



***CENTER  
FOR HEALTH  
SCIENCES***

**Professional Masters  
Athletic Training Program**



**Policy and Procedure Manual**



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## Oklahoma State University Athletic Training

Welcome to the OSU Athletic Training Program. Congratulations on being accepted into a program that has a strong history of producing successful athletic trainers. Our faculty and staff are excited to work with quality students like yourself in the process of your development of a future certified athletic trainer.

Athletic training is a very rewarding and exciting profession which demands dedication and hard work without much public credit. As an Athletic Training Student, you will take part in the prevention, assessment, treatment, and rehabilitation of injuries in a variety of patients at various clinical settings. We challenge you to learn as much as you can each day whether it be in a class or while are at a clinical assignment. In order for our program to operate efficiently, an ATS must work diligently, and assume all responsibilities that are delegated to them in a mature and responsible fashion. ATS's must work together and be part of a team. This is an important step in learning to function as part of an integral member of a health care team.

It is extremely important to familiarize yourself with the contents of this manual. This manual provides answers to many of your questions and describes the policies and procedures of our program in detail. Know this manual inside and out.

We believe the best method of learning is to combine the knowledge from your classes and clinical experiences in the learning environment. The opportunities to apply classroom knowledge at your clinical site are there, you just need to take advantage of them. Doing so will enhance your learning process tremendously, and make your experience very positive and enjoyable. Like this profession, the program requires many hours of both classroom and clinical time. In order to succeed as a student, as well as in our program, you must learn to budget your time and prioritize your commitments and activities.

The AT major at OSU is unlike any other. You will get to know your fellow classmates better than any area of study on campus. Take advantage of this and treasure these moments together. This should be the best time of your life, so enjoy it and have fun!!

**Go Pokes!!**

Jennifer Volberding, PhD, ATC  
Athletic Training Program Director

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Clinical Education Coordinator

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## **An Athletic Trainer's Creed**

We accept responsibility for athletes,  
Who come to double days overweight and out of shape,  
Who want you to lie about their height stats,  
Who can never find their practice uniform.  
And we accept responsibility for those,  
Who forget to brush their hair for team pictures,  
Who run slower than everyone else,  
Who are from places we wouldn't be caught dead in,  
Who have never been away from home.  
We accept responsibility for athletes,  
Who bring in a week's worth of ace bandages,  
Who hug us when they are soaked with sweat and blood.  
We accept responsibility for those,  
Who will always sit on the bench,  
Who will forever play on the "scrub" team,  
Who never get their uniforms dirty,  
which won't ever see their name or picture in the paper,  
whose names people skim over in the team program,  
Whose skills are lousy, but whose hearts are strong.  
We accept responsibility for athletes,  
Whose financial aid doesn't come in until February,  
Who are declared ineligible before they play their first game,  
Who beg for aspirin, but forget to take it,  
Who are always late for treatments,  
Who lie about taking showers after practice,  
Who say they have night class just so they can get to dinner on time,  
Who squirm when they've got to get dressed beyond sweats,  
Whose tears we sometimes laugh at, and whose smiles make us cry.  
And we accept responsibility for those,  
Whose feet always smell,  
Who get angry for having to sit out practice,  
Who hate doctors,  
Whose egos are bigger than their bodies,  
Who never want to be carried off the court,  
Who always want to keep playing, even when their bodies no longer can.  
We accept responsibility for athletes who want to be the greatest,  
And for those who truly will be,  
For those who never give up or quit, for those who play hard, no matter what the score.  
God grant us the courage to accept these athletes,  
No matter what size, shape, skill, personality.  
God grant us the strength to do our best,  
Care for them when they are hurt,  
Encourage them when they are down,  
Understand them when they are defeated,  
Celebrate with them when they are victorious.

# **ATHLETIC TRAINING PROGRAM**

## **Oklahoma State University**

### **Overview of the Profession**

#### **THE CERTIFIED ATHLETIC TRAINER**

The Athletic Trainer (AT) is a highly educated and skilled allied health care professional specializing in athletic health care of physically active people. In cooperation with physicians and other allied health personnel, the Athletic Trainer functions as an integral member of the health care team in secondary schools, colleges and universities, sports medicine clinics, industrial settings, professional sports programs and other health care settings.

#### **Education**

Currently, Athletic Trainers must possess, at minimum, a bachelor's degree from an Accredited Athletic Training Program (ATP). As of 2022, all ATP's must be a Master's degree granting program. The Commission on Accreditation of Athletic Training Education (CAATE) is the recognized accrediting body for our Athletic Training Program. The OSU Athletic Training Program received initial accreditation status in the Fall 2006 and currently has received accreditation through 2016. In 2015, the OSU ATP discontinued the undergraduate degree housed in the College of Education in Stillwater and created a Masters in Athletic Training housed in the School of Allied Health at the Center for Health Sciences in Tulsa.

Professional training education uses a competency-based approach in both the classroom and clinical settings. Using a medical-based education model, athletic training students are educated to provide comprehensive patient care in five domains of clinical practice: prevention; clinical evaluation and diagnosis; immediate and emergency care; treatment and rehabilitation; and organization and professional health and well-being. The educational requirements for CAATE-accredited athletic training programs include acquisition of knowledge, skills and clinical abilities along with a broad scope of foundational behaviors of professional practice. Students complete an extensive clinical learning requirement that is embodied in the clinical integration proficiencies (professional, practice oriented outcomes) as identified in the Athletic Training Education Competencies .

Students must receive formal instruction in the following specific subject matter areas identified in the Competencies:

Evidence-Based Practice	Therapeutic Interventions
Prevention and Health Promotion	Psychosocial Strategies and Referral
Clinical Examination and Diagnosis	Healthcare Administration
Acute Care of Injury and Illness	Professional Development and Responsibility

Accessed "<https://www.nata.org/about/athletic-training/education-overview>" Athletic Training Students also participate in extensive clinical affiliations with the active population under direct supervision of a BOC Certified Athletic Trainer (ATC®) or Preceptor. These five immersive rotations provide the student the opportunity to gain experience with a diverse group of patient populations to prepare them for the wide array of career options available following graduation.

#### **Certification**

Certified Athletic Trainers have satisfactorily fulfilled the requirements for certification established by the Board of Certification, Inc. (BOC). BOC certification is recognized by the National Commission for Certifying Agencies and is currently the only accredited certification program for Athletic Trainers. The certification examination administered by BOC evaluates a candidate's knowledge, skills and abilities required for competent performance as an entry level Athletic Trainer. Candidates must complete an accredited Athletic Training Program and pass the BOC certification examination, at which time the BOC will designate the credentials "ATC®" to the successful candidate.

Students become eligible for BOC certification through an athletic training degree program (Bachelor's or entry-level Master's) accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Students engage in rigorous classroom study and clinical education in a variety of practice settings such as high schools,

colleges/universities, hospitals, emergency rooms, physician offices and healthcare clinics over the course of the degree program. Students enrolled in their final semester are eligible to apply for the BOC exam.

For more information visit the National Athletic Trainers' Association at [www.nata.org](http://www.nata.org) and the Board of Certification, Inc. at [www.bocac.org](http://www.bocac.org).

## **NATA CODE OF ETHICS**

The Code of Ethics of the National Athletic Trainers' Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of Athletic Training. The primary goal of the Code is to assure the highest quality of health care administered. The Code presents standards of behavior that all members should strive to achieve. The principles cannot be expected to cover all specific situations that may be encountered by the practicing Athletic Trainer, but should be considered representative of the spirit with which Athletic Trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the Athletic Training profession develops and changes.

Principle 1: Members shall respect the rights, welfare and dignity of all individuals.

Principle 2: Members shall comply with the laws and regulations governing the practice of Athletic Training.

Principle 3: Members shall maintain and promote high standards in their provision of services.

Principle 4: Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

For a complete copy of the ethics and for information reporting a violation of ethics, visit the NATA web page.

[http://www.nata.org/codeofethics/code\\_of\\_ethics.pdf](http://www.nata.org/codeofethics/code_of_ethics.pdf)

## **BOC Practice Standards**

### **I. Practice Standards**

#### **Preamble**

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

The Standards are intended to:

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

The Standards are NOT intended to:

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

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

#### **Standard 1: Direction**

The athletic trainer renders service or treatment under the direction of a physician.

#### **Standard 2: Prevention**

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

#### **Standard 3: Immediate Care**



The athletic trainer provides standard immediate care procedures used in emergency situations, independent of setting.

**Standard 4: Clinical Evaluation and Diagnosis**

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

**Standard 5: Treatment, Rehabilitation and Reconditioning**

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

**Standard 6: Program Discontinuation**

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

**Standard 7: Organization & Administration**

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

**II. Code of Professional Responsibility**

**Preamble**

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

**Code 1: Patient Responsibility**

The BOC certified athletic trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social, economic status, or any other characteristic protected by law.
- 1.2 Protects the patient from harm, acts always in the patient's best interests, and is an advocate for the patient's welfare.
- 1.3 Takes appropriate action to protect patients from athletic trainers, other healthcare providers or athletic training students who are incompetent, impaired, or engaged in illegal or unethical practice.
- 1.4 Maintains the confidentiality of patient information in accordance with applicable law.
- 1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress.
- 1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain.
- 1.7 Exercises reasonable care, skill and judgment in all professional work.

**Code 2: Competency**

The BOC certified athletic trainer or applicant:

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

**Code 3: Professional Responsibility**

The BOC certified athletic trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards.
- 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care.
- 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care.
- 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another athletic trainer that is related to the practice of athletic training, public health, patient care or education.

- 3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another athletic trainer that is related to athletic training, public health, patient care or education.
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful.
- 3.8 Does not, without proper authority, possess, use, copy, access, distribute, or discuss certification examinations, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials.
- 3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public.
- 3.10 Complies with all confidentiality and disclosure requirements of the BOC.
- 3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony, or to a misdemeanor related to public health, patient care, athletics or education. This includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an athletic trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity.
- 3.12 Cooperates with BOC investigations into alleged illegal or unethical activities. This includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion.
- 3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.

Code 4: Research

The BOC certified athletic trainer or applicant who engages in research:

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

Code 5: Social Responsibility

The BOC certified athletic trainer or applicant:

- 5.1 Uses professional skills and knowledge to positively impact the community.

Code 6: Business Practices

The BOC certified athletic trainer or applicant:

- 6.1 Refrains from deceptive or fraudulent business practices.
- 6.2 Maintains adequate and customary professional liability insurance.\_\_\_\_\_

[http://www.bocAT.org/images/stories/resources/boc\\_standards\\_of\\_professional\\_practice\\_1401bf.pdf](http://www.bocAT.org/images/stories/resources/boc_standards_of_professional_practice_1401bf.pdf)

# **OSU Athletic Training Curriculum**

## **Center for Health Sciences School: Allied Health Department: Athletic Training Degree: Master of Athletic Training**

### **Athletic Training Program Mission**

Prepare individuals to become competent and independent clinicians who will enhance the quality of patient health care and advance the profession of athletic training through the application of evidence-based practice and translational research. Our MAT program instills critical thinking, problem solving, ethical reasoning abilities and interpersonal skills promoting lifelong learning and an enrichment in the quality of lives for individuals in diverse settings.

### **Goals**

The charge of the Oklahoma State athletic training curriculum is to provide a comprehensive, multifaceted education coupled with a clinical foundation to prepare future health care professionals for a career in athletic training. The program emphasizes evidence-based practice and the application of best practices that can transform health care. Graduates of the program possess an understanding of the research process and recognize the importance of applying evidence-based research to clinical practice. Our goals are to prepare graduates to apply a wide variety of specific health care skills and knowledge within each of the following domains: Injury/Illness Prevention and Wellness Protection; Clinical Evaluation and Diagnosis; Immediate and Emergency Care; Treatment and Rehabilitation; Organizational and Professional Health and Well-being.

