**PROFESSIONAL MASTER’S PROGRAM IN ATHLETIC TRAINING**

**2020-2021**

**POLICIES & PROCEDURES MANUAL**







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**PROGRAM DIRECTORY**

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| **New Braunfels HS** | **Joseph Hernandez & Talia Risgner** | | | |
| **Canyon HS** | **Jason Maxwell & Tara Farr** | | | |
| **Canyon Lake HS** | **Israel Pena & Paul Steinhoff** | | | |
| **Seguin HS** | **Sarah Anderson & John Mize** | | | |
| **Hays HS** | **Mark Winters &Sarah Leo** | | | |
| **Lehman HS** | **Monica Smith & Rob White** | | | |
| **Austin HS** | **Martha Baldwin & Dexter Lising** | | | |
| **PTRC-Wimberly** | **Darcy Bentley** | | | |
| **Student Health Center** | **Dr. Bryant Frazier** | | | |
| **24/7 My ER** | **Casandra Harrington** | | | |
| **Warren HS** | **Leah Melones & Micha Ramos** | | | |
| **Randolph HS** | **Todd Olivera** | | | |
| **PTRC-San Marcos** | **Kirk Painter** | | | |

**I. Program Mission**

**The mission of the Professional Master’s in Athletic Training Program is in keeping with the College and University mission of “creating new knowledge, embracing diversity of people and ideas and preparing graduates” our focus is on educating clinically competent patient-centered athletic trainers who are capable of serving the community in a variety of employment settings. To develop clinically competent students, the program has developed a comprehensive curriculum that encompasses didactic and clinical education focusing on best practices through evidence-based medicine. In addition, the program strives to graduate clinicians who exhibit professionalism and the University’s core values such as: character, integrity, honesty, compassion, respect and ethical behavior.**

**Program Goals & Objectives:**

**Texas State University’s Professional Master’s program in Athletic Training consists of a carefully planned series of integrated and interdependent didactic, laboratory and clinical experiences. The clinical component of the program offers practical experience under the direct supervision of athletic training preceptors and varied licensed allied health care professionals. The clinical education component is organized to promote self-directed learning as well as strategies to provide the students with a wide range of learning opportunities.**

**Goal 1: Program graduates will be prepared to sit for and pass the BOC Examination.**

**Objectives:**

* **Provide students with the skills and knowledge needed in areas such as patient centered care, interprofessional education, evidence-based practice, quality improvement, health care informatics and professionalism.**
* **Develop opportunities for students to work within a variety of clinical experiences.**
* **Develop opportunities for students to work with a variety of allied healthcare professionals.**

**Goal 2: Program graduates will be able to provide patient centered care.**

**Objectives:**

* **Provide students with a variety of clinical experiences.**
* **Develop opportunities to work with a variety of allied healthcare professionals.**
* **Provide students structured opportunities in the classroom and clinical settings.**

**Goal 3: Program graduates will be able to practice in collaboration with other health care & wellness professionals.**

**Objectives:**

* **Provide students with a variety of clinical experiences with allied healthcare professionals.**
* **Provide students opportunities to learn and develop new skills taught by varied allied healthcare professionals.**

**Goal 4: Program graduates will be able to provide athletic training services in a manner that uses evidence to inform practice.**

**Objectives:**

* **Provide students with most up to date and valid research to guide practice.**
* **Provide students opportunities to develop and carry out research.**

**Goal 5: Program graduates will be able to practice in a manner that is congruent with the and ethical standards of the profession (Appendix A).**

**Objectives:**

* **Provide students with knowledge and skills and opportunities to engage in foundations of professional practice.**
* **Provide students with the opportunity to establish foundations of professional practice during patient care and interactions.**

**Goal 6: Program graduates will be able to use systems of quality improvement and quality assurance to enhance patient care.**

**Objectives:**

* **Provide students with knowledge and skills to understand the process of assessment to ensure that service is meeting desired levels.**
* **Provide students with opportunities to develop to assess processes and implement changes or improvements to health care systems.**

**Goal 7: Program graduates will be able to use technology in the delivery of care and maintenance of patient records.**

**Objectives:**

* **Provide students with the knowledge and skills to use patient-file management systems for documentation.**
* **Provide students the opportunity to utilize patient file management systems for patient records.**

**II. Student Code of Conduct**

**Students are expected to conduct themselves in a professional manner at all times. Honesty & respect towards fellow students, patients, preceptors, faculty, fellow allied healthcare professionals, department personnel, coaches, officials and administrators. Violation of the Athletic Training Code of Conduct will result in disciplinary action. Students must follow policies and procedures described in this document and abide by Texas Department of Licensing and Regulation standards, the NATA Code of Ethics, the BOC’s Standards of Professional Practice and adhere to Texas State University’s Student Code of Conduct (Appendix B).**

**The following links are to be downloaded and read by the student:**

**Texas State University Code of Conduct:**

<https://studenthandbook.txstate.edu/rules-and-policies/code-of-student-conduct.html>

**Texas Department of Licensing and Regulation/Athletic Training Practice Act:**

<https://www.tdlr.texas.gov/at/atlaw.htm>

**NATA Code of Ethics:**

<https://www.nata.org/membership/about-membership/member-resources/code-of-ethics>

**BOC Standards of Professional Practice:**

<http://www.bocatc.org/system/document_versions/versions/171/original/boc-standards-of-professional-practice-2019-20181207.pdf?1544218543>

**Discipline Code:**

**Failure to comply with the Code of Conduct and/or policies described in this document will result in one of the following disciplinary actions at the discretion of the Program Director (PD) and/or University Legal Counsel. These infractions will become part of your permanent record.**

**Missed clinical assignment or tardiness without prior notification & approval of preceptor:**

* **1st offense: Formal review form & fitness for profession form (Appendix B)**
* **2nd & subsequent offenses: written notification from the PD, student placed on probation**

**Dress code violation:**

* **1st offense: Verbal warning from preceptor, may be asked to go home and change**
* **2nd offense: Formal review form & a Fitness for Profession form**
* **3rd & subsequent offenses: written notification from the PD, student placed on probation**

**Drug & Alcohol policy violation:**

* **1st offense: immediately placed on probation; student must undergo on-campus or other approved drug/alcohol prevention/awareness education program. Failure to comply at this level will result in immediate dismissal from program.**
* **2nd offense: dismissal from Professional Master’s program and referral to on-campus or other approved drug/alcohol awareness/prevention program.**

**Disciplinary probation:**

**This probation pertains to students who have been found guilty of having had difficulty with, but not limited to, unprofessionalism or unethical behaviors, inadequate time commitment, cheating or other academic dishonesty, stealing, disrespectful behavior toward faculty, staff or fellow students, misrepresentation of oneself in the profession, or disregard for program policies.**

**If a problem arises in any of these areas, the student will be asked to schedule an appointment with the PD to discuss particular situation. The PD will identify the problem in writing, what the deficiencies are, and document any other pertinent information regarding what needs to be done to rectify the situation. Should the situation(s) not be rectified within an acceptable timeframe (agreed upon by the PD & other parties involved), the athletic training student will be dismissed from the program. If a student is placed on probation twice during the Professional Master’s program (2-year period), he/she will be dismissed from the program.**

**Conduct that results in felony charges will, at minimum warrant disciplinary probation in the program and will be consistent with Texas State University policy on such offenses. It is the student’s responsibility to notify the PD if felony charges occur (this is necessary due to background checks by participating clinical sites).**

**Academic Probation:**

A graduate or post-graduate student as defined in this catalog is required to maintain a 3.0 cumulative grade-point average (GPA) for all Texas State University 5000-, 6000-, and 7000-level courses (excluding required leveling courses) listed on a student’s degree audit for a graduate degree. Cumulative GPA’s are computed at the end of the fall term, the spring term, and the summer.

