therefore, the following standards WILL be upheld. Students may be sent home from their clinical site by any AT Program faculty or preceptor for misconduct or improper attire. Repeated offenses may result in probation or dismissal from the class or program.

Possession, keeping and/or use of firearms, weapons, ammunition or incendiary devices is prohibited at all Adrian College clinical sites. This includes martial arts weapons and any device that may be used to propel a projectile such as BB guns, air guns, etc.

Cell phones and other devices may be used for emergency and clinical education purposes only. You must assume that you are NOT allowed to use your cell phone during your clinical rotation unless directed otherwise by your preceptor. Preceptors reserve the right to send you home if you are using your device.

Professional Attire (Dress Code)

- Students are expected to maintain a clean, neat, and well-groomed appearance during clinical education. **If at any time there is midriff or undergarments showing, the student will be immediately sent home.**
- Students are expected to wear their program issued nametags at all times to ensure they are identified as a student.
- Piercings, jewelry or other personal style choices that may directly inhibit care to an athlete, or potentially transmit bacteria may not be worn.
  - Long and/or false fingernails
  - Long or dangling necklaces or bracelets
  - Large rings
- The following piercings are prohibited:
  - Tongue piercings
  - Lip piercings
Attire During Clinical Rotations
  o Collared shirt (no t-shirts)
  o No ripped or worn out t-shirts
  o Shirts will be long enough to be worn tucked in
  o Shorts or pants other than jeans or yoga pants/leggings.
  o Shorts MUST be of appropriate length, falling no shorter than mid-thigh (faculty and preceptors will use professional judgment)
  o Shorts and pants must not be excessively baggy or tight (faculty and preceptors will use professional judgment)
    ▪ The fit should be such that when performing day-to-day clinical duties (e.g. squatting, bending), no undergarments or midriff skin is showing
    ▪ No jeans or torn material may be worn
  o Shoes
    ▪ Shoes must be closed toe
    ▪ Shoes must be appropriate for carrying out the duties of an athletic trainer
  o Outdoor clothing
    ▪ Inclement weather gear should be worn outside as appropriate (rain gear, boots, hats, mittens)
    ▪ Hats may only be worn outside, and must be worn facing front

Off Campus Rotations
**Unless otherwise specified by your preceptor, the same rules will apply to off campus sites. Please realize that different standards may exist depending on the assigned site (clinic vs. AT Room). You must work with your preceptor to make sure you are presenting yourself professionally, and in line with that site’s standards.**
III. CLINICAL EDUCATION

According to CAATE standards, clinical experiences must adhere to the following:

- “Formal instruction must involve teaching of required subject matter in structured classroom, clinical, or laboratory environments.”
- “Clinical education must follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The clinical education plan must reinforce the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making.”
- “Clinical education must provide students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer.”
- “The variety of patient populations, care providers, and health care settings used for clinical education must be consistent with the program’s mission statement.”
- “Clinical education assignments cannot discriminate based on sex, ethnicity, religious affiliation, or sexual orientation.”
- “Students must gain clinical education experiences that address the continuum of care that would prepare a student to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and abilities, role delineation study and standards of practice delineated for a certified athletic trainer in the profession. Examples of clinical experiences must include, but should not be limited to:
  - Individual and team sports
  - Sports requiring protective equipment (e.g., helmet and shoulder pads)
  - Patients of different sexes
  - Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military)
  - A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology)”
- “An athletic trainer certified by the BOC who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student’s clinical education. The remaining clinical education may be supervised by any appropriately state credentialed medical or allied health care professional.”
- “Athletic Training Students must be officially enrolled in the program prior to performing skills on patients.”

Given these requirements, the following policies and frequently asked questions are addressed:

Student Frequently Asked Questions:

1. **What is Direct Supervision?**
   The purpose of clinical education is to allow students to practice skills learned in the classroom, and to learn the practical aspects of the profession of Athletic Training. Students may not act on the behalf of, or take the place of an athletic trainer at any time. Because the emphasis is on learning rather than service, the preceptor “must be physically present and have the ability to intervene on behalf of the Athletic Training Student and the patient.” This policy fosters an active teaching environment that is safe for the students and athletes.

2. **What if my preceptor leaves me alone?**
   At times, it may be necessary for a preceptor to leave the student alone (take care of an emergency, answer the phone, etc.). In such situations, the ATS may only act as a first aide provider. A first aide provider may NOT make return to play decisions, nor perform duties specific to the profession of athletic training. Furthermore, while acting as a first aide provider, if a coach, parent, or athlete asks
you to perform a duty outside your responsibility, you should politely decline, and report the incident to the clinical coordinator or Program Director. If the student finds themselves unsupervised on a regular basis, it must be reported to the Clinical Education Coordinator and Program Director immediately.

If unsupervised, you may perform the following First Aide Provider Duties

- Provide immobilization, wound care, ice, compression, elevation
- Perform CPR and/or rescue breathing, and/or AED procedures
- Activate EMS
- Provide first aid care for medical emergencies
  - If first aid is required for a non-medical emergency, the student must refer the athlete to the clinical supervisor

If unsupervised, the following are duties that may NOT be performed by a first aide provider

- Continued care past first aid for a non-emergency injury
- Determine a diagnosis, prognosis, or make a return to play decision
- Perform or supervise rehabilitation (exercises, modalities, etc.)
- Tape/wrap for athletic participation

3. Can I travel with the teams?

Travelling with sports teams will be allowed when invited by a preceptor (home or away), and on a voluntary basis. Students may not perform treatment without the direct supervision of a preceptor. The Program Director and Clinical Education Coordinator of the AT Program may withhold a student from travelling if they are not in good academic standing.