### **Expected student outcomes**

- 1) Apply the common values of the athletic training profession including:
  - a. privacy of patients
  - b. teamed approach to practice
  - c. legal practice
  - d. ethical practice
  - e. advancing knowledge
  - f. cultural competence
  - g. professionalism
  
- 2) Demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must possess an understanding of the following in relation to the practice of Athletic Training:
  - a) evidence-based practice
  - b) prevention and health promotion
  - c) clinical examination and diagnosis
  - d) acute care of injuries/illnesses
  - e) therapeutic interventions
  - f) psychosocial strategies
  - g) healthcare administration
  - h) professional development
  
- 3) Demonstrate mastery of all clinical proficiencies outlined in the most current edition of the Athletic Training Education Competencies
  
- 4) Be proficient in all domains, tasks, knowledge and skills statements outlined in the most current Board of Certification Role Delineation Study
  - a) Injury/Illness Prevention and Wellness Protection

- b) Clinical Evaluation and Diagnosis
- c) Immediate and Emergency Care
- d) Treatment and Rehabilitation
- e) Organizational and Professional Health and Well-being

**a) Injury/Illness Prevention and Wellness Protection** – Students will learn to identify injury, illness, and risk factors associated with participation in sport/physical activity and implement all components of a comprehensive wellness protection plan and injury prevention program.

**b) Clinical Evaluation and Diagnosis** - Students will be able to conduct a thorough initial clinical evaluation of injuries and illnesses commonly sustained by the athlete/physically active individual and formulate an initial diagnosis of the injury and or illness for the primary purposes of administering care or making appropriate referrals to physicians for further diagnosis and medical treatment.

**c) Immediate and Emergency Care** - Students will learn to provide appropriate first aid and emergency care for acute injuries according to accepted standards and procedures, including effective communication for appropriate and efficient referral, evaluation, diagnosis, and follow up care.

**d) Treatment and Rehabilitation** – Students will be able to plan and implement a comprehensive treatment, rehabilitation and/or reconditioning program for injuries and illnesses, including long and short-term goals, for optimal performance and function.

**e) Organizational and Professional Health and Well-being** - Students will be able to plan, coordinate and supervise the administrative components of an athletic training program, comply with the most current BOC practice standards and state/federal regulations, and develop a commitment to life-long learning and evidence-based clinical practice.

## **STRUCTURE, POLICY AND PROCEDURES OF OSU ATHLETIC TRAINING PROGRAM**

The OSU Athletic Training Program is currently accredited by the Commission on Accreditation of Athletic Training Education (*CAATE*). The OSU Athletic Training Program provides valuable experience to students intending on a career in Athletic Training. The experience and exposure that Oklahoma State University provides is a solid base for individuals entering the discipline of Athletic Training. Oklahoma State University provides students with exposure to a variety of clinical settings while preparing them for certification by the Board of Certification (BOC). Oklahoma State University offers a competitive, two-year, educational program that allows all students to obtain clinical experience with a large variety of men and women's athletic teams and affiliated health care centers. Athletic Training students at OSU progress through several levels of competency during their academic and practical experience. Students will acquire a diverse variety of clinical experiences during their matriculation at OSU under the direction of BOC Certified Athletic Trainers, Preceptors, and various other health care professionals.

### **ADMISSION INTO ATHLETIC TRAINING PROGRAM**

Any individual wishing to pursue formal admission into the Athletic Training Program and meets the requirements (earned bachelor's degree or on track to complete with the specified prerequisite course work, in compliance with the grade point criteria, satisfactorily completed the shadow experience hours, and required application paperwork) must submit a formal application to the program. Application review begins after the initial application review deadline of December 15, but all applications must be submitted no later than February 1 of his/her prospective year. In the range of February 1, all qualified individuals will participate in a formal interview with members of the Athletic Training faculty and staff either in person or via electronic media. Final selection for admission into the Athletic Training Program is determined by objective evaluation of all documentation. Students are provided this criteria via the OSU ATP website. Students are admitted each year as determined by a faculty review of application materials, the interview, with the total number of students in a cohort being 25. Students will

be notified of their acceptance/rejection by March 15 or as soon as the selection committee has completed the evaluation process. Student's acceptance is contingent upon the student being in compliance with the curriculum's policies and procedures, receiving a satisfactory background check at the university level, meeting the technical standards, successfully completing the physical assessment (more details in following sections), and obtaining all health related immunizations required of healthcare professionals. The maximum number of students that will be admitted to each cohort is 25. Students not accepted may re-apply the following year. Those not accepted may NOT enroll in any Athletic Training coursework. If the student is planning to re-apply to the Professional Masters Athletic Training Program they are strongly encouraged to improve on general requirements and overall GPA.

Oklahoma State University does not discriminate based upon age, sex, race, nationality, physical handicap or religious preference. Students are required to physically and mentally be able to perform the tasks necessary to the daily operations of a healthcare facilities and duties within the scope of Athletic Training.

**Required Pre-Requisite Coursework**

Students who wish to apply must have a minimum of an overall 3.0 GPA and “B” in all the required coursework.

<b>Pre-requisite Coursework (OSU Course or Equivalent)</b>		
Introductory Biology	Biomechanics	General Chemistry
Applied Anatomy	Human Physiology	General Physics
Medical Terminology	Elementary statistics	Principles of Nutrition
	Physiology of Exercise	

**Extra Curricular Involvement**

Athletic training students involved in extracurricular activities will not receive exceptions to course sequencing. The Athletic Training faculty and staff is committed to encouraging students and assisting them in taking advantage of the rich co-curricular opportunities available on and off campus. However, the first responsibility of the faculty is to ensure the student graduates on time, fulfills all requirements for the Athletic Training Program, and gains sufficient quality clinical experience to develop into a skilled health care professional. The following guidelines are designed to help accomplish these purposes.

**TECHNICAL STANDARDS HISTORY AND RATIONALE**

The landmark Americans with Disabilities Act of 1990, P.L. 101-336 (“ADA or “the Act”), enacted on July 26, 1990, provides comprehensive civil rights protections to qualified individuals with disabilities. The ADA was modeled after Section 504 of the Rehabilitation Act of 1973, which marked the beginning of equal opportunity for persons with disabilities. As amended, Section 504 “prohibits all programs or activities receiving federal financial assistance from discrimination against individuals with disabilities who are ‘otherwise qualified’ to participate in those programs.” With respect to post-secondary educational services, and “otherwise qualified” individual is a person with a disability “who meets the academic and technical standards requisite to admission or participation in the recipient’s education program or activity.”

Under the Americans with Disabilities Act, Title II and Title III are applicable to students with disabilities and their request for accommodations. Title II covers state colleges and universities. Title III pertains to private educational institutions; it prohibits discrimination based on disability in places of “public accommodations,” including undergraduate and postgraduate schools.

Given the intent of Section 504 and the ADA, the development of standards of practice for a profession, and the establishment of essential requirements to the student’s program of study, or directly related to licensing requirements, is allowable under these laws. In apply Section 504 regulations, which require individuals to meet the “academic and technical standards for admission,” the Supreme Court has stated that physical qualification could lawfully be considered “technical standard(s) for admission.”

Institutions may not, however, exclude an “otherwise qualified” applicant or student merely because of a disability, if the institution can reasonably modify its program or responsibilities to accommodate the applicant or student with a disability. However, an institution need not provide accommodations or modify its program of study or responsibilities such that (a) would “fundamentally alter” and/or (b) place an “undue burden on” the educational program or academic requirements and technical standards which are essential to the program of study.

## **TECHNICAL STANDARDS FOR ADMISSION**

The Athletic Training Program at Oklahoma 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 Program establish the essential qualities considered necessary for students admitted to the program to achieve the knowledge, skills, and competencies of an entry-level certified athletic trainer, as well as meet the expectations of the programs' accrediting agency. The following abilities and expectations must be met by all students admitted to the Athletic Training Program. 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 OSU Athletic Training Program or BOC certification exam.

Candidates for selection to the Athletic Training Program must demonstrate:

- 1) The mental ability 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 judgments 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 ability to maintain composure and continue to function well during periods of high stress.
- 6) The perseverance, diligence and commitment to complete the Athletic Training Program as outlined and sequenced.
- 7) Flexibility and the ability to adjust to changing situation and uncertainty in clinical situations.
- 8) Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Copies of the Technical Standard form for review and signature can be found in the Student Forms section of the Handbook and on the OSU Athletic Training Program Website.

\*These Technical Standard are adopted from the NATA Education Council.

## **PHYSICAL CAPABILITIES ASSESSMENT**

Prior to acceptance into the ATP, all Athletic Training Students must complete a health history, physical exam, current immunization, and be determined by a physician that they meet the Technical Standards for Admission. If the physician identifies a student as having actual or potential mental or psychological difficulties in meeting the standards established by the program, the student will have access to a health care providers to determine the implication of such difficulties and completing the program. Additional components of the health evaluation will include immunization, prior injuries and current existing conditions. All records will be kept confidential. The original copy will be kept on file at the students healthcare provider and an electronic verification of health status will be kept in the student's file in the program director's locked office.

NOTE – Physical capability and health history forms will be provided to all students admitted into the formal portion of the Athletic Training Program.

## **ACADEMIC PROGRESSION THROUGH THE ATHLETIC TRAINING MASTERS DEGREE**

The OSU Athletic Training Program is a two-year progressive curriculum. Each Athletic Training student MUST follow the curricula sequence below (check website for most current information). This sequence is based

on the idea of learning over time and technical skill acquisition to clinical competency. To help ensure these concepts, students must receive a “B” or better in all Athletic Training classes, and abide by the Program Retention policy, acquire sufficient clinical experience, and demonstrate clinical mastery of specific competencies and proficiencies before they will be allowed to progress to the next level within the program. Should a student’s sequence be interrupted for any reason, that individual must stop all progression in the program coursework, meet with the Athletic Training Program faculty to determine the course of action. The student may resume the program and coursework at the next offering of the course in the next academic year. See Curriculum GPA Criteria in Student Form Section. Upon the successful completion of the curriculum and at the recommendation of the program faculty, students will be granted the Master of Athletic Training degree.

### **Professional Master of Athletic Training Curriculum**

#### **Summer I**

5103 Emergency Management in Athletic Healthcare  
5183 Injury Prevention  
BIOM 5122 Clinical Anatomy for Allied Healthcare

#### **Fall I**

5223 Therapeutic Modalities  
5233 Clinical Evaluation and Diagnosis of the Lower Extremity  
5243 Therapeutic Exercise of the Lower Extremity  
5202 Athletic Training Practicum I

#### **Spring I**

5313 Clinical Evaluation and Diagnosis of General Medical Conditions  
5333 Clinical Evaluation and Diagnosis of the Upper Extremity  
5343 Therapeutic Exercise of the Upper Extremity  
5412 Radiography Evaluation and Assessment  
5302 Athletic Training Practicum II

#### **Summer II**

5483 Pathology and Pharmacology in Sports Medicine  
5573 Athletic Healthcare Administration  
5402 Athletic Training Practicum III

#### **Fall II**

5553 Research Methods in Athletic Healthcare  
5583 Psychosocial Strategies in Athletic Healthcare  
5443 Clinical Diagnosis, Evaluation, and Therapeutic Exercise of the Head and Spine  
5502 Athletic Training Practicum IV

#### **Spring II**

5602 Athletic Training Practicum V  
5000 Research & Thesis

### **CLINICAL EXPERIENCES IN ATHLETIC TRAINING**

Once admitted into the Athletic Training Program, all Athletic Training Students must complete clinical experiences under the direct supervision of a Certified Athletic Trainer or qualified healthcare provider who is an OSU Athletic Training Program Preceptor. The majority of the student clinical experience will come under the supervision of an Certified Athletic Trainer; however, certain clinical rotations may be supervised by a qualified healthcare provider. Potential sites include high schools, junior colleges, Division II or III colleges, clinics and/or hospitals, military, industrial settings. Additionally, each student will be assigned a general medical rotation consisting of several areas within healthcare facilities. During clinical experiences students are assigned to a preceptor, not a specific sport or patient population. The rotations will be assigned jointly by the Coordinator of

Clinical Experience and the Program Director. These rotations will assure that each student has the opportunity to gain experience with each of the following:

- 1) Individual and team sports
- 2) Sports requiring protective equipment
- 3) Patients of different sexes
- 4) Non-sport patient populations (outpatient clinics, ER, Primary Care offices, etc)
- 5) A variety of non-orthopedic conditions (primary care, internal medicine, etc)

Additionally, every effort will be made to ensure that each student gains experience in as many different settings (D-1, JUCO, High School, Clinical, General Medical, etc) as possible. This helps ensure that students are able to make an intelligent and informed decision regarding future career plans in Athletic Training.