If a **graduate** **student’s** cumulative GPA falls below 3.0 during any term of enrollment at Texas State, the student will be placed on academic probation. In the next term of enrollment, the student **must** raise his or her cumulative graduate GPA to 3.0 or above or be suspended from further graduate study at Texas State. When the student has achieved a cumulative GPA of at least 3.0 at the end of the term of probation, the student will be removed from probation status.

**Re-admission:**

A student on suspension may petition the graduate dean for permission to re-enroll in The Graduate College. An appeal form for the graduate dean is available on [The Graduate College's website](http://www.gradcollege.txstate.edu/). This written appeal should include additional supporting documentation. The appeal will be reviewed by the graduate advisor and subsequently by the dean of The Graduate College. Each readmission decision is made on an individual basis and the dean of The Graduate College's decision is final. If a reinstatement is approved, the date of the reinstatement depends on the timing of the appeal, program policies, and/or conditions of the reinstatement. If a student is readmitted after being suspended, the student must maintain a 3.0 cumulative GPA or be suspended again. Individual graduate programs may also impose additional cumulative GPA or course restrictions for their students.

## Change of Major:

## Graduate students on probation may not change programs or admission status without a recommendation and special request from the prospective department. The dean of The Graduate College will review the request when making the final decision. If a suspended student wants to pursue a different program, the student must petition the dean of The Graduate College for permission. The written appeal should include a justification. If the dean of The Graduate College grants permission to a student to pursue a different program, the student must submit an application for admission and comply with instructions as identified earlier under the degree-seeking admission requirements section of the catalog. This procedure must be completed in ample time to meet the admission deadlines. Acceptance in one program does not guarantee acceptance in another program.

**III. Program Admissions**

**The program has admitted the last BS cohort (2019-2020 school year). Students interested in pursuing Athletic Training should pursue a bachelor’s degree in Exercise Science or related field and then apply for the Professional Master’s program nearing or upon completion of the Bachelor’s degree.**

**Graduate school admission policies and catalog:**

<https://www.gradcollege.txstate.edu/admissions/policy.html>

<https://www.gradcollege.txstate.edu/students/catalog.html>

**Athletic Training admission policies:**

<https://www.gradcollege.txstate.edu/programs/athletic-training.html>

**Required Materials Post Admission:**

**All students admitted to Texas State University’s Professional Master’s Program in Athletic Training must submit a physical examination verification form (Appendix C) that confirms an appropriate immunization history that has been reviewed and verified by an MD/DO/NP/PA. Students must possess a history of the following immunizations recommended for healthcare workers by the Centers of Disease Control and Prevention: hepatitis B\*, measles, mumps, rubella and varicella (or the disease). In addition, the program requires proof of tuberculosis (TB for Tubercle bacillus) and tetanus immunizations. If an affiliated setting requires additional testing or immunizations, the student must adhere to the affiliated site’s requirements.**

**Student’s must also read and sign the Technical Standards for Admission form (Appendix D).**

***\*NOTE: all athletic training students at Texas State University must provide documentation of have received hepatitis B vaccination (HBV) sequence or sign a waiver declining HBV inoculation prior to starting the clinical education component of the program.***

**IV. Academic Program**

**The 55-credit program leading to the Master of Science in Athletic Training degree is designed to be completed in 2 full years (6 semesters). The six-semester sequence of courses provides a recommended framework for completing the program of study in 2 years.**

**Professional Master's Degree in Athletic Training Curriculum Plan**

|  |  |
| --- | --- |
| **MSAT Year 1:** | **MSAT Year 2:** |
| **Summer-(9 SCH):**  AT 5400 Gross applied anatomy (4)-10 weeks  AT 5320 General Medical Conditions Assessment & Care (3)-1st 5 weeks  AT 5230 Clinical experience I (2) 2nd 5 weeks | **Fall-Classes on T/TH and MWF full clinical (10 SCH):**  AT 5342 Administration & Leadership in Athletic Training (3)  AT 5334 Clinical experience IV (3)  AT 5191 Capstone 1 (1)  AT 5343 Interdisciplinary Approach to Athletic Training (3) |
| **Fall -Classes on MWF only T/TH full clinical (13 SCH):**  AT 5401 Musculoskeletal Assessments of Upper & Lower extremities (4)  AT 5413 Therapeutic interventions I (4)  AT 5231 Clinical Experience II (2)  AT 5340 Research Methods & Evidence Based Practice in Athletic Training (3) | **Spring-Classes on T/TH and MWF full clinical (7 SCH):**  AT 5192 Capstone 2 (1)  AT 5344 Advanced Clinical Decision Making (3)  AT 5335 Clinical Experience V (3)    **Total hours=55** |
| **Spring –Classes MWF only T/TH full clinical (10 SCH):**  AT 5402 Musculoskeletal assessment of head/face/spine & neurological assessment (4)  AT 5414 Therapeutic Interventions II (4)  AT 5232 Clinical experience III (2) |  |
| **Summer (6 SCH):**  AT 5333 Internship (3)  AT 5341 Pathopharmacology (3)-online |  |

**Academic calendars:**

**The academic calendar is set up by the University and accessible at the following link:**

<https://www.registrar.txstate.edu/persistent-links/academic-calendar.html>

**Academic Standards:**

A graduate or post-graduate student as defined in this catalog is required to maintain a 3.0 cumulative grade-point average (GPA) for all Texas State University 5000-, 6000-, and 7000-level courses (excluding required leveling courses) listed on a student’s degree audit for a graduate degree. Cumulative GPA’s are computed at the end of the fall term, the spring term, and the summer. Link to catalog: <https://www.gradcollege.txstate.edu/students/catalog.html>

**Matriculation through the program:**

All members of Athletic Training cohort matriculating through the 2year, 15-credit coursework sequence entitled *Clinical Experiences in Athletic Training*, i.e., AT 5230, AT 5231, AT 5232, AT 5333, AT 5334, AT 5335, must meet minimum standards in knowledge, skills and clinical integration by case studies and objective structured clinical examinations (OSCE, pronounced “ozz-key”).

Case studies are exams made up of simulated case scenarios where a student has to demonstrate clinical decision-making skills. The student must attain a 75% or higher on unit case studies or reach a pre-defined minimal level of competence. The student will have no more than two opportunities to obtain a 75% or higher on each case study and the first grade earned will be used as part of the *Clinical Experiences in Athletic Training* course grade. The OSCE proficiencies will be practical cases where the student will combine multiple concepts to appropriately manage a hypothetical injury/illness in varying formats.

**Capstone Project:**

In an effort to meet the standards of graduate school and evidence-based practice the student will be required to complete a Capstone project. In the students last year (Fall & Spring) of graduate work they will be enrolled in classes to guide them in the process of fulfilling their project. Project must be completed and paperwork turned into the graduate school for the student to be eligible for graduation.