When requesting to travel to an affiliated site to be overseen by the home preceptor (not your assigned preceptor), approval from the Clinical Education Coordinator must be granted in writing. See appendix F for the travel authorization form.

4. When can I start working directly with the athletes?

Under CAATE standards, “clinical education must follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The clinical education plan must reinforce the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making.” Clinical education seeks to create an environment where novice students have limited responsibility, and more seasoned students are allowed comprehensive responsibility. Therefore, as ATTs move through the curriculum, they will be allowed to perform more advanced skills, and take on more responsibility. Therefore, students may not perform skills on patients/athletes that they have not been taught. Any skills taught by your preceptor MUST be documented through the form “Clinically Acquired Skills”. Your proficiency skills packet is an excellent guide regarding the skills you should focus on during your clinical rotations.

5. How many hours do I have to spend at my clinical site?

In your clinical course syllabi, there are specific course requirements and minimum/maximum-hour standards. Students must meet these minimum/maximum standards in order to pass the associated clinical course. Students should work out a schedule with their preceptor to determine a regular weekly schedule that requires attendance throughout the whole semester. If the student so chooses, this may include pre and post season play outside the semester, as long as students are allowed a minimum of 1 day off per every 7 days. Within these parameters, preceptors have the autonomy to schedule students in such a way that will enhance clinical learning. While the AT Program encourages students to take advantage of all learning opportunities, students must adhere to the maximum allowable clinical hours and be allowed days off to enjoy extra-curricular activities, and to remain successful in classroom work. Per CAATE standards, students must be allowed at least one day off per every seven days.

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Hour’s documentation will be the responsibility of the student. Students will be required to track their hours through ATrack (attrackonline.com), a software management system serviced through the NATA (NATA annual dues required). The student’s assigned preceptor will approve all clinical hours as appropriate. Only those hours where the student was directly supervised will count toward the course requirement.

6. **Can I date one of the athletes?**
Because fieldwork experiences are an academic requirement, the focus of the environment should be as such.

**Collegiate Assignments:** It is HIGHLY DISCOURAGED for an ATS to develop a romantic relationship with an athlete they are working with. In the case of an existing relationship, the student MUST notify the Clinical Education Coordinator and the Program Director, so that the student is not assigned with that sport. If a relationship develops during clinical assignments, the student MUST notify the Clinical Education Coordinator and Program Director. At that time, a decision will be made regarding the clinical assignment for the remainder of the semester. If at any time, inappropriate behaviors and relationships detract from the learning environment, the student may be reassigned at the discretion of the Clinical Education Coordinator and Program Director.

**High School & Other Off-Campus Assignments:** Relationships with high school or students or patients are PROHIBITED! In the case of an existing relationship, the student MUST notify the Clinical Education Coordinator and the Program Director, so that the student is not assigned to that site. If a new relationship develops, the program reserves the right to dismiss the ATS from the program.

7. **What are my responsibilities as an Athletic Training Student?**
In order for the preceptor to create a positive learning environment, students must abide by the following rules:

- Follow the clinical site’s policies and procedures
- Follow AT Program’s policies and procedures
- Report on-time to ALL assigned clinical rotations
  - Please refer to attendance and communicable disease policies
- Maintain in good academic standing with the AT Program (including health criteria requirements for clinical education)
- Treat fellow students, athletes, coaches, and clinical instructors with respect (see code of conduct)
- Maintain professional attire (see professional attire policy) and a professional demeanor (see code of conduct)
- Be proactive. Take an active role in learning, and contribute to the productive operation of the clinical site
- Communicate with the Program Director, Clinical Education Coordinator, and clinical instructor if anything precludes you from completing your clinical or academic responsibilities.
- Maintain patient confidentiality at all times (refer to confidentiality policy)
- Participate in professional activities:
  - The AT Program strongly encourages students to become involved in professional organizations early in their academic career. While not mandatory, membership with the National Athletic Trainers’ Association, Great Lakes Athletic Trainers’ Association, and Michigan Athletic Trainers’ Society is a nice compliment to students’ academic experiences. Membership and conference attendance opens opportunities for scholarship, learning, and networking within the profession.
8. **Do I need to provide my own transportation to off-campus clinical sites?**
   Yes. All students must be able to provide their own transportation to off-campus clinical assignments. The costs associated with travel to clinical sites is the responsibility of the student. While some sites are in Adrian, students should be prepared to travel up to 1 hour away to a clinical site.

9. **Are there any additional fees or expenses I can expect?**
   In addition to your college tuition and fees, there are specific classes that carry a lab fee. These include:

   - ESAT 145 L Observation & Orthoses Lab $25
   - ESAT 350 Exercise Physiology Lab $100
   - ESAT 525 L Orthopedic Assessment I Lab $25
   - ESAT 526 L Orthopedic Assessment II Lab $25
   - ESAT 527 L Therapeutic Modalities Lab $25
   - ESAT 541 AT Clinical Skills I $350 (covers the costs associated with the BOC exam)
   - ESAT 542 AT Clinical Skills II $25
   - ESAT 543 AT Clinical Skills III $25
   - ESAT 544 AT Clinical Skills IV $25
   - ESAT 500 Biomechanics $25
   - ESAT 535 L Orthopedic Rehabilitation Lab $25
   - ESAT 536 L General Medical Conditions Lab $25
   - ESAT 545 Advanced Clinical Skills I $975 (covers the cost of the EMT course and EMT exam fee)
   - ESAT 546 Advanced Clinical Skills II $25
   - ESAT 595 Thesis $75
   - ESAT 596 Thesis II $75

   You will be responsible for the cost of CPR/First Aid certifications
   You will be responsible for NATA dues for the ATrack clinical management software
   You will be responsible for additional expenses that may be required for some clinical sites, including background checks, immunizations, and personal travel (vehicle, insurance, vehicle maintenance, fuel, etc.).

