

ATHLETIC TRAINING EDUCATION PROGRAM STUDENT HANDBOOK 2009-2010



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Table of Contents

- APPROVED CLINICAL INSTRUCTORS & AFFILIATE CLINICAL SITES **Error! Bookmark not defined.**
 - General Medical Clinical Instructors **Error! Bookmark not defined.**
- ATHLETIC TRAINING MAJOR 3
 - History 7
 - Mission 7
 - Overarching Goals 7
- ATEP CURRICULUM..... 8
 - Admission Requirements (*Clinical Track Only*) 8
 - Physical Examination and Technical Standards 10
 - Immunization Requirements..... 10
 - Professional Rescuer CPR/AED Training 10
 - OSHA/Bloodborne Pathogens Training 11
 - Criminal Background Checks & Drug Testing..... 11
 - Retention Requirements..... 11
 - Failure of a Course 12
 - Leave of Absence 12
 - Course Requirements for BS Degree 13
 - Curriculum Sequence (sample)..... 15
 - Graduation Requirements 17
- DEPARTMENTAL HONORS* **Error! Bookmark not defined.**
 - Academic Attendance in ATEP Courses 19
 - Grading Scale 19
 - Academic Counseling..... 20
 - Scholarships..... 20
 - Academic Integrity 21
 - Harassment/Discrimination 21
 - Grounds for Suspension or Dismissal..... 22
 - Professional Organizations 22
 - Athletic Training Student Association..... 23
- ATEP CLINICAL EDUCATION EXPERIENCE 24
 - Approved Clinical Instructors (ACI) 24
 - Clinical Instructors (CI)..... 24
 - Clinical Attendance 24
 - Changing your Clinical Assignment..... 25
 - Clinical Education 26
 - Clinical Education Guidelines 27
 - Clinical Rotation Length and Hours 28
 - Clinical Rotation Assignments 29
 - Liability Insurance 29
 - Clinical Rotations in the Summer or during Winter Break..... 30
 - Clinical Rotation Evaluations 30
 - Mid-rotation ACI/Student Meeting 31
 - Transportation to Clinical Education Experience 31
 - Transportation of an Ill or Injured Patient 31
 - Cell Phones..... 31
 - Dress Code..... 31
 - Name Tags..... 33
 - Service Learning Hours 33
 - HIPAA, Confidentiality, Privacy, and Security..... 34
 - Romantic Relationships with Athletes..... 36
 - Student Conference Report - Violation of Clinical Education Policies 36
 - Grievance Procedure..... 36

Communicable Diseases	38
Participation in Extracurricular Activities	39
Policies and Procedures	39
APPENDIX A	40
Physical Examination Form.....	40
Technical Standards Form	40
Immunization Requirements.....	40
Technical Standards Criteria.....	45
APPENDIX B.....	50
WSU Bloodborne Pathogens Post-Exposure Procedures and Forms	50
OSHA & Bloodborne Pathogens	51
Criminal Background Check Policy	54
Drug Testing PolicyWeber State University.....	54
Weber State University	55
APPENDIX D	62
Athletic Training Course Descriptions	62
APPENDIX E.....	67
Clinical Education Guidelines	67
APPENDIX F	69
Clinical Evaluation Forms	69
APPENDIX G	99
Change of Clinical Assignment Form	99
APPENDIX H	101
Confidentiality, Privacy, and Security Agreement	101
APPENDIX I	105
Student Conference Report Form	105
APPENDIX J.....	107
Varsity/Club Athletic Participation by Athletic Training Students	107
APPENDIX K	109
Glossary of Terms	109
Student Agreement	111

Note: The Athletic Training faculty reserve the right to make necessary changes with regard to the student handbook. Students will be notified of any changes or additions. The Athletic Training Program Director will make final decisions in disputes over interpretations.

Revised 8/25/2008

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ATHLETIC TRAINING MAJOR

History

Weber State University's Athletic Training Education Program (ATEP) is nationally accredited by the the Commission on Accreditation of Athletic Training Education (CAATE). The program began in 1998 under the direction of Interim Program Director Joel Bass. The ATEP was given initial "national accreditation" status in October of 2003. The Program is designed for those students who want to meet the educational competencies and clinical proficiencies established by the National Athletic Trainers' Association (NATA) Education Council. By completing the WSU ATEP, the student is eligible to take the Board of Certification (BOC) examination and become a BOC Certified Athletic Trainer (ATC). BOC Certification is required for employment as an athletic trainer in Utah and most other states (see individual state laws for certification/licensure requirements). Students will be prepared for a variety of career settings at the secondary school, college, university and private/clinical settings. The Athletic Training Major at Weber State University is housed in the Department of Health Promotion and Human Performance (HPHP) in the Jerry & Vickie Moyes College of Education.

Mission

The mission of the Weber State University ATEP is to provide a quality educational experience for students. Depending on the student's personal and professional goals, the Athletic Training major can be paired with other majors, minors, or coursework at Weber State University. Regardless of the area(s) of study chosen, students are presented with didactic and psychomotor experiences that will lead them to being able to exercise sound ethical judgment, achieve satisfying careers, and make positive contributions to their communities. In addition, the ATEP guides the student on the journey to become a lifelong learner through obligatory professional continuing education.

Overarching Goals

The undergraduate ATEP curriculum is designed to:

- Prepare the student to meet the educational competencies and clinical proficiencies necessary to be eligible to sit for the Board of Certification (BOC) examination.
- Prepare students for entry into athletic training, medicine, physical therapy, and other allied health and professional fields.
- Prepare students to seek entrance into graduate school programs such as sports medicine, athletic training, sports psychology, exercise physiology, cardiac rehabilitation, adult fitness, physical therapy, and medicine.
- Provide an individualized clinical plan for each student based on:
 - the student's personal and professional interests
 - providing the students with a variety of experiences and clinical instructors
 - the accreditation clinical education standards

ATEP CURRICULUM

The Department of Health Promotion and Human Performance (HPHP) offers an undergraduate program in Athletic Training. The Athletic Training Education Program (ATEP) at Weber State University is accredited by the Commission on Accreditation of Athletic Training Education (CAATE), which enables students to obtain eligibility for the Board of Certification (BOC) examination. The ATEP is specifically designed to prepare students for careers in allied health care. The program will provide students with skills in the prevention, evaluation, treatment, and rehabilitation of musculoskeletal injuries. Athletic trainers are employed in corporations, public schools, physical therapy clinics, universities, professional organizations, the military, factories, and hospitals.

Admission Requirements

- A. Before a student can be considered for the program, the following application requirements must be met:
1. Admission to Weber State University
 2. Minimum 2.5 Weber State University GPA
 3. Submit Athletic Training Student Application
 4. Submit Letter of Application
 5. Two Letters of Recommendation
 6. Grade of C or better in AT 1500 Introduction to Athletic Training
 7. Program Interview
 8. Complete Technical Standards form
 9. Unofficial transcripts from other colleges/universities attended
 10. Physical examination and proof of immunizations
 11. Hepatitis-B Vaccination
 12. Current Emergency Response and CPR for Professional Rescuer cards
 13. Grade of C or better in HLTH/AT 2300 Emergency Response
 14. For students participating in varsity and club sports, a contract must be signed by both the student/athlete and his/her coach. The contract stipulates that AT students may participate in one sport only, beginning with their second clinical year in the ATEP. More details can be found in the ATEP Student Handbook.

Note: After formal admission to the Athletic Training program, students are required to complete an FBI background check and drug test. The expenses, approximately \$75, will be paid for by the student.

- B. Application deadline is the third Wednesday in November for consideration for each spring semester. Applicants will be notified of the selection committee's decision following the submission of fall grades. Applications may be obtained from the ATEP director.

C. Students interested in transferring from another institution or from another major at Weber State University must meet University and College transfer requirements and complete the same requirements as freshmen in the Athletic Training Program.

D. Accelerated Track

An accelerated track is available for qualifying students and must be approved by the ATEP director. For information contact the HPHP advisement coordinator or the ATEP director.

1. Students who meet the requirements below are eligible for an interview and may be accepted into the accelerated track:
 - a. Admission to Weber State University
 - b. Minimum of 60 transferable credits with all general education requirements completed*
 - c. Minimum 2.5 Weber State University GPA
 - d. Completion of ZOOL 2100 and 2200
 - e. Students who are accepted into the accelerated track must STILL complete the Secondary Admissions process outlined above under Section A.

*Students who have completed a minimum of 60 transferable credits and a 2.5 GPA but not all of the general education and required support courses may also be eligible for a modified accelerated program as determined by the ATEP director.

Selection Process

A. All applicants will be ranked using a numerical scale on the following criteria:

1. Cumulative Weber State University GPA [0-4 weight in selection formula = 20%]
2. AT 1500 Intro. to Athletic Training grade [0-4 weight in selection formula = 20%]
3. Letter of Application [0-4 weight in selection formula = 20%]
4. Previous athletic training experience and Letters of Recommendation [0-4 weight in selection formula = 20%]
5. Strength of athletic training student's commitment as reflected in interview responses. [0-4 weight in selection formula = 20]

B. Students receiving the highest scores in the rating process will be invited to enter the athletic training major. The selection committee is comprised of the ATEP faculty and clinical instructors. Approximately twenty students can be chosen to enter the major each year, in compliance with accreditation guidelines concerning clinical instructor-to-student ratios. Selection into the ATEP is competitive and satisfaction of the minimum requirements does not guarantee admission.

C. Applicants not invited to enter the athletic training program may reapply the following year. All applicants who eventually re-apply must meet all requirements in effect at the time of application. Students are encouraged to contact the ATEP Director for current admission requirements.

D. All students selected for athletic training program must provide evidence of being able to meet the Technical Standards for Admission of the program. Only those students who verify that they can meet those technical standards, with or without reasonable accommodations, will be allowed to enter the program.

Physical Examination and Technical Standards

Prior to admission, all students must complete a physical examination by a physician. Students must also complete and sign the Technical Standards form, indicating that they possess the physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATEP. The standards promote compliance with the Americans with Disabilities Act (ADA). See Appendix A for the Physical form and Technical Standards form.

Students who do not meet the Technical Standards can request accommodations. This written request must be accompanied by supporting documentation by a physician.

Immunization Requirements

In order to meet health requirements of the clinical education sites used during the ATEP clinical education experiences all students must have documentation of immunizations on file prior to the ATEP Application deadline. See Appendix A for a list of the immunizations required.

Professional Rescuer CPR/AED Training

A photocopy of each student's current Professional Rescuer CPR (infant, child, and adult) and AED certification must be presented to the Program Director and/or Coordinator of Clinical Education as part of the application AND each August by the first day of clinical education experiences. Students **CANNOT** complete any clinical education experiences until he/she has a copy of his/her CPR card on file. A student without a current Professional Rescuer CPR (infant, child, and adult) and AED certification on file will be placed on probation and suspended from clinical education experiences until s/he fulfills this essential requirement.

It is the student's responsibility to obtain initial certification and recertification of CPR (infant, child, and adult) and AED training via the AT/Hlth 2300 course or through an appropriate certification agency such as the American Red Cross or the American Heart Association. The ATEP will schedule regular challenges to allow students the opportunity to maintain their certification. However, it is not always feasible to schedule these challenges around every student's schedule. The cost is \$10, but subject to change.

OSHA/Bloodborne Pathogens Training

Students must complete the WSU OSHA/Bloodborne Pathogens training prior to beginning clinical observation experiences and prior to acceptance into the program. This training must be repeated at least annually to remain in the ATEP. Training will be provided in AT 1500 and annually as an evening seminar. Students who cannot attend the training can make it up by contacting the WSU Environmental Health and Safety Specialist. See Appendix B for the WSU Bloodborne Pathogens Post-Exposure Procedures and Forms.

Criminal Background Checks & Drug Testing

Following formal acceptance into the Clinical Track of the Athletic Training major, students must submit fingerprints and pay for a 50 state criminal background check as well as a urine drug test.

The ATEP Director at Weber State University (WSU) must insure that a satisfactory background check and drug test is completed for all athletic training students prior to participating in off-campus clinical rotations, especially those sites with patients who are minors and those regulated by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

Background checks and drug test results must be on file with the Athletic Training Program Director. Failure to complete both the background check and drug test will result in dismissal from the ATEP. Both must be completed by Feb. 15 following admission. (See Appendix C for policies related to the background check and drug test).

Retention Requirements

- A. After students are selected into the Athletic Training Major, retention in the program will be based on the following criteria:
 1. Grade "C" or better in all athletic training major courses (includes clinical application courses).
 2. Grade "C" or better in all the professional knowledge and support courses.
 3. Students must maintain an overall Weber State University GPA of 2.5.
 4. Adhere to Athletic Training Policies and Procedures.
 5. Adhere to ATEP AT Student Handbook Policies.

- B. Students who fail to meet the retention criteria will be placed on probation in the Athletic Training major for one semester. If standards are not met by the end of the probationary period, the student will be dismissed from the major. Students who receive any grade below a C in an athletic training major course, professional knowledge course, and/or support course must repeat that course and receive a grade of "C" or higher to remain in the major. Failure to repeat the course (when offered) will result in dismissal from the program. Athletic Training Policies and Procedures are available in the athletic training student handbook.

C. Athletic Training Majors may NOT enroll in the on-line offerings of the athletic training courses. Students WILL NOT receive credit towards the major requirements for on-line AT courses. If a student has taken any on-line AT courses, prior to or following secondary admission to the ATEP, the student must retake those courses in the traditional face-to-face classroom setting. The hands-on skills taught in these classes are vital to the education of athletic training students.

Failure of a Course

- Must earn a “C” or better in all required major courses or considered failure
- Students who fail any required course will be placed on probation in the Athletic Training major for one semester. If standards are not met by the end of the probationary period, the student will be dismissed from the major. Students who receive any grade lower than a C in a required major course must repeat that course and receive a grade of "C" or higher to remain in the major. Failure to repeat the course (*when offered*) will result in dismissal from the program.
- Failure of 2 required major courses mandates suspension from ATEP until both courses are repeated successfully with a grade of C or higher. Students may not take any other required courses in the major until the two failed courses are repeated successfully.
- Failure of 3 required major courses may result in dismissal from the ATEP at the discretion of the AT program director.
- Incomplete grades in clinical courses must be completed before registering for another clinical course
- Students may repeat required major courses only one time. Students who do not comply with this requirement must re-apply for admission to the ATEP.

Leave of Absence

Students may need to take a leave of absence due to illness, injury, religious missions, military assignments, or other personal issues. Students who do so must submit a request in writing to the ATEP Director. If the time period is longer than one calendar year, the student must retake both the final written and oral/practical exam from the last clinical application course completed. If the student scores 70% or higher on both exams, he/she will be allowed to continue their course of study as scheduled. However, if the student does not earn the minimum score on both exams, remediation will be required. The ATEP faculty will develop a remediation plan which will include independent study, additional examinations, and/or retaking of required courses. Remediation must be completed prior to continuing with the student's AT major coursework.

It is not in the student's best interest to continue matriculating through the program if they have not retained the knowledge from previous courses. Our goal is to maximize the student's ability to succeed in both future coursework and on the BOC certification examination.

Course Requirements for BS Degree

Required Support Courses (17 credit hours)

- HLTH SS1030 Healthy Lifestyles (3)
- ZOOL 2100 Human Anatomy (4)
- ZOOL 2200 Human Physiology (4)
- PSY SS1010 Introductory Psychology (3)
- PEP SI3600 Measurement for Evaluation and Research (3)

Professional Knowledge Courses Required (17 credit hours)

- NUTR LS1020 Foundations in Nutrition (3)
- HLTH/AT 2300 Emergency Response (3)
- PEP 3280 Teaching Neuromuscular Conditioning (2)
- PEP SI3500 Kinesiology (3)
- PEP 3510 Exercise Physiology (3)
- HTHS 2240 Intro to Pharmacology (3)

Athletic Training Major Courses Required (29 credit hours)

- AT 2431 Taping, Wrapping, Bracing, Padding, and Splinting (1)
- AT 3200 Psychology of Sport, Injury, and Rehabilitation (3)
- AT 3300 Evaluation & Care of Musculoskeletal Injuries: Lower Extremities (3)
- AT 3301 Evaluation & Care of Musculoskeletal Injuries: Upper Extremities (3)
- AT 4100 Basic Therapeutic Modalities for Musculoskeletal Injuries (3)
- AT 4101 Advanced Therapeutic Modalities for Musculoskeletal Injuries (3)
- AT 4200 Basic Rehabilitation of Musculoskeletal Injuries (3)
- AT 4201 Advanced Rehabilitation of Musculoskeletal Injuries (3)
- AT 4550 General Medical Conditions and Advances in Athletic Training (3)
- AT 4600 Administration & Management in Athletic Training (3)
- AT 4999 Critical Thinking for Musculoskeletal Injury Management (1)

Clinical Application Courses Required (15 credit hours)

- AT 1500 Introduction to Athletic Training (1)
- AT 1501 Clinical Application of Athletic Training I (1)
- AT 2500 Clinical Application of Athletic Training II (2)
- AT 2501 Clinical Application of Athletic Training III (2)
- AT 3500 Clinical Application of Athletic Training IV (3)
- AT 3501 Clinical Application of Athletic Training V (3)
- AT 4500 Clinical Application of Athletic Training VI (3)

Electives

- AT 4998 Preparation for the Board of Certification (BOC) Exam (1)
- AT 4800 Individual Projects (1-4)

See Appendix D for a complete list of course descriptions.

Curriculum Sequence (sample)

**ATHLETIC TRAINING MAJOR
COURSE SEQUENCE - 4 year plan**

Freshman Fall	Credits	Freshman Spring	Credits
AT 1500 – Intro to Athletic Training AT 2300 – Emergency Response <i>HTHS LS1110 - Biomed core*</i> <i>NUTR LS1020 - Nutrition</i>	1 3 4 <u>3</u> 11	AT 1501 - Clinical App of AT I HTHS 1111 - Biomed core* <i>PSY SS1010 – Intro to psych</i> AT 2431 - Taping & Splinting	1 4 3 <u>1</u> 9
Sophomore Fall		Sophomore Spring	
AT 2500 - Clinical App of AT II AT 3300 – Eval (Lower ext.) <i>HLTH SS1030 –Healthy Lifestyles</i>	2 3 <u>3</u> 8	AT 3200 – Sport Psychology AT 2501 - Clinical App of AT III AT 3301 – Eval(upper ext) HTHS 2240 – Pharm. PEP 3510 – Ex. Phys.	3 2 3 3 <u>3</u> 14
Junior Fall		Junior Spring	
PEP 3280 – Teach,coach,cond. <i>PEP SI3600 – Measure. & Eval.</i> AT 3500 - Clinical App of AT IV AT 4200 – Basic Rehab AT 4100 - Basic Modalities	2 3 3 3 <u>3</u> 14	<i>PEP SI3500 - Kinesiology</i> AT 3501 - Clinical App of AT V AT 4201 – Adv. Rehab. AT 4101 - Advanced Modalities AT 4550 - General Medical for AT	3 3 3 3 <u>3</u> 15
Senior Fall		Senior Spring	
AT 4500 - Clinical App of AT VI AT 4600 - Management AT 4999 - Critical Thinking in AT	3 3 <u>1</u> 7	AT 4998 - BOC Exam Prep (optional course) NO AT Requirements Complete remainder of general education requirements and electives	1

Total Credit Hours = 78

Courses in bold italics also count towards general education requirements.