**Scheduling & Advising:**

All students who are pursuing the Professional Master’s degree in Athletic Training will be advised by the PD and Clinical Coordinator (CC). Each semester the academic advisement sheet will be completed by the PD and the student. This document will be kept in the student’s permanent record file. Scheduling will be in accordance with university policy. Classes will be set up as not in interfere with traditional clinical experience times.

**Students with disabilities:**

Requests for approval for reasonable accommodations should be directed to the Office of Disability Services (ODS). Approved accomodations will be recorded on the ODS accommodation approval notice and provided to the student. Students reserve the right to decide when to self-identify and when to request accommodations. Students are expected to adhere to ODS procedures for self-identifying, providing documentation and requesting accommodations in a timely manner.

For assistance, please use link:

<https://www.ods.txstate.edu/>

V. Student Portfolios

The program will provide each student with necessary cumulative binder and program documents that must be kept throughout program. Documents include, patient encounter logs, clinical hour logs, assessments, etc. This will serve 2 primary purposes; to ensure evaluation & proficiency of all required content knowledge/skills/abilities and secondly as a portfolio of the student’s work.

**Patient encounter logs:**

Patient encounter logs are a way for the students to track the clinical skills they have had the opportunity to apply while at their clinical experiences. This serves as a tracking mechanism and can be used to demonstrate the students’ experiences. Logs will be a required component of each clinical education course (AT 5230, AT 5231, AT 5232, AT 5333, AT 5334, AT 5335).

**Clinical skill/standards log:**

Within the binder, there are skills based on the standards that will need to be checked off once covered in class and clinical experiences. This is a two-tiered “check off” system, peers and preceptors/instructors will evaluate each student’s attainment of the skills associated with the standards. The associated “check off” will be assigned to completed within each clinical education course. Scoring rubrics are provided with the other information in the binder.

A third check off will be completed by the clinical education course instructor in evaluating the student on a practical examination scenario that encompasses the standards. All standard/skill check offs must be completed prior to PD signing off for BOC examination.

VI. Additional Program Expenses

There are additional costs associated with the Professional Masters program. Students are required to purchase professional attire to be worn during clinical experiences. Students assigned to off campus clinical sites will also incur costs associated with travel to and from the clinical site.

One-time program costs may include the following, depending upon clinical site:

Criminal Background check

Finger printing

Child abuse clearance

Testing or immunizations

Equipment for AT 5400 laboratory

Approximate yearly costs:

Clothing (approx.) $50-100

Off campus travel $50-200 (depending upon clinical site)

NATA Membership $80 (this includes state and district fees)

Professional development participation Varied

**Professional Organizations:**

Student membership to the NATA is required. A copy of your membership card must be submitted to the PD by the first week of classes in Summer I. There are other benefits for students who are members of the NATA including networking opportunities, NATA news, access to the Career Center and Journals.

At least once during the 2-year Professional Masters program, each student must attend a professional meeting/conference at the local, state or regional level. Local and free opportunities exist as well as potential financial assistance from the AT student organization.

VII. Awards and Scholarships

NATA, SWATA & TSATA Scholarship Awards:

Each year the NATA, SWATA and TSATA offer students an opportunity to apply for scholarship money for educational expenses. Each organization requires independent applications for each candidate. Refer to the respective organization’s website for scholarship opportunities and deadlines. Athletic Training faculty/staff will also keep students updated on scholarship availability and deadlines.

Athletic Training program awards:

Each year there are opportunities to apply for program scholarships and College of Education scholarships (Bobby Patton, David Gish). All scholarships have individual criteria and deadlines that will be made available to the students by the PD, faculty and staff.

For additional financial assistance information, visit the following link for the Office of Financial Aid:

<https://www.finaid.txstate.edu/>

VIII. Program Orientation and Meetings

Prior to beginning classes in Summer Session I all newly admitted students will be expected to attend a Professional Masters degree orientation meeting set up by the PD, CC and faculty. **This meeting will be mandatory.**

Weekly meetings for clinical experience courses are required and will be set up by the PD or CEC. These meetings will be agreed upon with the students’ and PD/CEC schedules allow. **These meetings are mandatory.**

If you miss a program meeting you must submit proof of emergency to the PD in writing within 24 hours of the event. If you miss a program meeting for an unexcused reason, a Fitness for Profession form will be completed to document the offense and kept in the students permanent file.

**Program Engagement:**

Invites to program events (social gathering, club sponsored activities, University events, etc.) are communicated to students via email, CANVAS and/or meetings. The goal of these events are to open the lines of communication, share a current topic and/or to provide clinical and educational pearls. Students’ participation and attendance are strongly encouraged and, in some cases, even required.

**Mentorship:**Through the program’s extensive AT alumni resources, each student will be paired with an Alumni mentor currently employed in the profession. This relationship will aid the student in numerous ways offering another avenue for professional advice, as well as begin to develop/understand the importance of creating a professional network.

IX. Program Expectations

**Classroom Attendance and Behavior:**

Instructors develop their own attendance policies that are communicated through the course syllabus. The program expects proper and prompt attendance in all scheduled courses. Attendance is a demonstration of professional integrity, respect and behavior.

**Classroom Technology Policy:**

The use of cell phones (i.e. Texting, playing games, social media, etc.) during class lecture and laboratory is strictly prohibited. Students may not record any lectures without the instructor’s permission. The use of computers/tablets is permitted during class at the discretion of the instructor. The viewing of non-academic sites and use is prohibited during class or lab time. Violation of this policy can result in dismissal from class, an unexcused absence, and/or policy violation, at the discretion of the instructor.

**Social Media:**

Students are expected to conduct themselves in a manner that maintains patient confidentiality when using social media. Inappropriate use of social media involving your responsibilities or privileges as a student in the Professional Masters in Athletic Training program.

Please keep in mind everything you decide to share through social media is public. Although social media is a component of your private life, keep in mind that you are representing this program, the University and the profession as well as you as an individual. Many people within our field have access to these online networks and maybe viewed by other professionals or prospective employers.

If any distasteful means or inappropriate behaviors are displayed or shared through your social media you are subject to disciplinary action or expulsion form the program and possibly the University (see codes of conduct).

**Email Communication:**

All email communication with faculty, staff, preceptors, etc. MUST be done though the students’ Texas State email account. All students should consistently check their email since this is the primary communication tool used by faculty, staff, preceptors and others involved in program and University activities.

**Cheating and Plagiarism:**

The student will be held to the Texas State University Honor code policy:

<https://policies.txstate.edu/university-policies/07-10-01.html>

**Professional Performance Evaluations:**

As a means to better monitor, give feedback, and force accountability to the students, the program plans to implement bi-semester evaluation meetings to discuss, individually, student’s clinical, academic and overall professional performance. Prior to the meeting the PD with gather academic performance data from each faculty member using the Professional Performance Evaluation form (Appendix F). At midterms and end of semester, each student will also meet with their respective preceptors to discuss clinical experience performance. At this time the student will also perform a self-evaluation on how they believe they are performing at their clinical sites. At the end of each clinical rotation the student will also submit a preceptor and clinical site evaluation so we can continue to monitor the various sites and their educational opportunities/experiences.

