



Athletic Training Program

Policies and Procedures 2023-2024

The mission of Whitworth University Athletic Training Program is to equip graduates with the knowledge and skills necessary to become highly proficient and professional entry-level athletic trainers. The program utilizes a multi-faceted approach including quality instruction and clinical education, relational mentoring, and diverse professional experiences to develop holistic healthcare professionals and servant-leaders within the context of Christian higher education.

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This manual is intended for AT students at Whitworth University. It contains policies, procedures and relevant professional information. All students accepted into the AT Program are responsible to learn and understand the information in this manual. Deviation from the policies and procedures may warrant placing the student on warning, probation, or suspension. If an AT student does not understand any of the material provided they should consult with the Program Director

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Whitworth Athletic Training Program Mission & Goals

Athletic Training Mission Statement

The mission of Whitworth University Athletic Training Program is to equip graduates with the knowledge and skills necessary to become highly proficient and professional entry-level athletic trainers. The program utilizes a multi-faceted approach including quality instruction and clinical education, relational mentoring, and diverse professional experiences to develop holistic healthcare professionals and servant-leaders within the context of Christian higher education

Student Learning Goals

1. Goal: Whitworth University athletic training students will demonstrate entry-level proficiency through classroom, laboratory and clinical learning experiences in the 5 domains of athletic training: (1) Risk reduction, wellness and health literacy, (2) assessment, evaluation and diagnosis, (3) critical incident management, (4) Therapeutic intervention, and (5) healthcare administration and professional responsibility
2. Goal: Students will develop as a holistic healthcare professional in the context of Christian higher education
3. Goal: Students will demonstrate progression in professional behaviors consistent with the athletic training profession and healthcare (including commitment to diversity, equity & inclusion, and interprofessional, ethical & legal practice).
4. Goal: Students will appreciate the value of participation, service and/or leadership within the athletic training profession.

Quality of Instruction

5. Goal: Students will benefit from rigorous, hands-on, quality instruction from instructors with content expertise.

Quality of Clinical Education

6. Goal: Students will learn clinical skills under the supervision of high-quality preceptors at high-quality clinical sites.
7. Goal: Students will gain clinical experience as part of a healthcare team with a variety of patient/client populations and health conditions commonly seen in AT practice.

Overall Program Effectiveness

8. Objective: Students will successfully complete the program and be well prepared to meet the challenges of entry-level employment positions.

National Athletic Trainers Association Code of Ethics

Whitworth's AT Program encourages all faculty, staff and students to abide by the 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.

The National Athletic Trainers' Association respects and values diversity amongst its members and patients served. Our members work respectfully and effectively with diverse patient populations in varied healthcare environments. The NATA prohibits discrimination based on race, ethnicity, color, national origin, citizenship status, religion (creed), sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, military status, family/parental status, income and socioeconomic status, political beliefs, or reprisal or retaliation for prior civil rights activity, or other unlawful basis, in any program or activity conducted or funded by the NATA (VATA, 2020).

Important Professional Values (PV) shared by the NATA membership include: 1) Caring & Compassion, 2) Integrity, 3) Respect, 4) Competence, and 5) Accountability. These shared PV underpin the NATA Code of Ethics, motivate honorable interpersonal behaviors, and conduct in member's interactions with all persons.

The Appendix to the Code of Ethics reveals a definition and sample behaviors for each shared PV.

PRINCIPLE 1. IN THE ROLE OF AN ATHLETIC TRAINER, MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS

(PRINCIPLE 1 is associated with the PV of Respect, Caring & Compassion, and Competence.)

- 1.1 Members shall act in a respectful and appropriate manner to all persons regardless of race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity and expression.
- 1.2 Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other stakeholders to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient as delineated by professional statements and best practices.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, 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, NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS

(PRINCIPLE 2 is associated with the PV of Accountability.)

- 2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
- 2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.

- 2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
- 2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

PRINCIPLE 3. MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES

(PRINCIPLE 3 is associated with the PV of Caring & Compassion, Accountability.)

- 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 the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
- 3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
- 3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
- 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 must 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, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT'S HEALTH AND WELL-BEING.

(PRINCIPLE 4 is associated with the PV of Respect.)

- 4.1. Members should conduct themselves personally and professionally in a manner, that reflects the shared professional values, that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2. All NATA members, whether current or past, shall not use the NATA logo or AT 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 well-being 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 and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
- 4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

Map of Program and Institutional Policies and Procedures

Per the CAATE Standard 23 the program/institution should have written policies and procedures that ensure the rights and responsibilities of program students, including the following items. Each item is mapped to appropriate resource, this summary is provided as a courtesy to students allowing easier access of information.

Policy or Procedure	Resource (s)
23A Academic dishonesty policy	Academic Honesty section of the page: http://catalog.whitworth.edu/academicinformation/
23B Grievance policy	Academic Grievances section of the page: http://catalog.whitworth.edu/academicinformation/
23C Matriculation requirements	Matriculated Students section of the page: http://catalog.whitworth.edu/academicinformation/ MSAT Graduate Admission page: https://www.whitworth.edu/cms/academics/athletic-training/msat-admissions-requirements-and-prerequisites/
23D Nondiscrimination policies	University wide policy, see “Declaration of Nondiscrimination” section of the page: https://www.whitworth.edu/cms/administration/student-life/student-handbook/student-bill-of-rights/ MSAT additional guidance, this program handbook, see Table of Contents for page number of “NATA Code of Ethics” Principle 1.1.
23E Policies for student withdrawal and refund of tuition and fees	Changes in Registration section of the page: http://catalog.whitworth.edu/academicinformation/ Tuition and Fee Refund Policy section of the page: http://catalog.whitworth.edu/admissions/financialinformation/
23F Technical standards	This program handbook, see Table of Contents for page number of “Technical Standards”.

Per the CAATE Standard 24 prospective and enrolled students should be provided with relevant and accurate information about the institution and program, including the following items. Each item is mapped to appropriate resource, this summary is provided as a courtesy to students allowing easier access of information.

Policy or Procedure	Resource(s)
24A Academic calendars	<ul style="list-style-type: none"> • Registrar’s office, official MSAT calendar at: https://www.whitworth.edu/cms/administration/registrar/academic-calendars-and-schedules/ • The MSAT maintains a “program calendar” which elaborates on the official schedule
24B Academic curriculum and course sequence	<ul style="list-style-type: none"> • Whitworth Catalog, MSAT section: http://catalog.whitworth.edu/graduate/athletic_training/ • This program handbook, see Table of Contents for page number of “MSAT Course Curriculum and Sequence”. • Whitworth MSAT webpage, 2-year course layout: https://www.whitworth.edu/cms/media/whitworth/documents/academics/athletic-training/msat-two-year-course-layout.pdf
24C Admission process (including prerequisite courses)	<ul style="list-style-type: none"> • Whitworth Catalog, MSAT section: http://catalog.whitworth.edu/graduate/athletic_training/ • Whitworth MSAT webpage, MSAT Admissions Requirements & Prerequisites: https://www.whitworth.edu/cms/academics/athletic-training/msat-admissions-requirements-and-prerequisites/

24D All costs associated with the program, including (but not limited to) tuition, fees, refund policies, travel costs, and clothing	<ul style="list-style-type: none"> Whitworth MSAT webpage, Tuition and Financial Aid: https://www.whitworth.edu/cms/academics/athletic-training/tuition-and-financial-aid/ Whitworth Financial Aid Cost of Attendance for Graduate Programs: https://www.whitworth.edu/cms/administration/financial-aid/cost-of-attendance-for-graduate-programs/ This program handbook, see Table of Contents for page number of “Additional Costs”. Tuition and Fee Refund Policy section of the page: http://catalog.whitworth.edu/admissions/financialinformation/
24E Catalogs	<ul style="list-style-type: none"> Whitworth Catalog: http://catalog.whitworth.edu/
24F Criminal background check policies	<ul style="list-style-type: none"> This program handbook, see Table of Contents for page number of “Criminal Background Check and Drug Testing Policies”.
24G Degree requirements	<ul style="list-style-type: none"> Whitworth Catalog, MSAT section: http://catalog.whitworth.edu/graduate/athletic_training/ Whitworth Catalog, Academic Policies for Graduate Programs section of the page: http://catalog.whitworth.edu/graduate/
24H Financial Aid	<ul style="list-style-type: none"> Whitworth MSAT webpage, Tuition and Financial Aid: https://www.whitworth.edu/cms/academics/athletic-training/tuition-and-financial-aid/ Whitworth Financial Aid Office: https://www.whitworth.edu/cms/administration/financial-aid/graduate-students/
24I Grade policies	<ul style="list-style-type: none"> Whitworth Catalog, MSAT section: http://catalog.whitworth.edu/graduate/athletic_training/ Whitworth Catalog, Academic Policies for Graduate Programs section of the page: http://catalog.whitworth.edu/graduate/ Whitworth Catalog, Grading section of the page: http://catalog.whitworth.edu/academicinformation/
24J Immunization requirements	<ul style="list-style-type: none"> This program handbook, see Table of Contents for page number of “Immunization Requirements”.
24K Information about athletic training and supplemental clinical experiences, including travel expectations to clinical sites	<ul style="list-style-type: none"> This program handbook, see Table of Contents for page number of “Clinical Experience Requirements” “MSAT Clinical Experience Sequence”, “Off-campus Clinical Experiences” and “Additional Costs Associated with the AT Program”.
24L Matriculation requirements	<ul style="list-style-type: none"> Matriculated Students section of the page: http://catalog.whitworth.edu/academicinformation/ MSAT Graduate Admission page: https://www.whitworth.edu/cms/academics/athletic-training/msat-admissions-requirements-and-prerequisites/
24M Nondiscrimination policies	<ul style="list-style-type: none"> University wide policy, see “Declaration of Nondiscrimination” section of the page: https://www.whitworth.edu/cms/administration/student-life/student-handbook/student-bill-of-rights/ MSAT additional guidance, this program handbook, see Table of Contents for page number of “NATA Code of Ethics” Principle 1.1.

24N Procedures governing the award of available funding for scholarships	<ul style="list-style-type: none"> Whitworth MSAT webpage, Tuition and Financial Aid: https://www.whitworth.edu/cms/academics/athletic-training/tuition-and-financial-aid/ Whitworth Financial Aid website, MSAT information: https://www.whitworth.edu/administration/financialaid/scholarshipopportunities/resources/graduate.aspx#MSAT
24O Program mission, goals, and expected outcomes	<ul style="list-style-type: none"> Whitworth MSAT webpage, Mission Statement and Learning Outcomes: https://www.whitworth.edu/cms/academics/athletic-training/mission-statement-and-learning-outcomes/
24P Recruitment and admissions information, including admission criteria, policies regarding transfer of credit and any special considerations used in the process	<ul style="list-style-type: none"> Whitworth MSAT webpage, MSAT Admissions Requirements and Prerequisites: https://www.whitworth.edu/cms/academics/athletic-training/msat-admissions-requirements-and-prerequisites/ University policies regarding transfer credit in graduate programs: http://catalog.whitworth.edu/graduate/ MSAT policies regarding transfer credit, see this program handbook, see Table of Contents for page number of “Course Curriculum and Sequence”.
24Q Technical standards	<ul style="list-style-type: none"> This program handbook, see Table of Contents for page number of “Technical Standards”.

Healthcare professions have unique requirements for employment within the profession. A degree is the start, but there is more! Specifically for Athletic Training:

[National Level Requirements](#) to become a Certified Athletic Trainer (ATC) with the [Board of Certification \(BOC\)](#)

- Graduate from an accredited athletic training program. Graduation from WU’s MSAT meets this requirement.
- Maintain emergency cardiac care (aka CPR) certification. WU MSAT students receive CPR training and certification as part of this graduate program.
- Pass the BOC national certification exam.
- Attest to compliance with BOC Standards of Practice.

WA State [Department of Health](#) Requirements to become a Licensed Athletic Trainer (LAT) per [WAC 246-916-010](#)

- Complete an approved educational program. WU MSAT is an approved (CAATE accredited) educational program.
- Pass the BOC national certification exam.
- Submit personal information as required by the secretary (this may include passing a background check).

Licensure requirements for states other than Washington can be found [online](#). The vast majority of state requirements are similar to the WA state requirements. Students should verify the requirements for their desired state of practice.

Policies Related to Admission, Probation & Program Status

Admission Policies and Criteria

MSAT admission requirements and online application are available online. All applicants submitting a completed application will be reviewed and assigned an admission status of full admission, condition admission, or not admitted.

