



# **ATHLETIC TRAINING PROGRAM**

## **STUDENT POLICY**

### **AND**

## **PROCEDURE HANDBOOK**

Dr. Suanne Maurer-Starks  
Undergraduate Program Director  
Tinsley Center Room 225  
325 Plymouth Street  
Bridgewater State University  
Bridgewater, MA 02325  
Tel: (508) 531 - 2381  
Fax: (508) 531-1717  
[suanne.maurer@bridgew.edu](mailto:suanne.maurer@bridgew.edu)

Kimberly Wise, EdD, LAT, ATC  
Director of Clinical Education  
Tel: (508) 531 - 6544  
Fax: (508) 531 - 1717  
[kimberly.wise@bridgew.edu](mailto:kimberly.wise@bridgew.edu)

## **FOREWORD**

The purpose of this handbook is to educate students accepted into the clinical phase of the Athletic Training Program with regard to both the didactic and clinical pieces of their educational program. The handbook will assist in identifying policies and procedures that apply to students both from a didactic perspective in addition to a clinical perspective.

Students should be aware that although this is a bound document, in many instances it is still a “live” document – meaning that even at the publication of such a manual, there are changes that occur throughout the academic year. As such, there may be changes that are brought forward after the hard copy of this handbook goes to print. The University reserves the right to change, eliminate, and add to any existing (and to introduce additional) rules, policies, procedures and requirements as it determines to be necessary. Whenever it does so, the university will give as much advance notice as it considers feasible or appropriate, but it reserves the right in all cases to do so without notice. The Program Director will be responsible to identify any changes that will come forward.

Students should read and understand the rules, requirements and policies described in this handbook. Additionally, all enrolled students are expected to read and be familiar with the content of the catalog and the Student Handbook. In all cases, students bear ultimate responsibility for reading this handbook, the catalog and the Student Handbook and following the policies, rules, requirements and regulations of the university.

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## **PROGRAM MISSION**

The Athletic Training Program (ATP or “Program”) at Bridgewater State University (BSU or the “university”) has as its foundation, a strong educational program rooted in theoretical knowledge and the clinical application of current procedures and techniques in sport injury management. As athletic training students (ATs) gain this knowledge and expertise through required course work and clinical experience, they will be prepared to make successful contributions to the athletic training profession.

The Program combines classroom education and clinical experiences in a process that culminates in the ATs graduating with eligibility to sit for the Board of Certification (BOC) Examination. Students who graduate from this Program and subsequently pass the BOC examination will be qualified to pursue employment as an athletic trainer in secondary schools, colleges and universities, professional athletic teams, sports medicine clinics, or in industrial medical clinics. In addition, students who complete the prerequisite class requirements may pursue post-graduate education in athletic training, exercise physiology, physical therapy, or other related fields. Once certified by BOC, you will be eligible for licensure in Massachusetts, which is required to practice athletic training in the Commonwealth.

## **GOALS OF THE PROGRAM**

The goals of the ATP at Bridgewater State University are to provide a quality education program which meets or exceeds the standards and guidelines delineated by the Commission on Accreditation of Athletic Training Education (CAATE). This philosophy balances the content knowledge base with prescribed psychomotor and cognitive skills. In addition, we want to develop competent athletic trainers who can effectively provide quality health care to physically active individuals, and in doing so, improve the quality of life for these individuals.

Inherent in these goals is an understanding of how individuals develop and learn; a congruency between theory and practice, the value of diversity in society, as well as professionalism and ethical behavior in the workplace and society.

To attain these goals, the following objectives have been defined for the CAATE:

1. Recognize and demonstrate the role of a responsible entry-level athletic trainer in today's society.
2. Demonstrate competence in all entry-level competencies through the extensive didactic and clinical educational experience.
3. Communicate appropriately with regard to age, activity level, gender, race, ethnic, linguistic, socioeconomic and special needs background.
4. Stimulate interest in the physically active individual to become an active and productive part of their injury management plan.
5. Foster creative and analytical thinking in meeting the health care needs of the physically active individual.
6. Understand the legal, professional and moral responsibilities of being an athletic trainer and staying current in the profession.

# THE ROLE OF STAFF, FACULTY, AND STUDENTS

To better understand how the various individuals fit into the educational experience, the statements of each role are summarized below. Refer to the [CAATE Website](#) for more detailed explanations.

**Program Director: (PD)** The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program. The PD is a BOC Certified Athletic Trainer who is a full-time faculty member with at least five years of experience as a BOC-certified athletic trainer. This individual has the ultimate responsibility for the organization and administration of all aspects of the educational program, curriculum planning and development, fiscal and budgetary input and management, and total oversight for the day-to-day operation, coordination, supervision, and evaluation of all components (academic and clinical education) of the ATP.

**Clinical Education Coordinator.** The CEC may or may not be the Program Director or the Clinical Coordinator of the ATP. The CEC assists in developing, implementing and evaluating the clinical education program at the academic institution. This includes assisting in coordinating clinical experiences in accordance with the clinical education objectives of the Program and facilitating the development of the clinical education setting(s) and the clinical instructors. Additional responsibilities of CEC; student clinical progression, clinical site evaluation, Preceptor Training and Preceptor Evaluations.

**Preceptor:** A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base. Preceptor provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students. A Preceptor must evaluate the student's ability to integrate these skills into professional practice.

**NOTE:** that other content experts (e.g., exercise physiologists, nutritionists, mental health counselors, physicians) can be used to teach and evaluate those Clinical Proficiencies that fall within the domain of their professional expertise, and would fall under the Preceptor definition.

**Athletic Training Student.** An Athletic Training Student (ATS) is a student who is enrolled in a CAATE-accredited entry-level Athletic Training Program

## **ADMISSION**

Admission into the ATP program is limited and competitive. In order to be accepted into the Athletic Training Program, students must first be accepted to Bridgewater State University. Students seeking a B.S. in Athletic Training or a M.S. in Athletic Training must follow the institution's application process. Technical Standards for admission to Bridgewater State University Athletic Training Program can be found below in this Handbook, or on the ATP website. [Click here](#) for a link to the website.

### **Undergraduate Admissions:**

A separate application process is required for admission and is due to the ATP Program Director by March 1 of the student's sophomore year. Candidates should contact the program director for application materials or download them from the [ATP website](#).

### **Graduate Admissions:**

The application for the MS in Athletic Training is due by January 15th. More information can be found here on the [ATP website](#).

**\*\*NOTE:** Criminal Background Checks will be required for the purposes of clinical placement at affiliated sites (e.g. hospital, high schools, and college/universities).

## ACADEMIC PROGRAM

**Educational Competencies;** ATS must demonstrate competency in the required athletic training [educational competencies](#). These competencies are used to develop the curriculum and educational experiences of students enrolled in CAATE-accredited programs, and are included in the following required coursework.

### **ATHLETIC TRAINING, BS:**

Students must maintain an overall GPA of 3.0 and complete all identified as Athletic Training Core with a grade of “B-” or and “C+” in other courses. [Click here](#) for the BSU catalogue.

### **Core Curriculum Requirements**

A minimum of 120 earned credit hours is required for graduation. These earned hours include the Core Curriculum Requirements as specified in the Undergraduate Academic Programs section of this catalog and at the [Core Curriculum website](#). For additional graduation requirements, see the [Undergraduate Academic Policies](#) section of this catalog.

### [Required courses](#)

Total minimum credits: 79

### **ATHLETIC TRAINING, MS:**

[Click here](#) for the BSU catalogue.

This program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE) and prepares the athletic training student with the necessary academic and clinical experiences to sit for the National Athletic Trainer’s Association Board of Certification Examination (BOC).