**Remediation Plan:**

Each semester, immediately following midterms, grades and academic performance will be assessed and reported at the AT faculty meeting. Any student who’s grade falls below an 80 will be required to complete a remediation plan outlined by the course instructor, CC and PD (Appendix G).

Any student who is placed on programmatic and University probation, due to an insufficient final course grade, will also be required to complete a remediation plan. The plan will be developed with the student, course instructor and PD to devise a strategy for improved academic performance.

X. Clinical Education

Clinical education presents students with opportunities for real patient care while under direct supervision of preceptors (i.e. Athletic Trainer or other credentialed health care professionals). The clinical education course sequence is designed to provide students with the opportunity to synthesize and apply what is learned in the classroom and laboratory on a patient population. Through both observation and “hands-on” activities, students will have the opportunity to experience and participate in the practice of athletic training. To different degrees, students will be involved in patient centered care, interprofessional practice, evidence-based practice, quality improvement, health care informatics and professionalism. Students will have the opportunity to provide health care services for varied clinical experiences.

The clinical education plan is a dynamic document, allowing the synthesis of didactic and laboratory knowledge/skills to translate into real life patient care. Clinical education begins in the first Summer of the student’s career at Texas State University and continues until graduation. Students receive credit for clinical education in six Athletic Training Education courses which are taken over six semesters (AT 5230, AT 5231, AT 5233, AT 5333, AT 5334, AT 5335).

**Clinical Assignments:**

The first clinical assignment will begin in the second summer session and last 5 weeks. During the long semesters (Fall, Spring) assignments will be for the entire semester. The internship required in the students second summer will be a 10-week experience.

Students are assigned to a variety of clinical experiences, under multiple preceptors, to ensure the best quality educational experience. Variety is defined by the CAATE as settings that address the continuum of care with patients that participate in a variety of activities. Including but not limited to: individual and team sports, equipment intensive, patients of all genders, physically active but not part of sports teams and exposures to conditions that are more systemic in nature as opposed to orthopedic.

**Travel expectations:**

Students are often assigned clinical experiences that are not on campus (i.e. high school, clinic, etc.). These sites are not within walking distance of campus and the student will be expected to travel to these sites via personal transportation. If there are instances when the student does not have personal transportation available effort will be made to place the student at a location that is accessible via public transportation.

**Clinical Education Assessments:**

The following clinical assignments will be conducted:

First Summer in program:

Evaluation of student after 5-week rotation during Summer Session II

Clinical experience evaluation-performed by student after rotation

Clinical preceptor evaluation-performed by student after rotation

Clinical hour logs

Fall & Spring of first and second year:

Evaluation of student at mid-term and final

Clinical experience evaluation-performed by student after rotation

Clinical preceptor evaluation-performed by student after rotation

Clinical hour logs

Second Summer in program (internship):

Evaluation of student after first 5 weeks and at end of rotation

Clinical experience evaluation-performed by student after rotation

Clinical preceptor evaluation-performed by student after rotation

Clinical hour logs

**Note: the above evaluations will be counted in the grading system of each clinical education course in which the student is enrolled and will be reflected in the clinical education course final grade.**

**Professional Expectations During Clinical Education Experiences**

Clinical education assignment to a preceptor is a privilege. We appreciate and rely on our clinical sites and preceptors and they should be treated with respect.

1. Act in a professional manner at all times

2. Discuss various activities such as sitting, studying or other activities with your preceptor prior to starting your experience.

3. Communicate with your preceptor to plan your clinical schedule, you will be required to complete a clinical site orientation form (Appendix K) prior to beginning your experience to plan a schedule, review expectations and discuss P & P’s and EAP’s.

4. If you need to miss day(s) at your clinical site, complete a Request for Leave of Absence Form (Appendix I) and submit it to the preceptor at least 1 week in advance.

5. Communicate with your preceptor if you are ill and/or other instance where you will miss your regularly scheduled experience.

6. Professionally communicate with all coaches, parents, patients and other medical professionals.

7. Maximize the clinical experience time and be ENGAGED in learning opportunities.

8. Portable devices such as cell phones, tablets, computers, etc., are permitted for educational and professional purposes only (this should be discussed with your preceptor during orientation see #2). Otherwise, CELL PHONE USE IS PROHIBITED.

9. Expected clothing and attire requirements should be discussed with your preceptor during orientation (you should always dress professionally and in appropriate attire).

10. Jewelry, hair styles, fingernails, tattoos, etc., should be discussed with your preceptor at orientation. These things should not interfere with your safety or the safety of the patient. They should not be distracting or unprofessional. Grooming and hygiene are essential.

**Drug and Alcohol Policy:**

Students who show up to a clinical assignment under the influence of drugs or alcohol, or are found using illicit drugs and/or alcohol at the clinical site, will immediately be placed on two weeks probation, or further disciplinary action as determined by the PD. *See drug/alcohol policy in Part II/Student Code of Conduct.*

**Professional Liability Insurance:**

Athletic Training students at Texas State University obtain professional liability insurance for all semesters required to complete the clinical experience courses. The amount of personal liability insurance coverage provided through a group student insurance plan is $1,000,000 per incident and $5,000,000 per year. This insurance is provided by the Department of Health and Human Performance.

**Emergency Action Plans:**

**Each clinical education site is to have a copy of its emergency action plan (EAP) accessible to the students. Prior to the start of clinical rotation, as a part of the student’s orientation (Appendix G) to the clinical site/facility, they must acknowledge they know where the EAP is located and describe his/her responsibilities.**

Emergency action plans are venue-specific and describe conditions and circumstances that create challenges not usually seen in standard emergency responses. In the event of an emergency, follow the procedures designated by your facility/venue.

**Communicable Disease Policy:**

Students admitted to the Professional Master’s program in Athletic Training will be required to read and sign the Communicable Disease Policy-Verification Form (Appendix H). This form will be kept in the student’s personal file. As a student, you may be exposed to various communicable diseases during your clinical assignments. If you contract one of these diseases, regardless of the source, contact your preceptor and Clinical Coordinator to request permission to not attend your clinical experience until the symptoms are reduced. Communicable diseases include but are not limited to:

Influenza Mononucleosis Strep throat

Common cold Conjunctivitis Bronchitis

In order to provide consistent and competent care for athletic training students as well as the protection and quality care for patients, healthcare procedures are established for students with communicable disease. At any time, if a student develops a condition that warrants advanced medical care, the student will be referred to student health services and any further determined medical services as needed. ***If a student is too ill to attend class, they will be considered too ill to attend clinical rotations.***

**OSHA and Bloodborne Pathogens Training:**

OSHA guidelines must be followed by students at all clinical sites. A detailed post-exposure plan can be found in Appendix H.

All students must complete an annual OSHA and Bloodborne Pathogen Training. The self-paced training available through the Texas State University secure learning management system (CANVAS). Students must complete the training each year *prior* the start of clinical assignments. The CC monitors the training for completion and alerts preceptors and students if training has not been completed or a passing score is not recorded. The training culminates with a quiz that requires the student to complete the quiz; acceptable completion is a score of 90% or higher.