10. **Do I have the opportunity to evaluate my clinical site or site supervisor?**
    Yes. Just as students are evaluated at the beginning and end of the semester, students are required to evaluate their preceptor at the same time. This evaluation is used so that students and preceptors may have an open dialogue regarding performance. Additionally, students will also evaluate the physical clinical site at the end of each clinical rotation. Completion of such evaluations allows for students, preceptors and the AT Program to communicate for the betterment of the overall experience.

11. **Can I play sports and be an Athletic Training Student?**
    Athletic Trainers specialize in the emergency treatment, prevention, and care of athletic injuries. Consequently, athletes or former athletes, are generally the population most interested, and in many cases most qualified, to work in this field. At Adrian College, over half of the student body are student-athletes, and it is the AT Program’s desire to serve that population as well as possible. In order to gain clinical experience, students must work with athletes during practice times and games. If the Athletic Training Student is also an athlete, there is a constant and severe conflict of scheduling between athletics and academics. Consequently, for success, student-athletes in athletic training MUST have excellent time-management and communication skills.

    Adrian College’s policy on AT majors who are athletes is as follows:
    - The student-athlete must limit their participation to the traditional season of ONE sport
• The student-athlete may only play a sport during the undergraduate portion of the program. Due to increases in clinical expectations and research responsibilities during the graduate program, the AT Program will NOT retain athletes during the graduate program.
• The student-athlete must maintain constant communication with the Clinical Education Coordinator, the Program Director, and their coach to alleviate any clinical education and sport conflicts.

The student-athlete must complete ALL required course content and clinical education requirements in order to graduate.

12. How am I evaluated during my clinical rotations?
   While there are specific course requirements outlined in the associated course syllabi, in general, you will be evaluated on the following criteria:
   1. Attendance
   2. Professionalism
   3. Ability to interact and communicate with athletes, coaches, students etc.
   4. Completion of minimum hour responsibilities
   5. Completion of required proficiency skills
   6. Other course assignments deemed appropriate by the instructor

   Students will receive a written evaluation from their assigned preceptor approximately one month into the semester, and at the end of the semesters.

Preceptor Frequently Asked Questions:

13. What do I have to do to become a preceptor?
   Preceptors are a critical component of the athletic training curriculum. Accreditation standards state that a preceptor must meet the following criteria in order to oversee and evaluate students.
   - Be credentialed by the state in a health care profession
   - Not be currently enrolled in the professional athletic training education program at the institution;
   - Receive planned and ongoing education from the program designed to promote a constructive learning environment.

14. Do I have to have special equipment or facilities in order to oversee students?
   The clinical facilities must have adequate tools/equipment in order to teach students the necessary skills in order perform specified proficiency skills. These skills vary depending on the course and the level of education (see following sections). Most importantly however, per accreditation standards, facilities must meet the following health and safety standards.
   - Ground fault interrupter outlets for all wet areas and electrical modalities (Appendix G)
   - Current electrical safety checks for all modalities (e.g. ultrasound, ice machine, hydrocollator, etc.) This paperwork must be on file annually with the clinical coordinator (Appendix G).
   - Access to and utilize appropriate blood-borne pathogen barriers (Appendix H)
   - Access to and utilize proper sanitary precautions (have sanitizer and a sink available for hand-washing) (Appendix H)
   - Access to appropriate biohazard disposal equipment and procedures at each clinical site (Appendix H). These procedures must be publically posted.
   - A written emergency action plan for each athletic venue and facility at your site must be on file with the clinical coordinator. Students must have IMMEDIATE access to EAPs in case of an emergency.

15. What are the expectations of preceptors?
   a. Be dedicated to creating a positive learning environment for students
   b. Challenge students and push them to succeed
   c. Spend an adequate amount of time actively teaching and evaluating students
d. Comply with professional, safety and educational standards as mandated by CAATE, and provide requested information in a timely manner

e. Communicate with the clinical coordinator and program director regarding student progress

f. Communicate with the clinical coordinator and program director with any suggestions, questions or concerns


g. Attend preceptor workshops and meetings

16. What do you mean by “direct supervision?”
The purpose of clinical education is to allow students to practice skills learned in the classroom, and to learn the practical aspects of the profession of Athletic Training. Students may not act on the behalf of, or take the place of an ATC at any time. Because the emphasis is on learning rather than service, the preceptor must be able to see AND hear the ATS at ALL times. This allows for the preceptor to act on behalf of the student or athlete they are caring for. This policy fosters an active teaching environment that is safe for the students and athletes.

17. What if I have to leave my student alone?
At times, it may be necessary for a preceptor to leave the student alone (take care of an emergency, answer the phone, etc.). In such situations, the ATS may only act as a first aide provider. A first aide provider may NOT make return to play decisions, nor perform duties specific to the profession of athletic training. Furthermore, while acting as a first aide provider, if a coach, parent, or athlete asks you to perform a duty outside your responsibility, you should politely decline, and report the incident to the clinical coordinator or program director. If the student finds themselves unsupervised on a regular basis, they have been asked to report this to the Program Director.