Full Admission

Applicant meets all admission requirements and has demonstrated high potential for success in the MSAT program as evaluated by the admission committee.

Conditional Admission

Applicant has demonstrated potential for success in the MSAT program, but has at least one unmet admission requirement. Example 1, the applicant is currently enrolled in PY 101 and final grades will not be posted until May (thus they have not met the requirement for a “C” or better in PY 101 yet). Example 2, the applicant earned a C- in a required prerequisite but due to mitigating circumstances is allowed to start the MSAT program on academic probation until certain conditions are met. The admission letter will clearly list each outstanding requirement. The student will be automatically changed to “full admission” status once evidence is provided of successful completion of all outstanding requirements or conditions.

Not Admitted

Candidate has not provided sufficient evidence for success in the MSAT program. Not Admitted status may be assigned for failure to meet posted admission criteria (e.g. insufficient GPA, course not completed), or for an overall admission rubric score that is not competitive. All applicants are graded on an admissions rubric, and only the top 14 candidates each year will be admitted.

Change in Status (Program Warning, Program Probation, and Program Suspension)

The University has policies and procedures for Academic Warning, Probation and Suspension (<http://catalog.whitworth.edu/academicinformation/>). The University also has policies and procedures governing Behavioral Probation, Suspension, Sanctions for certain situations (<https://www.whitworth.edu/cms/administration/student-life/student-handbook/behavioral-expectations/>). These University policies and procedures have authority over all Whitworth students including those in the MSAT program.

The MSAT program also has policies and procedures for MSAT Program Warning, Program Probation, or Program Suspension for violations of the additional policies and expectations laid out in this manual as well as violations of Whitworth University student conduct standards. Students will be notified through university email regarding any change in their program status. It is the Program Director and student’s responsibility to monitor status within the program.

Program Warning, Program Probation and Program Suspension are described below. While these are listed in order of increasing severity/consequences, but depending the situation and severity of the violation, a student may be placed directly on probation or suspension.

Program Warning

Program warning is formal notification of a violation with request to remedy a concern. Program warning does not result in removal of the student from clinical experiences or academic courses. The causes of warning will be given to the candidate in writing. Candidates on Program Warning have until the end of the next long semester to remedy the concern(s) which changed their status within the program. If the concern(s) are not addressed, a candidate may be put on probation or suspended from the MSAT Program.

Program Probation

Program Probation implies a student's violation(s) necessitate temporary removal from either clinical, extracurricular and/or academic experiences. Most commonly, probation involves removal of the student from clinical experiences for a set time-period or until a remediation action occurs. The causes of probation will be given to the candidate in writing. Candidates on Program Probation will be given in writing the required timeframe for remediation action to occur (e.g. the student must complete X by Oct 1, the student must increase their GPA at the end of the term). If the concern(s) are not addressed, a candidate may be suspended from the MSAT Program.

Program Suspension

Program Suspension implies the student's violation(s) necessitate removal from all clinical, extracurricular and academic experiences. The causes of suspension will be given to the candidate in writing. Candidates on Program Suspension will be given in writing the steps necessary for reinstatement to the MSAT program.

Appeal Process for MSAT Program actions

Note: there are University appeal processes for University Academic Warning, Probation and Suspension (<http://catalog.whitworth.edu/academicinformation/>) and University Behavioral Probation, Suspension, Sanctions (<https://www.whitworth.edu/cms/administration/student-life/student-handbook/behavioral-expectations/>).

This process is for the MSAT program. The right of appeal is available for MSAT students:

1. Appeals must be made in writing, dated and addressed to the AT Program Director, and should provide evidence supporting the appeal. Appeals must be made within 30 days of the notification of change in status.
2. First Level Appeal: The AT Program Director brings the appeal to the AT program faculty for a decision. The area dean or associate dean will be notified at this time and may elect to participate in the decision process at this level of appeal.
3. Second Level Appeal: The appeal is brought to the Associate Provost in the Academic Affairs Office. The Associate Provost brings the appeal before an appropriate committee (which may include the AT Program Director, area dean or associate dean, the academic review board, or others).
4. Decisions regarding appeals will be provided to the student in writing and will be sent in a timely manner.
5. Appeals may not be made directly to an off-campus clinical site or preceptor as these entities are independent of the University in student program status decisions.

Academic Retention Requirements

No credit toward a master's degree will be allowed for a course in which the student receives a grade of "C" or lower. A student will be required to re-take (at additional expense) any required course where they earn a "C" or lower. Note: This is a higher standard than the Whitworth Graduate Studies policy of "C-" or higher. Additionally, in accordance with Graduate Studies policy, "following any term/module in which a student's cumulative grade point average is below 3.0, the student may be placed on academic probation. The student may be dismissed from the graduate program if three grades of "C" or lower are accumulated, or if it is necessary for the student to be placed on academic probation more than twice."

Additionally, each instructor has the right to require students to earn a 70% or above on each major exam, project or assignment. Students not meeting this standard will be expected to repeat the exam, project or assignment, demonstrating improved proficiency by raising their score >70%. Students earning a passing grade in the class overall, but with a major exam or project <70% may face remediation, including being placed on program probation.

If a student repeats a course or withdraws from a course, it may impact their financial aid. Notify the financial aid office immediately to avoid unpleasant surprises!

Appeal Process

Per the Whitworth University Catalog (<http://catalog.whitworth.edu/academicinformation/>).

1. The right of appeal, through instructors/professors/deans in the following order, is available for students who feel they have received an **unfair grade**:
 1. the instructor of the course
 2. the program director
 3. the dean or dean's designee of the school

2. Appeals in cases of [academic] **suspension or expulsion**:

Discuss the issue first with the program director; the right of appeal is available to all students if the appeal is presented in writing within three weeks of the incident, to the following people in the following order:

1. the program director
2. a committee composed of the dean of the school, the director/chair of the program, and representatives of the program
3. the Educational Review Board

Behavioral Expectations

Code of Conduct

The expected behavior of all members of the Whitworth University Athletic Training Program is stated in the [NATA Code of Ethics](#) (see previous section) and the Whitworth University [Student Handbook](#). The program emphasizes professional behavior in all athletic training related practices as well as in each member's private lives, when applicable (see NATA principle 5.1). All of our actions reflect not only on the program but also on our individual commitment to being healthcare providers with high standards of professionalism.

Any breach of these expectations may result in further penalties such as warning, probation or suspension from the Athletic Training Program. Each case will be dealt with individually by the Program Director and other appropriate personnel.

Remember: **you write your own letter of recommendation every day**, make it a good one!

Program Communication

We require that each student utilize their Whitworth University email account and check it regularly. Prompt reply to requests from the AT Program Director and faculty is expected and is evidence of professional and courteous communication habits. Students are also requested to provide their cell phone numbers to clinical faculty and communicate through voice and text messaging if that is feasible and agreed upon by both parties (ATS and preceptor). Both should discuss the use of text messaging and appropriate communication practice and boundaries.

Policy on romantic relationships with patients who are consenting adults

It is unethical and violates many state licensure acts for a healthcare provider to engage in a romantic relationship with a current or former patient. This is due in part to the power the healthcare provider has over the patient. The unequal footing can lead to coercion. The patient may feel pressure to consent. They may perceive that refusing romantic advances could have negative implications for their healthcare.

In accordance with the Washington State Legislature (WAC 246-16-100), “A health care provider shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes but is not limited to: [kissing, hugging, sexual intercourse, suggestive speech, etc.].” Note: any romantic contact with a patient is considered sexual misconduct because it should not happen—sexual misconduct is not limited to coercion or inappropriate touch. Additionally, even after the end of the patient-provider relationship, “A health care provider shall not engage, or attempt to engage, in the activities listed [above] with a former patient, client or key party within two years after the provider-patient/client relationship ends.” (WAC 246-16-104)

As future health care professionals, Whitworth MSAT students will be held to similar standards. **ATS are not permitted to engage in a new romantic relationship with any patient at an assigned clinical site (including Whitworth) during their time in the MSAT program.**

Violation of this policy will be cause for program probation, suspension or removal depending on the severity of the violation.

Upon entry to the MSAT program, ATS will be asked to declare any current, preexisting romantic relationships with Whitworth student-athletes or any other individual who may be a patient at an assigned clinical site. If declared upon entry, the existing romantic relationship will not be cause for disciplinary action as a violation of this policy. If declared, ATS will not be allowed to interact with the student-athlete as a healthcare provider (e.g. the ATS cannot treat that individual, the ATS may not be assigned to that sport), thus minimizing the potential for a conflict of interest. If this romantic relationship declared is with a student-athlete at another clinical site (e.g. Gonzaga University) the ATS will not be assigned to that clinical site.

“But what if I meet my soul mate?” Even if you feel a strong connection to patient, according to Washington State Legislature not only can you not act on it now, healthcare providers must wait two years after the end of the patient-provider relationship. Why? Because relational power does not end the day after the season ends. Think of your high school teachers, do you still call them Mr. Smith and Ms. Jones rather than Ben and Sally? Still think of them first and foremost as your teacher, someone with authority? They still have presumed relational power even years after your teacher-student relationship officially ended. It is similar in patient-provider relationships. If you truly care about someone, you care about their free will and consent!

This policy is also in accordance with Whitworth athletics policy, which prohibits graduate assistants working with various sports to engage in romantic relationships with Whitworth student-athletes. The potential for a power/authority imbalance between graduate and undergraduate students also makes a romantic relationship unethical.

Note: This policy does not address romantic relationships with minors, because they are clearly illegal! ATS accused of engaging with a romantic relationship with a minor will be reported to local law enforcement and face disciplinary action within the MSAT program.

Technical Standards

Adapted from the NATA Education Council Guidelines

The Athletic Training Educational Program at Whitworth University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on the Accreditation of Athletic Training Education [CAATE]). Compliance with the program's technical standards does not guarantee a student's eligibility for the Board of Certification (BOC) certification exam.

The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student may not be able to complete the program.

Candidates for the Athletic Training Educational Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.

Physical skills required in the athletic training profession commonly include:

- Standing for 1-3 hours at a time during clinical experiences
 - Ambulating 5-100 yards indoors or outdoors over rough terrain at a speed that permits safe provision of patient care
 - Lifting objects up to 50lbs
 - Providing physical support and/or lifting an injured patient
 - Twisting, bending and/or kneeling on the floor while providing patient care
 - Providing patient assessment and care such as: visual inspection, palpation, stability testing, application of pressure to stop bleeding, and the ability to perform cardio pulmonary resuscitation.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate clinical decisions and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
 4. The ability to record the physical examination results and a treatment plan clearly and accurately.
 5. The capacity to maintain composure and continue to function well during periods of high stress.

6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

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

The Educational Support Services Office in collaboration with the Athletic Training Education Program will evaluate a student who states he/she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation. A student may be administratively withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, that the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others.

Sign ONLY ONE statement below:

Statement 1: For students not requesting accommodations

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I may not be able to complete the program.

Signature of Applicant

Date

Statement 2: Alternative statement for students requesting accommodations.

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the office of Educational Support Services to determine what accommodations may be available and appropriate. I understand that if I am unable to meet these standards with or without accommodations, I may not be able to complete the program.

Signature of Applicant

Date

Additional Costs Associated with the AT Program

We make every attempt to minimize extraneous costs associated with the program. Beginning in the 2022-23 academic year, graduate students tuition will be “all-inclusive” meaning that we provide all the items below without any additional fees.

- Textbooks
- Background check & drug test
- NATA membership
- AT clothing starter package
- CPR & first aid certification
- Registration & hotel for regional AT conference
- Extra clinical certifications (e.g. Graston M1 training, Casting workshop, etc.)
- Access to the University Health and Counseling Center, Marriage and Family Therapy Center, and University Recreation (U-Rec)

Students are still responsible for the following additional expenses:

- **Immunizations:** Student are responsible for any personal immunizations, titers, or tests needed to meet AT Program requirements (see Immunization requirements). TB testing typically costs \$40. The cost of titers to confirm immunity varies depending on your personal insurance. There are no refunds of immunization expenses.
- **Clothing:** Admitted & deposited students are provided their startup gear package at no additional expense. Any optional additions to the startup gear order are the student’s responsibility. Additionally, students must have tan pants, tan shorts, black pants, and black shorts in an approved style (see dress code) to wear during their clinical experiences (cost of these items may vary and are the responsibility of the student). There are no refunds of clothing expenses after ordering.
- **Transportation & clinical rotations:** Most off-campus affiliations are associated with small transportation costs (local clinical sites are typically within 5-30min of campus), which may include public transportation costs or the need for a personal vehicle. Students who accept clinical rotations away from the Spokane-metro region are responsible for any additional living expenses as well as travel costs. Typically, required team travel is paid by the clinical site (e.g. if officially traveling with WU football, they will pay food, housing and bus costs). Students who engage in optional travel experiences may be responsible for travel costs and should consider if the optional experience is within their budget (e.g. if Mead basketball does not ask a student to officially travel with the team to the state tournament, but you ask and receive permission to travel separately).
- **University parking passes** are currently free for students paying graduate tuition (this could change at anytime). Students paying undergraduate tuition will have to pay for a parking pass at the current university rate.