### [Required Courses](#)

Total Credits: 51

### [Exit Requirements](#)

## **PROGRAM RETENTION/COMPLETION**

Athletic training students must demonstrate sustained, acceptable progress towards completion of the degree program requirements. In addition to other applicable policies and procedures of the University which may impact a student's enrollment should the student violate them (e.g., the Student Code of Conduct, among others), those, withdrawal from the ATP will be recommended if the student:

1. Fails to register for two consecutive semesters (fall and spring) in the ATP curriculum.
2. Has an overall GPA less than a B- average (equivalent to 2.7 on a 4.0 scale).
3. Has earned a C (equivalent to 2.0 on 4.0 scale) or lower in more than 6 semester hours of course work.
4. Has earned a B- in any ATP specialty course (ATTR 100, 112, 240, 241, 340,341, 342, 343, 410, 442, 443, 446, 450, and 490).
5. Has a GPA that indicates the inability to meet the 2.7 required for graduation.
6. Does not complete requirements for the degree within a five-year period after initial registration.
7. Makes unsatisfactory progress in mastering clinical proficiencies.
8. Refuses to accept a clinical rotation or receives unsatisfactory clinical evaluations from assigned Preceptor.
9. Is dismissed from an affiliated clinical site for inappropriate conduct or failure to fulfill required responsibilities.
10. Shows evidence of unethical or immoral conduct as outlined by the NATA Code of Ethics.
11. Engages in conduct which violates the Massachusetts Athletic Training State Practice Act.
12. Fails to meet the ATP's Technical Standards with or without reasonable accommodation.
13. Fails to maintain the 73% score on the Level exams (see Level Exam Testing Sequence below).

The above requirements for ATP Program Retention reflect requirements of the BSU College of Education and Allied Studies and those specific to the ATP Program. Depending on which requirement(s) is/are deficient, a student may be withdrawn from the ATP program and still remain in good standing in the College of Education and Allied Studies.

### **Readmission after Withdrawal.**

Any student who is withdrawn or voluntarily withdraws from the Athletic Training Program must apply for readmission or reinstatement through the applicable procedures outlined in the catalog.

## **APPEALS PROCESS AND GRIEVANCE PROCEDURES**

**Withdrawal Decisions.** If a student wishes to appeal a required withdrawal decision from the ATP, the student should send a letter requesting an appeal to the ATP Undergraduate Program Director within two weeks of the postmark of the official notification. The student should also submit at that time all materials that may substantiate the appeal. The student will then appear before the ATP Student Appeals Committee (comprised of the ATP Undergraduate Program Director, one athletic training faculty member, one MAHPLS faculty member outside of the ATP, and one approved clinical instructor) within one month of the appeal request. A majority decision of the committee is required for the final decision. The student will be notified, in writing, within one week of the committee's decision.

**Change of Grade.** Please see the "Change of Grade" policy set forth in the catalog.

**General Appeals.** Students, who experience problems pertaining to graduate policies, including academic performance, program requirements or other academic issues, may petition to have the matter considered through the established review process of the College of Education & Allied Sciences.

- a) Submit a written appeal to the course instructor if the issue is course-related or to the academic advisor if the matter is program related.
- b) If unresolved, submit a written appeal to the department chair.
- c) If unresolved, submit a written appeal to the appropriate school dean [i.e., Dean of the College of Education & Allied Studies].
- d) If unresolved, submit a written appeal to the Dean of the College of Education & Allied Studies.
- e) The Dean of the College of Education & Allied Studies decision will be final.

**Clinical Site Grievances.** In situations where an athletic training student wishes to appeal a disciplinary decision by their affiliated clinical site or alleges any other violation of student rights in the clinical setting, he/she should request a meeting with their Preceptor at that site. If the problem is not resolved between the Preceptor and the athletic training student, he/she may request a meeting with the ATP Director of Clinical Education, and if appropriate, the ATP Undergraduate Program Director.

## TECHNICAL STANDARDS

ATS must be able to perform certain mental, physical, and other tasks that are essential in providing care for their patients. These requirements are outlined in the Program's Technical Standards. These standards adapted from a sample technical standards documents originally developed by our accrediting body ([CAATE](#)).

After being admitted to the program, athletic training students must submit a signed certification statement stating that they believe that they can meet these standards with or without accommodation. The Program partners with the university's Disability Resources Office to explore and implement accommodations where appropriate.

After being admitted to the program and before beginning clinical experience, the student's statement is also confirmed through a physical examination by a licensed healthcare provider of the student's choosing (physician, physician's assistant or advanced nurse practitioner) who also signs a statement on the form. The certification form and physical exam form must be on file before beginning the clinical experiences of the Program.

If a student believes they may require accommodation(s) in order to meet these requirements, they must have their need for accommodation validated through the Disability Resources Office (located on the ground floor of the Maxwell Library within the Academic Achievement Center). The Disability Resources Office works jointly with the student and the ATP to explore accommodation options. Accommodation may not be possible in some cases.

Any student who cannot meet each of the technical standards with or without accommodation cannot be enrolled in the Program. Students requesting accommodations must have their need for accommodation validated through the Disability Resources Office. Requests for accommodation are not used prejudicially against students. Students are responsible for informing their instructors about needs for accommodation for courses or clinical experiences.

Accommodation requests must be made in a timely fashion in order to permit adequate time to arrange the accommodation. It may not be possible to provide some accommodations on short notice.

Certified athletic trainers are professionals who are experts in injury prevention, assessment, diagnosis, treatment, and rehabilitation, particularly in the orthopedic and musculoskeletal disciplines. They provide care to athletes and other patients in a variety of settings and situations. This program is rigorous and intense and places specific requirements and demands on the students enrolled in the program. Athletic trainers and athletic training students must possess certain mental, physical, and other abilities that are essential in providing care for their patients.

The technical standards for ATS establish the essential functional requirements that are necessary for enrolled students to acquire the knowledge, skills, competencies and values of an entry-level certified athletic trainer. They are also required to meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education (CAATE)).

The following essential functional requirements must be met by all students after acceptance into the major in order to enroll in or complete the Athletic Training Educational Program. In the event that a student is unable, or becomes unable to fulfill these technical standards with or without reasonable accommodation, the student cannot enroll or remain enrolled in the program.

Athletic Training students must demonstrate:

- the ability to perform appropriate, effective and complete physical examinations and treatments including the safe and efficient use of equipment and materials; this includes, but is not limited to the ability to convey and set-up equipment for clinical or on-field use, to reach in a timely fashion injured patients who are down on athletic fields, to assess their condition where they lie, to perform appropriate emergency procedures, to fully participate in patient extrication and transport, to perform appropriate therapeutic and prophylactic procedures, and to demonstrate rehabilitative exercises;
- the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds and in stressful and emergency situations; this includes, but is not limited to the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;
- the ability to record physical examination results, treatment plans, patient notes and outcomes clearly and accurately;
- the ability to assimilate, analyze, synthesize, integrate concepts and problem solve that form the basis for making diagnoses, therapeutic judgments, and distinguishing deviations from the norm;
- the ability to maintain composure and continue to function well during emergency situations and periods of high stress;
- the ability to adjust to changing situations and uncertainty in clinical situations;
- the ability to develop professional values, ethics, appropriate demeanor and rapport that are essential for professional education and quality patient care.

Following their acceptance into the Program, students are required to verify that they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. This is accomplished using the [Technical Standards Certification Statement](#).

For students who believe that they can meet these standards with accommodation, the University's Disability Resources Office will validate their need for accommodation and will work with the Program to determine if reasonable accommodation can be made. This determination will take into account whether accommodation would jeopardize clinician/patient safety or undercut an essential element of a course, clinical experience or internship.

## **DISMISSAL OF STUDENTS UNABLE TO MEET TECHNICAL STANDARDS**

Students can be dismissed from the Athletic Training Program for physical and/or emotional problems that do not respond to (or with refusal to seek) appropriate treatment and/or counseling within a reasonable period of time, and that result in failure to meet the required technical standards without reasonable accommodation.

Once the physical and/or emotional problem is identified, a meeting will be scheduled with the student to develop a plan for appropriate referral, treatment and program accommodations. In consultation with the appropriate medical professional, a reasonable timeline for resolution will be determined.

**Investigation and Evaluation**—when faculty members identify a student who presents physical and/or emotional problems that prevent them from meeting the technical standards and are not resolved by appropriate treatment and/or counseling, they can immediately suspend the student from the course. Faculty will notify the ATP Undergraduate Program Director, who will in turn notify the Department Chair. Upon determination by the faculty, ATP Undergraduate Program Director and Department Chair that the physical and/or emotional problems warrant dismissal from the Athletic Training Program, the Dean of the School of Education and Allied Studies will be notified.

The Dean, in consultation with the faculty, and upon review of the documentation, will make a decision regarding recommending dismissal of the student from the Athletic Training Program. A request for appeal should occur within seven working days of written notification of the decision from the Dean of the School of Undergraduate studies.