**Students may also take ZOOL 2100 and 2200 instead of HTHS 1110 and 1111. Note, the ZOOL courses do NOT count for Life Science general education, so another Life Science course must be taken if the ZOOL courses are chosen.*

Weber State University
ATHLETIC TRAINING MAJOR
SUGGESTED COURSE SEQUENCE - ACCELERATED PROGRAM

Fall 1	Credits	Spring 1	Credits
<i>NUTR LS 1020 – Nutrition</i> AT 2300 – Emergency Response AT 1500 – Intro to Athletic Training <i>HLTH SS1030 – Healthy Lifestyles</i> AT 3300 – Eval & Care – Lower Ext <i>PSY SS1010 – Intro to Psych</i>	3 3 1 3 3 3 16	AT 3200 – Sport Psychology AT 2431 - Taping and Splinting AT 1501 – Clinical App of AT I PEP 3510 – Exercise Physiology HTHS 2240 – Intro to Pharm. AT 3301 – Eval & Care - Upper	3 1 1 3 3 3 14
Fall 2		Spring 2	
AT 2500 - Clinical App of AT II <i>PEP SI3600 – Measurement & Eval.</i> AT 4100 - Basic Modalities AT 4200 – Basic Rehab PEP 3280 – Teaching Neuro Cond. AT 3500 - Clinical App of AT IV	2 3 3 3 2 3 16	<i>PEP SI3500 - Kinesiology</i> AT 2501 - Clinical App of AT III AT 3501 - Clinical App of AT V AT 4201 – Adv. Rehab. AT 4101 - Advanced Modalities AT 4550 – General Medical - AT	3 2 3 3 3 3 17
Fall 3			
AT 4500 - Clinical App of AT VI AT 4600 - Management AT 4999 - Critical Thinking in AT	3 3 1 7		

To be eligible to participate in the Accelerated Track Program, students must have completed minimum of 60 credit hours accepted for transfer credit at Weber State University. All general education requirements must already be met in addition to **ZOOL 2100** and **2200** (or **HTHS LS1110** and **1111**). Students must also have a minimum 2.5 GPA.

Students who have completed a minimum of 60 transferable credits and have a minimum GPA of 2.5, but have not met all of the general education requirements may also be eligible for a modified accelerated program as determined by the Athletic Training Program Director.

Courses in bold italics also count towards general education requirements.

Graduation Requirements

To complete the Bachelor of Science degree with a major in Athletic Training, the student must meet the below criteria:

1. Grade "C" or better in all athletic training major courses (*includes clinical experience track courses*).
2. Grade "C" or better in the professional knowledge and support courses.
3. Students must maintain an overall Weber State University GPA of 2.5.
4. Adhere to Athletic Training Policies and Procedures.
5. Adhere to ATEP AT Student Handbook policies.
6. Successfully completing all proficiencies.

(NOTE: the student is responsible for completing courses in ATEP and for fulfilling all requirements for graduation.)

Departmental Honors Health Promotion and Human Performance

Athletic Training Major

In conjunction with the University Honors Program, the Department of Health Promotion and Human Performance (HPPH) offers a Departmental Honors Curriculum for students in the Athletic Training Major. This is an enriched program that provides greater scope for intellectual initiative and independent work. The Honors program can be particularly beneficial for students contemplating graduate school, by enhancing their credentials and also by exposing them to the standard rigor of graduate coursework.

The student desiring honors credit should plan a program of study, which must be approved by the AT Program Director and must meet the following criteria:

1. Academic Excellence

- Major GPA: 3.7, Total Institution Cumulative GPA: 3.5

2. Public Demonstration of Discipline Expertise

One of the following:

- Excellence in Community Service (Project)
- Present a poster or talk and/or publish a paper
- Excellence in Research (including IRB application & OUR funding application)

and Two of the following:

- NATA student membership
- Service on an athletic training student committee at the state, district, or national level
- Membership and Involvement with the WSU Student Athletic Training Association
- Attend a state, regional and/or national Athletic Training Conference

3. Honors Courses

- Fulfill the requirements for the AT major in the HPPH department, of which **9 cr hrs** must include **an additional project** within each selected course (**AT 3200, 3300, 3301, 4100, 4101, 3200, 4201, 4550, 4600**), with each project relating to a central theme for AT 4800 (see below).
- Additionally, students must complete **3 credits of AT 4800** (Individual Projects), during which time they will complete a senior thesis project

Permission from the AT Program Director (Dr. Utley) and course instructor must be obtained before registering in a course for honors credit. A written agreement should be reached with the course instructor regarding the work expected for honors credit by the end of the third week of the semester for each course taken for honors credit.

Students who have not completed their General Education requirements are encouraged to take Honors General Education classes.

Students must apply to be awarded departmental honors and be approved by both the Health Promotion and Human Performance Department and the Honors Program.

How to apply for Departmental Honors in Athletic Training:

1. Complete the application for Departmental Honors and submit it to the Honors Program (3rd floor Stewart Library),
2. Meet the requirements listed above, and
3. Visit with Marilyn Diamond, Honors advisor, to be cleared for graduation with Departmental Honors (626-7336; mdiamond@weber.edu)

Student earning Departmental Honors will be recognized in the following ways:

1. “Departmental Honors in Athletic Training” designation on the transcript,
 2. “Departmental Honors in Athletic Training” printed on the degree diploma,
 3. Personalized letter signed by the President of WSU and the Honors Director,
 4. Invitations to Honors educational and social events, and
 5. Invitation to Honors Nye-Cortez banquet at the end of the academic year.
-

For additional information, contact:

Dr. Jordan Utley Athletic Training Program Director 801-626-7530
JordanUtley@weber.edu

Dr. Judy Elsley Honors Director 801-626-6186
Jelsley@weber.edu

Academic Attendance in ATEP Courses

The Weber State University ATEP faculty expects students to attend all classes for which they have registered. Registration in a course is regarded as an agreement between the student and the institution, the fulfillment of which depends on regular and punctual class attendance. The attendance policy will be clearly stated in each ATEP course syllabus by the respective faculty member. If there is to be an unavoidable absence, the student should inform the instructor in advance and be responsible for making up all work that is missed regardless of the reason for the absence.

Students and faculty are expected to be on time for all ATEP courses. Students must wait ten (10) minutes for the ATEP instructor to arrive and start the scheduled class. If the instructor does not appear after ten minutes, the students are excused **UNLESS** prior arrangements have been made by the instructor.

Grading Scale

The specific details of how a student is to earn a certain grade in his/her classes will be explained by the instructor at the beginning of each class each semester, and outlined in each course syllabus.

Students must earn a minimum of a 70% on all final written and oral/practical exams given in the clinical application courses.

Academic Counseling

Students enrolled in AT 1500 (Introduction to Athletic Training) will be assigned a faculty academic advisor. Each student must meet with his/her faculty advisor at least once per semester, prior to registering for the following semester.

Students are also strongly encouraged to utilize the Health Promotion and Human Performance Departmental Academic Advisor - Sherrie Jensen who can be reached at sjensen3@weber.edu or 626-7425.

Students are encouraged to "use" their faculty advisor for more than just course scheduling. All faculty members in the Athletic Training Program have an "open door policy" whereby students can utilize them for discussions regarding academic and/or personal problems, career counseling, etc.

During the pre-registration period, students should make an appointment with their athletic training advisor to schedule classes. It is extremely important that ATEP students have very thorough academic advising because of the strict sequence of courses. Failure to consistently meet with one's advisor could possibly create a situation where the student has to stay an extra semester or year to take the course(s) he/she missed. Therefore, it is the student's responsibility to meet with his/her athletic training advisor a minimum of one time per semester, and to keep abreast of course and curriculum offerings and changes.

Scholarships

There are two different scholarships that are awarded to Athletic Training Students by the WSU ATEP. Applications become available during each spring semester. Total amount awarded varies per year based on the funds provided by the Utah Legislature.

1. Dr. Russel N. Hirst Memorial Scholarship. Must be a rising junior or senior in the ATEP.
 - a. Minimum 3.0 GPA.
 - b. This student will also serve as the President of the WSU Athletic Training Student Association (WSU ATSA). Leadership ability is vital.
2. Tuition Waivers.
 - a. Based on Overall GPA
 - b. Financial Need.

Other scholarships for athletic training students are available annually through outside entities. The faculty will assist those students interested in applying for any or all of the following:

1. Jack Cramer Scholarship - applications are due by April 15th each year.

2. Big Sky Conference Football Officials Athletic Training Student Scholarship - applications are due in May each year.
3. National Athletic Trainers' Association Research and Education Foundation Undergraduate Athletic Training Student Scholarship - applications are due by Feb. 10 each year. Applicants must be members of the NATA by the previous November.

Academic Integrity

Cheating and other forms of academic dishonesty will **NOT** be tolerated. The policy of the Weber State University Student Code, found at <http://weber.edu/ppm/6-22.htm> will be enforced. Any individual caught cheating on examinations and/or assignments or plagiarizing will receive an automatic "E" for their final grade. Furthermore, a letter will go into the student's file describing the situation.

Students have a special responsibility to academic standards, since Weber State University is an academic institution. Academic dishonesty is a particularly serious offense. Academic dishonesty is defined as, but not limited to:

1. Giving or receiving help with intent to falsely represent one's work
2. Plagiarizing (A willful misrepresentation of another person's work as one's own.)
3. The use (or appearance of use) of notes, books, cell phones, cameras, or any other unauthorized sources during tests of any kind, unless specific instructions are given permitting such use.
4. Altering the record of any grade in any grade book or record.
5. Any other type of misconduct, offense or manifestation of dishonesty or unfairness in relation to academic work.
6. Unauthorized possession of a test prior to, during or after the administration of a test.
7. Defacing, mutilating, destroying, modifying, stealing, hiding or in any other way inhibiting or preventing access by others to library materials or databases.
8. Falsely documenting clinical hours.

Harassment/Discrimination

Weber State University is committed to providing an environment free from harassment and other forms of discrimination based upon race, color, ethnic background, national origin, religion, creed, age, lack of American citizenship, disability, status of veteran of the Vietnam era, sexual orientation or preference or gender, including sexual/gender harassment. Such an environment is a necessary part of a healthy learning and working atmosphere because such discrimination undermines the sense of human dignity and sense of belonging of all people in the environment. Thus, students in this program should practice professional deportment, and avoid treating others in a manner that is demeaning or derisive in any respect.

While diverse viewpoints and opinions are welcome in this program, in expressing them, we will practice the mutual deference so important in the world of work. Thus, while we encourage you

to share your opinions, when appropriate, you will be expected to do so in a manner that is respectful towards others, even when you disagree with them.

If you have questions regarding the university's policy against discrimination and harassment you may contact the university's AA/EO office (626-6239) or visit its website:
<http://departments.weber.edu/aaeeo/>

Grounds for Suspension or Dismissal

A student can be suspended or dismissed from the program at any time during his/her stay for violating any of the below violations. Suspension is defined as a temporary removal from one or more courses with possibility for future reinstatement. Dismissal is defined as a permanent termination from the program. Suspended or dismissed students have the right to appeal the decision by referring to the Grievance Policy and Procedures as stated in the ATEP Student Handbook.

1. Academic dishonesty as explained above.
2. Failing grades in University courses.
3. Failing grade on second attempt of an ATEP or support course.
4. Failure to accomplish practicum course requirements, such as clinical education hours, competencies, or proficiencies.
5. Dismissal from a clinical education setting.
6. Unprofessional or unethical conduct
7. Insubordination.
8. The conviction and/or known use, distribution, or possession of illegal drugs or controlled substances.
9. The conviction of a felony.
10. Other incidences which may not be listed above.

Professional Organizations

In the following section you will find links to the applications for joining some of the major national and state professional organizations in Athletic Training/Sports Medicine.

1. The National Athletic Trainers Association: www.nata.org
2. The Utah Athletic Trainers Association: www.rmata.org/utah
3. The American College of Sports Medicine: www.acsm.org

These sites can also be accessed via a link on the WSU Athletic Training webpage - <http://programs.weber.edu/athletictraining>.

Joining a professional organization is one mechanism of demonstrating your interest and commitment to the profession. Additionally, the BOC certification exam is less expensive for a student who is a member of the NATA.

Athletic Training Student Association

All Athletic Training students who desire admission into the Athletic Training Education Program will be encouraged to become members of the WSU Athletic Training Association. The faculty believes it is very important for students to take an active role in the continuing development and support of the Athletic Training Association. Moreover, by having more students participate and become active members, fund-raising for the club should increase, as well as the camaraderie between students and between students and faculty/staff. Additionally, fund-raising will enhance the potential for more students to attend state, district, and/or national Athletic Training/Sports Medicine Conferences. Students who do not join the club will not receive club benefits such as athletic training items purchased for students and/or financial assistance to attend conferences.

ATEP CLINICAL EDUCATION EXPERIENCE

Approved Clinical Instructors (ACI)

The ATEP uses Approved Clinical Instructors (ACI) to supervise clinical education experiences for students to meet accreditation requirements. ACIs are certified athletic trainers (ATC) in good standing with the BOC with at least one year of experience as an ATC. In addition, the ATC must participate in an initial Approved Clinical Instructor Workshop offered by the ATEP program (via a Clinical Instructor Educator).

ACIs shall provide direct visual and auditory supervision for the student(s) assigned to him/her. In coordination with the practicum instructor, the ACI works with a student to develop increased proficiency in the skills delineated by the practicum course.

Clinical Instructors (CI)

The ATEP also utilizes Clinical Instructors (CI) to supervise clinical experiences. CIs are credentialed health care professionals as defined by the American Medical Association and the American Osteopathic Association. CIs shall also provide direct visual and auditory supervision for the student(s) assigned to him/her. CIs may evaluate skills, but may not provide the final evaluation of any skill.

Clinical Attendance

Each student attending the ATEP has the privilege, not the right, to attend the assigned clinical education experiences. Students are expected to follow all rules of ethics and conduct delineated in this handbook. If any student is dismissed from the clinical education experience for disciplinary behavior, his/her education in the ATEP may be terminated.

Students are to attend the clinical education experience at the time and facility designated by Coordinator of Clinical Education and ATEP Director. Students cannot miss ATEP courses or practicum classes to attend clinical education experiences without permission by their classroom instructor.

Upon arrival at the clinical site, the student must check in with the ACI prior to beginning the clinical education experience. Prior to departing the clinical site each day, the student is responsible to check out with the ACI and document the correct number of hours on the *Monthly Clinical Hour Log*. Hours are to be rounded to the closest 15 minutes. Punctuality is a high priority, as this is a sign of dependability.

If snow or flooding or any other act of nature prevents a student from attending the clinical education experience, the student will arrange to make up the clinical time with his/her instructor as necessary. In the event that a sudden conflict, illness, or emergency arises, the student must notify the ACI immediately via phone or in person. Only in the most extreme conditions (i.e., death in the immediate family, hospitalization) will this notification be waived.

Students are responsible to communicate with the ACI on a daily basis regarding the hours of operation for the ACI related to the assigned clinical education experience. The student and ACI must work out an attendance schedule to meet the minimum number of hours required by the enrolled practicum course. Students are expected to be present at all designated hours. In the event a student needs to miss his/her assigned clinical time, arrangements should be made with ACI prior to missing the clinical time.

Unexcused absences and tardiness to clinical education experiences will be reflected in the student's final clinical evaluation by the ACI and will negatively impact the student's grade in their clinical application course.

If a student fails to attend a clinical education experience the student is subject to a written warning. Multiple written warnings for the same offense can result in suspension or dismissal. Suspension is defined as a temporary removal from one or more courses or clinical educational experiences with the possibility for future reinstatement. Dismissal is defined as a permanent termination from the program. The following protocol will be followed for a student's failure to attend his/her clinical education experience:

1. After the first unexcused absence, a conference will be scheduled between the student and the ACI to discuss the incidence and come to a resolution. The student will be given a verbal warning by the ACI.
2. After a second unexcused absence, a conference will be scheduled between the student, ACI, and Coordinator of Clinical Education to discuss the incident and come to a resolution. In addition, the student will be placed on a one week suspension from the clinical education site. The student, ACI, and Coordinator of Clinical Education will complete and place a copy of the *Student Conference Report*, and the report will in the student's file.
3. After a third unexcused absence, a conference will be scheduled between the student, ACI, Coordinator of Clinical Education, and Program Director to discuss all incidents. A third unexcused absence is grounds for dismissal from the ATEP program. A *Student Conference Report* will be completed and placed in the student's file.

Changing your Clinical Assignment

Students who wish to change their clinical assignment for any reason must first obtain written permission from the Coordinator of Clinical Education, the Program Director, or both. The student must also get written approval from their current and proposed ACIs. The student must utilize the Change of Clinical Assignment Form, found in Appendix G.

Clinical Education

The ATEP Program at Weber State University utilizes the learning over time model throughout the program. In this program a student will enroll in a didactic course to learn the competencies and proficiencies of a selected topic. The following semester the same student will enroll in a clinical application course to refine his/her clinical proficiencies and put into use an evidence based practice model. Each clinical application course will also review a sampling of information from all prior semesters. The learning over time schedule for our ATEP program is:

- AT 1500 (Intro to AT) & AT 2300 Emergency Response → AT 1501: Clinical App of AT I
- AT 3200 (Sport Psych) & AT 2431 (Taping & Splinting) → AT 2500: Clinical App of AT II
- AT 3300 (Eval - Lower) & NUTR 1020 (Intro) → AT 2501: Clinical App of AT III
- AT 3301 (Eval - Upper) & HTHS 2240 (Pharm) → AT 3500: Clinical App of AT IV
- AT 4100 (Basic Modal), AT 4200 (Basic Rehab),
& PEP 3280 (Neuromuscular Cond) → AT 3501: Clinical App of AT V
- AT 4101 (Adv Modal), AT 4201 (Adv Rehab),
& AT 4500 (Adv AT) → AT 4500: Clinical App of AT VI

The purpose of the clinical education experience is to offer each student an opportunity to develop increased proficiency in the skills required to become a BOC certified athletic trainer. This experience is a component of the Clinical Application of Athletic Training Courses. During the live class meetings for the Clinical Application of Athletic Training Courses, the student and instructor review and practice clinical proficiencies learned during the didactic course the prior semester. The clinical courses are **NOT** meant as an avenue to instruct new course material unless it has been determined that certain required competencies and proficiencies are deficient.

In addition to the live class meetings, the student attends the clinical education experience, obtaining all of their clinical education hours under the direct auditory and visual supervision of an assigned ACI. During the clinical education experience with an ACI the student is able to work in the field under the direct supervision of the ACI and apply the competencies and proficiencies learned. The ACI is readily available to guide and interact with the student, and be able to intervene on the behalf of the patient.

Clinical education experiences are directly linked to the competencies and proficiencies of the practicum and clinical rotations courses. Students are assigned to an ACI and clinical responsibility/sport assignment that best fulfills the clinical education needs of the student. While it is highly desirable for students to complete their psychomotor competency and proficiency evaluations at their clinical rotations, this may not always be possible. Those assessments that cannot be completed in the clinical setting will be done in class.

During a clinical education experience a student **CANNOT** perform skills on a patient until the skill has been taught and assessed in the classroom. This does not prevent the student and ACI from discussing or learning new material. However, the patient has a right to receive medical care from an individual trained in the specific skill.