MSAT Textbook Library Policy

Whitworth MSAT has a textbook lending library for several of the texts/books/textbooks utilized throughout the MSAT program. The following policies & procedures govern textbook lending, return, replacement, etc.

Every text/book/textbook in the MSAT library has a number. This number is typically written on the top border of the textbook.

MSAT books will be assigned to students by number. For example, Sally Pirate is assigned book #1 at the beginning of the term. Whenever possible, the student will have the same book # for all different classes/books. A reference chart with assigned book numbers is typically posted on a cabinet in the MSAT classroom.

Students should inspect their book within the first week of class. All books are in very good shape (no rips, highlighting, etc.). The student should report to the instructor and/or the program director if they notice pre-existing damage that they are not responsible for. Students will not be responsible for pre-existing damage if it is reported within the first week.

Students must return all their assigned books by the final exam date for each class. Note: Students are responsible for their assigned book #; regardless of whether books have been switched/mixed up between students throughout the semester!

Students who do not return a book are responsible for the cost of replacing that book with a new book. For example, if the student loses (or simply wishes to keep) a MSAT textbook, they would have 2 primary options:

- Purchase a replacement book (must be new, not used) from the vendor of choice. This replacement book should be delivered to the program director for cataloging & releasing the student from responsibility.
- Pay the MSAT program the cost of a replacement book. The owed amount will be set by the program director based on the cost of a new copy of the book on Amazon. This amount may be added to the student's university account.

Student: By signing below you are acknowledging that you've read and understood the policies and procedures in this policy. If you choose to utilize textbooks from the MSAT library (rather than purchasing on your own) you agree to abide by these policies & procedures, including either returning or replacing each textbook.

Signature

Date

Name (printed/legible)

MSAT Course Curriculum and Sequence

Prerequisites prior to admission to the program (effective July 1, 2023)		Credits
HS 220	Human Anatomy and Physiology I	4
HS 221	Human Anatomy and Physiology II	4
PY 101	Introduction to Psychology	3
BI 140/L	General/Introductory Biology	3-4
CH 101/L or CH 161/L	General/Introductory Chemistry	3-4
PS 151, PS 131	General/Introductory Physics (or Biomechanics)	3-4

MSAT Transfer Policy

Please see the Whitworth Catalog for general policies related to graduate transfer credit. Specific to the MSAT program, generally coursework will not be considered for transfer unless completed in a CAATE accredited athletic training degree program and approved by the Program Director.

Athletic Training Courses		Credits
AT 520	Emergency Response and Acute Care	3
AT 521	Techniques in AT	1
AT 532	Pathophysiology and Modalities	3
AT 537	Clinical Anatomy	3
AT 534	Examination of Lower Extremity Pathology	4
AT 544	Techniques in Manual Therapy	2
AT 545	Examination of Spine & Upper Extremity Path.	4
AT 546	General Medical Conditions	3
AT 549	Research Methods of Evidence-Based Practice	3
AT 552	Therapeutic Exercise	3
AT 559	Statistics in Healthcare Research	3
AT 561	Exam Preparation	1
AT 562	Advanced Clinical Practice	3
AT 563	Administration & Business in AT	3
AT 571-7	Clinical I-VII	12
AT 538	Seminar I	1
AT 548	Seminar II	1
AT 558	Seminar III	1
AT 568	Seminar IV	1
AT 583	Pharmacology for AT	2
AT 584	Psychology for AT	2
AT 585	Sports Nutrition	3
AT 586	Strength & Conditioning	3
AT 598A	Capstone in AT	1
AT 598B	Capstone in AT	1

See next page for typical course sequence

MSAT Course Sequence

*Note: this is a sample sequence. Select courses are offered on an alternating basis, thus individual student plans will differ. These courses are indicated by “even years” or “odd years” on the schedule below.

2-YEAR M.S. IN ATHLETIC TRAINING Sample Schedule

YEAR 1

SUMMER TERM		
COURSE #	COURSE NAME	CREDITS
AT-520	Emergency Response & Acute Care	3
AT-521	Techniques in Athletic Training	1
TOTAL		4

FALL TERM		
AT-532	Pathophysiology & Modalities	3
AT-534	Examination of Lower Extremity Pathology	4
AT-571	Clinical I	2
AT-538	Seminar I	1
AT-537	Clinical Anatomy	3
TOTAL		13

JANUARY TERM		
AT-544	Techniques in Manual Therapy	2
TOTAL		2

SPRING TERM		
AT-545	Examination of Spine & Upper Extremity Pathology	4
AT-552	Therapeutic Exercise	3
AT-572	Clinical II	2
AT-548	Seminar II	1
AT-559	Statistics in Healthcare Research (odd years)	3
AT-586	Strength & Conditioning (odd years)	3
TOTAL		16

YEAR 2

SUMMER TERM		
COURSE #	COURSE NAME	CREDITS
AT-573	Clinical III	1
AT-574 and/or AT-577	Clinical IV and/or Clinical VII	1-2
AT-598A	Capstone in AT	1
TOTAL		3-4

FALL TERM		
AT-546	General Medical Conditions	3
AT-563	Administration & Business in AT	3
AT-575	Clinical V	3
AT-558	Seminar III	1
AT-583	Pharmacology for AT	2
AT-584	Psychology for AT	2
TOTAL		14

JANUARY TERM		
AT-561A	Exam Preparation	0.5
AT-574 or AT-577	Clinical IV or Clinical VII	0-1
TOTAL		0.5-1.5

SPRING TERM		
AT-561B	Exam Preparation	0.5
AT-562	Advanced Clinical Practice	3
AT-576	Clinical VI	2
AT-568	Seminar IV	1
AT-549	Research Methods of Evidence-Based Practice (even years)	3
AT-585	Sports Nutrition (even years)	3
AT-598B	Capstone in AT	1
TOTAL		13.5

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Clinical Experience Requirement

Students admitted into the AT Program are required to complete Clinical Experiences (CE) at Whitworth MSAT approved clinical affiliates. CE provide opportunities for students to practice, learn, and develop AT knowledge, skills and abilities (KSAs) with a real patient/client population. CE contribute to learning over time, and integration into live clinical environments. During clinical experiences, students are supervised by a clinical preceptor who is trained by the WU MSAT program. Students are assigned to a preceptor at each site who is responsible for providing regular instruction, direct supervision, and evaluation. The CE site will be assigned by the Clinical Education Coordinator in collaboration with the athletic training student (ATS) and Program Director.

A few bits of general advice for CE

1. Be professional at all times. You are an ambassador for Whitworth MSAT.
2. Be pro-active in your learning experience. Have a plan for each day of your clinical, this should include having specific clinical proficiencies to address on a given day.
3. Be curious, this is your opportunity to learn outside of the classroom! Ask appropriate questions at the appropriate time. Questions may need to wait until the patient, parent or other clinicians are absent.
4. Push yourself to learn and grow (within your scope of practice). Do not limit yourself to tasks that are familiar or comfortable.

Prerequisites

Athletic training students enrolled in each CE have met appropriate admission standard, technical standards, immunization standards, passed a criminal background check, and hold current CPR and First Aid Certificates. CPR and First Aid are completed as part of AT 520, students are required to pass. This 2-year certification lasts the duration of the program.

Onboarding and Student Safety

Prior to beginning a CE (aka prior to any hours, any patient/client care), the student must be oriented (aka onboarded) to the clinical site. Orientation should include policies and procedures (e.g. EAP, location of BBP barriers, use of nametags or other systems to differentiate between students and credentialed providers) as well as an introduction to your preceptor and their preferences (e.g. do they want you to communicate via email vs. text). To facilitate onboarding all off-campus CE require the student to complete an “MSAT Onboarding Passport” (see example in this Handbook) on the first day of the clinical rotation. The on-campus clinical site does not require this worksheet because they host a multi-day onboarding training that is mandatory for all students and covers all required items. As part of onboarding (on or before the first day of each new CE), venue-specific critical incident response procedures (e.g. EAPs) must be reviewed with the preceptor. The program maintains a file containing EAP documents for all active clinical sites, which is immediately accessible to all students via a shared OneDrive folder. Most clinical sites have this document posted in paper copy at the clinical site. Students at clinical sites which do not post the policy in paper copy are encouraged to print a paper copy to bring with them to the site (they also have immediate access via the OneDrive folder on their mobile device). Additional facets of student safety during CE are protected through policies

within this MSAT Student Handbook (e.g. immunization requirements, communicable disease policy, etc.). Students must be familiar with all MSAT Student Handbook policies.

Clinical Proficiencies

During the CE students have opportunities to practice skills on a real (preferred) or simulated (sometimes necessary) patient population and receive constructive, developmental feedback from their clinical preceptor. After gaining experience throughout the clinical rotation, the student demonstrates they are prepared to perform skills associated with the standard by requesting the preceptor formally assess them using the associated CP sheet. CP sheets give students specific clinical tasks to perform. These are preferably completed on a real patient population but may be simulated. Preceptors rate students utilizing a standardized scale. Students are required to repeat the skill until they receive a rating of “competent” (which indicates that the student is able to perform the skill independently at an acceptable entry-level, safely, effectively, and efficiently.). Students are required to eventually pass every assigned clinical proficiency (CP) prior to completing the course. While the majority of CPs are assessed by the affiliated preceptor, if simulation is necessary the course instructor (a certified AT) may assess the skill instead of the preceptor.

Policies related to Clinical Hours, Maximums, Rest Days and University breaks

To promote a quality learning experience and appropriate workload, a maximum hour policy will be in effect any time regular University classes are in session. **The MSAT program follows a modified version of the undergraduate academic calendar, available from the registrar’s [website](#).** During university breaks when regular classes are not in session hour maxes are not applicable. Students are responsible for tracking their own hours and notifying their preceptor in advance if they anticipate an overage of clinical experience hours.

At all times of the year students will receive a minimum of 1 day off in every 7-day period. In general, the CE should follow the academic calendar of Whitworth University. Students will generally receive all long university breaks (e.g. spring break, Christmas break) but may be required to participate in clinical experiences over short minor breaks (e.g. Labor Day).”

To maintain satisfactory progress towards graduation the number of clinical hours will average 100 hours per credit over the course of the program (12 clinical experience credits x 100 hours = 1200 minimum hours to graduate).

The exact number of clinical experience hours completed per credit (beyond the 40-hour minimum) will vary depending on multiple factors. These factors may include the length of the clinical rotation, type of rotation, term of rotation, and preceptor preference regarding going above the minimum required hours. Additionally, the variability in the number of clinical experience hours completed each semester is unavoidable based on normal fluctuations in patient load based on athletics seasons and the program’s intentional emphasis on quality (vs. quantity) of hours. For example, when assigned to the Whitworth University clinical site the number of quality hours available is greatest in the fall and winter, corresponding the higher patient loads during these seasons, and thus athletic training students are intentionally given more clinical experience opportunities during these seasons than during the spring. During students off-campus clinical experiences, restrictions in site operating hours may influence the

total number of hours students perform within the allowed range (e.g. a clinic that closes at 5pm, or a high school that does not open their athletic training facility until classes end at 2:30).