**Information on OSU CHS Athletic Training Program**

56 credit hours of coursework incorporating the AT Educational Competencies in instruction and assessment.  
 5 full immersion clinical educational rotations of varying length and theme providing student’s practical experience and the ability to perform clinical integrative proficiencies (CIPs).



**OSU CHS AT Program Clinical Education Rotation Guidelines**

<b>Practicum Length</b>	<b>Clinical Rotation Focus</b>	<b>Basic Requirements</b>
Summer I June-July	None	None
<b>MAT 5202</b> Fall I 2 <sup>nd</sup> 8 Weeks	<b>Traditional Athletic Populations</b> eg. JUCO/ High School	-AT Supervision -Multiple Sports -Multiple Genders
<b>MAT 5302</b> Spring I 2 <sup>nd</sup> 8 weeks	<b>Non-traditional populations</b> eg. Physical Therapy, Military, Performing Arts, Industrial	-Healthcare provider supervision. -AT supervision is highly encouraged. -Patient population outside of traditional athletic teams.
<b>MAT 5402</b> Summer I 8 Weeks	<b>General Medical</b> eg. Hospital, Medical Center	-Healthcare provider supervision. <b>Required Experiences</b> -Emergency Department -Family Medicine -Radiology -Surgery -Rehabilitation (Post op, neurologic and/ or non-orthopedic in nature) -Cardiovascular Services -Wound Care (eg. Diabetic or burn unit)
<b>MAT 5502</b> Fall II 1 <sup>st</sup> 8 Weeks	<b>High Risk/ Equipment Intensive</b> eg. Football, hockey, lacrosse, motor cross, skiing, extreme sports	-AT Supervision -High risk for serious injury and emergent situations.
<b>HHP 5602</b> Spring II Weeks 5-15	<b>Career Track</b>	-Should match students desire for career direction. -AT supervision is highly encouraged.



- Each rotation should occur in one location although experience at multiple facilities such as a college or hospital campus is possible.
- Gaining experience with preceptor co-staff and colleagues is encouraged but primary focus during rotation is primary preceptor.
- Although interdisciplinary experiences are encouraged, an AT must serve as the primary preceptor in all rotations except for the general medical rotation. In some instances a healthcare professional from another field can serve as the primary preceptor in the non-traditional OR the career track but not both.
- It is acceptable for experiences outside of the typical scope of the rotation (ie clinics, events, surgery, etc) as long as they remain under the supervision of the primary preceptor
- Practical “hands on” experience with patients is expected in all rotations as deemed appropriate by the preceptor. It is understood that many of the experiences with the General Medical rotation may be observational in nature.
- Scheduled events in practicum courses and on-line hybrid courses such as practical exams and on-line course exams will be limited but will be mandatory and should be accounted for in rotation scheduling.

#### **Developing a Clinical Education Plan**

***MAT student must identify a preceptor two (2) months prior to beginning of any respective rotation.***

1. Begin to identify potential preceptors and sites as early as possible. Identify at least one alternative option for each rotation in case the initial option does not fit or not appropriate.
2. Contact the clinical education coordinator with plan and send interest email to preceptor (below).
3. Initial contact with any future potential preceptors can occur at any point in program. Be sure to indicate when the future rotation would take place.
4. Preceptor contact information must be provided to Clinical Education Coordinator so that affiliation contracts can be completed prior to rotation.
5. Schedule a meeting with preceptor 2-3 weeks prior to rotation to develop schedule & review policies.

### Sample Email to Potential Preceptor

*Tips:*

*You can modify this email to fit the preceptor you are contacting. You should add a personal touch if it seems appropriate.*

*Always research the preceptor and site you contacting so that you have correct information and it does not seem like a generic "copy and paste" request.*

Hello Mr. / Ms./ Dr. \_\_\_\_\_,

My name is \_\_\_\_\_ and I am currently a \_\_\_\_\_ year graduate student in the professional Master's degree in Athletic Training (MAT) at Oklahoma State University Center for Health Sciences. I am hoping to identify a preceptor to supervise a clinical rotation with a certified Athletic Trainer in the high school setting from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. This rotation is fully immersive allowing me to travel to any location to complete the entire 8 weeks of full daily schedules. My program started the summer of 201\_\_ and I will have completed the following courses:

Emergency Management in Athletic Healthcare

Injury Prevention

Gross Anatomy

Therapeutic Modalities

Clinical Evaluation and Diagnosis of the Lower Extremity

Therapeutic Exercise of the Lower Extremity

Please let me know if you would be interested in discussing this opportunity further or if you have any questions regarding this request.

I can be reached via email or cell \_\_\_\_\_.

I am including my clinical education coordinator in this email as you may contact him as well for any specific questions regarding the program.

As a professional courtesy I will follow up with another email in one week if your schedule does not allow for a conversation at an earlier time.

Thank you for your time and attention,

Student Name

MAT-I

## **PRACTICUM COURSES**

The following practicum courses address competency in skills and knowledge learned in the courses taken the previous semester.

### **MAT 5202**

MAT 5103 Emergency Management  
MAT 5183 Injury Prevention  
MAT 5233 Clinical Examination and Diagnosis of the Lower Extremity  
MAT 5243 Therapeutic Exercise of the Lower Extremity  
MAT 5223 Therapeutic Modalities  
American Red Cross for the Professional Rescuer First Aid, CPR & AED or equivalent skills

### **MAT 5302**

All skills, evidence, and specific theoretical concepts from preceding courses in addition to:  
MAT 5334 Clinical Evaluation and Diagnosis of the Upper Extremity  
MAT 5344 Therapeutic Exercise of the Upper Extremity

### **MAT 5402**

All skills, evidence, and specific theoretical concepts from preceding courses in addition to:  
MAT 5313 Clinical Evaluation and Diagnosis of General Medical Conditions  
MAT 5412 Radiography Evaluation and Assessment

### **MAT 5502**

All skills, evidence, and specific theoretical concepts from preceding courses in addition to:  
MAT 5483 Pathology and Pharmacology in Sports Medicine  
MAT 5573 Athletic Healthcare Administration

### **MAT 5602**

All skills, evidence, and specific theoretical concepts from preceding courses in addition to:  
MAT 5553 Research Methods in Athletic Healthcare  
MAT 5583 Psychosocial Strategies in Athletic Healthcare  
MAT 5443 Clinical Diagnosis, Evaluation, and Therapeutic Exercise of the Head and Spine

## **PRACTICUM PRACTICAL EXAMS**

Towards the 5302, 5502, and 5602 courses, students will be assessed for skill competency and contingent of matriculation to the next phase of the program. Students who do not earn a “B” or better will be provided one additional opportunity to demonstrate their competency. Second attempts lower than a “B” will result in the student retaking that course the following year, and is not allowed to matriculate in the curriculum.

## **RESPONSIBILITIES of the ATS**

When the ATS is assigned to a Preceptor, 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 AT. The responsibilities of the ATS and Preceptors are as follows:

The ATS should:

1. Place priority on academic courses.
2. Communicate with the Preceptor regularly regarding daily clinical experience opportunities.
3. Practice competencies with Preceptor 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 ATP clinical experiences during scheduled direct patient care supervision by the Preceptor.
8. Perform skills on patients only once assessed on the skill in the didactic course / practicum course/ preceptor instruction, or completed relevant competencies.
9. Be willing to learn about variations in applying the same technique or skill, even if it differs from what was instructed in class.

10. Provide honest feedback of the ATP clinical experience through the Preceptor Evaluation and Clinical Evaluations.

The Preceptor should:

1. Accept the ATS assigned to his / her facility without discrimination.
2. Schedule ATS for an appropriate clinical instruction and actual patient care.
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 ATS and Preceptor.
4. Allow the ATS an opportunity to answer his / her own questions using critical thinking and problem solving skills.
5. Provide supervised clinical opportunities for the ATS to actively participate in patient care related to the clinical course and clinical experience level of the ATS.
6. Allow the ATS to only perform skills on patients once assessed on the skill in the didactic/clinical course.
7. Guide the ATS in using communication skills and developing professional and ethical behaviors
8. Assess the ATS on competencies and clinical proficiencies related to the clinical course and clinical experience level of the ATS
9. Provide ongoing feedback to assist the ATS in developing proficiency in skills related to the clinical course and clinical experience level of the ATS

## **CLINICAL EXPERIENCE CONTRACT**

Prior to the beginning of each clinical experience rotation students are responsible for obtaining a clinical experience contract and scheduling a meeting with their assigned Preceptor. At that time, a schedule will be agreed upon and signed by the student and the Preceptor indicating a common understanding between the two parties. A copy will be delivered to the Coordinator of Clinical Education, the Preceptor and electronic version will be kept in the student's file in the Program Director's office. Any deviation from the contractual agreement will be addressed according to OSU Athletic Training Program Policy. Students are required to schedule an appropriate amount of formal clinical experience per week. Any other experiences are considered voluntary. A copy of the contract can be found on the next page.

## **DOCUMENTATION OF CLINICAL EXPERIENCE**

Time spent at a clinical site must be recorded on the appropriate sheets each day. Clinical Record sheets are located on-line, via practicum courses, or at Athletic Training Program faculty's offices. Clinical experience hours are to be rounded off to fourths and must be verified by either your supervising Certified Athletic Trainer/Preceptor or an appropriate staff Certified Athletic Trainer/Preceptor on a daily basis. These sheets are to be turned into your preceptor at the end of each week. The preceptor will verify hours the student will turn in signed hours sheets into the practicum course D2L site. Students must be specific when referring to activity engaged in for that specific day. Clinical experiences not verified will not be counted towards practicum experience or graduation. In accordance with OSU Athletic Training Program policy, travel time to and from an away event may not be included in the documentation of your practical hours. If a rotation changes in the middle of a month, you must begin a new sheet.

**Please Note:** Students are **required** to turn in a copy of their hour sheets and keep the original in their program (practicum) electronic portfolio. Students will not receive credit for clinical experiences if their time sheet is not completely filled out and/or if it is not turned in by the 5th day of the month.

Clinical experiences in Athletic Training are a required component of the Athletic Training Student's education and will be a scheduling priority; outside work, activities, or obligations, excluding personal or family obligations, will not be given priority during the scheduling process. The clinical experience will take place during weekday afternoons, evenings and weekends as required by the preceptor.

## **CLINICAL HOURS REQUIREMENTS**

Each clinical rotation/practicum course has a clinical education hours requirement associated with it. Students in general should be at their clinical education site when their preceptor is there with one day every seven off. Below are the hours requirements for each clinical rotation.

MAT 5202  
Minimum 200  
Maximum 750

MAT 5302  
Minimum 200  
Maximum 750

MAT 5402  
Minimum 80  
Maximum 250

MAT 5502  
Minimum 200  
Maximum 750

MAT 5602  
Minimum 400  
Maximum 1000

### **Clinical Rotation Assessment**

Evaluations are a crucial part of the academic process, both for the program and the ATS. Students and preceptor are required to complete the following evaluations, which include but are not limited to:

- ATS self evaluations
- ATS evaluations of the preceptor
- ATS evaluations of the Clinical Site
- Preceptor evaluations of the ATS

Evaluations occur twice during the semester. Once at the mid-term, and at the completion of the semester via on-line survey media (Qualtrics or LCMS+).

### **REMUNERATION POLICY**

No student shall receive payment for clinical hours completed during each practicum course. Any student found receiving a “salary” from clinical site will receive an clinical hours suspension and a program infraction.

# SAMPLE COPY

## Oklahoma State University Center for Health Sciences Athletic Training Program

### Clinical Experience Contract

I, \_\_\_\_\_ understand that in order to complete the clinical education component of my education within the OSU Athletic Training Program I must accumulate quality clinical experience during the \_\_\_\_\_ semester of 20\_\_ to fulfill partial requirements of MAT \_\_\_\_\_: Athletic Training Practicum.

This contract provides a written agreement and schedule needed to completely fulfill my requirements to remain in the Athletic Training Program and progress to the next phase. I understand that I must complete all clinical experience under the supervision of an OSU Preceptor before the end of the assignment. At that time, the documented hours and evaluations will be reviewed and upon approval, the letter grade received in this Practicum course will be turned in by the course instructor.