Clinical Observation Hours

Prior to admission to the ATEP, students complete direct observation hours, which are different from direct supervision hours. Direct observation hours offer the new student an opportunity to **OBSERVE** the clinical education environment and become familiar the responsibilities and roles of the ACI and student. These students do not perform any direct patient care. **These students may not practice ANY skills on athletes, patients, or on other students.**

Clinical Education Guidelines

When the ATS is assigned to an ACI, it is essential that all personnel understand that the ATS is in the clinical education setting to learn under direct supervision, not simply to provide a service to patients and support personnel or act as a replacement for a full-time employee. The responsibilities of the ATS and ACI are provided below. Each student, ACI, and faculty member must sign a statement affirming these responsibilities prior to the beginning of each academic year to be placed in the appropriate file. See Appendix E for the Clinical Education Guidelines form.

The ATS should:

1. Place a priority on academic courses.
2. Communicate with the ACI regarding daily clinical experience opportunities.
3. Practice competencies with ACIs and peers to develop proficiency.
4. Mentor and teach other students in the program.
5. Apply critical thinking, communication, and problem solving skills.
6. Be prepared for proficiency assessments on a daily basis.
7. Obtain ATEP clinical experiences during scheduled direct patient care supervision by the ACI.
8. Perform skills on patients only once assessed on the skill with a 70% passing rate and when directly supervised by the ACI.
9. Be willing to learn about variations in applying the same technique or skill.
10. Provide honest feedback of the ATEP clinical experience through the ACI Evaluation and the Clinical Experience Evaluation, completed at the end of each rotation.

The ACI should:

1. Accept the ATS assigned to his/her facility without discrimination.
2. Utilize the ATS for no more than 20 hours/week unless reviewed with the Program Director and/or Coordinator of Clinical Education.
3. Provide direct supervision of the ATS in the context of direct patient care, which is defined as direct visual and auditory interaction between the ACI and the ATS.
4. Allow the ATS an opportunity to answer his/her own questions using critical thinking and problem solving skills.

5. Provide supervised opportunities for the ATS to actively participate in patient care related to the practicum course and clinical experience level of the ATS.
6. Allow the ATS to only perform skills on patients once assessed on the skill with an 70% passing rate and when directly supervised by the ACI.
7. Guide the ATS in using communication skills and developing professional and ethical behaviors.
8. Assess the ATS on competencies related to the practicum course and clinical experience level of the ATS.
9. Provide ongoing feedback to assist the ATS in developing proficiency in skills related to the practicum course and clinical experience level of the ATS.

Clinical Rotation Length and Hours

Clinical education experiences linked with AT 1500, AT 1501, AT 2500, and AT 2501 are two seven weeks rotations in one semester; occasionally an experience will last for eight weeks depending on the academic calendar. Clinical education experiences linked with AT 3500, AT 3501 are three 11-13 week rotations and/or the length of a full athletic season depending on the assignment. Clinical education experiences linked with AT 4500 is one 13 week rotation and/or one athletic season depending on the assignment. During the clinical education experience a student must document the number of hours directly supervised by an ACI/CI on the *Monthly Clinical Hour Log*. The documentation must occur each day and must be accurate; hours can be rounded to the nearest 15 minutes. The following hours cannot be included when documenting hours on the *Monthly Clinical Hour Log*:

1. Time spent traveling with a team
2. Academic hours
3. Unsupervised hours

Clinical hour requirements vary by Clinical Application course level. The required number of clinical hours for each course is listed below, as well as the recommended number of hours per week.

• AT 1500	10 hours/semester	≈ 1-2 hours/week
• AT 1501	50 hours/semester	≈ 3-4 hours/week
• AT 2500	100 hours/semester	≈ 6-7 hours/week
• AT 2501	150 hours/semester	≈ 10-12 hours /week
• AT 3500	150 hours/semester	≈ 10-12 hours/week
• AT 3501	175 hours/semester	≈ 12-14 hours/week
• AT 4500	200 hours/semester	≈ 14-20 hours/week

Students are required to establish a clinical education schedule with their ACI which should include a minimum of one day per week without clinical education experiences.

Students on the Accelerated track who take two Clinical Application courses in the same semester will only have to complete the higher number of clinical hours assigned to the upper division course. For example, if a student is enrolled in both AT 2500 and AT 3500, he/she will have to complete 150 clinical hours during that semester.

Students who do not complete the minimum number of clinical hours for a clinical application course will have a point reduction from their course grade. See Clinical Application course syllabi for specific grading details.

Students cannot load clinical education experience hours at the beginning, middle, or end of the experience; this is not conducive to learning over time and developing proficiency in a skill or technique.

A student in the clinical education setting does not replace a paid employee nor is treated as a paid employee. A student completes a maximum of twenty hours per week, similar to a federal work-study student or NCAA student athlete. Occasionally a unique opportunity may present itself for the student to obtain an outstanding educational opportunity requiring more than 20 hours during the week; these opportunities should be discussed with the Program Director and/or Coordinator of Clinical Education.

Clinical Rotation Assignments

The WSU ATEP must balance students' career goals with their educational needs. Students will be assigned to a variety of on-campus and off-campus clinical rotations. Each student will, minimally, gain experience with male and female patients, patients of different ages and backgrounds, high school and collegiate athletics (including both high and low-risk sports), a physical therapy or sports medicine-type rehabilitation clinic, and a general medical setting such as a physician's office.

Each semester, students will be asked to submit their preferences, including any extenuating circumstances which limit their ability to complete certain rotations. A conflict with paid employment is not considered a legitimate extenuating circumstance. Within the educational parameters, the faculty will make every effort to accommodate each student's interests, needs, and career goals, although these needs cannot always be met.

Students may utilize their paid site of employment as a clinical rotation only once during their clinical education experiences at WSU. The site and assignment must be pre-approved by the Clinical Coordinator prior to beginning the rotation.

Students must complete a minimum of 75% of their clinical experiences with ACIs who are also Certified Athletic Trainers.

Liability Insurance

For the protection of the student accepted into the ATEP, all students enrolled in clinical observation and application courses (i.e., AT 1500, 1501, 2500, 2501, 3500, 3501, 4500) will be required to carry medical liability insurance. This insurance will be provided at no cost to the student through a group policy arranged by Weber State University. The liability insurance coverage applies to all classroom and clinical education experiences delineated by the ATEP program.

This insurance **DOES NOT** cover student activities such as summer clinical rotations, winter break clinical rotations, transporting an injured or ill athlete, driving an institutional vehicle, acting as an unsupervised first responder, or other similar activities.

Clinical Rotations in the Summer or during Winter Break

Clinical hours during the summer and/or winter breaks are optional. Students are NOT required to attend pre-season practices and/or competitions prior to the first day of classes nor are they required to attend practices and/or competitions during the winter break. However, these can often be very valuable learning experiences and students are encouraged to gain clinical experiences outside of academic year.

Students who complete hours in the summer or during winter break must purchase additional liability insurance at their own cost. ATEP faculty will assist students with this process.

In the summer and/or over winter break, students may earn a maximum of 1/3 of the clinical and service hours required for the following semester. However, these clinical rotations must be approved in advance by the Clinical Coordinator. Students must make such requests in writing, after having received signed approval from the ACI who will be supervising the student. This written request must include the dates, number of hours anticipated, clinical assignment, ACI's name, and signatures of both the student and the ACI. Students on these rotations must still complete weekly journal entries, clinical hour forms, and all applicable evaluation forms.

During the summer and winter breaks, students **MUST** earn their hours with their assigned clinical rotation if it is available. If the assigned clinical rotation is not available, the student must get permission from **BOTH** the Coordinator of Clinical Education **AND** the Approved Clinical Instructor in order to go to a different clinical rotation.

For example, if a student is assigned to Weber State University Football for their fall rotation, which begins typically on Aug. 1, they may **NOT** earn summer hours at a clinic in August. The only rotation where they may earn summer hours in August would be with WSU Football. However, the student could earn hours at the clinic in June and July.

Clinical Rotation Evaluations

Evaluations are a crucial part of the academic process, both for the program and the student. See Appendix F for all Clinical Rotation Evaluation forms. Required evaluations include:

1. An ACI Evaluation Form at the end of each clinical education experience (SF-1).
2. A Clinical Education Site Evaluation at the end of each clinical education experience (SF-2).
3. A self-evaluation at the beginning and end of each clinical education experience using the designated Practicum Evaluation Form (SF-3).

Mid-rotation ACI/Student Meeting

All students enrolled in ATEP must schedule a conference with their assigned ACI/CI at the mid-point and end of each clinical rotation. The purpose of the conference is to talk about clinical strengths/weakness of each specific student, and satisfactory completion of practicum course competencies and clinical proficiencies. Students will document these meetings in the clinical course journal.

Transportation to Clinical Education Experience

Students are expected to assume responsibility for their own transportation to the various clinical education experience assignments that are off campus. Please note that the ATEP attempts to work with those students who do not have their own transportation, but remember that the **student has the ultimate responsibility** in making sure that s/he arrives to his/her clinical experience assignment on time. Car-pooling is strongly encouraged and recommended if possible. (**NOTE:** a current bus schedule can be picked up in the Student Union, in the event you need to catch a bus to go to any of the clinical sites.)

It should be noted that students are not authorized to drive an institutional vehicle as part of the clinical education experience, unless appropriate training and paperwork have been completed.

Transportation of an Ill or Injured Patient

A student in the ATEP should not be the primary driver in the transportation of an injured or ill patient, unless the necessary training and paperwork have been completed. An ATEP student transporting an injured or ill patient is not under the direct (auditory and visual) supervision of their ACI, thus placing the patient at risk. Therefore, only patients/athletes who have been deemed stable by the ACI should be transported by a student. This should never be done without prior approval EACH TIME by the ACI.

Cell Phones

Cell phones are to be used for emergencies only while at the clinical education experience. Cell phones must not be used for personal calls unless approved by the ACI.

Dress Code

The guidelines below reflect the minimum standards for clinical rotations with WSU athletic teams. Off-site clinical rotations may require a more formal dress code. When in doubt, please consult your ACI/CI .

Students in violation of the dress code will lose 5 points from their total number of points in their Clinical Application course for each violation date.

All students enrolled in the Athletic Training major must wear the following uniform (unless more formal attire is required) while attending clinical education experiences:

1. T-shirt with WSU Athletic Training logo.*
2. "Polo" style shirt with WSU Athletic Training logo.*
3. Sweatshirt with WSU Athletic Training logo.*
4. Solid color, neat, pants or shorts.**

*AT shirts are sold through the ATSA. The cost varies each year.

**Shorts are not acceptable attire at Sports Medicine/Physical Therapy Clinics, Medical Rotations, or Surgical Observations.

For outdoor events, a student should be prepared to add layers of clothing in the event of weather changes. Additional clothing is fine under the following conditions:

1. Clothing is approved by the ACI/CI.
2. Clothing does not contain vulgar, profane, or other inappropriate advertising.
3. The student continues to wear the Athletic Training shirt or sweatshirt underneath.

For indoor events, a student should be prepared to wear appropriate professional dress clothes. Professional dress clothes must be functional and appropriate to the event. This clothing should meet the following guidelines:

1. No spiked shoes; no high heels over 2".
2. Skirt length must be knee length or longer.
3. No low cut or see through blouses.
4. No clothing that exposes undergarments.
5. All ties must be worn with a tie tack.
6. No long jewelry that may interfere with patient care (e.g., long necklaces, dangling earrings, etc).

All students enrolled in the ATEP program must follow the additional uniform guidelines while attending clinical education experiences:

1. All shirts must be tucked in.
2. All baggy or large pants/shorts must be held up with a belt.
3. All shoes must be closed-toe shoes; NO sandals or flip-flops; laces must be tied.
4. Socks must be worn.
5. Clothing must be neat and clean.
6. No short shorts or low waist pants (i.e., trendy hip huggers).
7. No exposed cleavage.
8. No ripped or torn pants.
9. No hats/caps are to be worn to clinical education experiences*
10. A digital watch or a watch with a second hand must be worn during clinical education experiences.
11. Photo ID badge must be worn at all times for McKay-Dee Hospital rotations.
12. Hair must be neat and clean and maintained in such a manner to professionally fulfill clinical responsibilities.
13. No body piercing to areas other than the ear lobe are allowed while attending clinical education experiences; this is an OSHA requirement.

*Hats may be permissible at outdoor events upon the approval of the ACI/CI; these hats must have a WSU logo or no logo.

All students enrolled in the ATEP must follow this additional guideline outside of clinical education experiences:

1. Do not wear any clothing that identifies you as a WSU Athletic Training Student to any bar, night club, gentlemen or ladies clubs, etc.

Clothing orders are placed at the beginning of each fall and spring semester. All orders must be paid in full before the order is placed with the vendor.

Name Tags

All ATEP students are required to wear a name tag at all times during their clinical educational experiences. A student may not participate in the clinical education experience without a name tag. The name tag is to be worn on the left chest, left lapel, or left breast pocket. The name tag is considered to be part of the dress code.

The first name tag will be provided to the student when enrolled in AT 1501. If the name tag is lost, the student is responsible for purchasing and obtaining a new tag. Name tags can be obtained from Art Services in the Basement of Promontory Tower - Room 013, 626-6374. The cost is approximately \$6.50. The loss of a name tag will not be accepted as an excuse or reason for poor attendance at clinical education experiences, which can result in a poor clinical rotation and clinical application course grade.

Dress Code Violation: Students who are in violation of the dress code will be asked to leave their clinical assignment, change into appropriate clothing, and return to the assignment immediately. Clinical Instructors may ask students not to return if dressed inappropriately. ****Students found to be in violation of the dress code policy may also lose 5 points from their clinical application course for each infraction.**

Service Learning Hours

Service Learning Hours are obtained by volunteering as an ATS with the medical coverage for a sporting event or other activity. Volunteering in other capacities (working a registration table, handing out programs, etc.) is commendable, but does not count towards service learning hours.

If student is being supervised by an approved clinical instructor or other clinical instructor who has a formal affiliation agreement with the WSU ATEP, then the student will function as an athletic training student. This student should be directly supervised at all times by the ACI or CI.

If the student is being supervised by another allied health care provider who does NOT have a formal affiliation agreement with the WSU ATEP, then the student will only perform the functions for which he/she holds current certifications and those functions that are allowed by the State of Utah based on those certifications/licenses.

Everyone with access to PHI and other confidential information is responsible for safeguarding it confidentiality. Health information and other confidential information may be in paper, electronic, verbal, video, oral, or any other form, and must be protected regardless of form. Access to health information in any format must be limited to those persons who have a valid business or medical need for the information, or otherwise have a right to know the information. Individuals who access clinical records from other organization are expected to follow that organization's requirements.

To abide with this policy one must only:

- Discuss patient/student-athlete information with authorized personnel only and only in a private location where unauthorized persons cannot overhear.
- Keep medical records and other confidential information secure and unavailable to persons not authorized to review or obtain those records or information.
- Follow specified procedures for use of electronic information systems, including use of individual passwords, logging off when finished, proper data entry techniques, and protection of displayed or printed information from unauthorized users.
- Omit the patient/student-athlete's name and other unique identifiers when using case reports or hypothetical situations for educational or training purposes.
- Verify with the patient/student-athlete what information may be given to the patient/student-athlete's family and friends with the patient/student-athlete's knowledge and permission.
- Screen requests for access to all patient/student-athlete and other confidential information so that the minimum necessary amount of information is made available and made available only to those persons who are legitimately involved in patient care, billing or administrative operations.
- Never release patient/student-athlete medical records and other confidential information to external sources. Release of medical and other confidential information is the responsibility of the paid athletic training staff.
- Use appropriate information security procedures for users of electronic information systems.

Any knowledge of a violation of this confidentiality policy must be reported to an immediate supervisor. The supervisor will present the information to the Athletic Training Program Director and Athletics Director for review and investigation.

See Appendix G for the HIPAA Agreement that all students are required to read, sign, and submit for their file.

Romantic Relationships with Athletes

A voluntary, intimate, romantic, or sexual relationship between an athletic training student and a student-athlete is not prohibited. However, any athletic training student must report any consenting relationship he or she may have with a student athlete to his/her immediate supervisor to ensure that the athletic training student is not in a position where a conflict of interest may exist. A conflict of interest exists when the athletic training student is assigned to the same sport as the student-athlete with whom he/she has the relationship. In these situations, the athletic training student shall be removed from that sport assignment and transferred to another assignment at the discretion of the supervising Athletic Trainer and the Athletic Training Program Director. Violations of this policy by an athletic training student will result in disciplinary action.

Student Conference Report - Violation of Clinical Education Policies

Each student is responsible for strictly adhering to the policies and procedures delineated by the ATEP program and the affiliate clinical site, in addition to following any requirements issued by the ACI. If a student fails to meet any of the above requirements, the following action will occur:

1. After the first infraction, a conference will be scheduled between the student and the ACI/CI to discuss the incident and come to a resolution.
2. After a second infraction, a conference will be scheduled between the student and ACI/CI. The ACI/CI and student will complete the *Student Conference Report*, and the report will be forwarded to the Coordinator of Clinical Education to be placed in the student's file.
3. After a third infraction, a conference will be scheduled between the student, ACI, Coordinator of Clinical Education, and Program Director to discuss all incidents. A *Student Conference Report* will be completed and placed in the student's file. In addition, the student's clinical hours for the next 7 days will not be counted towards their clinical hour OR service hour requirements.
4. After a fourth infraction, the student may be expelled from the ATEP and immediately removed from the clinical rotation. A *Student Conference Report* will be completed and placed in the student's file.

See Appendix H for a copy of the Student Conference Report.

Grievance Procedure

The Athletic Training faculty recognizes the rights of students enrolled in the ATEP to express grievances and attempts to seek solutions and answers to problems, complaints, or injustices arising from the day-to-day working relationships and differences which may occur between student, faculty or administration. Whenever a misunderstanding or problem exists, students are urged to discuss the situation immediately with their instructor and/or ACI/CI in a calm and constructive manner. Small problems and poor communication tend to become large problems,

and are harder to resolve when not discussed with an individual who can correct them in a timely fashion. This grievance procedure is intended for use by the Athletic Training student in both the clinical and classroom areas.

Process of Informal Resolution

- Initial conference with faculty or ACI/CI.
- If no resolution reached, then meet with Program Director and/or Clinical Coordinator depending on the nature of the situation.
- If no resolution reached, then meet with Department Chair, HPHP (Dr. Jack Loughton – 626-7960)
- If no resolution reached, then meet with Dean, College of Education (Dr. Jack Rasmussen - 626-6273)
- If no resolution reached, contact Due Process Office - Dr. Jeff Hurst, Dean of Students - 626-7256)

ATEP Sanctions

- Warning – regarding conduct
- Probation – must show improved conduct during this period
- Suspension – temporary or permanent separation from the ATEP
- Personal Development Sanctions – may require counseling or remediation
- Temporary Interim/Emergency Sanctions – if potential for harm exists

Expulsion

- Permanent termination from the ATEP
 - Infliction of bodily harm to anyone.
 - Noncompliance with policies regarding patient care.
 - Performance of patient care activities that exceed the student's scope of practice.
 - Infliction of emotional or mental distress to whom
 - Substantial disruption of clinic or classroom activities.
 - Presenting a threat to the stability and continuance of ATEP functions
 - Being convicted of a felony.

Termination/Withdrawal/Readmission

- Inactive status – withdraw in writing
- Termination – case by case
 - Must wait one full year for readmission
- Readmission
 - Upon approval of ATEP faculty
 - If space in program allows

Communicable Diseases

Communicable Disease: A communicable disease is an illness due to a specific infectious agent which can be transmitted from one individual to another. A communicable disease may be transmitted directly from one person to another without physical contact with the infected person. It may be transmitted indirectly when an object transmits the organism. Objects of transmission may be clothing, linens, utensils, food, water, milk, air, soil or insects.