**Hearing Process**—the chair of the ATP Student Appeals Committee will thereafter notify the student, the faculty member, ATP Undergraduate Program Director, and the Department Chair as to the time and place for a hearing to determine whether the physical and/or emotional problems result in failure to meet the technical standards and warrant dismissal.

The Committee will hold a closed hearing within ten days at which time the faculty member, ATP Undergraduate Program Director, and Department Chair will be present and will provide documentation and other oral or written evidence regarding the incident. The student will be present and will be given an opportunity to provide documentation and other oral or written evidence regarding the problem. The student will be allowed an advocate/support person at the hearing. The advocate will not be permitted to address the committee.

Following the factual presentation, the Committee will convene in executive session to determine whether the problem warrants dismissal from the School. The Committee shall make its recommendation in writing to the Dean of the School of Education and Allied Studies and forward pertinent documentation. The Committee may recommend dismissal from the Athletic Training Program, or reinstatement in the program.

**Post Hearing Process**—The Dean of the School of Education and Allied Studies may accept, reject, or modify the Committee's recommendation. The Dean's decision will be made after review of the minutes of the hearing and report to the Committee. If the Dean of the School of Education and Allied Studies accepts the Committee's recommendation to dismiss the student from the Athletic Training Program, the Dean (or his/her agent) shall notify the student. The Dean of the School of Education and Allied Studies will notify the faculty member(s) as to the determination.

# CLINICAL EDUCATION

Clinical Education represents the ATS's formal acquisition, practice, and assessment of the Entry-Level Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of a Preceptor. Clinical education shall occur in a minimum period of two academic years (4 semesters) and must be associated with course credit. Courses shall include academic syllabi that include measurable educational objectives and specific clinical proficiency outcomes that can be documented over time. Related to clinical education is the field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a Preceptor.

**Direct Supervision.** Direct Supervision is the constant visual and auditory interaction between the student and the Preceptor that includes the instruction and evaluation of the clinical proficiencies by the supervisor. The Preceptor plans, directs, advises and evaluates the students' athletic training field experience. The supervisor must be physically present for proficiency instruction and evaluation.

**Supervision.** Supervision applies to the field experiences under the direction of a clinical instructor who plans, directs, advises, and evaluates the student's athletic training field experience through daily person/verbal contact at the site of supervision.

**First Responder.** A student may only perform as an ATS when under the supervision of a Preceptor. When unsupervised by a Preceptor, the student may only function in the role of a first responder. Please refer to the [BOC website](#) for more information.

**Clinical education experience.** Clinical education experience provides an opportunity for integration of psychomotor, cognitive and affective skills, and clinical proficiencies within the context of direct patient care. A Preceptor must directly supervise formal clinical education experiences. A Preceptor must supervise other clinical education experiences such as during the field experience.

**Field Experience.** Field experience provides the student with the opportunity for informal learning and to practice and apply the Entry Level Athletic Training Clinical Proficiencies in a clinical environment under the supervision of a Preceptor. The primary settings for field experiences must include athletic training rooms, athletic practices, and competitive events. Ample opportunity should be provided for supervised student experience working with athletic practices and competitive events in both men's and women's sports.

## **Clinical Education and Field Experience Exposure Requirements:**

There shall be exposure to:

- A. Standard 50 - Students must gain clinical education experiences that address the continuum of care that would prepare a student to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and clinical abilities, Role Delineation Study/Practice Analysis and standards of practice delineated for an athletic trainer in the profession. Examples of clinical experiences must include, but should not be limited to: Individual and team sports; Sports requiring protective equipment (e.g., helmet and shoulder pads); Patients of different sexes; Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military); A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology)

**Clinical Setting.** A clinical setting is a clinical environment where health care services are provided. The clinical setting shall include a medical clinic, athletic practices, and competitive events. The athletic training room is considered to be a designated physical facility located within the sponsoring institution or within an acceptable affiliated clinical setting in which comprehensive athletic health care services are provided. Comprehensive health care services include practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation, and related services. Additional clinical settings may be utilized and may include sports medicine clinics, physical therapy sites, and/or rehabilitation clinics, college or university health centers, hospital emergency rooms, physician's offices or other appropriate health care settings. The student must be supervised by an appropriate Preceptor in these settings.

**Clinical Proficiencies.** In addition to educational competencies, the ATS is required to demonstrate competence in clinical skills or clinical proficiencies. These are to be demonstrated in the clinical setting under the supervision of a Preceptor.

**Learning Over Time.** Learning over time is the documented continuous process of skill acquisition, progression and student reflection. Learning over time involves the demonstration of systematic progression through the cognitive, psychomotor and affective taxonomies within different contextual environments (e.g., athletic training room, practice field). Assessment of learning over time is built around multiple indicators and sources of evidence such as observations (student affective behaviors, interviews); performance samples (clinical skill demonstration); and tests or test-like procedures. All ATS's must demonstrate that each proficiency/competency is first taught and practiced in a formal classroom setting, and then demonstrated as competent on each proficiency/competency within the professional clinical setting at least one semester or more after the formal instruction.

**Level Exam Testing Sequence.** To demonstrate learning over time and to intellectually challenge the student in critical thinking and problem solving, each student will complete a level exam at the end of each semester as part of the clinical experience. Each level is progressive and will cover all previous competency information. The final level exam in clinical V will be required of every student, except those who have successfully passed the BOC exam in April of their final year.

Students must secure a grade of 73% in order to be considered passing the exam. Should a student fall below 73%, they will have an opportunity to complete a remediation plan to successfully complete items they missed on the test.

### **Responsibilities of the Preceptor.**

The Preceptor plays an integral and essential role in the student's total educational process, and is an extension of the classroom experience. It is the responsibility of the Preceptor to guide students through their clinical skill development and provide ample opportunities for the student to apply their skills in the prevention, recognition, treatment, and rehabilitation of various sport injuries.

The Preceptor is expected to:

1. Know and understand all psychomotor competencies required for CAATE accredited athletic training programs.
2. Meet with the students at the beginning of the rotation to:
  - a. Discuss policies and procedures at the clinical site including hazardous waste disposal, emergency action plans, referral protocol, blood exposure procedure, and record keeping
  - b. Develop a schedule so students are not at the site unsupervised.
3. The clinical schedule must be agreed upon by the ATS and Preceptor. Students are expected to experience at least 2 weekends a month.
  - a. Identify regular hours that the student should be present at the site. These hours shall not average more than 20 hours per week
4. Ensure students dress professionally and complete their duties in a professional manner.
5. Check the student's log on a regular basis to ensure accurate documentation of the
6. Clinical hours, sports covered, and special injuries/illnesses seen during the rotation.
7. Review injury reports on a regular basis and make recommendations for improvement.
8. Students are expected to be at their clinical rotations on a daily basis. However, on special occasions (e.g., special family events, family emergencies, your own wedding/honeymoon), an athletic training student may request extended time-off. Students must notify the Director of Clinical Education for authorization of the extended absence at least one week in advance of the absence, barring an unforeseen family emergency. The Director of Clinical Education will notify the Preceptor of the impending authorized absence.
9. Speak with the Director of Clinical Education at least twice during the student's
10. Clinical rotation to discuss student progress.
11. Report any and all problems directly to the Director of Clinical Education regardless of whether the clinical instructor has dealt with the problem themselves.
12. Complete student evaluation forms as supplied by the Director of Clinical Education, and return them within one week to the University.
13. Whenever possible, serve as a resource person to the athletic training curriculum program for didactic class presentations, assist in the administration of practical examinations, and encourage students to participate in professional activities.

### **Responsibilities of the ATS.**

ATS are expected to follow all guidelines established by the ATP, Department of Movement Arts, Health Promotions, and Leisure Studies, the School of Education and Allied Studies, Bridgewater State University, and CAATE. This Athletic Training Program Handbook details the student

expectations. Failure to uphold these policies can result in the student being dismissed from the Athletic Training Program.