If unsupervised, students may perform the following First Aide Provider Duties

- Provide immobilization, wound care, ice, compression, elevation
- Perform CPR and/or rescue breathing, and/or AED procedures
- Activate EMS
- Provide first aid care for medical emergencies
  - If first aid is required for a non-medical emergency, the student must refer the athlete to the clinical supervisor

If unsupervised, the following are duties that may NOT be performed by a student

- Continued care past first aid for a non-emergency injury
- Determine a diagnosis, prognosis, or make a return to play decision
- Perform or supervise rehabilitation (exercises, modalities, etc.)
- Tape/wrap for athletic participation

18. Can students travel with the teams?
Travelling with sports teams will be allowed when invited by the preceptor, and on a voluntary basis. Students may not travel alone or without the direct supervision of a preceptor. The program director and clinical coordinator of the ATP may withhold a student from travelling if they are not in good academic standing.

19. What if a relationship develops between my student and a patient/athlete?
Because fieldwork experiences are an academic requirement, the focus of the environment should be as such.

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**High School & Other Off-Campus Assignments:** Relationships with high school or students or patients are PROHIBITED! In the case of an existing relationship, to the student MUST notify the clinical coordinator and the program director, so that the student is not assigned to that site. If a new relationship develops, the program reserves the right to dismiss the ATS from the program.

**20. How many hours are students required to spend at their clinical sites?**

In student’s clinical course syllabi, there are specific course requirements and minimum/maximum hour standards. Students must meet these minimum/maximum standards in order to pass the associated clinical course. Students should work out a schedule with their preceptor to determine a regular weekly schedule that requires attendance throughout the whole semester. If the student so chooses, this may include pre and post season play outside the semester, as long as students are allowed a minimum of 1 day off per every 7 days.

Within these parameters, preceptors have the autonomy to schedule students in such a way that will enhance clinical learning. While the Athletic Training Program encourages students to take advantage of all learning opportunities, students must adhere to the maximum allowable clinical hours and be allowed days off to enjoy extra-curricular activities, and to remain successful in classroom work. Per CAATE standards, students must be allowed at least one day off per every seven days.

Hour’s documentation will be the responsibility of the student. Students will be required to track their hours through ATrack (atrackonline.com), a software management system serviced through the NATA (NATA annual dues required). The student’s assigned preceptor will approve all clinical hours as appropriate. Only those hours where the student was directly supervised will count toward the course requirement.

**21. What is the attendance policy?**

Clinical education is a requirement for graduation. Regular attendance will help ensure a positive and productive clinical rotation. It is the nature of athletic training that clinical rotation hours will occur during nights and weekends, as well as the regular work week. It is the expectation of the program that students will schedule their clinical experience to align with their clinical instructor’s schedule (regardless of day of the week or time of day). Students and preceptor should work out an appropriate weekly schedule that spans the entire semester, or sport season as agreed upon with the preceptor and Clinical Coordinator. It is the program’s expectation that students show up for ALL assigned days. REMEMBER…THE EMPHASIS IS BECOMING PROFICIENT IN SPECIFIC SKILLS, RATHER THAN COUNTING HOURS!

In the case of an extenuating circumstance or illness (see Communicable Disease Policy), it is the responsibility of the student to gain permission from the Clinical Coordinator to miss their assigned clinical rotation. This MUST occur prior to the assigned hours for that day. It is the student’s responsibility to be proactive in working with their preceptor in order to make up missed hours, and proficiency skill work. If a preceptor reports regularly missed assignments, the student may have to repeat the clinical course, or may be dismissed from the program.

**22. Do I have the opportunity to evaluate my students (Appendix A)?**

Yes. Students will receive an evaluation from their assigned preceptor approximately one month into the semester, and at the end of the semesters. It is expected that the preceptor discuss the outcome of the evaluation with the student prior to turning the evaluation in to the clinical coordinator. See the Appendices for an example of the evaluation form.
If at any time, issues need to be addressed outside formal evaluations, we encourage preceptors to approach students, and be proactive in improving the learning environment.

23. **Will students evaluate their preceptors (Appendix B)?**
   Yes. Just as students are evaluated at the beginning and end of the semester, students are required to evaluate their preceptor at the same time. This evaluation is used so that students and preceptors may have an open dialogue regarding performance. Additionally, students will also evaluate the physical clinical site at the end of each clinical rotation. Completion of such evaluations allows for students, preceptors and the ATP to communicate for the betterment of the overall experience.

24. **What are students allowed to do while at their clinical sites?**
   Under CAATE standards, ATSs may only perform clinical skills on athletes under the following circumstances:
   - The student has learned, and been formally evaluated on the skill in a previous course or clinical experience. Documentation of such is required for clinically acquired skills.
   - The student is officially enrolled in the athletic training program
   - The student is directly supervised
   In order to enter clinical education, all students have the following credentials, and have met the following health criteria:
   - Current CPR
   - Current first aid
   - Physical exam and immunizations
   - Annual BBP/OSHA training
   - Annual HIPAA/FERPA training
   - Annual signed Confidentiality agreement

   Additionally, a general outline stating the skills students may perform at any given level of education can be found on [blackboard](#) under the tab “Syllabi/Course Seq” and is titled “Student Skill Level”. Finally, please refer to the course sequence to give you an idea of students’ academic backgrounds located on [blackboard](#) under the tab “Syllabi/Course Seq”.
IV. LEGAL, HEALTH, AND SAFETY POLICIES

Blood-borne Pathogens Exposure Control Plan

POLICY
Adrian College is committed to providing a safe and healthful environment for our Athletic Training Students. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize student exposure to blood-borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Blood-borne Pathogens.” The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our Athletic Training Students. This ECP includes:

1. Program Administration: Personnel responsible for ensuring that safety standards are met.
2. Post-Exposure Control Plan: Formal process of reporting and exposure and steps necessary to care for exposed individual.