Students that are determined by a physician as having an active communicable disease will be required to take a medical leave of absence from clinical experience until cleared by the same physician. At that time, the student will determine, with the PD and CC, a plan to make up the missed competencies and experiences.

Examples of communicable diseases are:

- Rubella (3-day measles)
- Rubeola (9-day measles)
- Meningitis - viral and bacterial
- Hepatitis A
- Varicella (Chicken Pox)
- Tuberculosis (TB)
- Influenza Mononucleosis

If you have any of the following signs and/or symptoms, you may have contracted a communicable disease. Athletic training students who experience any or all of the following signs or symptoms need to be examined by a physician prior to attending clinical rotations.

- Fever
- Skin rash
- Nasal discharge
- Coughing
- Open and/or oozing skin lesions
- Yellowing of the skin, eyes, or mouth
- Unexplained fatigue
- Chest pain
- Dizziness

Any Athletic Training Student who comes in contact with a communicable disease or experiences any or all of the above signs and/or symptoms will be referred to the Student Health Center (Student Service Center Room 190 - 626-6459).

The costs associated with the referral to the Student Health Center and any additional care will be the responsibility of the student's primary insurance and the student.

Participation in Extracurricular Activities

Students in the ATEP are encouraged to participate in extracurricular activities (i.e., intramurals, part-time jobs, athletics, fraternity/sorority) as part of the collegiate experience. However, the student must meet all requirements of the clinical application courses, clinical education experiences, and clinical hours to remain in the ATEP and be eligible for graduation. These requirements are part of the academic curriculum of the ATEP program and must be the primary or first priority.

For ATEP students who participate in varsity or club athletics, additional responsibilities occur. Due to the rigor of the ATEP a student may only participate in ONE varsity or club sport during the academic year. To prevent a conflict of interest, the ATEP student will **NOT** obtain clinical education experiences on the team which s/he participates.

Students participating in varsity or club athletics at WSU **MUST** sign an agreement, along with their head coach, delineating the expectations of the ATS, both in and out of the regular athletic season. See Appendix I for the *Varsity/Club Athletic Participation by Athletic Training Students* contract.

This contract be signed and submitted for the student's file by September 15 of **EACH** academic year following formal admission to the ATEP. During the year in which the student-athlete applies for admission to the ATEP, a copy of this contract must accompany the program application.

Policies and Procedures

Students participating in clinical rotations at Weber State University are expected to abide by the Policies and Procedures Manual established by the WSU Athletic Training Staff. These can be viewed at:

http://www.weberstatesports.com/fls/8600/Athletic_Training/AT_Policies.pdf?DB_OEM_ID=8600

Students in clinical rotations at other clinical sites must abide by the guidelines for that site.

APPENDIX A

Physical Examination Form

Technical Standards Form

Immunization Requirements

WEBER STATE UNIVERSITY

ATHLETIC TRAINING STUDENT MEDICAL EXAMINATION

NAME _____ DATE _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE _____

LOCAL ADDRESS _____ LOCAL PHONE _____

MEDICAL HISTORY: Have you ever had any of the following? Check "yes" of "no". If yes, do not write in the details. The examiner will ask for and fill in appropriate details related to the condition.

GENERAL HISTORY	YES	NO	REFERENCE
Head injury, concussion, or loss of consciousness			
Dizzy spells or fainting			
High or low blood pressure			
Taking any medication on a regular/continuing basis			
Heat cramps, heat exhaustion or heat stroke			
Allergies or skin problems (hay fever, bee stings, foods)			
Allergies to medications			
Any seizure disorders			
Diabetes, hypoglycemia, leukemia, etc.			
Been hospitalized or had a major illness			

FAMILY HISTORY (Grandparents, Parents, Siblings)	YES	NO	
High blood pressure			
Strokes			
Heart attack			
Cancer			
Diabetes			
Sickle Cell Disease			
Other familiar illness (Hypertrophic cardiomyopathy, Marfan's syndrome)			

HEAD, EYES, EARS, NOSE, THROAT	YES	NO	
Fracture to the nose, jaw or face			
Broken or missing teeth, gum problems			
False teeth and/or dental bridge			
Ear trauma, ear drum rupture, ear infection, hearing loss			
Injuries to the throat			
Frequent headaches			
Thyroid problems			
Chronic sinus infection			
Recurrent strep throat			
Eye injuries			
Diseases of eyes			
Other problems not listed above			

CHEST AND THORAX	YES	NO	
Heart trouble or rheumatic fever			
Heart murmur, irregular heart rhythm			
Experienced chest pain while exercising			
Fainted or felt faint while exercising			
Experienced unexplained shortness of breath while exercising			
Diagnoses with a heart murmur or high blood pressure			
Injuries to major blood vessels or nerves			
Asthma or any breathing disorder			
Chronic bronchitis			
Serious pneumonia			
Tuberculosis			
Other problems not listed above			

ABDOMEN, GENITAL, URINARY	YES	NO	
Hernia			
Testicular trauma or pain			
Kidney or bladder problems			
Injury to the spleen or liver			
Hepatitis or Jaundice			
Mononucleosis			
Chronic Diarrhea			
Constipation			
Hemorrhoids or fissure			
Skin disorders			
Sexually transmitted diseases			
Have you ever had any organs removed?			
Other problems not listed above			

ORTHOPEDIC	YES	NO	
Tendinitis, joint pain, arthritis			
Shoulder dislocation or separation			
Surgery to correct a shoulder injury			
Ligament or cartilage damage to knee			
Sprained knee causing loss of activity			
Surgery to correct a knee injury			
Sprained ankle causing a loss of activity			
Surgery to correct an ankle injury			
Back injury or chronic back pain			
Injury or fracture to the skull			
Stress fracture			

Collar bone injuries			
Arm or elbow injuries			
Wrist, hand or finger injuries			
Hip or leg injuries			
Foot or toe injuries			
Other problems not listed above			
CONFIDENTIAL QUESTIONS	YES	NO	
Alcohol			
Smoking tobacco			
Chewing tobacco			
Marijuana			
Cocaine			
Amphetamines			
Steroids			
Other			

OFFICE USE ONLY

HEIGHT _____ B.P. ____/____ VISION R 20/____ L 20/____ CORRECTED R 20/____ L 20/____ WEIGHT _____

HEAD, EYES, EARS, NOSE, THROAT EXAMINATION

HEAD _____

EYES/FUNDUS _____

E.N.T. _____

TEETH _____

THYROID & LYMPH GLAND _____

CHEST AND THORAX EXAMINATION

CHEST/LUNGS _____

PRECARDIAL AUSCULTATION - SUPINE / STANDING _____

FEMORAL ARTERY PULES _____

RECOGNITION OF MARFAN'S SYNDROME _____

ABDOMEN, GENITAL, URINARY EXAMINATION

ABDOMEN _____

GENITAL/HERNIA _____

RECTAL _____

SKIN _____

LYMPH NODES _____

ORTHOPEDIC EXAMINATION

HEAD _____

NECK/BACK _____

UPPER
EXTREMITIES _____

LOWER
EXTREMITIES _____

X-RAY _____

Is the Athletic Training Student able to meet the Technical Standards required of this program? If no, what accommodations need to be made?

____ Yes

____ NO. Accommodations: _____

ATS SIGNATURE _____ DATE: _____

EVALUATING MEDICAL
DOCTOR'S SIGNATURE _____ DATE: _____

PROBLEM LIST/ COMMENTS

WEBER STATE UNIVERSITY

ATHLETIC TRAINING TECHNICAL STANDARDS

ADMISSION REQUIREMENT

Technical Standards Criteria

Section 1, explains the rationale for the technical standards and how they may be used by the program.

Section 2, includes the technical standards.

Section 3, includes a statement that the student has read the technical standards and, by their signature, acknowledges an understanding of the implications of the standards.

SECTION 1.

The Athletic Training Educational Program at Weber State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). All students admitted to the Athletic Training Educational Program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

SECTION 2.

Candidates for selection to the Athletic Training Educational Program must demonstrate:

1. 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.
2. 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.
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgements and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. the ability to record the physical examination results and a treatment plan clearly and accurately.
5. the capacity to maintain composure and continue to function well during periods of high stress.
6. the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

SECTION 3.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The Weber State University services for students with disabilities department will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

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.

Signature of Applicant

Date

Alternative statement for students requesting 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 Weber State University services for students with disabilities department 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.

Signature of Applicant

Date

Immunization Requirements

Documentation of the following immunizations must be placed in your file by the application deadline in order to be considered for admission to the program.

The following immunizations are required for all athletic training students:

1. Chicken Pox
 - A. Students will need one of the following:
 - 1.) History of Chickenpox: estimated year, by verbal history
 - 2.) Two varicella immunizations
 - 3.) A positive titer

2. Hepatitis B
 - A. Students will need one of the following:
 - 1.) Dates you received the three Hepatitis B shots, or if you have just begun the series, indicated the date of the first shot within the past month (if longer, a second date must be listed.)
 - 2.) A positive titer
 - 3.) If not completed yet, the WSU PD will provide you with a certificate to get this series of shots for free, after you have completed the OSHA/Bloodborne Pathogen Training.

3. MMR (Measles, Mumps, Rubella)
 - A. Students will need one of the following:
 - 1.) Proof of **two** MMR vaccinations
 - 2.) A positive titer

4. Tetanus/Diphtheria (TD)
 - A. Immunization against tetanus is recommended every 10 years, but documentation of dates is not required.

5. T-Dap
 - A. Students must be immunized with T-Dap to prevent the spread of Pertussis among children under the age of 12 months. Students who have received a tetanus containing vaccine in the last 2 years should wait to receive the T-Dap vaccine and must sign a waiver form provided by IHCHS.

6. Tuberculosis skin test (PPD)
 - A. **Do not need to complete until later in program (prior to General Medical rotation).**
 - B. Must be within the past twelve months prior to beginning General Medical rotation.

HEPATITIS B IMMUNIZATION

Hepatitis is inflammation of the liver which may be caused by several viruses, one of which is Hepatitis B. The Hepatitis B virus has been detected in almost all body fluids and secretions including blood, saliva, semen, vaginal fluid, breast milk, tears and urine of someone infected with Hepatitis B. Although contact with infected blood is the most common way in which the virus is transmitted, it can also pass through cuts, scrapes or breaks in the skin or mucous membrane. A carrier of Hepatitis B is someone who may or may not show signs of liver disease, but who continues to carry the Hepatitis B virus in the body and, therefore, can transmit to others.

A Hepatitis B virus infection may be mild or more severe. Death is uncommon in the early stages of infection. Chronic infection develops in 6-10 percent of patients who become carriers. This chronic infection may last for years, possibly for life, and it may lead to cirrhosis and liver cancer.

There is not a treatment or drug available that can kill the Hepatitis B virus. In most cases the body's own defense mechanism will eliminate the infection. In health care workers, the risk of acquiring Hepatitis B is determined mainly by their degree of exposure to blood.

Hepatitis B vaccine is recommended for persons at high risk of contracting Hepatitis B. It will not prevent Hepatitis caused by other agents such as Hepatitis A virus or Hepatitis non A, non B virus.

Hepatitis B immunization should be withheld in the presence of:

1. Any serious active infection except when a physician believes withholding the vaccine entails a greater risk.
2. Hypersensitivity (allergy) to yeast or any components of the vaccine (alum, thimerosal mercury derivative, aluminium hydroxide, formaldehyde).
3. Pregnancy or breast-feeding.
4. Severe heart/lung problems.

Hepatitis B vaccine is generally well-tolerated. As with any vaccine there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials. There may be a local reaction at the injection site such as soreness, pain, tenderness, itchiness, redness, black/blue mark, swelling, warmth or nodule formation. Other reactions may include low grade fever, fever over 102 degrees (uncommon), general arthralgia, rash, or neurological disorders.

The vaccine consists of three injections. The first dose is at an elected time, the second dose one month later and the third dose six months after the first dose. Full immunization requires three doses of the vaccine over a six month period to confer immunity. However, the duration of the protective effects of the Hepatitis B vaccine is presently unknown and the need for boosters is not yet defined.

Students enrolled in the Athletic Training Education Program must begin the immunization series prior to the program application deadline. Students who attend the required OSHA/Bloodborne Pathogens training will receive a certificate allowing them to receive all three injections at no cost to the student.

APPENDIX B

WSU Bloodborne Pathogens Post-Exposure Procedures and Forms

OSHA & Bloodborne Pathogens

WSU Bloodborne Pathogens Post-Exposure Procedures & Forms

Introduction

This information is designed to:

Assist WSU personnel and health care interns to respond correctly after an occupational exposure to human blood

Ensure compliance with the OSHA Bloodborne Pathogens Standard

Facilitate timely resolution of workers compensation claims resulting from exposures

What is an occupational bloodborne pathogen exposure?

An occupational bloodborne pathogen exposure is contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

What are the possible exposure methods?

Methods of exposure: An occupational exposure to human blood other potentially infectious material occurs in one or more of the following ways:

A stick with a contaminated sharp object (i.e., needle)

A splash to the eyes, nose, or mouth (i.e., mucous membrane)

A contact with non-intact skin (i.e., cut on hand)

Prolonged contact with intact skin

Post Exposure Procedures

Involving a needle stick or other potential exposure to a bloodborne pathogen by an employee, student intern, or assigned volunteer

Revised August 2003

Cleanse the wound and surrounding area with soap and water (for a needle stick), or flush eyes, nose or mouth with copious amounts of tap water (for a splash to the face).

Inform your supervisor or clinical instructor to call the appropriate infection control/blood exposure triage staff on duty, and alert them to expect you for immediate evaluation and treatment. (Evaluation must be completed within two hours of exposure. If the Health Care practitioner has any questions about the course of action or evaluation of the exposure potential, refer them to Dr. Kristen Ries, an infectious disease physician at the University of Utah. Her 24-hour telephone number is (801) 585-3203.)

Report to the hospital triage staff according to where the exposure occurs:

On campus or in McKay-Dee Hospital:

Report to the McKay-Dee Hospital Emergency Room, 4401 Harrison, and ask for the Coordinator or Charge Nurse. Telephone 387-7002.

Off campus exposure or in any other hospital:

Report to the nearest hospital, and ask for the Blood Exposure Triage Staff.

Tell the triage staff you experienced an occupational blood exposure covered by WSU's Workers Compensation Insurance.(Refer billing questions to the EH&S workers compensation coordinator at (801) 626-7547, 8:00 a.m. through 5:00 p.m., Monday through Friday.)

Request the source individual to complete the Consent or Refusal (By source individual) for HIV, HBV, and HCV Infectivity Testing form, if appropriate. (Once the source individual gives consent for testing, your department is responsible for coordinating blood testing.)

Inform the EH&S Specialist of your exposure as soon as possible at (801) 626-7823 or (801) 510-2327.

Complete the WSU Occupational Bloodborne Pathogens Exposure Incident form within 24-hours of your exposure, and send a copy to WSU EH&S, MC 3002.

If hospital triage personnel determine the risk is low, you may request follow up treatment WorkMed (801-387-6151).

Follow up treatment should begin within 48 hours following exposure, and includes initial screening; counseling concerning risk, health, and relationships; and follow up testing.

Direct questions about these procedures to WSU's Environmental Health and Safety Specialist, Telephone (801) 626-7823 or (801) 510-2327; fax (801) 626-6319; address: 3002 University Circle, Ogden, UT 84408-3002.

WorkMed is WSU's preferred Workers Compensation provider.

What are the exposed bloodborne individual's responsibilities?

The exposed individual is responsible for:

Becoming familiar with post-exposure procedures before an exposure occurs

Obtaining medical treatment and follow up. (See "Post Exposure Procedures" above)

Completing necessary forms

Notifying his/her supervisor or clinical instructor of your exposure

What are the responsibilities of the department?

The department is responsible for:

Disseminating post exposure information to faculty, staff, and interns who are at risk for exposures to human blood

Coordinating blood testing of the source individual once consent is given

What are the responsibilities of the supervisor?

The supervisor or clinical instructor is responsible to:

Becoming familiar with these procedures before an exposure occurs

Knowing the location of the nearest health care provider able to perform post-exposure evaluation and treatment

Having available rapid access to the health care provider's telephone number

Forms - can be found at: <http://www.weber.edu/ehs/postexposure.html>

Incident Information Form

The exposed individual must complete and submit this form to EH&S within 24 hours following an occupational exposure to human blood.

Source Individual's Consent or Refusal for Infectivity Testing Form

The individual whose blood was involved in the occupational exposure (not the exposed individual) must complete and sign this form before submitting to testing.

Refusal of Post-Exposure Medical Evaluation Form

The exposed individual must complete this form only if refusing post-exposure medical evaluation by a health care professional.

APPENDIX C

Criminal Background Check Policy

Drug Testing Policy

Weber State University
Athletic Training Education Program
Student Criminal Background Check Policy

1. **PURPOSE:**

The WSU Athletic Training Education Program enters into Affiliation Agreements with multiple healthcare facilities and schools throughout the state. These agreements provide WSU Athletic Training Education student and faculty authorized access to facility resources and patients. In response to stipulations contained within one or more of these Agreements, the WSU Athletic Training Education Program requires students admitted to the Athletic Training Education program to submit to a FBI level criminal background check. This screening process has been mandated by the WSU Athletic Training Education Program in an effort to more effectively protect the safety and well-being of the patients, clients, and residents of those facilities, and is fully supported by the Department of Health Promotion and Human Performance and the Athletic Training Education faculty.
2. **POLICY:**

Prior to beginning the Athletic Training Education program all students must submit to and provide evidence of a FBI criminal background check (CBC). If the CBC reveals history of convicted criminal actions, the student may be prevented from beginning the Athletic Training Education program. If extenuating circumstances result in the CBC results being returned after the first day of class, and found to be positive for convicted criminal actions, the student may be expelled from the Athletic Training Education program and will not be entitled to any refund of tuition dollars and other fees.
3. **PROCEDURES:**

All students who wish to apply for admission to the WSU Athletic Training Education Program(s) are informed in writing that they are required to submit to a FBI level criminal background check.

 - A.1 The following written statement, as well as instructions for obtaining the CBC, are found in both the admission and acceptance packets:

"If your record reveals prior criminal convictions, it may affect your eligibility to begin and/or remain in the Athletic Training Education program. Actions which would preclude an individual from admission to, or continuance in the Athletic Training Education program include: aggravated assault, spouse or child abuse, sexual predatory behavior, financial related crimes such as identity theft, and issue of moral turpitude (reference Utah Department of Professional Licensing). This list is not inclusive of all criminal convictions that will prevent program admission and/or progression, and the program reserves the right to review each student's record on an individual basis."
 - A.2 If your background check documents a criminal conviction, it may be required of you to obtain official verification that the charge(s) have been expunged.
 - B.1 Students are provided an instructional document providing step-by-step instructions for obtaining a FBI level criminal background check.
 - B.2 Students are responsible for the expense associated with this documentation. This information is attached.
 - B.3 Disclaimer included in the admission and orientation packet states: "Students are encouraged to have their criminal record expunged prior to seeking criminal background check."
 - C.1 Any student convicted of one or more felonies, must receive an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application to the Athletic Training Education Program. Therefore, students who have

committed felonies and have not met the above-stated criteria will not be allowed to enter/progress in the Athletic Training Education program.