I understand that I am responsible to individually meet with my assigned Preceptor (approved by the OSU Athletic Training Program) during the week **prior** to beginning my documented hours. At that time, the Preceptor and I will develop a schedule that will serve as my clinical contract. It will be my responsibility to report at my scheduled times and contact the Preceptor immediately if any changes occur. A copy of this schedule must then be approved by the OSU Athletic Training Program Director or Clinical Education Coordinator **PRIOR** to the beginning of the clinical experience. At the midpoint and completion of the clinical experience, the supervising Preceptor will complete an evaluation of the student's performance. A satisfactory evaluation must be accepted in order for the clinical experience contract to be fulfilled.

If I fail to meet the stipulations set forth in this contract, I understand that I will not be placed in a future clinical rotation thereby discontinuing my progress in the Clinical Education component of the Athletic Training Program and will be subject to other Athletic Training Program regulations including probation or dismissal from the program.

Student's Typical Clinical Experience Site Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional requirements of Preceptor and/ or site:

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Student's Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preceptor Name (Print): \_\_\_\_\_ Preceptor Site: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinical Education Coordinator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## LEGAL ISSUES

An athletic trainer is defined as a qualified allied healthcare professional educated and experienced in the management of healthcare problems associated with sports participation. The athletic trainer works in cooperation with the physician and other allied healthcare personnel for the ultimate good of the athlete. The athletic trainer must also work with the other members of the medical team as well as the administrators, parents, athletes, and coaches in providing efficient and responsive athletic healthcare. The student will learn the applications of the athletic training profession as taught in the classroom as well as the clinical experiences. It is the responsibility of the licensed / certified athletic trainers to teach the athletic training students.

There are many legal implications in athletic training. You must always be aware of what you are doing and know the consequences if you fail to act as a normal prudent person. You must be willing to accept the responsibilities of your actions and do not do anything that leaves any doubt in your mind as to its soundness. Keep in mind that you will affect more people by your actions in the athletic training profession than any other healthcare team member. You are in continuous contact with coaches, parents, administrators, fans, and most importantly, student-athletes or patients. Your actions will affect the patient in the present and in the future. Therefore, you must keep the patient's welfare uppermost in your mind. The effects of your actions will be lasting. Make every effort possible to help keep the patient mentally and physically healthy so that they can enjoy their current activities as well as being able to continue to be physically active the rest of their lives.

As an athletic training student, you must follow the guidance of the assigned preceptor and Physicians. Do not place yourself in a position of compromise when the patient's well being is at stake. Do not attempt a procedure that has not been approved by the preceptor and physician. Do not attempt a procedure that you have not been declared proficient in by the preceptors. Do not make statements about the condition, injury, treatment, or general physical status to unauthorized personnel. This also includes private information discussed within the facility and private meetings. When present, the Physician makes the final decision if the injured patient can be released. If not, then the preceptor will make the final decision. The decision is made to assure the safety and welfare of the patient.

### Legal Terminology

Liability –	The state of being legally responsible for the harm one causes another person.
Negligence –	The failure to use ordinary or reasonable care.
Injury –	An act that damages or hurts.
Assumption of Risk –	The individual, through expressed or implied agreement, assumes that some risk or danger will be involved in the particular undertaking.
Accident –	An act that occurs by chance or without intention.
Tort –	A legal wrong committed against another person.
Act of Omission –	An individual fails to perform a legal duty.
Act of Commission –	An individual commits an act that is not legal to perform.
Statute of Limitations –	A specific length of time that individuals may sue for damages from negligence.

## ACADEMIC INTEGRITY

Oklahoma State University is committed to the maintenance of the highest standards of integrity and ethical conduct of its members. This level of ethical behavior and integrity will be maintained in this course. Participating in a behavior that violates academic integrity (e.g., unauthorized collaboration, plagiarism, multiple submissions, cheating on examinations, fabricating information, helping another person cheat, unauthorized advance access to examinations, altering or destroying the work of others, and fraudulently altering academic records) will result in your being sanctioned. Violations may subject you to disciplinary action including the following: receiving a failing grade on an assignment, examination or course, receiving a notation of a violation of academic integrity on your transcript (F!), and being suspended from the University. You have the right to appeal the charge. Contact the Office of Academic Affairs, 101 Whitehurst, 405-744-5627, <http://academicintegrity.okstate.edu>.

## ABSENCE FROM ACADEMIC RESPONSIBILITIES

Attendance of class is the basis of the University concept and imperative for understanding of the course material. All class sessions are mandatory. Students who know of a specific date (a wedding, family reunion, etc) they are unable to attend their clinical experience must submit an "Absence Request Form" to their supervising

Preceptor. This form must be submitted to the student's professor one week prior to missing class. Requests will be handled on an individual basis. An example is available in Student Forms section.

### **Sudden Absence due to Illness or Emergency**

It is inevitable that situations may arise and a student might have to miss class. It is the student's responsibility to notify the instructor prior to this absence OR as soon as possible in the event of an illness, accident, etc. It is also the student's responsibility to make up any work missed.

### **Tardiness**

Habitual lateness will not be tolerated. Your clinical start time is set between your Preceptor and you. Be there begin at their assigned times. Your late arrival is disruptive to the entire class. If a situation arises where you will be late, it is your responsibility to notify your Preceptor know you will be late and when to expect you.

## **INFRACTION POLICY**

### **DISCIPLINARY ACTIONS / REPORTING VIOLATIONS**

All Athletic Training Students are expected to adhere to all Athletic Training Program and clinical experience institutional policies. In the event, a faculty member Preceptor finds a student acting outside the policies of OSU Athletic Training Program or ethical guidelines, he/she may reprimand the student, file an **Incident Report** or a Non Cognitive form with the Program Director. A student has one week from the date of the infraction offense to submit a written grievance detailing their explanation of the event to the OSU Athletic Training Program Director and CHS director of clinical education.

Preceptors may remove a student from the clinical rotation, at any time, if the preceptor feels that the student has: (a) behaved in an inappropriate manner; (b) placed a patient in a potentially harmful situation as a result of the Athletic Training Student unsafe clinical practice; (c) violated the site's guidelines (d) violated the guidelines included in this handbook. An **incident report** or a Non Cognitive form is to be filled out by involved faculty/Preceptor/staff. The incident report is to be filed with the Program Director or Preceptor. The student is then required to meet with the Program Director and/or Preceptor to determine any further action regarding the matter. At the Program Director's request, the matter may be referred to the **CHS Advisory Board** for handling of the matter.

### **Official Procedure for Incident Report (s)**

Faculty/Preceptor/staff are to file an incident report with the Program Director within 48 hours of when an infraction occurred. The Athletic Training Student will meet with the Program Director and Preceptor/faculty to discuss said infraction (s). This meeting is to occur within seven (7) days of the infraction. The group will determine any restrictions and/or disciplinary actions at this time, or referral to the Advisory Board for adjudication. The following actions will be carried out:

- 1<sup>st</sup> infraction – Warning from Athletic Training Program with disciplinary action(s) determined by Program Director and/or Advisory Board.
- 2<sup>nd</sup> infraction – 2 week suspension from Athletic Training Program with disciplinary action(s) determined by Program Director and/or Advisory Board.
- 3<sup>rd</sup> infraction – Removal from Athletic Training Program with disciplinary action(s) determined by Program Director and/or Advisory Board.

Infraction numbers are not based upon type. Infractions are cumulative. The student may appeal any decision. The ATS is to follow the appeals process governed by the Program Director.

Students may or may not be reinstated to the clinical rotation depending on the severity of the violation. This determination will be made by the Program Director and/or Advisory Board. Students suspended from clinical rotation will NOT be reassigned to another clinical site until the next rotation period. An Athletic Training Student on probation or suspension will lose privileges such as traveling and hosting events.

Students will be removed from the program as a result of three infractions of OSU Policy and Procedures. Behaviors that violate University guidelines or state, local, or federal laws will be reported to the appropriate authorities.



Any member of the ATP may file a written complaint alleging that a student has violated a policy or procedure contained in this handbook. Complaints must be filed with the Program Director of the ATP. The Program Director will attempt to address the complaint with the student. If the complaint cannot be addressed on a one on one basis, it will be forwarded to the Advisory Board for resolution.

### **Behavior Policies**

The following policies cover specific areas of concern regarding professional behaviors; however, it is not an all-inclusive list. Therefore, student's behaviors and actions will be evaluated for their appropriateness as warranted. Clinical sites of off-campus may have specific policies regarding expected behaviors for Athletic Training Students. If these policies differ from the policies listed below, the Athletic Training Students should follow the policies of that particular clinical site.

Inappropriate actions include but are not limited to: (1) breach of patient confidentiality; (2) harassment or discrimination in any form (3) absenteeism and /or tardiness; (4) unsafe clinical practice, including omission, commission, negligence, and malpractice; (5) neglect of clinical responsibilities (6) inappropriate interaction with patients, coaches, administrators, and medical staff and faculty members (includes staff athletic trainers, educational faculty members, physicians and other medical professionals) etc. (7) or any other action that the supervisor deems unsafe or inappropriate.

1. Compliance with HIPPA patient confidentiality rules are mandatory. Students are NOT to discuss patient information with anyone. Conversation regarding patient care shall be with no one other than the healthcare providers that are directly involved with that patient's care. This includes but is not limited to: coaches, other patients, administrators, press/ media, fans, scouts, friends, family (unless athlete is under 18 years of age), social networks, discussion boards, etc. If a student is approached by someone requesting information on an athlete, the student is to follow these steps:
  - a. Remain polite.
  - b. Inform the person that you are legally prohibited from sharing any medical information on the athlete.
  - c. Refer the person to your clinical supervisor.
2. Disclosing any patient/client issues, conversations, and/or occurrences that are considered to be a private and confidential in person with anyone, or posting such information/comments on any electronic social media (blogs, world wide web, facebook, twitter, etc)
3. Harassment and / or discrimination, of any kind, will not be tolerated. This includes actions against peers, athletes, patients, staff, administrators, etc. Types of harassment and discrimination include, but are not limited to, inappropriate actions or comments based on the patient's sex / gender, sexual preference, race / ethnicity, religion, and the patient's sport or status.
4. Absenteeism and tardiness will not be tolerated. Punctuality and attendance of classes, in-services, clinical rotations, meetings, and appointments is mandatory. Students must notify the appropriate instructor or supervisor of any absences and tardiness. Notification of absence should be done, prior to the absence date. Emergencies due arise that will preclude you from proper notice. If an emergency occurs, you must notify your instructor or supervisor as soon as possible.
5. The preceptor is responsible for ensuring the safety of patients at their site, especially those being observed by an Athletic Training Student. Students are not to perform any procedures or render any care for which they have not proven competence and proficient. In addition students are not allowed to provide any services without supervision. Clinical supervisors must be able to provide immediate intervention in any situation in which the student is demonstrating unsafe clinical practice.
6. The student's clinical responsibilities vary with the clinical site and level of the student. Students are required to meet with the clinical supervisor to discuss their specific responsibilities prior to the first day of the clinical rotation.
7. Inappropriate interactions with patients, coaches, administrators, fellow ATS, staff, etc. will not be tolerated.

- a. Students must keep the rapport and relationship with patients at a professional level at all times. Students are expected to report any problems or concerns with patients, coaches, administrators, fellow Athletic Training Students, staff, etc, especially those of a hostile or inappropriate nature, to the Program Director, and preceptor immediately.

Students should be especially mindful of their social interactions with patients, coaches, administrators, fellow Athletic Training Students, staff, etc. Social and romantic relationships are highly discouraged. In the event that a relationship develops, the Athletic Training Student must notify the Program Director of the relationship as soon as a serious relationship begins. This is to avoid a potential conflict of interest or distraction in the clinical environment. Students may be immediately reassigned to another clinical site if they develop a relationship with a patient at that current rotation.