Due to the multitude of factors that can affect the number of clinical experience hours completed each semester, the AT Program has developed its current policies:

- The minimum number of clinical experience hours per academic credit is 40 hours.
- The maximum number of clinical experience hours which may be assigned in any clinical experience course is equal to the weekly maximum (e.g. 20 hours) times the number of weeks in the term (e.g. 15) plus any course specific allowance for hours when traditional classes aren't in session (e.g. preseason, spring break, etc.).
- The recommended number of clinical experience hours is approximately 100 per credit hour, however the actual number can vary within the permitted range (minimum to maximum).
- Within the permitted range, clinical experience instructors can assign a student-specific minimum number of clinical experience hours necessary for successful course completion (taking into consideration the unique nature of the clinical experience assignment).
- The minimum number of clinical experience hours over the course of the 2-year MSAT program is standardized at 1200 hours. There are three types of clinical hours which may be assigned.
 - Standard clinical hours: Minimum of 1050 over course of program.
 - Immersive clinical hours: Minimum of 150.
 - Supplemental clinical hours: Minimum varies. Average is 100 hours.
- Across all clinical experience courses, the maximum number of clinical experience hours a 1st year MSAT student can engage in while traditional academic classes are in session is 40 hours averaged every 2 weeks (e.g. ~20hrs/week).
- Across all clinical experience courses, the maximum number of clinical experience hours a 2nd year MSAT student can engage in while traditional academic classes are in session is 30 hours a week (no averaging). However, they should still average ~20hrs/week across the term.

Documenting Clinical Hours

Hours must be logged in the format and by the time/date required in the course syllabus. Hours not logged in accordance to course policies may not be counted towards total program hours or course requirements. It is the sole responsibility for the ATS to document hours accumulated during clinical rotations.

Do not schedule personal appointments during clinical hours without prior approval.

Emergencies do occur, and in those cases it is your responsibility to communicate with your preceptor and the CEC. Please plan ahead so you are on time, give yourself time for traffic, parking delays, etc. See "Time-off Request Policy" for further guidance.

Policies Specific to Off-Campus Clinical Experiences

ATS are required to complete off-campus clinical experiences at ≥ 3 different types of clinical sites: a general medical site, a therapy clinical site, and at least 1 traditional athletic training site. The off-campus rotations coordinated by the Coordinator of Education Coordinator (CEC) with

input by the student. The following are general expectations for off-campus clinical experiences. Specific expectations, evaluations, etc. will be covered during or prior to the start of the specific clinical course.

At the beginning of each rotation, the ATS is required to contact their assigned Preceptor as soon as possible (typically 1-2 weeks before the rotation officially starts) so that rotations can begin without delay. One of the learning goals for off-campus rotations is that students learn to create and manage their own clinical schedules. Schedules need to satisfy multiple parties: the goals/expectations of their preceptor, course/program requirements, & the student's own learning needs. For some students this will be a challenge! Ask for help early if needed.

There may be travel and transportation requirements and costs to off-campus clinical experiences. The MSAT program will attempt to accommodate students with limited transportation, but ultimately the responsibility is on the student to arrange for transportation to assigned clinical sites. Please see "Additional Costs Associated with the AT Program" for further description.

Additional advice specific to off-campus rotations:

1. Be professional at all times. You are an ambassador for Whitworth MSAT.
2. Always wear your WU or site specific name tag/badge. Seek out and adhere to the dress code for your specific rotation.
3. If you experience potential violations of MSAT policy at your clinical site, bring it to the attention of the CEC immediately.

Patient Encounter Tracking Instructions

Purpose

To ensure students gain sufficient experiences with patients with a variety of health conditions commonly seen in athletic training practice. And to ensure clinical experience include clinical practice opportunities with varied patient populations seen by ATs (e.g. throughout the lifespan, sport vs. non-sport, varying level of sport, etc.).

Instructions

Students must track patient encounters weekly using a form provided by the AT program.

- Recommended number of patient encounters documented each week: 2-5
- Weekly minimum number of patient encounters: 2
- Average weekly patient encounters over the term: 3

What to track? Students should track both orthopedic patient encounters and non-orthopedic medical conditions.

- First priority: Document any non-ortho medical conditions seen. Examples of non-ortho conditions are given in the table below.
- Second priority: Document orthopedic medical conditions seen.
- General priority: Try and include variety. If you see 3 ankle sprains, 3 knees and 3 concussions, document 1 of each.

Example 1: In clinicals this week you experienced 8 different ortho conditions, 1 heat illness, and 1 diabetic encounter. You would prioritize documenting the heat illness and diabetic encounter (no-ortho medical conditions), and then pick 1-3 of the ortho conditions.

Example 2: You only had 1 day of clinical this week, and during that time you treated 1 patient for Achilles tendonitis. Document that 1 patient encounter. You'll get half credit (cause you didn't meet the minimum of 2)...but you can drop your two lowest scoring weeks. Next week document 1-2 extra conditions, so that your weekly average stays at 3 despite this low week.

Condition	Examples (there could be more)
Emergent conditions	Anaphylaxis, asthma attack, diabetic emergency, sickling, rhabdomyolysis, heat illness
Behavioral conditions (mental)	Anxiety, depression, eating disorder, self-harm
Neurological conditions	Concussion, brachial plexus injury, carpal tunnel, cubital tunnel, neuropraxia
Endocrine conditions	Diabetes
Dermatological conditions	Does not include standard wound care or blisters! Skin infection, MRSA, ringworm, cellulitis, infected ingrown toenail, wrestling skin conditions
Cardiovascular conditions	Heart arrhythmia, high blood pressure, CPR, Marfans
Respiratory conditions	COVID, pneumonia, asthma, smoke inhalation, common cold, upper respiratory tract infection
Gastrointestinal conditions	Stomachache, diarrhea, food poisoning, heart burn
Genitourinary conditions	Bladder infection, yeast infection, testicular trauma

Otolaryngological conditions	Lost voice, common cold, sinus infection, trauma to the throat
Ophthalmological conditions	Corneal abrasion, finger to eyes, turf in eye, black eye (periorbital hematoma)
Dental conditions	Pathology of the teeth, tongue, or interior mouth; chipped tooth, lost tooth, laceration to tongue
Environmental conditions	Heat, cold, smoke, lightening

Grading:

- Satisfactory documentation of patient encounters earns the student points (check your syllabus for exact point values). Satisfactory documentation is defined as:
 - Sufficient number
 - Complete & accurate
 - On-time
- Deductions will be made if any of the above components are missing.

Required information for each patient encounter entry is described below

Section 1: Dx and category

	https://icd10cmtool.cdc.gov/		
Date	ICD-10 Code	Dx (lay & official)	Condition Type/Category
15-Sep	J01.90	Sinusitis, sinus infection	respiratory conditions
1-Oct	L08.9	Infected toenail, cellulitis toe	dermatological conditions

Section 2: Your role in this patient encounter. You don't have to be the primary person in charge to document a condition. Just mark each role that you had (observer, evaluator, etc.).

What was your role in care? Please check all the apply.				
Prevention	Clinical Eval & Dx	Immediate & Emergency Care	Tx & Rehab	Observation &/or Referral
	1		1	
			1	1

Section 3: Describe the patient characteristics for this patient encounter. Use the drop down menus to quickly complete this section. For “resources” see further instructions below.

Describe patient characteristics				
Age	Sex	Sport type (if applicable)	Non-sport activity (if applicable)	Resources (see -->)
Pediatric (<18)	Female	Basketball	NA	Moderately resourced: app
Adult, older (55+)	Male	NA	industrial or occupational	Well resourced: appears to

Resources

The resources column asks you do consciously document something that clinicians should do with every patient encounter, but often do it unconsciously or even forget to do it. It asks you to think about whether your patient has the resources (emotional, financial, time, parent support, etc.) to actually do what you told them to do—or do you need to modify the plan to fit with their resources. E.g. if you told them to ice back in their dorm tonight, do they have access to an ice machine? E.g. if you told them to go to the urgent care for x-rays, do they have insurance to go, and parents or friends to drive them? This question isn't asking for you to judge the person, but to give them a plan and then remember to ask them “Does this plan work for you?” “Is there anything you need help with in order to care for your injury/illness?” “Is there anything you

don't understand?" For this column of the patient encounter tracking, you'll select 1 of 3 options: well resourced, moderately resourced, or limited resources. See full description below.

Resources: We're going to use resources as a proxy for socioeconomic status. The statements below describe how your patient's resources as they relate to their health & care plan.

Well resourced: appears to have sufficient resources (time, money, education, parental support, insurance & other) to fully implement recommended plan of care without modification

Moderately resourced: appears to lack ~1 resource (time, money, education, parental support, insurance or other) to fully implement recommended plan of care; minor modification needed

Limited resources: appears to lack 2+ resources (time, money, education, parental support, insurance &/or other) to fully implement recommended plan of care; major modification needed

Clinical Experience Sequence

AT 571 Clinical Experience I, 2 credits

This clinical rotation will take place in the fall at Whitworth University clinical site. During this course, the student will be exposed to: general athletic training room operations; non-contact, contact, and collision sports; male and female patients; individual and team sports. Proficiencies will include skills primarily from AT 520 Acute Care & Emergency Response, AT 521 Techniques in AT, AT 534 Lowers and AT 532 Modalities.

AT 572 Clinical Experience II, 2 credits

This clinical rotation will take place in the spring at a traditional athletic training clinical site (on or off-campus). Proficiencies will include skills primarily from AT 534 Lowers, AT 532 Modalities, AT 544 Techniques in Manual Therapy, and AT 545 Spine & Uppers.

AT 573 Clinical Experience III, 1 credit

This clinical rotation will take place in the summer at a general medical clinical site (off-campus). Proficiencies will include skills primarily related to AT 346 General Medical Conditions.

AT 574 Clinical Experience IV, 1 credit

This clinical rotation will take place at a clinic or industrial site (off-campus) either (a) in the summer of year 2 or (b) in January of year 2. Proficiencies will include skills primarily from AT 545 Spine & Uppers and AT 552 Therapeutic Exercise.

AT 575 Clinical Experience V, 3 credits

This clinical rotation will take place in the fall at a traditional athletic training clinical site (on or off-campus). Proficiencies will include skills from any prior course with an emphasis on skills from AT 545 Spine & Uppers, AT 552 Therapeutic Exercise, AT 546 General Medical Conditions, and AT seminars.

AT 576 Clinical Experience VI, 2 credits

This clinical rotation will take place spring in the traditional athletic training clinical setting (on or off-campus). Proficiencies will include skills from any prior course with an emphasis on skills from AT 563 Business and Administration, AT 586 Strength and Conditioning, AT 583 Pharmacology, AT 585 Sports Nutrition and AT 584 Psychology

AT 577 Clinical Experience VII, 1 credits

This clinical rotation will take place in an immersive setting with an athletic trainer (on or off-campus) either (a) in the summer of year 2 or (b) in January of year 2. Proficiencies will include skills primarily from AT 549 Research Methods for Evidence Based Practice, AT 534 Lower Extremity, AT 545 Spine & Uppers and AT 552 Therapeutic Exercise.

MSAT Onboarding Passport

Instructions for the Preceptor:

The health and safety of your patients/clients and our athletic training students is very important to the Whitworth AT Program. To facilitate health, safety, and a positive transition to your clinical site please review the following onboarding items with the student on or before the first day of the clinical rotation. We ask that after the student has filled in the appropriate answer, you sign at the end to indicate you have reviewed this topic with them.

Instructions for the Student:

Please complete the questions below related to policies & procedures at your new clinical site. Start by referencing the copy of the EAP on OneDrive prior to arriving, then fill in any gaps during your conversation with your preceptor. After reviewing the form with your preceptor, please sign and date.

Clinical Site: _____ Semester/Year: _____

Preceptor: _____ Student: _____

1. Where is a copy of the EAP located on-site? (Student review the EAP, it'll probably have all the answers below!)

2. What are critical incident response procedures? In case of emergency:
 - a. Who is in charge? What is the chain of command? Who should the student notify?

 - b. How does the AT student fit into the chain of command or response within an emergency situation? AKA what is the role of the AT student?

 - c. Where is emergency equipment located?

3. To protect patient, client, and student health and safety during clinical encounters:
 - a. Where is the clinical site BBP policy posted or maintained?

 - b. Where are BBP barrier and sanitation precautions located? (e.g. where are hand sanitizer, gloves, breathing barriers, masks, sinks at remote venues)

- c. What are the communicable and infectious disease policies at this clinical site? (e.g. policies to prevent spread from you to patient, patient to you, patient to patient, etc.)

 - d. Is there potential for radiation exposure at this clinical site? If so, what are policies to reduce/limit risk to students? If no, write NA.

 - e. What barriers have been put into place in order to maintain and keep patient privacy and protection? Is there any site specific guidance (e.g. who is allowed to access information, who you can share patient info with, etc.) students should be aware of?