1. Students are expected to attend each practice and/or game session on time; however, the weekly commitment is not to exceed an average of 20 clinical hours. An exception to this exists during summer break and holidays when classes are not in formal session. Clinical hours during this time should be negotiated with your Preceptor. Please note that if you agree to gain experience during preseason camps or during the holidays, you **MUST** make a commitment to attend practices each day. It is unprofessional to only attend when you feel like it.
2. Students are to arrive early enough to adequately prepare the clients and supplies for the day, and remain until all equipment is cleaned and put away.
3. Unwarranted and unannounced absences, or tardiness from any assignment will not be tolerated. The Preceptor shall notify the Director of Clinical Education immediately so the problem can be rectified.
4. Students should be dressed neatly and act professionally at all times when performing the duties of an athletic training student (ATS). The supervising Preceptor will be the final authority in determining appropriate attire. However the following rules will apply to all athletic training students:
  - A. No revealing clothing, sweats or spandex will be allowed.
  - B. Body tattoos must be covered at all times. If necessary a long sleeved shirt or long pants must be worn.
  - C. No facial piercing is allowed (this includes the tongue). All facial jewelry (including that worn on the tongue) must be removed during the times you are representing BSU as an ATS.
  - D. No more than two earrings per ear can be worn (stud style earring is recommended).
  - E. Hats may be worn outside, but they will not be allowed indoors. This includes classrooms.
  - F. Shoes must be functional and appropriate. Thongs, sandals, Birkenstocks, and other similar styles will not be allowed (no open-toed shoes).
  - G. Sloppy fitting clothes, particularly pants and shorts, and clothing with holes, or apparel advertising alcohol, tobacco, or other chemical substance products are unacceptable.
  - H. Athletic department staff shirts, or dress shirts are required for competitions. If traveling with your Preceptor, formal attire may be required, if requested by the coach.
5. All on campus athletic training students must wear their Connect Card Student ID's at all times.
6. Drug/Alcohol/Amorous Relationships. Athletic training students (ATS) should act in a responsible manner at all times in relationships with patients. The ATS should not engage in drug or alcohol use or be under the influence of such during clinical education/field experience hours. Amorous relationships with members of the current team the ATS is working with or any team that the ATS could potentially work with in the future are strongly discouraged.

7. Athletic Training Students are expected to be assertive in the training room and ask clients what they need prior to being told what to do by the supervising clinical instructor. Students are expected to be proficient in their clinical skills at the expected competency level.
8. Membership in the National Athletic Trainers 'Association ([www.nata.org](http://www.nata.org)) and the Athletic Trainers 'of Massachusetts (ATOM) is strongly encouraged. District (EATA, District 1) and State (ATOM) dues are collected as part of your NATA dues. Membership is the financial responsibility of the student.
9. Membership in the NATA and ATOM will make you eligible for scholarships and student discounts at professional meetings. Information regarding scholarships can be located on the NATA web site. The EATA District website can be accessed [here](#). The ATOM web site can be accessed [here](#).
10. Program Tuition, Fees, and Other Expenses: Students are responsible for all tuition, fees, and other expenses associated the Athletic Training Program including:
  - a. Tuition: Please see the BSU Website for current tuition and fees;
  - b. Transportation: Students are required to provide their own transportation to clinical rotations;
  - c. Liability Insurance: Liability insurance is provided by Bridgewater State University for each student who is enrolled into the professional phase of the academic program. Students should be aware they are not covered through BSU liability insurance when acting outside the scope of the academic program (e.g., summer camp), and should therefore consider the purchase of their own liability insurance should they become employed at a camp;
  - d. Certification cards: Students are responsible for any fees associated with obtaining and maintaining current First Aid and Professional Rescuer CPR Certifications. CPR and First Aid Cards (\$10.00 each if taken on-campus; off- campus classes may exceed \$50 and travel costs); Re-certification has been available on-campus provided there are a minimum number of students to take the course. The cost is between \$25-30. Otherwise, students will need to recertify at another organization where cost may exceed \$50 with travel costs. First-Aid certification must be valid at all times while students are engaged in clinical experience. A lapse in certification is grounds for immediate removal from clinical experience which will undoubtedly affect the grade in the accompanying course. Documentation (scan or photo of both sides of the card) of current First-Aid certification must be provided. CPR certification must be valid at all times while students are engaged in clinical experience. A lapse in certification results in immediate removal from clinical experience which will undoubtedly affect the grade in the accompanying experience course. CPR certification must meet Board of Certification requirements for Athletic Trainers and also include training in AED use. This generally means CPR certification at the "Professional Rescuer" or "Health Care Provider" level or above. Note: "Adult" or "Community" CPR courses typically do not meet the requirement. Also, "on-line" CPR certifications without "in-person" skills checks are not acceptable, regardless of the certifying agency. Documentation (scan or photo of both sides of the card) of current CPR certification must be provided.

- e. Annual Blood borne Pathogen Training – currently we used an on-line company ([ProBloodBorne](#)) to offer the course. The cost ranges between \$15-20 depending on the total number of students from the BSU ATP who are looking to take the class; Blood borne Pathogen training is required for all students. Students must provide documentation of their annual training to Director of Clinical Education.
  - f. Physical exam: Students are responsible for any costs associated with obtaining the required physical exam necessary to affirm that the student has the physical and mental abilities to meet the ATPs Technical Standards for Admission. Physical exams can be performed at BSU Health Services at no cost to the student. Standard immunizations, tetanus (Td), measles, mumps, rubella (MMR) and hepatitis B, are also administered free of cost to registered students. Flu and meningitis immunizations are given “at cost.” Meningitis immunizations are roughly \$100; flu immunizations, when available vary depending on market costs. BSU Health Services does not third party bill (submit fees to insurance companies). If your health insurance covers immunization including the meningitis immunization through your primary care provider, that route may be more cost-effective; Students are responsible for any fees associated with obtaining immunizations required by BSU and those required by the ATP.
- I. Bridgewater State University recommends meningitis immunization for all students (even though all students are not required by law to receive it). Proof of immunization must be provided by a physician, health organization, or a prior school and must include the dates (month and year). Immunization requirements apply as well to international students attending or visiting classes as part of our academic exchange program
  - II. All full-time students (undergraduate students taking 12 credits or more and graduate students taking 9 credits or more) must provide proof (from physician or prior school) of:
    - III. 1 dose of tetanus diphtheria and pertussis vaccine (Tdap) within the last 10 years or Td within 5 years for undergraduate students. For graduate students a Tdap within 10 years is recommended, however a Td within 10 years will satisfy the law. As of 2015, the Tdap within 10 years requirement will apply to all full-time students.
    - IV. 3 doses of hepatitis B vaccine\*
    - V. 2 doses of measles, mumps, rubella (MMR) vaccine\* after the patient’s first birthday and after 1957 (or 1 dose of MMR if born before 1957)
    - VI. 2 doses of varicella (exempt if born before 1980 in the United States) for undergraduate students. The varicella regulation does not apply to graduate students until September of 2015
    - VII. A negative tuberculosis (TB) skin test, (or if skin test positive, a negative chest x-ray or proof of treatment) is required of all students from countries with high rates of TB. Refer to the Massachusetts Department of Public Health [web link](#).
    - VIII. In addition, newly entering residential students must provide:

- IX. A certificate confirming of 1 dose of meningitis vaccine within the last 5 years OR a signed waiver declining vaccination at this time. A student, or the student's parent or guardian, if the student is a minor, may opt to sign a waiver which details that the student has received and reviewed information about the risks and dangers of meningococcal disease, has elected to decline the vaccine. Such a waiver must also be submitted at least two weeks prior to the beginning of classes.

\*Serologic proof of immunity will be acceptable (though often costly). Serological proof of immunity is an alternate way to prove immunity. Serological tests must be done by your primary care physician and requires blood to be drawn, sent out and analyzed, usually taking at least 2 weeks for results. Serological tests can be costly, may not be covered by insurance and often come back negative (which means no immunity). Students with negative serologies must be immunized and provide documentation of the immunization(s). Students may utilize the BSU Student Health Services to fulfill these requirements;

- g. Health insurance: State law requires all registered students to show proof of comparable health insurance coverage. Undergraduate students taking seven or more credits in a semester will automatically be billed for the Student Health Insurance Plan. Students who are already enrolled in a health care plan or who are covered by a spouse's health care plan with similar coverage must complete an online waiver. Students who are not covered by insurance must complete the online enrollment form. The student health insurance waiver form or enrollment form may be completed online at Health Services [website](#). ([BSU Undergraduate Student Handbook](#));
- h. Academic Integrity and Classroom Conduct Policy. Please refer to the BSU Catalog

### **Hardship Policy**

There may be extenuating circumstances for a student's ability to complete or begin their clinical education as delineated by the Coordinator of Clinical Education. Should a student feel they are enduring an undue hardship, they may solicit the faculty to consider allowing for an alternative option for their clinical education experience. The following must be completed by the student:

- A written request must be given to the Coordinator of Clinical Education and Program Director outlining the reasons the student feels they are experiencing a hardship;
- Identification of the outcome the student is seeking;
- Identification of how the ATP can facilitate in assisting the new outcome.