- C.2 Students whose criminal background checks reveal evidence of prior convictions will be reviewed on a case-by-case basis to determine if they will be allowed to enter/progress in the Athletic Training Education program.
- C.3 Students who have committed a felony, but have successfully petitioned to reduce the conviction to a misdemeanor charge, will be reviewed on a case-by-case basis to determine if they will be allowed to enter/progress in the Athletic Training Education program. Students who have criminal convictions in which actual or potential physical, emotional, or financial harm to another individual was involved will be treated as stated in C.1.
- D.1 Students already progressing in the Athletic Training Education program are required to report any pending criminal charge(s) at the time that they occur (this includes throughout the entirety of their Athletic Training Education educational program).
- D.2 The Program reserves the right to place the student reporting a pending criminal charge on an approved program leave-of-absence until the courts have made a decision regarding the criminal actions.
- D.3 If criminal charge(s) are dismissed, the student will re-enter the Athletic Training Education program at the earliest date possible.
- D.4 If the courts determine that the charges are valid and a conviction is made, the student's status in the Athletic Training Education program will be reviewed on a case-by-case basis. Procedures outlined in Items C.1 - C.3 will be the basis for the program's response.
- D.5 Students placed on an approved program leave-of-absence until the courts have made a decision regarding the criminal charge(s) will have a "T" grade placed on their educational record.
- D.6 If the charge(s) are dismissed, or the program determines that the students may progress to completion, the student will be allowed to resume the Athletic Training Education course work without financial loss and the "T" grade will be converted to actual grade earned.
- D.7 If the charge(s) are not dismissed and the program determines that the student is to be dismissed from the program, the student will be subject to the WSU policy guiding refund of tuition and fees.
- E.1 Information obtained in the criminal background check may be disclosed on a need-to-know basis to instructors, administrators, and contracted clinical facilities.
- F.1 A student who wishes to grieve the Program decision relative to the actions taken in response to the results of their criminal background check are referred to WSU Policy Section 6-23 thru 33; Student due process policy and procedures.
- F.2 A student seeking such action will be placed on an approved program leave-of-absence until the final outcome of his/her grievance is determined.
- F.3 As always, the safety and well-being of patients, clients, and residents of our contracted clinical facilities remain our first consideration.

**FULL BACKGROUND CHECKS NOW REQUIRED OF (Nov. 05')
ALL ATHLETIC TRAINING STUDENTS AT WEBER STATE UNIVERSITY**

- 1] Submit a **money order** for \$39 payable to **WSU Athletic Training** to the HPHP Administrative Assistants or the Program Director. Present your Social Security Card along with a government issued photo ID. You will then complete a form allowing you to get fingerprinted on campus (Request for Electronic Applicant Background Check).
This step MUST be completed by Feb. 1.
- 2] Take the above form to the Fingerprint Office (Room 22 in the basement) in the McKay Education Building along with another **money order** for \$10 payable to **WSU Livescan Operations**. Your fingerprints will be recorded electronically and your background check results will be sent directly to the Athletic Training Education Program Director.

Fingerprinting times for Athletic Training Students will be announced in class. AT Students who are unable to make the scheduled times will need to schedule an appointment with Michelle Nimer at 626-7215 during normal fingerprinting office hours. Fingerprinting MUST be completed by February 15, following formal admission into the ATEP.

- 3] Your results will be returned to the ATEP Program Director within 2-7 business days. You may contact her directly to learn the results of your background check.

IF YOUR RECORD REVEALS A HISTORY OF CONVICTED CRIMINAL ACTIONS, IT MAY AFFECT YOUR ELIGIBILITY TO BEGIN (OR REMAIN IF YOU HAVE ALREADY STARTED THE PROGRAM). IF YOUR BACKGROUND CHECK DOCUMENTS A CRIMINAL CHARGE, THEN IT MAY BE REQUIRED BY YOU TO OBTAIN OFFICIAL VERIFICATION THAT THE CHARGE(S) HAVE BEEN DISMISSED OR OTHERWISE CLEARED.

I REALIZE THAT I MAY BE EXPELLED FROM THE PROGRAM AND WILL NOT BE ENTITLED TO ANY REFUNDS OF TUITION DOLLARS OR OTHER FEES!

Signature

Date

Fingerprinting must be completed by February 15.

Weber State University
Athletic Training Education Program
Student Drug Screen Policy

1. PURPOSE:

The WSU Athletic Training Education Program enters into *Affiliation Agreements* with multiple healthcare facilities and public schools throughout the state. These agreements provide WSU Athletic Training Education students and faculty authorized access to facility resources and patients. In response to stipulations contained within one or more of these Agreements, the WSU Athletic Training Education Program requires students to submit to a urine drug screen analysis for the presence of controlled and/or illegal substance(s) in order to be admitted to the Athletic Training Education Program. This screening process has been mandated by the WSU Athletic Training Education Program in an effort to more effectively protect the safety and well-being of the patients, clients, and residents of those facilities, and is fully supported by the Health Promotion and Human Performance Department and the Athletic Training Education faculty.

In order to remain in compliance and good standing with our partners in healthcare delivery, the Athletic Training Education Program has contracted with JAG Exam Services to perform the required urine drug screen on our students entering the program(s). JAG Exam Services is an approved testing site which meets standards of testing and reporting of results to the Program.

2. POLICY:

Prior to beginning the Athletic Training Education Program all students must submit to and provide evidence of a negative drug screen. If the drug test reveals the presence of a non-prescribed controlled substance, then the student may be prevented from beginning the Athletic Training Education Program. If extenuating circumstances result in the drug screen results being returned after the first day of class, and found to be positive for non-prescribed controlled substance(s), the student may be expelled from the Athletic Training Education Program and will be subject to the WSU policy guiding refund of tuition and fees.

3. PROCEDURE:

All students who wish to apply for admission to the WSU Athletic Training Education Program are informed in writing that they are required to submit to, and pass, a urine drug screen after acceptance into the program.

- A.1 The following written information and instructions are found in the both the admission and acceptance packets: “If your drug test reveals the presence of a non-prescribed controlled substance it may affect your eligibility to enter as, and/or remain a student in the WSU Athletic Training Education Program.”
- A.2 If the urine drug screen is positive for metabolites of controlled substances, the student may be required to provide medical documentation of the prescribed controlled substance(s).
- B.1 Students are provided an instructional document providing instructions for obtaining the urine drug screen at an approved testing facility.
- B.2 The student is responsible for the cost of the urine drug screen.
- C.1 If a student’s results return indicating a “dilute” sample, testing must be repeated at the student’s expense.
- C.2 A second “dilute” test result will be interpreted as a positive screen, and the student may not be allowed to enter and/or continue in the program.
- D.1 Drug screen results that read as “positive” for metabolites of non-prescribed controlled substances will result in the student not being allowed admission, or being withdrawn from the program.
- D.2 Students have the option of requesting a re-screen by a different, state approved, drug screening agency. The re-screen must be a lab-based test and must screen for the same drugs.
- D.3 The re-screen will be at the student’s expense.
- E.1 A student who refuses to submit to the urine drug screen or who does not have the screening performed by the date indicated on the admission form may forfeit his/her position in the Athletic Training Education Program.

- F.1 The Program reserves the right to ask any student(s) in the Athletic Training Education program(s) to submit to additional testing throughout the duration of their WSU Athletic Training Education Program experience. This action will be engaged if a student appears to be intoxicated or under the influence of drugs, narcotics, or chemicals. Athletic Training Education faculty, in consultation with other Athletic Training Education faculty and/or health care professionals, are authorized to make this determination. If it is determined that the student is impaired, in order to avoid a potential threat or risk to the public health, safety, or welfare, the student will be required to leave the clinical setting. The cost of additional urine drug screens will be the responsibility of the student.
- G.1 Students who test negative on the urine drug screen have passed the drug screen criteria for program admission.
- H.1. A student who wishes to grieve the Program decision relative to the actions taken in response to the results of his/her urine drug screen are referred to WSU Policy Section 6-23 thru 33; Student due process policy and procedures.
- H.2 A student pursuing a grievance process will be placed on an approved program leave-of-absence until the final outcome of his/her grievance is determined.
- H.3 As always, the safety and well-being of patients, clients, and residents of our contracted clinical facilities remain our first consideration.

**“URINE DRUG TEST” NOW REQUIRED OF
ALL ATHLETIC TRAINING STUDENTS AT WEBER STATE UNIVERSITY**

This Drug Test must be completed by February 15.

JAG Exam Services is located at: 924 24th Street, Suite #1, Ogden UT Phone: 399-9686

On the day that you go to test, please bring the following three items with you:

- 1] The “permission to test” document. This document identifies you as a Weber State University Athletic Training Education student. If you do not have this “permission to test” document with you then you will not be allowed to take the drug test.
- 2] The Fee for the Urine Drug Screen will be approximately \$24.00. Cash or Check only. No credit cards will be accepted.
- 3] A Photo I.D. (Drivers License or WSU Student ID).

•**Please note:** Drug Test times are from 8 a.m. until 5:00 p.m.
Monday through Friday ONLY. No Saturday or Sunday Testing
An appointment is necessary. Call 399-9686 to arrange an appointment if necessary. Please be sure to let them know that your test is for the WSU Athletic Training Education Administration.

•Results of the Urine Drug Test will be sent directly to WSU Athletic Training Education Administration.

IF YOUR DRUG TEST REVEALS THE PRESENCE OF A NON-PRESCRIBED CONTROLLED SUBSTANCE IT MAY AFFECT YOUR ELIGIBILITY TO ENTER AS, AND/OR REMAIN A STUDENT IN THE WSU ATHLETIC TRAINING EDUCATION PROGRAM.

Weber State University
Athletic Training Education Program
“Urine Drug Test”
–Permission to TEST–

Drug Screen Facility:
This document gives you permission to carry out a “Urine Drug Test” for the
WSU Athletic Training Education Student who presents this to you.

WSU Athletic Training Education Administration

APPENDIX D

Athletic Training Course Descriptions

Athletic Training Courses

AT 1300. First Aid: Responding to Emergencies (2) Su, F, S

Training the lay person to respond correctly in emergencies and act as the first link in the emergency medical service system. Course leads to American Red Cross certification in Adult, Infant and Child CPR and First Aid: Responding to Emergencies. *Cross-listed with Health.*

AT 2175. Introduction to Sports Medicine (3) F

Presents the duties and functions of the certified athletic trainer and their relationship to other allied health care and sports medicine professionals. The course will focus on the fundamental causes, prevention, recognition, care, reconditioning of musculoskeletal injuries/illnesses, and program organization and administration. The course will include the planning, preparation, and presentation of group projects on assigned topics related to athletic training. For non-majors.

AT 2300. Emergency Response (3) F, S

Meets the needs of the non-health care professional who has a duty to respond in an emergency. Provides more skills and in-depth training than the First Aid: Responding to Emergencies course. Course leads to American Red Cross certification in Emergency Response and CPR for the Professional Rescuer. *Cross-listed with Health.*

AT 2431. Taping, Wrapping, Bracing, Padding, and Splinting (3) S

This course is designed to give a basic understanding of athletic training taping, wrapping, bracing, padding, and splinting techniques. Students will apply a variety of techniques to support all areas of the body. Should be taken concurrently with or following AT 2430.

AT 3200. Psychology of Sport, Injury & Rehabilitation (3) F,S

This course is designed to provide a basic understanding of the psychology of sport, injury, and rehabilitation. Topics covered include: emotion, motivation, mental skills training and use, psychological antecedents of injury, psychology of injury and rehabilitation, career transition and termination, disabilities, rehabilitation/exercise adherence, eating disorders, alcohol and drug/substance abuse, gender and cultural diversity, and research methods related to psychology of sport, injury and rehabilitation. Prerequisite: PSY SS1010 or HLTH 1110.

AT 3300. Evaluation and Care of Musculoskeletal Injuries: Lower Extremities (3) F

Content of this course addresses evaluation techniques and care for musculoskeletal injuries to the trunk and lower extremities. The student must integrate knowledge of anatomical structures, physiology principles and evaluative techniques to provide a basis for critical decision-making in an injury management environment. Prerequisites: ZOOL 2100.

AT 3301. Evaluation and Care of Musculoskeletal Injuries: Upper Extremities (3) S

Content of this course addresses evaluation techniques and care for musculoskeletal injuries to the head, face and upper extremities. The student must integrate knowledge of anatomical structures, physiology principles and evaluative techniques to provide a basis for critical decision-making in an injury management environment. Prerequisite: AT 3300.

AT 3600. Ergonomics for Health and Safety (2) S

Examines and analyzes the effects of the workplace on employees and adaptations of the work environment to suit the individual. The focus is on the interaction of work and people, i.e., physiological and environmental stresses with the primary intent to establish ways to reduce injuries, accidents, and fatigue and to improve human performance at work. Prerequisites: PEP SI3500 or consent of instructor.

AT 4100. Basic Therapeutic Modalities for Musculoskeletal Injuries (3) F

Through lecture, discussion, and laboratory experience, the scientific basis of musculoskeletal rehabilitation involving therapeutic modalities will be examined. This course is designed to introduce students to the contemporary usage and basic foundation of therapeutic modalities, transmission of energy, infrared, and mechanical therapy. Prerequisites: AT 3301 and ZOOL 2200.

AT 4101. Advanced Therapeutic Modalities for Musculoskeletal Injuries (3) S

Through lecture, discussion, and laboratory experience, the scientific basis of musculoskeletal rehabilitation involving therapeutic modalities will be examined. This course is designed to build upon the basic foundations of therapeutic modalities established in AT 4100. Topics for discussion include the application of electrotherapy devices, ultrasound, light therapy, and short-wave diathermy. Prerequisite: AT 4100.

AT 4200. Basic Rehabilitation of Musculoskeletal Injuries (3) F

Content of this course provides basic understanding of therapeutic exercise as it relates to the rehabilitation process of musculoskeletal injuries. Course provides basic concepts and hands on techniques used in the rehabilitation of the athlete/patient from an injury state to a highly competitive state. Prerequisite: AT 3300 and AT 3301.

AT 4201. Advanced Rehabilitation of Musculoskeletal Injuries (3) S

Content of this course provides advanced understanding of therapeutic exercise as it relates to the rehabilitation process of musculoskeletal injuries. This course provides advanced instruction and hands on techniques in the rehabilitation of an athlete/patient from an injury state to a highly competitive state. Prerequisite: AT 4200.

AT 4550. General Medical Conditions and Advances in Athletic Training (3) S

Discuss general medical disorders and conditions pertaining to sports medicine and inquire into newest research of related issues. Prerequisites: AT 3300 and AT 3301.

AT 4600. Administration & Management in Athletic Training (3) F, S

Provides an overview of the necessary policies, procedures, maintenance, and daily operation of athletic training facilities. Applies principles of facility design and planning, information management, legal and ethical considerations in health care, and professional development as it relates to athletic training. Prerequisite: AT 3500.

AT 4800. Individual Projects (1-4) Su, F, S

A comprehensive study or project in the field of Athletic Training. Hours to be arranged for seniors only.

AT 4998. Preparation for the Board of Certification (BOC) Exam (1) F, S

This is an optional course for Athletic Training Majors in the Clinical Track who are preparing for the Board of Certification (BOC) Exam.

AT 4999. Critical Thinking for Musculoskeletal Injury Management (1) F

Content of this course addresses evaluation techniques, rehabilitation processes and return to play guidelines for specific injuries to the upper and lower extremities. The student must integrate anatomical structures, physiology principles, rehabilitation principles, and evaluative techniques to provide a basis for critical decision-making and care in an athletic injury management environment. Pre-requisites: AT 4201, AT 4401.

Clinical Courses:**AT 1500. Introduction to Athletic Training (First Semester) (1) F**

Provides an opportunity for students to observe the function of an athletic training facility and become aware of the various duties performed by a Certified Athletic Trainer. Students who wish to apply for admission to the Clinical Track of the Athletic Training major must take this course. Two lab hours per week.

AT 1501. Clinical Application of Athletic Training I (1) S

Provides an opportunity for students to receive skill proficiency testing in the areas of acute care of injury and illnesses. Two lab hours per week. Prerequisites: AT 1500, HLTH/AT 2300.

AT 2500. Clinical Application of Athletic Training II (2) F

Provides an opportunity for students to receive skill proficiency testing in the areas of risk management and injury prevention, psychosocial development, taping, wrapping, bracing and padding. Prerequisites: AT 2430 and AT 2431.

AT 2501. Clinical Application of Athletic Training III (2) S

Provides an opportunity for students to receive skill proficiency testing in the areas of musculoskeletal injury assessment (lower extremity) and basic nutrition. Prerequisites: AT 2500 and NUTR LS1020.

AT 3500. Clinical Application of Athletic Training IV (3) F

Provides an opportunity for students to receive skill proficiency testing in the areas of musculoskeletal injury assessment (upper body), risk management, and pharmacology. Prerequisites: AT 2501 and HTHS 2240.

AT 3501. Clinical Application of Athletic Training V (3) S

Provides an opportunity for students to receive skill proficiency testing in the areas of basic therapeutic exercise, basic therapeutic modalities, risk management and injury prevention, and assessment and evaluation. Prerequisites: PE 3280, AT 3500, AT 4100, AT 4200.

AT 4500. Clinical Application of Athletic Training VI (3) F

Provides an opportunity for students to receive skill proficiency testing in the areas of advanced therapeutic exercise, advanced therapeutic modalities, and general medical conditions and disabilities. Prerequisites: AT 3501, AT 4101, AT 4201, AT 4550.

APPENDIX E

Clinical Education Guidelines

**Weber State University
Athletic Training Education Program
Clinical Education Guidelines**

When the athletic training student (ATS) is assigned to an Approved Clinical Instructor (ACI), it is essential that all personnel understand that the ATS is in the clinical education setting to learn under direct supervision, not simply to provide a service to patients and support personnel or act as a replacement for a full-time employee. The responsibilities of the ATS and ACI are provided below.

The ATS should:

1. Place a priority on academic courses.
2. Communicate with the ACI regarding daily clinical experience opportunities.
3. Practice competencies with ACIs and peers to develop proficiency.
4. Mentor and teach other students in the program.
5. Apply critical thinking, communication, and problem solving skills.
6. Be prepared for proficiency assessments on a daily basis.
7. Obtain ATEP clinical experiences during scheduled direct patient care supervision by the ACI.
8. Perform skills on patients only once assessed on the skill with an 70% passing rate and when directly supervised by the ACI.
9. Be willing to learn about variations in applying the same technique or skill.
10. Provide honest feedback of the ATEP clinical experience through the ACI Evaluation and the Clinical Experience Evaluation, completed at the end of each rotation.

The ACI should:

1. Accept the ATS assigned to his/her facility without discrimination.
2. Utilize the ATS for no more than 20 hours/week unless reviewed with the Program Director and/or Coordinator of Clinical Education.
3. Provide direct supervision of the ATS in the context of direct patient care, which is defined as direct visual and auditory interaction between the ACI and the ATS.
4. Allow the ATS an opportunity to answer his/her own questions using critical thinking and problem solving skills.
5. Provide supervised opportunities for the ATS to actively participate in patient care related to the practicum course and clinical experience level of the ATS.
6. Allow the ATS to only perform skills on patients once assessed on the skill with an 70% passing rate and when directly supervised by the ACI.
7. Guide the ATS in using communication skills and developing professional and ethical behaviors.
8. Assess the ATS on competencies related to the practicum course and clinical experience level of the ATS.
9. Provide ongoing feedback to assist the ATS in developing proficiency in skills related to the practicum course and clinical experience level of the ATS.