- b. Professional relationships between students are a very important aspect of Athletic Training Program and clinical rotations due to daily interaction with one another. These interactions are expected to remain professional regardless of personal likes or dislikes of one another. Open criticism of fellow students, regardless of class standing, will not be tolerated. Students are expected to treat others with courtesy and respect. No abuse of fellow students will be tolerated. Romantic relationships between students are discouraged. In the event that a relationship develops, the Athletic Training Student must notify the Program Director of the relationship as soon as a serious relationship begins. This is to avoid potential distraction in the clinical environment. Students are expected to report any problems or concerns with a fellow student, especially those of a hostile or inappropriate nature, to the Program Director, and Preceptor immediately.

- c. Students are to maintain a professional approach to their interactions with faculty and staff. Students are to show the staff and faculty an appropriate amount of respect, regardless of personal likes or dislikes. Students must not criticize or openly disagree with a staff or faculty member's decision or action, particularly when it concerns the care of a patient / athlete. Students are to approach the staff or faculty member first in order to resolve any matter the student has a question. The student must do so in a respectful manner, away from others, to ask their question or voice their concern. The student may then go to the Program Director or Head Athletic Trainer if the situation is unable to be resolved. Students are expected to report any problems or concerns with faculty of staff, especially those of a hostile or inappropriate nature, to the Program Director, Head Athletic Trainer, and Preceptor immediately.

It is the responsibility of the staff and faculty to prepare the students to be a successful professional. This often requires direct corrective criticism and guidance from the staff and faculty. As up-and-coming professionals, students must learn that criticism is a part of the professional world and it should not be taken as a personal attack. However, if a student feels that he/she are being mistreated by a staff or faculty member, they are expected to bring their concerns to the attention of the offending staff or faculty member. The student should bring their concerns to the faculty member's or staff attention, first. If the problem persists, the student is expected to inform the Program Director of their concerns. The above information regarding interactions with clinical staff and faculty members also pertains to interactions with other medical and allied medical professionals.

- d. Students are expected to maintain a professional interaction with the coaches and act according to the guidelines set forth by the clinical supervisor. Details on how and when to address coaches, how to respond to questions from coaches, and how to handle potential conflicts should be addressed with the clinical supervisor early in the rotation. At no time should a student criticize or question a coach on issues related to the coaching of the team. Students are expected to report any problems or concerns with a coach, especially those of a hostile or inappropriate nature, to the Program Director and Preceptor immediately.
- e. Typically, students have very limited interaction with administrators. However, in the event that a student does have an opportunity to interact with an administrator, the interaction must be of a

professional nature. Students are expected to be respectful and cordial. Students are expected to report any problems or concerns with an administrator, especially those of a hostile or inappropriate nature, to the Program Director and Preceptor immediately.

8. The following actions will also result in a student being in violation of the policies and procedures of conduct:
  - a. Report for clinical assignment in inappropriate attire and appearance.
  - b. Inappropriate behavior of an OSU Athletic Training Program student during any Athletic Training Program related event
  - c. Engaging in promiscuity.
  - d. Engaging in Sports gambling.
  - e. Drinking to excess, or engaging in other inappropriate behavior on school sponsored trips.
  - f. Reporting to ANY academic, clinical rotation or Athletic Training Program sponsored event under the influence of drugs or alcohol.
  - g. Conviction of a felony (i.e. DUI or assault) by outside law enforcement while in the OSU Athletic Training Program. Student will be allowed to remain in the OSU Athletic Training Program until due process is carried out.
  - h. Breach of any confidentiality (medical matters, injury updates, team issues, etc)

#### **Examples of Infractions**

- Report late for clinical assignment or meeting (without notification)
- Report for clinical assignment in inappropriate attire. Presenting yourself with an unprofessional appearance as stated in the Athletic Training Student Handbook.
- Using a personal electronic device during your clinical experience.
- Missing a required meeting.
- Failure to report for clinical assignment, event, hosting as stated in the Athletic Training Student Handbook.
- Inappropriate behavior during clinical assignment.
- Complaints from a preceptor and/or administrator.
- Talking back to a supervisor, or administrator.
- Gambling or other violations of policies as stated in the Athletic Training Student Handbook.
- Drinking or other inappropriate behavior on school sponsored road trips.
- Reporting to ANY school sponsored event or Athletic Training function under the influence of drugs or alcohol
- Being convicted for Driving Under the Influence (DUI).
- Inappropriate behavior of an Athletic Training student as stated in the Athletic Training Student Handbook
- Posting inappropriate information on a social media forum
- Breach of confidentiality

#### **ATHLETIC TRAINING PROGRAM GRIEVANCE POLICY:**

A student with an academic grievance must follow the procedures outlined in the current OSU catalog. Whenever a misunderstanding or problem exists, students are expected to address the misunderstanding or issue immediately with the person(s) directly involved. Students with a grievance concerning the Athletic Training Program should address the issue(s) with their faculty instructor or preceptor/ supervisor first. If the situation is not resolved through direct discussion at this level, the student may discuss clinical matters with the Clinical Education Coordinator. If the discussion with the CEC does not resolve the matter, the complaint may be brought to the Program Director. If conversations with the Program Director do not provide satisfactory solution, the student may address the matter with the Associate dean for clinical education.

#### **APPEAL PROCESS**

Any Athletic Training student in the Athletic Training Program has the right to appeal or petition any decision made by the Program Director.

The appropriate appeal process is as follows:

- The student must submit a written appeal to Athletic Training Program Director.
- The student may then appeal to the Athletic Training department head.

- The student may then appeal to the Associate dean for clinical education.
- The student may then appeal to the Graduate College Dean.
- The student may then appeal to the Provost or President of the University.

### **RETENTION POLICY**

Grade Point Average - Students must maintain a cumulative grade point average (GPA) of 3.0 or higher (on a 4.00 scale). Should the cumulative GPA fall below a 3.0 the Athletic Training student will be placed on probation status. The probationary student will be given a verbal and written warning (including cause of probation and disciplinary action if not corrected). Failure to achieve a 3.0 GPA in the subsequent semester will result in dismissal from the Athletic Training Program.

Didactic Core AT Courses - Athletic Training students must make a grade of 'B' or better in ALL Athletic Training Courses. Students will stop taking all coursework, be placed on Academic Probation and must retake that course at the next course offering. This will require the student to stop all forward progress within the Athletic Training Program, thus they are unable to take any further coursework until the course in question is retaken. Students not earning the minimal grade requirement on the second attempt will result in dismissal from the program. Only one didactic course retake is allowed during the program. Students earning a grade lower than a "B" for the second time in the curriculum will result in dismissal.

Athletic Training Practicum – If the minimum grade of "B" is not met in a Practicum course, the student must retake that course the following year, and is not allowed to matriculate in the curriculum (take any other AT courses, including core courses) until the satisfactory grade and proficiency in the AT Practicum skills have been successfully demonstrated.

Practical Exams In order for students to continue with curriculum progression, a minimum score of a "B" must be achieved on the practical exams given in the 5302, 5502, and 5602 AT Practicum courses. Second attempts lower than a "B" will result in the student retaking that course the following year, and is not allowed to matriculate in the curriculum.

### **VACTION PERIODS**

As the clinical experience is associated with an academic course, students are NOT required to participate in the clinical experience during University Holidays, however there are clinical rotations that will take place throughout the entire calendar year. However, interested students may be given the opportunity to gain experience during this time. The ATS should discuss with his/her Preceptor the possibility of this and predetermine a schedule for such times.

### **ADVERSE WEATHER POLICY**

In the event of bad weather or hazardous road conditions, each individual student must determine if they feel they can safely travel to the clinical site. If a student determines it is unsafe, they need to contact their Preceptor and let them know. Please inform the Preceptor /faculty in as much of advance as possible. In a nutshell, if YOU can arrive and return safely then do. If YOU are unsure of your safety then DO NOT drive – ride with a safe driver or call the Preceptor/faculty to tell them you will not be able to be there. It is your responsibility to reschedule the missed experience or class work.

### **OUTSIDE EMPLOYMENT**

The ATS has many responsibilities and duties that he/she must perform. An ATS should be dedicated to his/her roles as a student and as an ATS. The ATS clinical experience and class work should be given top priority. If a student wishes to hold a part-time job and/or participate in other activities, these interests should be scheduled secondary to his/her athletic training responsibilities.

**SAMPLE COPY**

**Oklahoma State University  
Athletic Training Program  
INCIDENT REPORT**

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Phone: \_\_\_\_\_

Facility: \_\_\_\_\_

Incident Date: \_\_\_\_\_

**Preceptor Account of Incident:**

**Student Account of Incident:**

**Immediate Action Taken by PRECEPTOR/Instructor:**

*Upon submission of this document, it is understood that the Athletic Training Student was reprimanded for behavior or actions unbecoming a representative of the OSU Athletic Training Program as detailed in the OSU Athletic Training Program Handbook. The student was properly informed of the Preceptor's decision and immediately dismissed from clinical experience for the specified date of occurrence unless another plan of action was detailed.*

Athletic Training Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRECEPTOR/Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CEC Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Upon submission of this document, it is understood that the Athletic Training student was reprimanded for behavior or actions unbecoming a representative of the OSU Athletic Training Program as detailed in the OSU Athletic Training Program Handbook. The student was properly informed of the Preceptor's decision and immediately dismissed from clinical experience for the specified date of occurrence unless another plan of action was detailed.*

**SAMPLE COPY**

**Oklahoma State University  
Athletic Training Program  
INCIDENT REPORT FOLLOW-UP**

Meeting Date: \_\_\_\_\_

Infraction # \_\_\_\_\_

**Meeting Notes:**

**Action Taken:**

**Student Input/Compliance:**

Athletic Training Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SAMPLE COPY**

# Oklahoma State University Center for Health Sciences

## Non-cognitive Grade Report Form

Please use this form to report all Needs Improvement or "N" grades.

*Please complete (type or print clearly) and return this form to:*

Bruce Benjamin Ph.D, Vice Provost Graduate Studies

\_\_\_\_\_ (Date)

1111 W. 17<sup>th</sup> Street

Tulsa, OK 74107-1898

Phone: (918) 561-8260

FAX: (918) 561-8414

Bruce.benjamin@okstate.edu

Student name: \_\_\_\_\_

Course coordinator/preceptor/faculty/staff name: \_\_\_\_\_

Course/rotation name and number (if applicable): \_\_\_\_\_

Which of the following criteria were used in the assignment of the "N" grade (please check all that apply):

Reliability and responsibility

Respectful behavior

Maturity

Honesty and integrity

Judgment

Emotional stability

Please provide a description of the conduct that resulted in the assignment of the "N" grade and, if available, attach and/or provide supporting documentation (e.g., witness statements and/or names, patient statements, hospital or risk management report, etc). Add additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action would you suggest be taken by the Office of Academic Affairs (e.g., no action; an ASC meeting with the student to discuss behavior; have the student repeat the course/rotation; the student be dismissed; etc)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course coordinator/preceptor/faculty/staff filing this form; please provide the following contact information:

Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ FAX \_\_\_\_\_ E-mail: \_\_\_\_\_

Student signature, indicating that "N" grade was discussed with the student, or provide date and means by which student was notified about the "N" grade.

Student Signature \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Student informed on \_\_\_\_\_ (date) by \_\_\_\_\_ (phone, email, other).

*Please direct any questions regarding the non-cognitive grading policy or this form to Dr. Stewart (see above).*

## GENERAL GUIDELINES

### Attitude and Values

The profession of Athletic Training is an allied health care profession devoted to the health and welfare of the physically active patient. The Athletic Trainer should keep the basic principle in view and be guided by it at all times.

1. Athletic Training Students should develop a relationship with each patient that encourages him/her to trust the student with personal information.
2. Athletic Training Students should develop a professional relationship with fellow clinicians, administrators and patients so they respect the students' opinions and know the information will be objective. Those who serve as members of the profession of Athletic Training commit themselves to uphold professional ideals and standards. Each Athletic Trainer acts as a representative of the whole profession and as such should conduct him/herself with honor and integrity.
3. Athletic Training Students should develop a sense of loyalty to each member of the organization. **Do not** second guess or belittle decisions made by preceptors. In particular, do not discuss controversial subjects concerning the organization outside the organization. Learn what information needs to be shared and with whom it is to be shared. For the most part, this includes your fellow athletic trainers and the Team Physician.
4. The Athletic Training Student must act in a professional manner at a times, understanding that they are a direct reflection of the instructors, the university and the OSU Athletic Training Program. The student's willingness to accept responsibilities and carry them through completion, the way he/she performs those duties which are unpopular and distasteful, his/her personal appearance, and the tone of voice and the caliber or his/her language, are all qualities which will make you and our program more successful. Athletic Training is an integral part of sports medicine. The Athletic Trainer Student should carry out the techniques of the profession only with appropriate and specific medical direction, either the Certified Athletic Trainer or the preceptor.