**Attendance:**

**Clinical education is a class. Presence at clinical rotations is a critical component of the educational success. Therefore, students are expected to attend their clinical assignments according to their pre-determined schedule set by the preceptor during their initial conference with the student. Students should communicate regularly with their preceptor to determine their schedule and potential conflicts, and they should plan ahead if needing to miss clinical times.**

**For an anticipated excused absence from a clinical assignment, you must complete a Request for Leave of Absence form (Appendix J). This form must be submitted one week prior to the scheduled absence. Both approved and declined requests will be kept in the student’s academic file. Failure to follow the appropriate procedures/timeline will result in filing a Fitness for Profession Form.**

**If a clinical experience is missed for any unexcused reason, the preceptor will submit a Fitness for Profession Form to the Clinical Coordinator. Family emergencies will be handled on a case by case basis. If this situation should arise it is the student’s responsibility to inform your preceptor and the Clinical Coordinator as soon as possible.**

**You are expected to report on time to the events of your assigned clinical site. Classes have been scheduled so you are able to attend full days at your clinical sites. If you are late or have an unexcused absence for any reason the preceptor can submit a Fitness for the Profession form to the Clinical Coordinator. Please communicate any anticipated changes in schedule or tardiness to the preceptor immediately.**

**Clinical Experience Hours:**

**Depending upon the clinical setting and scheduling hours will be kept on a clinical hour log and signed off by the preceptor. Students in their first year of the Professional Master’s program should attend clinical experiences for at least 20 hours per week and no more than 25 hours per week. Students in their second year of the program should attend clinical experiences for at least 25 hours per week and no more than 30 hours per week.**

**During the internship, which is considered an immersive experience, the student will not have hour requirements and will be expected to immerse themselves in the clinical experience and the day/time that is required to be fully immersed in the experience (for example if you are doing internship with a college team that has scheduled summer workouts you are expected to be there during all activities with that team as well as time for administrative duties, etc.)**

**Students must have at least one day off per 7-day period. A day off is considered no contact or interaction with his or her clinical assignment. Travel to or from a competition as well as travel preparation (packing or unpacking) is not considered a day off. It is the student’s responsibility to schedule his/her days off with the preceptor during initial scheduling with the preceptor.**

**Clinical Site Policies and Procedures:**

**All clinical site policies and procedures are to be discussed with the preceptor prior to the student’s clinical experience. This can be done in conjunction with the orientation with the clinical site preceptor.**

**Holiday Breaks:**

**Holiday clinical hours are not required; however, students must contact their preceptor to work out any details prior to leaving for holiday breaks (e.g. when the last day is prior to the break and when student is expected to return).**

**Inclement Weather:**

**University closings can occur due to weather or other incidents isolated to Texas State University.**

**1. Students are to used their discretion when required to travel to their clinical experiences during inclement weather.**

**2. When Texas State University closes or classes are cancelled, students are not expected to report to their clinical site if their clinical experience either on Texas State campus or off-site assignments.**

**3. Open communication with preceptors in paramount during these times.**

**Travel:**

**Student travel is expected (if team allows) and is based on preceptor/clinical site policies. Students must be under the supervision of their preceptor during travel (i.e. bus, airplane, etc.), if they are expected to perform duties that fall within the domains of athletic training. If students travel on a team transportation and have access to athletic training equipment (records, modalities, AT kit, etc.) they must be supervised by their preceptor.**

**Intercollegiate Sports Participation:**

**Due to the time commitment required for athletic training, it is prohibited to participate in an intercollegiate sport during the Professional Master’s Program in Athletic Training.**

**Extracurricular Activities and Employment Policy:**

**Outside employment, club sports, intramural activities, sorority/fraternity activities, etc. are not prohibited, but CANNOT interfere with your clinical education experiences. Special arrangements and/or special scheduling considerations will not be made for any extracurricular activities.**

**Confidentiality:**

**Students have the obligation to all patients, preceptors, other involved in situation to maintain confidentiality with any patient information they acquire while at their clinical site. Medical information is considered confidential. This includes (but is not limited to) any information about a patient’s medical condition, the management and rehabilitation of any medical conditions, or any information you acquire at your clinical site or sites related to your clinical experience. No information should be discussed or shared on any social media site or with anyone no directly relating to the responsibility of the patient’s care. To comply with HIPPA regulations, you must also not exchange information over email, text, etc., unless you are using a specifically encrypted means of communication. Discussing a general patient’s condition or care within the academic classroom is an acceptable means, as long as you do not discuss any identifying factors related to the patient. As a healthcare provider, you will be held to a higher standard and will be trusted with confidential information to act with integrity regarding these matters. Students will be asked to sign the HIPPA/Confidentiality and Social Media Waiver during initial student orientation (Appendix J).**

**XI. Interpersonal Relationships**

**High Schools:**

**Athletic training students shall not be involved in a sexual or social relationship with a student at his/her assigned high school. Violation of this policy shall result in immediate removal from the site, possible expulsion from Texas State University and possible criminal action if the student is not of age of consent. Other actions may be initiated at the discretion of Texas State University Legal Counsel.**

**Coaches:**

**It is important that student’s develop professional relationships with the coaches and support staff of teams at the clinical education assignment. Students should discuss how to handle coach, patient and staff questions with your preceptor. Generally, student interaction with coaches and staff should increase more as the student progresses through the program and experience is gained. Occasionally some interactions can present difficult situations. If a student has a difficulty with a coach, student-athlete (patient) or staff member, he/she should make this known to the preceptor and CC immediately.**

**Intercollegiate Athletes:**

**Relationships, including inappropriate or excessive socialization, between athletic training students and patients are strongly discouraged. At no time shall a student be involved in a consensual relationship with a patient whose medical care he/she is responsible for.**

**If a student becomes involved in a relationship with a patient, the athletic training student must immediately inform the preceptor and Clinical Coordinator. If a determination is made that the relationship may compromise the health care of the patient, the student will be re-assigned to safeguard the patient. This decision is made at the discretion of the Director of Sports Medicine, preceptor and CC.**

**Preceptors:**

**Relationships, including inappropriate or excessive socialization, between preceptor and students who the preceptor supervise and/or evaluate are prohibited. If a preceptor becomes involved in a relationship with a student, the preceptor must immediately inform the CC and PD, regardless if there is not currently a supervisory relationship. This will prevent the student from being assigned to the preceptor in the future. Note: this includes Graduate Assistants (GA) as they are preceptors.**

**XII. Grievances**

**Appealing Grades or Other Academic Decisions:**

**University decisions are based on applicable policies, rational procedures and sound decision-making principles. Concerning a student’s grade, it must be understood that it is not the policy of the administration to change a properly assigned grade-that is, once based on recorded grades in learning management system gradebook. However, when a student alleges violations of sound academic grading procedures, the University administration and faculty mutually support a student appeal procedure that gives both the student and faculty member a fair process to substantiate and/or refute those allegations.**

**For information on this process please use the following link:**

<https://studenthandbook.txstate.edu/rules-and-policies.html>

APPENDIX

**APPENDIX A**



**NATA Code of Ethics**

# Members Shall Practice with Compassion, Respecting the Rights, Well-being, and Dignity of Others

* 1. Members shall render quality patient care regardless of the patient’s race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
  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 groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.
  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.

# 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

* 1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
  2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
  3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
  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.
  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.
  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.