I, _____, understand the Clinical Education Guidelines as provided above.

Signature: _____ Date: _____

APPENDIX F

Clinical Evaluation Forms



Weber State University
Athletic Training Education Program

AT 1501 Final Clinical Evaluation

Name: _____

Rotation: Fall Winter Spring

Location: _____

ACI: _____

Number of hours with ACI: _____

Directions: Please mark your individual perceptions concerning the clinical student identified above. Consider each item separately in deciding whether or not you generally agree or disagree or whether the student has meet minimal competency with the statement. Indicate the strength of the agreement or disagreement or ability by checking the appropriate number. You are encouraged to add any comments related to these items below. *Evaluate the student against/along with other "ATS's" of the same clinical level.

Evaluation Scale*

Poor - inability to perform this action without constant intervention from ACI, requires constant remediation.

Fair or Below Average - performs this action to a barely acceptable standard, usually requires intervention from ACI, requires remediation.

Average - performs this action meeting minimal competency standards, requires occasional intervention from ACI, no remediation is required.

Good or Above Average - performs this action meeting minimal competency standards, no ACI intervention is required.

Excellent or Outstanding - performs this action that exceeds other students' ability at this level.

N/A **Not Applicable** or **Not Observed**

I. Athletic Training Skills and Behaviors: All behaviors should be measured against and consistent with the student's current clinical level.

- | | |
|---|--|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates general knowledge and understanding of the subject matter consistent with his/her clinical level including: emergency response, anatomy prevention, taping and splinting (basic techniques). Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to manage acute injuries and illnesses. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates knowledge of and skills in recognizing and managing risk factors associated with physical activity. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to obtain, interpret, make decisions, and develop policies and procedures regarding environmental data to allow safe activity in a variety of environmental conditions (e.g., heat index, lightning, etc.). Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to appropriately basic common taping, wrapping and bandaging skills. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to select, evaluate, and modify basic taping, wrapping, and bracing skills. Comments: |

1 2 3 4 5 N/A Demonstrates effective lines of verbal and written communication using appropriate medical documentation and terminology. Comments:

1 2 3 4 5 N/A Demonstrates knowledge of and enforcement of healthcare facility policies and procedures. Comments:

1 2 3 4 5 N/A Demonstrates a commitment to and uses an evidence-based approach in the prevention, evaluation, and treatment of musculoskeletal injuries and illnesses when appropriate. Comments:

Points earned

of questions answered

Section I Score = (Points earned) _____ ÷ (# questions answered) _____ *14 = _____

II. Personal Attributes

1 2 3 4 5 N/A Student is dependable. Comments:

1 2 3 4 5 N/A Student addresses assigned responsibilities without delay. Comments:

1 2 3 4 5 N/A Student demonstrates an initiative to perform athletic training skills and tasks without being instructed. Comments:

1 2 3 4 5 N/A Student establishes an appropriate rapport with patients and supervisors. Comments:

1 2 3 4 5 N/A Student is willing to accept constructive criticism. Comments:

1 2 3 4 5 N/A Student is neat, clean, and appropriately dressed during his/her clinical rotation. Comments:

1 2 3 4 5 N/A Student recognizes the need for and demonstrates a commitment to working with a diverse population and in diverse work settings.

1 2 3 4 5 N/A Student is sympathetic to the physical and psychological needs of the patients. Comments:

1 2 3 4 5 N/A Student is enthusiastic about his/her current assignment. Comments:

Section II Score = (Points earned) _____ ÷ (# questions answered) _____ *4 = _____

III. Attendance

1 2 3 4 5 N/A 19. Student was in attendance when they were scheduled.

Section III Score = (Points earned) _____ ÷ (# questions answered) _____ *2 = _____

IV. General Comments: Use this portion of the evaluation form to qualitatively reflect on the student's experience and professional growth. This is an overall review of the experience, designed to provide feedback to the student.

Complete the questions and write any comments that appear pertinent. Review with your student and then both sign and date.

Compared to other "ATS" with similar experience these are the student's strengths and weaknesses.

Strengths:

Weaknesses:

Additional Comments:

ACI Signature and Date

Student Statement:

I have discussed this evaluation with my ACI and I accept the content as a reflection and constructive criticism of my clinical education preparation at this current time.

Student Signature and Date

Grade (Add sections I, II, III)

Section I _____ + Section II _____ + Section III _____ = _____



**Weber State University
Athletic Training Education Program**

AT 2500 Final Clinical Rotation Evaluation

Name: _____

Rotation: Fall Winter Spring

Location: _____

ACI: _____

Number of hours with ACI: _____

Directions: Please mark your individual perceptions concerning the clinical student identified above. Consider each item separately in deciding whether or not you generally agree or disagree or whether the student has meet minimal competency with the statement. Indicate the strength of the agreement or disagreement or ability by checking the appropriate number. You are encouraged to add any comments related to these items below. *Evaluate the student against/along with other "ATS's" of the same clinical level.

Evaluation Scale*

Poor - inability to perform this action without constant intervention from ACI, requires constant remediation.

Fair or Below Average - performs this action to a barely acceptable standard, usually requires intervention from ACI, requires remediation.

Average - performs this action meeting minimal competency standards, requires occasional intervention from ACI, no remediation is required.

Good or Above Average - performs this action meeting minimal competency standards, no ACI intervention is required.

Excellent or Outstanding - performs this action that exceeds other students' ability at this level.

N/A Not Applicable or Not Observed

I. Athletic Training Skills and Behaviors: All behaviors should be measured against and consistent with the student's current clinical level.

1 2 3 4 5 N/A

Demonstrates general knowledge and understanding of the subject matter consistent with his/her clinical level including: emergency response, prevention, taping and splinting. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to manage acute injuries and illnesses. Comments:

1 2 3 4 5 N/A

Demonstrates knowledge of and skills in recognizing and managing risk factors associated with physical activity. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to obtain, interpret, make decisions, and develop polices and procedures regarding environmental data to allow safe activity in a variety of environmental conditions (e.g., heat index, lightning, etc.). Comments:

1 2 3 4 5 N/A

Demonstrates the ability to appropriately apply common taping, wrapping and bandaging skills. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to select, evaluate, and modify common taping, wrapping, and bracing skills. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to select, evaluate, apply, and modify standard protective equipment and other custom devices. Comments:

1 2 3 4 5 N/A

Demonstrates effective lines of verbal and written communication using appropriate medical documentation and terminology. Comments:

1 2 3 4 5 N/A

Demonstrates knowledge of and enforcement of healthcare facility policies and procedures. Comments:

1 2 3 4 5 N/A

Demonstrates a commitment to and uses an evidence-based approach in the prevention, evaluation, and treatment of musculoskeletal injuries and illnesses when appropriate.
Comments:

Points earned

of questions answered

Section I Score = (Points earned) _____ ÷ (# questions answered) _____ *14 = _____

II. Personal Attributes

1 2 3 4 5 N/A

Student is dependable. Comments:

1 2 3 4 5 N/A

Student addresses assigned responsibilities without delay. Comments:

1 2 3 4 5 N/A

Student demonstrates an initiative to perform athletic training skills and tasks without being instructed. Comments:

1 2 3 4 5 N/A

Student establishes an appropriate rapport with patients and supervisors. Comments:

1 2 3 4 5 NA

Student is willing to accept constructive criticism. Comments:

1 2 3 4 5 NA

Student is neat, clean, and appropriately dressed during his/her clinical rotation.
Comments:

1 2 3 4 5 NA

Student recognizes the need for and demonstrates a commitment to working with a diverse population and in diverse work settings.

1 2 3 4 5 NA

Student is sympathetic to the physical and psychological needs of the patients.
Comments:

1 2 3 4 5 N/A

Student is enthusiastic about his/her current assignment. Comments:

Section II Score = (Points earned) _____ ÷ (# questions answered) _____ *4 = _____

III. Attendance

1 2 3 4 5 NA

20. Student was in attendance when they were scheduled.

Section III Score = (Points earned) _____ ÷ (# questions answered) _____ *2 = _____

IV. General Comments: Use this portion of the evaluation form to qualitatively reflect on the student's experience and professional growth. This is an overall review of the experience, designed to provide feedback to the student. Complete the questions and write any comments that appear pertinent. Review with your student and then both sign and date.

Compared to other "ATS" with similar experience these are the student's strengths and weaknesses.

Strengths:

Weaknesses:

Additional Comments:

ACI Signature and Date

Student Statement:

I have discussed this evaluation with my ACI and I accept the content as a reflection and constructive criticism of my clinical education preparation at this current time.

Student Signature and Date

Grade (Add sections I, II, III)

Section I _____ + Section II _____ + Section III _____ = _____



Weber State University
Athletic Training Education Program

AT 2501 Final Clinical Evaluation

Name: _____

Rotation: Fall Winter Spring

Location: _____

ACI: _____

Number of hours with ACI: _____

Directions: Please mark your individual perceptions concerning the clinical student identified above. Consider each item separately in deciding whether or not you generally agree or disagree or whether the student has meet minimal competency with the statement. Indicate the strength of the agreement or disagreement or ability by checking the appropriate number. You are encouraged to add any comments related to these items below. *Evaluate the student against/along with other "ATS's" of the same clinical level.

Evaluation Scale*

Poor - inability to perform this action without constant intervention from ACI, requires constant remediation.

Fair or Below Average - performs this action to a barely acceptable standard, usually requires intervention from ACI, requires remediation.

Average - performs this action meeting minimal competency standards, requires occasional intervention from ACI, no remediation is required.

Good or Above Average - performs this action meeting minimal competency standards, no ACI intervention is required.

Excellent or Outstanding - performs this action that exceeds other students' ability at this level.

N/A **Not Applicable** or **Not Observed**

I. Athletic Training Skills and Behaviors: All behaviors should be measured against and consistent with the student's current clinical level.

- | | |
|---|--|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates general knowledge and understanding of the subject matter consistent with his/her clinical level including: emergency response, prevention, taping and splinting, injury assessment, and nutrition. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to manage acute injuries and illnesses. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates knowledge of and skills in recognizing and managing risk factors associated with physical activity. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to obtain, interpret, make decisions, and develop policies and procedures regarding environmental data to allow safe activity in a variety of environmental conditions (e.g., heat index, lightning, etc.). Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to appropriately apply common taping, wrapping and bandaging skills. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to select, evaluate, and modify common taping, wrapping, and bracing skills. Comments: |

- 1 2 3 4 5 N/A Demonstrates the ability to select, evaluate, apply, and modify standard protective equipment and other custom devices. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to clinically evaluate and diagnosis orthopedic injuries of the lower extremity. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to document the results of an orthopedic injury examination: Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to counsel patients in proper nutrition based upon, current dietary trends, body composition measurements, etc. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to recognize, manage, and refer patients with disordered eating and eating disorders.
- 1 2 3 4 5 N/A Demonstrates the ability to develop and implement a pre-preparation meal and an appropriate exercise and nutritional plan for an active individual. Comments:
- 1 2 3 4 5 N/A Demonstrates effective lines of verbal and written communication using appropriate medical documentation and terminology. Comments:
- 1 2 3 4 5 N/A Demonstrates knowledge of and enforcement of healthcare facility policies and procedures. Comments:
- 1 2 3 4 5 N/A Demonstrates a commitment to and uses an evidence-based approach in the prevention, evaluation, and treatment of musculoskeletal injuries and illnesses when appropriate. Comments:

Points earned

of questions answered

Section I Score = (Points earned) _____ ÷ (# questions answered) _____ *14 = _____

II. Personal Attributes

- 1 2 3 4 5 N/A Student is dependable. Comments:
- 1 2 3 4 5 N/A Student addresses assigned responsibilities without delay. Comments:
- 1 2 3 4 5 N/A Student demonstrates an initiative to perform athletic training skills and tasks without being instructed. Comments:
- 1 2 3 4 5 N/A Student establishes an appropriate rapport with patients and supervisors. Comments:
- 1 2 3 4 5 NA Student is willing to accept constructive criticism. Comments:
- 1 2 3 4 5 NA Student is neat, clean, and appropriately dressed during his/her clinical rotation. Comments:

1 2 3 4 5 NA Student recognizes the need for and demonstrates a commitment to working with a diverse population and in diverse work settings.

1 2 3 4 5 NA Student is sympathetic to the physical and psychological needs of the patients.
Comments:

1 2 3 4 5 N/A Student is enthusiastic about his/her current assignment. Comments:

Section II Score = (Points earned) _____ ÷ (# questions answered) _____ *4 = _____

III. Attendance

1 2 3 4 5 NA 25. Student was in attendance when they were scheduled.

Section III Score = (Points earned) _____ ÷ (# questions answered) _____ *2 = _____

IV. General Comments: Use this portion of the evaluation form to qualitatively reflect on the student's experience and professional growth. This is an overall review of the experience, designed to provide feedback to the student. Complete the questions and write any comments that appear pertinent. Review with your student and then both sign and date.

Compared to other "ATS" with similar experience these are the student's strengths and weaknesses.

Strengths:

Weaknesses:

Additional Comments:

ACI Signature and Date

Student Statement:

I have discussed this evaluation with my ACI and I accept the content as a reflection and constructive criticism of my clinical education preparation at this current time.

Student Signature and Date

Grade (Add sections I, II, III)

Section I _____ + Section II _____ + Section III _____ = _____



**Weber State University
Athletic Training Education Program**

AT 3500 Final Clinical Rotation Evaluation

Name: _____

Rotation: Fall Winter Spring

Location: _____

ACI: _____

Number of hours with ACI: _____

Directions: Please mark your individual perceptions concerning the clinical student identified above. Consider each item separately in deciding whether or not you generally agree or disagree or whether the student has meet minimal competency with the statement. Indicate the strength of the agreement or disagreement or ability by checking the appropriate number. You are encouraged to add any comments related to these items below. *Evaluate the student against/along with other "ATS's" of the same clinical level.

Evaluation Scale*

Poor - inability to perform this action without constant intervention from ACI, requires constant remediation.

Fair or Below Average - performs this action to a barely acceptable standard, usually requires intervention from ACI, requires remediation.

Average - performs this action meeting minimal competency standards, requires occasional intervention from ACI, no remediation is required.

Good or Above Average - performs this action meeting minimal competency standards, no ACI intervention is required.

Excellent or Outstanding - performs this action that exceeds other students' ability at this level.

N/A Not Applicable or Not Observed

I. Athletic Training Skills and Behaviors: All behaviors should be measured against and consistent with the student's current clinical level.

1 2 3 4 5 N/A

Demonstrates general knowledge and understanding of the subject matter consistent with his/her clinical level including: emergency response, prevention, taping and splinting, injury assessment, pharmacology, nutrition, psychology. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to manage acute injuries and illnesses. Comments:

1 2 3 4 5 N/A

Demonstrates knowledge of and skills in recognizing and managing risk factors associated with physical activity. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to obtain, interpret, make decisions, and develop policies and procedures regarding environmental data to allow safe activity in a variety of environmental conditions (e.g., heat index, lightning, etc.). Comments:

1 2 3 4 5 N/A

Demonstrates the ability to appropriately apply common taping, wrapping and bandaging skills. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to select, evaluate, and modify common taping, wrapping, and bracing skills. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to select, evaluate, apply, and modify standard protective equipment and/or other custom devices. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to recognize, intervene, and refer when patients exhibit sociocultural, mental, emotional, and psychological behavioral problems. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to select and integrate appropriate motivational techniques into patients' treatment or rehabilitation programs. Comments:

- 1 2 3 4 5 N/A Demonstrates the ability to clinically evaluate and diagnosis orthopedic injuries. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to document the results of an orthopedic injury examination: Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to counsel patients in proper nutrition based upon, current dietary trends, body composition measurements, etc. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to recognize, manage, and refer patients with disordered eating and eating disorders.
- 1 2 3 4 5 N/A Demonstrates the ability to develop and implement a pre-preparation meal and an appropriate exercise and nutritional plan for an active individual. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to evaluate, administer, and monitor common pharmaceutical agents used in the treatment of injuries and illnesses (e.g., epi-pen, bronchodilators, anti-inflammatory medicine). Comments:
- 1 2 3 4 5 N/A Demonstrates an understanding and applies appropriate pharmacy regulations relevant to the treatment of injuries and illnesses. Comments:
- 1 2 3 4 5 N/A Demonstrates effective lines of verbal and written communication using appropriate medical documentation and terminology. Comments:
- 1 2 3 4 5 N/A Demonstrates knowledge of and enforcement of healthcare facility policies and procedures. Comments:
- 1 2 3 4 5 N/A Demonstrates a commitment to and uses an evidence-based approach in the prevention, evaluation, and treatment of musculoskeletal injuries and illnesses when appropriate. Comments:

Points earned

of questions answered

Section I Score = (Points earned) _____ ÷ (# questions answered) _____ * 14 = _____

II. Personal Attributes

- 1 2 3 4 5 N/A Student recognizes the need for and demonstrates a commitment to patient privacy (e.g., HIPAA). Comments:
- 1 2 3 4 5 N/A Student recognizes the need for and demonstrates a commitment to a team approach to practice (e.g., values other healthcare providers, works well with others, dependable). Comments:
- 1 2 3 4 5 N/A Student recognizes the need for and executes duties within the identified scope of practice for athletic training students. Comments:
- 1 2 3 4 5 N/A Student recognizes the need for and demonstrates the ability to establish and maintain positive relationships (e.g. honesty, compassion, empathy, rapport) when interacting with patients, family members, administrators, and other healthcare team members. Comments:
- 1 2 3 4 5 NA Student recognizes the need for and demonstrates a commitment to practicing athletic training ethically and legally within the confines of the NATA Code of Ethics, BOC Standards of Practice, national, state, and institutional policies. Comments:
- 1 2 3 4 5 NA Student displays professionalism in all areas of clinical practice, including but not limited to verbal and written communication with patients, physicians, patients, media, administrators, and other healthcare team members. Comments:

- 1 2 3 4 5 NA Student recognizes the need for and demonstrates a commitment to working with a diverse population and in diverse work settings.
- 1 2 3 4 5 NA Student takes initiative to perform necessary athletic training skills/tasks without being asked. Comments:
- 1 2 3 4 5 N/A Student demonstrates self-confidence while interacting with patients. Comments
- 1 2 3 4 5 NA Student is willing to accept constructive criticism. Comments:
- 1 2 3 4 5 NA Student is a prudent and effective decision-maker. Comments:
- 1 2 3 4 5 NA Student demonstrates leadership qualities which serve to enhance the mission of the institution and profession. Comments:

Section II Score = (Points earned) _____ ÷ (# questions answered) _____ *4 = _____

III. Attendance

- 1 2 3 4 5 NA Student was in attendance when they were scheduled.

Section III Score = (Points earned) _____ ÷ (# questions answered) _____ *2 = _____

IV. General Comments: Use this portion of the evaluation form to qualitatively reflect on the student's experience and professional growth. This is an overall review of the experience, designed to provide feedback to the student. Complete the questions and write any comments that appear pertinent. Review with your student and then both sign and date.

Compared to other "ATS" with similar experience these are the student's strengths and weaknesses.

Strengths:

Weaknesses:

Additional Comments:

ACI Signature and Date _____

Student Statement:

I have discussed this evaluation with my ACI and I accept the content as a reflection and constructive criticism of my clinical education preparation at this current time.