After the Coordinator of Clinical Education and Program Director receive the written request, they will convene to decide if a true hardship exists. Should these individuals decide no hardship exists, the student will be expected to complete their clinical education as outlined. The student reserves the right to further appeal their case in writing to the Chair of the MAHPLS

Department.

If, however, these individuals decide a hardship does exist, they will convene an ATP faculty meeting within two weeks of receiving the written request. The student, or their designee (i.e. Program Director, Coordinator of Clinical Education), will be asked to attend to meeting to represent themselves as to why they are making the hardship request. Faculty will be afforded the opportunity to ask questions to clarify the request as needed. After which, the student will be excused and the faculty will take a vote as to whether the student's request will be honored. The student will be notified in written fashion no more than one week's time after the faculty meeting with regard to the outcome. In that letter, specifics will be outlined as to future placements, clinical responsibilities and/or progression through the academic program.

# ATHLETIC TRAINING STUDENT CLINICAL EDUCATION POLICIES

Each student graduating from the Athletic Training Program must document a minimum of 800 acceptable clinical hours under the direct supervision of an approved Preceptor at BSU or another CAATE approved clinical site. In order to be eligible for graduation and certification, each student must have:

- A. A minimum of 200 hours at BSU.
- B. An additional 600 hours at BSU or an approved affiliated clinical site.
- C. Continuum of care that would prepare a student to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and clinical abilities. Examples of clinical experiences must include, but should not be limited to: Individual and team sports; Sports requiring protective equipment (e.g., helmet and shoulder pads); Patients of different sexes; Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military); A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology)
- D. Experience with both women and men patients & preceptors.
- E. One to three clinical rotations at an off-site approved clinical setting, of which at least one off site location must be at a high school setting.\*\*
- F. Complete at least 10 hours shadowing a general medical professional/ Preceptor that has been approved by the Clinical Coordinator (non-orthopedic).  
**NOTE:** This requirement is fulfilled by EMT Certification if the course was taken at BSU
- G. Attend at least one open physician clinic, additional clinics may be available per specific clinical site rotations.

It is assumed that undergraduate ATS shall complete their assigned rotation.

Due to the dynamic nature of clinical education (CE), CE will likely interfere with the student's ability to hold outside employment. Students must make appropriate financial plans prior to enrolling in the clinical experience.

While students are not strictly prohibited from holding outside employment, such employment SHALL NOT interfere with the student's ability to complete their clinical experience. When faced with a choice between a job and assigned clinical experience, clinical experience must be the first priority. Missing scheduled clinical experience will result in deductions on student's clinical evaluations which will affect the grade in the experience course.

\*\*Please **NOTE:** Criminal background checks will be required to participate in clinical education experience.

## **Recording Hours.**

It is the student's responsibility to document all hours on the appropriate forms and upload in Taskstream. To ensure adequate time for academic reasons, students should average no more than

20 clinical hours per week. Clinical instructors have been informed of this requirement and should not ask or expect any student to exceed this hour commitment.

**Rotation Summary Sheet.**

At the end of each rotation, the total hours completed each week is documented and signed by the supervising Preceptor. Completed forms are due on Taskstream no later than one week after the end of each rotation. This summary sheet is the only official document to verify your hours. Keep a copy for your own records.

Hours that may be counted toward graduation include:

1. Time spent in an the athletic training room or appropriate clinical setting
2. Time spent preparing for and covering practices/games
3. Hours spent covering summer camps under the supervision of a Preceptor. Only the time spent directly with camp activity may be counted

Hours that cannot be counted towards graduation include:

1. Hours not spent under the supervision of an Preceptor
2. Hours spent at an unapproved site (check with Director of Clinical Education for a listing of approved sites).
3. Hours spent as a first responder (see policy)
4. Hours spent traveling with a team or overnight trips
5. Hours which have been earned more than five years prior to the BOC examination

**NOTE:** STUDENTS ARE RESPONSIBLE FOR ALL EXPENSES RELATED TO THE CLINICAL ASSIGNMENT (e.g., gas, tolls, medical exams, vaccinations, etc.).

# CLINICAL ASSIGNMENTS

## **Clinical Education Philosophy**

The philosophy of Clinical Education is in the use of reflective practice. The Program believe it is essential to keep the academic environment relevant and receptive to change by engaging in reflective practices and continually tailoring my own pedagogical identity. By means of storytelling and narrative journaling (didactic & clinically) the students reveal struggles, accomplishments and discover educational opportunities. It is time consuming to analyze experiences thoughtfully, contemplate the views of others carefully, and evaluate how the outcomes of decisions should affect future choices. Those processes take time. They require educators to slow down, but as a result, reflectiveness is most vital to the growth of the student population in the medical field. This is a significant theme when teaching because the students build behaviors such as self-assurance, admitting mistakes, inspiring confidence and empowering their educational choices.

Each of the four seminars places the athletic training student with a preceptor in actual practice settings. The clinical seminar provides the Athletic Training Student (ATS) the opportunity to integrate specific skills acquired through classrooms and labs into broader clinical practice. Each clinical seminar has a student evaluation form that is based on the student's progress within the program. Each evaluation form identifies the broad clinical outcome (goals of the seminar) on which the student will be evaluated by their preceptor. The clinical proficiency of each student is assessed by the preceptor resulting in a seminar grade.

## **Introductory of the Profession, Athletic Training Education**

The first experience is intended to introduce the student to clinical education. The intent is designed to introduce the newly accepted student to the profession of athletic training, the mission and goal of clinical education within the ATP, initiate socialization to the profession, and provide an initial exposure to clinical practice. The experience provides the opportunity to introduce professional behaviors and the experiences to which the ATS will be exposed during formal instruction in the professional setting. The foundation of the experience is the mentoring relationship that is developed between the newly accepted student and the mentor (senior athletic training student) who facilitates the experience. To facilitate appropriateness of student-mentor experiences, the program guides and nurtures upper-class students in leadership roles; outlines objectives of the observation experience that are to be completed and documentation by first year students; offers opportunities for open discussion concerning learned experiences; and addresses policy and procedures pertaining to clinical education.

On completion of the one pre-clinical experience (complete observation) the student will progress into the formal clinical component of the program. The formal clinical component is four semesters, one within the host institution and three rotations at a clinical affiliated site.

## **Mentor**

As a mentor, the seasoned athletic training student is expected to portray leadership, convey awareness consistent with athletic trainers as allied health professionals, exemplify

professionalism in the clinical setting, and introduce the process of clinical education to the first year student.

## **Clinical Seminars**

Clinical seminars are intended to bridge the gap between structured classes, laboratory activity, and actual clinical practice. Each clinical seminar course consists of 15 to 20 hours of actual clinical experience and a one hour clinical seminar course. A variety of instructional methods are incorporated into the seminars, which complement the student's academic and clinical progression. Instructional methods include: traditional lecture, class discussion, instructor/video demonstration, role playing scenarios, case presentation, and guest lecture.

**Athletic training student assignments** to a specific rotation are based on the following criteria:

1. Learning styles/clinical instructor's teaching style
2. Access to transportation
3. Leadership, knowledge, skills, and initiative demonstrated previously within the program
4. Previous clinical experiences and accompanying evaluations
5. Prior clinical exposures (i.e., equipment intensive, medical conditions, gender-specific, age related, non-traditional, non-orthopedic etc.)
6. Clinical instructor requests
7. Preceptor expertise
8. Traffic Volume (patient)

Assignments to a rotation will be made by the Director of Clinical Education. The ATS is responsible for contacting the Director of Clinical Education to get contact information for the preceptor and making all arrangements for transportation to the site.

**Please note:** Assignments are made to preceptors not to sports or specific patient populations. All costs associated with travel to and from any clinical rotation will be the responsibility of the athletic training student.

## **Bridgewater State University Athletic Teams**

The Bridgewater State University Athletic Training Room serves as a clinical site for at least one semester for a minimum of 200 hours. The athletic training staff/preceptors will supervise students assigned to the Tinsley Center.