# Members Shall Maintain and Promote High Standards in Their Provision of Services

* 1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
  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. 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.
  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.
  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.
  6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

# 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.

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

**APPENDIX B**

Texas State University

Department of Health and Human Performance

## Fitness for the Athletic Training Profession Formal Review Form

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The behavior of concern was observed in which of the following settings:

Check one: Please specify:

\_\_\_ Academic class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lab section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ On-campus clinical education setting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Off-campus clinical education setting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of the concern? (Check all that apply)

|  |  |
| --- | --- |
| \_\_\_\_ 1. Physical Characteristics  \_\_\_\_ 2. Personality Characteristics  \_\_\_\_ 3. Responsibility Characteristics    \_\_\_\_ 4. Communication Skills | \_\_\_\_ 5. Social Relationships    \_\_\_\_ 6. Awareness of Personal  Responsibilities  \_\_\_\_ 7. Commitment to the Profession |

**Directions**: Please briefly describe the behavior, situation or class requirement that motivated you to complete this form and the setting(s) in which it was recognized. Fully describe all areas rated as “NI” on the ***Fitness for the Athletic Training Profession Checklist.*** Attach any additional relevant documentation. (Use additional paper as necessary).

Student signature indicates notification regarding concern(s) and is not an indication of agreement.

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

Faculty or preceptor’s signature indicates that the student has been informed in writing of the concern(s) and of the need to complete a formal ***Fitness for the Athletic Training Profession*** review.

Faculty/Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Please return this form to Dr. Darcy Downey, Director, Professional Master’s Program in Athletic Training*

Texas State University

Professional Master’s Program in Athletic Training

*Fitness for the Athletic Training Profession Checklist*

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course/Clinical Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year (select one): First Year \_\_\_\_\_\_ Second Year \_\_\_\_\_\_\_\_\_\_

**Directions**: Please complete the following checklist by checking the appropriate category for each item. All areas rated as “NI” should be fully described on the ***Fitness for the Athletic Training Profession*** ***Formal Review Form.*** Please attach the checklist and any relevant documentation to the ***Fitness for the Athletic Training Profession*** ***Formal Review Form.***

# KEY: E – Exemplary VG – Very Good MS – Meets Standard NI – Needs Improvement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E** | **VG** | **MS** | **NI** | *Characteristics/Dispositions* |
|  |  |  |  | Has the physical characteristics, coupled with sufficient motor coordination, needed to effectively and independently perform the required clinical skills. |
|  |  |  |  | Is free of any chronic illness that causes frequent or persistent absences; has sufficient energy to complete tasks promptly and not fall behind with the tasks to be performed. |
|  |  |  |  | Adequate visual and auditory acuity to provide patient care and administrative duties required of athletic trainers. |
|  |  |  |  | Has fluent English and articulate speech capabilities which enable others to understand his or her oral communication; can project his or her voice sufficiently for successful interpersonal communication. |
|  |  |  |  | In good mental health and able to cope with demands and problems appropriately. |
|  |  |  |  | Able to interact and relate to others with confidence, is able to initiate conversation, contribute to or lead discussion, speak before a group, or take a leadership role. |
|  |  |  |  | Participates cooperatively in group enterprises; disagrees courteously, avoids sarcasm, makes constructive suggestions; accepts constructive criticism; and modifies behavior appropriately. |
|  |  |  |  | Maintains an awareness of the implications that gender characteristics have upon human relationships; avoids situations that offend institutional and community mores. |
|  |  |  |  | Meets university, program and affiliated clinical education site requirements and deadlines promptly; anticipates needs and problems and plans ahead; adapts to institutional or professional standards and policies. |
|  |  |  |  | Is on time for class, clinical assignments and appointments; submits assignments and completes requirements at the appointed time; meets program deadlines, arranges ahead of time for unavoidable delays or absences. |
|  |  |  |  | Acknowledges his or her own responsibility and culpability, does not attempt to transfer fault or blame to others or to rationalize his or her own inadequate or missing performance. |
|  |  |  |  | Speaks with clarity, fluency and correctness; makes few grammatical errors; does not over use colloquialisms or clichés; adjusts the level of formality to the situation; provides a good model of spoken English. |
|  |  |  |  | Writes with clarity, fluency, and correctness; makes few grammatical errors; organizes writing effectively to communicate ideas, phrases, directions, and explanations clearly. |
|  |  |  |  | Is verbally flexible as well as fluent, substituting one word for another, rephrasing and idea or a question quickly and repeatedly until the communication is clear to the patient or athlete. |
|  |  |  |  | Relates easily and appropriately to those in authority; complies with rules and seeks change using established channels. |
|  |  |  |  | Relates easily and appropriately to patients and athletes and others responsible to him or her, providing leadership or direction while involving others and listening to and incorporating their desires and concerns. |
|  |  |  |  | Demonstrates sensitivity to social expectations in varied environments; meets social standards of conduct of interpersonal interaction; shows consideration for others. |
|  |  |  |  | Takes responsibility for his or her personal appearance, in the appearance of his or her work. |
|  |  |  |  | Has a commitment to athletic training as a career; asserts his or her intention of becoming an athletic trainer, and expresses and demonstrates the desire to be a superior athletic trainer. |

Faculty/Preceptor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Please return this form to Dr. Darcy Downey, Director, Professional Master’s Program in Athletic Training***

**APPENDIX C**

**PROFESSIONAL MASTER’S PROGRAM IN ATHLETIC TRAINING**

**Physical Examination Verification and Immunization History Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the designated medical professional to provide the following medical and immunization information as a requirement for my admission to the Professional Program in Athletic Training. I understand that the *Professional Master’s Program in Athletic Training Technical Standards* are to be used as the guidelines for this evaluation.

Date of Physical Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE MEDICAL PROVIDER:**

1. Did a medical doctor (MD or DO), physician assistant (PA) or advanced registered nurse practitioner (ARNP) complete the student’s physical examination? *□* Yes *□* No
2. Has the student completed the following immunizations that are required for admission in the Professional Program in Athletic Training at Texas State University?

Tetanus (must be within 10 years) *□* Yes *□* No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measles/MMR #1 and #2 *□* Yes *□* No Date #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Polio *□* Yes *□* No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chicken pox vaccine (Varicella) *□* Yes *□* No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chicken pox infection/Parental verification *□* Yes *□* No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuberculosis (PPD test within last year) □ Yes □ No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Has the student completed the Hepatitis B vaccination series? *□* Yes *□* No

Dates of HBV vaccine administration: Shot #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shot #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shot #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the answer to Question 3 is “No”, has the student signed a waiver or declination form? *□* Yes *□* No

4. Based on the information available in the student’s physical examination form, does the student have any known allergies? *□* Yes *□* No List of known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXAMINATION:**

I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and found him/her to be in good physical health. I also find the above-named applicant free from evidence of any active communicable disease.

**RESTRICTIONS OR LIMITATIONS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Medical Provider’s Signature and Credentials Printed Name and Credentials

Date: \_\_\_\_\_\_\_\_\_\_\_\_Office address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX D** Texas State University

Professional Master’s Program in Athletic Training

**TECHNICAL STANDARDS FOR ADMISSION**

The Professional Master’s Program in Athletic Training at Texas State University is a rigorous academic program that places specific requirements and demands on the students who are enrolled. The technical standards set forth by the Professional Master’s Program in Athletic Training establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, competencies and proficiencies required of an entry-level athletic trainer, as well as meet the Standards of the program’s accrediting agency, the Commission on Accreditation of Athletic Training Education (CAATE).