Student Signature and Date

Grade (Add sections I, II, III)

Section I _____ + **Section II** _____ + **Section III** _____ = _____



Weber State University
Athletic Training Education Program

AT 3501 Final Clinical Evaluation

Name: _____

Rotation: Fall Winter Spring

Location: _____

ACI: _____

Number of hours with ACI: _____

Directions: Please mark your individual perceptions concerning the clinical student identified above. Consider each item separately in deciding whether or not you generally agree or disagree or whether the student has meet minimal competency with the statement. Indicate the strength of the agreement or disagreement or ability by checking the appropriate number. You are encouraged to add any comments related to these items below. *Evaluate the student against/along with other "ATS's" of the same clinical level.

Evaluation Scale*

Poor - inability to perform this action without constant intervention from ACI, requires constant remediation.

Fair or Below Average - performs this action to a barely acceptable standard, usually requires intervention from ACI, requires remediation.

Average - performs this action meeting minimal competency standards, requires occasional intervention from ACI, no remediation is required.

Good or Above Average - performs this action meeting minimal competency standards, no ACI intervention is required.

Excellent or Outstanding - performs this action that exceeds other students' ability at this level.

N/A **Not Applicable** or **Not Observed**

I. Athletic Training Skills and Behaviors: All behaviors should be measured against and consistent with the student's current clinical level.

- | | |
|---|---|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates general knowledge and understanding of the subject matter consistent with his/her clinical level including: emergency response, prevention, taping and splinting, injury assessment, pharmacology, nutrition, psychology, basic therapeutic modalities and basic rehabilitation. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to manage acute injuries and illnesses. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates knowledge of and skills in recognizing and managing risk factors associated with physical activity. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to obtain, interpret, make decisions, and develop polices and procedures regarding environmental data to allow safe activity in a variety of environmental conditions (e.g., heat index, lightning, etc.). Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to appropriately apply common taping, wrapping and bandaging skills. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to select, evaluate, and modify common taping, wrapping, and |

bracing skills. Comments:

- | | |
|---|---|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to select, evaluate, apply, and modify standard protective equipment and other custom devices. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to recognize, intervene, and refer when patients exhibit sociocultural, mental, emotional, and psychological behavioral problems. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to select and integrate appropriate motivational techniques into patients' treatment or rehabilitation programs. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to clinically evaluate and diagnosis orthopedic injuries. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to document the results of an orthopedic injury examination. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to counsel patients in proper nutrition based upon, current dietary trends, body composition measurements, etc. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to recognize, manage, and refer patients with disordered eating and eating disorders. |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to develop and implement a pre-preparation meal and an appropriate exercise and nutritional plan for an active individual. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to evaluate, administer, and monitor common pharmaceutical agents used in the treatment of injuries and illnesses (e.g., epi-pen, bronchodilators, anti-inflammatory medicine). Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates an understanding and applies appropriate pharmacy regulations relevant to the treatment of injuries and illnesses. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to appropriately apply fitness testing and training techniques (e.g., flexibility, strength, power, agility, etc.). Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to plan, implement, evaluate, and modify a fitness program specific to the physical status of a patient. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to properly apply a infrared and mechanical therapeutic modalities. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to synthesize and document information from a patient evaluation and exam to determine the proper selection, patient set-up, and application of therapeutic modalities in the treatment of acute and chronic injuries. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to properly apply a variety of therapeutic exercises. Comments: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A | Demonstrates the ability to synthesize and document information from a patient |

evaluation and exam to determine the proper selection, patient set-up, and application of therapeutic exercises in the treatment of acute and chronic injuries. Comments:

1 2 3 4 5 N/A Demonstrates effective lines of verbal and written communication using appropriate medical documentation and terminology. Comments:

1 2 3 4 5 N/A Demonstrates knowledge of and enforcement of healthcare facility policies and procedures. Comments:

1 2 3 4 5 N/A Demonstrates a commitment to and uses an evidence-based approach in the prevention, evaluation, and treatment of musculoskeletal injuries and illnesses when appropriate. Comments:

Points earned

of questions answered

Section I Score = (Points earned) _____ ÷ (# questions answered) _____ *14 = _____

II. Personal Attributes

1 2 3 4 5 N/A Student recognizes the need for and demonstrates a commitment to patient privacy (e.g., HIPAA). Comments:

1 2 3 4 5 N/A Student recognizes the need for and demonstrates a commitment to a team approach to practice (e.g., values other healthcare providers, works well with others, dependable). Comments:

1 2 3 4 5 N/A Student recognizes the need for and executes duties within the identified scope of practice for athletic training students. Comments:

1 2 3 4 5 N/A Student recognizes the need for and demonstrates the ability to establish and maintain positive relationships (e.g. honesty, compassion, empathy, rapport) when interacting with patients, family members, administrators, and other healthcare team members. Comments:

1 2 3 4 5 NA Student recognizes the need for and demonstrates a commitment to practicing athletic training ethically and legally within the confines of the NATA Code of Ethics, BOC Standards of Practice, national, state, and institutional policies. Comments:

1 2 3 4 5 NA Student displays professionalism in all areas of clinical practice, including but not limited to verbal and written communication with patients, physicians, patients, media, administrators, and other healthcare team members. Comments:

1 2 3 4 5 NA Student recognizes the need for and demonstrates a commitment to working with a diverse population and in diverse work settings.

1 2 3 4 5 NA Student takes initiative to perform necessary athletic training skills/tasks without being asked. Comments:

1 2 3 4 5 N/A Student demonstrates self-confidence while interacting with patients. Comments

1 2 3 4 5 NA Student is willing to accept constructive criticism. Comments:

1 2 3 4 5 NA Student is a prudent and effective decision-maker. Comments:

1 2 3 4 5 NA Student demonstrates leadership qualities which serve to enhance the mission of the institution and profession. Comments:

Section II Score = (Points earned) _____ ÷ (# questions answered) _____ *4 = _____

III. Attendance

1 2 3 4 5 NA 38. Student was in attendance when they were scheduled.

Section III Score = (Points earned) _____ ÷ (# questions answered) _____ *2 = _____

IV. General Comments: Use this portion of the evaluation form to qualitatively reflect on the student's experience and professional growth. This is an overall review of the experience, designed to provide feedback to the student. Complete the questions and write any comments that appear pertinent. Review with your student and then both sign and date.

Compared to other "ATS" with similar experience these are the student's strengths and weaknesses.

Strengths:

Weaknesses:

Additional Comments:

ACI Signature and Date _____

Student Statement:

I have discussed this evaluation with my ACI and I accept the content as a reflection and constructive criticism of my clinical education preparation at this current time.

Student Signature and Date _____

Grade (Add sections I, II, III) _____

Section I _____ + Section II _____ + Section III _____ = _____



**Weber State University
Athletic Training Education Program**

AT 4500 Final Clinical Evaluation

Name: _____

Rotation: Fall Winter Spring

Location: _____

ACI: _____

Number of hours with ACI: _____

Directions: Please mark your individual perceptions concerning the clinical student identified above. Consider each item separately in deciding whether or not you generally agree or disagree or whether the student has meet minimal competency with the statement. Indicate the strength of the agreement or disagreement or ability by checking the appropriate number. You are encouraged to add any comments related to these items below. *Evaluate the student against/along with other "ATS's" of the same clinical level.

Evaluation Scale*

Poor - inability to perform this action without constant intervention from ACI, requires constant remediation.

Fair or Below Average - performs this action to a barely acceptable standard, usually requires intervention from ACI, requires remediation.

Average - performs this action meeting minimal competency standards, requires occasional intervention from ACI, no remediation is required.

Good or Above Average - performs this action meeting minimal competency standards, no ACI intervention is required.

Excellent or Outstanding - performs this action that exceeds other students' ability at this level.

N/A **Not Applicable** or **Not Observed**

I. Athletic Training Skills and Behaviors: All behaviors should be measured against and consistent with the student's current clinical level.

1 2 3 4 5 N/A

Demonstrates general knowledge and understanding of the subject matter consistent with his/her clinical level including: emergency response, prevention, taping and splinting, injury assessment, pharmacology, nutrition, psychology, therapeutic modalities and rehabilitation, and general medical. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to manage acute injuries and illnesses. Comments:

1 2 3 4 5 N/A

Demonstrates knowledge of and skills in recognizing and managing risk factors associated with physical activity. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to obtain, interpret, make decisions, and develop polices and procedures regarding environmental data to allow safe activity in a variety of environmental conditions (e.g., heat index, lightning, etc.). Comments:

1 2 3 4 5 N/A

Demonstrates the ability to appropriately apply common taping, wrapping and bandaging skills. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to select, evaluate, and modify common taping, wrapping, and bracing skills. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to select, evaluate, apply, and modify standard protective equipment and other custom devices. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to recognize, intervene, and refer when patients exhibit sociocultural, mental, emotional, and psychological behavioral problems. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to select and integrate appropriate motivational techniques into patients' treatment or rehabilitation programs. Comments:

- 1 2 3 4 5 N/A Demonstrates the ability to clinically evaluate and diagnosis orthopedic injuries. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to document the results of an orthopedic injury examination: Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to counsel patients in proper nutrition based upon, current dietary trends, body composition measurements, etc. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to recognize, manage, and refer patients with disordered eating and eating disorders.
- 1 2 3 4 5 N/A Demonstrates the ability to develop and implement a pre-preparation meal and an appropriate exercise and nutritional plan for an active individual. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to evaluate, administer, and monitor common pharmaceutical agents used in the treatment of injuries and illnesses (e.g., epi-pen, bronchodilators, anti-inflammatory medicine). Comments:
- 1 2 3 4 5 N/A Demonstrates an understanding and applies appropriate pharmacy regulations relevant to the treatment of injuries and illnesses. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to appropriately apply fitness testing and training techniques (e.g., flexibility, strength, power, agility, etc.). Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to plan, implement, evaluate, and modify a fitness program specific to the physical status of a patient. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to properly apply a variety of therapeutic modalities. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to synthesize and document information from a patient evaluation and exam to determine the proper selection, patient set-up, and application of therapeutic modalities in the treatment of acute and chronic injuries. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to properly apply a variety of therapeutic exercises. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to synthesize and document information from a patient evaluation and exam to determine the proper selection, patient set-up, and application of therapeutic exercises in the treatment of acute and chronic injuries. Comments:
- 1 2 3 4 5 N/A Demonstrates the ability to synthesize information to recognize, detect, treat, and refer patients as needed with medical conditions and disabilities.
- 1 2 3 4 5 N/A Demonstrates effective lines of verbal and written communication using appropriate medical documentation and terminology. Comments:
- 1 2 3 4 5 N/A Demonstrates knowledge of and enforcement of healthcare facility policies and procedures. Comments:
- 1 2 3 4 5 N/A Demonstrates a commitment to and uses an evidence-based approach in the prevention, evaluation, and treatment of musculoskeletal injuries and illnesses when appropriate. Comments:

Points earned

of questions answered

Section I Score = (Points earned) _____ ÷ (# questions answered) _____ *14 = _____

II. Personal Attributes

- 1 2 3 4 5 N/A Student recognizes the need for and demonstrates a commitment to patient privacy (e.g., HIPAA). Comments:

- 1 2 3 4 5 N/A Student recognizes the need for and demonstrates a commitment to a team approach to practice (e.g., values other healthcare providers, works well with others, dependable).
Comments:
- 1 2 3 4 5 N/A Student recognizes the need for and executes duties within the identified scope of practice for athletic training students. Comments:
- 1 2 3 4 5 N/A Student recognizes the need for and demonstrates the ability to establish and maintain positive relationships (e.g. honesty, compassion, empathy, rapport) when interacting with patients, family members, administrators, and other healthcare team members.
Comments:
- 1 2 3 4 5 NA Student recognizes the need for and demonstrates a commitment to practicing athletic training ethically and legally within the confines of the NATA Code of Ethics, BOC Standards of Practice, national, state, and institutional policies. Comments:
- 1 2 3 4 5 NA Student displays professionalism in all areas of clinical practice, including but not limited to verbal and written communication with patients, physicians, patients, media, administrators, and other healthcare team members. Comments:
- 1 2 3 4 5 NA Student recognizes the need for and demonstrates a commitment to working with a diverse population and in diverse work settings.
- 1 2 3 4 5 NA Student takes initiative to perform necessary athletic training skills/tasks without being asked. Comments:
- 1 2 3 4 5 N/A Student demonstrates self-confidence while interacting with patients. Comments
- 1 2 3 4 5 NA Student is willing to accept constructive criticism. Comments:
- 1 2 3 4 5 NA Student is a prudent and effective decision-maker. Comments:
- 1 2 3 4 5 NA Student demonstrates leadership qualities which serve to enhance the mission of the institution and profession. Comments:

Section II Score = (Points earned) _____ ÷ (# questions answered) _____ *4 = _____

III. Attendance

- 1 2 3 4 5 NA 39. Student was in attendance when they were scheduled.

Section III Score = (Points earned) _____ ÷ (# questions answered) _____ *2 = _____

IV. General Comments: Use this portion of the evaluation form to qualitatively reflect on the student's experience and professional growth. This is an overall review of the experience, designed to provide feedback to the student. Complete the questions and write any comments that appear pertinent. Review with your student and then both sign and date.

Compared to other "ATS" with similar experience these are the student's strengths and weaknesses.

Strengths:

Weaknesses:

Additional Comments:

ACI Signature and Date

Student Statement:

I have discussed this evaluation with my ACI and I accept the content as a reflection and constructive criticism of my clinical education preparation at this current time.

Student Signature and Date

Grade (Add sections I, II, III)**Section I** _____ **+ Section II** _____ **+ Section III** _____ **=** _____



**Weber State University
Athletic Training Education Program**

General Medical Final Clinical Evaluation

Name: _____

Rotation: Fall Winter Spring

Location: _____

ACI: _____

Number of hours with ACI: _____

Directions: Please mark your individual perceptions concerning the clinical student identified above. Consider each item separately in deciding whether or not you generally agree or disagree or whether the student has meet minimal competency with the statement. Indicate the strength of the agreement or disagreement or ability by checking the appropriate number. You are encouraged to add any comments related to these items below. *Evaluate the student against/along with other "ATS's" of the same clinical level.

Evaluation Scale*

Poor - inability to perform this action without constant intervention from ACI, requires constant remediation.

Fair or Below Average - performs this action to a barely acceptable standard, usually requires intervention from ACI, requires remediation.

Average - performs this action meeting minimal competency standards, requires occasional intervention from ACI, no remediation is required.

Good or Above Average - performs this action meeting minimal competency standards, no ACI intervention is required.

Excellent or Outstanding - performs this action that exceeds other students' ability at this level.

N/A Not Applicable or Not Observed

I. Athletic Training Skills and Behaviors: All behaviors should be measured against and consistent with the student's current clinical level.

1 2 3 4 5 N/A

Demonstrates an understanding of and ability to synthesize information to recognize, detect, treat, and refer as needed patient with medical conditions and disabilities. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to obtain a patient's medical history, including a previous history and history of the present condition. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, swelling, discoloration, and skin abnormalities. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to palpate bony and soft tissues, including the abdomen to determine normal or abnormal characteristics. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to apply and interrupt vital signs (e.g., pulse, blood pressure, respiration, pupil response). Comments:

1 2 3 4 5 N/A

Demonstrates the ability to apply commonly used instruments if appropriate (e.g. otoscope, stethoscope, chemical dipstick). Comments:

1 2 3 4 5 N/A

Demonstrates a basic understanding of assessing and interpreting heart, lung, and bowel sounds. Comments:

1 2 3 4 5 N/A

Explains the importance and demonstrates the proper procedures for measuring body temperature. Comments:

1 2 3 4 5 N/A

Demonstrates the ability to recognize, intervene, and refer when patients exhibit sociocultural, mental, emotional, and psychological behavioral problems. Comments:

1 2 3 4 5 N/A Demonstrates an ability to recognize, treat, and refer patients with skin lesions from trauma, infection, stress, drug reaction, and immune response. Comments:

1 2 3 4 5 N/A Demonstrates effective lines of verbal and written communication using appropriate medical documentation and correct terminology. Comments:

1 2 3 4 5 N/A Demonstrates knowledge of and enforcement of healthcare facility policies and procedures. Comments:

Points earned

of questions answered

Section I Score = (Points earned) _____ ÷ (# questions answered) _____ *14 = _____

II. Personal Attributes

1 2 3 4 5 N/A Student recognizes the need for and demonstrates a commitment to patient privacy (e.g., HIPAA). Comments:

1 2 3 4 5 N/A Student recognizes the need for and demonstrates a commitment to a team approach to practice (e.g., values other healthcare providers, works well with others, dependable). Comments:

1 2 3 4 5 N/A Student recognizes the need for and demonstrates the ability to establish and maintain positive relationships (e.g. honesty, compassion, empathy, rapport) when interacting with patients, family members, administrators, and other healthcare team members. Comments:

1 2 3 4 5 NA Student recognizes the need for and demonstrates a commitment to working with a diverse population and in diverse work settings.

1 2 3 4 5 NA Student is dependable. Comments:

1 2 3 4 5 NA Student addresses assigned responsibilities without delay. Comments:

1 2 3 4 5 NA Student takes initiative to perform necessary athletic training skills/tasks without being asked. Comments:

1 2 3 4 5 N/A The student demonstrates self-confidence while interacting with patients. Comments

1 2 3 4 5 NA Student is willing to accept constructive criticism. Comments:

1 2 3 4 5 NA Student is neat, clean and appropriately dressed. Comments:

1 2 3 4 5 NA Student is enthusiastic about the assignment. Comments:

Section II Score = (Points earned) _____ ÷ (# questions answered) _____ *4 = _____

III. Attendance

1 2 3 4 5 NA Student was in attendance when they were scheduled.

Section III Score = (Points earned) _____ ÷ (# questions answered) _____ *2 = _____

IV. General Comments: Use this portion of the evaluation form to qualitatively reflect on the student's experience and professional growth. This is an overall review of the experience, designed to provide feedback to the student.

Complete the questions and write any comments that appear pertinent. Review with your student and then both sign and date.

Compared to other “ATS” with similar experience these are the student’s strengths and weaknesses.

Strengths:

Weaknesses:

Additional Comments:

ACI Signature and Date

Student Statement:

I have discussed this evaluation with my ACI and I accept the content as a reflection and constructive criticism of my clinical education preparation at this current time.

_____ **Student Signature and Date**

Grade (Add sections I, II, III)

Section I _____ + Section II _____ + Section III _____ = _____



Weber State University
Department of Health Promotion and Human Performance

Athletic Training Approved Clinical Instructor Evaluation

Name of ACI: _____

Rotation: Fall Winter

Spring

Location of Current Practicum: _____

Date: _____

Number of hours with ACI: _____

Current Clinical Level: 1500 1501 2500 2501 3500 3501 4500

Directions: This form is to be used by the student to evaluate the clinical/educational aspects of the supervising ACI/CI. Be honest, as this evaluation will be used to evaluate the WSU Athletic Training Education Program and will serve to improve the overall educational program. It will in **NO** way be reflected in your clinical grade. Check the appropriate number from the coding system below in response to the following statements.