 - f. In order for patients/clients to be able to *differentiate practitioners from students* Whitworth policy is that you should always be wearing your Whitworth MSAT Program name badge. This policy is in place at all times unless you and your preceptor come up with a different plan that accomplishes this same goal. Please indicate if you'll be using nametags or describe the alternative plan in the space below.
4. Has the student been oriented to documentation policies and procedures? This must occur before patient care. Student please describe at least 1 policy/procedure below.
 - Yes
 - No

 5. What are the preceptor's preferences for communication? E.g. Call, email or text? Weekly check-in meeting? Do they have any requests (e.g. do ask questions during X, but don't do Y)?

 6. Are there any other important onboarding details specific to this clinical site (e.g. building access, parking, etc.)?
 - 7.

Preceptor and student: Please sign to indicate that you have reviewed the Emergency Action Plan and procedures of this clinical site. This review should occur prior to engaging in clinical experience hours.

Signature of Preceptor (or designee)

Date

Signature of Student

Date

Sample Clinical Experience Evaluation Form

Student Name: [Click here to enter text.](#)

Term: [Click here to enter text.](#)

Rating Scale For all Questions:	5	4	3	2	1
	Consistently exceeds expectations	Always meets expectations	Usually meets expectations	At times meets expectations	Does not meet expectations

Professional Behaviors	5	4	3	2	1	NA
1. Attitude. Student consistently has an attitude that is positive, curious and ready to learn. The student is fully present when present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appearance. The student's appearance is consistently professional in attire and grooming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reliability. The student is always punctual and reliable. Communicates clearly about scheduling and is flexible with schedule changes. The student efficiently and accurately carries out assigned tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Scope of practice. The student stays within the boundaries of supervision, only performing skills & making decisions that have been approved by the preceptor. The student always stays within the scope of practice of an AT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ethical, legal and professional behavior. The student abides by the NATA Code of Ethics, MSAT Program policies and clinical site policies. The student acts with honesty & integrity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on Professional Behaviors:						

Interpersonal Skills	5	4	3	2	1	NA
6. Communication with healthcare team (i.e. supervisors, peers). Student communicates clearly & effectively both orally and in writing. Communication is timely and efficient. The student understands the roles & responsibilities of all members of the healthcare team. When appropriate, the student actively participates in a team approach to patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Communication with patients. Student communicates with patients clearly & effectively. Student checks for patient comprehension of their condition and plan of care. Student demonstrates compassion for patient well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cultural competence. The student's attitude & behavior convey respect/ acceptance of diverse individuals and groups (e.g. diversity in culture, race, religion, disabilities, and/or sexual orientation). Where appropriate the student incorporates a patient's beliefs, values and cultural practices in patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Response to feedback. The student is open & responds positively to constructive criticism. The student utilizes feedback to improve their performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on Communication Skills:						

Clinical Skills and Quality of Work	5	4	3	2	1	NA
10. Clinical Reasoning. The student demonstrates clinical reasoning <i>appropriate to their level in the program*</i> . The student engages in problem solving and applies academic content to clinical scenarios.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Psychomotor skills. The student's psychomotor skill performance (e.g. taping, manual therapy, wound cleaning, casting, etc.) are <i>appropriate to their level in the program*</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Plan of Care. The student is able to formulate a plan of care <i>appropriate to their level in the program*</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Evidence Based Practice. The student utilizes best practices when formulating care plans, understanding the rationale for care performed. When appropriate the student seeks and incorporates additional information/research/evidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Patient Safety. The student takes appropriate safety precautions without prompting. Student's decisions are sound in regards to patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on Clinical Skills & Quality of Work:						

Overall Rating & Developmental Feedback

Consistently exceeds expectations	Always meets expectations	Usually meets expectations	At times meets expectations	Does not meet expectations
5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

What are **3 areas of strength** of the student?

What are the **3 most important area(s) for improvement** for the student?

* *Appropriate to their level in the program*

Year 1	<p>Fall: The student should be able to perform basic acute & emergency care tasks, taping & bandaging, apply modalities, and lower extremity evaluation skills.</p> <p>Spring: The student should be able to perform all prior skills plus basic skills in manual therapy, head/spine/upper extremity evaluation, and therapeutic rehabilitation.</p>
Year 2	<p>Summer: The student should be able to perform most tasks related to musculoskeletal care including evaluation & rehabilitation, & basic tasks related to general medical conditions (e.g. auscultation, vitals, etc).</p> <p>Fall: The student should be able to perform most tasks expected by an entry-level athletic trainer.</p> <p>Spring: The student should be able to perform all tasks expected by an entry-level athletic trainer.</p>

Clinical Evaluation of Athletic Training Students

ATS are evaluated in an ongoing manner through various modes. At the completion of each clinical rotation, every student will meet with their preceptor for a formal evaluation utilizing the Clinical Evaluation Form. The preceptor will rate the student and the student will also rate themselves on each item of the form. This form is used to recommend advancement or indicate the need for remediation. This form (or a shortened version) may also be used for mid-term evaluations. A copy of each end-of-rotation evaluation will be kept in the student's file.

The MSAT program is both an academic degree granting program (meeting university requirements for a master’s degree) and an accredited athletic training education program (meeting national requirements for entry into a healthcare profession). It is possible for a student to meet all other academic requirements, but not display satisfactory competence in clinical rotations and/or clinical courses. As an entry-level healthcare professional program, we must maintain high national standards for clinical competency in clinical rotations and clinical courses. We cannot grant BOC exam eligibility to any student who does not display satisfactory competence in clinical rotations and/or clinical courses, even if that student has completed all other required coursework. Thus each clinical course syllabus includes the following standardized policy:

“In order to successfully complete your CE you must (1) earn a passing grade according to the grading scale set forth in this course, and (2) complete the four specific items below:

1. Demonstrate successful mastery of all assigned clinical proficiencies.
2. Complete at least the minimum number of hours assigned by the course instructor.
3. Receive a favorable evaluation* for program continuance from all preceptors.
4. Complete all required evaluations of the clinical site, yourself and the preceptor.

In the event that any 1 of these 4 requirements is not met, you may receive a penalty of up to 30% of your overall grade for the course, which could result in not being allowed to progress in the AT Program.”

*A favorable evaluation is defined as an overall rating of ≥ 3 (“usually meets expectations”) AND most individual item scores ≥ 3 (“usually meets expectations”).

Standard penalties include:

- If an overall score is 1 (“does not meet expectations”), the maximum penalty applies (30%).
- If an overall score is 2 (“at times meets expectations) the following rubric applies

# of individual item scores <3	1-2	3-4	5-6	7-8	9-10	11-14
Penalty to overall course grade	15%	20%	25%	30%	30%	30%

- If an overall score is 3 (“usually meets expectations”), but has individual item scores <3 the following rubric applies

# of individual item scores <3	1-2	3-4	5-6	7-8	9-10	11-14
Penalty to overall course grade	7%	12%	17%	22%	26%	30%

- If an overall score is 4-5 (“always meets expectations” to “consistently exceed expectations”), the following rubric applies

# of individual item scores <3	1-2	3-4	5+
Penalty to overall course grade	5%	8%	NA—reconsider overall score

Common indicators of unsatisfactory performance in clinical rotations:

- A preceptor evaluation of <3 on any item. An occasional score of 3 is normal, but having more than a few “3”s (“usually meets expectations”) is cause for concern.
- A preceptor overall evaluation is ≤ 3 overall.
- Failure to pass assigned/required clinical proficiencies in a timely manner.
- Failure to demonstrate maintained entry-level competency on any previously required skill with sufficient notice (generally sufficient notice is ~24hrs). For example, if there is a question about your competency in concussion evaluation after initially passing that skill, a preceptor could warn you that you were going to be reassessed on that skill the next day.
- Unethical or illegal behaviors during clinical rotations, e.g. any inappropriate relationship/conduct with a minor. E.g. repeated or gross violation of clinical supervision policy.

Consequences include grade penalty within the clinical course, individual remediation, program disciplinary action, and/or university disciplinary action. All disciplinary actions are documented and eligible for appeal.

Time-off Request and Sick-Day Notification Policy

The purpose of this policy is to close the loop on communication regarding requests for time off, illnesses, etc. amongst AT program faculty & staff. The aim is to consider requests in a holistic and equitable manner. The MSAT values educational experiences, thus we want to ensure than planned or unplanned absences do not detract from clinical or academic opportunities. The MSAT does NOT utilize a strict rubric (e.g. up to 2 days off will be automatically approved per term), but rather utilizes a situational approach that considers the circumstances of the request and the impact to the student and others.

Note: Program time-off request are designed for emergencies, medical appointments, or important family events—not so you can work for an outside employer. Do not ask for time off from your MSAT program requirements so you can work another job. See the “Outside Employment Policy” in this manual for further description.

Time-off Requests

Time-off requests for non-emergency reasons should be made a minimum of 3 weeks ahead of time whenever possible. Time-off requests for unplanned or unplannable life events (e.g. a birth, family illness) should be requested asap before *or after* event. Yes, even if you’ve already missed, please send this request as soon as feasible so we can document the situation that already occurred. You do NOT need to request time-off for WU university sponsored events (e.g. travel with team, NWATA) but you do need to communicate with your instructors.

In general there are 2 types of requests:

1. Time-off requests effecting both assigned clinicals and academic classes
 - On-campus clinicals: Email should be sent to all current instructors, Cynthia (PD), Shane (CEC), and Sarah (Head AT). Cynthia will coordinate & communicate approval/disapproval.
 - Off-campus clinicals: Email should be sent to all current instructors, Cynthia (PD), Shane (CEC), and preceptor. Cynthia will coordinate & communicate approval/disapproval.
2. Time-off requests effecting only assigned clinicals
 - On-campus clinicals: Email should be sent to Shane (CEC) and Sarah (Head AT). Sarah will coordinate & communicate approval/disapproval..
 - Off-campus clinicals: Email should be sent to Shane (CEC) and preceptor. Shane will coordinate & communicate approval/disapproval.

On-campus clinical rotation email template (copy, paste then edit this template)

To: (see above)

Please see the following time-off request.

Today's Date (date of request)	Your name	Date(s) you're requesting off	Reason (bold 1)	Rationale (brief)
5/25/2022	Sally Pirate	8/25/2022	<ul style="list-style-type: none"> • Planned time off • Emergency time off 	Doctor's appointment at 2pm. Will need 1-4pm off for travel.

			• Sick day	
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I acknowledge that this request is not approved until I receive a formal response from Cynthia and/or Sarah.

If approved, I acknowledge that (a) I am responsible for communicating with all course instructors regarding any make-up work or rescheduling; and (b) out of courtesy I should communicate directly with my current preceptor (e.g. tell/remind Matt on Friday that I will be gone on Tuesday).

Thank you for considering this request.

Your name

Off-campus email template (copy, paste then edit this template)

To: Shane and _____ (add your preceptor here)

Preceptor: Please see the following time off request. **Can you please email Shane whether you support this request or do not support this request?** A simple yes or no is sufficient, but you can also communicate rationale if desired. Your response will be confidential unless you choose to cc me.

Shane: Please see the following time-off request.

Today's Date (date of request)	Your name	Date(s) you're requesting off	Reason (bold 1)	Rationale (brief)
5/25/2022	Sally Pirate	8/25/2022	<ul style="list-style-type: none"> • Planned time off • Emergency time off • Sick day 	Doctor's appointment at 2pm. Will need 1-4pm off for travel.

I acknowledge that this request is not approved until I receive a formal response from **Shane**.

If approved, I acknowledge that (a) I am responsible for communicating with all course instructors regarding any make-up work or rescheduling; and (b) out of courtesy I should communicate directly with my current preceptor (e.g. tell/remind the preceptor on Friday that I will be gone on Tuesday).

Thank you for considering this request.

Your name

Sick-Day Notification

If a student has active symptoms of a communicable disease, they should not attend classes or clinical experiences (see Communicable Disease policy). However, to create clear communication and documentation, student should submit a Sick-Day Notification utilizing a similar template/format as Time-off Requests. Sick-Day notifications do not have a one-size fits all approval process as situations may vary. The MSAT director (Cynthia) will coordinate with

the student if questions are raised about the reason, length, etc. of the missed educational experiences. As a reminder: students who miss class for illness, generally should not attend clinicals that day.

Template for Sick-Day Notification (copy, paste then edit this template)

To: Cynthia (PD), Shane (CEC), Preceptor and Instructors

Please see the following Sick-Day notification.

Today's Date (date of request)	Your name	Date(s) you anticipate missing (guess)	Reason	Rationale (bold 1)
5/25/2022	Sally Pirate	5/25/2022-5/26/2022	• Sick day	<ul style="list-style-type: none"> • Contagious symptoms • Non-contagious symptoms/pathology

I acknowledge that I am responsible for:

- Communicating with all course instructors regarding any make-up work or rescheduling.
- Replying to all on this email when I'm able to resume classes and clinical experiences.
- Providing additional information about my illness if requested/needed.
Specifically, we respect your privacy, but sometimes we need to ask questions for the health/safety of others, e.g. did you take a covid test and was it negative?)