### PERSONAL QUALITIES

DEPENDABILITY – Dependability includes, punctuality, following directions, completion of tasks as assigned, asking for help if needed, and showing initiative.

DEDICATION – Athletic Training Students must be dedicated to their own personal success in the Athletic Training Program.

SINCERITY, HONESTY, LOYALTY AND INTEGRITY: Athletic Trainers work in an environment governed by many rules and requirements. Each student is responsible to ensure that rules are followed.

PROFESSIONALISM – Please keep in mind as an Athletic Training Student you are a representative of the OSU Athletic Training Program. Your words and actions will have a direct reflection on the entire program. As an Athletic Training Student it is expected that all actions and demeanor will reflect professionalism while in attendance at any site.

There will be NO TOLERANCE for any Athletic Training Student caught using or in the possession of illegal drugs, nor will there be any consumption of alcoholic beverages while performing the duties of an Athletic Training Student.

### ATTIRE AND APPEARANCE

The Oklahoma State University Athletic Training Program strives to create a professional image that is consistent with the public's expectation of an allied health professional. The level and quality of care a patient can expect to receive can be directly related to the personal appearance of the individual's providing that care. Professional appearance includes grooming, hygiene and dress. Individual dress should reflect a professional appearance at all times in order to foster a professional atmosphere. Students are expected to wear OSU approved attire while in clinical settings.



Any student who is inappropriately dressed or groomed will be sent home for the day. The infraction policy will be initiated. An incident report will be filed with the Program Director. Consequences for missing your assigned duties will be determined by the Program Director.

### **Clothing Attire**

Unless the site supervisor specifies a higher dress code, the items below are acceptable components of the uniform for on-campus clinical rotations. The student is expected to dress professionally and functionally while at their clinical assignments. Students should also note that all clothing is expected to be clean, wrinkle free, and void of holes, patches, or frayed edges. Students should note the guidelines listed under each item.

- a. White, orange, gray or black collared shirts
  - i. OSU Approved attire.
  - ii. Shirts must not have holes, tears, or cuts in them.
  - iii. Shirts must not be excessively tight or form fitting.
  - iv. Shirts must have sleeves.
  - v. Shirts must be tucked in.
- b. Black or khaki pants
  - i. Shorts must be at least mid-thigh in length.
  - ii. Shorts and pants must be worn no lower than waist high.
  - iii. Shorts and pants are not to have holes, frays, cuts, or tears.
  - iv. Shorts are not to have lettering across the buttock region.
- c. Khaki / tan “Docker” type shorts and pants
  - i. Shorts must be at least mid-thigh in length.
  - ii. Shorts and pants should be worn with a belt.
  - iii. Shorts and pants must be worn no lower than waist high.
  - iv. Excessively tight or baggy shorts or pants are not appropriate.
  - v. “Bell-bottom” or “flared” pants are not appropriate.
  - vi. Jeans are not appropriate.
- d. White, black, grey and orange sweatshirts
  - i. If a logo is visible it should be a TEAM SPONSORSHIP LOGO or OSU logo.
  - ii. Sweatshirts must not have holes, frays, cuts, or tears.
  - iii. Sweatshirts should not be excessively tight or form fitting.
  - iv. Sweatshirts must have sleeves.
  - v. Excessively tight or baggy sweatshirts are not appropriate.
- e. White, black and orange sweaters and jackets
  - i. If a logo is visible it must be a TEAM SPONSORSHIP LOGO or OSU logo.
  - ii. Sweaters and jackets are not to have holes, frays, cuts, or tears.
  - iii. Sweaters and jackets must not be excessively tight or form fitting.
  - iv. Excessively baggy sweaters and jackets are not appropriate.
  - v. Sweaters must not have a low cutting neckline.
- f. Dress Shoes
  - i. Shoes must comply with OSHA standards.
  - ii. No more than a 1” heel for ladies shoes.
  - iii. Shoes must not interfere with your ability to perform your assigned duties effectively.
- g. “Tennis” shoes or athletic-type shoes
  - i. Shoes must not have holes, frays, cuts, or tears.
  - ii. Soles of you shoes are to be in good working order. No torn or loose soles are allowed.
  - iii. Sandals, including “flip-flops” and “slides” are not appropriate and do not comply with OSHA standards.
- h. White, orange, or black baseball-style hats
  - i. If a logo is visible it must be a OSU logo.
  - ii. Hats are not to be worn indoors.
  - iii. Hats are to be worn evenly on the head with the bill facing forward.
- i. White, orange, or black stocking caps or ear warmers
  - i. If a logo is visible it must be a OSU log.
  - ii. Stocking caps and ear warmers are not to be worn indoors.

Students participating in clinical rotations should consult with the site's supervisor for details on appropriate clothing and uniforms prior to their first day at that site but at a minimum must meet the OSU standards for dress. Students may be asked to wear professional dress clothes. Students are responsible for the costs associated with the clothing / uniform if the items are not provided by the site. If the clinical supervisor does not require a specific uniform, students should follow the on-campus uniform guidelines.

Students participating in formal Athletic Training Program sponsored and/or related events, formal university functions; off-campus conferences should wear attire to provide a respectable impression of themselves, OSU, the Athletic Training Program, and the athletic training profession. Your attire should be conservative. The minimal attire of a collared polo shirt, khaki pants, and dress shoes is expected. A preference of more formal or conservative business appropriate attire is desired. Students should also note that all clothing is expected to be clean, wrinkle free, and void of holes, patches, or frayed edges. Students should note the guidelines listed under each item for the minimal expectation for appropriate attire.

- j. Collared shirts
  - i. If a logo is visible it must be a OSU logo.
  - ii. Shirts should not have an excessively low cutting v-neck.
  - iii. Shirts must not be excessively tight or form fitting
  - iv. Shirts must not have holes, tears, or cuts in them
  - v. Shirts must have sleeves.
  - vi. Shirts should be tucked in.
- k. Khaki / tan "Dockers" type shorts and pants
  - i. Shorts must be at least mid-thigh in length.
  - ii. Pants should be worn with a belt.
  - iii. Pants should be worn no lower than waist high.
  - iv. Excessively tight or baggy pants are not appropriate.
  - v. "Bell-bottom" or "flared" pants are not appropriate.
  - vi. Jeans are inappropriate.
- l. White, orange, or black baseball-style hats
  - i. Hats are not to be worn.

### **Name Tags**

You must wear your OSU Athletic Training Student name tag at all sites. Your name tag should be worn so that the student's name is visibly recognized.

### **Appearance**

- a. Hair, beards, and sideburns must be neatly groomed and clean.
- b. Hair, beards, and sideburns must present a professional appearance and not interfere with your ability to perform all duties.
- c. Fragrances (colognes, perfumes, and lotions) should be kept to a minimum or not worn so as to not offend those you come in contact with.
- d. Visible body piercing jewelry (such as eye, nose, lip or tongue) is prohibited from being worn while representing the OSU Athletic Training Program. An exception is made for pierced ears. Earrings shall be of a conservative nature. The Athletic Training Student should not wear earrings that have potential to cause personal injury or interfere with functions that need to be performed. Tattoos or body art should be covered while serving as an OSU Athletic Training Student.

### **Personal Electronic Devices**

The use of a personal electronic device such as: cell phones, ipod®, and portable gaming systems, which includes games on cell phones, are not appropriate during your clinical experience. If you are caught using any of the above devices during your clinical experience the following actions will be taken:

- a. First offence – you will be given a verbal warning not to use your personal electronic device during your clinical experience. Additionally you will be reminded of the infraction policy stated in the Athletic Training Program student handbook.
- b. Second offence – your electronic device will be confiscated during your clinical experience.
- c. Third offence – you will be sent home, you will not be allowed to participate in any sanctioned events, and you will be required to meet with the Program Director

## **CONFIDENTIALITY – Health Insurance Portability and Accountability ACT (HIPPA)**

Athletic Training Students are in a unique situation in which the student may at times have access to confidential information regarding a patient's medical condition. At no time should an Athletic Training Student discuss any information concerning the status or an injured or ill patient with any party outside of those directly responsible for the patient's care. All questions or comments regarding the status of a patient should be directed to the preceptor. Each Athletic Training Student is required to sign and return the "Confidentiality Agreement", located in the Student Forms section of this handbook, to the Program Director.

## **SEXUAL HARRASSMENT**

Sexual harassment is the unwanted imposition of sexual attention. It usually occurs in the form of repeated or unwanted verbal or physical sexual advances, sexually implicit or derogatory statements made by someone in your classroom or workplace which cause you discomfort or humiliation and interfere with your academic or work performance. Sexual harassment can be committed against men or women.

Some examples include:

- Sexually oriented jokes and derogatory language in a sexual nature
- Obscene gestures
- Displays of sexually suggestive pictures
- Unnecessary touching
- Direct physical advances of a sexual nature that are inappropriate and unwanted
  - a. Requests for sex in exchange for grades
  - b. Letters of recommendation or employment opportunities
  - c. Demands for sexual favors accompanied by implied or overt threats

If at any time an Athletic Training Student feels as though they have been the victim or witness to an act of sexual harassment, they are encouraged to report the incidence to either the preceptor, faculty member, the Program Director.

## **GAMBLING**

As a member of the OSU Athletic Training Program you have knowledge that is of great value to gamblers and game enthusiasts. Any of the following activities may result in severe disciplinary action or termination.

- Providing any information (e.g. reports concerning team morale, game plans, injuries to patients) to any individual that could assist anyone involved in organized gambling activities.
- Making a bet or wager on any intercollegiate athletic contest.
- Accepting a bet or a bribe, or agreeing to fix or influence illegally the outcome of any intercollegiate contest.
- Failing to report any bribe offer or any knowledge of any attempts to "throw", "fix" or otherwise influence the outcome of a game

## **HAZARDOUS WASTE AND INFECTION CONTROL POLICY**

The OSU Athletic Training Program requires students to have a passing score on the OSHA training quiz each year prior to clinical assignments. The OSHA quiz can found online at <http://centernet.okstate.edu/safety/bloodborne.php> It is also the responsibility of the student to report exposure to hazardous substances to his/her clinical supervisor immediately. Oklahoma State University's entire Bloodborne Pathogen Control Plan can be found online at <http://www.ehs.okstate.edu/manuals/Bloodbrn.htm>

### **Reporting an Incidence**

In the event of an exposure to blood or other potentially infectious materials, Athletic Training students are required to report such an incidence to the preceptor and OSU CHS Safety officer. Necessary actions will be taken to ensure the safety and well being of the student.

## **Universal Body Substance Isolation Policy and Procedure**

The OSU Athletic Training Program believes Athletic Training students and staff/faculty deserve to be protected from all foreseeable hazards in the clinical setting. The Athletic Training Program has made efforts to ensure that the best information concerning the growing threat of infectious disease is provided to our students and that an effective policy and procedure have been developed. Direct exposure of Athletic Training student's and/ or staff/faculty to blood or other potentially infectious materials represents a hazard for transmission of blood-borne pathogens and other infections. To decrease the likelihood of transmission of those infections and to minimize student and faculty contact with blood and bodily fluids, the following policy is in effect.

Since medical history and examination cannot reliably identify all patients infected with HIV, Hepatitis B, or other blood borne pathogens, blood and bodily fluid, precautions will be consistently used for all patients. This approach recommended by Center for Disease Control (CDC) and referred to as "universal blood and body fluid precautions" will be used in the care of all patients, especially those in emergency care settings in which the risk of blood exposure is increased and the infection of the patient is usually unknown. All patients' blood, body fluids, tissues or infected materials will be considered to be potentially infectious and universal precautions will be used on all patients.

### ***Oklahoma State University- Center for Health Sciences***

## **Exposure to Blood Borne Pathogens and Other Potentially Infectious Materials (OPIM) Policies and Procedures**

### **Purpose**

Employees and Students face a significant health risk at the result of occupational exposure to blood and other potentially infectious materials because they may contain bloodborne pathogens or other communicable disease agents.

### **Policy**

All Oklahoma State University Center for Health Sciences (OSU-CHS) and Oklahoma State University - Tulsa employees with occupational exposure to known or suspected communicable disease will adhere to this plan.

### **Definitions**

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood or other potentially infectious material (OPIM) and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Occupational Exposure means reasonable anticipated skin, eye, mucous membrane, or percutaneous contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. For example, when a nurse is stuck with the needle used to draw blood on a client. Testing the blood of both the source client and the exposed person for hepatitis B, hepatitis C and human immunodeficiency virus is helpful in deciding the best medical follow-up for the exposed person.

Other Potentially Infectious Material (OPIM) include body fluids such as blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid and amniotic fluid. Feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are not considered potentially infectious unless they contain visible blood.

Percutaneous and non intact skin exposures means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Per mucosal route means a path via entry of the mucosal membranes of the eyes, nose or mouth.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

## Procedure

Emergency First-Aid: Percutaneous Injury: Vigorously scrub injury site or non-intact skin with soap and water.  
Mucous Membrane: Flush with water (i.e., eyes, nose or mouth).

### 1. Treatment of Exposure Site

Employees who sustain an occupational exposure should immediately address the exposure site.

- Wound and skin sites that have been in contact with blood or body fluids should be washed with soap and water.
- Mucous membranes that have been in contact with blood or body fluids should be flushed using an eye wash station.
- No evidence exists that using antiseptics for wound care or expressing fluid by squeezing the wound further reduces risk of BBP transmission; however, the use of antiseptics is not contraindicated. The application of caustics or disinfectants into the wound is not recommended.

### 2. Reporting

- Employee/Student shall report exposures to their supervisor, complete an Employee injury report form and fax the report to the OSU CHS/Tulsa Safety Officer; (918)561-1256. Contact the Occupational Health Nurse to schedule appointment; (918)-561-1256.
- The source clients attending physician will determine if the exposure is a **high risk** exposure using the Risk Factor Assessment- Appendix A.
- If the source patient is still present in the clinic, request the client remain until a determination is made regarding the need for a blood sample for testing.
- When the source individual is already known to be infected with HBV, HCV, or HIV, additional testing for HBC, HCV, or HIV, status need not be repeated.

### 3. Testing

- Testing of the exposed employee is based on source client results for HIV, Hepatitis B and Hepatitis C. **If the source is considered a high risk or the rapid test results for the source are positive, then the exposed employee testing is needed.**
- Regardless of the potential risk, any exposed employee has the right to request or decline testing. If an employee declines testing after an exposure, that needs to be documented on the Injury Report.
- The Oklahoma Public Health and Safety Code, 63 O.S., 1992, Section 1-502.3 allows for testing available blood of the source client and release of the results without the client's consent when a written report of an exposure has been made. However, the source client should be informed of the intent to test and the rationale for testing. Source Client Information located in Appendix B should be reviewed with the source client during the post-exposure counseling session.
- In the event that source blood has not been drawn and the source client refuses to allow blood to be drawn, contact the Safety Officer at (918) 561-8391 for consult. If indicated, a court order can be obtained to allow blood to be drawn. However, before going to that extent, a careful review of the circumstances would need to be made by the Safety Officer, State Health Officer or designee and Legal Services.
- When employee's/student's are in the Tulsa area they will bring the injury report form to the OSU Health Care Center (HCC), 2345 Southwest Boulevard, Tulsa, OK 74107, (918)561-1256 during weekdays (8am to 5pm) to be evaluated by the attending the Occupational Health Nurse. A blood sample may be requested at that time.
- OSU currently has a contract in place with a lab for HIV, Hepatitis B & Hepatitis C testing. The lab requisition must be marked identifying the specimens as "Occupational Health" when submitting the specimens. The ICD 9 code: V15.85 is the code for exposure to potentially hazardous body fluids. One tube separator for Hepatitis testing and one tube for HIV testing is sufficient.
- A separate Specimen Referral Log should be kept in a folder in the same locked file cabinet as the Employee Medical Records. Only the persons with authorized access to the Employee Medical Records should have access to and document on this form.

- Any specimens taken will be stored appropriately by the lab and processed as soon as possible (no less than 24 hr).
- If the employee/student consents to baseline blood collection, but does not give consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee/student elects to have baseline sample testing, such testing will be done as soon as feasible.

#### 4. After Hours Testing

- If an exposure occurs when the HCC is closed, the employee is to call the Oklahoma State University Medical Center (918) 587-2561 and request the Family Medicine Resident On-call. The Family Medicine Resident On-call will determine if an emergency room visit is necessary or if the employee's exposure can wait until the HCC is open. The employee may be requested to come in to the Oklahoma State University Medical Center (OSUMC), (918)599-5373, Emergency Room for testing and treatment.
- If the employee/student is outside the Tulsa area they will follow the policies of the host facility, and contact OSU-Tulsa Safety Officer at (918)561-8391. All documentation will need to be faxed to (918)561-1261, including the injury report.
  1. EMPLOYEE'S, all medical bills related to an exposure will be paid by Broadspire (OSU's third party administrator) after a report has been made to OSU Safety Officer.
    - ❖ If prophylaxis is recommended contact a local pharmacy to ensure they carry the medications and they accept workers compensation claims, contact OSU Safety for authorization.
  2. STUDENT'S, all medical bills related to an exposure will be paid by OSU-CFS Student Health Account, 2345 Southwest Boulevard, Tulsa, OK 74107.
    - ❖ If prophylaxis is recommended contact a local pharmacy to ensure they carry the medications and they are willing to bill OSU, contact OSU Safety Officer for authorization.

#### 5. Prophylaxis for Bloodborne Pathogen Exposure:

If prophylaxis is recommended, the attending physician will call in a prescription, whereby reimbursement will be made. Contact the OSU Safety Officer for payment authorization (918)561-8391.

Post-exposure prophylaxis shall be as per CDC's guidelines for Infectious Control in Health Care Personnel. When prophylactic treatment with drugs, vaccines, or immune globulins is deemed necessary and is offered, personnel should be informed of:

- “ alternative means of prophylaxis,
- “ the risk (if known) of infection if treatment is not accepted,
- “ the degree of protection provided by the therapy, and,
- “ the potential side effects.

- Hepatitis A:
  1. Immune globulin (I.G.) should be considered for personnel with close personal contact with a person who has confirmed hepatitis A.
  2. Prophylaxis with immune globulin (IG) for all personnel who take care of patients with Hepatitis A (other than above) should not be given.
- Hepatitis B:
  1. For prophylaxis against Hepatitis B after percutaneous, mucous membrane, nonintact skin exposure to blood that might be infective, should follow the recommendations as outlined by the U.S. Public Health Service.
- Hepatitis C, or, Non-A/Non-B:
  1. Prophylaxis for percutaneous, mucous membrane or non-intact skin exposure is not recommended.

- HIV/AIDS
  1. Exposures to the blood or certain body fluids as defined above, of known HIV/AIDS patients will be managed according to recommendations outlined by the U.S. Public Health Service.
  2. Employee's/Students may opt to receive chemoprophylaxis according to protocol.

❖ **Prophylaxis for other Communicable Disease exposures;**

- Meningococcal Disease
  1. Antimicrobial prophylaxis against meningococcal disease should be offered immediately to personnel who have had prolonged intimate contact (i.e., mouth-to-mouth resuscitation or suctioning without a mask) with the respiratory secretions of an infected patient without using proper precautions.
  2. If prophylaxis is deemed necessary, treatment should not await results of antimicrobial sensitivity testing.
- Pertussis
  1. Antimicrobial prophylaxis against pertussis should be offered to personnel who have had intensive contact with an infected patient without using proper precautions.
- Rabies
  1. Hospital personnel should receive a full course of anti-rabies treatment if they have either:
    1. been bitten by a human or animal with rabies.
    2. have scratches, abrasions, open wounds, or mucous membranes contaminated with saliva or other potentially infective material from a human with rabies.
- Tuberculosis
  1. Hospital personnel who have had unprotected exposure to patients with tuberculosis shall be managed according to the Tuberculosis Control Plan.
  2. All other exposures to diseases not listed should be reported to an HCC attending physician for further guidance.

**6. Healthcare Professional's Written Opinion:**

- The employer shall obtain and provide the employee/student with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee/student has received such a vaccination.
- The HCC or OSUMC-ER shall make immediately available to the exposed employee/student a confidential medical evaluation and follow-up that shall include the following elements:
  1. Documentation of the routes of exposure, and the circumstances under which the exposure incident occurred.
  2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
  3. The source individual's blood shall be drawn and tested at the site where the exposure occurred.
- The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  1. That the employee/student has been informed of the results of the evaluation.
  2. That the employee/student has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. Information included in Appendix C, D & E will be provided to the exposed worker.
  3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

## **7. Release of Test Results/Confidentiality**

- Results of the source individual's testing shall be made available to the exposed employee/student and the employee/student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Health Insurance Portability and Accountability Act of 1996 (.HIPAA.) apply to all parties in an exposure testing situation. Only those persons directly involved in the exposure incident are to be informed of test results. This normally would include only the source client, the exposed employee and whomever the employee designates such as the Safety Officer or designee.
- Source client test results may be released to the exposed employee, the Safety Officer, designee and Occupational Health Nurse without the expressed written consent of the source client per Oklahoma state law requiring documentation of occupational exposures.
- Exposed employee test results are not to be released to any person or facility, other than the Occupational Health Nurse, Safety Officer or designee without the expressed written consent of the employee (OSHA: CFR 1910.1030 h. Medical Records).
- It is not necessary for source client name, code number or test results to be released on worker's compensation claims in order for the claim to be processed. Claims related to seroconversion of the exposed employee would necessitate release of source client test results, but not source client name.
- These records shall be maintained for at least the duration of the employment plus 30 years in accordance with 29 CFR 1910-20

## **8. Medical Record Keeping:**

An accurate record for each employee/student with occupational exposure shall be maintained by OSU Medical Records for the length of employment plus 30 years. This record shall include:

- Name and Campus Wide Identification (CWID) of the employee/student.
- A copy of the employee's/student's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's/student's ability to receive vaccinations.
- A copy of all results of examinations, medical testing, and follow up procedures.
- The employer's/student's copy of the healthcare professional's written opinion as indicated above.
- A copy of the Employee Incident Report which includes a description of the exposed employee's/student's duties as they relate the exposure incident and documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.

*The completed employee injury report and follow-up testing provides evidence of compliance with this OSU-Tulsa policy, Oklahoma Public Health and Safety Code, 63 O.S., 1992, SECTION 1-502 and OSHA Standard.*

## **REFERENCES:**

- "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendation for Postexposure Propylaxis," Nov. 15, 2005.
- CDC's guideline for infection control in Health Care Personnel, June 25, 2003.
- Oklahoma Public Health and Safety Code, 63 O.S., 1992, SECTION 1-502
- Oklahoma State Department of Health, OAC 310:555, Notification of Communicable Disease Risk Exposure, 2001
- Oklahoma State Department of Health, Infection Prevention and Control Manual, 2011

## **HEPATITIS B VACCINATION**

Athletic Training students must present sufficient documentation of having received the HBV vaccination or sign a waiver of the procedure prior to the start of your academic program. The vaccination is a three-step



process. The student should receive the second shot one-month after the initial shot. The final shot is given 4-6 months after the first dose. The student must present a valid shot record, sign a waiver, or begin the series of shots prior to involvement in clinical rotations. Student should talk to the Center for Health Sciences safety officer about paper work, referral procedures and the scheduling of shots. A Copy of a consent form and declination waiver can be found in the Student Forms section.