## **Off-Site Clinical Rotations**

Each student must complete at least two off-site rotations; at an area such as but not limited to: high school, college setting, sports medicine clinic, hospital, non-traditional (industrial operating room). **Because affiliated sites may require a pre-acceptance interview/orientation session, it is the responsibility of the student to notify the off-site preceptor at least three weeks prior to the start of their rotation to make arrangements for the interview.** Names and phone numbers are located at the BSU ATP website.

There are no guarantees that clinical rotations will be limited to two off-site rotations. Due to the large number of students in the program and limited number of on-site clinical instructors, it may be necessary to assign students to three off-site rotations.

### **Requesting a Clinical Assignment**

#### **Request**

A detailed, written request for Clinical Assignment must be submitted by **October 31 (for Spring placements)** and **April 30 (for Fall placements)**. This request must be no longer than a one page response and must include all of the following to be considered:

1. Purpose of the request.
2. A detailed description of learned experiences of all past clinical experiences within your time at BSU.
3. An area of practical skill application you wish to improve.
4. An area of practical skill application you believe is your strength.
5. Extracurricular activities in regards to your schedule.
6. Future professional goals that you wish to obtain.

Submitting a written request does not ensure a clinical placement of your request. In addition, requests are **OPTIONAL** and do not give you the advantage of being placed at the clinical sites we hold at BSU.

#### **Repetition Request**

Any student who is unable to make a commitment to the assigned rotation must notify the Director of Clinical Education in person (**email or voice mail are not acceptable**) within 48 hours of the posting, detailing professional reasons why the assignment cannot be met. Acceptable reasons for changing the assignment may include, but are not limited to:

1. **Transportation.** Individuals assigned to an off-site location do not have reliable transportation. It would help, however, if you attempted to find an individual who does have a car and would be willing to switch so the off-site rotation continues to be covered
2. **Repetition.** You have already been assigned to that rotation and/or site and do not want to repeat it
3. **Extreme circumstances.** This will be decided by the Director of Clinical Education and the Program Director in consultation with the student. Students who ask to be removed from a specific rotation based on sound reasons will be assigned another rotation. **Any changes in rotations must be approved by the Director of Clinical Education prior to any change taking affect.**

#### **PLEASE NOTE:**

ATS will be asked to authorize a **Criminal Offender Record Inquiry (CORI)** as a requirement for access to public and private institutions and agencies during

their clinical rotation. Additional criminal background checks may be required for institutions in schools and agencies according to Massachusetts laws and regulations.

## **EVALUATION OF CLINICAL EXPERIENCE**

Each semester undergraduate students will be assessed in several ways (i.e., skills assessment, written assessment, verbal assessment). With each assessment, the student and Preceptor assigned will meet to discuss the student's strengths and areas to work on. Anytime during clinical experience the Preceptor may determine that the ATS may need to improve on specific skills or behaviors. Attaining these goals will be assessed at the end of the semester.

The following student assessments will be conducted each semester:

- Mid-term & Final Preceptor evaluation of student
- Review of CRJs.

In addition to these, students will be asked to evaluate their Preceptor at the end of the semester. AT faculty will be assessed in each class in accordance with the MSCA Collective Bargaining Agreement. Upon graduation all ATP students will be asked to assess their overall academic and clinical experience by completing an anonymous alumni survey.

### **Clinical Deficiencies**

Clinical deficiencies will be weighted substantially with academic performance and therefore may affect a student's overall academic standing. Failure to successfully complete the predetermined number of clinical affiliations can result in the student's year of graduation being delayed. All deficiencies incurred during a clinical affiliation are cumulative and will remain on the student's clinical/academic record. Clinical deficiencies may be assigned by the supervising Preceptor or by a member of the ATP faculty. The severity of the infraction will be determined by Clinical Education Coordinator (CEC) after receiving a full report of the infraction from the Preceptor supervisor. Deficiencies will be classified as either a minor or major deficiency at the discretion of the Coordinator of Clinical Education (see examples below). Accumulation of two minor deficiencies or one major deficiency during a clinical affiliation will result in a failing grade for the affiliation. A failing grade is considered an academic deficiency and the student will be placed on academic warning, probation or will be withdrawn from the program based on their current academic status.

Receiving a failing grade in a clinical affiliation course is treated as any other academic failure however; clinical affiliation courses must be remediated prior to the student progressing to the next clinical affiliation. This will, in most cases, affect the student's ability to progress in the program and may affect the student's date of graduation.

### **Minor deficiencies include, but not limited to:**

1. repeated tardiness to the classroom sessions and/or the affiliated clinical site;
2. poor clinical performance;
3. lack of professional demeanor;
4. failure to meet dress code;
5. failure to meet the predetermined deadlines for submission of the student portfolio and other clinical clearance documents;
6. Lack of prior notification of an absence from attendance during a clinical affiliation;

**Major deficiencies include, but not limited to:**

1. poor attendance;
2. insubordination;
3. dismissal from the affiliated clinical site (may lead to subsequent recommendation for withdrawal rather than remediation if appropriate);
4. violation of clinical site or BSU's established policies and procedures;
5. violation of the Code of Ethics established by the NATA. (may lead to subsequent recommendation for withdrawal rather than remediation)

The Clinical rotations are sequenced based on the professional knowledge progression presented in the didactic component of the curriculum. The clinical curriculum is designed to ensure that students are optimally prepared to provide patient care across the lifespan in the most common athletic training practice settings. **This clinical experience is weighted 50% of the final grade.**

**Evaluation Criteria for Clinical Skill Application**

The outcome assessment platform 'Taskstream' is designed to measure student proficiency skill in the clinical setting. The student objectives lend antonym to specific situations, settings, and allows an array of teaching philosophies. This evaluation tool is intended to be used to rate the athletic training student on their experiences in a natural setting during their clinical assignment. Please be aware that the evaluator must be the clinical instructor to which the student was assigned.

**The grading criterion is based on the student's ability to perform clinical tasks according to the academic rank and the proficient standard indicated by the Preceptor.** The ideal demonstration of clinical proficiencies is student interaction with patients in the clinical setting. However, pathology is not conducive to a student's "time frame" and may not be present during instruction at each affiliation. With this understanding it is acceptable to use alternative methods of instruction and evaluation allowing the student opportunity to demonstrate clinical proficiency. It is vital that the educator understand the majority of students entering the clinical setting will not have mastered the task at hand.

However, after clinical instruction, practice, and proper decision making the student should **be able to meet the clinical outcome thus achieving a "72-88 ADVANCED INTERMEDIATE TO ENTRY-LEVEL PERFORMANCE (Proficient)"** grade from their preceptor. If a student **fails to meet the minimal standard then a rating of that less than 73-88 ADVANCED INTERMEDIATE TO ENTRY-LEVEL PERFORMANCE (Proficient)** rating should be given. If the rating of that **less than 72-88 ADVANCED INTERMEDIATE TO ENTRY-LEVEL PERFORMANCE (Proficient)** is given for a specific task the preceptor is required to give a written explanation for the rating. The clinical evaluation received from the assigned preceptor will be **50%** of the students' final grade. The final grade will be based on the following percentage of total points accumulated:

The a rating of **72-88 ADVANCED INTERMEDIATE TO ENTRY-LEVEL PERFORMANCE (Proficient)** represents the ATP minimum standard for the student outcome which is equivalent to being minimally proficient at the skill. A mark given beyond the minimum standard indicates

“YES” the student is proficient and with planned continuum of learning each student’s proficient skill level will increase to the level of mastery. A mark given below the minimum standard indicates “NO” the student is not proficient and requires remediation of the clinical skill. Documenting both **Midterm** and **Final** with the outcome based platform provides a visual representation of learning over-time.

*Clinical Affiliation* has a total of **9 - 11 skill application outcomes**. The total “YES” rating will be divided by the total number of completed outcomes provided by the clinical instructor to achieve 50% of the student’s final grade. A formal midterm evaluation is required however this grade **WILL NOT** be calculated into the student’s final grade. The purpose of the midterm is to acknowledge the student strengths and need for improvement. The ATP recommends the clinical instructor meet with the student and discuss their assessment after the midterm evaluation is completed.

### **Student Rating Performance of Clinical Skill Acquisition:**

#### **Student Overall Rating for Clinical Performance:**

**0 BEGINNING PERFORMANCE** A student who requires close direct clinical supervision 90-100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. At this level, performance is inconsistent and clinical reasoning is usually performed in an inefficient manner. Performance reflects little or no experience. The student does not carry their own caseload. This first outcome-based learning experience will establish continuity while exposing the student to an array of clinical site-based learning experiences.