All students admitted to Texas State University’s Professional Master’s Program in Athletic Training must possess the following abilities and meet the expectations listed below. In the event that the student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. Compliance with all of the technical standards listed herein does not guarantee a student’s eligibility for the national Board of Certification (BOC) examination.

Candidates for admission to the Professional Master’s Program in Athletic Training must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessments and therapeutic judgments, and be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent medical professional practice in the United States.
4. The ability to record the results of physical examinations, treatment plans and patient progress notes clearly and accurately in English.
5. The capacity to maintain composure and continue to function with poise and professionalism during periods of high stress.
6. The perseverance, diligence and commitment to complete the Professional Program in Athletic Training as outlined and sequenced.
7. Interpersonal flexibility and the ability to adjust to changing situations and uncertainty in clinical practice.
8. Affective skills and appropriate demeanor as they relate to professionalism and quality patient care.

Candidates for admission to the Professional Master’s Program in Athletic Training will be required to verify that they understand and meet these technical standards, or that they believe that with certain reasonable accommodations they can meet the standards. The **Office of Disability Services at Texas State University** (512-245-7856) will evaluate any student who indicates that she/he 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 that she/he 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 process includes a review of whether the requested accommodations 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, laboratory and clinical education experiences deemed essential for graduation.

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

***I certify that I have read and understand the technical standards required for admission to the Professional Master’s Program in Athletic Training and believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards, I will not be granted admission to the program.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of the Applicant Date***

**Alternate statement for students requesting accommodations:**

***I certify that I have read and understand the technical standards 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 Disability Services at Texas State University for their assistance in determining what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be granted admission to the Professional Program in Athletic Training.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of the Applicant Date***

**APPENDIX E**

**PROFESSIONAL PERFORMANCE EVALUATION**

**MIDTERM**

|  |  |
| --- | --- |
| **Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Assignments grade (circle letter grade):** | **Comments:** |
| **A**  **B**  **C**  **D**  **F** |  |
| **Test/Quiz grades (circle letter grade):** | **Comments:** |
| **A**  **B**  **C**  **D**  **F** |  |
| **Participation:** | **Comments:** |
| * **Actively participates in class** * **Satisfactory** * **Needs Improvement** * **Poor** |  |
| **Recommendations for improvement:** | |

Signature of Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX F**

**TEXAS STATE UNIVERSITY**

**PROFESSIONAL MASTER’S PROGRAM IN ATHLETIC TRAINING**

**Remediation Plan**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deficient course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Explanation of Issues: |

|  |
| --- |
| Plan to remedy: |

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course instructor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**APPENDIX G**

Texas State University

Professional Master’s Program in Athletic Training

**COMMUNICABLE DISEASE POLICY -- VERIFICATION FORM**

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

(Please print your full name here)

Students enrolled in the Texas State University’s Professional Master’s Program in Athletic Training must have documented proof of protection against communicable diseases on file with the AT Program Director before being permitted to engage in clinical education activities. This documentation includes proof of the completion of a physical examination, proof of a current and comprehensive vaccination/communicable disease record, and a signed Technical Standards form that collectively verify that I, as an athletic training student, meet all of the admission/matriculation requirements of the Professional Master’s Program in Athletic Training.

As an athletic training student at Texas State University, I understand that in the event that I contract any communicable disease, I have the obligation to report such a condition to the AT Program Medical Director and/or provide medical documentation to the AT Program Medical Director from another physician of my condition. In accordance with HIPAA and FERPA regulations, all medical information will be treated confidentially.

I understand that if I acquire an active communicable disease, I will not report to my assigned clinical education venue due to the risk of spreading the infection to student-athletes, patients, and others with whom I may have contact. I will immediately contact the Clinical Coordinator and my preceptor to inform them of the situation. I acknowledge that if I am diagnosed with an active communicable disease, I will be required to obtain documentation from a physician or other approved medical provider that indicates that I am ready to return to my assigned clinical education experience.

Further, I understand that I must also complete annual training on the handling of bloodborne pathogens and infectious agents as specified by the Occupational and Safety Health Administration (OSHA) and Commission on Accreditation of Athletic Training Education (CAATE).

My signature below indicates that I have read the above policy and agree to comply with all aspects of this policy during my time as an athletic training student matriculating in Texas State University’s Professional Master’s Program in Athletic Training. Since this policy affects the safety of others and is a CAATE accreditation requirement, failure to sign and/or comply with all provisions of this policy will result in my removal from the clinical education component of the Professional Master’s Program in Athletic Training, and ultimately, my dismissal from the academic program.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Darcy L. Downey, Program Director

**APPENDIX H**

**Blood Borne Pathogen Exposure Plan**

**Taken from Risk Management & Safety**

# POST EXPOSURE EVALUATION AND FOLLOW-UP

1. When an employee incurs an exposure, the employee must report the incident to his/her supervisor ***immediately*** and complete a “Supervisor’s Report of Incident, Injury or Illness” as soon as possible. This form can be obtained in UPPS No. 04.04.43 as Attachment II.
2. The completed “Supervisor’s Report of Incident, Injury or Illness” form is submitted to the Human Resources Representative (Claims Coordinator) (UPPS 04.04.43).
3. It is also the employee’s responsibility to comply with section 04.02 (Injured Employee’s Responsibilities) of UPPS No. 04.04.43.
4. It is important to be aware that time is of the essence if an employee suffers an occupational exposure. Treatment is not available through the SHC. He/She should seek medical attention ***immediately*** at the following locations:

***(During regular business hours)***

Texas Clinic

900 Bugg Lane, Suite #210 (Next to Half Price Books) 396-3962

***(After hours/Weekends)***

Central Texas Medical Center (CTMC). 1301 Wonder World Drive

353-8979

1. The exposed employee will be provided with a confidential medical evaluation and follow-up in accordance with OSHA Bloodborne Pathogens Standard from either of the locations listed above. The medical evaluation shall include:
   1. Documentation of the route(s) of exposure and a description of the incident.
   2. When possible and as soon as feasible, the source individual’s blood should be tested for HBV, HCV, and HIV. Consent from the source individual, though not required by law, should be obtained when possible. If the source individual is already known to be infected then retesting is not necessary. The identification of the source individual should be destroyed once the exposed person has been notified of test results. Positive test results for both the source individual and the employee, must be reported by name to the Texas Department of Health
   3. The employee should be offered the option of having his/her blood collected for testing of their HBV/HCV/HIV serological status. The blood sample should be preserved for 90 days to allow the employee to decide if the blood should be tested for HIV status. For the purpose of qualifying for workers’ compensation, the employee must provide evidence of a blood test performed within ten days of the exposure indicating absence of HBV, HCV, and HIV. Once a decision has been made, and written or verbal consent obtained, testing should be done as soon as feasible. Test results will be written in the employee’s medical record.
   4. The employee should be offered post-exposure prophylaxis in accordance with the current recommendations from the U. S. Public Health Service. The “Updated U. S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis” September 30, 2005 CDC’s MMWR is the most current guideline [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm.](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm)
   5. The employee should be given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee should be informed of any potential illnesses that could develop and to seek early medical evaluation and treatment.
   6. The Employee’s physician is responsible for ensuring the Post-Exposure Evaluation and Follow-Up is appropriately completed and that the records are maintained appropriately.
   7. The patient’s records regarding the incident should be maintained by the Human Resources Representative (Claims Coordinator).
   8. The employee should be provided a copy of OSHA Regulation 1910.1030 “Bloodborne Pathogens”.

