

Heidelberg University  
Athletic Training Department  
Athletic Training Program  
AT Student Handbook

## Table of Contents

Vision & Mission Statements	3
Objective Statements	4
Academic Information	5
ATP Overview	5
AT Candidate Information Reference	6
Class Scheduling	6
Degree Requirements	6
Athletic Training Courses	6
Requirements for BOC Exam	10
Clinical Education	11
ATP Clinical Education Information	11
Clinical Evaluation Sites	15
Clinical Education Forms (see appendices)	15
Outside Work	16
Extracurricular Activities	16
Procedure for Being Excused from a Clinical Assignment	16
Adherence to ATR & Affiliate Site Rules & Regulations	16
Recording Clinical Hours	17
ATP Policies	
ATP Policy on Admission of Transfer Students	18
ATP Policy on Participation in Intercollegiate Athletics	19
ATP Policy on Retention and Probation	20
ATP Policy on Academic Reinstatement	21
ATP Policy on Professional Conduct	22
ATP Policy on Disciplinary Actions	23
ATP Policy on Student Travel Activities	24
Other Relevant Athletic Training Student Requirements / Expectations	25
In-services	25
Athletic Training Student Qualities	25
Athletic Training Student Relationships with Others	26
Basic Rules of Conduct	27
Cell Phone Usage	27
Dress Code	28
Alcohol, Drugs and Tobacco Policy	29
ATP Related Fees & Costs	29
Athletic Training Student Responsibilities (traditional)	30
Athletic Training Room Assignments and Duties (traditional)	31
Therapeutic Modality Usage	32
Heidelberg University Role Delineation	33
Practice and Game Coverage Protocol	37
Athletic Training Forms and Documentation	43
Standard Operating Procedures	53

Concussion Protocol	55
Athletic Training Room General Rules	56
Blood Borne Pathogen Policy	58
Communicable Disease Policy	60
Appendices	61
Ohio Athletic Training Rules	62
NATA Code of Ethics	64
Clinical Education Terminology	66
Clinical Evaluation Forms	67
ATS Self Evaluation Form	68
Preceptor Evaluation of ATS Form	71
ATS Evaluation of preceptor & Clinical Setting Form	76
Stoner Health Center Evaluation Form (General Medical)	80
Clinical Site Evaluation Form (annual only)	83
Emergency Action Plan Locations	84

This manual is an attempt to inform the athletic training students (ATS) of policies and procedures of the Heidelberg University Athletic Training Department which houses the CAATE accredited ATP. Its intent is to guide the student through the education program, ensure efficient operation of the athletic training room and optimal care of the student-athlete on the field. To do this, each athletic training student must become thoroughly familiar with routine policies and procedures. If you feel that a particular policy or procedure is unclear, please direct your questions to the ATP Director. **Policies and procedures can/may be adapted, but not ignored.**

This manual may not be all-inclusive, as procedures and policies are always subject to change to continually improve the interests of all involved with the AT Department & ATP.

The quality and quantity of education that the student obtains and retains is directly related to the concentrated effort each student puts into the learning process. This is your guide to Athletic Training Education Program. You will be a part of the Sports Medicine Team. **Any team, to be successful, must work together in harmony.** Know the responsibilities and procedures in the area to which you will be assigned.

**“OUR NUMBER ONE CONCERN IS THE HEALTH AND WELFARE OF THE PARTICIPATING STUDENT-ATHLETE AND OUR NUMBER ONE DUTY IS TO WORK WITHIN THE PRACTICE OF ATHLETIC TRAINING”.**

## **ATP Vision Statement**

The Heidelberg Athletic Training Program (ATP) is strongly committed to providing an excellent academic and clinical education for Athletic Training majors. We believe that the clinical experiences of a student should supplement a solid, but challenging, Athletic Training core curriculum. The core curriculum is based upon the required subject matter meeting Commission on Accreditation of Athletic Training Education *Standards* and with the National Athletic Trainers Association Education Competencies.

Heidelberg's ATP is committed to fostering an open learning environment both in the classroom and clinical settings. It is our intent that the student will become confident and comfortable in the learning process and the application of skills mastered through didactic and clinical preparation. It is our philosophy to instill a strong ethical and moral ideology in an effort to encourage professionalism as well as personal growth. Students are encouraged to embrace diversity in one another and in the active population they will be working with on a daily basis. We firmly support combining a high level of professionalism with strong interpersonal skills in order to generate trust and open communication among the faculty, staff, peers and clientele. Our program aims to promote a natural curiosity and love of learning in our students. The program is designed to expose students to various allied health professions and encourage the pursuit of continued education and/or research, including but not limited to Master's-level programs in athletic training or related fields. Upon successful completion of all ATP requirements, the student will be recommended for a Bachelor of Science Degree in Athletic Training and endorsed to sit for the BOC Examination by the ATP Director.

## **ATP Mission Statement**

Heidelberg's ATP is designed to prepare the Athletic Training student for the certification process and examination administered by the Board of Certification (BOC) as well as a career as a Certified Athletic Trainer (ATC) in a variety of settings.

## **Goals**

Goal #1: To prepare students for entry-level practice in the field of athletic training

Goal #2: To provide students with the skills necessary to operate successfully as a member of a healthcare team

## **ATP Objective Statements**

The Heidelberg University is designed to:

1. Prepare students for the athletic training profession by finding them competent in the 5 clinical proficiency areas:

Objective 1: Provide students with the knowledge, skills and abilities to successfully challenge the Board of Certification Examination

Objective 2: Provide students with the knowledge, skills and abilities to demonstrate competency in each of the five practice domains.

- i. Domain 1: Injury and Illness Prevention and Wellness Promotion
- ii. Domain 2: Examination, Assessment and Diagnosis
- iii. Domain 3: Immediate and Emergency Care
- iv. Domain 4: Therapeutic Intervention
- v. Domain 5: Healthcare Administration and Professional Responsibility

Objective 3: Provide students with the opportunity to translate knowledge from theory to application through a series of courses and clinical rotations.

2. Teach the knowledge, skills and values that will aid the entry-level Certified Athletic Trainer in becoming a successful Allied Health Care Professional.
3. Expose students to a variety of related clinical education settings and other educational experiences.
4. Promote involvement in research and professional development.
5. To promote involvement with the NATA and other related organizations both at the student and professional levels.
6. Promote high ethical and moral standards as well as personal conduct.

# Academic Information

## **Athletic Training Program Overview**

Heidelberg's Athletic Training Program (ATP) is designed to prepare students for various careers in the athletic training profession.

The program has two components: didactic and clinical. The didactic component includes traditional coursework and laboratory exercises. The clinical component requires practical experiences in a supervised environment at our affiliated sites. All students in the program are required to obtain at least 900 supervised contact hours in athletic training and allied health settings.

Admission to the ATP is competitive and selective. Completion of the application standards does not guarantee admission. Final admission rests with the decision of the ATP Selection Committee.

The ATP provides students with knowledge and experience in:

- Risk Management/Injury Prevention
- Pathology
- Assessment/Evaluation of Injuries and Illnesses
- Acute Care
- Pharmacology
- Therapeutic Modalities
- Therapeutic Exercise
- General Medical Conditions and Disabilities
- Nutrition
- Health Care Administration
- Professional Development

Upon successful completion of the ATP, the student will be recommended for a Bachelor of Science/Arts degree with a major in Athletic Training and will be eligible for endorsement by the Program Director to sit for the Board of Certification (BOC) Examination.

Students who successfully pass the BOC examination will have the option of working in a variety of settings as a Certified Athletic Trainer (ATC). Certified Athletic Trainers are commonly employed in high schools, universities, Olympic sports, physical therapy/rehabilitation clinics, physician offices, corporations, and professional sports teams. As the profession of athletic training expands, ATCs are also finding positions as entrepreneurs and in NASCAR, private industry, the military, and other non-traditional settings.

## **Athletic Training Candidate Information**

(See the Heidelberg Athletic Training Education website.)  
<https://www.heidelberg.edu/athletic-training/admission>

## **Class Scheduling**

Athletic Training students are strongly encouraged to meet their advisor and/or the ATP at least once a semester to make sure that the student is on track to graduate in four years from the ATP. If the student is having difficulties in class or has scheduling problems, they are strongly encouraged to schedule a meeting with their advisor or one of the ATP faculty as soon as possible. The student is also encouraged to schedule their classes before 3:00 pm as often as possible. We realize that this is not always possible, but the student needs to be aware that scheduling classes that meet after 3:00pm will possibly interfere with the clinical aspect of the ATP. **MORE DETAILS REGARDING SAMPLE FOUR YEAR PLANS CAN BE FOUND ON PGS 13-15.**

## **Iota Tau Alpha-Beta Gamma Chapter**

### **Service Requirement**

Community and professional service are expected of all students within the Heidelberg University ATP. We believe strongly in giving of our time and treasures to assist others in need, to educate others about the profession of athletic training, and to actively better ourselves as people and professionals. Annually the ATP will be involved in various service projects and each student is expected to participate to the best of their ability as directed by the ITA Faculty Advisor & ITA President. SEE CLINICAL PROFICIENCY SYLLABI IN THE APPEDICIES FOR MORE DETAILS.

## **Athletic Training Degree Requirements**

Please see your academic advisor for the most up to date 4 year plan for the AT Major.

## **Athletic Training Courses**

### ATR-Athletic Training

171. Acute Care of Injury & Illness (3 sem. hrs.). This course is designed to teach the student the basic knowledge and skills utilized in athletic training. This includes the prevention and recognition of athletic injuries and conditions. Prerequisites: ATR, HHP, HSC, SPO majors/minors only, others by permission. Recommendations: basic understanding of human anatomy obtained through high school anatomy/biology coursework or one semester of college biology. (Fall, Spring)

180. Advanced Emergency Care (R) (2 sem. hrs.). This course is designed to teach athletic training students how to respond to various emergency medical situations. It includes professional training in first aid techniques, splinting, Cardiopulmonary Resuscitation (CPR), Automated External Defibrillation (AED), and methods to prevent disease transmission for allied healthcare professionals. This course explores various methods used to manage acute injuries

and illnesses common to the physically active population including incorporating hands-on training in the implementation of emergency care techniques. Prerequisite: Athletic Training candidates and majors only. (Spring)

213. Anatomy for Orthopedic Assessment (N) (2 sem. hrs.). This course is designed to provide an introduction to the anatomy relevant to conducting an orthopedic assessment of a musculoskeletal injury. This course includes both lecture and practical laboratory applications. Prerequisite: ATR 171; one college-level Biology course. (Fall)

252. Taping, Bracing & Splinting Lab (1 sem. hr.). This laboratory course will teach student psychomotor skills involved with taping, bracing, splinting and other manual skills associated with the management of athletic injuries. Prerequisites: ATR 171, ATR 180 and entry into the athletic training program. (Fall)

269. Axial & Abdominal Evaluation & Diagnosis (2 sem. hrs.). This course is designed to teach the athletic training student the knowledge and clinical skills necessary for completing a musculoskeletal assessment for injuries and condition related to the axial skeleton and abdominal regions. Prerequisites: ATR 171, 180, and Admission into the ATP. (Fall)

270. Clinical Proficiencies I (1 sem. hr.). This course is designed to teach the sophomore athletic training student the knowledge and application of clinical skills necessary for the development of proficiency in athletic training. Prerequisites: ATR 171, 180, and Admission into the ATP. (Fall)

271. Clinical Proficiencies II (1 sem. hr.). This course is designed to teach the sophomore athletic training student the knowledge and application of clinical skills necessary for the continual development of proficiency in athletic training. Prerequisites: Admission into the Athletic Training Program and successful completion of ATR 270. (Spring)

345. Lower Extremity Orthopedic Examination & Diagnosis (2 sem. hrs.). This course is designed to teach the athletic training student the knowledge and clinical skills necessary for completing a musculoskeletal assessment for injuries to the lower extremity. Prerequisites: ATR 213 and 269. (Spring)

350. Upper Extremity Orthopedic Examination & Diagnosis (3 sem. hrs.). This course is designed to teach the athletic training student the knowledge and clinical skills necessary for completing a musculoskeletal assessment for injuries to the upper extremity. Prerequisites: ATR 213 and 269. (Fall)

370. Internship in Athletic Training (0-5 sem. hrs.). This course gives junior and senior athletic training majors an opportunity for academic-related work experience outside the usual university environment. The internship should enhance the student's intellectual development through the application of knowledge. This program cannot be totally observational. Prerequisites: ATR 171, 269, & 345, non-probationary standing in the ATP, and approval by the Chair. A minimum cumulative grade-point average of 2.75 is required. An internship contract must be completed and on file in the Internship office before registration. This course may not be used for credit towards the hours required of the ATR major. (Maximum 6 hours)

371. Clinical Proficiencies III (1 sem. hr.). This course is designed to teach the junior athletic training student the knowledge and application of clinical skills necessary for the continual development of proficiency in athletic training. Prerequisites: Admission into the Athletic Training Program and successful completion of ATR 271. (Fall)

372. Clinical Proficiencies IV (1 sem. hr.). This course is designed to teach the junior athletic training student the knowledge and application of clinical skills necessary for the continual development of proficiency in athletic training. Prerequisites: Admission into the Athletic Training Program and successful completion of ATR 371. (Spring)



381. Therapeutic Interventions I (W) (4 sem. hrs.). Comprehensive examination of the theory and clinical application of therapeutic interventions including rehabilitation and modality treatments for orthopedic patients during the inflammatory and proliferative phases of healing. AT students will critically evaluate and apply current research into clinical practice. Prerequisite: Admission into the Athletic Training Program and successful completion of ATR 345; COM 100; WRI 101. (Fall)

382. Therapeutic Interventions II (R)(W) (3 sem. hrs.). Comprehensive examination of the theory and clinical application of therapeutic interventions including rehabilitation and modality treatments for orthopedic patients during the remodeling phase of healing. AT students will critically evaluate and apply current research into clinical practice. Prerequisite: Admission into the Athletic Training Program and successful completion of ATR 381; COM 100; WRI 101. (Spring)

389. Principles of Strength & Conditioning (P) (2 sem. hrs.). This course is designed to expose the student to basic principles of exercise prescription and strength and conditioning. The student will learn how to design and carry out appropriate exercise prescriptions and exercise techniques (i.e., proper spotting, Olympic lifts, etc.), for various components of fitness for healthy individuals based on scientific principles. This course will also prepare the student for basic personal training certifications and provide a background for further growth in this area. Prerequisites: ATR 171, ATR 213. (Spring)

413, 414. Independent Study (1-3 sem. hrs.). Advanced study of a major medical condition, distinguished clinician, medical/health system, or health issue under the guidance of a departmental faculty member. Prerequisite: Permission of instructor. (Maximum 6 hours)

426. Special Topics in Athletic Training (1-3 sem. hrs.). The department offers a variety of mini-courses on special athletic training topics of interest to upper level students and staff. The topics concern areas not traditionally stressed in other department courses. In general, the courses will be offered in response to student demand and within the confines of faculty time. Prerequisites: Junior standing. (Fall, Spring)

470. Clinical Proficiencies V (1 sem. hr.). This course is designed to teach the senior athletic training student the knowledge and application of clinical skills necessary for the continual development of proficiency in athletic training. Prerequisites: Admission into the Athletic Training Program and successful completion of ATR 372. (Fall)

471. Clinical Proficiencies VI (1 sem. hr.). This course is designed to teach the senior athletic training student the knowledge and application of clinical skills necessary for the continual development of proficiency in athletic training. Prerequisites: Admission into the Athletic Training Program and successful completion of ATR 470. (Spring)

475, 476. Athletic Training Department Honors (3 sem. hrs. each). Permission of Chair required. To be considered, students must have an overall GPA of 3.0 or higher and a GPA of 3.5 or higher within the ATR major and be in good standing within the Athletic Training Program. Students who complete an independent Honors Proposal, Honors Thesis with distinction as determined by vote of the department faculty, and who satisfactorily pass the departmentally instituted comprehensive examinations (practical and written), shall graduate with the distinction of "Honors in Athletic Training".