Thanks,
Your name

Appearance Standards

Appearance is a means of expressing your professionalism and is an important factor in gaining the respect of student athletes, coaches, physicians, certified athletic trainers, other health care professionals, parents, and the general public. It is the responsibility of the ATS to keep their attire neat and clean and to maintain good personal hygiene. Appearance of Whitworth ATS should exude professionalism and exhibit pride for the program and the profession at all times. In addition to clinical site dress code regulations, Whitworth ATS should abide by these general policies relating to physical appearance.

Body art/tattoos

Athletic training students with body art/tattoos should be aware that they **may** be required to cover body art/tattoos which are visible in typical AT dress code attire. This means that long pants or sleeves may need to be worn during clinical experiences. The AT program and preceptors will have the final authority to decide whether or not body art/tattoos must be covered. Generally small, non-offensive body art/tattoos will not present a problem at the Whitworth clinical site. We recommend caution if considering obtaining any new visible body art/tattoos while in the program.

Piercings

In general, all visible body piercings other than earrings should be removed while on clinical duty. The Whitworth clinical site allows for a discrete nose stud to be worn by students with a nose piercing; however, body piercing may or may not be allowed at off-campus clinical sites (it is up to the discretion of the site). Earrings and other jewelry should be minimal, tasteful, and professional, and should not be large or dangling to avoid interference with clinical duties. The clinical preceptor reserves the right to ask for the removal of jewelry.

Hair, Nails and Scents

Facial hair should be trimmed and neatly maintained. Hair styles should be clean, neatly maintained and longer hair should be able to be pulled back in such a way as to promote cleanliness and not interfere with clinical duties. Any naturally occurring hair color is acceptable. Non-natural hair coloring (e.g. blue, pink) may or may not be allowed at certain clinical sites. If the clinical site does not allow it, you may be required to change it in order to continue at that clinical site. In general, non-natural hair coloring that is professional, subtle, non-distracting may be accepted. We recommend consulting with the program director and clinical site in advance of any major changes. Fingernails (natural or artificial) should be clean, well-groomed, a length that does not interfere with patient care (generally around fingertip length). Strong perfumes/colognes should be avoided.

Dress Code

The Whitworth Athletics clinical site Dress Code (described later in this handbook) is the minimum standard for MSAT student attire at all clinical rotations. ATS should not be *more* casual than described in this Dress Code. Some clinical sites require a higher standard, e.g. AT 573/574 typically require business casual attire daily. The student should seek clarification from their preceptor at each rotation. The ATS should default to khaki/slacks and a polo for all volunteer medical events (e.g. Bloomsday, State Wrestling, etc.).

Copy of WU Athletics Clinical Site Dress Code

(this is a copy, the final official version is found in the Athletics Clinical Site P&P manual)

Look professional at all times. This includes hairstyle, length and color as well as visible piercings and tattoos. The ultimate objective is to represent our program and University in a manner that reeks of professionalism. Final decisions regarding acceptable appearance will be made by the Head Athletic Trainer (if necessary in consultation with the MSAT program).

Athletic Training Room:

- **Shirt:** Outer layer must be Whitworth Athletic Training t-shirt, polo, or fleece. Required: avoid a baggy shirt look, and avoid showing skin at the midriff or crack—typically this is best accomplished by tucking in your shirt. No hooded items indoors in the AT Clinic.
- **Pants:** Slacks, khaki or nice jeans. Athleisure/joggers may be allowed if they have pockets, are not leggings, and look professional. Must be clean with minimal wrinkles and no holes. Wearing a belt is strongly encouraged.
- **Shorts:** Must be a solid neutral color (e.g. khaki, grey, black, or jean). Must have pockets, no cut offs and no workout shorts. Length must generally extend beyond fingertips.
- **Outdoor-** Outer layer must be Whitworth Athletic Training or in very cold weather a solid neutral color (e.g. black, grey, maroon, as approved by WU staff).

Hats/Visors/Beanie:

- You may wear them outdoors, but they come off in the athletic training room
- Hats and beanies need to be solid neutral color (e.g. black or gray) for events. Preferably Whitworth branded.

Shoes:

- Your shoes must allow you to be mobile, professional, and comfortable. Your shoes must be able to be worn in all types of weather. Must be close toed (sandals or Keens do not qualify). Toms or ballet flats may be acceptable for indoor activities (but generally not for outdoors).

Game Day (home or away):

- Follow instructions designated by the preceptor for that sport/event. Be prepared to layer for outdoor events. Outside layer must be Whitworth athletic training apparel.
- In warm weather for outdoor events, appropriate length non-cargo khaki or black shorts are permissible. But everyone must look the same (all pants or all shorts). Visible shoes/socks must look professional.
- If the preceptor says game day attire is black pants, black jeans do not qualify. You must wear black slack-type pants.
- Indoor events: Business casual attire required. Bottoms should be slacks or khaki pants with a belt (no skirts due to mobility restriction). Tops should be a dress shirt, collared shirt, suit jacket, or similar (neckline must be conservative, and waistline must not show skin). You must have the ability to move around comfortably and effectively.
- Jeans/t-shirts are never acceptable during events.

Road Trips:

- Ask the preceptor or coach beforehand for assigned dress code.
- Maintain a professional appearance at all times.
- If the team's dress code is more specific or strict than AT, follow their code.

Social Media Professionalism Policy

The Whitworth University Athletic Training Program understands the large role that social networking plays in the lives of our students, and appreciates both its positive uses and potential negative consequences. Students are not restricted from personal use of social media, but a certain standard of conduct is expected in doing so. The following policy was developed to provide clear guidelines on expectations for professionalism regarding social media and other public venues that will reflect on both the student and the WU AT program.

Students should take note that potential employers often use social media sites to screen candidates, as well as many graduate programs and scholarship committees. Remember that social media is neither private nor secure; once something is posted it is available to anyone on the internet.

Therefore, in the interest of protecting the safety and reputation of our students and program, we **recommend** the following actions:

- For sites such as Facebook, Twitter, and Instagram, make your profile private
- Enable security settings that allow you to preview pictures or posts that you are tagged in before they become public, and determine who can see posts that you tag others in
- Do not allow the transience of Snapchat to affect the level of care and professionalism with which you share; change privacy settings to determine who can and cannot see your Snapchat story
- Be in the right state of mind when you make a post; refrain when you are angry, upset, or your judgement is impaired in any way
- All pictures, posts and tags are positive and professional at all times; avoiding derogatory language and negative remarks about other ATS, student-athletes, patients, WU faculty or staff (including coaches), or representatives of competitor universities
- Use of foul language in social media posts that are linked/tagged to the MSAT

As a member of the Whitworth AT Program, the following actions are considered unprofessional (may also violate confidentiality or ethical requirements) and may result in program discipline:

- Sharing any information concerning the injury/illness of a patient or student-athlete, even with a person involved in their immediate care.
- Posting pictures that show a patient (foreground or background), injury, or imaging films.
- Posting while actively engaged in clinical activities (put your phone away!)
- Communicating with a patient about their health care over social media
- Posts about private/internal/confidential topics about a clinical site, team or affiliated individuals
- Pictures or posts depicting consumption of alcohol, marijuana or other restricted substances with or around patients, WU student-athletes, or while wearing WU Athletic Training clothing

Act as a representative of Whitworth University Athletic Training at all times. In everything, strive to honor God, follow Christ, and serve humanity.

Supervision Policy

As a student in an educational program for a health profession it is important to understand and comply with appropriate boundaries in the practice of athletic training clinical skills. These boundaries protect the student, the patient and the profession.

Whitworth AT Program Supervision Policy is that **“Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.”**

Preceptor

A preceptor is a licensed healthcare professional who is affiliated with the Whitworth AT Program and provides professional supervision and education to program students. Students will be assigned to a preceptor by the AT Program.

Direct supervision

Direct supervision means that the preceptor is physically present and has the ability to intervene on behalf of the athletic training student and the patient. Direct supervision does not preclude a student’s ability to learn and exercise key skills such as critical thinking or clinical decision-making. Preceptors should allow students appropriate freedom to engage in critical thinking and decision-making in a suitable environment. Supervision must be adequate to ensure that each patient receives competent and quality care, as well as to ensure compliance with relevant state practice acts (practicing independently without a license is illegal).

Clinical experience

Clinical experiences are educational experiences for the ATS that involve patient care and the application of athletic training skills under the supervision of your assigned preceptor. Clinical experiences generally occur at practices, games or during clinical coverage. When in a supervised clinical experience situation, the student can, at the discretion of the preceptor, perform all skills that have been previously instructed and evaluated.

During the delivery of athletic training services...

Direct supervision is required *during the delivery of athletic training services*. To clarify, students may not attend a practice (or any other event) unsupervised. Additionally, an ATS may not provide treatment to a patient in the Athletic Training Room when a preceptor is not present. While at an assigned clinical experience the title “first responder” should not be used, and it does not justify the provision of unsupervised patient care. In the event that a preceptor has to *momentarily* step outside the facility (e.g. to answer a phone call) the ATS is prohibited from performing any patient care (even emergency first aid), and should stop logging clinical experience time until the preceptor returns. If a student is performing an activity that does not require direct supervision (e.g. preparing water coolers) and they are made aware of an injury/illness they **may not** provide care until a preceptor arrives to provide direct supervision.

Use of skills outside of clinical experiences (Good Samaritan Clarification)

When not engaged in a supervised clinical experience, the ATS should not participate in the delivery of athletic training services. To do so is a violation of professional standards and Washington State law restricting the practice of athletic training to licensed professionals. However, Washington State law does provide for actions as a Good Samaritan. To qualify for Good Samaritan law protection the individual must:

1. Be acting in a completely voluntary manner (if there is a professional obligation to act you are not a Good Samaritan!). In circumstances not affiliated with a university clinical experience, the student assumes the role of a voluntary citizen. If a situation arises in a student’s private life that necessitates the use of first aid and/or CPR skills, the student’s decision to act (or not act) is completely voluntary.
2. Act only within the scope of training. This means first aid and CPR only! *Examples of acceptable skills* include: first aid for the treatment of acute injuries (e.g. controlling bleeding, RICE, splinting), monitoring ABC’s, performing rescue breathing and/or CPR as necessary, and activating the emergency medical system (call 911). *Examples of unacceptable skills* include: application of modalities (other than ice/heat), performing an orthopedic evaluation, performing any rehabilitation procedures, and making decisions about return to play.

Additionally, any situation where the student’s presence takes the place of a licensed healthcare professional is unacceptable and may have legal and/or programmatic implications (e.g. a summer soccer camp doesn’t want to hire a licensed athletic trainer, so instead they hire a student “first responder”).

In Summary

When in doubt about their role or responsibility, the student should request clarification from an AT Program faculty member. If faced with an emergency situation where clarification cannot be sought, the student should first abide by all applicable state laws, then consider the ethical and moral principles of both the athletic training profession and Christian faith. Afterward, the student should document the incident and report it to the Program Director a.s.a.p.

If the student experiences violations of this policy within their clinical experience site (e.g. their preceptor leaves them unattended) the student MUST report the incidence to the Clinical Coordinator and/or Program Director immediately. Students will not be disciplined for reporting violations.

I, _____, have read and understand the Whitworth AT Program supervision policy. I agree to abide by this policy, and to only provide athletic training services and patient care under the direct supervision of university-assigned preceptor.

_____ Date: _____ (student signature)

_____ Date: _____ (program faculty signature)

Outside Employment Policy (including hours limit)

This program is your first priority and full-time job. Students are allowed to pursue outside employment during their time in the MSAT program **as long as it does not conflict with program requirements (including classes and assigned clinical hours)**. There are limitations due to clinical scheduling and other factors. This policy exists to promote student well-being and academic success while pursuing your MSAT degree.

Due to the **intensive** nature of the MSAT program academic and clinical requirements:

- *we recommend* students work no more than 5-10 hours a week while school is in session
- *we prohibit* students from working >15 hours a week while school is in session

Violation of this Policy

Students found to be in violation of this policy may be subject to program discipline. Typically, for the first offense the student will receive a warning and be asked to revise future work schedules to comply with the policy. Repeated offenses may receive further disciplinary action.