Evaluation Scale

5 = Very good, 4 = Good, 3 = Fair, 2 = Poor, 1 = Very poor, N/A = Not applicable

Modified Athletic Training Supervisory Skills Inventory¹

In my opinion, the supervising athletic trainer (ACI) named above:

1. Conveys practicum/clinical requirements to the students. Comments: 1 2 3 4 5 NA
2. Conveys understanding of the athletic training ACI's role to the student. Comments: 1 2 3 4 5 NA
3. Provides information to supplement the student's theoretical knowledge. Comments: 1 2 3 4 5 NA
4. Communicates knowledge effectively. Comments: 1 2 3 4 5 NA
5. Suggests appropriate outside resources and reading materials. Comments: 1 2 3 4 5 NA
6. Provides direct suggestions for evaluation and/or treatment when needed or requested by patients or students. Comments: 1 2 3 4 5 NA
7. Demonstrates athletic training skills, techniques, and procedures when needed or requested by patients or students. Comments: 1 2 3 4 5 NA
8. Provides guidance in evaluation and assessment procedures. Comments: 1 2 3 4 5 NA
9. Provides guidance for maintaining records and report writing tasks. Comments: 1 2 3 4 5 NA
10. Remains up-to-date regarding student's ongoing practicum/clinical and experiences. Comments: 1 2 3 4 5 NA
11. Provides ongoing direct supervision. Comment: 1 2 3 4 5 NA
12. Conveys opinions regarding student's specific athletic training strengths. Comments: 1 2 3 4 5 NA
13. Conveys opinions regarding student's specific athletic training weaknesses. Comments: 1 2 3 4 5 NA
14. Suggests ways for students to improve areas of weakness. Comments: 1 2 3 4 5 NA
15. Appropriately confronts students for not fulfilling practicum/clinical requirements. Comments: 1 2 3 4 5 NA
16. Provides opportunity for sufficient number of supervisory conferences. Comments: 1 2 3 4 5 NA

17. Provides comprehensive supervisory evaluations periodically. Comments: 1 2 3 4 5 NA
18. Evaluates student's performance fairly. Comments: 1 2 3 4 5 NA
19. Allows the students sufficient opportunity to interact during supervisory conferences. Comments: 1 2 3 4 5 NA
20. Listens attentively to students. Comments: 1 2 3 4 5 NA
21. Demonstrates empathy and respect toward students. Comments: 1 2 3 4 5 NA
22. Communicates at a level consistent with the student's professional development. Comments: 1 2 3 4 5 NA
23. Maintains emotional stability during supervisory encounters. Comments: 1 2 3 4 5 NA
24. Exhibits an appropriate sense of humor. Comments: 1 2 3 4 5 NA
25. Encourages student feedback concerning the supervisory process. Comments: 1 2 3 4 5 NA
26. Remains receptive to student ideas concerning assessment and treatment strategies. Comments: 1 2 3 4 5 NA
27. Shows flexibility in permitting student to explore a variety of treatment strategies. Comments: 1 2 3 4 5 NA
28. Motivates the student to develop listening skills. Comments: 1 2 3 4 5 NA
29. Encourages the student's self appraisal of their athletic training skills. Comments: 1 2 3 4 5 NA
30. Encourages student to become increasingly more independent and autonomous professionals. Comments: 1 2 3 4 5 NA
31. Helps students in planning and implementing comprehensive athletic training injury/illness prevention programs. Comments: 1 2 3 4 5 NA
32. Helps students recognize and evaluate injuries and illnesses sustained by the physically active population. Comments: 1 2 3 4 5 NA
33. Demonstrates appropriate first aid and emergency care. Comments: 1 2 3 4 5 NA
34. Helps students plan and implement a comprehensive rehabilitation and reconditioning program. Comments: 1 2 3 4 5 NA
35. Provides a good model for the organization and administration of athletic injuries. Comments: 1 2 3 4 5 NA
36. Instructs the student in financial, personnel, and public relations management. Comments: 1 2 3 4 5 NA
37. Demonstrates good counseling skills when interacting with athletes, coaches, and parents. Comments: 1 2 3 4 5 NA
38. Maintains appropriate ethical behavior with athletes. Comments: 1 2 3 4 5 NA
39. Discusses with the student the Code of Ethics. Comments: 1 2 3 4 5 NA
40. Demonstrates interest and enthusiasm regarding the profession. Comments: 1 2 3 4 5 NA
41. Provides an appropriate model of speech and language. Comments: 1 2 3 4 5 NA
42. Maintains an appropriate professional appearance. Comments: 1 2 3 4 5 NA

43. Provides an appropriate professional model overall. Comments: 1 2 3 4 5 NA

44. Overall rating of supervisory effectiveness. Comments: 1 2 3 4 5 NA

1. Andersen MB, Larson GA, Luebe, J. Student and supervisor perceptions of the quality of supervision in athletic training education. *J Athl Train*;1997,32 (4): 328-332.

45. What did you like best about this clinical rotation?

46. What did you like least about this clinical rotation?

47. Identify specific skills you have developed or enhanced during this rotation.

48. How might the quality of this rotation be improved?



Weber State University
Department of Health Promotion and Human Performance

Athletic Training Clinical Facility Evaluation

Current Placement: _____

Date: _____ Rotation: Fall Winter Spring

Number of hours with ACI: _____

Current Clinical Level: 1500 1501 2500 2501 3500 3501 4500

Directions: This form is to be used by the student to evaluate the clinical education experience learning environment. Be honest, as this evaluation will be used to evaluate the overall quality of the learning environment and will serve to improve the overall quality of the athletic training educational program. It will in **NO** way be reflected in your course grade. Check the appropriate number from the coding system below in response to the following statements.

Evaluation Scale

5 = Very good, 4 = Good, 3 = Fair, 2 = Poor, 1 = Very poor, N/A = Not applicable
 or

5 = Strongly agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strong disagree, N/A = Not applicable

I. Overall Evaluation

1. Did you receive any information from the clinical facility prior to your arrival regarding the facilities policies and procedures? Yes No
2. Did the facility provide you with any information or resources that would have improved your learning environment? Yes No
- 2a. If so, what information or resources would you liked to have received?
3. Did the supervising ACI introduce you to the staff members working at the facility? Yes No
4. Did the facility provide you with an orientation of the facilities? Yes No
5. Did the staff members at the facility make you feel welcomed? Yes No
- 5a. If not, why?
6. Was the layout of the facility adequate and conducive to a learning environment (i.e., offices, access to patients, and access to resources)? 1 2 3 4 5 NA
7. Did the facility have adequate equipment and supplies to meet the demands and expectations placed upon the student? 1 2 3 4 5 NA
8. Did the staff members at the facility make adequate time to answer questions and assist you when necessary? 1 2 3 4 5 NA
9. Was time set aside specifically for educational opportunities? If so, how much time per day was set aside. 1 2 3 4 5 NA
minutes day.
10. Did the facility take adequate steps to expose the student to a variety of patients and/or cases on a daily basis? 1 2 3 4 5 NA
11. The clinical facility provided the student with challenges and opportunity to utilize skills necessary to meet the following, according to their clinical level:

Risk management and injury prevention competencies.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Pathology of injuries and illness competencies.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Orthopedic clinician examination and diagnosis competencies.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Medical conditions and disabilities competencies.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Acute care of injury and illness competencies.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
Therapeutic modalities competencies.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA

- Therapeutic exercise competencies. 1 2 3 4 5 NA
- Pharmacology competencies. 1 2 3 4 5 NA
- Psychosocial intervention and referral competencies. 1 2 3 4 5 NA
- Nutritional aspects of injury and illness competencies. 1 2 3 4 5 NA
- Health care administration competencies. 1 2 3 4 5 NA
- Professional development and responsibilities competencies. 1 2 3 4 5 NA
12. Did the facility provided or have access to educational material(s) which support student learning and clinical expectations. 1 2 3 4 5 NA
13. Did the clinical facility use proper OSHA guidelines in the management of blood, bodily fluids, and medical waste? 1 2 3 4 5 NA
14. Did the staff at the facility practice ethically and legally according to their professional Code of Ethics and/or Scope of Practice? 1 2 3 4 5 NA
15. Did the staff at the facility demonstrate a sincere interest in professional development and responsibility? 1 2 3 4 5 NA
16. Was the communication within and among all interested parties associated with the clinical facility effective and positive? 1 2 3 4 5 NA
17. Did the facility demonstrate a sincere interest in and support of athletic training clinical education? 1 2 3 4 5 NA
18. Overall, the experiences I encountered at the facility reinforced the information and skills I learned in my course work. 1 2 3 4 5 NA
19. Overall the facility provided for an environment conducive to learning and meeting the athletic training clinical competencies and proficiencies. 1 2 3 4 5 NA

II. Written Comments

20. What were the strengths of this facility?
21. What were the weaknesses of this facility?
22. What would you like to see improved?
23. Any other comments.



Weber State University
Department of Health Promotion and Human Performance

Athletic Training Student Self-Evaluation

Name: _____ Rotation: Fall Winter Spring

Current Clinical Level: 1500 1501 2500 2501 3500 3501 4500

Directions: This form is to be completed by the student at the conclusion of each clinical rotation at Weber State University or clinical assignment at an affiliated clinical site. This is an opportunity for you to evaluate your own skill level as it relates to this clinical education experience.

This evaluation is *NOT* intended to be a forum for indiscriminate complaints, but your candid, sincere, and objective reactions will be useful in helping all persons concerned to create the most appropriate clinical learning environment possible.

Section I: Please rate yourself in the following areas by placing an "X" in the appropriate box. Please see the attached see for a description of each performance criteria.

	Attributes	Outstanding	Excellent	Good	Average	Poor	Unacceptable
1.	Knowledge of subject matter						
2.	Taping, wrapping, splinting skills						
3.	Wound care, OSHA guidelines						
4.	Dealing with emergency situations						
5.	Handling difficult situations						
6.	Recognizes extent of injuries/illnesses						
7.	Evaluation skills						
8.	Properly selects & fits protective equipment						
9.	Selection & application of modalities						
10.	Selection & application of rehab techniques						
11.	Administrative policies & procedures						

12.	Maintain medical records						
13.	Appearance						
14.	Professionalism						
15.	Work ethic						
16.	Initiative						
17.	Judgment & decision making						
18.	Critical Thinking						
19.	Dependability						
20.	Communication skills						
21.	Ability to work with others						

Section II: Please answer the following questions with information you feel is pertinent relative to your past experience.

What are your current athletic training strengths? Comments may correspond to the numbered attributes above

23. What are your current athletic training weaknesses? Comments may correspond to the numbered attributes on page one.

24. Additional Comments: Comments may correspond to the numbered attributes on page one.

Evaluation Scale

Outstanding	Student always performs this action/skill to the highest possible standard.
Very good	The student always performs this action/skill to a high standard.
Good	The student performs this action to an above average standard most of the time.
Average	The student performs this action/skill to an average standard most of the time
Poor	The student performs this action/skill to a barely acceptable standard.
Unacceptable	The student is unable to perform to an acceptable standard in most or all situations.

Weber State University
Athletic Training Education Program

Monthly Clinical Hour Log

Name _____ Month _____ Year _____

Date	Sport	In	Out	In	Out	ACI Signature	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Monthly Total _____

Sport 1 _____ Hours _____

Sport 2 _____ Hours _____

Sport 3 _____ Hours _____

APPENDIX G

Change of Clinical Assignment Form

**Weber State University
Athletic Training Education Program
Change/Addition of Clinical Assignment**

Student _____ Date _____

Current Clinical Assignment _____

Proposed Clinical Assignment _____

Reason for change or addition

Student Signature/Date

Current ACI Signature/Date

Proposed ACI Signature/Date

Coordinator of Clinical Education or Program Director
Signature/Date

APPENDIX H

Confidentiality, Privacy, and Security Agreement

**Weber State University
Athletic Training Education Program
Confidentiality, Privacy, and Security Agreement**

Weber State University's Athletic Training information systems and those at affiliate sites contain confidential information pertaining to patients/student-athletes, health care professionals, and the Athletics Department. These systems may include computer hard drives, removable media storage mediums, filing cabinets, and medical records. This information is required by law to be protected, and thus imposes many obligations. This agreement is established to inform individuals who use these resources of their responsibilities and to secure their agreement to abide by the associated policies.

I WILL:

- Only disclose information, verbally and in written form, to those authorized to receive it.
- Respect the privacy and rules governing the use of any information accessible through an information system or computer network and only utilize information necessary for performance of my job.
- Report any violation of confidentiality of computer usage policies.
- Respect the ownership of proprietary software.
- Respect the finite capability of the systems and limit my use so as not to interfere unreasonably with the activity of others.
- Abide by all the procedures and policies established to manage the use of the system.

Student Initials

I WILL NOT:

- Exhibit or divulge the contents of any record or report except to fulfill a work assignment.
- Attempt to access information by using a user identification code or password other than my own.
- Remove any records, reports, or copies from their storage location except in the performance of my duties.
- Release my user identification code or password to anyone or allow anyone to access or alter information under my identity.
- Use these resources to engage in illegal activities, or harass anyone.
- Allow unauthorized use of information maintained, stored or processed by WSU Athletic Training or affiliate clinical sites.
- See personal benefit of, or permit others to benefit personally by any confidential information or use of equipment available through my clinical assignment.
- Remove any documents from Athletic Training or other clinical facilities, for any reason, without prior consent from my supervisor.

Student Initials

I UNDERSTAND:

- That the information accessed through all medical information systems contains sensitive and confidential patient, business, financial, and employee information.
- That I may access health information on myself, but must have specific authorization to access information on anyone else.
- That I am responsible for logging out of computer information systems and will not leave unattended a display device to which I have logged on.
- That all access to medical information systems will be monitored.
- That my user identification code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them.
- That my obligation under this agreement will continue after termination of my employment and that my privileges are subject to review, revision, and renewal.
- That violators of this agreement will be denied access to information systems (electronic or otherwise), subject to disciplinary action (including termination/removal from the program) and may be subject to penalties under state law and federal law and regulations.

Student Initials

I AM FULLY AWARE:

- WSU Athletic Training and affiliate clinical sites purchase or license the use of copies of computer software from a variety of outside companies.
- WSU Athletic Training and affiliate clinical sites do not own the copyright to this software or its related documentation and, unless authorized by the software developer, does not have the right to reproduce it for use on more than one computer.
- With regard to the use on local area networks or on multiple machines, students shall use the software only in accordance with the license agreement.
- Clinical supervisors learning of any misuse of software or related documentation within the department shall notify the Head Athletic Trainer and/or Athletic Training Program Director immediately.
- According to the US Copyright Law, illegal reproduction of software can be subjected to civil damages of as much as \$100,000 per work copied and criminal penalties, including fines and imprisonment. Athletic Training students who knowingly make, acquire, or use unauthorized copies of computer software shall be disciplined as appropriate under the circumstances and may include termination/removal from the program. The Athletic Training Program does not condone the illegal duplication of software.

Student Initials

By signing, I pledge that I have read, understand, and will comply with Weber State University's ATEP Confidentiality, Privacy, and Security Agreement.

Student Signature

Date

Print Name

APPENDIX I

Student Conference Report Form

**Weber State University
Athletic Training Education Program
Student Conference Report**

Student _____ Date _____

Date of Incident _____ Date of Conference _____

Persons Present at
Conference: _____

Place of Occurrence

Incident (be specific, include date, times, etc.)

Action to be taken:

() 1st WRITTEN () 2nd WRITTEN () SUSPENSION () TERMINATION

Comments:

I have seen the statement of the incident. I have discussed this matter with the instructor. My signature represents this discussion.

Student Signature/Date

ACI Signature/Date

Coordinator of Clinical Education Signature/Date

Program Director Signature/Date

APPENDIX J

Varsity/Club Athletic Participation by Athletic Training Students

Varsity/Club Athletic Participation by Athletic Training Students

Athletic Training students who participate in varsity or club sports must review and sign this form along with the head coach of their team EVERY academic year. Students are expected to meet ALL of the requirements of the athletic training program, including clinical hour and service hour requirements, despite sport commitments.

The Athletic Training Faculty will work with the athletic training student in an attempt to find clinical education experiences which minimally conflict with the sport, but recognize that this is difficult and not always possible.

The purpose of this form is:

1. To ensure that Athletic Training Student is abiding by our policy of participating in only one sport, as stated in the current WSU Athletic Training Student Handbook. This is to help assure the student that he/she will obtain a minimum level of clinical proficiency necessary to be successful and marketable in the field.
2. So that the Athletic Training faculty can make the necessary clinical assignments both on and off-campus, allowing the student to meet the minimum course and graduation requirements.
3. So that the Athletic Training student can obtain a variety of clinical experiences in a variety of clinical settings. Students who participate in more than one sport can obtain very little to no quality clinical experiences. Even a student who participates in only one sport limits his/her exposure to certain clinical education experiences.

This is to certify that I, _____, understand the policy explained above. I am declaring that I will be participating in _____ during the current academic year. I am responsible for meeting all of my classroom and clinical expectations.

Student Signature

Date

This is to certify that I, _____, head coach of WSU's _____ team, understand the policy explained above and will support the above-named student in pursuit of their educational goals.

Head Coach Signature

Date

APPENDIX K
Glossary of Terms

Glossary of Commonly Used Abbreviations & Words

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

Affiliated Clinical Setting - Institutions, clinics, or other health settings not under the authority of WSU, but that are used by the ATEP for clinical experiences. Examples are local high schools, physical therapy clinics, physician's offices, and hospitals.

Approved Clinical Instructor (ACI) – the certified athletic trainer who completes an ACI course and instructs and evaluates the clinical proficiencies during the clinical education part of the ATEP students' program. An ACI provide direct supervision (both visual and auditory) of the ATEP student during clinical experiences.

ATS – the Athletic Training Student who is enrolled in a CAAHEP-accredited entry-level athletic training curriculum.

CIE – A certified athletic trainer who attends the Clinical Instructor Educator Seminar, obtains the credential, and then conducts an ACI course.

Clinical Education Experiences – educational opportunities within a clinical environment where clinical proficiencies are taught and evaluated by an ACI or CI.

Clinical Proficiencies – the clinical application of a common set of cognitive and psychomotor competencies.

Clinical Supervisor – a certified athletic trainer, or other specialized health/medical professional, who supervises athletic training students in a field experience other than a clinical education experience.

Educational Competencies – the educational content required of entry-level ATEPs described as educational objectives. The competencies encompass three domains: Cognitive (knowledge and intellectual skills), Psychomotor (manipulative and motor skills), and Affective (attitudes and values). These domains are applied clinically through the clinical proficiencies.

Field Experience – supervision of AT field experience involves daily personal/verbal contact at the site of supervision between the ATS and the ATC or other health care professional who plans, directs, advises, and evaluates the student's athletic training experience. The ATC must be physically present in order to intervene on behalf of the individual being treated.

**This handbook is a modified version of the University of Charleston's (WV) Athletic Training Student Handbook. Permission was granted by the ATEP PD as of July 2006.

Weber State University
Athletic Training Education Program
Athletic Training Education Program Handbook
Student Agreement

I purchased a copy of the 2009-2010 WSU Athletic Training Education Program Student Handbook. The entire contents of this handbook discussing the policies and procedures of the Athletic Training Education Program have been read and understood. These include:

Athletic Training Major
ATEP Curriculum
ATEP Clinical Education Experience
ATEP Policies & Procedures
Evaluations
General Information & Documents

I intend to comply fully with the policies and procedures stated above and in the *Athletic Training Student Handbook* as prescribed by the Department of Athletic Training and Weber State University. Failure to follow the above rules, regulations, and guidelines can result in disciplinary measures, and/or not completing the major in the desired time frame. I also understand my rights and responsibilities of a student in Weber State University Athletic Training courses and/or clinical education experiences.

Student's Full Name (Printed)

Student Signature

Date