PROGRAM ADMINISTRATION
- With oversight from the Athletic Training Program (AT Program) Director, the Clinical Education Coordinator (CEC) is responsible for ensuring that all sites where students may be exposed to blood-borne pathogens comply with the following CAATE Standards:
  1. Blood-borne pathogen policies must be posted or readily available in all locations where the possibility of exposure exists and must be immediately accessible to all current students and program personnel including preceptors (CAATE Standard 75).
  2. Students must have access to and use of appropriate blood-borne pathogen barriers and control measures at all sites (CAATE Standard 76).
  3. Students must have access to, and use of, proper sanitation precautions (e.g. hand washing stations) at all sites (CAATE Standard 77).

- With oversight from the Athletic Training Program (AT Program) Director, the Clinical Education Coordinator (CEC) is responsible for ensuring that formal blood-borne pathogen training occurs before students are placed in a potential exposure situation (CAATE Standard 73).

- With oversight from the Athletic Training Program (AT Program) Director, the Clinical Education Coordinator (CEC) is responsible for ensuring that a detailed post-exposure plan that is consistent with the federal standard and approved by appropriate institutional personnel is provided to the students (CAATE Standard 74).

- With oversight from the Athletic Training Program (AT Program) Director, the Clinical Education Coordinator (CEC) is responsible for ensuring that students have documentation of immunizations appropriate for health care providers (CAATE Standard 66).

POST-EXPOSURE EVALUATION AND FOLLOW-UP
1. Should an exposure incident occur, contact your preceptor as well as the Clinical Education Coordinator of the AT Program. The Clinical Education Coordinator will contact the appropriate campus personnel to provide medical attention and post-exposure follow up.
2. The student will receive a medical evaluation at Bixby Medical Center Emergency Room.
3. Following the medical evaluation, the student will report to the Adrian College Campus Health Center to provide medical documentation and receive medical follow-up as needed.
4. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
 ➢ Document the routes of exposure and how the exposure occurred. (see Appendix D Incident Report)
 ➢ Identify and document the source individual
 ➢ Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual’s test results were conveyed to the employee’s health care provider (If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed).
 ➢ Assure that the exposed employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

**Attendance Policy**

- **Class Attendance:** Students will be held to the attendance policies set by the instructors for your courses.
- **Clinical Rotation Attendance:** Clinical education is a requirement for graduation. Regular attendance will help ensure a positive and productive clinical rotation. It is the nature of athletic training that clinical rotation hours will occur during nights and weekends, as well as the regular work week. It is the expectation of the program that students will schedule their clinical experience to align with their clinical instructor's schedule (regardless of day of the week or time of day). Students and preceptors should work out an appropriate weekly schedule that spans the entire semester, or sport season as agreed upon with the preceptor and Clinical Education Coordinator. It is the program’s expectation that students show up for ALL assigned days. **REMEMBER…THE EMPHASIS IS BECOMING PROFICIENT IN SPECIFIC SKILLS, RATHER THAN COUNTING HOURS!**

In the case of an extenuating circumstance or illness (see Appendix C: Communicable Disease Policy), it is the responsibility of the student to gain permission from the Clinical Education Coordinator to miss their assigned clinical rotation. This MUST occur prior to the assigned hours for that day. It is the student’s responsibility to be proactive in working with their preceptor in order to make up missed hours, and proficiency skill work. **If a preceptor reports regularly missed assignments, the student may have to repeat the clinical course or may be dismissed from the program.**

**Grievance Procedures**

- **Grievances against other students:** If at any time, any student is not abiding by the Adrian College Student Code of Conduct, they may be subject to violation of this expectation. In such cases, a report may be filed in accordance with the judicial process outlined in Article IV: Judicial Policies of the Adrian College Student Handbook.
- **Grievances against staff/faculty:** Students who feel they have received unfair or improper treatment in the Department of Exercise Science and Physical Education, must address the complaint through the following procedures:

  1. The student shall first seek an informal resolution of the matter with the appropriate faculty/staff/clinical instructor. This contact should be in person, but may be by telephone, or via email.
  2. If not satisfied with the informal resolution, the student shall discuss the complaint with the Program Director of Athletic Training and then the Chair of the department, who will prepare a written summary of the meeting and the nature of the complaint. Before making any judgment, the Program Director and/or chair shall discuss it privately with the faculty
member. If a complaint is made against the chair, the College Dean will designate a
tenured departmental faculty member (‘designee’ hereafter) to handle the complaint.

3. If the problem cannot be resolved by informal discussion among the principal parties, the
student shall submit a signed and dated written statement of grievance to the department
chair or designee. The statement must:

   a. describe the grievance and the facts related to the complaint;
   b. identify the individual(s) against whom the complaint is directed;
   c. state the remedy sought with respect to the complaint;
   d. describe the steps previously taken to resolve the complaint.

4. The chair will: a) review the complaint, b) make the complaint available to the faculty
member and request a response, c) make such investigations as he/she deems appropriate
(with both principal parties cooperating in the investigation by providing relevant
documents and materials), and d) provide the principal parties with a written response to
the complaint within 10 working days of the date of the written complaint.

5. If either party involved in the complaint is dissatisfied with the outcome of the complaint,
they may appeal to the Dean of Adrian College.

**Student and Patient Confidentiality**

All students, staff, faculty and clinical instructors affiliated with the AT Program are held to FERPA
and HIPAA confidentiality standards. FERPA, the Family Educational Rights and Privacy Act states that
students’ academic information may not be disclosed without the student’s consent. Therefore, clinical
instructors and faculty may not discuss academic or personal information with unauthorized personnel.

HIPAA, the Health Insurance Portability and Accountability Act regulates the use and disclosure of
protected health information. Student-athletes and patients being cared for in the clinical setting have a right
to privacy. Legally, students and staff may not discuss health information with anyone without the athlete or
patient’s consent. HIPAA laws will be strictly adhered to, and all students are required to have a
confidentiality statement signed and on file (Appendix E). The following cases apply:

- Patient files should be closed and out of public sight
- Computer health information databases should be password protected. Those who have access to the
  password may not disclose that information to unauthorized personnel.
- Paper based health files should be locked.
- Health information may not be disclosed to parents (of individuals over 18 years), other athletes,
  coaches, fans, press, or others without the patient’s written consent.

**Campus Employment Policy**

Per accreditation standards, campus employment, scholarship, or other funding opportunities must not
require students to perform athletic training skills or services as a replacement of certified athletic training
staff. Athletic Training Students or other students who work in the athletic training room as a part of work
study may not perform athlete/patient care or other professional athletic training duties. Additionally, hours
that Athletic Training Students spend fulfilling campus employment may not be used toward clinical education
requirements.

Revised April 2019
ADDITIONAL RESOURCES

Refer to the following web resources for more information about the Athletic Training profession, the academic preparation of Athletic Trainers, or the process of becoming a Certified Athletic Trainer.

| National Athletic Trainers’ Association       | www.nata.org          |
| Board of Certification                       | www.bocatc.org       |
| Great Lakes Athletic Trainers’ Association   | www.glata.org        |
| Michigan Athletic Trainers’ Society          | www.matsonline.org   |
APPENDICES
APPENDIX A
NATA Code of Ethics

September 28, 2005

PREAMBLE
The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:
Members shall respect the rights, welfare and dignity of all.
1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care without a release unless required by law.

PRINCIPLE 2:
Members shall comply with the laws and regulations governing the practice of athletic training.
2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and abide by all National Athletic Trainers’ Association standards, rules and regulations.
2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:
Members shall maintain and promote high standards in their provision of services.
3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:
Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.
4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
4.2 National Athletic Trainers’ Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
4.3 Members shall not place financial gain above the patient’s welfare and shall not participate in any arrangement that exploits the patient.
4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
APPENDIX B
Technical Standards

“Certified athletic trainers are health care professionals who specialize in preventing, recognizing, managing and rehabilitating injuries that result from physical activity (www.nata.org).” Students who are preparing for this profession must have the mental and physical capacity to learn and carry out the necessary duties for success and graduation from a Commission on Accreditation of Athletic Training Education (CAATE) accredited program.

Listed below are the essential qualities a student must possess in order to be retained within the Athletic Training Program at Adrian College. Students must be able to meet these standards with reasonable accommodation throughout their academic tenure. If a student feels that they may need special accommodations at any time, they must be evaluated by Academic Services on the Adrian College campus, and must attain verification by a physician or appropriate institution disability officer. A student who is admitted to the major but unable to fulfill these technical standards, with or without reasonable accommodation, will not be able to complete the major. It is important to note that compliance with the program’s technical standards does not guarantee a student’s eligibility for the Board of Certification (BOC) certification exam.

It is a requirement, for accreditation and retention within the program, that students verify that they meet the following standards. Please check whether or not you meet the following standards, and sign below.

Do you possess the following qualities:

☐ Yes  ☐ No  The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.

☐ Yes  ☐ No  Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.

☐ Yes  ☐ No  The ability to record the physical examination results and a treatment plan clearly and accurately.

☐ Yes  ☐ No  The capacity to maintain composure and continue to function well during periods of high stress.

☐ Yes  ☐ No  The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.

☐ Yes  ☐ No  Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.

☐ Yes  ☐ No  Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program. If my status changes, I am required to inform the program and complete the appropriate documentation.

____________________________________       ___________________________________ ____________
Printed name of Applicant                                       Signature of Applicant                         Date

ONLY FOR STUDENTS REQUESTING SPECIAL ACCOMMODATIONS:
I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Academic Services office to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program. If my status changes, I am required to inform the program and complete the appropriate documentation.

____________________________________       ___________________________________ ____________
Printed name of Applicant                                       Signature of Applicant                         Date
APPENDIX C

Adrian College
Athletic Training Program
Communicable Disease Policy

The Center for Disease Control (CDC) outlines specific policies for minimizing exposure of communicable diseases within health care facilities and between health care providers and patients. The Adrian College Athletic Training Program educates health care providers and uses the following provisions to manage communicable diseases that may arise during clinical rotations:

**Michigan Department of Community Health (MDCH) Recommendations for Infected Health Care Workers (HCW)**


Based upon current scientific information, the following recommendations have been adopted by MDCH to provide protection for patients and HCWs alike. These guidelines should become part of the infection control guidelines for all health care facilities.

**Infection Control**

1. All HCWs must continually adhere to universal precautions developed by CDC including the appropriate use of hand washing and personal protective equipment.
2. Care must be observed in the use and disposal of needles and sharp instruments to minimize percutaneous exposure to infected blood. Devices with engineered safety features should be utilized wherever possible to prevent unnecessary risks to HCWs and patients.
3. HCWs must comply with current recommended guidelines for disinfection and sterilization of reusable devices.
4. HCWs who have exudative lesions or weeping dermatitis of the hands, forearms, or other body locations that may touch patients, should refrain from performing invasive procedures, and from handling patient care equipment and devices used in invasive procedures until the condition resolves.

**Training**

5. Training of HCWs in proper infection control technique should begin in professional and vocational schools. All HCWs should receive training on universal precautions, personal protective equipment, and other scientifically accepted infection control practices. Ongoing training should be conducted to continually reinforce proper infection control practices and to inform practitioners of any new infection control procedures and safety devices.
   - *It is the AT Program’s policy that formal blood-borne pathogen training for Athletic Training Students (ATS) must occur before students are placed in a potential exposure situation. This includes placement at any clinical site, including observational experiences.*

**Hepatitis B Vaccination**

6. All HCWs who are susceptible to HBV infection should undergo Hepatitis B vaccination, as prescribed by the Occupational Safety and Health Administration (OSHA) standards on Bloodborne Pathogens.
   - *All students admitted to Adrian College must have an immunization review on file in the Campus Health Center. This is verified by the AT Program at the time of application to the Professional Phase of the program. Some clinical sites may have mandatory immunizations which could limit clinical education opportunities for students that do not meet that clinical site’s immunization requirement.*

**Medical Devices**

7. Medical devices, including sharps with engineered safety protection, and safe work procedures that further reduce the risk of exposure to the blood and body fluids of the patient and the HCW, should be used whenever possible.
Testing of Health Care Workers

8. Routine or mandatory HIV, HBV, and/or HCV testing of all HCWs is not recommended, nor should it be a requirement for employment, credentialing, licensure, or insurance.
9. HCWs are encouraged to be aware of their HIV, HBV (including both HBsAg and HBeAg), and HCV serologic status and seek treatment to reduce the risk of transmission of bloodborne pathogens through unanticipated occupational exposures.
   - While infected ATSs are not required to disclose HIV, HBV or HCV status, it is the policy of the AT Program that all students receive training on and properly use universal precautions, personal protective equipment, and other scientifically accepted infection control practices.
   - In a case where an ATS may be infected with a communicable disease other than HIV, HBV or HCV, it is the ATSs responsibility to get evaluated by a licensed health care professional to determine whether there is a need for exclusion from school or clinical practice.
   - Any ATS who exposes a patient to his or her blood/body fluids is ethically bound to inform the patient of this exposure and to undergo testing as appropriate.

Confidentiality and Informed Consent

10. All confidentiality laws must be followed to protect the identity of infected HCWs. Protecting confidentiality will encourage HCWs to be tested. The Michigan Public Health Code (MCL 333.5131, as amended) states that all reports, records and data pertaining to testing, care, treatment, reporting, and research associated with HIV infection and acquired immunodeficiency syndrome (AIDS) are confidential.

Disclosure and Practice Restrictions For Infected Health Care Workers

11. All health care workers who are infected with HIV should be followed up by a medical practitioner who is an expert and experienced in the management of HIV. This medical expert should advise the infected HCW and discuss any practice restrictions that may be appropriate.

Informing Patients of Health Care Worker Status

12. Infected HCWs are not routinely required to disclose their HIV, HBV or HCV status to patients. However, any HCW who exposes a patient to his or her blood/body fluids is ethically bound to inform the patient of this exposure and to undergo testing as appropriate. Facilities should have procedures in place to assure disclosure and appropriate testing and follow-up of patients who are inadvertently exposed to infected HCWs’ blood.
13. If an infected HCW’s serostatus becomes known, any notification of patients should be considered on a case-by-case basis taking into consideration: 1) whether actual exposure has occurred; 2) an assessment of the specific risks; 3) confidentiality issues; and 4) available resources. Any decision to notify patients should be made in consultation with local and state public health officials along with the infected HCW, if available.
Adrian College
Athletic Training Program
Communicable Disease Agreement

- I understand that I must properly use universal precautions, personal protective equipment and other scientifically accepted infection control practices at ALL times during patient care.
- I understand that in the event that I contract any communicable disease (see list below), I have an ethical obligation to protect my patients from disease contraction.
- I understand that in the event that I have a communicable disease where common universal precautions may not completely protect my patients, it is my ethical responsibility to report the potential for disease transmission. In consultation with a license health care professional, I may be removed from clinical exposures by the Clinical Education Coordinator until I am cleared to return to clinical duties. During this time, I will not report to my clinical assignment due to the risk of spreading the infection. This will be considered an excused absence having no effect on the final clinical evaluation.
- I understand that all disclosed medical information will be treated confidentially as directed by HIPAA and FERPA regulations.

Communicable Diseases Sited by the CDC:

~Bloodborne pathogens
~Conjunctivitis
~Cytomegalovirus
~Diptheria
~Gastrointestinal infections
~Hepatitis A
~Herpes simplex
~Measles
~Meningococcal disease
~Mumps
~Parovirus
~Pertussis
~Poliomyelitis
~Rabies
~Rubella
~Scabies and pediculosis
~Staphylococcus aureus infection
~Streptococcus infection
~Tuberculosis
~Varicella
~Vaccinia (smallpox)
~Viral respiratory infections
~ (influenza, respiratory syncytial virus)

I certify that I have read and understand the complete communicable disease policy and agree to comply with the statements therein.

<table>
<thead>
<tr>
<th>Athletic Training Student’s Printed Name</th>
<th>Athletic Training Student’s Signature</th>
</tr>
</thead>
</table>

Date

Revised April 2019
APPENDIX D
STUDENT INCIDENT REPORT

Date of report: ____________________________ Your Name: ____________________________

Your relationship to student (check one): □ Preceptor □ Parent □ Coach □ Faculty □ other

Your phone number: ________________________________________________

Name of injured student: ________________________________________________

Student’s Phone number: ________________________________________________

Date of incident: ____________________________ Time of incident: ____________________________ check one: □ AM □ PM

Specific location where incident occurred: ________________________________________________

Name of source individual: ________________________________________________

Contact information of source individual: ________________________________________________

Description of the Incident Describe with detail, what happened. If there was an exposure to bio-hazardous waste, describe specifically the type of bodily fluid and the exposure to the student. Additionally, list any witnesses and their contact information:

________________________________________________________________________

What, if any, care was administered?

________________________________________________________________________

Date of initial treatment (check one): □ Same day □ Next day □ Other (describe):

________________________________________________________________________

Who initiated care? □ Preceptor □ Parent □ Coach □ Faculty □ Self □ Other (describe):

________________________________________________________________________

Was the student treated off site? □ Yes : Where? ____________________________ □ No

Send the completed report immediately to:
Tina Claiborne, PhD, ATC, CSCS
Program Director of Athletic Training
Phone: 517-265-5161 ext 4432
Fax: 517-264-3802
e-mail: tclaiborne@adrian.edu

Revised April 2019
APPENDIX E
CONFIDENTIALITY AGREEMENT

As an Athletic Training Student at Adrian College, I may have access to, use, or disclose confidential health information. I agree to comply with the laws of the Health Insurance Portability and Accountability Act (HIPAA), and the following points:

- I will only use and distribute health information as a part of my duties as an Athletic Training Student (ATS).
- I will secure health information on the computer through password protection, and keep paper files out of public areas and locked in a filing cabinet.
- I will not give others access to computer passwords or keys to areas that contain private health information.
- I will use and disclose confidential health information solely in accordance with the federal and college policies set forth above or elsewhere. I will not discuss patient information with any individuals who are not directly involved in that patient’s care.

I understand that my failure comply with HIPAA law may result in disciplinary action or dismissal from the Athletic Training Program.

_____________________________________________
Athletic Training Student’s Printed Name

_____________________________________________
Athletic Training Student’s Signature

____________________
Date
APPENDIX F
ATHLETIC TRAINING STUDENT TRAVEL AUTHORIZATION

Submission Process:

1. This form is to be completed in order for permission to be granted for a student to travel to an approved clinical site. The form must be submitted at least ONE WEEK prior to expected travel.
2. Any student requesting travel must be in Clinical Skills III or higher.
3. The Clinical Education Coordinator will send official approval via email to the preceptor and student prior to travel. If approval has not been received, the student may not travel.

Date of submission: _________________________

Student Name: _____________________________________________

Assigned School and preceptor:  __________________________________________________________

School and preceptor the student will be travelling to:
_____________________________________________________________________________________

Requirements (all provisions must be met in order to receive approval):

The student has travelled at least TWICE with their assigned preceptor and independently performed travel requirements (packing, pre-game treatments, etc).   _____Yes  _____No

The student has shown proficiency on patient/treatment skills expected to be performed during travel. The preceptor has documented that the student has performed these skills independently to level of an entry level professional.        _____Yes  _____No

The assigned preceptor has contacted the host preceptor (where the student will travel) to discuss student expectations.                  _____Yes  _____No

The assigned preceptor has discussed the treatment expectations and rules of direct supervision with the team and coach with which the student will travel (may only perform skills students are proficient with, and only under direct supervision)      _____Yes  _____No

_____________________________________________________________________________________

By signing this form, the preceptor and student attest that the above provisions have been met.

Preceptor Signature __________________________________________________________

Student Signature_______________________________________________________________
APPENDIX G
LABORATORY SKILLS & PHYSICAL EXAMINATION POLICY

Athletic Training Students spend a significant amount of time developing physical examination skills used for diagnosis and treatment. Physical exam skills can include observation and palpation of anatomy tissues, and examination techniques such as listening to the heart and lungs and inspection of the eye, ear, nose, and throat using clinical tools. Palpation means examination with the hands and fingers, touching, feeling or perceiving by the sense of touch. In other words, palpation is the use of touch to examine the body.

Development of these physical examination skills takes place in several courses within the athletic training curriculum. Such courses require active participation in all laboratory sessions. In class, each student will physically examine a variety of people, representing both genders and different body types. This simulates the variety of patients seen in practice. Equally important is the experience of being physically examined by peers and faculty. The experience of being examined helps students to understand how physical examination feels from the patient’s perspective. It also enables students to give important feedback to his or her partners to help develop skills.

Another important aspect of training is proper dress. To develop the physical exam skills needed to diagnose and treat musculoskeletal and medical conditions, it is important to maximize the ability to evaluate anatomical tissues and structures. Required dress for men while being physically examined is a pair of sports shorts with an elastic waistband. Required dress for women while being physically examined is a sports bra and a pair of sports shorts with an elastic waist band. A T-shirt or sweatshirt should be worn when not being examined.

Occasionally, students have a specific physical or psychological condition that may contraindicate physical examination of a specific location or using a specific technique. Any student with a condition that contraindicates physical examination is required to contact the course instructor before the beginning of the course and present official medical documentation of the condition. If the condition is confirmed via review of the documentation, special arrangements will be made concerning the specific condition. Active participation will be required in all laboratory sessions not effected by the condition.

(Modified from Lake Erie College of Osteopathic Medicine Technical Standards).