Missing didactic or clinical classes for work is NOT permitted

Missing didactic or clinical classes for outside employment is not acceptable. Any outside employment must flex around the MSAT program, not vice versa. Program time off request are designed for emergencies, medical appointments, or important family events—not so you can work for an outside employer.

A common question is “can I get a consistent day off from clinicals on X day so I can work?”

- The answer when assigned to the Whitworth clinical site is NO—everyone’s clinical schedule varies, everyone works occasional weekends, including early mornings or late evenings or overnight travel. Students cannot get a guaranteed consistent day off.
- The answer when assigned to off-campus clinical sites is MAYBE. All students receive at least 1 day off a week, if your clinical site is able to grant you a consistent day off, that is acceptable.

Work Study at Whitworth

Between the MSAT and Athletics, we have several work-study positions available to our MSAT students. Work study hours are flexible and designed to not conflict with your clinical or class schedule; but you may find other work-study positions available on-campus.

Who to contact about on-campus work-study positions:

- A staff AT (currently Britt Castilla) manages most of our student worker positions.
- The AT program director and AT faculty manage paid teaching assistant positions and an office assistant position.
- To search for other work-study positions utilize the [career services employment page](#).

Off-campus Employment

Off-campus employment is permitted, but your employer would need to have *very* flexible hours in order to accommodate your clinical experience schedule. Clinical experiences are typically in

the afternoons with some games on evenings or weekends, and athletics schedules may change without notice.

Policies for outside employment which utilizes AT medical knowledge/skills

Background

Each year, especially in the summer, sports camps and other employers seek Athletic Training Students (ATS) for employment. These students may or may not be employed under the supervision of a licensed and certified Athletic Trainer. Job titles can vary from “Athletic Training Student” to “first aider” or “first responder”.

The Problem

Washington State licensure act prohibits the practice of athletic training to anyone who is not an appropriately licensed athletic trainer. Student clinical experience opportunities are protected under the statement, “Nothing in this chapter may prohibit, restrict, or require licensure of...Any person pursuing a supervised course of study in an accredited athletic training educational program, if the person is designated by a title that clearly indicates a student or trainee status.” However, this protection makes it clear that students can only claim student-exemption when involved in a “supervised course of study in an accredited athletic training educational program”. If an accredited program were to supervise these experiences there is potential for compliance with Washington State regulations. However, then student and employer would have to complete all program clinical experience requirements (e.g. calibrate modalities, check hours, evaluations, faculty supervision, etc.), which most employers will not do. In summary, the provision in Washington State licensure act allowing Athletic Training Students to practice without a license only if they are (a) supervised by an appropriately licensed professional and (b) pursuing a supervised course of study in an accredited athletic training educational program does NOT offer blanket protection for Athletic Training Students seeking summer employment as an Athletic Training Student.

Additionally, unsupervised students who work as a “first aider” or “first responder” who perform any skills restricted to an appropriately licensed medical professional (evaluation, diagnosis, etc.) would be in violation of state law. This is because “It is unlawful for any person **to practice** or offer to practice as an athletic trainer, or to represent themselves or other persons to be legally able to provide services as an athletic trainer, unless the person is licensed under the provisions of this chapter”. In this instance, although the student has not claimed the title of “athletic trainer” or “athletic training student”, they are *de facto* **practicing** as such, and thus in violation of state law.

The policy

Whitworth University discourages students from seeking employment at summer sports camps or other employers as Athletic Training students or “first aiders”. According to our understanding of state law and accreditation regulations, this practice is not in compliance with our state licensure act. In addition, the majority of these positions are paid less than minimum wage, which is unethical on the part of the employer and undermines fair wages for the profession. The clinical experience potentially gained from such opportunities is not more important than the professional and legal risk to the student and the patient.

Exceptions/clarifications

One seasonal type of employment which is generally acceptable (assuming the scope of practice is clearly delineated) is life guarding. This assumes that the student has proper certification and training, does not exceed the scope of practice of a lifeguard, and is not utilizing in any additional skills because of their athletic training background. Additionally, volunteering at events with proper medical supervision (e.g. Hoopfest, State Wrestling tournament, etc.) falls outside of these recommendations because it is short-term, unpaid, and appropriately supervised. Volunteer experience with appropriate supervision can fall under the scope of the AT program, and thus is generally acceptable.

Confidentiality, FERPA and HIPPA

MSAT students are required to complete an online training module related to FERPA and another module related to HIPPA regulations. Students must complete these online training modules familiarizing themselves with these important patient/client privacy protections, and pass the associated quiz. Additionally, students are required to complete the Confidentiality Agreement below.

Confidentiality Agreement

I understand that as part of required clinical experience courses in the Athletic Training program I will see, hear and/or otherwise have access to confidential health care information and other privileged documents. As such, I understand that I have a legal and ethical responsibility to maintain the privacy and respect of each client and patient encountered as part of clinical experiences in the MSAT Program.

As a general rule, patient information should only be accessed by authorized personnel when the information is needed to perform health care operations. Confidential information includes any information found in a patient's medical record as well as personal information. All information relating to a patient's care, treatment, or condition constitutes confidential information. Patient information should be protected to the maximum extent possible. This includes avoiding discussing confidential matters in areas where the discussion might be overheard.

I agree that, except as directed by my preceptor, I will not at any time during or after this clinical experience, disclose any information to any person whatsoever, or permit any person to examine or make copies of any reports or other documents that have in any way to do with patients of the clinical site.

Additionally, I understand that depending on the nature of the clinical site the Federal Educational Rights and Privacy Act (FERPA) and/or Health Insurance Portability and Accountability Act (HIPPA), may govern the release of information. I understand it is my responsibility to be familiar and maintain compliance with the policies of each assigned clinical site.

Student Name (printed/legible)

Student Signature

Date

AT Program Faculty Witness Signature

Date

Communicable Disease Policy

A Communicable Disease is a disease that may be transmitted directly or indirectly from one individual to another. Appropriate sanitation can reduce the transmission of disease. All clinical sites must facilitate appropriate sanitation precautions for students, including the ability to clean hands before and after patient encounters. Facilities meet this standard by providing adequate access to hand washing stations, hand sanitizer, and other disinfectant materials. If a facility has a venue (e.g. soccer practice field) without hand washing stations, they must provide appropriate alternative means of sanitation (e.g. hand sanitizer). It is the responsibility of the clinical site to provide hand sanitization options, it is the responsibility of the student to engage in regular hand sanitization before and after patient encounters.

Students in the AT Program must demonstrate completion of all required immunizations prior to engaging in clinical experiences. Verification of appropriate vaccinations and screening tests is completed after admission to the program. Currently the AT program utilizes a vendor (Exxat) to facilitate verification and secure storage of immunization records. Completed vaccination records will be reviewed by program personnel (typically the Clinical Education Coordinator and/or the Program Director). The Medical Director may be consulted about concerns about vaccination status or health of an ATS to safely participate in clinicals. In addition, ATS must complete annual training on the recognition and management of blood-borne pathogens and infectious agents as specified by the Occupational Safety Health Administration (OSHA) and the AT Program.

The Whitworth University AT Program desires to ensure a healthy and safe environment for all students, faculty members, preceptors, and their respective patients/clients. Therefore in the event that a student contracts a communicable disease and/or believes they have been exposed to a potentially communicable/infection disease, the student should:

1. Immediately follow national (CDC) or state guidelines for care and quarantine.
2. If appropriate, seek immediate medical attention by a qualified health care provider. The provider, in collaboration with the ATS, will discuss restrictions from clinical and/or didactic learning experiences.
3. The ATS must notify appropriate MSAT personnel (typically, the Program Director, Clinical Education Coordinator, and clinical site coordinator) about possible absences. See "Time off Request Policy" for notification procedures.
4. In the event that the illness results in prolonged inability to attend classes and/or clinical experiences, the AT Program Director will coordinate the plan to appropriately remediate the situation.
5. As long as the ATS is deemed to be contagious per healthcare recommendations, they will not be allowed to attend clinical experiences and/or in-person academic courses.
6. The ATS may be required to be cleared in writing by an appropriately licensed health care provider prior to being allowed to return.

My signature below affirms that I understand and agree to abide by the above described Communicable Disease Policy.

Student Name Printed

Student Signature

Date

Immunization Requirements

In order to protect both the student and patient from communicable diseases, the AT program has minimum immunization requirements. The requirements are based upon the current recommendations of the U. S. Public Health Service Center for Disease Control and the Washington State Department of Health. Verification of immunizations is also required by many off-campus clinical sites prior to engaging in clinical experiences.

All immunizations within the last 10 years and the tuberculosis (PPD) test must be verified by a health care provider. Ideally, you can request a print out of all your immunization records from your healthcare provider. Depending on your age, you may not have proof verified by a healthcare provider for early childhood immunizations. Some clinical sites (including WU) will accept a copy of your own records (e.g. a childhood immunization booklet) as long as it has exact dates of administration.

Necessary before starting August clinical rotation

1. Diphtheria-Pertussis-Tetanus (DPT, DTaP, or TdaP) with TdaP booster within last 10 years
2. Measles Mumps Rubella (MMR), 2 shots (or immunity confirmed by titer)
3. Polio series (IPV, OPV)
4. Hepatitis B vaccine (HBV) 3-shot series
5. Hepatitis B titer obtained (regardless of results of the titer)
6. Varicella vaccine or titer proving immunity
7. *COVID-19 vaccination or notification of declination (see below)

Necessary by the start of year 1 spring semester (CEC will communicate exact date)

Note: some of these immunizations/tests expire, please ask about appropriate timing before obtaining these tests.

8. Tuberculosis screen (PPD) within the last 12 months and within the 30 days of starting a hospital rotation. A positive PPD screen may need to be followed up by a chest x-ray.
9. Influenza
10. Hepatitis B immunity confirmed by titer confirmed means your titer showed immunity; or your titer did not show immunity, but you completed steps dictated by your primary care provider to address the results)

*COVID-19 vaccine clarification: Whitworth does not require COVID-19 vaccination for all students. A MSAT student who declines vaccination can

- a. fully participate in all MSAT academic activities,
- b. participate in MSAT extracurricular activities (unless the activity partners with an organization which requires vaccination), and
- c. participate in clinical rotations at Whitworth's clinical site working with university athletics.

However, most off-campus clinical sites require vaccination. Therefore, declining COVID-19 vaccination will severely limit off-campus clinical placements and thus may affect the overall experience of the student. We strongly recommend COVID-19 vaccination, as healthcare careers are limited for those who decline vaccination.

Criminal Background Check and Drug Testing Policies

Protecting the Health & Safety of the Patient

Background checks and drug tests are standard in many professions, including the medical field. Background checks are generally required by all clinical sites involving minors (e.g. high schools) and all healthcare facilities (e.g. urgent care, emergency department, medical offices). Additionally, healthcare facilities required students to pass a drug test. These requirements are considered due diligence by the facilities in order to safeguard the well-being of patients.

All students must complete and pass a criminal background check prior to engaging in any direct patient care as part of a clinical rotation (typically August of the student's first year). A student does not need to have a criminal background check as part of initial application process.

Process of Requesting a Criminal Background Check

Newly admitted students will receive an email from a vendor (Exxat, for Universal Background) prior to the start of their first courses in July. The email is typically sent around June 1. In this email Exxat will provide instructions on how to request the required criminal background check as well as upload immunization records. The cost of the background check is paid by Whitworth.

Storage of Criminal Background Check Results

The vendor (Exxat) will store the results of the student's criminal background information. All results are confidential and secured with password protected accounts. Results may be used by the Whitworth AT program to complete clinical "passport" information packets required by clinical sites prior to accepting students.

Procedures if there is a Record on the Criminal Background Check

If a Criminal Background Check report shows a record of a misdemeanor offense the AT Program Director will request that the student completes a disclosure of information form. The form is an opportunity for the student to explain the circumstances of the arrest, indictment or conviction as well as any court action. The disclosure form must be completed by the student and turned into the AT Program Director for review. The initial review committee will consist of the AT Program Director, AT Clinical Coordinator, and area dean or associate dean. These individuals will recommend either (a) for granting the student permission to engage in clinical rotations, (b) against granting the student permission to engage in clinical rotations, or (c) recommend referring the question to the Associate Provost for full review by the appropriate university committee.

If a Criminal Background Check report shows a record of a felony offense the AT Program Director will request that the student completes a disclosure of information form. The form will be sent to AT Program Director and the Associate Provost for full review by the appropriate committee on a case by case basis. It must be noted that a record of a felony may prohibit an individual from full acceptance into the AT program and/or obtaining certification and licensure as an athletic trainer (per professional standards).