**25-40 ADVANCED-BEGINNER** A student who requires direct clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.

**41-69 INTERMEDIATE PERFORMANCE** A student who requires direct clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations,

**70-88 ADVANCED INTERMEDIATE TO ENTRY-LEVEL PERFORMANCE (Proficient)**  
A student who requires direct clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in moderate tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 75% of a full-time clinician’s caseload. This final clinical affiliation should allow the student to integrate a wide variety of skills fostering a philosophy of

total patient care. This budding professional is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning; therefore are able to consults with others and resolves unfamiliar or ambiguous situations. The student is capable of maintaining 75% of a full-time clinician's caseload in a cost effective manner.

**89-100 ENTRY-LEVEL PERFORMANCE** This final clinical affiliation should allow the student to integrate a wide variety of skills fostering a philosophy of total patient care. This budding professional is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning; therefore are able to consults with others and resolves unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time clinician's caseload in a cost effective manner.

### **PRECEPTOR & CLINICAL AFFILIATION SITE PROBATION**

To ensure quality educational experiences, the ATP reserves the right to restrict, discontinue, or decline student assignment if one or more of the following are disclosed to the Clinical Educator; the ATP faculty/staff; or ATC affiliated with the ATP.

1. invalid or denial of state licensure because of unethical/criminal circumstances;
2. noncompliant with CAATE standards and guidelines for Preceptors;
3. unethical behavior;
4. maintain approved clinical instructor status as required by CAATE and ATP; valid complaint from another clinical student, Coordinator of Clinical Education, or ATP;

Upon receiving information and verifying validity of accusation, the clinical affiliated site will be contacted immediately by the Coordinator of Clinical Education and appropriate actions will transpire deemed necessary by the Program Director and Coordinator of Clinical Education.

### **REMEDICATION**

In accordance with the CAATE and the Bridgewater State University Athletic Training Program the demonstration of the specified outcome(s) for each clinical level is mandatory. It is the student's responsibility to provide proficient demonstration of the outcome(s) prior to the final evaluation of each clinical rotation. Failure to gain proficiency from your assigned preceptor or the Director of Clinical Education will result in a Formal Academic Remediation plan (FAR) or failing grade for the semester; in addition, it may affect your academic progression within the Athletic Training Education Program.

# **POLICIES FOR PROTECTING THE STUDENT AND THE PUBLIC**

## **State Practice Act and Policy on Medical Coverage by the Athletic Training Student**

It is the policy of the Athletic Training Program at BSU to require athletic training students to be directly supervised during their clinical education and field experiences. Students are not allowed to travel with teams unsupervised or to engage in unsupervised team/patient coverage. In the rare case that an athletic training student is left unsupervised the student must act only as a first responder. At no time should an athletic training student be put in the position (whether assigned or voluntarily) to make decisions or perform duties that should be carried out by a certified athletic trainer or physician. In such cases, the athletic training student would be in violation of the state practice act and the BSU ATP policy. The following excerpts emphasize the definition of an Athletic Trainer, the requirements of a MA license, and subsequent penalties for acting as an athletic trainer without a license.

### [Advisory Letter – Athletic Trainer Student Practice](#)

Massachusetts General Law (M.G.L.), Chapter 112, s. 23E allows/provides for the practice of athletic training by students. "Nothing in this section shall be construed as preventing or restricting the practice, services or activities of: (c) any person pursuing a supervised course of study leading to a degree...in athletic training...at an accredited or approved educational program, if the person is designated by a title which clearly indicates his status as a student or trainee; (d) any person fulfilling the supervised field work experience requirements of this section, if the experience constitutes a part of the experience necessary to meet the requirement of that section..."

The Board's regulations, at 259 Code of MA Regulations, section 2.01 further specify that students who are pursuing a supervised course of study in an \* accredited or approved education program leading to a degree in athletic training may practice athletic training, commensurate with their level of education, as part of a clinical affiliation that is a component of their educational program.

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) Accreditation Standards and Guidelines stipulate that "Experiences that are not supervised by a certified athletic trainer will not count toward the required traditional athletic training experience." Further, **the practice of students who are not participating in a formal supervised clinical athletic training experience is not allowed under M.G.L., c. 112, s. 23E** (see above). Students enrolled in Athletic Training Programs may not legally provide athletic training services unless they do so under appropriate supervision as part of their formal clinical athletic training experience within an accredited education program. In the absence of such supervision, student practice is limited to the provision of first aid measures for which the student has documented knowledge, skills and competency.

As provided for in (CAAHEP) Accreditation Standards and Guidelines (Section II A, 1 (f)), "...the sponsoring institution may establish formal affiliations with other institutions for the provision of clinical experience settings."

The Board advises licensed Athletic Trainers who supervise the practice of students enrolled in such athletic training programs to adhere to the requirements for student supervision as defined by CAAHEP. Such supervision requires the instructor to meet the CAAHEP criteria for instructional staff (\*\* Section I B (c)) and to "...be physically present in order to intervene on behalf of the individual being treated (\*\*\*) Section II A, 1 (f))."

\* Accredited by CAAHEP

\*\* CAAHEP Standards & Guidelines 2001

\*\*\* CAAHEP Standards & Guidelines 2001

[Please note that the use of the CAAHEP has been replaced by CAATE Standards.]

### **Liability and Scope of Practice for Athletic Trainers in Massachusetts**

#### **Massachusetts General Law, [Chapter 112, Section 23A](#). Definitions:**

The following words as used in sections twenty-three A to twenty-three P, inclusive, unless the context otherwise requires, shall have the following meanings: —

“Athletic trainer”, any person who is duly licensed in accordance with this section as an athletic trainer and who limits his practice to schools, teams or organizations with whom he is associated and who is under the direction of a physician or dentist duly registered in the commonwealth.

“Athletic training”, the application of principles, methods and procedures of evaluation and treatment of athletic injuries, preconditioning, conditioning and reconditioning of the athlete through the use of appropriate preventative and supportive devices, temporary splinting and bracing, physical modalities of heat, cold, massage, water, electric stimulation, sound, exercise and exercise equipment under the discretion of a physician. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.

#### **Massachusetts General Laws, [Chapter 112, Section 23F](#). Athletic trainers; qualifications**

An applicant for licensure as an athletic trainer shall:

- a. be a graduate of a college or university approved by the board and completed such college's or university's curriculum in athletic training, or other curricula deemed acceptable to the board: and has completed a program of practical training in athletic training deemed acceptable to the board.
- b. have passed an examination administered by the board. Such examination shall be written, and, in addition, at the discretion of the board, may be oral and demonstrative, and shall test the applicant's knowledge of the basic and clinical sciences as they apply to athletic training theory and practice, including the applicant's professional skills and judgment in the utilization of athletic training techniques and methods, and such other subjects as the board may deem useful to

determine the applicant's fitness to act as an athletic trainer. The examination shall be conducted at least twice a year at times and places to be determined by the board

**Massachusetts General Law, [Chapter 112, Section 23K](#). Revocation, suspension, etc. of licensee**

The board may, after a hearing pursuant to chapter thirty, revoke, suspend, cancel the license of or place on probation, reprimand, censure or otherwise discipline a licensee upon proof satisfactory to a majority of the board that said person:

- a. obtained or attempted to obtain a license by fraud or deception,
- b. been convicted of a felony or of a crime involving moral turpitude,
- c. has been grossly negligent in his practice of athletic training or occupational therapy or physical therapy,
- d. been adjudged mentally ill or incompetent by the court of competent jurisdiction,
- e. used drugs or intoxicating liquors to the extent which adversely affects his practice,
- f. acted in manner which is professionally unethical according to ethical standards of the professions of occupational therapy or physical therapy.

**Massachusetts General Law, [Chapter 112: Section 23L](#). Practice of medicine or other form of healing**

Nothing in this section shall be construed as authorizing an athletic trainer, occupational therapist, occupational therapy assistant, physical therapist, or physical therapist assistant to practice medicine or any other form or method of healing not specified in said section.

**Massachusetts General Law, Chapter. Athletic trainers; necessity for licensure**

No person shall hold himself out as an athletic trainer or as being able to practice athletic training or to render athletic training services in this commonwealth unless he is licensed in accordance with section twenty-three B.