## PROFESSIONAL ORGANIZATION MEMBERSHIP / APPRENTICESHIP

### Oklahoma Apprentice Athletic Training Licensure

All Athletic Training students are required by the OSU Athletic Training Program to become apprentice Athletic Trainer through application to the Oklahoma Board of Medical Licensure and Supervision. Students must obtain initial Oklahoma Apprentice Athletic Trainer license upon acceptance into the program, and maintain it each year until graduation. The link to obtain the Apprenticeship License is

[http://www.okmedicalboard.org/display.php?content=at\\_index:at\\_index&group=at&menu=1](http://www.okmedicalboard.org/display.php?content=at_index:at_index&group=at&menu=1)

### NATA Membership/OATA Membership

Students are also strongly encouraged to become a student member of Oklahoma Athletic Trainers' Association (OATA) and the National Athletic Trainers' Association (NATA). These professional organizations provide the student with valuable information, contacts, and opportunities.

Students are also urged to attend as many professional and educational meetings as possible. It is a great way to meet people and network, as well as learn from a variety of different professionals.

### Scholarships

There are opportunities for Athletic Training students to obtain scholarships and other monies to assist with educational cost. Scholarships are offered through the NATA, OATA, Mid America Athletic Trainers Association (MAATA). Faculty Certified and other Athletic Trainers will assist students in any way they can to secure these funds.

### Program Costs for ATS

**(The following are averages based on previous years)**

Books		\$300.00
Housing	\$250.00 – \$550.00 per month (approximately \$400.00 * 24 months)	\$9,600.00
Hepatitis B series	3 shots at \$85 each	\$255
Physical and Immunizations		\$100
Yearly TB and Flu Shots		\$50
Clothing		\$150.00
American Red Cross Professional Rescuer Certification		\$19.00-\$27.00
Tuition and Fees	\$305.25 per credit hour (OK residents) \$855.25 per credit hour (non-residents)	
Liability Insurance		\$30-80 per year
Background Check		\$50
Oklahoma Apprentice Athletic Trainer License		\$25 initial, \$10 annual renewal

Travel cost \*

\*Travel is dependent upon the clinical site selections of the student. It is expected that students will be traveling at least once throughout the program.

### Optional Expenses:

Sports Medicine Club dues (student organization, membership/participation is voluntary)	\$25.00
Miscellaneous items (scissors, fanny pack, etc)	\$10.00 – \$100.00
Student NATA Membership	\$80.00

# OSU Athletic Training Program

## STUDENT FORMS

**Students:** Sign both copies of all forms, keep Student Copy in your program notebook/portfolio, and turn File Copy into Program Director



**Oklahoma State University  
Athletic Training Program**

**Student Recognition of Clinical Site Emergency Action Plan**

I, \_\_\_\_\_ have been given the Emergency Action Plan for \_\_\_\_\_  
**(Student Name)** **(Clinical Site)**  
prior to beginning my clinical education rotation and have thoroughly read the document. I have discussed the emergency action team with my preceptor and understand my role if an emergency was to occur.

\_\_\_\_\_  
Student Last, First Name (Please print)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Preceptor Signature Date

## Active Communicable Disease Policy

In accordance with the Oklahoma Department of Health and Environment and the Student Health Center at Oklahoma State University, the following policies and procedures have been developed for the attainment and control of communicable diseases. Any student that is diagnosed with having a communicable disease of any form is required to be reported to the Oklahoma Department of Health and Environment. Students that contract a communicable disease are required to obey prescribed guidelines by his/her attending physician and the recommendations of the university affiliated physicians at the Student Health Center. Students may not participate in clinical rotations and field experiences during the time they are affected by the communicable disease and shall not return to clinical participation until allowed by the attending physician. The following communicable diseases that pertain to this policy are as follows:

AIDS	Malaria
Amebiasis	Measles
Anthrax	Meningitis (bacterial)
Botulism	Meningococemia
Brucellosis	Mumps
Campylobacter infections	Pertussis (whooping cough)
Chancroid	Plague
Chlamydia trachomatis infection	Poliomyelitis
Cholera	Psittacosis
Cryptosporidiosis	Rabies (animal, human)
Diphtheria	Rocky Mountain spotted fever
Infectious encephalitis	Rubella
Escherichia coli	Salmonellosis (typhoid fever)
Giardiasis	Shigellosis
Gonorrhea	Streptococcus pneumoniae
Haemophilus influenza	Syphilis
Hand, foot and mouth syndrome	Tetanus
Viral and acute hepatitis	Toxic shock syndrome
Hepatitis A	Trichinosis
Hepatitis B	Tuberculosis
Hepatitis C	Tularemia
Herpes	Yellow Fever
Hantavirus	Pinworms
HIV	Ringworm
Influenza	Scabies
H1N1 virus	Shingles (Herpes Zoster)
Legionellosis	
Leprosy (Hansen disease)	
Lyme disease	

For more information on communicable diseases visit <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines>

I, \_\_\_\_\_ have reviewed the OSU ATP Communicable Disease Policy prior to beginning my clinical education rotation, and understand its contents. I furthermore agree to adhere to this policy, and will not return to my clinical assignment until I have been cleared by my attending physician.

\_\_\_\_\_  
**Student name (printed)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

## FILE COPY

### OSU ATHLETIC TRAINING PROGRAM RETENTION POLICY

Athletic Training students must maintain an overall grade point average of 3.0 or above in order to continue within the Athletic Training Program. If one should fail to meet these criteria, the following actions will be taken.

1. To help prevent any academic causality, mid-term grade checks will be required of all Athletic Training students. The purpose of these evaluations is to assess the academic progress of Athletic Training students. In the event that a student is having academic difficulty, the Athletic Training Program Director will identify and direct the involved student to seek academic assistance.
2. At the close of any semester, if an overall GPA of a 3.0 is not achieved, the student already accepted into the clinical program will be placed on probation within the Athletic Training Program.
3. An Athletic Training student already accepted into the program who fails to achieve an overall GPA of 3.0 at the end of the probation semester, will be suspended from the Athletic Training Program.
4. A grade earned below that of a "B" in required Athletic Training courses will result in probation. The course must be retaken at the next course offering. If a grade of B is not earned at the second attempt, dismissal from the program will result. Only one didactic course retake is allowed during the program. Students earning a grade lower than a "B" for the second time in the curriculum will result in dismissal.
5. If the minimum grade of "B" is not met in a Practicum course, the student must retake that course the following year, and is not allowed to matriculate in the curriculum (take any other AT courses) until the satisfactory grade and proficiency in the AT Practicum skills have been successfully demonstrated. Additionally, in order for students to continue with curriculum progression, a minimum score of 80% must be achieved on the practical exams given in the AT Practicum courses. Second attempts lower than 80% will result in the student retaking that course the following year, and is not allowed to matriculate in the curriculum.

\_\_\_\_\_  
Athletic Training Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**EXAMPLE COPY**

**OSU ATHLETIC TRAINING PROGRAM  
ABSENCE REQUEST FORM**

Additional copies can be found in the Athletic Training Lab or the OSU Athletic Training  
Program Website

NAME: \_\_\_\_\_

DATE (S) AND TIME REQUESTING OFF: \_\_\_\_\_

\_\_\_\_\_

REASON REQUESTING TIME OFF: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
(PRECEPTOR)

DENIED BY: \_\_\_\_\_  
(PRECEPTOR)

REASON DENIED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**EXAMPLE COPY**

**FILE COPY**

**OSU ATHLETIC TRAINING PROGRAM  
TECHNICAL STANDARDS FORM**

Candidates for selection to the Athletic Training 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 OSU Student Disability Services office 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 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Alternative statement for students requesting accommodations.

I certify that I have read and understand the technical standards of selection and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the OSU Student Disability Service office to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OSU ATHLETIC TRAINING PROGRAM  
ATHLETIC TRAINING COMPETENCY CRITERIA**

In order to protect the healthcare of the patient, Athletic Training students must be proficient in specific Athletic Training competencies. For each level of the program, there will be competencies for which the student must demonstrate proficiency. The practicum instructor and/or Preceptor that the student is assigned too will clinically test the student on each competency during the assignment period. In addition, Athletic Training students will be evaluated on their performance in the clinical setting by their Preceptor. Failure to perform adequately during clinical rotations and/or failure to show progression in proficiency in required competencies may result in dismissal from the program.

1. At any time during the semester, if a student does not uphold the requirement set forth by a particular competency, the student will be required to spend additional time with an Preceptor in order to become more proficient in that particular competency area.
2. If a student continues to have difficulties with either clinical applications and/or competencies, further consideration will be given to the advisability of placement in the Athletic Training Program.
3. At any time during the semester, a student may be placed on academic or clinical probation or completely dismissed from the Athletic Training clinical and/or academic program if the student does not uphold the expected criteria set forth for performance. Examples of unacceptable performance include, but are not limited to: a) noncompliance with Athletic Training Room policies and procedures relating to safety issues, b) irresponsibility with assignments or c) failure to complete assigned competencies.
4. Admission to a clinical setting does not guarantee continued placement, which is dependent upon periodic testing and other evaluations as indicated above.

Oklahoma State University Athletic Training Program Certified Athletic Trainers are willing to meet the academic and clinical application needs of our Athletic Training students. However, it is the responsibility of the student to seek the assistance of a staff or faculty Certified Athletic Trainer should additional assistance be needed.

\_\_\_\_\_  
Athletic Training Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**COPY**





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## OSU ATHLETIC TRAINING PROGRAM CONFIDENTIALITY AGREEMENT

As part of your experiences as an Athletic Training student at Oklahoma State University, you will have access to information that is protected by various federal and state privacy laws. This information is known as **not public data**. Unauthorized disclosure of **not public data** includes releasing information over the telephone and text messaging, in verbal conversations and in written form, without consent.

Types of **not public data** include: patient addresses, phone numbers and email addresses, patient social security or ID numbers, patient medical information or family history information, patient injury history and status, financial or insurance information, and faculty or AT phone numbers, addresses, or ID numbers.

I, \_\_\_\_\_ (Printed Name)

Accept responsibility for maintaining the confidentiality of all patient information. I acknowledge that during the course of my clinical experience and work I may have access to confidential patient records, business, and financial information that should only be viewed as necessary for the performance of my responsibilities as an ATS, and only disclosed according to the OSU Athletic Training policies and procedures.

I will maintain and store documents and computer media in such a way as to insure there is no intentional or inadvertent access by others (lock information in desks, file cabinets, or other secure areas)

I acknowledge that oral conversations may be overheard and thereby violate the privacy of patients. Conversations in patient care areas, hallways, stairwells, elevators, eating areas, classrooms, and other places of public gathering should be kept to a minimum in order to ensure confidentiality is not violated.

I acknowledge that documents containing patient information shall not be recycled or thrown in the trash. Information on paper should be shredded before it is discarded.

I, understand and agree that in the performance of my clinical experiences as an athletic training student, I must hold medical, physician, volunteer, and employee information in confidence. This includes information that I may come across in performing my duties regardless of how it is presented to me (printed, written, spoken, computerized, facsimile, etc.). I also understand and agree that I will only access information that is required to perform my duties or for express educational purposes as approved by a Preceptor or Clinical Site Supervisor.

I will not remove patient data/forms from the clinical site. I will keep patient private information concealed, and I agree to follow established documentation procedures for all paperwork.

I understand violation of the confidentiality laws may result in federal action (imprisonment and fines), as well as removal from the OSU Athletic Training Program.

I further understand that any violation of the confidentiality of personal and private information of patients, physicians, volunteers or other employees may result in disciplinary proceedings up to and including dismissal from the program and/or legal action.

\_\_\_\_\_  
Athletic Training Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

FILE COPY

## Oklahoma State University Athletic Training Program

### Contractual Agreement

I, \_\_\_\_\_, accept the position of *Athletic Training Student* at Oklahoma State University. I have carefully and completely read the **Oklahoma State University Athletic Training Program Policy and Procedure Manual** and understand all of the information contained within. I have had all my questions satisfactorily answered. I understand that by my signature, I agree to abide by all terms, policies, and procedures contained therein.

I accept this contract with the understanding that I am representing the OSU Athletic Training Program at all times. In accepting the terms of this contractual agreement, I understand that being an Athletic Training Student is a commitment with is preparing me to be a certified athletic trainer. I understand that I will be closely supervised by the OSU Preceptors of this program. I understand that my progress will be monitored and evaluated according to the criteria in the practicum course syllabi and the policies set forth in the Program Policy and Procedure Manual. I furthermore understand that my evaluation will become part of my personal records and my performance / personal actions will partially determine my continuance in the program.

Student's Name \_\_\_\_\_  
(print)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

FILE COPY