New Information after the Criminal Background Check is Completed

Students are REQUIRED to notify program director immediately of any new or pending criminal charge, any disposition of a criminal charge, that occurs at any time after Criminal Background Check is completed. Failure to notify may result in Program Warning or Probation. Program disciplinary action (warning, probation, suspension) may occur based on the level of the

Process of Requesting a Drug Test

Drug tests are typically performed in spring of the student's first year. Students will receive an email from a vendor (Exxat). In this email Exxat will provide instructions on how to request the required drug test. The cost of the initial (negative) drug test is paid by Whitworth MSAT.

Procedures if there is a Positive Drug Test

If a Drug Test report is initially positive, the vendor may provide options to re-test the sample. Any additional confirmatory positive tests are the financial responsibility of the student. If a drug test is positive, the AT Program Director will request that the student completes a disclosure of information form. The form is an opportunity for the student to explain the circumstances of the positive. The disclosure form must be completed by the student and turned into the AT Program Director for review. The initial review committee will consist of the AT Program Director, AT Clinical Coordinator, and area dean or associate dean. These individuals will recommend either (a) for granting the student permission to engage in clinical rotations, (b) against granting the student permission to engage in clinical rotations, or (c) recommend referring the question to the Associate Provost for full review by the appropriate university committee. If the initial review committee recommends granting the student permission to engage in clinical rotations, the clinical site may still decline to accept the student. The MSAT program does not have authority to override the policies of affiliated clinical sites. A positive drug test may trigger consequences either at the University or legal/criminal level.

Appeal Procedure

Students have the right to appeal. See MSAT program appeal procedures within this handbook (in the section "Policies Related to Admission, Probation & Program Status").

Calibration and Equipment Safety Policy

All physical medicine devices, as defined by the US Code of Federal Regulations Title 21 part 890, will be maintained and calibrated according to the FDA Medical Device Quality Systems Manual Section 7: Equipment and Calibration. These documents refer largely to manufacturer’s recommendations.

In developing this policy, manufacturer’s recommendations were sought regarding therapeutic equipment calibration and/or safety checks for devices commonly utilized by athletic trainers. Overall, each manufacturer recommended annual calibrations and safety checks for their devices (see Table 1 below for a summary of findings).

Therefore, the Whitworth AT Program will contract with a licensed professional to annually inspect and certify non-exempt therapeutic equipment used in on-campus instruction or clinical experience. Additionally, all approved clinical sites will contract with a licensed professional to annually inspect and certify non-exempt therapeutic equipment on an annual basis. If a clinical site can provide evidence that the manufacturer guidelines for their equipment are less frequent than Whitworth’s generic policy (annual), the manufacturers guidelines will prevail.

Non-exempt therapeutic equipment includes those categories outlined in Table 1 below (e.g. ultrasound, whirlpools, hydrocollators, and electrotherapy machines). In general, any therapeutic modality with an internal power source, or that combines electricity and water is considered non-exempt. Exempted devices include items such as the Gameready, and battery-operated TENS and Iontophoresis units. The Gameready is exempt because it has an external power source, battery operated TENS and Iontophoresis units are exempt due to the low risk associated with battery power (Greg Sargent, personal communication, March 15, 2013; Greg Sargent is the licensed professional contracted to perform annual inspections and calibrations of therapeutic equipment by most clinical sites in the Spokane region).

Table 1. Overview of Manufacturer Recommendations for Specific Common Products

Manufacturer	Modality	Category	Recommended Frequency
Dynatronics	Dynatron 650+, 850+ & 950+	Electrotherapy Ultrasound Combination	Annually
Dynatronics	Dynatron Solaris Series	Electrotherapy, Direct Current Therapy, Ultrasound Therapy, Light Therapy	Annually
Chattanooga Group	Vectra Genisys, Intelect Legend XT, & Intelect Vet	Electrotherapy Ultrasound Combination	Annually
Whitehall Manufacturing	Thermalator	Hydrocollator	Annually
ReGear Life Sciences Inc	Rebound Diathermy	Diathermy	Annually
Whitehall Manufacturing	Whirlpool	Hydrotherapy	Annually

Radiation Exposure Policy

There are minimal chances for radiation exposure during clinical experiences within the MSAT program. Currently, few the athletic training clinical sites have on-site radiographs or other known radiation-emitting equipment. Some supplemental clinical experiences might have potential for radiation exposure (e.g. emergency department or urgent care).

In general, students are encouraged to stay behind protective barriers and/or leave the room if radiography is being utilized, and abide by all clinical site risk mitigation procedures (e.g. wear lead if unable to leave the room during radiography).

The MSAT requires each site to disclose known radiation and policies to mitigate risk to students during the onboarding process (see “MSAT Onboarding Passport”). This passport form will be reviewed by the clinical course instructor, and answer of “yes” for radiation exposure will be reviewed by the CEC and/or Program Director for an appropriate plan to minimize risk to the student. Individualized radiation exposure plans will be made on a case-by-case basis as-needed.

Bloodborne Pathogen Policies and Procedures

The Whitworth AT Program takes the safety of students, faculty and staff seriously. To this end, the AT Program and University have developed policies and procedures regarding training, prevention and post-exposure treatment related to Bloodborne Pathogens (BBP). Specifically, the following documents or policies related ATS are copied below.

- Whitworth AT Program BBP Training Policy for ATS
- Whitworth AT Program Post-Exposure Evaluation and Follow-up for ATS
- Preventing the Spread of Bloodborne Pathogens (from the American Red Cross)
- Whitworth's university-wide BBP policy is available at:
<https://www.whitworth.edu/generalinformation/health&safety/safety/accident-prevention.htm>

All clinical sites are required to ensure that students have access to and use appropriate bloodborne pathogen barriers and control measures. Additionally, the AT classrooms are equipped with appropriate bloodborne pathogen barriers and control measures.

BBP Training Policy for Athletic Training Students

All students engaged in clinical experiences or observational experience may potentially be exposed to blood or body fluids. Thus, these students must receive appropriate education and training prior to the commencement of their first clinical or observational experience, and annual refreshers thereafter.

Training typically occurs at the following timepoints

- AT 271 in-person training for WU students prior to completing AT 390 observation hours (prior to program admission)
- MSAT Orientation/Initial training: Newly admitted students complete an online BBP module for an initial orientation to BBP in July of their 1st year
- Whitworth Clinical Site Orientation: all 1st year students complete in-person BBP training specific to the WU clinical site during August training camp orientation. Faculty and staff typically complete their training at this time as well.
- Annual refresher: before their 2nd year students complete an BBP refresher (either in-person at the annual WU clinical site orientation or online).

Education and training shall, at a minimum include:

- A general explanation of the epidemiology, symptoms, and modes of transmission of bloodborne pathogens
- An explanation of the proper use, availability, and limitations of methods that will prevent or reduce exposure, including work practices, engineering controls, hand washing, and personal protective equipment.
- Information on the Hepatitis B vaccine including information on its efficacy, safety, method of administration, and benefits of being vaccinated.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available

Records of training sessions will be maintained by the Program Director. Such records will include the date of training, name of the person conducting the training session, and name of all people attending the training session.

Post-Exposure Evaluation and Follow-up for ATS

Should an exposure incident occur:

1. Wash the wound/area thoroughly with soap and water
2. Contact/Notify:
 - a. Notify your immediate supervisor or preceptor. If on-campus notify the head AT.
 - b. Notify the Clinical Education Coordinator, Shane Wibel at 509.209.6234
 - c. Make an appointment at the on-campus health center (509-777-3259) or other healthcare provider for possible treatment and counseling. If the health center is closed, Shane will direct you where to seek treatment.

An immediately available confidential medical evaluation and follow-up will be conducted by the Student Health Center or other designated healthcare facility. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the exposed individual's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed individual is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

Post-exposure plan developed from: OSHA 3186-06R 2003 "Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards"

PREVENTING THE SPREAD OF BLOODBORNE PATHOGENS

Bloodborne pathogens, such as bacteria and viruses, are present in blood and body fluids and can cause disease in humans. The bloodborne pathogens of primary concern are hepatitis B, hepatitis C and HIV. These and other bloodborne pathogens are spread primarily through:

- *Direct contact.* Infected blood or body fluid from one person enters another person's body at a correct entry site, such as infected blood splashing in the eye.
- *Indirect contact.* A person's skin touches an object that contains the blood or body fluid of an infected person, such as picking up soiled dressings contaminated with an infected person's blood or body fluid.
- *Respiratory droplet transmission.* A person inhales droplets from an infected person, such as through a cough or sneeze.
- *Vector-borne transmission.* A person's skin is penetrated by an infectious source, such as an insect bite.

Follow standard precautions to help prevent the spread of bloodborne pathogens and other diseases whenever there is a risk of exposure to blood or other body fluids. These precautions require that all blood and other body fluids be treated as if they are infectious. Standard precautions include maintaining personal hygiene and using personal protective equipment (PPE), engineering controls, work practice controls, and proper equipment cleaning and spill cleanup procedures.

TO PREVENT INFECTION, FOLLOW THESE GUIDELINES:

- Avoid contact with blood and other body fluids.
- Use CPR breathing barriers, such as resuscitation masks, when giving ventilations (rescue breaths).
- Wear disposable gloves whenever providing care, particularly if you may come into contact with blood or body fluids. Also wear protective coverings, such as a mask, eyewear and a gown, if blood or other body fluids can splash.
- Cover any cuts, scrapes or sores and remove jewelry, including rings, before wearing disposable gloves.
- Change gloves before providing care to a different victim.
- Remove disposable gloves without contacting the soiled part of the gloves and dispose of them in a proper container.
- Thoroughly wash your hands and other areas immediately after providing care. Use alcohol-based hand sanitizer where hand-washing facilities are not available if your hands are not visibly soiled. When practical, wash your hands before providing care.

TO REDUCE THE RISK OF EXPOSURE, FOLLOW THESE ENGINEERING AND WORK PRACTICE CONTROLS:

- Use biohazard bags to dispose of contaminated materials, such as used gloves and bandages. Place all soiled clothing in marked plastic bags for disposal or cleaning. Biohazard warning labels are required on any container holding contaminated materials.
- Use sharps disposal containers to place sharps items, such as needles.

FACT SHEET *Continued*

- Clean and disinfect all equipment and work surfaces soiled by blood or body fluids.
- Use a fresh disinfectant solution of approximately 1 ½ cups of liquid chlorine bleach to 1 gallon of water (1 part bleach per 9 parts water, or about a 10% solution) and allow it to stand for at least 10 minutes.
- Scrub soiled boots, leather shoes and other leather goods, such as belts, with soap, a brush and hot water. If worn, wash and dry uniforms according to the manufacturer's instructions.

IF YOU ARE EXPOSED, TAKE THE FOLLOWING STEPS IMMEDIATELY:

- Wash needlestick injuries, cuts and exposed skin thoroughly with soap and water.
- If splashed with blood or potentially infectious material around the mouth or nose, flush the area with water.
- If splashed in or around the eyes, irrigate with clean water, saline or sterile irrigants for 20 minutes.
- Report the incident to the appropriate person identified in your employer's exposure control plan immediately. Additionally, report the incident to emergency medical services (EMS) personnel who take over care.
- Record the incident by writing down what happened. Include the date, time and circumstances of the exposure; any actions taken after the exposure; and any other information required by your employer.
- Seek immediate follow-up care as identified in your employer's exposure control plan.

Occupational Safety and Health Administration (OSHA) regulations require employers to have an exposure control plan, a written program outlining the protective measures the employer will take to eliminate or minimize employee exposure incidents. The exposure control plan guidelines should be made available to employees and should specifically explain what they need to do to prevent the spread of infectious diseases.

Additionally, OSHA requires that a hepatitis B vaccination series be made available to all employees who have occupational exposure within 10 working days of initial assignment, after appropriate training has been completed. However, employees may decide not to have the vaccination. The employer must make the vaccination available if an employee later decides to accept the vaccination.

Check out OSHA's website (www.osha.gov) or refer to your employer's exposure control officer for more information on OSHA's Bloodborne Pathogens Standard (29 CFR part 1910.1030).

Whitworth Athletic Training Student post-exposure actions

1. Wash the wound/area thoroughly with soap and water
2. Contact/Notify:
 - a. Notify your clinical site supervisor or preceptor
 - b. Notify Whitworth's Clinical Education Coordinator, Shane Wibel at 509.209.6234