**Liability Insurance**

As mentioned earlier, professional liability insurance is provided through Bridgewater State University during the time in which a student is completing assigned clinical education. Students should recognize that the liability insurance does not cover them outside of assigned clinical education should they seek to provide service as an athletic training student, volunteer or any capacity (e.g., athletic camps during the summer); therefore, students should consider purchasing their own liability insurance should they take on responsibilities outside of their clinical education requirements.

\*\*Please note that the Athletic Training Program does not endorse the use of athletic training students as first responders and such a role is not an academic requirement for the program

## **Blood Borne Pathogens (BBP) Control Plan**

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

In 1992, the Occupational Safety and Health Administration (OSHA) issued new regulations requiring employers to protect employees from blood borne pathogens. The following plan satisfies the OSHA Emergency Control Plan and is also in accordance with the guidelines of NCAA Policy 2H. See

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) for current OSHA regulations and standards for infection control; outlined in an easy to read OSHA Fact Sheet found at: [https://www.osha.gov/OshDoc/data\\_BloodborneFacts/bbfact01.pdf](https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf)

### **Exposure Control Plan (BBP)**

Blood borne pathogen exposure is specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material. Students exposed to a blood borne pathogen during the course of the educational activities or assigned clinical experience should **immediately** perform appropriate wound care including washing / flushing the area thoroughly: flush the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. Follow any unique post-exposure plans for the clinical site/facility, and notify the Preceptor, professor, or immediate supervisor of the incident. After immediate wound care and washing with a disinfectant, the student should at least perform the following:

- Seek immediate medical care at nearest medical aid unit
- Document the route and circumstances of the exposure
- Document the source (person) of the potentially infectious material (if known)
- Notify the source's physician to request that the source submit to blood tests for infection.

The Preceptor and/or Director of Clinical Education can assist with this process.

- Make an appointment to follow-up with BSU Student Health.
- Notify the Director of Clinical Education at (508) 531-6544 or by email at [kimberly.wise@bridgew.edu](mailto:kimberly.wise@bridgew.edu)
- Students and/or their health insurance provider are responsible for costs associated with any treatment provided to them.

### **Additional Guidelines for Managing Potential Infection**

1. Any student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her supervising clinical instructor **immediately** and to the Coordinator of Education Coordinator.
2. Any student, who demonstrates signs or symptoms of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease **immediately** to his/her supervising clinical instructor.

3.The student is responsible for keeping the Coordinator of Clinical Education informed of his/her conditions that require extended care and/or missed class/clinical time. The student may be required to provide written documentation from a physician to return to class and/or clinical site.

4.If a student feels ill enough to miss ANY class or clinical experience that student should notify the appropriate instructor or Preceptor **immediately**. Any absence must be supported with written documentation from a physician.

At the start of each academic year an on-line recertification program will be provided for students. At this time there is a minimal cost that will be incurred as we are utilizing an approved outside agency to provide the course, assessment and certificate of completion. All students will be required to demonstrate **annual** blood-borne pathogen training via an approved provider.

**Communicable Disease Policy**

The purpose of the Bridgewater State University Athletic Training Program Communicable Disease Policy is to protect the health and safety of all parties. The purpose of this policy is to ensure the welfare of the students enrolled within this academic program in addition to patients BSU ATP students may come in contact with during their clinical educational experiences. This policy is designed to provide athletic training students, Approved Clinical Instructors (Preceptors) and athletic training faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control (CDC). This policy was developed using the recommendations established the by the CDC for health care workers (<http://www.cdc.gov>).

**What are Communicable Diseases?**

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including: direct physical contact; air (through a cough, sneeze or other particulates inhaled); a vehicle (ingested or injected); and a vector (via animals or insects).

Communicable Diseases Cited by the CDC (including but not limited to):

Blood borne pathogens	Diarrheal diseases	Hepatitis viruses
Measles	Meningococcal infections	Mumps
Pediculosis	Pertussis	Tuberculosis
Scabies	Streptococcal infection	Conjunctivitis
Varicella	Zoster	Rubella
Diphtheria	Enteroviral infections	Viral respiratory infections
Herpes simples	Human immunodeficiency virus (HIV)	Cytomegalovirus infections

## **Guidelines for Prevention of Exposure and Infection**

1. Students must successfully complete annual blood borne pathogens training prior to initiating clinical experiences, including observational experiences.
2. Students are required to use proper hand washing techniques and practice good hygiene at all times.
3. Students are required to use Universal Precautions at all times (treating all human blood and OPIM as if known to be infectious for blood borne pathogens). This applies to all clinical sites.
4. Patient care should not be performed when the athletic training student has active signs or symptoms of a communicable disease that has not been diagnosed and/or controlled.

## **Exposure of Infectious Diseases**

1. Contact the CEC and Preceptor immediately.  
The ATS must not attend class or participate in their clinical rotation while infected.
2. You would need to be cleared by Health Services at BSU before returning to class and your clinical assignment.

## **Provision for diagnosed/controlled communicable diseases:**

Students who are positive for Human Immunodeficiency Virus (HIV) and/or who have chronic Hepatitis B Virus (HBV) and/or Hepatitis C Virus (HCV) are required to have regular follow-up with their health care provider. Students may have limitations placed on the clinical experience sites to which they may rotate depending on the decision of the receiving health system. Students will be expected to have detailed attention to universal precautions. In the case of Hepatitis, students will also be counseled about the risk of exposure to hepatotoxic materials. Students will also be counseled on the potential implications of their status for career selection.

Clinical environment participation of students chronically infected with HBV, HCV and/or HIV will be determined in accordance with SHEA guidelines (Current Version: Infect Control Hosp Epidemiol 2010; 31(3):203-232). In accordance with these guidelines, students are required to obtain viral burden titers every 6 months. HBV, HCV and/or HIV status communication is required for students rotating at outside institutions. It is the student's responsibility to inform attending medical staff at each hospital or institution about their positive status.)

## **OSHA Guidelines**

All athletic training students are responsible for following OSHA (Occupational Safety and Health Administration) guidelines when dealing with blood and other bodily fluids. The guidelines are available at [www.osha.org](http://www.osha.org). The most important aspects to remember when working with injured clients are to always wear gloves and to make use of the biohazard and sharps containers. Any items soaked in blood must be placed in the biohazard container. All used scalpels and other blades need to be put in the sharps container.

# DECLARATION OF UNDERSTANDING

I have carefully read the Bridgewater State University (BSU) Athletic Training Education Student Handbook. By signing below, I affirm that I both understand the policies and procedures described herein, and agree to fully comply with all program policies and procedures. I further understand that failure to adhere to program policies and procedures may result in involuntary withdrawal from the Athletic Training Program.

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Student's Name (please print)	Student's Signature	Date
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With each statement below, please use your initials to identify that you understand and agree to fully comply with the statement:

\_\_\_\_\_ I understand and agree that I must successfully complete both academic requirements as well as clinical requirements in order to meet BSU graduation requirements and CAATE Standards.

\_\_\_\_\_ I understand and agree that I will need to meet standards set forth by the academic program to progress in clinical education. These requirements may include, but are not limited to: grade requirements; clinical proficiency requirements; documentation of physical exam, immunization, current CPR/AED and first aid; and annual blood-borne pathogen training.

\_\_\_\_\_ I understand and agree that my clinical placements may be off campus and that I will be responsible for transportation and the costs incurred to and from these clinical sites.

\_\_\_\_\_ I understand and agree that in order to meet BSU graduation and CAATE requirements that I may need to complete courses during the fall, winter, spring and/or summer.

\_\_\_\_\_ I understand and agree that some of my courses may be hybrid or full on-line courses and therefore, I am responsible to have the technological skills to be successful in completing these types of courses.

\_\_\_\_\_ I understand and agree that if I should fail an athletic training major course, I will be responsible to re-take the course. This may have ramifications including, but not limited to: financial, sitting for the BOC examination and postponing my anticipated graduation date.

\_\_\_\_\_ I understand and agree that as per BSU University ATP Policy, CAATE Guidelines and Massachusetts Board of Registration of Allied Health Professionals, 259 Code of MA Regulations, section 2.0; students who are pursuing a supervised course of study in an accredited or approved education program leading to a degree in athletic training may practice athletic training, commensurate with their level of education, as part of a clinical affiliation that is a component of their educational program. I therefore, understand that I may not perform any skill that has not been previously taught and evaluated by an approved facilitator deemed by the BSU ATP.