## **HSC- Health Sciences**

**110. Foundations of Professional Practice** (1 sem.hr.). This course is designed to expose students to the foundational behaviors expected of healthcare professionals and the concepts related to evidence based medical practice. (Fall/Spring)

**150. Medical Terminology** (1 sem. hr.). This course is designed to expose the student to basic medical terminology that will provide a foundation for interpretation, documentation, and oral communication within the medical field. Students with credit in ATR 150 may not receive additional credit in this course. (Spring)

**290. Applied Pharmacology and Pathology** (R)(W) (3 sem. hrs.). The student will gain knowledge on pharmacological applications including indications, contraindications, precautions, interactions, and governing regulations relevant to the treatment of injuries to and illnesses of the physically active. Students will also gain knowledge in the pathology of injury and disease. Prerequisites: ATR & HSC majors only, or by request to the ATR Department Chair. Students with credit in ATR 290 may not receive additional credit in this course. (Spring)

**370. Internship in Health Sciences** (1-5 sem. hrs.). This course gives upper-class health science majors an opportunity for academic-related experience central to the student's desired professional setting and career. The internship should enhance the student's intellectual development through the application of knowledge. This program cannot be totally observational. Prerequisites: HSC 180, 290, and approval from the Department Chair. A minimum cumulative grade-point average of 2.5 is required. An internship contract must be completed and on file in the Internship office before registration. This course is required for credit towards the hours required of the HSC major.

**390. Application of Professional Practice** (1 sem. hrs.) Students will be exposed to the knowledge, skills, desired characteristics and values of the entry-level health care provider. Responsibilities, professional development, national and state regulatory agencies, professional standards, and national certification examinations will be discussed. Students will learn how to use the breadth of their liberal arts abilities to promote their chosen professional discipline. Students will develop and critique professional documents in preparation for a career in healthcare. Students will prepare a research project proposal in an area of related interest in preparation for requirements in HSC490. Students with credit in ATR490 or HSC490 (prior to Fall 2015) may not receive additional credit in this course. (Spring) PREREQUISITES: HSC110, HSC150, and HSC290.

**425. Healthcare Seminar** (R)(P) (2 sem. hrs.). This course is designed to introduce the healthcare student to various medical conditions and disorders. It will involve lectures and discussions led by allied health professionals in different areas of specialization. Prerequisites: ATR & HSC majors only. Students with credit in ATR 425 may not receive additional credit in this course. (Fall)

**477. Kinesiology** (3 sem. hrs.). Study of human movement as it pertains to muscular actions, articulations and laws of motion. Emphasis placed on anatomical as well as mechanical considerations in movement. Prerequisite: ATR 213, BIO 235 or 363. Students with credit in ATR 477 may not receive additional credit in this course. (Fall)

**485. Healthcare Administration (R)** (2 sem. hrs.). This course will provide the knowledge, skill and values required of the entry-level health care provider to develop, administer and manage a health care facility and associated venues providing health care of the physically active. Prerequisites: junior standing and HSC 425. Students with credit in ATR 485 may not receive additional credit in this course. (Spring)

**487. Exercise Physiology (R)(W)(N)** (3 sem. hrs.). An examination of the scientific basis of human physiology in relationship to exercise, physical activity, and work. Sample topics to be covered will be energy transfer in the body during exercise, neuromuscular, cardiovascular and pulmonary adaptations to exercise; and body composition. Prerequisites: junior standing and BIO 235 or 363. Students with credit in ATR 487 may not receive additional credit in this course. (Spring)

**490. Research Methods in Health Sciences (W)** (2 sem. hrs.). This course will provide the knowledge, skills, and values required of the entry-level health care provider to understand professional responsibilities, avenues of professional development, and the national and state regulatory agencies/standards. This course will also teach students skills to promote their chosen professional discipline, contribute to the literature by performing research, and educate the general public regarding their role in healthcare. Through this class, the student will also learn how to prepare for health-related national certification exams and professional job searches. This class will also serve as a forum to discuss current topics in the healthcare field and field discussion on matters in various health professions. Prerequisite: ATR & HSC seniors only; COM 100; ENG 101. Students with credit in ATR 490 may not receive additional credit in this course. (Fall)

### **Requirements to sit for the BOC Certification Exam**

In order to attain certification, an individual must complete an entry-level athletic training program accredited by the Commission on Accreditation of Athletic Training Education (CAATE) and pass the BOC certification exam.

In order to qualify as a candidate for the BOC certification exam, an individual must meet the following requirements:

1. Successful completion of all requirements of the Heidelberg University ATP.
2. Endorsement of the exam application by the recognized Program Director (PD).
3. Proof of current certification in emergency cardiac care (ECC)  
(Note: ECC certification must be current at the time of initial application and any subsequent exam retake registration)

# Clinical Education

## **ATP Clinical Education**

The clinical education component of the Athletic Program (ATP) offers both on-campus and off-campus clinical education experiences. The educational experiences provide the athletic training student (ATS) an opportunity to progress from competency to proficiency in clinical skill work. These clinical skills are directly related to the profession of Athletic Training as outlined by the NATA Educational Competencies. Students will be assigned by the Clinical Education Coordinator to be supervised by a Preceptor. Each student will be typically assigned to at least two different clinical rotations per academic calendar year. The clinical experiences are directly tied to the ATP Clinical Coursework (see below). The ATS will gain experience working in a variety of clinical settings and patient populations. The ATS will also gain practical clinical educational experiences that will provide direct and regular interactions with various physicians, certified athletic trainers, registered nurses, physical therapists, occupational therapists, chiropractors, paramedics, emergency medical technicians, and other relevant members of the sports medicine team.

## **Clinical Education Policies**

The policies listed below are intended to be guidelines that are to be followed at all times. These policies may be modified at any time at the discretion of the ATP program director.

1. All current ATP students will be allowed at least 3 week days off from clinical assignments when changing rotations. For example the student has been with football for the fall season and is to be assigned to wrestling for the winter. Said student would have the option of being excused from clinical hours on Monday, Tuesday and Wednesday of the week following the conclusion of the football season.
2. Students are not required to complete clinical hours during the following breaks in the academic calendar at Heidelberg University: Thanksgiving, Christmas, or Spring Break. Along with the previous breaks, Preceptors are encouraged to make clinical hours the day before breaks begin optional. For example if Thanksgiving Break would begin on a Wednesday, students could possibly have Tuesday afternoon off. Students need to **check with their Preceptors** before they assume they have a day off.
3. Coaches are required to notify the clinical staff of any changes to practice schedules 24 hours beforehand. This same policy applies to the athletic training students. If students are not notified within 24 hours of said changes to practice schedules they shall have the option of not coming to practice on said day without repercussions.
4. Students are required to complete at least 15 clinical hours per week and a maximum of 25 hours per week. Students are also required to have at least one day off a week. The only exception to this policy is during fall pre-season training camps when the maximum will be 40 hours. All clinical hours must be completed by the last day of classes each semester.

5. Students are required to submit mid-season and end of season evaluations for each rotation during the year. The deadlines will be posted in the Athletic Training Room and emailed to every student at the beginning of the school year. All end of season evaluations must be submitted no later than one week after the conclusion of the season. The spring rotation final evaluation must be submitted before the end of exams.

6. All clinical proficiencies must also be completed by the deadlines given by the faculty member. The final completed competency book must be turned in by the end of exams each semester. Even if the student received a '0' for a proficiency it still must be completed and turned in by the end of exams.

7. ATP students should attend every class when possible. There are times when it may be acceptable to miss an ATP class. Examples might be attending a surgical observation or possible traveling with a preceptor to an event. At no time should a student miss two or more classes to attend any of these opportunities. If you are going to miss more than two classes please talk to the Program Director beforehand. ATP students are also encouraged to not miss any classes outside of ATR/HSC Division unless they have permission from that instructor first.

### **Clinical Education Requirements:**

1. Adherence to all ATP Policies and Procedures

2. Under the direct supervision of a **Heidelberg University** ATP preceptor at an ATP affiliate clinical site, ATP students will:

- Complete a minimum of 900 clinical hours in a variety of settings including but not limited to collegiate, high school, rehabilitation, general medical, and other settings as assigned by the Clinical Coordinator.
- Completion of 75 clinical observation hours as an Athletic Training Candidate as a requirement of the ATP application. NOTE: observation hours **do not** count toward the required minimum 900 clinical hours.
  - See <https://www.heidelberg.edu/athletic-training/admission> for more details regarding the ATP application
- Complete the six sequential clinical courses including ATR 270, ATR 271, ATR 371, ATR 372, ATR 470, and ATR 471
  - Each clinical course reflects didactic instruction of clinical skills learned in previous semester of academic coursework
  - Each clinical course has specific completion criteria and is appropriate to the ATS level within the ATP (See Item 3 below for more details)
    - If a student **does not** successfully complete all of the requirements of their clinical course as outlined in each clinical course syllabus, the student will not be allowed to proceed to additional clinical or didactic ATR coursework which will result in the student needing to complete a(n) additional semester(s) at Heidelberg University beyond the traditional 4 year plan to complete the ATP.

3. Enroll in Athletic Training Clinical Course appropriate to student level and successful completion at 80% of the overall course grade. Additional detail regarding the ATP Clinical Coursework can be found **below**.

Below is the clinical course schedule for a **traditional** ATS. Each **non-traditional** and/or transfer ATS will be addressed individually.

### **ATR 270 (Fall Sophomore)**

- Includes completion of a minimum of **125** clinical hours under the direct supervision of a Heidelberg University ATP preceptor at an ATP affiliate clinical site
- Includes successful passing (80%) of the sophomore practical examination
- HS Football rotation
- Includes successful completion and level appropriate clinical scores on both the mid-season and end of season clinical evaluations performed by the supervising preceptor
  - Forms are found in MedHub and will be emailed to you.
  - See Syllabus in the Appendix of this document for more details

### **ATR 271 (Spring Sophomore)**

- Includes completion of a minimum of **125** clinical hours under the direct supervision of a Heidelberg University ATP preceptor at an ATP affiliate clinical site
- Includes successful passing (80%) of the sophomore practical examination
- Includes successful completion and level appropriate clinical scores on both the mid-season and end of season clinical evaluations performed by the supervising preceptor
  - Forms are found in MedHub and will be emailed to you.
  - See Syllabus in the Appendix of this document for more details

### **ATR 371 (Fall Junior)**

- Includes completion of a minimum of **150** clinical hours under the direct supervision of a Heidelberg University ATP preceptor at an ATP affiliate clinical site
- Includes completion of the General Medical Rotation (unless completed in ATR 372 as assigned by Clinical Education Coordinator)
- Includes successful passing (80%) of the junior practical examination
- Includes successful completion and level appropriate clinical scores on both the mid-season and end of season clinical evaluations performed by the supervising preceptor
  - Forms are found in MedHub and will be emailed to you.
  - See Syllabus in the Appendix of this document for more details

### **ATR 372 (Spring Junior)**

- Includes completion of a minimum of **150** clinical hours under the direct supervision of a Heidelberg University ATP preceptor at an ATP affiliate clinical site
- Includes completion of the General Medical Rotation (unless completed in ATR 371 as assigned by Clinical Education Coordinator)

- Includes successful passing (80%) of the junior practical examination
- Includes successful completion and level appropriate clinical scores on both the mid-season and end of season clinical evaluations performed by the supervising preceptor
  - Forms are found in MedHub and will be emailed to you.
  - See Syllabus in the Appendix of this document for more details

#### **ATR 470 (Fall Senior)**

- Includes completion of a minimum of 150 clinical hours under the direct supervision of a Heidelberg University ATP preceptor at an ATP affiliate clinical site
- Includes successful passing (80%) of the senior practical examination
- Includes successful completion and level appropriate clinical scores on both the mid-season and end of season clinical evaluations performed by the supervising preceptor
  - Forms are found in MedHub and will be emailed to you.
  - See Syllabus in the Appendix of this document for more details

#### **ATR 471 (Spring Senior)**

- Includes completion of a minimum of 150 clinical hours under the direct supervision of a Heidelberg University ATP preceptor at an ATP affiliate clinical site
- Includes successful passing (80%) of the senior practical examination
- Includes successful completion and level appropriate clinical scores on both the mid-season and end of season clinical evaluations performed by the supervising preceptor
  - Forms are found in MedHub and will be emailed to you.
  - See Syllabus in the Appendix of this document for more details

## **Clinical Education Sites**

The following sites are currently being used for on and off campus clinical sites for the ATP.

<b>Site</b>	<b>preceptor</b>
Heidelberg University	Ryan Musgrave, ATC Jena Suffel, ATC Tyson Depinet, ATC Lauren Belliveau, ATC Kaleigh Heath, ATC Genna Fusco, ATC Mitch Geddis, ATC
Stoner Health Center	Janelle Baldosser, CNP
Tiffin University	Lucas Phillips, ATC Elizabeth Saulinas, ATC Joe Hubbard, ATC Ken Galleta, ATC
Tiffin Columbian High School	TBD
Tiffin Calvert High School	Paul Yeakle, ATC
Clyde High School	Alysson Hoops, ATC
Mohawk High School	Kyle Groves, ATC
Seneca East High School	Jared Ruffing, ATC
PT Services Rehabilitation	Dawn Schneider, PT

## **Clinical Evaluation Forms**

Athletic Training students are required to complete a self evaluation, a program evaluation and review their preceptor's evaluation of them twice during their clinical assignment. The first evaluation should be completed at the midpoint of their rotation and the final evaluation will be completed when the rotation has been completed. Dates will be provide at the beginning of the semester.

The scores recorded from the preceptor's evaluation of the student will figured into the student's final grade for their corresponding Proficiency course for that semester. Failure to complete an evaluation in a timely manner and/or not receiving a minimum acceptable average score will result in the student failing their proficiency course for that semester. Hard copies of clinical evaluation forms can be found on pages 76-87 of this handbook and electronic versions of clinical evaluation forms can be found in MedHub.



## **OUTSIDE WORK COMMITMENTS**

The full-time athletic training faculty realizes that work outside of the athletic training room may be essential for some of you to pay for school. We require you to schedule your outside work hours around your athletic training responsibilities. You are reminded that the ATP is your #1 priority.

## **EXTRA-CURRICULAR ACTIVITIES**

At Heidelberg University, it is common for athletic training students to be involved in a number of extracurricular activities, whether it is sports, Greek or University organizations. The athletic training students must keep in mind the minimum number of hours required to adequately fulfill their athletic training clinical responsibilities before joining one of these organizations.

## **Procedure for Being Excused from a Clinical Assignment**

If a student cannot make an assigned hour, practice, game or any other ATP function, the following procedure must be used:

1. The athletic training student must fill out a leave of absence form (see appendix B). This includes the date required for time off and must be signed by the supervising preceptor for approval. Once the form is signed it must be turned in to the ATP director.
2. Try to contact another athletic training student to replace you. If you find a replacement you must:
  - A. Inform your replacement of what time to be there.
  - B. Inform them of the duties and responsibilities they need to cover.
  - C. Inform them of any athletes that need to be taped and special taping that you do.
  - D. Inform them of any athletes that need to be treated and what they need to have done to them.
  - E. Inform your preceptor of the date of your absence and who your replacement is through a completed absence notification form.
3. If you cannot find a replacement, you must call your preceptor at least 24 hours in advance, to inform them you will not be there. The only exception will be in the case of an emergency when notice time may be less. Any conflicts that are known about in advance must be taken care of in advance. EXCUSES WILL NOT BE ACCEPTED.
4. If you are sick, you must go to Stoner Health Center in order to be properly excused. NO excuses for being sick will be valid unless the athletic training faculty receives confirmation from the health center or other health care provider.

## **Adherence to Athletic Training Room and Affiliated Site Rules and Regulations**

Students are expected to adhere to the rules and regulations of each medical care facility during clinical assignments. It is the student's responsibility to gain clarification on any rules or regulations set forth in the clinical setting.

## **RECORDING CLINICAL HOURS**

All athletic training contact hours must be recorded within the MedHub database.

**Sign in** for contact hours should be rounded to the **next** quarter of an hour.

Example: in at 12:01 = record 12:15

in at 12:08 = record 12:15

**Sign out** for contact hours should be rounded to the **previous** quarter of an hour.

Example: out at 12:52 = record 12:45

out at 12:59 = record 12:45

The hours log must be confirmed by the Preceptor on a weekly basis. Any questions regarding your hours should be presented to the athletic training program director as soon as possible.

## **ATP POLICES**

### **Athletic Training Program (ATP): Policy on Admission of Transfer Students**

Students wishing to transfer to Heidelberg and the Athletic Training Program (ATP) must apply to both the institution and the program. All potential transfer students must follow the same application procedures as non-transfer students. Transfer students must have their transcript evaluated by the Registrar's Office and the ATP Director. Courses may be transferred from the student's original college or university if they are substantially the same in scope and content as similar courses offered at Heidelberg. Such courses may be counted toward the degree requirements for the Athletic Training major; however, every student must take the following courses at Heidelberg in order to qualify for the Athletic Training major:

- **ATR 269 Axial and Abdominal Evaluation**
- **ATR 345 Orthopedic Assessment of the Lower Extremity**
- **ATR 350 Orthopedic Assessment of the Upper Extremity**
- **ATR 371 Clinical Proficiencies in AT III**
- **ATR 372 Clinical Proficiencies in AT IV**
- **ATR 381 Therapeutic Modalities**
- **ATR 382 Therapeutic Exercise**
- **HSC 390 Application of Professional Practice**
- **HSC 425 Healthcare Seminar**
- **ATR 470 Clinical Proficiencies in AT V**
- **ATR 471 Clinical Proficiencies in AT VI**
- **HSC 485 Healthcare Administration**
- **HSC 490 Research methods in HSC**

All or a portion of the prospective student's clinical experience may be eligible for transfer from another institution to Heidelberg if the student passes a proficiency exam for each clinical proficiency course. This process is limited only to clinical experience associated with the following courses: ATR 270 Clinical Proficiencies in AT I and ATR 271 Clinical Proficiencies in AT II. The required minimum 900 clinical experience hours may be pro-rated if the student's previous clinical experiences were supervised according to the standards of the Commission on Accreditation of Athletic Training Education (CAATE).

## **Athletic Training Program (ATP): Policy on Student Participation in Intercollegiate Athletics**

Because of the intimate relationship between athletics and athletic training, many prospective students who express interest in Heidelberg's ATP are also interested in participating in intercollegiate athletics. We have had many alumni in our ATP who were successful in balancing both the demanding curriculum of the ATP and intercollegiate athletics. The ATP does have a significant clinical component that requires a strong commitment on behalf of the student. This involves a weekly average of 15-25 hours that includes a combination of morning, afternoon, evening and weekend time commitments. Time conflicts between sport demands and clinical requirements may occur if careful planning is not taken into consideration. The Athletic Training Faculty and Staff are committed to encouraging students and assisting them in taking advantage of the many opportunities afforded to them at Heidelberg. We are also dedicated to guiding the student and the student athlete so he/she fulfills the graduation requirements of the Athletic Training major, has diverse and quality clinical experiences and graduates within the four-year plan. The following guidelines are designed to help accomplish these goals:

- The intention on the part of a prospective student to participate in intercollegiate athletics shall not factor into the admissions decision for the ATP.
- Athletic Training students shall limit their participation to one intercollegiate team/season.
- Participation in the student athlete's non-traditional season is subject to the availability of his/her schedule only after fulfillment of clinical rotation responsibilities.
- Athletic Training students who participate in intercollegiate athletics must, like all students, fulfill all the didactic and clinical program requirements before he/she may graduate. All such students are strongly encouraged to consult with the ATP Director for effective planning to ensure on-time graduation.
- All students are required to have at least one "equipment-intensive" clinical experience (e.g., football). Student athletes who play a fall sport may achieve this requirement through a clinical rotation assignment at one of our affiliated sites.

## **Athletic Training Program (ATP): Policy on Retention and Probation**

### **Academic Retention Criteria:**

- 1) Maintain a cumulative grade point average of 2.5 while enrolled in the ATP.
- 2) Each semester students must maintain a 2.5 GPA.
- 3) In athletic training, students must earn a minimum 3.0 GPA within the core AT courses (offered within the Division of Health Sciences).
- 4) The student shall receive satisfactory evaluations from supervising preceptors/clinical instructors.

### **Other Non-Academic Retention Criteria:**

- 1) Maintaining First Aid and CPR / AED Professional Rescuer Certifications
- 2) Demonstrating compliance with all Heidelberg's ATP policies
- 3) Obtaining Hepatitis B vaccinations and annual TB vaccinations
- 4) Completing annual Blood Borne Pathogen training.
- 5) Continuing to meet the Heidelberg University ATP Technical Standards for Admission.
- 6) Other tasks as deemed necessary of students by the Commission on Accreditation for Athletic Training Education (CAATE) for an accredited ATP.

### **Probation:**

Once admitted to the ATP, the athletic training student will be evaluated each semester by the athletic training faculty. As long as appropriate progress is being made, the athletic training student will be allowed to move on to the next semester of sequential coursework.

An athletic training student will be put on program probation if his/her GPA falls below the GPA criteria or any of the other criteria is not maintained. They will receive written notification from the program director indicating that he/she has been placed on program probation. The athletic training student will be allowed one semester of program probation status in order to comply with all retention criteria. The athletic training student will be dismissed from the program if he/she has not met retention criteria by the end of the probationary semester. The athletic training student will receive written notification from the program director of being dismissed from the program. Dismissal and/or probation also may result from excess absences from clinical coursework / rotations, failure to complete the field experiences satisfactorily, or from academic dishonesty.

**Clinical Coursework:** Students must demonstrate mastery of each proficiency course with their course instructor with 80% proficiency and completion of all requirements of the course. Each proficiency skill must be demonstrated to pass and receive credit for this course. Students are not permitted to progress to the next level of the program and sequence of courses until all assigned Proficiencies in AT have been demonstrated with 80% proficiency. In addition, each final proficiency evaluation must be passed with a passing point of 80% minimum. Scores with a rating of below 80% is considered failure of the course which will lead to the ATS retaking the entire proficiency course before progression to the next level of sequential coursework in the ATP is allowed.

**ATP Progress:** The athletic training student is expected to meet appropriate deadlines and to demonstrate appropriate progress for the completion of proficiencies and other responsibilities for membership in the ATP. Failure to meet the defined deadlines or being deemed at a level of inappropriate progress is grounds for probation or dismissal from the program.

## **Athletic Training Program (ATP): Policy on Academic Reinstatement**

Students who are dismissed from the program may request a reinstatement of their position by adhering to the following parameters:

- 1) The student must submit a typewritten request to be reinstated that includes why reinstatement is being requested and how the student plans to be successful. This is due to the Program Director by the dates illustrated below.
  - a) If the student was dismissed after the fall semester, he/ she would have to submit the request by January 15.
  - b) If the student was dismissed after the spring semester, he/ she would have to submit the request by August 30.
  - c) No request will be accepted after these dates.
- 2) The student will not be allowed to take any specific Athletic Training courses, nor engage in any clinical experiences for two full semesters (not including summer terms). The student may take courses to fulfill another major, minor, or general education requirement(s).
- 3) Two semesters after dismissal (not including summer terms), the student's cumulative GPA must be at or above 2.5 for reinstatement to be considered.
- 4) Once the student is reinstated into the ATP, he/she must adhere to the ATP retention policy with the exception of the probationary period. If the student does not adhere to the retention policy, he/she will not be granted a probationary period, but will immediately be dismissed from the ATP.
- 5) Once the student is reinstated into the ATP, he/she may resume the academic sequencing of the specific Athletic Training Department courses.
- 6) A student may only request a reinstatement policy once after being dismissed from the program.

NOTE: Dismissal from the Athletic Training Program does not automatically lead to dismissal from Heidelberg.

## **Athletic Training Program (ATP): Policy on Professional Conduct**

Professionalism as an athletic trainer reflects a large variety of character traits as well as communication and clinical skills. It is the commitment of the program faculty and clinical instructors to model professionalism for the athletic training student. In return students are expected to promote and maintain professional conduct at all times.

Students who fail to comply with professional conduct will be subject to disciplinary actions. The following list outlines professional traits, but in no way is meant to be inclusive:

**1. Professional Dress and Appearance:** Athletic Training students working with Heidelberg Athletic training and off-campus sites may be issued certain items that remain the property of Athletic Training. Students are expected to provide additional clothing, at their own expense, that is in compliance with each site's dress code. At the conclusion of the student's time in our program, some non-expendable clothing items may have to be returned.

A. It is the responsibility of the Athletic Training student to seek out a place to store, secure and change clothes at each facility, if necessary.

B. Standards of professional dress will be established by each individual site and/or supervising Preceptor/Clinical Instructor (CI).

C. Athletic Training students shall keep a professional appearance during their clinical rotations. Students are expected to shower/shave daily. Some clinical settings might require the removal of piercing(s).

### **2. Interpersonal Relationships**

As an Athletic Training student you will have extensive interaction with student athletes at Heidelberg. As a result you may become friends with many of them. It is the policy of the ATP to discourage the Athletic Training student from fraternization with student athletes or other Athletic Training students associated with a sport they are currently working with. If this does occur, the ATP director will have the prerogative to reassign the student(s) involved to a new site. These fraternization rules are standard at many places of employment and exist for your own protection and benefit.

### **3. Confidentiality**

All information regarding the health of a student athlete is confidential and is not to be shared by the athletic training student with anyone not directly involved in the care of the student athlete. Any breach of the confidentiality policy will result in re-assignment to an alternate clinical site.

### **4. Punctuality**

The athletic training student is expected to be punctual, arriving at whichever time has been established with the clinical instructor. If the Athletic Training student has a conflict at any time he/she needs to contact his/her clinical instructor as soon as possible for resolution.

### **5. Adherence to Athletic Training Room and Affiliated Site Rules and Regulations**

Students are expected to adhere to the rules and regulations of each medical care facility during clinical assignments. NOTE: It is the student's responsibility to gain clarification on any rules or regulations set forth in the clinical setting.

### **6. Code of Ethics**

Students are expected to promote professional conduct in compliance with the code of ethics set forth by the National Athletic Trainers' Association ([www.nata.org](http://www.nata.org)).

**7. Harassment and discrimination** in any form (sexual, verbal, and/or physical) is strictly prohibited and will not be tolerated. Any student found to be in violation will be immediately dismissed from the ATP. Students should report any problems with other students, faculty members, coaches, athletes or clinical instructors to the ATP Director immediately.

## Athletic Training Program (ATP): Policy on Disciplinary Actions

The ATP will operate on a “three strikes and you’re out” policy for the enforcement of the policy on professional conduct. If not initiated by the ATP Director, the supervising preceptor will contact the ATP Director in the event disciplinary action is warranted.

1st Offense - will result in a written warning that will be placed in the student’s comprehensive ATP file.

2nd Offense - will result in a second written warning that will be placed in the student’s comprehensive ATP file.

3rd Offense - will result in expulsion letter from the ATP Director.

An offense warranting disciplinary action may be defined, but is not limited to the examples below:

- Violation of the ATP Policy on Professional Conduct
  - For example: Failure to attend a clinical assignment without an approved leave of absence form completed prior to the absence or a valid excusable reason for absence
- Display of unprofessional behavior during a clinical rotation or ATP function.
  - For example: Use of inappropriate language and or behavior during clinical hours.

**Special Note:** The ATP Director reserves the sole authority to expedite the three strikes process to a higher level of action for offenses that warrant such a response under his/her discretion. An offense warranting such action may be defined, but is not limited to the examples below:

- Violations of City, County, State, Federal Laws
  - For example receiving any legal citations that would make the student ineligible for ethical endorsement for the BOC® Exam by the ATP Director
- Violations of any Heidelberg University Academic or Institutional policies
  - For example being found guilty of Academic Dishonesty in any ATR course
  - For example physical or verbal assault of any member of the AT Department or any of its affiliates
- Violations of the OTPTAT Board of Ohio, OATA, GLATA, and/or NATA Code of Ethics

For example displaying behavior deemed as an unprofessional representation and/or reflection on the Athletic Training Profession



## **Athletic Training Program (ATP): Policy on Student Travel Activities**

There are three (2) situations where an athletic training student will travel as a part of the clinical education experience within the ATP (SEE BELOW). In all situations, any Athletic Training Student(s) traveling as representatives of the Heidelberg University Athletic Training Program and Heidelberg University are expected to conduct themselves with the highest level of professionalism. Failure to do so could potentially negatively impact your future status in the ATP and in the profession of Athletic Training. For expectations related to dress code when traveling, student should consult with their supervising Preceptor.

### **1. Supervised Athletic Team Travel Opportunities**

Supervised is defined as traveling off-campus with a Heidelberg University preceptor to an event, practice or competition. All athletic training students are required to participate in supervised travel as a part of the clinical education requirement for the ATP as assigned by the supervising preceptor. The hours accumulated during this type of travel must be a composite portion of the minimum total number of clinical hours (900) required to complete the ATP.

### **2. Academic Related Travel**

Athletic Training students will also occasionally travel with a Heidelberg University Athletic Training Department faculty member to academic conferences and other educational events.

**ALL athletic training students who travel with an athletic team as a partial requirement for a clinical assignment must agree to the following terms:**

1. Athletic Training students must remain with the traveling team and under the supervision of the preceptor at all times.
2. Athletic Training students wishing to leave the supervision of their preceptor or designee must provide written permission/documentation from a parent or guardian.
3. Athletic Training students are not permitted to receive transportation from any individual other than that of a parent or guardian (with written permission) during a University sponsored event.

**Policy Appeals: Students may appeal decisions if they feel they are not being treated fairly.**

**Appeals of decisions should be made in the following order:**

- 1) ATP Director
- 2) Dean of the School of Natural Sciences and Allied Health Sciences
- 3) VPAA
- 4) Academic Policies Committee

**NOTE: Dismissal from the Athletic Training Program does not automatically lead to dismissal from Heidelberg.**

# Other Relevant Athletic Training Student Requirements / Expectations

## **INSERVICES**

The ATP feels that it is important for all students to stay current with the changes that are constantly occurring within the field of athletic training, the Heidelberg Athletic Training Program will invite experts in various fields to come and educate us on the current topics. We will also invite local athletic training programs to come and share information. Senior athletic training students will also be required to make a formal presentation. **Attendance is mandatory.** If an absence does occur, it will be handled in the same manner as a missed rotation and will be dealt with accordingly. The in-services will be scheduled and announced well in advance so as to prevent any conflict with other academic commitments.

## **ATHLETIC TRAINING STUDENT QUALITIES**

As an athletic training student at Heidelberg University, you are expected to possess or gain the following qualities:

1. Dependability: when given an assignment, you can be depended on to fulfill that assignment without being continually reminded.
2. Loyalty: you must be loyal to the athletic department, the coaches, the preceptors, the student-athletes, and to each other. You may not always agree with everything that one of them says or does, but you should never criticize or talk behind their back to anyone.
3. Dedication: you must be dedicated to your job and those with whom you work. You put in many extra hours and get less credit for your work than anyone in the department. Welcome to the world of athletic training.
4. Skill: athletic training involves skill and you should continually be striving to improve your skills of taping, injury evaluation, and injury rehabilitation. Continually ask yourself, "Why am I doing this? How can I do it better?"
5. Maturity: the athletic training student must exhibit maturity and emotional stability at all times. Conflicts with any athlete, coach, or peer will not be tolerated.
6. Confidence: the athletic training student inspires confidence with coaches, athletes and peers by knowing what to do, when to do it, how to do it and doing it properly and effectively.
7. Professionalism: this quality encompasses all others. A professional is constantly working to improve on all skills; respects the confidentiality which is expected by all athletes, supervising athletic trainers, coaches, and peers. If you would like to be treated as a professional, you must first prove you are professional.
8. Leadership: you must be an example of the program to younger students. Take pride in your knowledge and ability and share them with others.

## **ATHLETIC TRAINING STUDENT RELATIONSHIPS WITH OTHERS**

### ***Certified Athletic Training Faculty***

Heidelberg University Certified Athletic Training Faculty are often going to be your immediate supervisors, thus you should follow their directions at all times. You will be responsible to them. Students are encouraged to discuss anything with any certified faculty member at any time. They are also your mentors; learn as much from them as you can.

### ***Team Physician / Health Professionals***

As an athletic training student, you will on occasion have the opportunity to observe and work with the team physicians and other medical specialists associated with our program. You can learn a great deal by watching and listening. At times, you will be able to ask questions, but try not to interfere with their activities. If you are called upon to report to or assist a physician, be certain to give them detailed information and follow their orders explicitly. The team physician is the final authority in all medical matters. Athletic training student are not in a position to refer athletes to the team physician unless it is a medical emergency. Consult with a certified faculty member in all other cases.

### ***Coaches***

Learning to get along with coaches is very important and will make your job much easier. It is also important to realize that you are responsible to communicate with them all aspects of injuries of their athletes. Working cooperatively with them will earn their respect and allow them to communicate with you. Should a coach decide to discuss an injury with a certified faculty member, please do not feel that this is a direct reflection of your abilities. At no time should an athletic training student criticize or argue with a coach. If an athletic training student has a conflict with a coach it should be reported to a faculty athletic trainer. When attending an event never become a cheerleader or second-guess the coach.

### ***Student Athletes***

Earning the respect of the athlete is an important goal to reach and is in turn very gratifying. Treat the athlete with integrity and show professionalism at all times even if it is not reciprocated. Never guess or pretend to know something that you do not. Expressing interest and concern for an athlete's welfare will help gain respect. Treat all athletes the same regardless of their position on the team, race, creed, gender, or sexual orientation. Athletic training room rules and medical policies must be applied equally to all athletes. Enforcement must be uniform and carried out in a firm, but courteous manner. You must draw the line between providing competent/friendly care and fraternization. Socializing will be done on your own time.

#### **GUIDELINES FOR DEALING WITH ATHLETES:**

1. Gain respect through competence.
2. Do not let the athlete indicate what treatment is to be given. Base your actions on your knowledge and through the direction of your supervising preceptor.
3. Do not give special privileges to anyone or become an athlete's buddy.
4. Do not discuss an athlete's injury with another athlete.
5. Do not cover up for an athlete with regard to missed treatments, etc.
6. Avoid estimating how long an athlete will be out of action following an injury.
7. **Keep personal relationships with athletes out of the athletic training room.**

### ***Other Athletic Training Students***

Servicing and caring for the large numbers of athletes involved in the athletic department takes a well-coordinated and efficient effort on everyone's part. This would not be possible without the athletic training student. It is expected then that there will be nothing less than excellent rapport among the athletic training student. Petty arguments will not be tolerated nor will any negative or downgrading actions. Upperclassmen are not to misuse authority and are to take it upon themselves to instruct the underclassmen on a daily basis. Underclassmen should look to the upperclassmen for advice and should freely accept positive criticism.

### ***Student Body/General Public/Pro Scouts/Media***

Many times you will be confronted with questions regarding the health of an athlete. This information is considered confidential and not available to the public. Any information to be released on a student-athlete will be done so by the preceptor. **DO NOT RELEASE INJURY INFORMATION TO ANYONE.**

### ***Equipment managers and athletic personnel***

You will come into contact with a variety of athletic department personnel. They often work long, hard hours in association with athletic events as well. You should try to develop a positive working relationship with these people. This would include any student help they may employ. You will often find that we will be of mutual help to each other.

### **Basic Rules of Conduct:**

1. Always present yourself as a professional.
2. Maintain proper personal hygiene and appropriate dress at all times.
3. Do not become boisterous and loud with the athletes.
4. Do not use vulgar language.
5. Maintain your professional distance and realize that each athlete has their own personal space.
6. Treat coaches and team physicians with respect. Address them as "Coach (name)" and "Dr. (name)", respectively.
7. When answering the phone, please be professional and courteous. Answer it by stating "Heidelberg University Athletic Training Room, \_\_\_\_\_ speaking". Be sure to take a message if the athletic training faculty member is not available. Please note, we are not an answering service for the athletes.

### **Cell Phone Usage**

At no time should an athletic training student use their cell phone during a clinical rotation, including travel, unless it is a medical emergency. If at any time a student is discovered to be using their phone during their assignment they will be asked to leave for the day and it will count as a missed assignment.

## **ATS Dress Code**

Appearance is vital to the development of confidence and respect from the student athletes and their coaches. Take pride in yourself and show your professionalism by dressing appropriately. The preceptor will deem what dress is appropriate. Each student is to adhere to the dress code. The following guidelines must be met:

1. Athletic training students shall keep themselves as hygienically clean as possible, to prevent the spreading of pathogenic bacteria to athletes.
2. While on duty and working in the athletic training room, the athletic training student shall wear either khaki shorts (of an appropriate length) or pants and a Heidelberg Athletic Training polo.
3. Appropriate outer clothing is to be worn when outside during inclement weather.
4. The athletic training student shall wear the attire specified by the supervising preceptor during clinical assignments and when traveling with any team.
5. The following attire will not be permitted in the athletic training room or at practices:
  - cut-off shorts
  - jeans
  - sandals or other open toed shoes
  - sweat pants
  - any torn clothing
  - dirty sneakers
  - skirts above the knee
  - t-shirts
  - tank tops
  - midriff shirts
  - any shirt that cannot be fully tucked into pants/shorts
  - anything else the certified faculty deems inappropriate
6. The athletic training student who fails to wear proper attire will be asked to return home to change into proper attire and they will be considered late for their clinical assignment.
7. Outdoor athletic events:
  - Heidelberg Hats are acceptable for practices/games.
  - Khakis and Heidelberg Athletic Training Polos are required for all games and practices.
  - Shorts are to be an appropriate length (mid thigh at minimum) and no gym shorts are to be worn.

### Indoor events:

Dress professionally for all games. For example: shirt and tie, dress pants, khakis, dress shirts and sweaters. Indoor attire may vary based on the clinical setting and assignment.

## **ALCOHOL, DRUG, and TOBACCO POLICY**

You are a health care professional and the athletes look to you to set a good example. We expect you to conduct yourselves in a manner that will not be an embarrassment to the athletic training program. Failure to do so will result in disciplinary action. The following rules must be followed:

1. There will be no consumption of alcoholic beverages or use of tobacco products or drugs while on an away trip with a Heidelberg University athletic team, even if the athletic training student is over 21.
2. You may not consume alcoholic beverages, use of tobacco products or drugs in public while wearing athletic training attire.
3. Consuming of alcohol prior to an event, home or away, will not be tolerated. This profession requires you to be alert and aware of the athletes and the surroundings.
4. Disciplinary action will also be taken if an athletic training student shows up to clinical duties under the influence or if they are unable to function due to a previous drinking episode.

*Any violation of Heidelberg University's drinking policy may result in disciplinary action.*

## **ATP Related Fees**

Initiating and continuing enrollment in the ATP requires the student to pay for a number of program-specific fees, appropriate clinical attire as indicated by the ATP, professional dues and memberships (seniors only), travel to and from clinical sites and off campus events associated with the ATP, and other associated expenses which typically total \$500 or more over the duration of the program. Students are advised to budget accordingly.

## **Basic Athletic Training Student Responsibilities (traditional)**

While specific duties and responsibilities will vary with each athletic training student according to his/her experience and capabilities, certain general responsibilities of all athletic training students are outlined. You will be held responsible for knowing your duties and for performing them to the best of your ability. In general, you will be expected to:

1. **Be on time!** Not only are others on the athletic training faculty counting on you, the athletes you are assisting in the care of will depend on you to be there on time.
2. Learn the correct and effective application of all taping, bandaging, padding, etc. It is important that all athletic training students apply taping in a similar manner and with a certain degree of proficiency.
3. Learn the correct application of therapeutic modality equipment and the precautions involved. There will be a few restrictions on your use of certain equipment. Sophomore level students will not be allowed to use any electrical modalities. Do not use a piece of equipment until given permission to do so by your preceptor.
4. Under the direction of your preceptor, familiarize yourself with proper first aid procedures and emergency care.
5. Familiarize yourself with general athletic training room policies, procedures, and the emergency action plan for all facilities.
6. Familiarize yourself with daily and sanitary cleaning duties and contribute your share. A clean athletic training room is the responsibility of ALL athletic training room personnel. Never be satisfied with an unclean and untidy athletic training room.
7. Refer all significant athletic injuries to the supervising preceptor. This is essential! With experience, you will learn what injuries need referral and what injuries you will be able to handle yourself. If in doubt, take the necessary precautions and refer the athlete.
8. Regardless of assignment, athletic training students are expected to assist any athlete needing attention. The athlete's team preceptor will be notified of the disposition of the athlete.
9. You are responsible for knowing about faculty meetings, dates, times, and location. These will be sent by email and/or posted in the athletic training room.
10. Familiarize yourself with event procedures and carry out your duties with efficiency.
11. When traveling with an athletic team, be professional. Remember, you will create the "Heidelberg" ATP program image. Host athletic trainers and area residents will judge your appearance and actions, so give them a TOP example.
12. Familiarize yourself with all athletic training room policies and procedures and enforce them to the best of your ability.

13. Assist the supervising preceptor with administrative duties such as, but not limited to, documentation filing, obtaining and recording pre-season information, SOAP notes, evaluations, and cleaning.
14. Maintain a professional attitude at all times when representing Heidelberg University.
15. Maintain the status and function of the athletic training room at all times.
16. Be responsible for duties and assignments by completing them, by notifying your supervising athletic trainer when you will be absent, and arranging for coverage of your assignment when you are absent.
17. Respect the right of confidentiality of athletes and the athletic department. REMEMBER: WHAT YOU SEE HERE, DO HERE, HEAR HERE, STAYS HERE.
18. Make your best effort to cooperate in the entire athletic training education program and services.
19. Use the proper channels for questions and procedural advice.
20. Keep current with athletic training room functions and actively seek improvement in the program.
21. All medical records are to remain confidential. No medical information is to be released to anyone by an athletic training student, with the exception of a coach requesting information.
22. Medical files are not to be removed from the athletic training room.
23. Keep medical records updated.
24. All efforts should be made to conserve athletic training supplies.
25. All reusable equipment must be signed out by the athlete for whom they are intended and returned when no longer needed. This includes ace bandages, sleeves, crutches, etc.

### **ATHLETIC TRAINING ROOM ASSIGNMENT / DUTIES (traditional)**

Each athletic training student will be required to supervise the daily operations of the athletic training room. This will prove to be a valuable learning experience and you should treat it as such. Use this time to sharpen your skills. AT NO TIME WILL AN ATHLETIC TRAINING STUDENT BE ALLOWED TO LAY ON THE EXAM TABLES DURING THEIR ATHLETIC TRAINING ROOM HOURS. During your athletic training room hours, the following procedures should be followed:

#### **Morning/Opening**

1. Clean and fill the warm and cold whirlpools.
2. Clean tables with germicidal cleaner.
3. Make sure there are clean towels and wraps.
4. Take dirty towels to the equipment room to be washed.
5. Stock taping tables with proper supplies.



6. Stock, Band-Aids, Q-tips, tongue depressors, and other disposable items.
7. Fill ice cups.
8. Prepare treatment log sheet.
9. Fill ultrasound and lotion bottles.
10. Assist with treatments and rehabs as assigned.

#### Evening/Closing

1. Take dirty towels, pillowcases, and wraps to the equipment room.
2. Empty and clean the hot and cold whirlpools.
3. Pick up loose items and put in proper place.
4. Clean tables with germicidal cleaner.
5. Turn off TV in TR and Rehab room.
6. Turn off all lights and lock the athletic training room and rehab room.
7. Make sure the gator(s) is put away and the key is in the office.
8. Clean coolers when they are returned to the athletic training room.
9. Store kits, coolers, and equipment in appropriate places.

*\*\*Look at check-off sheet and make sure everything is checked off.\*\**

#### **THERAPUETIC MODALITY USE**

The purpose of using a modality on an injury is to help create an optimal environment for healing to take place. In order to create this optimal environment the correct modality must be used in the correct manner. Before using a modality on an athlete, you should know how it will benefit the athlete and have successfully completed the appropriate coursework. If you do not know, find out. If you are unsure of how to use or set up an electrical modality, do not try to figure it out. The machines are not toys and can be very dangerous if not used properly. At no time should an athlete ever apply his/her own modality or should a modality be applied without permission from a preceptor.

**IMPORTANT: No athlete is to receive an electrical modality treatment unless it has been approved by the Certified Faculty. Only junior and senior athletic training students that have completed the appropriate coursework are permitted to apply electrical modality treatments under the supervision of a preceptor.**

All equipment used for rehabilitation or therapeutic effect must meet manufacturer's safety guidelines before use. Equipment must be calibrated by an approved provider on an annual basis and maintained for safety. Any equipment deemed inappropriate shall be decommissioned and stored away from patients. This policy must be followed by all approved clinical sites.

# **Heidelberg Athletic Training Services**

## **Role Delineation**

## **HEIDELBERG ATHLETIC TRAINING SERVICES FACULTY ROLE DELINEATION**

The sports medicine faculty shall consist of the Head Team Physician, Health Center Physician(s) and staff, ATR Chair / ATP Director, Certified Athletic Trainers, and athletic training students.

Medical care for the student athlete will be coordinated, primarily, by the Head Team Physician and Certified Athletic Trainers assigned to specific sports. The ATP Program Director and Certified Athletic Trainers work under the direction of the Head Team Physician, Health Center Physicians, and any other related medical physician specialist.

Preceptors are responsible for the supervision of the athletic training students in all clinical rotations.

### **ATP Director & Chair of Athletic Training Department**

ATR Chair/ ATP Director: Responsible for the administration and enforcement of all academic and clinical policies and procedures, as well as providing continued development and promotion of the Athletic Training Program and Clinical Athletic Training Services providing as a part of the overall Sports Medicine Program. This includes, but is not limited to, the CAATE standards and NCAA rules and regulations.

### **Clinical Education Coordinator**

The CEC will reports to the ATP Director. The CEC is responsible for the administration of the clinical education component of the ATP. The CEC will work closely with the ATP via on-site supervision of athletic training students to ensure compliance with all CAATE standards involving the clinical education requirements of the ATP.

### **Director of Athletic Training Services**

The Director of Athletic Training Services will work and report to the ATP Director. The Director is responsible for the organization and administration of the Clinical Athletic Training Services provided to the student athletes of the University. The Director will ensure compliance will all allied-health care rules and regulations relevant to a medical facility while providing an environment conducive to student interaction and learning.

### **Faculty Athletic Trainers**

The Faculty Athletic Trainers serve as the certified athletic trainers for all intercollegiate teams. They are responsible for the prevention, care and rehabilitation of athletic injuries, as well as assisting in the clinical supervision of athletic training students and the teaching of related courses.

### **Level 3 Athletic Training Student**

The senior ATS are the upperclassmen who have proven themselves in all the areas of athletic training: injury evaluation, record keeping, taping, first aid techniques, and rehabilitation of the injured athlete. It is the intention of the ATP that the senior athletic training student be given responsibilities for the athletic training supervision of various sports during their senior year. During this period of assignment, to be made by the certified faculty, the senior shall be directly responsible to the supervising preceptor. As the athletic training student responsible for a selected training facility, they will carry out all the duties so assigned. The senior will serve as spokesmen

for the athletic training students and should be available to them should they need their assistance.

As upperclassmen, they shall assume the following responsibilities:

1. Assist the clinical educational program for the underclassmen.
2. Assist the supervising preceptor.
3. Supervise the underclass athletic training students.
4. Continue their educational processes as they apply to athletic training.

### **Level 2 Athletic Training Students**

It is during this year that the junior students will be given the opportunity to polish their skills and work toward attaining the recognition of the athletic faculty. Every attempt will be made on the part of the athletic training faculty to assign the junior athletic training students as much responsibility as possible. During this year of supervision, the athletic training student will be exposed to as many clinical rotations as possible in order to better prepare them for their senior assignments. For the most part, the junior ATS will be assigned to several athletic training areas and thus will be directly responsible to several different supervisors. In addition they will:

1. Continue to improve their skill in all areas of athletic training.
2. Assist in the instruction of apprentice athletic training students.
3. Carry out those duties and responsibilities as assigned to them by their superior.

### **Level 1 Athletic Training Students**

The sophomore ATS has successfully passed through the observation level and is now ready to take an active part in the athletic training education program. During this year of continual growth in the knowledge of athletic training, the responsibilities and duties will be more complex than at any other time, for at one time, he/she will assume the duties of an apprentice ATS and in the next moment he/she will be expected to conduct him/herself as a senior ATS.

The prime objective for the sophomore athletic training student during this year will be to gain self-confidence and the recognition of both the coaches and the student-athletes, for their athletic training success in the coming years will depend on how well they relate to the coaches and the student-athletes.

During this year, the sophomore ATS will be given ample opportunity to improve their athletic training skills as well as develop a working knowledge in the areas of record keeping, injury evaluation, and therapy proficiency. Additional responsibility in the area of administration will be open to the sophomore ATS as the year progresses. Clinical assignments made during this year will include all areas and include as many sports as possible. The sophomore student will be exposed to as many different experiences as well as increase their skill level. As a first year ATS, the sophomore will be required to assume those duties in area that will free their superior to pursue those duties assigned to them. The sophomore ATS shall:

1. Continue to improve their athletic training knowledge and skill level.
2. Assist in the maintaining of their assigned area.
3. Utilize educational opportunities open to them.
4. In the absence of the observation student, assume the responsibilities normally assigned to them.
5. Assist the junior athletic training student in the instruction of the first year apprentice athletic training student.

### **Observation Level Athletic Training Students**

The first year at Heidelberg will serve as an observation year.

As an observation student, the student's role will be threefold. First, he or she is a student at Heidelberg University and, as such, they must maintain a satisfactory grade level. At no time should their work in the athletic training room interfere with their academic achievements. Secondly, they will assume those duties that will free the upperclassmen to fulfill their responsibilities. It is in this area of responsibility that their main concern will be to maintain the cleanliness of the athletic training areas and maintain the supplies as determined by the sport served. In addition, they will be assigned those duties, however small they may seem, that insures the success of the total program. Lastly, they will be responsible to "learn" the Heidelberg philosophy as well as maintain the uniformity in athletic training skills. In the last area, the observation students will be given sufficient time to practice the skills through assignments with various athletic teams.

## **Practice and Game Coverage Protocol**

## **DESIGNATED TREATMENT HOURS**

When referring an athlete to the athletic training room for treatment, please inform them of the designated treatment hours.

The designated treatment hours are posted outside the athletic training room and are as follows:

Monday-Friday      8:30am-11:30pm  
                                 1:00pm-6:00pm  
                                 and up to an hour after the last practice  
                                 (May change to designate hours for class)

Saturday-Sunday      By appointment only

## **SPORTS PRACTICE COVERAGE PROTOCOL**

The athletic team's practices and games serve as a laboratory practicum for the athletic training major. According to the BOC certification requirements, all students must have adequate opportunity for observation and involvement with a variety of sports. The placement of athletic training students with team sports is determined by the certified athletic training faculty only.

The following is a list of general minimum duties required for adequate sports coverage. Requirements may vary with each sport. Check with your preceptor to determine what may be specific to your assignment.

1. No athlete will be permitted to participate without a completed physical form signed by a physician, an updated medical history from, correct insurance and emergency information, and a signed liability waiver.
2. Arrive before the athletes do. General rule of thumb: 45-60 minutes prior to practice time or as specified by your Preceptor.
3. Make sure the athletic training kit is fully stocked with the appropriate supplies and is neat and orderly. Do this daily.
4. Fill water containers and ice chest adequately for practice to keep the athletes hydrated. Gauge the amount needed by checking the weather forecast and practice plans. Place the water in a location so to allow easy access but not to interfere with practice.
5. Apply all wraps, bandages, protective taping, etc. that you are qualified to apply.
6. Do not permit crowding at the tables. If an athlete has received his/her treatment, ask them to please make room for the other athletes and wait in the hallway. Athletes not needing treatment have no business in the athletic training room and should be asked to leave.
7. Treat in-season athletes first. In-season athletes will be treated on a first come, first served basis.
8. If practice is beginning and your athletes have not left the athletic training room, at least one member of the team's athletic training faculty should cover practice and one should stay with the athlete. **Never leave an athlete unattended in the athletic training room.**

9. Each athletic training student should have emergency care supplies such as Band-Aids gauze pads, rubber gloves, tape, scissors, and antiseptic with them at all times.
10. Take all necessary equipment/supplies to the practice site. Valuable time can be saved if needed equipment is on hand.
11. While at practice, YOU MUST AT ALL TIMES WATCH THE ATHLETES. If the team is spread out over a number of areas, divide the faculty and cover each area.
12. It is expected that you will provide immediate and adequate care to an injured athlete while on the field. However, do not use shortcuts. If splints or crutches are needed, do not move the athlete until these things are in place. Do not allow the pressure from a coach or the injured player to supersede your good judgment.
13. An emergency action plan must be developed for your practice site. This should include things such as: the location of the nearest phone, the procedure for summoning an ambulance, who will call for help, who will unlock gates and doors, etc. Each member of the sports medicine team must know his or her role(s) in the event of an emergency.
14. Following practice, all equipment should be brought back to the athletic training room. The water coolers should be cleaned out with a germicidal cleaner and placed on the drying rack.
15. Do not permit any athlete to receive post-practice treatment unless he/she has showered.
16. **ALL** injury reports must be completed before leaving the athletic training room for the day. It is best to create a record of the injury while it is fresh in your mind. **DO NOT PROCRASTINATE.**
17. In order to make use of our limited space, treatments must be scheduled during the designated treatment hours. A concise injury report, complete with the initial impression, treatment to be given, settings on modalities, reps/sets, etc., must be in the athlete's medical file.
18. The athlete must sign out any reusable equipment issued (crutches, ace wraps, sleeves, etc...). Instruct the athlete that they must be returned as soon as they are no longer needed or the athlete will be responsible for monetary reimbursement of the equipment.
19. If you are the last to leave for the day, make sure the whirlpools are emptied and cleaned, the floor has been swept, the gator(s) has been put away, and all doors, including the office, have been locked.
20. If an athlete is referred to Stoner Health Center, a referral form signed by the preceptor must accompany the athlete or a form faxed before their arrival.



## **HOME GAME PROTOCOL**

The following procedures should be followed when hosting a visiting team.

### **Pre-game\***

*\*Athletes are to be in the athletic training room no later than 30 minutes before they are to take the field or floor for warm-up unless otherwise specified by the supervising preceptor.*

1. Apply hot packs, ultrasound and other modalities to athletes when indicated.
2. Do not allow visiting athletic training student to use electrical modalities without a written script from a preceptor or a physician.
3. Tape and wrap the athletes.
4. Fill two (2) water coolers with ice water for each of the benches. Provide cups if needed.
5. Fill two (2) ice chests with filled but untied ice bags and loose ice, one for each bench.
6. Prepare medical kit.
7. Take to the field or court: vacuum splints, crutches, biohazard bag, towels.
8. Introduce yourself to the visiting athletic trainer and ask him/her if anything special is needed. They are our guest, treat them with respect and be a gracious host.
9. If a team is traveling without an athletic trainer, introduce yourself to a coach, preferably an assistant coach. Offer them the services of a Heidelberg athletic training student. Ask them if they need anything special at their bench or after the game.
10. Prior to the start of the game, designate an athletic training student who will be responsible for going out on the field/floor in the event of an injury. One athletic training student should be on the field/floor unless otherwise needed. The other athletic training student(s) should be ready to bring onto the field/floor any necessary items from the bench or medical kit.

### **Post Game**

1. Ask the visiting athletic trainer or coach if they need anything special.
2. Clean up bench area.
3. Evaluate and treat athletes when needed.
4. If an athlete is in need of a treatment or a re-evaluation the next day, inform them of the designated treatment hours.
5. Make sure all athletes have been attended to before leaving for the evening.
6. Fill out injury report forms before leaving.

7. Straighten up athletic training room and make sure doors are locked before leaving.

### **ATHLETIC TRAINING KITS**

Your athletic training kit should contain anything that you may possibly need for a practice or a game. To make it easier for the student and certified trainers to locate items in the medical kits, they will all be stocked in a uniform manner.

Each kit should contain:

- |                               |                                 |  |
|-------------------------------|---------------------------------|--|
| -white tape                   | -rubber gloves                  | -throat lozenges                       |
| -elastic wraps                | -scissors                       | -eye wash                              |
| -pre-wrap                     | -tongue depressors              | -second skin                           |
| -heel and lace pads           | -blood pressure cuff            | -ace bandages (single & double length) |
| -tuf-skin                     | -stethoscope                    | -Skin lube                             |
| -band-aids                    | -ice bags                       | -steri-strips                          |
| -sterile gauze pads (wrapped) | -alumafoam finger splints       | -emergency medical cards               |
| -clean gauze pads (loose)     | -assorted padding               |  |
| -telfa pads                   | -shark tape cutter              |  |
| -Bracing                      | -Sam splint                     |  |
| -scalpel blade                | -hydrogen peroxide              |  |
| -fingernail clippers          | -saline solution / contact case |  |
| -sling                        | -cotton applicators             |  |



### **GATOR USAGE**

The use of the Gator is for transporting equipment and mildly injured athletes to and from the practice fields. The following guidelines must be followed when using the Gator:

1. Only two people maximum are to ride on the Gator at any given time.
2. When driving the Gator on the street, follow all traffic rules. Note that it is illegal to drive the Gator on any sidewalk.
3. The Gator does not have four-wheel drive. Please try to avoid rough terrain whenever possible.
4. The Gator does not have anti-lock brakes. It will not stop on a dime so maintain an adequate stopping distance.
5. The Gator is to be used by the sport that is the farthest distance from the athletic training room.
6. Make sure there is enough gas each day. If something is wrong or broken with either Gator report it immediately to your preceptor.

**THE USE OF THE GATOR IS A PRIVILEGE NOT A RIGHT. YOUR DRIVING PRIVILEGES CAN BE REVOKED AT ANY TIME FOR FAILURE TO FOLLOW THE RULES.**

# **Athletic Training Forms and Documentation**

### **Pre-season Physicals, Medical History/Insurance Forms**

Each athlete must have a pre-season physical before setting foot on the practice field. Under no circumstances are you to allow an athlete to practice without physically having their physical form. All physical forms should be submitted to Stoner Health Center prior to the practice start date. A complete medical history/insurance form should also accompany the physical. Copies of physical and medical history/insurance forms should be kept in athlete's individual file, with the originals at Stoner Health Center. Old forms should be kept in file and placed with the most recent on top.

### **Emergency Travel Forms**

The Emergency travel forms are to be carried with the medical kit and is used in the event of an emergency when the team is away from Heidelberg University. It asks for all pertinent information that will be needed by a hospital emergency room. Athletic Training Students should make sure they are printed off from ATS before the first practice. Athletic Training Students should also have emergency information filled and placed in the kit. Make sure it is completed before the team travels on its first trip.

### **Acceptance of Risk/Medical Authorization Form**

Each athlete must sign this form, which explains the potential risks while participating in athletic events. The form also gives permission to the Heidelberg Team Physicians and Athletic Training Faculty to provide health care treatment in case an injury occurs during practice or games

## **Heidelberg University Athletic Training Department: Documentation Protocol**

### **What is documentation?**

Any entries into the client record such as: consultation report, initial evaluation report, progress note, or flow sheet list that identifies the care / services provided.

### **Why is documentation necessary?**

1. Legalities
  - a. Well kept, detailed medical records are the best defense an athletic trainer has in cases of malpractice.
2. Record of progress
  - a. Provides means for the athletic trainer to follow the progress of patient's rehabilitation and treatments.
  - b. Allows the athlete, and other medical professionals (should referral be needed) to see objective improvements
  - c. For long term treatments, allows athletic trainers to chart long and short term goals to measure treatment effectiveness
  - d. Allows for continuity of care between clinicians

### **Typical Types of Documentation**

- a. Initial evaluations
- b. Progress notes
- c. Referral notes
- d. Clearance

- a. Medical history
- b. Health insurance
- c. Physical exams
- d. Assumption of risk
- e. HIPPA forms
- f. Drug screening
- g. Clearance to treat (under 18)

### **Writing in a Medical Record**

- a. Accuracy
  - 1. Never falsify or write something you did not do or are not legally able to do
  - 2. Do not exaggerate
  - 3. Use correct grammar including spelling
- b. Brevity
  - 1. Use appropriate abbreviations and be concise
- c. Clarity
  - 1. Write as if it is always being reviewed, should be minor glaring differences from supervisor note
  - 2. Avoid shift in tense, vague terms, & write legibly
- d. Errors
  - 1. Put a single line through errors made and initial
- e. Referring to Self
  - 1. Avoid, always state information in terms of the patient
- f. Blank Lines
  - 1. Avoid, place a single line through to end the line to avoid fabrication
- g. Signing
  - 1. Sign on a blank line (clearly with credentials)
- h. Consistency (daily)

### **Clearing up the confusion of.....What goes where?**

#### **Subjective**

Information in this area is taken from the patient, family, and/or friends of the patient. The subjective includes information **relevant** to the history of the past & present conditions including congenital or genetic, obtained through a series of specific questions (Who, What, Where, When, Why, How....).

Personal data (age, gender, activity)

HPI (acute vs chronic)

Mechanism

Chief complaint

PMH (Precautions will develop from this information, surgeries, disease, test results, imaging)

Pain (including location and intensity)

Symptoms (including location and intensity)

Sounds and Sensations (pop, numbness)

Treatments rendered

Medication

Improvements / Deficits (better/worse)

Activity (equipment for, tolerance for, changes in)

#### **Objective**

Information which is verifiable by instrumentation, scientific testing, or is clearly observable (progress, regression, and goal attainment). This serves as comparative data in the future when the patient's progress is monitored and reassessed to determine future treatments or discontinuance.

Includes everything you can see, hear, feel, touch and measure.

Vital Signs (pulse, blood pressure, breathing, LOC)

Inspection (Posture, Swelling, Ecchymosis, Girth)

Palpation of anatomical Structures

Joint Range of Motion (AROM, PROM, RROM)

Neurological (dermatomes, myotomes, reflexes)

Circulation (distal and proximal)

Special Tests (to be learned....used to both rule out and identify conditions)

Functional Testing (ADL's, Activity specific tasks in natural progression to determine RTP)

### **Assessment**

Injury Assessment(s), including related condition(s).

Specific deficits found in objective highlighted here.

Short Term Goals – most easily attainable objective deficits and measure of improvement

Long Term Goals – most difficult goals to be obtained and outline of specific progression based on clinical finding and research

Clinician's daily thoughts concerning tolerance and progression

### **Plan**

Includes daily treatment specifics including exercises, measurements, modalities, pre & post activity treatments.

Frequency of treatment

Outline of next treatment based on scientific principles (continuance or change)

Physician appointments and referrals if needed

Home exercise program

RTP guidelines (no dates) within the flexible confines of a physician protocol where available

**Sign indicating that you are an ATS & Date, have co-signed by your supervising Preceptor.**

## Example of acceptable SOAP Notes

### Initial Evaluation

**S:** 18 y/o collegiate basketball player c MD Dx of R hip adductor muscle strain (grade II). Athlete states he was involved in a basketball game 4 days ago when he felt a "pull" in the R medial upper leg while pivoting and jumping off R leg during the last play of the game on 10/22/08. (A) reports soreness and tightness when sat down after the game. Pain is rated at 6/10 at rest and 8/10 c activity. (A) reports being unable to walk normally s pain following injury, but could walk "a little better a few days later". Today (A) is unable to run and jump s pain, but is able to job lightly c minimal pain. Ice applied q8h since injury. No X-rays or other imaging taken. Currently taking IBU 400mg tid for inflammation. NKA. No previous history of injury to area; (A) wants to RTP ASAP.---

-----

-----

**O:** Inspection reveals not swelling discoloration or deformity over affected area. Palpation reveals point tenderness and muscle spasm (tightness associated with pain) in proximal medial upper R thigh region. Lumbopelvic rhythm (B) WNL. AROM reveals deficits in Hip Flexion (supine c knee bent) (R) 100° (L) 130°, Hip Adduction (R) 20° (L) 30°. RROM (MMT) reveals deficits in Hip Adduction (R) 3+/5 (L) 5/5. No deficit in DTR, circulation or sensation B. Special Testing reveals (+) FABER's (groin pain), (+) Gaenslen's (groin pain), (+) Hip Scouring (groin pain).-----

----

-----

**A:** Grade II Hip Adductor Strain (adductor magnus)-----

-----

Good rehabilitation potential. STGs include: ↓ pain rating c activity to 5/10, ↑ (R) hip adduction strength to 3+/ 5 s pain, perform adduction (side-lying) SLR 5X pain free in 1 week. LTGs include: ↑ LE strength to 5/5 c minimal to no pain, AROM B WNL, pain free motion with activity specific skills, return to ADLs.-----

-----

-----

**P:** Current TX includes: MHP c IFC (80-150) for 15' to affected area of pain and gentle stretching as tolerated, Hip Adductor wrapping for ADL's and light activity. Continue current TX daily, re-check AROM & RROM daily, recheck Special Testing in one week. F/U with MD as needed, continue treatment progression until minimal or pain-free RTP is attainable. Add stretching to hip flexors, extensors, and abductors. Add light cuff weights to ankle for SLR as tolerated in both side-lying and standing. Continue to use ICE and OTC IBU post activity as needed.-----

-----

Signature -----



**Follow-up SOAP Note (Progress Note)**

**S:** (A) reports continued soreness in ® hip adductor region that has improved. (A) states that he is able to perform active hip adduction but pain is increased when performed during lateral shuffling. Pain is rated at 4/10 at rest and 6/10 č activity. Patient has continued to use ICE and IBU.-----  
-----  
-----

**O:** Slight discoloration in ® hip adductor region. Point tenderness present on palpation of central portion of adductor magnus muscle. AROM reveals B equal ROM in ® hip flexion and adduction č some pain at end points. RROM (MMT) reveals Hip Flexion (supine č knee bent) (R) 4+/5 (L) 5/5, Hip Adduction (R) 4/5 (L) 5/5.-----  
-----  
-----

**A:** Grade II Hip Adductor Strain (adductor magnus)-----  
-----

(A) has tolerated TX fair today. Able to perform side-lying and standing hip adduction š in s/s. All STGs met except of painfree jumping and running. New STG: increase hip adductor and flexor strength to eliminate deficits, decrease pain reports at rest to 2/10, perform 25 side-lying hip adduction exercises.-----  
-----  
-----

**P:** Current TX includes: MHP IFC (80-150) for 15' to affected area of pain and moderate stretching as tolerated, Hip Adductor wrapping for light activity only. Continue current TX progression for remainder of week then D/C IFC. Add standing Theraband adduction and flexion exercises X 10 on next visit if no regression is found. Add walking drills including Carioka, lateral shuffle, backwards walking, build-ups, high-knee, & butt-kicks on the track during practice for 100 meters each. See attached flow-sheet for progression of current exercises. ICE post.-----  
-----  
-----

----- Signature -----  
-----

## Heidelberg University Athletic Training Department: Accepted Medical Terminology Abbreviations

A:	Assessment	ECG/EKG	Electrocardiogram
(A)	Athlete	EEG	Electroencephalogram
a	before	EMG	Electromyogram
AAROM	Active assisted range of motion	ER	Emergency room
abd	Abduction	ES	Electrical stimulation
ac	Before meals	FBS	Fasting blood sugar
ac joint	Acromioclavicular joint	FH	Family history
ACL	Anterior cruciate ligament	FROM	Full range of motion
add	Adduction	ft	Foot, feet
ADL	Activities of daily living	F/U	Follow up
ad lib	At discretion	FWB	Full weight bearing
AE	Above elbow	Fx	Fracture
AFO	Ankle foot orthosis	GI	Gastrointestinal
AIIS	Anterior inferior iliac spine	h, hr	Hour
AK	Above knee	HEENT	Head, eyes, ear, nose & throat
abm	Ambulation	Hb	Hemoglobin
AMA	Against medical advice	HIV	Human immunodeficiency virus
ant	Anterior	HNP	Herniated nucleus propodus
AP	Anterior-posterior	h/o	History of
AROM	Active range of motion	HOPS	History, observation, palpation, special tests
ASA	Aspirin	HR	Heart rate
ASIS	Anterior superior iliac spine	hs	At bedtime
AT	Athletic Trainer	ht	Height
B	Bilateral	Hx	History
BE	Below elbow	IBU	Ibuprofen
bid	Twice a day	ICU	Intensive care unit
BK	Below knee	IFC/IFES	Interferential electrical stimulation
BM	Bowel movement	IM	Intramuscular
BMI	Body mass index	IP	Interphalangeal
BP	Blood pressure	ITB	Iliotibial band
bpm	Beats per minute	IV	intravenous
č	With	Jt	Joint
CC	Chief complaint	(L)	Left
CHD	Coronary heart disease	LBP	Low back pain
CNS	Central nervous system	LCL	Lateral collateral ligament
c/o	Complains of	LE	Lower extremity
Cont.	Continue	LLQ	Lower left quadrant
CP	Cerebral palsy	LOC	Level/Loss of consciousness
CPR	Cardiopulmonary Resuscitation	LTG	Long term goal
CSF	Cerebrospinal fluid	MCL	Medial collateral ligament
CV	Cardiovascular	MCP	Metacarpal phalangeal joint
CVD	Cardiovascular disease	MD	Medical doctor

D/C	Discharge	Meds	Medications
DIP	Distal interphalangeal joint	MENS	Musculoskeletal electrical nerve stimulation
DO	Doctor of osteopathy	MI	Myocardial infarction
DTR	Deep tendon reflex	Min	Minute
DVT	Deep vein thrombosis	MMR	Measles, mumps, rubella
Dx	diagnosis	MMT	Manual muscle test
MS	Multiple sclerosis	(R) / ®	Right
MSDS	Material safety data sheet	RICES	Rest ice compression elevation stabilization
MTP	Metatarsal phalangeal joint	R/O	Rule out
( - )	Negative	ROM	Range of motion
NKA	No known allergies	SITS	Supraspinatus, infraspinatus, teres minor, subscapularis muscles (rotator cuff)
NMES	Neuromuscular electrical stimulation	SLR	Straight leg raise
NPO	Nothing by mouth	SOAP	Subjective, objective, assessment, plan
NSAID	Non-steroidal anti-inflammatory drug	SOB	Shortness of breath
NWB	Non weight bearing	SP	Status post
O:	Objective	STG	Short term goal
od	Once daily	Sx	Symptoms
OR	Operating room	TENS	Transcutaneous electrical nerve stimulation
ORIF	Open reduction internal fixation	TFL	Tensor fascia lata
OSHA	Occupational safety and health administration	THR	Total hip replacement
oz	Ounce	tid	Three times daily
p	After	TKR	Total knee replacement
P:	Plan	TMJ	Temporomandibular joint
PA	Posterior-anterior	t.o.	Telephone orders
pc	After meals	TPR	Temperature, pulse respiration
PCL	Posterior cruciate ligament	Tx	Traction
per	By / through	TX	treatment
PERRLA	Pupils equal round reactive to light and accommodating	UE	Upper extremity
P.H.	Past history	URI	Upper respiratory infection
PIP	Proximal interphalangeal joint	US	ultrasound
PNF	Proprioceptive neuromuscular facilitation	UTI	Urinary tract infection
po	By mouth	v.o.	Verbal orders
( + )	Positive	w/c	Wheelchair
post-op	After surgery	w/cm^2	Watts per centimeter squared
PRE	Progressive resistive exercise	WP	Whirlpool (warm or cold = WWP or CWP)

pre-op	Before surgery	WNL	Within normal limitation
prn	As needed, whenever necessary	wt	Weight
PROM	Passive range of motion	x	Number of times performed
PSIS	Posterior superior iliac spine	~	Approximately
PT	Physical therapy	1°	First, Primary, first degree
Pt	Patient	2°	Second, Secondary, second degree
PWB	Partial weight bearing	'	Feet, minutes
Px	Prognosis	"	Inches, seconds
q	Every	↑	Increase
qd	Every day	↓	Decrease
qh	Every hour	%	Percent / percentage
q4h	Every four hours	>	Greater than
qid	Four times a day	<	Less than
qn/qhs	Every night		
qod	Every other day		
RROM	Resisted range of motion		
RUQ	Right upper quadrant		
Rx	Prescription		
š	Without		
S:	Subjective		
SC joint	Sternoclavicular joint		
SI	Sacroiliac		

### Initial Injury Reports

All injuries must be documented in the Athletic Training System (ATS) software. The software contains areas to create injuries and add SOAP notes. Your Preceptor should be able to answer any questions regarding the software. Information that should be included in an **initial injury SOAP note** as outlined in the documentation protocol above.

Each injury report must be dated and signed (with credentials) by the athletic trainer who has performed the initial assessment. Each injury report must be signed by a preceptor.

### Progress Reports

Each time an athlete receives a treatment for an injury, he/she must be re-evaluated for changes in the status of the injury. This will allow the faculty to make the necessary adjustments to their treatment, facilitating the healing process. We must have a record of the status of the injury as well as any changes made. Progress notes should be documented in ATS.

Each progress report must be dated and signed by the athletic trainer administering the treatment.

**ALL INJURY AND PROGRESS REPORTS MUST BE COMPLETED BEFORE LEAVING THE ATHLETIC TRAINING ROOM FOR THE DAY.**

**Daily Treatment Log**

Each treatment given in the athletic training room must be recorded in the daily treatment log by the athletic training faculty. Each athlete must be entered into the treatment log **before** receiving treatment. The students need to make sure all athletes sign in before receiving treatment.

**Doctor's Report**

With each athlete referral to Stoner Health Center, a copy of the initial injury report must be printed out from ATS and added to their file for review. The visit will need to be recorded on a special form.

**Discontinuation of treatment/Discontinue participation**

Once a treatment is fully completed, the injury should be closed out in ATS. All paper documentation needs to be stored in their file.

If an athlete discontinues participation or graduated from Heidelberg, their file must be kept for 7 years. These files are sent over to Stoner Health Center to be stored.

**Leave of Absence Request Form**

If you need to take a day off from your assigned clinical rotation for any reason, please inform and discuss the situation with your preceptor. Whether the time off is needed for academic or personal reasons, this form must be filled out, given to your preceptor, and then placed in your file. If you have an unexcused absence, this form will be filled out by your preceptor and placed in your file as a record of your absence and may be used for the purposes of disciplinary action.

## **PROTOCOL FOR TREATMENT OF INJURED HEIDELBERG ATHLETES**

This protocol was developed by our team physicians and faculty athletic trainers and must be followed at all times.

### **Standard Operating Procedures**

1. All injured athletes should be evaluated by a member of the Sports Medicine Team as soon as possible after an injury occurs.
2. In the absence of a Heidelberg University team Physician, the initial evaluation will be performed by a Certified Athletic Trainer licensed in the state of Ohio. The most important determination to be made is whether or not immediate physician examination is required. If the need for a physician's assessment is obvious or if there is any doubt as to the need for a physician, contact a Heidelberg University Team Physician on call that day.
  - A. Urgent physician attendance is required and the student-athlete should be taken to emergency room under the following circumstances:
    - obvious fractures.
    - lacerations requiring sutures.
    - head injuries with a loss of consciousness or prolonged mental/neurological impairment.
    - neck or spinal injuries with loss of motion or sensation, even if only temporary.
    - eye injury.
    - other injuries as deemed necessary by the Certified Athletic Trainer.
  - B. In the event of head, neck, spine, and eye injuries less severe than those above, immediate contact should be made with Stoner Health Center.
  - C. For the non-critical injuries, a preceptor may provide the following:
    - emergency care, transportation, first aid, and evaluation of athletic injuries and sudden illnesses.
    - application of physical modalities including heat, cold, compression, whirlpools, electrical muscle stimulation, ultrasound, paraffin, and massage.
    - the application and construction of preventative, supportive, and immobilization devices such as wraps, tape, braces, splints, and padding.
    - musculoskeletal testing and evaluation.
    - administration and instruction of rehabilitative exercises.
    - administration and instruction of strengthening and conditioning exercises.
    - education and instruction of nutritional and health care habits.
3. Only minor injuries do not require a referral to a team physician. In this situation, a daily report of that athlete's injury and the treatment being administered will be presented to Stoner Health Center for review by a team physician at the next scheduled doctor's clinic. (Attachment A)
4. Student-athletes who have been evaluated by a team physician must be cleared by a team physician prior to return to any level of activity.

5. The Team Physicians fully respect an injured athlete's choice to receive his or her medical care from a physician who is not affiliated with Heidelberg University. This includes either the initial medical care or pursuing a second opinion after the care of a Heidelberg University Team Physician.
6. Whenever a student-athlete receives a second-opinion consultation or chooses to receive his or her medical care outside of the Stoner Health Center, the Institution requires:
  - A. A timely written report from the physician consulted stating significant physical findings at the time of evaluation, diagnosis, plan of treatment; including, follow-up instructions and when they expect the student-athlete to safely return to full activity.

In addition, we authorize the athletic training faculty to assist or carry out any other instructions or procedures prescribed by the Heidelberg University Team Physicians.

7. It is unconditionally accepted by the student-athlete, the ATC's, and the Heidelberg University coaching faculty that irrespective of where the student-athlete receives care for his/her injury, the responsibility for the final decision regarding the safe return of a Heidelberg athlete to sports will always rest with the Heidelberg University Team Physicians.

## **CONCUSSION** Treatment / Referral Procedures

1. All patients wishing to participate in intercollegiate athletics, regardless of level or season, must complete baseline testing prior to the first practice and competition. Any patient who has sustained a previous head injury and is returning for a new season should complete a new baseline assessment prior to the first competition of that season. Baseline testing will be administered by the AT and kept on file with the AT department and available to SHC upon request.
2. Any athlete suffering from an mTBI, or exhibiting signs of mTBI, should be removed from participation for the remainder of the day (regardless of participation – including games). A sideline evaluation will be conducted by the AT using the SCAT3 (Sport Concussion Assessment Tool 3). Standard emergency management principles and particular attention should be given to excluding a cervical spine injury. Furthermore, the patient will be seen by an on-site MD/DO if available and will be seen by the Team Physician(s) in Stoner Health Center for further assessment before RTP and to determine appropriate management.
3. Any athlete that has suffered any level of mTBI may return to play **only** after completing an appropriate return to play progression **and** being cleared to return to play by a physician; either the Team Physician(s) in Stoner Health Center or another physician (MD/DO). If seen by outside MD/OD, the athlete must be seen by SHC Physician for ultimate return to play determination. Appropriate documentation must be on file with the AT Department prior to return to participation.
4. A "symptom checklist" should be taken each day up to, and including the day the athlete is asymptomatic. Once an athlete has been asymptomatic for at least 24 hours a gradual return-to-play protocol shall be implemented, unless directed otherwise by a Physician.
5. The Coordinator of Athletic Training Services will maintain oversight for all mTBI cases and athletes for clarity and management awareness purposes.
6. Collaboration between AT, SHC and Student Life should take place to ensure that patients are receiving the appropriate physical and cognitive rest in the acute symptomatic period, if necessary, following injury.
7. SHC Physician(s) maintain the ability to implement an adapted mTBI management protocol if deemed necessary and appropriate. At any point throughout the recovery of the athlete, a neurologist, or other specialist specifically trained in mTBI management may be consulted as determined by the Physician.

### **Return to Play Guidelines following mTBI**

The following graduated return to play guidelines should be followed by the supervising AT after initial evaluation by MD/DO. Once the patient has completed the final stage of this guideline he/she will be referred back to MD/DO for final clearance to RTP unless other course of action is determined by SHC Physicians. It is advised and expected that prior to patient beginning physical activity (stage 2) that they have displayed a full return to cognitive activities (i.e. Course load).

<b>Recommended Graduated return to play protocol (taken from NCAA Guidelines 2014)</b>		
<b>Rehabilitation Stage</b>	<b>Functional exercise at each stage of rehabilitation</b>	<b>Objective of each stage</b>
No activity	Symptom limited physical activity and cognitive rest	Recovery
Light aerobic activity	Walking, swimming or riding stationary bike keeping intensity <70% maximum permitted heart rate. No resistance training	Increase HR
Mode Duration and intensity dependent exercise	20-30 minutes jogging. Adjustable based on sport. Body weight squats and push-ups 1 set of 10 reps each	Increase aerobic activity and HR
Sport-specific activity	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
Non-contact sport drills	Progression to more complex training drills, eg, passing drills in football and ice hockey. May start progressive resistance training	Exercise, coordination and cognitive load
Full-contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
Return to play	Normal game play	



## Athletic Training Room Rules

---

*Failure to follow these rules will result in loss of access to the Athletic Training Room.*

---

*Athletes not cleared to participate in Heidelberg University Athletics cannot receive treatment from the Athletic Training Department.*

---

- I. The Heidelberg University Athletic Training Faculty reserves the right to **NOT COVER** events that have been changed to a different time without adequate notice. The Certified Athletic Trainer assigned to the sport must be notified as soon as possible by the coach so attempts to accommodate the request can be attempted. A **MINIMUM** of 24 hours is requested for all schedule changes.
- II. 'In season' sports shall receive first priority in regards to practice coverage as well as pre- and post-practice treatment/taping. If special coverage is desired for other events please let the Athletic Training Faculty know well in advance so schedules can be adjusted.
  - a. 'In season' sports are defined as the traditional season that the sport normally competes in for NCAA tournament or championships (Ex. Football/Volleyball = Fall, Basketball/Wrestling = Winter, Baseball/Softball=Spring)
- III. **\*NO ONE\*** is allowed in the Athletic Training Room without supervision by a member of the Athletic Training Faculty.
- IV. **\*NO PATIENT\*** may administer, or make adjustments to his/her own electrical treatment. The therapeutic equipment is too hazardous and too expensive to be abused. Whirlpool temperatures will be maintained within designated treatment ranges.
- V. Supplies will not be taken from the Athletic Training Room without permission; examples are tape, equipment, towels, bottles, etc.
- VI. This facility is co-ed at all times. Appropriate dress is required. A minimum of shirt and shorts should be worn at all times during evaluations and treatments unless otherwise specifically directed by an Athletic Training Faculty member.
- VII. All injuries should be reported to the Athletic Training Faculty for evaluation.
- VIII. Treatments will only be administered during designated treatment hours or by appointment with the Athletic Training Faculty.
- IX. The Athletic Training Faculty reserves the right to have athletes shower before receiving treatment.
- X. It is the responsibility of the student athlete to allow enough preparation time to be treated before practices/games. The Athletic Training Room is not an excuse to be late to class, practices, or games. Limited faculty and facilities = wait time. **Plan ahead.**
- XI. Absolutely **NO** shoes on the treatment tables.

- XII.** All equipment is to be left in the hallway – **NO** cleats, pads, spikes, etc.
- XIII.** The Athletic Training Room is a healthcare clinic and place of business, not a lounge. If you are not receiving treatment, please make room for others. **NO LOITERING.**
- XIV.** Profanity is prohibited and horseplay will not be tolerated.
- XV.** **NO FOOD OR DRINK** is allowed and the use of any form of tobacco is prohibited.
- XVI.** Place all trash in appropriate containers – **NO** excuses.
- XVII.** Empty ice bags when finished. Do not put melted bags in the trash.
- XVIII.** Personal items should be left in the locker room. The Athletic Training Faculty is not responsible for lost or stolen articles.
- XIX.** Cell Phones are prohibited.

## **Blood Borne Pathogen Policy**

Blood borne pathogen infectious diseases have increased throughout the general population for the past decade. The most notable of these are HIV (human immunodeficiency virus) and HBV (hepatitis B virus). Although, experts have concurred that the risk of transmission of HIV or HBV on the athletic field is extremely low. These diseases can have catastrophic health consequences if all members of society do not utilize appropriate preventative strategies.

In 1992 the Occupational Safety and Health Administration (OSHA) issued new regulations requiring employers to protect employees from blood borne pathogens. The following plan satisfies the OSHA Emergency Control Plan and is also in accordance with the guidelines of NCAA Policy 21.

### **Universal Precautions**

In 1987 the Center for Disease Control recommended that precautions be taken when handling blood and body fluids. These precautions have been modified to better adapt to the athletic environment.

1. Latex or surgical gloves should be worn any time contact with blood, mucous membranes or non-intact skin takes place. Gloves should be changed immediately after use on each individual and placed in a biohazard container.
2. Hands should be washed after gloves are removed. If soap and water are not available hand sanitizer should be used.
3. Existing wounds, abrasions or cuts which may begin to bleed during a practice or competition should be covered with a protective dressing to avoid the wound from reopening and requiring removal from the practice or competition.
4. CPR masks should be used whenever possible.
5. Clean all soiled treatment and taping tables with an OSHA approved solution.
6. All pieces of therapeutic modality equipment that comes into contact with the athlete should be cleaned with an OSHA approved solution.
7. Uniforms soiled with blood will be evaluated by medical personnel to determine if they are saturated enough to require changing. Uniforms not saturated with blood can be sprayed or wiped with an OSHA approved solution. Towels and uniforms saturated with blood should be placed in the laundry bags marked for blood to be washed separately from the other laundry.
8. Spills
  - a. use latex gloves
  - b. if needed, contain spill with spill powder
  - c. sweep spill onto dust pan
  - d. spray and wipe spill area with OSHA approved solution
  - e. dispose of spill and all used components in biohazard container.

9. If you are exposed to blood or other fluids (direct contact), immediately wash the area with antimicrobial soap and report the incident to your clinical instructor who may then refer to University Health Services for further follow-up.

10. Waste Disposal

- a. Gloves, gauze, bandages or dressings that are saturated with blood must be placed in biohazard containers.
- b. Band-Aids, gauze or dressings not saturated with blood can be disposed of in regular trash containers.
- c. All scalpel blades, pins or needles should not be re-used or disposed of in regular trash containers, but should be placed in a sharps container.

**NOTE:**

**For Athletic Training Candidates;**

Blood-Borne Pathogen Training will occur at the "Heidelberg University Meeting of the Majors", this event occurs during the first week of school annually and is hosted by the ATP Director and Clinical Education Coordinator. The ATP mandates that all AT Candidates must complete blood-borne pathogen training before he/she will be assigned to a clinical observation rotation by the Clinical Education Coordinator. Any AT Candidate that does not attend this meeting and blood-borne pathogen training session must meet with the Clinical Education Coordinator to complete Blood-Borne Pathogen Training prior to being assigned to a clinical observation rotation.

**For Athletic Training Students admitted to the professional portion of the ATP;**

In addition to CPR/AED/FA training; Blood-Borne Pathogen Training will be conducted during the spring semester online. This training is mandatory and must be completed prior to being assigned to a clinical rotation. Finally, the general ATP Blood-Borne Pathogen policy will be provided to students each semester within each Clinical Proficiency in Athletic Training course syllabus (ATR 270, ATR 271, ATR 371, ATR 372, ATR 470, and ATR 471).

**For all Athletic Training Students and Athletic Training Candidates;**

All students and AT faculty are required to complete online training during the spring semester, assigned by the Stoner Health Center

## **Communicable Disease Policy**

All students applying to the Athletic Training Program (ATP) must submit proof of the following vaccinations: Tetanus/Diphtheria (TD booster must be within 10 years of the projected last semester of participation in the program), MMR (measles, mumps, rubella) or positive blood titers/documented history of disease and varicella/chicken pox or positive blood titer/documented history of disease.

Due to the potential chance of contact with blood and bodily fluids during the clinical experiences associated with participation in the ATP, it is recommended that all athletic training students be vaccinated against the Hepatitis B virus. The vaccination involves a series of three injections. Each student is responsible for the cost of the injection series. It is required that all athletic training students who do not pursue Hepatitis vaccination read and sign the Hepatitis B Waiver form before starting clinical experiences. MCV4 (meningitis) vaccine is strongly encouraged for all students upon entrance into the collegiate setting by several institutions, but is not a requirement for the ATP.

# APPENDICES

## **OHIO ATHLETIC TRAINING RULES AND REGULATIONS**

The State of Ohio Occupational Therapy, Physical Therapy and Athletic Training Board is the governing body of athletic training in Ohio. According to the board, only licensed athletic trainers may practice in the state of Ohio. Because you are students pursuing a course of study leading to a degree in athletic training, you may perform athletic training duties under the direct supervision of a licensed athletic trainer. You must indicate your status as an athletic training student when introducing yourself professionally or when documenting medical information.

The state also has set forth a list of principles that we as athletic trainers must follow. An athletic trainer whose conduct is not in accordance with the principles set forth in the following code of ethics shall be in violation of the licensure laws. Although students, it is important that you follow these standards of conduct.

### **Ohio Code of Ethics**

#### **Principle 1:**

Athletic trainers shall show no discrimination in their efforts while performing duties.

#### **Principle 2:**

Athletic trainers shall support, encourage and condone good sportsman-like practice.

#### **Principle 3:**

Athletic trainers should provide care on the basis of the needs of the individual athlete.

Athletic trainers should not discriminate in providing care on the basis of athletic ability.

#### **Principle 4:**

Athletic trainers should strive to achieve the highest-level of competence. Athletic trainers should use only those techniques and preparations for which they are qualified to administer.

#### **Principle 5:**

Athletic trainers should recognize the need for continuing education to remain proficient in their practice. Athletic trainers should be willing to consider new procedures within the scope of practice of athletic training that assure safety.

#### **Principle 6:**

Athletic trainers shall not, by their conduct or comments publicly discredit or lower the dignity of members of the profession.

#### **Principle 7:**

Athletic trainers should use care to be truthful and not misleading when stating their education, training and experience.

#### **Principle 8:**

Athletic trainers shall comply with the laws and regulations that govern the practice of athletic training.

#### **Principle 9:**

Athletic trainers shall protect the public and the profession by reporting any conduct that they consider unethical, illegal or incompetent to the athletic trainers' section of the Ohio occupational therapy, physical therapy and athletic trainers' board.

Principle 10:

Athletic trainers shall not guarantee the results of any training, consultation, or therapeutic procedure. A reasonable statement of prognosis is not improper, but successful results are dependent on many uncontrollable factors, hence, any warranty is deceptive and unethical.

Principle 11:

Athletic trainers shall not exploit persons served professionally by:

- (a) Accepting individuals for treatment if benefit cannot be expected to occur.
- (b) Continuing treatment without reasonable expectation of further benefits

Principle 12:

Athletic trainers should keep accurate records for all areas of injury management. These shall include but are not limited to written referrals, personal injury reports/initial evaluations, and daily treatment/rehabilitation logs.



# NATA CODE OF ETHICS

## PREAMBLE

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

## PRINCIPLE 1:

Members shall respect the rights, welfare and dignity of all.

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

## PRINCIPLE 2:

Members shall comply with the laws and regulations governing the practice of athletic training.

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.

2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

## PRINCIPLE 3:

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

3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

## PRINCIPLE 4:

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

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

## **Clinical Education Terminology**

### **Allied Health Care Professional**

Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Paramedic, Occupational Therapist, Optometrist, Orthotist, Pharmacist, Physical Therapist, Physician Assistant, Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty.

### **Preceptor**

An appropriately credentialed professional identified and trained by the program to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The preceptor may not be a current student within the ATP. Please refer to the CAATE list of Allied Health Care Professionals' in the glossary and/or posted on the CAATE website

### **Clinical Education Coordinator**

The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATP.

### **Clinical Experiences**

Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.

### **Direct Supervision**

Supervision of the athletic training student during clinical experience. The PRECEPTOR must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

### **Observation Student**

A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.

# CLINICAL EVALUATION FORMS

**HEIDELBERG UNIVERSITY ATP  
ATS SELF-EVALUATION FORM**

**ATS:** \_\_\_\_\_ **preceptor:** \_\_\_\_\_

**CLINICAL SITE LOCATION:** \_\_\_\_\_

**ROTATION:** \_\_\_\_\_

**SEMESTER:** FALL / SPRING **YEAR:** \_\_\_\_\_

**Course:** Clinical Course I II III IV V VI

**Time:** Mid term evaluation Final evaluation

**Level of ATS:** Sophomore Junior Senior

**Setting:** Collegiate Rehabilitation High School Other

---

---

**I. SELF EVALUATION**

1. What do you feel were your greatest strengths as an athletic training student this past semester?

---

---

---

---

---

2. What do you feel to be the areas in which you could have improved your work as an athletic training student?

---

---

---

---

---

3. How are you planning to or currently addressing any of the areas of which you have identified in question #2?

---

---

---

---

---

---

---

## II. PROFESSIONAL DEVELOPMENT

1. What have you done in the past semester to keep updated and to improve yourself in the area of Athletic Training (be specific)?

---

---

---

---

---

2. List your memberships, activities, and contributions, both in professional organizations and student organizations.

---

---

---

---

---

---

---

## III. DEPARTMENT EVALUATION

1. What do you feel to be the strengths of our Athletic Training Education Department?

---

---

---

---

2. What is the most positive aspect of our Athletic Training Education Program that you have experienced this past semester?

---

---

---

---

3. What are your concerns and/or dissatisfactions that relate to your situation as an athletic training student?

---

---

---

4. Any other comments?

---

---

---

**HEIDELBERG UNIVERSITY ATP  
PRECEPTOR CLINICAL EVALUATION OF ATS**

ATS: \_\_\_\_\_ preceptor: \_\_\_\_\_

CLINICAL SITE LOCATION: \_\_\_\_\_

ROTATION: \_\_\_\_\_

SEMESTER: FALL / SPRING YEAR: \_\_\_\_\_

Course: Clinical Course I II III IV V VI

Time: Mid term evaluation Final evaluation

Level of ATS: Sophomore Junior Senior

Setting: Collegiate Rehabilitation High School Other

**Directions:**

Please use the evaluation scale below to indicate the level of competence reached by the student for each of the objectives listed. The following definitions are provided to assure consistency:

- 6 Consistently met the stated objective and beyond; student sought **confirmation** from the clinical instructor.
- 5 Consistently met the stated objective, student needed **minimal-moderate guidance** from the clinical instructor.  
**(SENIOR ACCEPTABLE LEVEL)**
- 4 Consistently met the stated objective; student needed **detailed guidance** from the clinical instructor. **(JUNIOR ACCEPTABLE LEVEL)**
- 3 Met the stated objective somewhat consistently, student **minimal-moderate direction**. **(SOPHOMORE ACCEPTABLE LEVEL)**
- 2 Met the stated objective with inconsistencies; student required **detailed direction and constant supervision** by the clinical instructor.
- 1 Did not meet the stated objective; student required **detailed direction and constant supervision** from the clinical instructor.

**N/A Not applicable; objective not applicable to this clinical site and/or student level.**

**N/O Not observed; objective not observed during the clinical rotation.**



### **Professional Behavior and Attitude**

1. The student was punctual and dependable in adherence to scheduled assignments. \_\_\_\_\_
2. The student wore appropriate professional attire. \_\_\_\_\_
3. The student accepted constructive criticism and responded in an appropriate manner. \_\_\_\_\_
4. The student accepted responsibility for learning (i.e., was an active learner). \_\_\_\_\_
5. The student expressed a positive, cooperative attitude. \_\_\_\_\_
6. The student demonstrated awareness of his/her strengths and weaknesses and strived  
for self improvement. \_\_\_\_\_
7. The student maintained confidentiality and used discretion when conversing with and in  
front of patients. \_\_\_\_\_
8. The student adhered to ethical and legal standards of practice. \_\_\_\_\_

**Total**\_\_\_\_\_

### **Safety**

1. The student observed established health and safety regulations. \_\_\_\_\_
2. The student used appropriate body mechanics when performing manual skills.  
(i.e., lifting, assisting patients with movement skills, etc.). \_\_\_\_\_
3. The student requested appropriate assistance when necessary. \_\_\_\_\_
4. The student demonstrated awareness of basic therapeutic contraindications and  
precautions. \_\_\_\_\_

**Total**\_\_\_\_\_

### **Interpersonal Relationships and Communication Skills**

1. The student approached others with tact and diplomacy. \_\_\_\_\_
2. The student showed respect to others at the clinical site (patients / peers / staff). \_\_\_\_\_
3. The student responded to patients request and needs in an appropriate manner. \_\_\_\_\_
4. The student responded to patient questions in a clear and concise manner consistent  
using language appropriate with the level of the patient. \_\_\_\_\_
6. The student developed effective relationships with the patients. \_\_\_\_\_
7. The student communicated well with peers. \_\_\_\_\_
8. The student communicated often and effectively with professional staff. \_\_\_\_\_
9. The student expressed questions in a clear and easily understood manner. \_\_\_\_\_

**Total**\_\_\_\_\_

### **Documentation**

1. The student maintained documentation in accordance with policies of the facility. \_\_\_\_\_
2. The student documented data in an organized and concise manner. \_\_\_\_\_
3. The student's documentation was consistent with education level. \_\_\_\_\_
4. The student's documentation was submitted in a timely manner. \_\_\_\_\_

**Total**\_\_\_\_\_

### **Problem Solving Process**

1. The student clearly identified the patient problem to be addressed. \_\_\_\_\_
2. The student clearly identified other medical and non-medical concerns. \_\_\_\_\_
3. The student determined general extent of the patient's concerns. \_\_\_\_\_
4. The student recognized the patient's personal goals. \_\_\_\_\_
5. The student performed evaluative testing procedures correctly. \_\_\_\_\_
6. The student performed evaluative testing procedures in a timely manner. \_\_\_\_\_
7. The student established realistic therapeutic goals. \_\_\_\_\_
8. The student designed a comprehensive plan of care. \_\_\_\_\_
9. The student effectively applied therapeutic techniques based on patient needs. \_\_\_\_\_
10. The student provided sound rationale behind selected treatment methods. \_\_\_\_\_
11. The student adapted treatment techniques based on the patient's responses. \_\_\_\_\_
12. The student treated the patient in a logical sequence based on educational principles. \_\_\_\_\_
13. The student educated the patient / family / coaching staff regarding injury management  
and home care program. \_\_\_\_\_
14. The student consistently reevaluated and modified assessment, treatment plans and goals  
when appropriate. \_\_\_\_\_

**Total**\_\_\_\_\_

### **Administration and Management Skills**

1. The student organized time effectively and worked within time limits. \_\_\_\_\_
2. The student used free time productively. \_\_\_\_\_
3. The student demonstrated ability to treat patients simultaneously when appropriate. \_\_\_\_\_
4. The student maintained work area in a safe and efficient manner. \_\_\_\_\_

5. The student worked well with others in completing task. \_\_\_\_\_

**Total**\_\_\_\_\_

### **Clinical Skills and Abilities**

1. The student demonstrated knowledge and skills consistent with education level

(i.e., taping, bracing, modality usage, rehabilitation) \_\_\_\_\_

2. The student worked with speed and efficiency consistent with education level. \_\_\_\_\_

3. The student demonstrated the ability to multi-task effectively in performing clinical tasks. \_\_\_\_\_

**Total**\_\_\_\_\_

### **Initiative**

1. The student shows enthusiasm towards the profession of athletic training. \_\_\_\_\_

2. The student goes above and beyond to learn what is not known. \_\_\_\_\_

3. The student seeks clinical opportunities to gain additional skills and responsibilities. \_\_\_\_\_

4. The student sets goals and sacrifices to achieve them. \_\_\_\_\_

5. The student is active in the clinical setting without having to be assigned duties. \_\_\_\_\_

**Total**\_\_\_\_\_

Total Score:\_\_\_\_\_

Average Score:\_\_\_\_\_

**ATS Areas of Strength** \_\_\_\_\_

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

**ATS Areas of Weakness** \_\_\_\_\_

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

**Summary of Clinical Evaluation by PRECEPTOR** Please provide any additional information/concerns regarding the student's overall clinical performance)

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

Student Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

preceptor Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**\* After being reviewed by the ATS and preceptor in a joint meeting this form is given to the ATP Director.**

**HEIDELBERG UNIVERSITY ATP  
ATS EVALUATION OF CLINICAL SETTING**

**ATS:** \_\_\_\_\_ **preceptor:** \_\_\_\_\_

**CLINICAL SITE LOCATION:** \_\_\_\_\_

**ROTATION:** \_\_\_\_\_

**SEMESTER:** **FALL** / **SPRING** **YEAR:** \_\_\_\_\_

**Course:** **Clinical Course** **I** **II** **III** **IV** **V** **VI**

**Time:** **Mid term evaluation** **Final evaluation**

**Level of ATS:** **Sophomore** **Junior** **Senior**

**Setting:** **Collegiate** **Rehabilitation** **High School** **Other**

**RATING CRITERIA:**  
**5 – Strongly Agree** **4- Agree** **3-Average** **2-Disagree** **1-Strongly Disagree** **0-Never**

<b>CRITERIA</b>	<b>SA</b>	<b>A</b>	<b>AV</b>	<b>DA</b>	<b>SDA</b>	<b>N</b>
1. Help to facilitate learning of clinical skills.	5	4	3	2	1	0
2. Demonstrated patience with ATS.	5	4	3	2	1	0
3. Served as a positive role model.	5	4	3	2	1	0
4. Allowed ATS to demonstrate abilities	5	4	3	2	1	0
5. Provided constructive feedback	5	4	3	2	1	0
6. Encourages students to ask questions	5	4	3	2	1	0
7. Open to alternative learning techniques	5	4	3	2	1	0
8. Helps with daily maintenance of facilities	5	4	3	2	1	0
9. Challenges athletic training students clinically	5	4	3	2	1	0
10. preceptor is in control of athletic training situations	5	4	3	2	1	0
11. preceptor has a productive relationship with others	5	4	3	2	1	0
12. preceptor is respected by the athletes	5	4	3	2	1	0
13. preceptor promotes clinical discussions	5	4	3	2	1	0
14. preceptor is an effective communicator	5	4	3	2	1	0
15. preceptor acts in a professional manner	5	4	3	2	1	0
16. Discussed objectives and expectations of	5	4	3	2	1	0

clinical setting prior to the start of assignment.

17. Did this clinical setting meet your expectations? 5      4      3      2      1      0

1. Please describe any positive aspects of your clinical rotation.

---

---

---

---

Please describe any negative aspects of your clinical rotation.

---

---

---

---

---

---

2. Please describe the strengths of your PRECEPTOR.

---

---

---

---

---

3. Please describe areas your preceptor may need to improve.

---

---

---

---

---

---





**Heidelberg University  
Stoner Health Center  
Athletic Training Student Evaluation**

Athletic Training Student Name \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

Average Score: \_\_\_\_\_

**Rating Criteria:**

- 4= Outstanding execution of duties/demonstration of excellent clinical skills/able to function independently
- 3= Superior execution of duties/good clinical skills/able to function with minimal guidance
- 2= Adequate execution of duties/fair clinical skills/able to function with moderate guidance
- 1= Poor execution of duties/mediocre clinical skills/able to function with maximal guidance
- 0= Unable to complete clinical duties or skills/require observation rather than participation

**Clinical Skills:**

1.	Performs adequate and appropriate histories for both injuries and illness.	4	3	2	1	0
2.	Displays proper procedure and accurately takes blood pressures.	4	3	2	1	0
3.	Demonstrates proper procedure and adequately attains pulses.	4	3	2	1	0
4.	Takes accurate temperatures.	4	3	2	1	0
5.	Braces, splints, and wraps injuries according to clinic standards.	4	3	2	1	0
6.	Efficiently cares for wounds.	4	3	2	1	0
7.	Recognizes common signs and symptoms of injury/illness/disease.	4	3	2	1	0
8.	Properly performs inventories and restocks supplies.	4	3	2	1	0
9.	Provides concise explanations of treatment protocols.	4	3	2	1	0
10.	Properly files and organizes medical records.	4	3	2	1	0
11.	Efficiently instructs patients in the areas of crutch/cane walking.	4	3	2	1	0
12.	Adequately performs other administrative duties as assigned.	4	3	2	1	0

**Sub Total:** \_\_\_\_\_

**Communication Skills:**

1.	Did the student communicate well with the staff?	4	3	2	1	0
2.	Does the student do appropriate/timely documentation?	4	3	2	1	0
3.	Writes in an organized, clear, concise and grammatically correct style?	4	3	2	1	0
4.	Is able, in written form to report information that is both pertinent and accurate?	4	3	2	1	0
5.	Use appropriate voice, speech, and language in the clinic?	4	3	2	1	0
6.	Interpersonal communication with patients. (Confidence, respect, empathy, listening skills)	4	3	2	1	0

**Sub Total:**\_\_\_\_\_**Personal/Professional Attributes:**

1.	Is the student open to suggestions?	4	3	2	1	0
2.	Does student accept responsibility for assigned tasks?	4	3	2	1	0
3.	Does the student give expedient care?	4	3	2	1	0
4.	Does the student make wise clinical decisions?	4	3	2	1	0
5.	Personal appearance is appropriate for clinical setting.	4	3	2	1	0
6.	Punctuality.	4	3	2	1	0
7.	Reliability.	4	3	2	1	0
8.	Cooperates with supervisors and peers.	4	3	2	1	0
9.	Enthusiasm/Interest in clinical setting.	4	3	2	1	0
10.	Uses time wisely.	4	3	2	1	0
11.	Recognizes and stays within professional limitations.	4	3	2	1	0
12.	Seeks out supplemental information.	4	3	2	1	0
13.	Understands ethical/legal implications of actions/statements.	4	3	2	1	0

**Sub Total:**\_\_\_\_\_

Total Points: \_\_\_\_\_

Average Score: \_\_\_\_\_

Additional Comments:

---

---

\_\_\_\_\_  
Evaluator\_\_\_\_\_  
Date

This evaluation has been discussed with the above supervisor.

---

Athletic Training Student

---

Date

**Heidelberg University  
Athletic Training Education Program  
Clinical Site Evaluation (ANNUAL ONLY)**

Site/Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

Evaluator Type :      **Student Evaluator**                      **ATP Faculty Evaluator (Director/Clinical Coordinator)**

Semester:              **Fall**                      **Spring**                      Year \_\_\_\_\_

ATR Course:              **ATR 270**              **ATR 371**              **ATR 471**

<b>1=Strongly Disagree</b>	<b>2=Disagree</b>	<b>3=Neutral</b>	<b>4=Agree</b>	<b>5=Strongly Agree</b>
----------------------------	-------------------	------------------	----------------	-------------------------

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. The clinical site provided the student with a stimulating learning environment. | 1 | 2 | 3 | 4 | 5 |
| 2. The supplies and equipment were adequate  | 1 | 2 | 3 | 4 | 5 |
| 3. The clinical site challenged the student  | 1 | 2 | 3 | 4 | 5 |
| 4. The clinical site offers a variety of learning experiences                      | 1 | 2 | 3 | 4 | 5 |
| 5. The student was able to apply classroom learning in the clinical setting        | 1 | 2 | 3 | 4 | 5 |
| 6. The student will be able to implement information learned in the future         | 1 | 2 | 3 | 4 | 5 |
| 7. There was adequate interaction between the student and the clinical staff       | 1 | 2 | 3 | 4 | 5 |
| 8. This clinical site should be used for students in the future                    | 1 | 2 | 3 | 4 | 5 |
| 9. Overall it was a good clinical experience for the student                       | 1 | 2 | 3 | 4 | 5 |
| 10. Please describe the strengths of this clinical site and clinical instructor    |   |   |   |   |   |

11. Describe areas of improvement for this clinical site and clinical instructor and give constructive recommendations as to how to improve these areas.

## **Clinical Site**

### **EAP Locations**

Students in the ATP at Heidelberg University are made aware of the Emergency Action Plans (EAPs) for each clinical site through the same basic process. That process is as follows: At the beginning of the school year during August orientation the entire Policy and Procedure Manual is reviewed with the students as a whole so that can become familiar and reacquainted with the EAPs and all other pertinent information. At the beginning of each clinical rotation the students are also presented with the EAPs for each sport/venue where they will be present. The EAPs are also posted on the Athletic Training website for the student's benefit.

The EAPs for the clinical sites are located in the following locations:

Heidelberg University – Located in a binder on the counter of the main Athletic Training Room, there is also a copy of the EAPs in each emergency kit.

Stoner Health Center- Located in a binder in the primary exam room within the health center.

Optima Rehabilitation Clinic- Located in a binder in the front office of the clinic.

Tiffin Calvert High School- Located in a binder in the Field house, also posted on the wall of the field house. Additionally they are posted on the wall of the athletic training room at the high school.

Tiffin University- Located in the filing cabinet in Head Athletic Trainer's office, also posted on the wall at the Gillmor Center, Hanson Physical Fitness Center, Hemington Center, and also at the field house.

Tiffin Columbian High School – Located in a file cabinet next to the athletic trainer's desk in the stadium.

Seneca East High School – Located in a binder carried with the athletic trainer at all times

Mohawk High School – Posted in the athletic training rooms of each building