**APPENDIX I**

**Texas State University**

**Professional Master’s Program in Athletic Training**

**Leave of Absence Form**

***This form is intended for EXCUSED ABSENCES ONLY from your clinical assignment.***

***Complete the following information and submit to your preceptor and to Clinical Coordinator AT LEAST 1 WEEK PRIOR to dates requesting off for approval.***

**Name:**

**Today’s Date:**

**Date(s) requesting off:**

**Reason for request:**

|  |
| --- |
| **Preceptor:**   * **Approved** * **Denied**   **Notes:**  **Signature:** |
| **Clinical Coordinator:**   * **Approved** * **Denied**   **Notes:**  **Signature:** |

**This form will remain in the student’s permanent file.**

**APPENDIX J**

**HIPAA Confidentiality Agreement**

STUDENT CONFIDENTIALITY AGREEMENT

Confidential information includes protected health information (PHI) as defined by the federal Health Insurance Portability and Accountability Act (HIPAA).

Protected Health Information (“PHI”) under HIPAA is defined as information that is received from, or created or received on behalf of Texas State University or its affiliated health care organizations and is information about an individual which relates to past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual.

PHI includes medical records, student records, and financial or billing information relating to a patient’s or student’s past, present or future mental or physical condition; or past, present or future provision of healthcare; or past present or future payment for provision of healthcare and contains any of the following identifiers that may be used to identify the patient or student in relation to PHI.

Names

Geographic subdivisions smaller than a state

Telephone/fax numbers

E-mail addresses

Social Security Numbers

Medical Record Numbers

Health plan beneficiary numbers

Account numbers

All elements of dates related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89

Certificate/license numbers

Vehicle identifiers and serial numbers including license numbers

Device identifiers/ serial numbers

Web Universal Resource Locators (URLs), Internet Protocol (IP address number)

Biometric identifier (voice, finger prints)

Full face photo image

Any other unique identifying number, characteristic, or code

## I understand that Texas State University and its affiliated health care organizations have a legal and ethical responsibility to maintain and protect the privacy and confidentiality of protected health information (PHI) and to safeguard the privacy of patient and student and Texas State University and its affiliated health care organizations’ information. In addition, I understand that during the course of my affiliation as a student at Texas State University and its affiliated health care organizations, I may see or hear other Confidential Information such as financial data and operational information that Texas State University and its affiliated health care organizations are obligated to maintain as confidential.

**The term of this Confidentiality Agreement is the length of my affiliation with and during clinical rotations at Texas State University.** As a condition of my affiliation as a student member with Texas State University and its affiliated healthcare organizations I understand that I must sign and comply with this Agreement.

I agree that my obligation under this Agreement regarding PHI and Confidential Information will continue after the termination of my affiliation with Texas State University. I understand that violation of this Agreement may result in disciplinary action up to and including termination of my affiliation with Texas State University and/or suspension, restriction or loss of privileges in accordance with Texas State University’s Policies and Procedures, as well as **potential personal civil and criminal legal penalties.**

I understand that any PHI or Confidential Information that I access or view at Texas State University and its affiliated health care organizations does not belong to me.

I understand that any access to PHI for research purposes requires proper documentation and approval according to HIPAA policies.

I am aware that Texas State University and its affiliated health care organizations reserves and intends to exercise the right to review, audit, intercept, access, and act upon inappropriate use of computer systems at any time, with or without user notice, and that such access by Texas State University and its affiliated health care organizations may occur during or after working hours.

## The intent of this Agreement is to ensure that students and their faculty preceptors and staff comply with HIPAA Regulations at Texas State University and its affiliated health care organizations Privacy Policies and Procedures.

I will use and disclose PHI and/or Confidential Information only if such use or disclosure complies with the Policies and Procedures, and is required for the performance of my responsibilities as a student, staff or precepting faculty in the care and treatment of patients or provision of services to students. The use and disclosure of PHI and/or Confidential Information for the purpose of care and treatment of patients does not include the use or disclosure of PHI and/or Confidential information for educational endeavors such as writing educational reports for my course of study, engaging in seminars and presentations in the educational setting.

My personal access code(s), user ID(s), access key(s) and password(s) used to access Texas State University and its affiliated health care organizations computer systems or other equipment are to be kept confidential at all times.

Since the use of PHI and Confidential Information includes access, I will not access or view any PHI or Confidential Information other than what is required to perform my responsibilities as staff, student and/or precepting faculty in the care and treatment of patients or service to students. If I have any questions, I will immediately ask my precepting faculty or the Privacy Officer of Texas State University and its affiliated organizations for clarification.

I will not discuss any information pertaining to patient PHI or the health care organization in an area where unauthorized individuals may hear such information (for example), on social media, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any PHI or Confidential Information in *public areas or on social media* even if specifics such as patient’s name are not used.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, or modifications of PHI or Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring PHI or Confidential Information from Texas State University’s and its affiliated health care organizations’ computer systems to unauthorized locations (for instance, my home or school computer).

Upon termination of my affiliation with Texas State University and its affiliated health care organizations, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to my precepting faculty. I understand that it is my obligation to return all patient PHI to my precepting faculty and the health care organization upon completion of my clinical rotation at the health care organization. Faculty are responsible for the destruction of PHI, whether hard copy or electronic.

I have read the above Agreement and agree to comply with all its terms as a condition of my continuing affiliation with Texas State University.

# Student Signature Date

Print your Name Net ID#

**Social Media Confidentiality Policy**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not violate HIPPA and the confidentiality of my clinical setting and/or patients by posting any information on social media. Social media examples include but is not limited to Facebook, Instagram, Twitter, Snap Chat, blogs, chatrooms etc. I understand that cell phones will not be allowed during my time at my clinical shadowing experience. I understand that I am representing TXSTATE and will utilize professionalism while at my clinical site. Violation of HIPAA and Social Media policy can lead to fines and possible jail time according to the U.S. law.**

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

**Printed Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Student Net ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPENDIX K**

**Texas State University Professional Master’s Program in Athletic Training**

**Clinical Education Site Orientation**

**Student Name:**

**Clinical Education Site:**

**Reporting Date for Clinical Education Site:**

*The following information should be covered by each preceptor* ***before*** *a student begins a new clinical education rotation. Please* ***sign****/date and return to Carla Heffner. No initials, please.*

|  |  |  |
| --- | --- | --- |
|  | **Preceptor Signature/Date** | **Student Signature/Date** |
| **General Documents**  Clinical Site Policy & Procedures manual  Rules and regulations of site  Clinical Supervision Policy  Absence Policy  Clinical hours documentation policy |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Clinical Site Documents**  Physician’s Standing Orders  Communicable Disease Policy  Emergency Action Plan  Lightening Policy  AED Policy  Blood Borne Pathogens and OSHA | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **General Expectations**  Dress code  Professional attributes  Interpersonal relationships  Patient centered care  Documentation procedures  Development of schedule for experience | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Assess Psychomotor Skills**  *Appropriate psychomotor skills should be checked prior to patient care*  **All:** emergency procedures appropriate to clinical site  Other skills applicable to level in program | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Grading Procedures**  Mid-term and Final Evaluations  Discussion of student check off system | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |