ATHLETIC TRAINING PROGRAM
STUDENT HANDBOOK

This handbook provides an overview of the curriculum as well as policies and procedures of the undergraduate Athletic Training Program (ATP) during the 2013-2014 academic year. Information found in this handbook may also be of interest to student recruits who are considering applying to the ATP at Indiana University.
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School of Public Health-Bloomington

Founded as the School of Health, Physical Education, and Recreation in 1946, the newly named Indiana University School of Public Health-Bloomington, has a long, proud history of outstanding achievements across an array of academic fields. More than 120 faculty in five academic departments conduct major research, teach, and engage with communities across a broad spectrum of health, wellness, and disease-prevention topics. The mission of the Indiana University School of Public Health-Bloomington is to promote health among individuals and communities in Indiana, the nation, and the world through integrated multidisciplinary approaches to research and creative activities, teaching, and community engagement. Further information about the School of Public Health-Bloomington can be viewed at: 
http://www.publichealth.indiana.edu/about/index.shtml

Department of Kinesiology

The Department of Kinesiology is committed to the study of human movement. This commitment is pursued by developing knowledge preparing scholars in this discipline, preparing professionals for their respective roles in society, and providing public service. Kinesiology offers degrees in: Athletic Training, Exercise Science, Health Fitness Specialist, Physical Education Teacher Education, Sport Communication-Broadcast, Sport Communication-Print, and Sports Marketing and Management. For more details visit: 
http://www.publichealth.indiana.edu/departments/index.shtml

Athletic Training Education At-A-Glance

In order to understand about the educational preparation of athletic trainers, it is important to understand key organizations in the field that influence the professional and post-professional education of athletic trainers nationwide.

National Athletic Trainers’ Association (NATA)

The National Athletic Trainers’ Association (NATA) is the professional membership association for certified athletic trainers and others who support the athletic training profession. Founded in 1950, the NATA has grown to more than 35,000 members worldwide today. The NATA facilitates the development of the NATA Educational Competencies, which provides educational programs with a list of competencies (knowledge, skills, & clinical abilities) to be mastered by students enrolled in a professional athletic training preparation program, such as the ATP at IU. Included in the Educational Competencies is a list of Clinical Integration Proficiencies (CIP) which are designed to measure real-life or authentic application of athletic training knowledge and skills with patients. IU athletic training students are thus assessed on their performance of
CIPs and must demonstrate entry-level mastery of each CIP prior to graduation. (CIPs are outlined later in this document). Visit www.nata.org for more education details & career info.

_Commission on Accreditation of Athletic Training Education (CAATE)_

The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum education standards for quality for professional (entry-level) athletic training programs. CAATE is sponsored by the American Academy of Family Physicians, the American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, and the National Athletic Trainers’ Association (NATA).

The Standards for the Academic Accreditation of Professional Athletic Training Programs (Standards) are used to prepare entry-level athletic trainers. Each institution is responsible for demonstrating compliance with these Standards to obtain and maintain recognition as a CAATE-accredited professional athletic training program. The IU ATP is a CAATE-accredited program. The ATP will go through a detailed re-accreditation process in 2018.

_Board of Certification (BOC)_

The Board of Certification, Inc. (BOC) was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers (ATs). The BOC establishes and regularly reviews both the standards for the practice of athletic training and the continuing education requirements for BOC Certified ATs. The BOC has the only accredited certification program for ATs in the US. Students graduating from the IU ATP are prepared to sit for the BOC certification examination. First time passing rates for IU ATP graduates compared to national first-time passing rate averages are provided below.

<table>
<thead>
<tr>
<th>Year of IU Graduating Cohort</th>
<th>IU First-time Passing Rate</th>
<th>Overall passing Rate</th>
<th>BOC National First-time Passing Rate</th>
<th>BOC Testing Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td>2010-2011</td>
</tr>
<tr>
<td>2012</td>
<td>67%</td>
<td>94%</td>
<td>82%</td>
<td>2011-2012</td>
</tr>
<tr>
<td>2013</td>
<td>95%</td>
<td>100%</td>
<td>Not available</td>
<td>2012-2013</td>
</tr>
<tr>
<td><strong>IU Average 2011-2013</strong></td>
<td><strong>87%</strong></td>
<td><strong>98%</strong></td>
<td><strong>71.5%</strong></td>
<td></td>
</tr>
</tbody>
</table>
INDIANA UNIVERSITY ATHLETIC TRAINING PROGRAM

Overview

Indiana University has been educating athletic trainers since 1949. Today, IU is one of only a few institutions in the United States to offer both professional (undergraduate) and post-professional (advanced master’s) athletic training programs accredited by the Commission on Accreditation for Athletic Training Education (CAATE). The undergraduate Athletic Training Program (ATP) at Indiana University is a highly competitive professional degree program.

The mission of the undergraduate Athletic Training Education Program is to educate and socialize students to become entry-level certified athletic trainers who exhibit professional competence, foundational behaviors of professional practice and an appreciation for on-going personal and professional growth.

The 3 year ATP provides athletic training students (ATS) with a progressive sequence of related theoretical coursework as well as intensive athletic training clinical education experiences in real-world settings. In addition, the ATP exposes students to a variety of on- and off-campus clinical education experiences with increasing levels of professional responsibilities. Such exposures include, but are not limited to: 1) individual and team sports; 2) sports with protective equipment; 3) patients of different sexes; 4) non-sport patient populations; and 5) a variety of orthopedic and non-orthopedic medical conditions. Furthermore, general medical experiences, outside of typical high school and collegiate athletic settings, are service-based in order to help students develop a sense of civic responsibility as future health care professionals. Through such service-learning opportunities students also have the opportunity to broaden their understanding of the athletic trainer’s role among an inter-professional team of healthcare providers while working with diverse patient populations. AT students also have the chance to participate in overseas summer travel to the Dominican Republic to participate in experiential learning opportunities with different professional baseball teams.

The ATP clinical education progression in combination with concentrated academic study with different faculty, clinical staff and other allied health care professionals provides students with a well-rounded learning experience in order to prepare them as successful athletic trainers. Furthermore, students will have authentic evidence of their successful growth as novice athletic trainers through completion of a progressive capstone project and professional portfolio. In addition, students who successfully complete the Bachelor of Science in Athletic Training are prepared to sit for the Board of Certification examination and thereby enter the field through employment or graduate study.
ADMISSION STANDARDS

Students admitted to Indiana University are eligible to be considered for admission to the athletic training program at the end of the freshman year. Applications are accepted until March 1st. In order to provide students with high quality educational experiences in classes, labs and clinical education, the number of students admitted to the undergraduate professional ATP is limited to approximately 20 per academic year. ATP criteria for admission are as follows:

In order to apply to the ATP, students must complete the following eight application requirements: (Please note: Transfer students must also meet the following requirements. See further details relative to transfer students on the website).

1. Complete or be enrolled in the following three prerequisite courses with the following minimum required grades:
   -- ANAT-A 215 with a minimum grade of C
   -- HPER-H 160 with a minimum grade of B
   -- HPER-K 280 with a minimum grade of B- (includes participation in the Buddy Program AT Observation Experience. See below.)
   (Note: Students may be enrolled in these courses when they apply.)

2. Overall university GPA of 2.50 or higher at the time of application.

3. Completion of Buddy Program AT observation experience (assigned during enrollment in K280) as well as completion of forms associated with this program (provided during K280).

4. Completion of Technical Standards form signed by student. (Note: upon on acceptance into ATP Technical Standards form must also be signed by a physician after completion of a physical examination.)

5. Completion Federal Criminal History Background Check following directions provided by the ATP in the on-line student application. (Note: additional background checks may be required upon acceptance into ATP depending upon assigned clinical education setting). A fee of approximately $30 may be associated with background checks.

6. Submit current transcripts (transfer students only).

7. Names and email address of three references. These should be included with on-line application. These references will automatically be sent a recommendation form via email upon submission of your application.

8. Recommended completion of additional shadowing / observation experiences. While there is no set minimum of hours, we recommend students shadow a certified athletic trainer in a different setting (high school, clinic, etc) for a minimum of 10-15 hours. Completion of such additional experience helps you learn more about the roles and responsibilities of the athletic trainer as a health care provider and thus strengthens your application to the program. Students should record additional of shadowing hours. A hour log form is included with the on-line application, however other documentation will be accepted. Students are also encouraged to keep a reflective journal about their experiences.
**Online Application**

Once you have successfully completed all eight application requirements, you may complete the online application at [https://www.indiana.edu/~hperweb/atApplication/index.php](https://www.indiana.edu/~hperweb/atApplication/index.php).

**Acceptance into Professional ATP**

Acceptance into the ATP is determined by the following criteria: GPA and grades in the three required courses (35%), letters of recommendation (20%), and interview (45%). The relative weight of these criteria may be adjusted from time to time at the reasonable discretion of the Program Director; however, such changes will be identified in the application materials so that all prospective applicants will be aware of the weight of the various selection criteria when they submit their application. A selection committee comprised of Athletic Training faculty and AT clinical staff from the Department of Athletics determines admission into the program. Students will be admitted to the school of SPH when they are accepted into the Athletic Training Program.

Once a student is notified they are accepted into the ATP they will receive a medical history form to complete and a physical examination document to be completed by a health care provider. The health care provider must document your ability to meet Technical Standards for Admission and / or identify any accommodations needed for successful completion of all aspects of the ATP. The student will be asked to provide other documentation upon acceptance into the program, prior to the official start of the ATP. Such documentation includes, but is not limited to, proof of professional liability insurance, membership in the NATA (National Athletic Trainers’ Association), copy of first aid and CPR cards (CPR and AED for the Professional Rescuer), proof of Hepatitis B vaccination and Mantoux TB testing within last year (see Retention Standards for additional information).
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ATP Student Services Assistant
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**COURSE OF STUDY**

To complete the Bachelor of Science in Athletic Training, student entering IU in Fall of 2013 must complete a minimum of 120 credit hours. AT students follow the course of study (“tab sheet”) based on the year they entered the University. This tab sheet as well as other specifics of the program may be located in the Academic Bulletin associated with the year the student matriculated to the University (http://www.indiana.edu/~bulletin/iub/phb/2013-2014/undergraduate/degree-programs/bsat-athletic-train.shtml)

Students will be assigned a University Division advisor during freshman year but will be assigned an advisor in the Department of Kinesiology once officially accepted into the ATP. Students may decide, upon consultation with their advisor and/ or ATP faculty, to change to a different tab sheet. The advisor must request an official course of study change (i.e. tab sheet change) with the School of Public Health. Current students likely are following one of the tab sheets included on subsequent pages. Please see your advisor if you unsure which tab sheet you are currently following. You may also access tab sheets on-line at: http://www.publichealth.indiana.edu/degrees/undergraduate.shtml#bs-at

Once admitted to the ATP, students follow a prescribed course of study for athletic training courses, including clinical education. The ATP cannot be completed in less than 3 full academic years based on this prescribed course sequencing (see details below).

**Sophomore (First Year)**

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>A282 Strapping &amp; Bandaging</td>
<td>A281 Upper Extremity Evaluation</td>
</tr>
<tr>
<td>A279 Lower Extremity Evaluation</td>
<td>A283 General Medical Issues</td>
</tr>
<tr>
<td>A269 Clinical Education in AT I</td>
<td>A383 Therapeutic Modalities</td>
</tr>
<tr>
<td></td>
<td>A270 Clinical Education in AT II (A383 lab)</td>
</tr>
</tbody>
</table>

**Junior (Second Year)**

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>A381 Clinical Education in AT III</td>
<td>A384 Therapeutic Exercise</td>
</tr>
<tr>
<td>G207 Introduction to S-A Counseling</td>
<td>A382 Clinical Education in AT IV</td>
</tr>
</tbody>
</table>

**Senior (Third Year)**

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>A491 Senior Seminar</td>
<td>A490 Organ &amp; Administration</td>
</tr>
<tr>
<td>A481 Clinical Education in AT V</td>
<td>A482 Clinical Education in AT VI</td>
</tr>
</tbody>
</table>
CLINICAL EDUCATION

Overview
The three year ATP provides students with related theoretical coursework as well as an intensive clinical education experience. This clinical education experience occurs primarily through collaboration with the IU Sports Medicine Program through the Department of Athletics. Department of Kinesiology faculty members (all are experienced certified athletic trainers) work collaboratively with IU Sports Medicine staff members to provide ATS a progressive and authentic clinical education experience. IU Sports Medicine staff members serve as Preceptors to further expose our undergraduate students to a variety of experiences while providing optimal sports medicine care for the athletes participating in the 24 men’s and women’s intercollegiate athletic teams at IU. Preceptors also work with ATS in other settings on and off-campus such as ROTC, performing arts, hospital emergency room, local high schools and a variety of clinics with different specialization areas. Thus, ATP clinical education experience allows students to learn from a variety of experienced certified athletic trainers and other allied health personnel, working with diverse patient populations in a variety of healthcare settings. In addition, students participate in service-learning experiences concurrent with more traditional clinical experiences to help students develop a sense of civic responsibility. Service-learning allows students to utilize their current skills to benefit the local community while simultaneously further developing their own professional skill sets and values. Ultimately, the ATP clinical education experience, in addition to classroom learning, is vital to the professional development of AT students as emerging athletic trainers.

Clinical Education Progression

Sophomore (first-year) Cohort
Students progressively take on more responsibility during clinical education with each year in the ATP. During the sophomore year students will enroll in A269 and A270 (Clinical Education in Athletic Training I & II) during fall and spring semesters, respectively. These courses meet once per week and are also directly associated with the hand-on, real-world experiences in the clinical setting. Sophomore participate in 2-3 different clinical education rotations each semester including concurrent general medical experiences in which students shadow physicians in an off-campus primary care setting. Students are assigned to new preceptors approximately every 5 weeks, thus rotating through a variety of on-campus and off-campus clinical education experiences with different sports, settings and venues. Sophomore students are expected to participate in approximately 20 hours of clinical education each week as assigned by the preceptor. A more detailed description of clinical education hour requirements is provided below. Clinical education typically includes experiential learning through treatment and rehabilitation times, athletic team practices during the week, as well as weekend competitions. Sophomore students typically do not travel to competitions. Sophomores must also assist with three extra athletic events each semester, beyond their current assignment to allow students the opportunities to be exposed to a wider variety of sports, venues and competition types. Sophomores should reference their A269 and A270 course syllabus for further details about specific clinical education requirements and expectations. Sophomores must successfully meet clinical education requirements in order to progress to the second clinical year.
Junior Cohort

ATP juniors enroll in A381 and A382 (Clinical Education in Athletic Training III & IV). These courses meet weekly and are directly associated with clinical education experiences. Juniors participate in approximately 20 hours of clinical education each week (see specific hour requirements below). Clinical education typically includes experiential learning through treatment and rehabilitation times, athletic team practices during the week and weekend, as well as weekend competitions. Some junior students will have the opportunity to travel with teams to competitions depending upon the clinical assignment.

Typically there is a big transition for students between sophomore and junior year as juniors are expected to take on more responsibilities within the clinical environment throughout the year. Thus, the clinical hour requirement is set by the ATP in order to allow the student to consistently apply their developing knowledge, skills and dispositions in an authentic environment under the direct supervision and guidance of experienced clinicians (Preceptors). Juniors are expected to be actively involved with integrating theory learned in the classroom with clinical practice in order to refine their skills and further develop their identity as a developing athletic trainer. Furthermore, junior students are expected to develop and demonstrate proficiency in a minimum of 4 CIP (Clinical Integration Proficiencies) during the junior year. Two CIPs must be demonstrated through professional portfolio presentation in the fall semester and the remaining two during the spring semester. Assigned CIPs for junior and basic CIP descriptions are provided later within document - see “Preceptor Cheat Sheet”. Students must successfully meet this requirement, among others, to progress to the last clinical year in the program.

Juniors participate in 3 clinical education rotations throughout the year (one 15 week “in-season” rotation and two 8 week rotations). In addition, concurrent with another clinical assignment, junior students participate in a one week General Medical Experience on campus as well as 20 hours of service-learning in a free medical clinic in the Bloomington community. These experiences help students broaden their understanding of comprehensive medical care as well as interact directly with diverse patient populations while gaining a sense of how athletic trainers may use their skills to benefit the greater community. Juniors should reference clinical education syllabi for further details about specific clinical education requirements and expectations.

Senior Cohort

Senior athletic training students enroll in A481 and A482 (Clinical Education in Athletic Training V & VI) to complete clinical education requirements. These courses meet weekly and are directly associated with clinical education experiences. While seniors have one primary clinical education assignment for the year, they may be required to assist in other settings as necessary. In addition senior students are assigned a one week general medical experience and are called upon to mentor younger peers in the program in a variety of ways. Seniors are encouraged to participate in 20 hours of clinical education each week and are expected to play a primary role in managing all health care efforts associated with their clinical assignment alongside their preceptor. While each clinical site and preceptor handles clinical education differently, frequently senior level students are provided autonomous, but supervised, clinical education experiences if they have demonstrated the necessary skills to their preceptors. Such authentic experiences in the “real-world” assist the student with further development into his /her role as an entry-level novice athletic trainer by the end of the academic year. Students
demonstrate clinical integration proficiency development through selection of and reflection on meaningful evidence compiled in a professional portfolio. A minimum of 3 CIPs must be demonstrated by the end of fall semester and the remaining two during spring semester. Assigned CIPs for junior and basic CIP descriptions are provided later within document - see “Preceptor Cheat Sheet”. Senior level students who successfully complete all ATP and degree requirements graduate with a Bachelor of Science in Kinesiology. Students are prepared to sit for the BOC certification examination in the spring of their senior year and while most attend graduate school in Athletic Training (post-professional athletic training education) or related areas, some students seek employment immediately upon graduation.

**Clinical Education Hour Requirements**

Students must obtain and record a minimum of 150 hours and may not exceed a maximum of 300 assigned clinical education hours per semester during the normal academic calendar. Minimum and maximum hours per week per cohort are defined as follows:

**Sophomores**: a minimum of 10 hours per week; however, may participate in clinical education a maximum of 40 hours/per week as long as clinical hours do not exceed an average of 20 per week for the semester.

**Juniors**: a minimum of 15 hours per week; however, may participate in clinical education a maximum of 40 hours/per week as long as clinical hours do not exceed an average of 20 per week for the semester.

**Seniors**: a recommended minimum of 20 hours per week; however, may participate in clinical education a maximum of 40 hours/per week as long as clinical hours do not exceed an average of 20 per week for the semester.

**Clinical Education Evaluation**

All ATP students will be regularly evaluated throughout their clinical education experiences by Preceptors at the end of each clinical rotation. Junior level students participating in a 15 week clinical assignment and senior level students will also be evaluated by preceptors at mid-term. (See Forms on A-Track). Preceptors are also involved with skill evaluation (sophomore labs) and evaluation of clinical integration proficiencies (CIP) during the junior and senior year. Students must consider CIPs when outlining clinical education goals at the start of each junior and senior rotation. CIPs are listed on A-Track and this is where faculty or preceptors document final proficiency evaluation. All students must demonstrate mastery on all CIPs to complete the ATP and ultimately graduate. Thus, students should reference Proficiency tracking system on A-Track frequently as ultimately it is up to the student to ensure that preceptors or faculty have “checked them off” on ATrack once each CIP is demonstrated successfully. Presentation of a professional portfolio will also assist in the process of demonstrating successful completion of each CIP area. Further details about the professional portfolio clinical evaluations are provided in clinical education classes and corresponding syllabi. Students also have the opportunity to confidentially evaluate each clinical education experience including the site and preceptor and provide programmatic feedback to the ATP.
### Preceptor “Cheat sheet” 2013-2014

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>Clinical Skills/ Proficiencies (CIPs) (*please note these are brief descriptions of CIPs. Full descriptions on ATrack)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soph</td>
<td>A282 Strap/Band (3) A279 LE Assess (3) A269 Clin Ed in AT 1 (1) (environment, vital signs, crutch fitting, wound care)</td>
<td>Skills only related to course labs; May need these signed off by Preceptors/ Older peers. NO FINAL proficiency evaluations. Fall: environment, vital signs, crutch fitting, wound care; Lower Extremity Injury Assessment Spring: Modalities; Upper Extremity/ Head &amp; Neck Injury Assessment</td>
<td>Sophomores may NOT apply modalities until have passed (with Preceptor) related labs reviewed during orientation. Will not have THEORY until spring semester thus can’t make treatment decisions until after passing related exam.</td>
</tr>
</tbody>
</table>
| Jr.  | A381 Clin Ed in AT 3 (1) G207 Intro to S-A Counseling & Mental Health | All injury assessment OPs (skill only); OPs are given by second year grad students throughout the year. Please see OP schedule on ATrack for more detail. **Assigned Junior CIPs**

**CIP #2:** Protective Equip, taping, bracing, padding

**CIP #3:** Environment including considerations for “At-Risk” individuals (asthma, diabetes, sickle cell trait, previous hx of heat illness, dehydration)

**CIP #5:** Comprehensive Illness clinical exam with Diff. Dx, general tx &/or referral plan

**CIP #6:** Evaluate and manage emergency including vitals, activating EAP, DX, immediate care (CIP #6) | Juniors – Minimum of 2 proficiencies (listed to the left) must be completed by the end of fall semester. All must be complete by end of junior year (see syllabus for due dates). Student MUST provide EVIDENCE of meeting each proficiency through documentation in a professional portfolio.

**Junior clinical classes meet on Tuesdays from 6:30–8:30 pm** this year and typically will meet separate from seniors (thus every other week or one hour instead of 2 starting at 6:30). We will help facilitate labs related to some of the clinical proficiencies that are more difficult to see every day in the clinic. |
<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring</th>
<th>Clinical Integration Proficiency Completion</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr.</td>
<td>A491 Senior seminar (1)</td>
<td>A490 Organ/Admin (3)</td>
<td><strong>CIP #1:</strong> Administer testing procedures to obtain baseline data regarding a client's/patient's level of general health (including nutritional habits, physical activity status, body comp). Use data to design, implement, evaluate and modify program specific to performance and health goals of patient.</td>
<td>- Senior clinical classes meet on Tuesdays from 6:30–8:30 pm this year and typically will meet separate from juniors (thus every other week or one hour instead of 2 starting at 7:30).</td>
</tr>
<tr>
<td>Sr.</td>
<td>A481 Clin Ed in AT 5 (1)</td>
<td>A482 Clin Ed in AT 6 (1)</td>
<td><strong>CIP #4:</strong> Perform comprehensive exam of pt with UE, LE, head, neck, thorax, spine injury/condition. Includes Diff Dx, impairments and limitations. Create &amp; Implement therapeutic intervention plan to address all goals. Document outcomes.</td>
<td>- Seniors must complete a minimum of 3 proficiencies in fall semester with remaining two by spring semester.</td>
</tr>
<tr>
<td>Sr.</td>
<td></td>
<td></td>
<td><strong>CIP #7:</strong> Select &amp; integrate appropriate psychosocial techniques into a patient’s treatment or rehab program (i.e. verbal motivation, goal setting, imagery, pain management, self-talk, relaxation)</td>
<td>- We have eliminated the 8 injury assessment OPs per semester for seniors. New policy for seniors: Grand-round style. Each senior will present a case to Preceptor which integrates ALL components of CIP 4 (i.e. assessment &amp; intervention, etc) for 3 different types of cases (UE, LE, spine, etc) each semester. ATS ust set due dates with Preceptor in advance. You may provide constructive feedback; Student will present to us via portfolio presentation at end of each semester. We can evaluate final proficiency on ATrack based on presentation or Preceptor may do so throughout semester.</td>
</tr>
<tr>
<td>Sr.</td>
<td></td>
<td></td>
<td><strong>CIP #8:</strong> Recognize and refer at-risk individual with psychosocial disorder and/or mental health emergency.</td>
<td></td>
</tr>
<tr>
<td>Sr.</td>
<td></td>
<td></td>
<td><strong>CIP #9:</strong> Utilize appropriate documentation strategies according to statutes that regulate privacy of medical records. This includes comprehensive patient file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes and billing.</td>
<td></td>
</tr>
</tbody>
</table>
IU Sports Medicine

The mission of the Indiana University Sports Medicine program is to provide high quality medical care to Indiana University student-athletes through prevention, assessment, treatment, rehabilitation, and education of athletic injuries and illnesses. Providing medical care and treatment to more than 600 athletes representing 24 sports, our Sports Medicine Team consists of multiple allied health care professionals including Certified Athletic Trainers, Physical Therapists, Team Physicians, Orthopedic Specialists, Sports Psychologists and Registered Dieticians. The 13 Staff Athletic Trainers and 7 Graduate Assistant Athletic Trainers are BOC Certified, hold State of Indiana Licensure, and have additional CPR Professional Rescuer certifications by the American Red Cross or American Heart Association.

As part of an institution of higher learning, the Indiana University Sports Medicine program participates in the learning process by educating graduate and undergraduate athletic training students through our CAATE accredited athletic training education programs. Undergraduate athletic training students also assist with daily coverage responsibilities of Indiana University athletic practices and competitions through assigned clinical education experiences under the direct supervision of sports medicine staff and graduate assistant athletic trainers. Sports Medicine staff and graduate students serve as preceptors within the Professional ATP. These professionals play a significant role in the education and professional development of undergraduate athletic training students, and thus the ATP overall. Further information regarding IU Sports Medicine and a list of staff members may be found at: http://www.iuhoosiers.com/sports-med/

In addition, Emergency Action Plans (EAPs) for all IU athletic sites (and thus clinical education settings for ATS) can be found at: http://www.iuhoosiers.com/sports-med/visiting-team.html

Athletic training students are responsible for knowing the specifics of each EAP for assigned clinical sites.
Clinical Education Policies

In accordance with the 2012 CAATE Standards for the Academic Accreditation of Professional Athletic Training Programs, all faculty, clinical education staff (herein “Preceptors”) and students must abide by the following clinical education policies for the undergraduate AT program at Indiana University-Bloomington (herein the “AT Program” or the “Program”) and thereby should sign the accompanying affidavit to indicate that they understand and agree to comply with policies set forth below. The policies listed below are not inclusive of all CAATE standards, but focus primarily on the clinical education portion of the curriculum (Standards III-E; IV A-N; V) relevant to Preceptors and students. Additional interpretations of policies specific to the AT Program at IU-B are designated as such by print in italics.

Please note: these clinical education policies were developed to correspond to CAATE standards, and are thus not all-inclusive. Further ATP policies are presented elsewhere in this document and may be added as necessary by the ATP.

1. Clinical education must provide students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors, required of the profession in order to develop proficiency as an athletic trainer.

2. Clinical education must allow students opportunities to practice with different patient populations, care providers, and in various allied health care settings in line with the Program’s mission.

3. The Program will be in accordance with CAATE Standards and Indiana University non-discrimination policies.

4. Students must gain clinical education experiences that would prepare a student to function in a variety of settings with patients engaged in a range of activities with conditions delineated for a certified athletic trainer in the profession. Examples must include, but are not limited to:
   A. Individual and team sports
   B. Sports requiring protective equipment (e.g., helmet and shoulder pads)
   C. Patients of different sexes
   D. Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military)
   E. A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology)

5. All clinical education sites must be evaluated by the Program on an annual and planned basis, and the evaluations must serve as part of the Program’s comprehensive assessment plan.
   A. Students will complete a Student Evaluation of Clinical Education Experience form upon completion of each clinical education rotation.

6. An athletic trainer certified by the BOC (Board of Certification) who currently possesses the appropriate state athletic training practice credential must supervise the majority of
the student's clinical coursework. The remaining clinical coursework may be supervised by any appropriately state credentialed medical or allied health care professional.

7. Athletic training students must be officially enrolled in the Program prior to performing skills on patients.
   A. Students enrolled in the athletic training observational program (i.e., buddy program) may practice skills with athletic training students but may not perform skills on patients.

8. Athletic training students must receive instruction on athletic training clinical skills prior to performing those skills on patients.
   A. Students enrolled in the athletic training observational program (i.e., buddy program) may practice skills with athletic training students but may not perform skills on patients.
   B. First semester sophomore cohorts who have been taught basic modality precautions, indication, contraindications and application may apply such modalities under supervision but may not make clinical decisions regarding treatment parameters until instructed and evaluated on such parameters during spring semester of the sophomore cohort year.
   C. The Preceptor may instruct an athletic training student on clinical skills prior to performing those skills on patients.

9. All clinical education must be contained in individual courses that are completed over a minimum of two academic years. Clinical education may begin prior to or extend beyond the institution’s academic calendar.
   A. Course credit must be consistent with institutional policy or institutional practice.

10. All clinical education experiences must be educational in nature.
    A. AT Faculty and Preceptors must make their best efforts to ensure that all clinical education experiences and feedback are constructive in nature.
    B. The Program must have a written policy that delineates a minimum/maximum requirement for clinical hours.
        1. Students must obtain and record a minimum of 150 hours and may not exceed a maximum of 300 assigned clinical education hours per semester during the normal academic calendar. Minimum and maximum hours per week per cohort are defined as follows:
           a. Sophomores: a minimum of 10 hours per week; however, may participate in clinical education a maximum of 40 hours/week as long as clinical hours do not exceed an average of 20 per week for the semester.
           b. Juniors: a minimum of 15 hours per week; however, may participate in clinical education a maximum of 40 hours/week as long as clinical hours do not exceed an average of 20 per week for the semester.
           c. Seniors: a recommended minimum of 20 hours per week; however, may participate in clinical education a maximum
of 40 hours/per week as long as clinical hours do not exceed an average of 20 per week for the semester.

2. Students volunteering for, and/or assigned to, clinical education extending beyond the normal academic calendar may not participate in clinical education for more than 60 hours/week regardless of cohort level in the AT Program.

C. The AT Program will incorporate clinical education guidelines compatible with policies set by (a) other programs on campus such as work study or (b) the NCAA.
   1. According to Federal Work-Study guidelines provided by Indiana University, students are permitted to work up to 40 hours per week in any given week provided that the average number of hours per week worked during the semester averages out to 20 or less. Also, Federal Work-Study guidelines prohibit students from working during time periods in which they are scheduled to attend classes. Students should see course syllabi for specific attendance policies.
   2. In accordance with NCAA policy # 17.1.6.3.1: “All competition and any associated athletically related activities on the day of competition shall count as 3 hours regardless of the actual duration of these activities.”
      a. Students will have the opportunity to record “extra” game day clinical hours and submit these as part of their professional portfolio and/or Continuing Education Unit (CEU) requirement as described in course syllabi.

D. Preceptors are strongly encouraged to create a written, weekly schedule outlining clinical education hours for each supervised ATS in order to ensure student weekly clinical education hours do not exceed approximately 20 hours/week.

E. Student clinical hours must be recorded and turned in via ATrack, or as otherwise arranged by Program faculty, each Sunday by midnight. These submissions will be monitored regularly by the AT Program. Preceptors may also monitor or select to verify clinical education hours for students with whom they work.

F. Service-learning hours as designated in course syllabi will not count toward student clinical education hours. Preceptors, however, should be cognizant of this requirement, which is concurrent with other student clinical education assignments.

G. Students must have a minimum of one day off in every seven-day period.

H. Students will not receive any monetary remuneration during this education experience, excluding scholarships, or traditional per diem given to each team member, according to NCAA policies, during periods of team travel and/or during holiday breaks in lieu of meals provided by the team.

I. Students will not replace professional athletic training staff or medical personnel.
11. The Program must include provision for supervised clinical education with a Preceptor. 

A. A Preceptor must function to:
   1. Supervise students during clinical education
   2. Provide instructions and assessment of current knowledge, skills, and clinical abilities designated by the CAATE
   3. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
   4. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training
   5. Demonstrate understanding of and compliance with the Program’s policies and procedures

B. With regards to Preceptor qualifications, a Preceptor must:
   1. Be credentialed by the state in a health care profession
   2. Receive planned and ongoing education from the Program designed to promote a constructive learning environment.
   3. Follow the NATA Code of Ethics and hold students to the same code.
   4. Not take advantage of his or her relationship with and influence over athletic training students.
   5. Not act at any time in a manner that is verbally or physically threatening, abusive, belligerent, or harassing.

C. There must be regular communication between the Program and the Preceptor.
   1. The Preceptor will provide informal formative feedback to each student supervised, on a regular basis as part of the AT Program comprehensive assessment plan (Standard IIA). The Preceptor will provide formal, written, summative evaluations (Standard III-E) to each student supervised upon the conclusion of each clinical rotation for clinical rotations lasting less than a full semester (i.e., 5 weeks; 8 weeks) and at the mid-term and final evaluation for clinical rotations lasting greater than 10 weeks. Further formative and summative feedback from the Preceptor is strongly encouraged throughout the entire clinical rotation experience for each student.
   2. Program administrators will review student clinical education evaluations completed by Preceptors; however, Preceptors are encouraged to communicate with program faculty regarding student progress.
   3. The AT Program will hold regularly planned meetings each semester, at minimum, to discuss educational issues and concerns or changes with Preceptors. On-going Preceptor education relative to matters of clinical education will also be offered.
   4. AT Program faculty will seek informal and formal formative and summative feedback from students and Preceptors about clinical education experiences on a regular basis, each semester at a minimum.
D. The number of students assigned to a Preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care.
   1. This ratio shall not exceed 8 students assigned to 1 Preceptor during any given clinical assignment period.
   2. Preceptors may request that the Program assign fewer students during any given clinical assignment period.

E. Students must be directly supervised by a Preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and patient.
   1. For purposes of satisfaction of Program requirements, the AT Program recognizes only formal, supervised clinical education hours for students.
   2. Students will not be permitted to travel without the direct accompaniment of a supervising Preceptor directly affiliated with Indiana University.

12. An active communicable or infectious disease policy as determined by the institution must be established and made publicly available.
   A. Students, AT Faculty and Preceptors must follow the student communicable disease policy, as outlined in Appendix A of this document.

13. Athletic training students must have liability insurance that can be documented through policy declaration pages or other legally binding documents prior to beginning clinical education.

14. Athletic training students must have verification of completion of applicable HIPAA and/or FERPA training as determined by the institution.
   A. Students at Indiana University are not required to complete FERPA training unless they are employees of the University.
   B. Applicable HIPAA policies will be reviewed, at minimum, upon entrance into the Program.

15. The Program must establish a uniform written safety policy for all clinical sites regarding therapeutic equipment. Sites accredited by Joint Commission (formerly JAHCO), AAAHC or other recognized external accrediting agencies are exempt.
   A. See Appendix B of this document

16. The Program must provide proof that therapeutic equipment at all sites is inspected, calibrated, and maintained according to the manufacturer’s recommendation, or by federal, state, or local ordinance.

17. Formal blood-borne pathogen training must occur before students are placed in a potential exposure situation, such as any clinical site, including during observational experiences.
   A. Athletic training students will receive annual blood-borne pathogen training.
B. Observation students will receive training through the course P280 Basic Prevention and Care of Athletic Injuries, prior to beginning peer observations.

C. A detailed post-exposure plan that is consistent with the federal standard and approved by appropriate institutional personnel must be provided to the students.

D. Blood-borne pathogen policies must be posted or readily available in all locations where the possibility of exposure exists and must be immediately accessible to all current students and Program personnel including Preceptors.

E. Students must have access to and use of appropriate blood-borne pathogen barriers and control measures at all sites.

F. Students must have access to, and use of, proper sanitation precautions (e.g., hand washing stations) at all sites.

18. All sites must have a venue-specific written Emergency Action Plan (EAP) that is based on well-established national standards or the standards of institutional offices charged with institution-wide safety (e.g., position statements, occupational/environmental safety office, police, fire and rescue).

A. The Program must have a process for site-specific training and review of the EAP with the student before he or she begins patient care at that site.

1. The EAP will be reviewed with each student at the beginning of each clinical education rotation. Students may read EAPs in advance on ATrack or at http://www.iuhoosiers.com/sports-med/

2. Each student will acknowledge, via mandatory clinical expectation forms, an understanding that he or she is responsible for reviewing the EAP with the Preceptor at the beginning of each new clinical education rotation.

3. Students must have immediate access to the plan in an emergency situation.
Any student displaying signs and symptoms of a communicable disease and/or running a fever above 100 degrees should be seen by an appropriate health care provider. While it may seem admirable to carry on with class and clinical education when one is sick, this creates an environment for infection to spread. If an athletic training student is ill, the student should follow the procedures outlined below. In addition, please note that according to state law (410 Ind. Admin. Code 1-2.3-47; see http://www.healthinfolaw.org/state-law/410-ind-admin-code-1-23-47) some communicable diseases must be reported to public health authorities (http://www.state.in.us/isdh/files/ReportableDiseaseList.pdf) so that control measures can be used to decrease spread of diseases. Also, in order for the University to provide a healthier environment for students, Indiana University complies with the 1995 Indiana Code 20-12-71, Immunization Requirements at the Postsecondary Level. Further information about required immunizations can be found at http://registrar.indiana.edu/policies/immunization.shtml.

1. Contact your course instructor if you plan to miss class.

2. Contact your primary staff Preceptor (this may be the staff mentor if your Preceptor is a graduate assistant athletic trainer) so he or she may evaluate you
   OR visit the IU Health Center Walk-in Hours
   OR make an appointment with your own healthcare provider
   a. Your staff Preceptor will determine if you can make an appointment with the IU Athletics Team Nurse Practitioner or a Team Physician if an appointment is available or refer you to another health care provider as appropriate.
   b. The health care provider will then determine the appropriate treatment and the amount of time you should be absent from class/clinical education.

3. Obtain written notification if seen by a healthcare provider outside the AT Program and provide this notification to course instructors and/or your preceptor.

4. If you will miss a significant amount of class time and/or if you contract a communicable and/or contagious disease presenting a significant degree of health risk to other members of the University community, please contact the Student Advocate’s Office on campus at 855-0761. The Student Advocate’s Office will then assist you with contacting all course instructors after verifying the problem. You should still contact the AT Program Director or Clinical Education Coordinator as well. Please note, you may contact the Student Advocate’s Office for assistance for other personal or family emergencies if you will miss extended periods of class.

5. You should follow the above procedures if you sustain a significant injury as well.
CLINICAL EDUCATION POLICIES - APPENDIX B

Therapeutic Equipment Policy

The purpose of this policy is to safeguard the health of the patient through inspection, calibration and maintenance of applicable therapeutic equipment on an annual basis. Furthermore, this policy is intended to ensure that athletic training students are competent in applying therapeutic modalities prior to using them with patients. Details specific to these safety objectives are outlined below. In addition, the Athletic Training Program (ATP) will publish the therapeutic equipment policy in the ATP Handbook. This policy, among others is provided to students and preceptors yearly via hard copy, as well as maintained electronically on the ATP clinical tracking database, ATrack. This policy will also be published on the program website within the ATP Student Policies and Procedures Handbook.

I. Maintenance of safe therapeutic equipment
   a. An outside company will inspect and calibrate applicable therapeutic equipment annually.
   b. Verification of inspection and calibration will be maintained; 1) on file by appropriate personnel at each clinical site, as determined by the site; and 2) via visible notification (typically a sticker) on applicable therapeutic equipment.
   c. Each clinical site is responsible for yearly inspection, calibration and on-going maintenance as necessary for all applicable therapeutic equipment.
   d. The ATP will verify yearly calibration of all applicable therapeutic equipment at each clinical site.

II. Competence of Athletic Training Students
   a. Athletic training students (ATSs) in the fall semester of the first cohort year will participate in preliminary orientation activities to ensure basic competence in the application select therapeutic modalities. Initial, basic clinical competency will be demonstrated by the following:
      i. The ATS will demonstrate knowledge about the basic effects, indications, contraindications and safety precautions that apply to each therapeutic modality/agent through oral practical activities. First semester sophomores will NOT make decisions about proper parameters, but will simply set up the patient on therapeutic modalities according to prescribed parameters from a preceptor.
      ii. The ATS will demonstrate the ability to properly apply and monitor a patient’s use of the therapeutic modalities / agents. The ATS will first demonstrate skills and knowledge to a peer and then again to an upperclassman in the ATP and / or the student’s clinical preceptor.
      iii. The ATS may NOT initiate application of therapeutic modalities with a patient until he/she has successfully demonstrated clinical competence to the supervising Preceptor.
iv. The preceptor will ultimately be responsible for final written verification that the ATS is permitted to apply each modality on a patient. The ATP will provide a verification form for use in this process. The completed verification form will be maintained on file with the ATP.

b. All athletic training students (ATS) will enroll in A383, Principles and Techniques of Therapeutic Modalities during the spring semester of the first cohort year in the ATP (sophomore year) for formal theoretical and practical instruction specific to application of therapeutic modalities. Concurrently, ATS will also enroll in A270, Clinical Education in Athletic Training II, which includes additional instruction and evaluation of practical application of therapeutic modalities.

   i. Students who successfully pass written and practical examinations will be permitted to determine proper parameters for patient set-up under the direct supervision of a clinical preceptor.

c. Beyond this, it is expected that first year students will be mentored by preceptors and senior level peers regarding the use and application of therapeutic modalities (and other clinical skills as necessary) until such time that the student is proficient at practicing these skills independently as determined by the preceptor.

d. All students, regardless of the cohort year, will apply therapeutic modalities and complete other clinical skills under the direct supervision of a Preceptor.
RETENTION POLICIES, PROCEDURES & EXPECTATIONS

The following are the retention standards and expectations for students formally admitted to the Professional ATP. Processes for remediation and / or program dismissal are also provided.

Retention Standards:

1. The ATS must earn a “C-“ or higher in all skill/theory courses in major as outlined on tab sheet and must maintain an overall GPA of 2.0 or better.

2. Students must uphold the University Code of Conduct and the NATA Code of Ethics.

3. Students must maintain NATA membership throughout their time in the program (Note: there is an annual fee associated with this. See www.NATA.org for details). A student will be given a grace period of 45 days to renew his/ her membership should it lapse for any reason. After this time, students will be put on ATP probation. Exception to this rule is based on a case by case basis and only under extenuating circumstances. Students anticipating difficulty meeting this requirement should meet with program administrators prior to any lapse of membership.

4. ATP students must demonstrate proof of Hepatitis B vaccination series upon acceptance into ATP or provide a signed waiver declining vaccination.

5. ATP students must provide proof of professional liability insurance yearly. (Note: Upon acceptance it is recommended that students purchase professional liability insurance for the entire 3 years rather than purchase yearly).

6. ATP students must complete a federal criminal background check according to directions provided by the ATP prior to acceptance into Program. Students may be asked to repeat this background check throughout their tenure in the program depending upon requirements of clinical education settings assigned. Positive “hits” from background checks will be handled on a case by case basis.

7. ATS must maintain and provide proof of certification in CPR/ AED for the Professional Rescuer as well as Basic First Aid certification.

8. ATP students must demonstrate proof of Mantoux TB testing by the end of the first ATP year (sophomore year) prior to beginning junior year clinical education experiences. Note: the test remains valid for one calendar year and must be valid for fall junior year clinical education experiences.

(continued)
9. Beginning tentatively with the 2014 sophomore class all ATS are required to begin clinical education on August 1st prior to the start of the fall academic semester as a part of ATP requirements. In addition, ATS are expected to participate in clinical education during holiday or institutional breaks, as assigned. Student clinical education outside the normal academic calendar may be up to, but may not exceed 60 hours/ week. The requirements are set in order for the student to gain “real world” and highly educative experiences which in turn will assist the student with professional socialization into the field. Typical experiences during the normal academic year can, in no way, mimic the intense experiential learning opportunities afforded during pre and post-season clinical education experiences. **ATS should plan financially and organizationally in order to meet these expectations.** Exception to this rule is based on a case by case basis. Students with significant difficulty meeting this requirement should meet with program administrators a **minimum of 6 weeks in advance of the assigned experience.** Program administrators will only provide exception to meeting this requirement as scheduled under extremely extenuating circumstances. In such cases, the student will be given an additional educational assignment (clinical or didactic) in an effort to make up this requirement.

10. All students must obtain and record a minimum of 150 hours and may not exceed a maximum of 300 assigned clinical education hours per semester during the normal academic calendar. Students must consistently meet intensive clinical education hour requirements as outlined according to cohort group (year in program) below.

- **Sophomores (first year AT students):** a minimum average of 10-20 hours per week; however the ATS may participate in clinical education a maximum of 40 hours/ per week as long as clinical hours do not exceed an average of 20 per week for the semester.
- **Juniors:** a minimum average of 15-20 hours per week; however the ATS may participate in clinical education a maximum of 40 hours/ per week as long as clinical hours do not exceed an average of 20 per week for the semester.
- **Seniors:** a recommended minimum of 20 hours per week; however the ATS may participate in clinical education a maximum of 40 hours/ per week as long as clinical hours do not exceed an average of 20 per week for the semester.

11. Students must follow all other policies of the ATP and/ or IU sports medicine (as relevant to clinical education provided to ATS &/or posted on ATrack or OnCourse for student access). This includes but is not limited to the following; all ATP Clinical Education Policies, Standard Operating Procedures specific to communication with and/ or care for patients in the clinical setting, patient confidentiality (including HIPPA guidelines) and the IU Sports Medicine Drug Testing Policy. These policies are included throughout this document. IU Sports Medicine Standard Operating Procedures will be provided in a separate document as updated.

12. The ATP will provide formal and informal means to address student concerns as it pertains to retaining an ATS in an assigned clinical education setting in a manner that is productive to resolving conflict and improving the learning experience for the student (See Conflict Resolution Policy).
Additional Expectations

- All experiences within the ATP are educational in nature however, the student must be prepared academically, organizationally and financially to participate in the highly time-intensive clinical education portion of the curriculum. Work outside the AT program is strongly discouraged due to the high academic expectations and intense clinical education hour requirements.

- Students are responsible for reliable transportation to and from all clinical education sites. Off-campus clinical education sites are typically between 1-15 miles, one-way, however students may be assigned to a site as far as 45 miles away. In such cases, every effort will be made to assist students with car-pool opportunities; however, transportation, related expenses and liability insurance are the strict responsibility of the student. ATS will not be reimbursed for any travel related expenses (gas, insurance, accident, traffic violation, etc.).

- All ATS have annual fees associated with the ATP. These may be viewed in the School of Public Health Bulletin at http://www.indiana.edu/~bulletin/iub/phb/2012-2013/undergraduate/degree-programs/bsat-athletic-train.shtml

- ATS are required to complete and provide proof of basic EMT certification prior to graduation. Required courses, H401 / H404 (Emergency Medical Technician & EMT lab), provide students with this opportunity. It is recommended that students take H401 & H404 during the first year in the program (sophomore year).

- The IU ATP is a professional program. Thus, students are expected to act and dress in a professional manner. See policies specific to professional behavior, appearance, communication and social media.

- If you will be travelling with a team, it is your responsibility to obtain travel letters to take to your professors, unless otherwise given to you through the academic advisor for your team. Letters provided by the ATP must be signed by either the PD or CEC so please plan ahead (one week preferably!). You may contact Angie Swope at arswope@indiana.edu and she will print off the letters and get them to us to sign. Please remember that your professor may require you to turn in an extra assignment for time missed. Also there may be a time when the professor is not willing to give you an excused absence, that is their choice. Also please remember to give a copy of the letter to your professors in the ATP. Don’t assume we know that you are traveling. Missing AT classes for clinical education travel purposes will still count as an absence so please be sure to double check the attendance policy for all classes.
NATA Code of Ethics

PREAMBLE

The Code of Ethics of the National Athletic Trainers’ Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as whole. Whenever there is a conflict between the Code and the legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

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

1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care unless the person consents to such release or release is permitted or required by law.

PRINCIPLE 2: Members shall comply with the laws and regulations governing the practice of athletic training.

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and adhere to all National Athletic Trainers’ Association guidelines and ethical standards.
2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3: Members shall accept responsibility for the exercise of sound judgment.

3.1 Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services.
3.2 Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
PRINCIPLE 4:
Members shall maintain and promote high standards in the provision of services.

4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members who have the responsibility for evaluating the performance of employees, supervisees, or students are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

PRINCIPLE 5:
Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

5.1 The private conduct of the member is a personal matter to the same degree as is any other person’s except when such conduct compromises the fulfillment of professional responsibilities.

5.2 Members of the National Athletic Trainers’ Association and others serving on the Association’s committees or acting as consultants shall not use, directly or by implication, the Association’s name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4.1 Members may seek reimbursement for their services that is commensurate with their services and in compliance with applicable law.
IU Code of Rights, Responsibilities & Conduct

“The Code” is IU’s way of ensuring that the rights of all students—are protected and respected. Students are entitled to respect & civility BUT must uphold expectations & responsibilities as a student. In particular, students are responsible for upholding and maintaining academic and professional honesty and integrity.

Academic misconduct is defined as any activity that tends to undermine the academic integrity of the institution. The university may discipline a student for academic misconduct. Academic misconduct may involve human, hard-copy, or electronic resources.

Policies of academic misconduct apply to all course-, department-, school-, and university-related activities, including field trips, conferences, performances, and sports activities off-campus, exams outside of a specific course structure (such as take-home exams, entrance exams, or auditions, theses and master’s exams, and doctoral qualifying exams and dissertations), and research work outside of a specific course structure (such as lab experiments, data collection, service learning, and collaborative research projects).

The IU ATP upholds “The Code” and students are expected to as well. For further details visit:

Clinical Education Conflict Resolution Policies & Procedures

We understand that retention of students in the ATP is significantly influenced by authentic experiences in the clinical setting which help the student identify with their role as a developing athletic trainer. In other words the student must feel that he or she has a legitimate role in a given setting and is learning the knowledge and skills needed to become an athletic trainer. The student’s perceived learning experience can be influenced by many factors including, but not limited to student learning style, preceptor teaching style, personal connection to the setting, interpersonal communication with preceptors, peers, patients and other key stakeholders in a given setting (coaches, physicians, etc) as well as other aspects of the student’s life (academics, family, job, etc).

In an effort to be sensitive to the different learning needs of individual students, students are given the opportunity to provide feedback about their clinical education experiences and goals through a variety of formal and informal means. Such opportunities for feedback includes, but is not limited to, formal clinical education evaluations, personal reflection opportunities, clinical request and goal setting documents and scheduled meetings with ATP administrators or preceptors. In addition to these numerous formal avenues to provide feedback about her/ his learning experiences, needs and goals, the AT Program Director and Clinical Education Coordinator, other faculty and many clinical preceptors have an “open door policy” allowing students to drop in to talk and / or set up an appointment for designated, quality time to discuss goals, questions, problems or concerns (professional or personal) with ATP mentors.

In order to encourage productive communication and problems-solving between students and faculty and/ or clinical preceptors, the ATP has instituted the following policy relative to student-identified conflict in a given clinical setting:

a. The ATS should record in writing all concerns about a perceived conflict in a clinical setting as soon as possible. Details surrounding the student’s experience should be as specific as possible, including description of the situation, dates, times, individuals involved, direct quotes. While feelings and perceptions are important, hard facts are also very important. The student should reflect about the experience not only through their own viewpoint but also through the lens of other parties involved. For example, why do you think someone said what they said, or did what they did. What might he or she have been feeling and why. What are possible solutions to this problem and what role might each party taking resolving the conflict. Note: The student does NOT have to give this documentation to anyone necessarily but should think of it as personal reflection about a problem and a first step toward actively participating in a resolution to the problem.

b. If the student still has significant concerns after careful reflection, the student should schedule a time with the involved party to discuss feelings and concerns. Note: if the student feels personally threatened by this meeting in anyway, he / she may skip this step. Please remember, however, often times conflicts are the result of miscommunication or differing perceptions about a given situation among parties. Talking professionally about a given concern is an important step (and often the only one needed) toward conflict resolution. What will you do in your first job if you have a problem with a colleague or supervisor?

c. If the student still has concerns, he / she should make an appointment with the Program Director, Clinical Education Coordinator or Head Athletic Trainer by stopping in, calling the
office phone or emailing. The students should include numerous times he / she is free to meet in the coming days. If the student is unable to reach the above parties in a timely manner &/ or the situation is felt to be an emergency, the student may try to call the above individuals by cell phone or may ask the ATP assistant, Angie Swope or another faculty member to do. The student can skip this step and contact the Dean of Students directly.

d. During a meeting with the student, program administrators will “fact find” by discussing the student’s concerns. Details from the student’s point of view will be recorded but maintained confidentially at this stage. Administrators will likely ask the student if it is OK to share with other ATP administrators (i.e. PD, CEC, Head AT, Team Physician) confidentially. No judgments, opinions, or decision will be made at this time.

e. ATP administrators will “fact find” individually with any involved parties. Details from the named individual(s) point of view will be recorded. Administrators not reveal confidential information in detail during this discussion. No judgments, opinions, or decision will be made at this time.
   i. This step will be skipped if a student reports physical, emotional or verbal abuse / threat (see step g below) or if the individual named is not directly associated with the ATP (for example a coach).
   ii. Incidents reported by students involving non-ATP personnel will be reported to the Head Athletic Trainer, Team Physician, and Dean of Students. The student will be removed from the environment.

f. Program administrators will set up a joint meeting including administrators (one or more), the student and the ATP individual(s) named as part of the conflict. Notes of this meeting will be recorded and specific action steps will be identified to resolve the conflict. Each person involved will sign the conflict resolution plan indicating agreement with the concrete steps he/ she must take as part of the plan. This plan must also identify specific means by which program administrators will re-assess the situation and see involved parties are meeting their responsibilities identified in the plan and whether the plan is working to resolve the issue.
   i. Please note: the ultimate goal of the ATP is to retain ATS in assigned clinical settings, maximize student learning in the setting and eliminate conflict without any repercussions to the student (unless of course the student broke ATP policies).
   ii. It must be re-emphasized that all clinical education experiences must be educational in nature and clinical education policies, such as supervision and student hours, must be upheld.

g. If program administrators deem at any point the conflict has not been resolved productively or that the student is being abused in any way, the student will be removed from the site immediately and reassigned to another clinical setting without repercussion to the student. This action will be reported to relevant parties such as Chair of Department of Kinesiology, Head Athletic Trainer, Team Physician, Dean of Students and / or police on a case by case basis.

h. The program reserves the right to remove any or all students from a given site if there is evidence that students are not benefitting from positive educational experiences at this site.
Professional Behavior Policies

As a member of the I.U. Athletic Training Program, you should behave in a professional manner whenever you are participating in clinical education regardless of the setting or activity (treatments, practice, competition, etc), or at practice or games. Athletic training students are expected to demonstrate Behaviors of Professional Practice as outlined by the NATA (these are outlined later in this document) as well as adhere to the NATA Code of Ethics.

In addition athletic training students are expected to demonstrate behaviors associated with athletic training professions. Such professional behaviors include a strong work ethic, dependability, willingness to cooperate, resourcefulness (common sense), dedication, determination, and integrity. Another valuable trait is self-initiative. Students who demonstrate the initiative to complete duties (without being reminded), practice skills, and seek out learning opportunities tend to be the students who do well in our program and are thus ultimately given more responsibilities in the clinical environment. An overall commitment to learning / demonstrating the roles and responsibilities of an athletic trainer in the clinical setting is expected, however, of all students. Please remember, students have CHOSEN to apply to and enter a professional education program; thus, students are EXPECTED to act professionally at all times during this program and to actively engage in the learning process during all classroom and clinical education opportunities.

The following policies, while thorough are not exhaustive and thus are meant to guide the student’s understanding of professionalism during Clinical Education and throughout all ATP activities.
NATA Foundational Behaviors of Professional Practice

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient
- Recognize sources of conflict of interest that can impact the client’s/patient’s health.
- Know and apply the commonly accepted standards for patient confidentiality.
- Provide the best healthcare available for the client/patient.
- Advocate for the needs of the client/patient.

Team Approach to Practice
- Recognize the unique skills and abilities of other healthcare professionals.
- Understand the scope of practice of other healthcare professionals.
- Execute duties within the identified scope of practice for athletic trainers.
- Include the patient (and family, where appropriate) in the decision-making process.
- Work with others in effecting positive patient outcomes.

Legal Practice
- Practice athletic training in a legally competent manner.
- Identify and conform to the laws that govern athletic training.
- Understand the consequences of violating the laws that govern athletic training.

Ethical Practice
- Comply with the NATA’s *Code of Ethics* and the BOC’s *Standards of Professional Practice*.
- Understand the consequences of violating the NATA’s *Code of Ethics* and BOC’s *Standards of Professional Practice*.
- Comply with other codes of ethics, as applicable.

Advancing Knowledge
- Critically examine the body of knowledge in athletic training and related fields.
- Use evidence-based practice as a foundation for the delivery of care.
- Appreciate the connection between continuing education and the improvement of athletic training practice.
- Promote the value of research and scholarship in athletic training.
- Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

Cultural Competence
- Demonstrate awareness of the impact that clients’/patients’ cultural differences have on their attitudes and behaviors toward healthcare.
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism
- Advocate for the profession.
- Demonstrate honesty and integrity.
- Exhibit compassion and empathy.
- Demonstrate effective interpersonal communication skills.

I fully understand that all medical records and other medical information are strictly confidential and may not be released to any person or institution without the patient’s written authorization. I will abide by the Sports Medicine Department’s policies to:

- use only that data needed to perform assigned or authorized Department duties and functions
- not use the data for personal gain or to satisfy personal curiosity
- not share access codes or passwords with any other persons
- not make or allow any unauthorized use of information in student data files
- not reveal the content of any record or report except within the conduct of my work assignment as well as not reveal information attained from private conversation
- destroy or erase student identifiable data that are no longer needed in a way where future identification is not possible
- maintain data about individual students in a secure fashion such that student data cannot be viewed by unauthorized individuals
- use data only for the purpose for which it was intended
- not release information to any other individual or office for another purpose
- report knowledge of any violation of this policy immediately to department supervisors

I have read and understand the conditions set forth in this “Secondary Access User’s Code of Responsibility for Security and Confidentiality of Student Medical Records” and I agree to comply with the conditions set forth in this document. I am aware that any violation may lead to university sanctions of me and termination from the athletic training education program.

______________________________
Printed Name of Athletic Training Student

______________________________
Signature of Athletic Training Student

______________________________
Date
Clinical Education Dress & Appearance
Professional appearance is expected at all times during clinical education. Jewelry must be kept to a minimum. Ear piercing in females is the only allowable piercing in the Athletic Training Clinic. Earrings should be professional in nature (i.e. keep it conservative, no large, dangling earrings during clinical education). Preceptors may ask you to cover visible tattoos, thus students should check with each preceptor about his / her policy regarding any visible tattoos. Males with beards, mustaches, or goatees should keep these neatly trimmed. Otherwise, faces should be shaved without the 2-3 day “scruff” look.

Students are expected to wear provided IU Sports Medicine collared shirts with the student’s choice of bone color or khaki shorts or pants. Shorts must reach to your fingertips with your arms at your sides but not covering the knees. Pants should be neat and appropriately fitted (no sagging off hips), preferably with a belt. Athletic or other appropriate closed-toed shoes are required. Typically Adidas Athletic shoes are provided upon availability of appropriate sizes. In addition, issued IU Sports Medicine attire typically includes a sweatshirt and/ or light pull-over jacket. These may be worn over the appropriate shirt. Heavier jackets and/ or rain gear will be checked out to those assigned to outdoor sports. Loss, abuse, or failure to return jackets and rain gear will result in your name being turned into the Bursar and you will be billed.

In general, hats/caps are not allowed in the Athletic Training clinic, however certain clinical education environments may permit hats, especially during inclement weather. Students should check with clinical Preceptors for any exceptions to the attire policy. The only exception would be if instructed differently by a staff member. The uniform is to be worn at all times when working as an athletic training student – whether you are working your assigned sports or not. If you are not in uniform, a Preceptor may file an Infraction for breaking ATP policies and/ or send you home to change. See Infraction policy for further details.

Students participating in off-campus clinical education experiences are also expected to wear the IU Sports Medicine /ATP uniform even if permitted otherwise. Please remember you are a representative of the IU ATP and Sports Medicine Program and thus you should represent yourself professionally (including dress) at all times! Students participating in clinical education at off campus clinics such as VIM, IU Health Rehabilitation and Sports Medicine, OSI, or IMA (Premier Healthcare) should wear long pants only. NO shorts! Provided name tags should also be worn at these sites to identify you as an IU Athletic Training Student. Name tags are optional at high schools or IU clinical sites.

IU Sports Medicine will attempt to cover all attire costs but students should be prepared to purchase necessary attire at the beginning of each academic year. In such cases costs will be kept to a minimum. Students are required to purchase their own shorts / pants.
Policy on Relationships with Student-Athletes and Athletics Personnel (coaches)
The following is a policy established for students related to relationships with student-athletes. Violation of this policy may be considered professional misconduct, and the student may receive an “Infraction Notification” which ultimately could lead to probation or dismissal from the program. Violations of this policy are handled on a case by case basis.

As an athletic training student, you should:
1. Treat all athletes (patients or otherwise) and athletics personnel with integrity, respect, and courtesy.
2. Should demonstrate **professionalism interpersonal communication skills at all times**.
3. Make a sincere effort to gain the respect and confidence of all athletes and coaches. Respect can be gained most readily by exhibiting proficiency in athletic training skills, a basic knowledge of athletic injuries, professional communication skills and other professional behaviors during clinical education.
4. Express of a sincere interest in the patient’s welfare, showing empathy, but not overprotecting the patient.
5. Report any known violation of athletic training clinic or team rules to the appropriate Preceptor immediately and confidentially. This includes any disrespectful or disparaging remarks or actions toward you or other athletic training students.
6. **NOT engage in activities or conduct which constitutes a conflict of interest** (NATA Code of Ethics, Principle 5). Thus, since you are held to the NATA Code of Ethics, you should not put yourself in a situation in which you are present when athletes may be drinking, involved with other drugs, or participating in any other activities which are known to be against team and/or university policies. Please note, we understand that this can be a difficult situation at times and you may have to make tough decisions. Please remember however, that you are now representing the Indiana University Athletic Training and Sports Medicine Programs at Indiana University and perhaps more importantly, you do not want to jeopardize your own standing in the ATP or profession.

Communication with ATP Faculty and Preceptors

1. Please treat all faculty, ATP staff and Preceptors with courtesy and respect during all verbal or written communication interactions. (For example, if you need to ask for time off or if it’s OK to wear different attire for a particular reason during clinical education, please ASK your Preceptor, do not TELL your Preceptor or make assumptions.)
2. Do not text or call a faculty member or Preceptors cell phone unless the individual has previously told you this was OK and/or you deem it to be an emergency (personal or professional). Please note, some Preceptors prefer this form of communication so be sure to ask about each new Preceptor about expectations regarding communication.
3. Please ask faculty members, ATP staff and Preceptors how they would like to be addressed. While many members of the ATP prefer you to use their first names, some may prefer a more formal salutation such as Dr., Mr., or Ms. When in doubt, use a formal salutation until told otherwise.
   a. When referring to a faculty member in conversations or in emails or other forms of written communication, please refer to the individual with a formal salutation (Dr. Grove, Dr. Klossner, etc) especially if this involves other faculty or administrators in the School of Public Health.
Social Media & Electronic Communication Policy
The following is a policy established for students related to social media and electronic forms of communication (email, texting), particularly as it relates to clinical education. Any violation of this policy is considered professional misconduct, and the student may receive an “Infraction Notification” which ultimately could lead to probation or dismissal from the program.

1. Students should avoid interaction (e.g., Facebook friends, Twitter followers) with current faculty, staff, and preceptors. This includes IU graduate assistant athletic trainers as all master’s level and doctoral level students are considered preceptors and / or Associate Instructors for the ATP.

2. Current students are encouraged to “like” the IU Athletic Training Program’s Facebook page for current information/news posted by the IU Athletic Training Student Council. Students may also choose to “like” the IU Athletic Training Alumni Page to follow ATP posted for IU AT alumni.

3. Students should avoid social media/electronic forms of communication with student-athletes or patients, particularly if you are currently engaging in clinical education experiences that may result in interaction with that athlete or patient. This includes Facebook, Twitter, email, and texting. (If the patient/athlete has a medical need, he/she should contact the appropriate staff or graduate assistant athletic trainer or the appropriate health care professional, not the student).
   a. Students should keep discussions with student-athlete about social lives in class to a minimum and should avoid social media/ electronic forms of communication with S-A unless necessary for course assignments.

4. Students should avoid any social media/electronic forms of communication with any athletes or patients who are minors. This includes, but is not limited to, Facebook, Twitter, email, and texting.

5. Students should avoid taking any pictures or posting anything about the patients they are providing care to on any social media. This is unprofessional, and also considered a HIPAA violation.

6. Do NOT share any information regarding patient diagnosis, diagnostic imaging, etc. through any form of social media.

7. Cell phones should NOT be used in any Athletic Training Clinic or at any practice/competition venue unless it is to activate EMS in an emergency situation. Students should not text, make phone calls or post items on social media for any reason during clinical education unless a prior arrangement has been made with the supervising Preceptor.
   a. While students may log clinical education hours on cell phones via ATrack this should be done before or after clinical education formally begins/ends for the day.
   b. Using the cell phone for academic work related to athletic training (such as educational videos, apps, Oncourse, etc) during “down times” may be permitted if first approved by the over-seeing Preceptor on any given day.
PROCEDURES FOR ATP REMEDIATION, PROBATION & / OR DISMISSAL

1. Athletic training faculty and ATP preceptors are encouraged to discuss concerns with students upon first noticing a problem and allow the student time to correct behaviors. Documentation of the discussion is recommended. With serious infractions, this step may be skipped.

2. Athletic training faculty and ATP preceptors should report a breach in ATP policies and expectations by an ATS by completing an “Infraction Notification” form (found on ATrack). Such a breach may include, but is not limited to, repeated or inappropriate student conduct such as unexcused absences, repeated tardiness, inappropriate attire, inappropriate behavior or other breach of program policy or expectations during clinical education experiences. (Note: AT didactic courses may have additional policies as outlined in class syllabus).

3. The Infraction Notification form should be submitted at the time of incidence (within 24 hours) to ATP program administrators via email or direct delivery of hard copy. All parties must keep information confidential, although the Program Director & Clinical Education Coordinator will discuss the infraction, review the student’s file (to identify if other infractions have been filed or similar reports have been identified in past ATS Clinical Education Evaluations as relevant) and determine who will meet with the student to discuss the infraction.

4. Upon initial review of the infraction the Program Director &/or Clinical Education Coordinator will:
   a. Fact find by discussing the case personally with the Preceptor who submitted the form (as relevant) taking relevant written notes. These notes will not necessarily be included in the student’s permanent ATP file. (Note: According to FERPA policies, personal notes do not need to be in the academic file of the student and thus are not subject to FERPA policy. i.e. the student may not have the right to review these personal notes.)
   b. Set up an initial meeting with the ATS in order to review the infraction and “fact find” with the student. Details from the student’s point of view will be recorded and included in the student’s academic file.
   c. In the case of an infraction submitted by a clinical Preceptor, Program Administrators will set up a meeting including the Program Director &/or Clinical Education Coordinator, the clinical Preceptor(s) and the student. Academic infractions will not include clinical Preceptors if not relevant.
   d. During or after the joint infraction meeting, the appropriate action or means of remediation (see 4f) will be determined by the Program Director &/or Clinical Education Coordinator on a case by case basis.
   e. The infraction notification form will be signed by appropriate parties and placed in the student’s academic file.
   f. The Program Director &/or Clinical Education Coordinator will determine the remedial or disciplinary action(s) according to the following:
i. Written warning placed in student academic file. No further action taken. Infraction may be removed from file upon student graduation.

ii. Remediation plan & / or student contract developed:
   a. By the student. Written draft of student plan due to PD or CEC for review, revisions and /or approval by assigned date.
   b. By PD/ CEC. To be reviewed with student by assigned date.
   c. Final contract / remediation plan signed by relevant parties and placed in student academic file.

iii. 5% final grade deduction for clinical course. Noted in course grade book and infraction form placed in student file.

iv. Repeated Offenses or Significant first time breach of ATP policy; Suspension from ATP as decided by Program Director. Details of suspension will be determined on a case by case basis based on nature of offense(s). Suspension record will be signed by Program Director and ATS and placed in student’s academic file.

v. Repeated Offense after suspension; Removal from ATP as decided by Program Director & Department Chair (or representative). Dismissal record will be signed by all parties and placed in student’s academic file.
Clinical Education Infraction Notification

Part I: To be filled out by Clinical Preceptor

Date of Infraction: ______________

Name of Student: ____________________________________

Level of Student: Sophomore      Junior      Senior      Graduate

Type of Infraction
(please check appropriate infraction and circle detailed type of infraction):

☐ Unexcused absence from clinical assignment / seminar / program meeting
☐ Repeated Tardiness at clinical assignment / seminar / program meeting
☐ Attire
☐ Conduct / Behavior
☐ Other; please explain

__________________________________________________________________________

Please explain the above infraction in detail as appropriate.

____________________________________________________________________________
____________________________________________________________________________

__________________________________________
Signature of Preceptor       Date

Part II: To be filled out by AT Program Administrator as appropriate (graduate PD/
undergrad CEC)

Previous warning for similar incident?
☐ No
☐ Yes

Type of Previous Infraction__________________________________________ Date_____________
Preceptor Involved_____________________________________________________

(continued on back side)

Part III: To be filled out and placed in student filed by AT Program Administrator
INFRACTION REVIEW MEETING

Date: _________________________
Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Action(s) Taken:
☐ Written warning placed in student file. No further action taken.

☐ Remediation plan & / or student contract developed
   ☐ By student - due to Program Director for review by the following date:
      ______________________
   ☐ By Program Director / CEC

☐ 5% final grade deduction for clinical course

☐ Repeated Offenses; Suspension from AT Program as decided by Program Director.

☐ Repeated Offense after suspension; Removal from AT Program as decided by Program Director & Department Chair (or representative)

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Other Participants as Needed:

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Cc:
IU Sports Medicine Drug Screening Program and Policies

The Department of Intercollegiate Athletics at Indiana University firmly believes that the use of drugs (excluding those drugs prescribed by a physician to treat a specific medical condition) can be detrimental to the physical and mental well-being of its athletic training students; can seriously interfere with the performance of individuals as students, and can be extremely dangerous to the athletic training student and his/her team participating in athletic competition and practice. The Indiana University Athletic Department offers athletic training students help with these issues through the Student Athlete Assistance Program.

Beginning with the Fall Semester of the 1985-86 school year, the I.U. Athletic Department implemented a program of mandatory drug testing. The following is an outline of the Drug-testing program for the duration of the athletic training student’s eligibility at Indiana University.

I. Purpose of the Program
   A. To generally educate Indiana University athletic training students concerning the problems of drug abuse.
   B. To provide a common mechanism for the detection, sanction and treatment of specific cases of drug abuse.
   C. To provide reasonable safeguards to insure that every athletic training student is medically fit to participate in the environment of the team sport assigned.
   D. To prevent any drug use by Indiana University athletic training students.
   E. To identify any athletic training student who may be using drugs and to identify the drug.
   F. To encourage the prompt treatment of drug dependency.

II. Implementation of Program

At the beginning of the academic year, a presentation will be made to all athletic training students at Indiana University to outline and review the Department’s program and policies regarding drug screening, its purposes and implementation. A copy of the program will be given to each athletic training student. Urinalysis testing will be conducted using “A” and “B” sampling and forensic Chain of Custody protocol. Each athletic training student will thereafter be asked to (1) sign a copy of the policy acknowledging receipt of a copy of this policy; (2) execute voluntary consent to the urinalysis testing required by the program; and (3) sign a statement authorizing the release of test results to a limited group of individuals.

Athletic training students and parents or legal guardians are encouraged to ask questions or make suggestions at any time with reference to the program. The Departments of Athletics and Kinesiology are committed to the success of this program and expects the athletic training student to be equally committed.
III. The Drug Screening Program

A. In accordance with Big Ten and NCAA standards, each athletic training student will be subject to the following classifications of banned drugs (but this is not inclusive):

1. **Psychomotor stimulants**
   - Amphetamines
   - Cocaine
   - Pseudoephedrine – ex. Sudafed, Actifed, Drixoral
   - Related compounds

2. **Sympathomimetic amines**
   - Ephedrine – ex. Asthma inhalants and oral tablets/capsules
   - Phenylpropanolamine – ex. Sinutab, Entex, Triaminicin, Coricidin D, Dimetapp, Novahistine expectorant
   - Related compounds

3. **Miscellaneous central nervous system stimulants**
   - caffeine related compounds

4. **Anabolic steroids**

5. **Sedatives**
   - Barbiturates benzodiazepah – librium, valium
   - alcohol related compounds

6. **Diuretics**

7. **Street drugs**
   - cocaine
   - heroin
   - marijuana/THC
   - Phencyclidine (PCP)
   - synthetic cannabinoids, K2, spice, others

An athletic training student who experiences a positive result from any testing may be subject to further screening.

Tests will be administered on a random basis and may, or may not, be announced in advance. The number, timing and other procedures for testing shall be determined by the Department of Intercollegiate Athletics Sports Medicine and Athletic Training Education Programs.

To ensure fairness and efficiency of the Sports Medicine Drug Testing Program, it will be mandatory for all athletic training students to become available for drug testing as notified of designated date, time, and place. All drug testing notification will come from the Indiana University Athletic Department’s appointed drug testing coordinator.
B. Testing Method

The drug screening shall consist of the collection of a urine sample from the athletic training student under the supervision/observation of designated Department staff or such other agency as the University may deem appropriate. Each urine sample shall be analyzed using the Emit Drug Test or such other test as the University may deem appropriate, for the presence of screened drugs. The testing agency shall report all test results to the Administrator of the program. For purposes of this program, a positive result shall mean a test result which indicates, in the opinion of the outside agency performing such testing, the presence of one or more of the above listed drugs. The athletic training student will be immediately notified of a positive test result.

Appropriate precautions will be taken to assure and maintain the accuracy and confidentiality of the test results including the maintenance of a documented chain of specimen custody to insure the proper identification and integrity of the sample throughout the collection and testing process. Additionally, precautions will be taken to assure the randomness of the subsequent testing.

IV. Action On Positive Test Results

All athletic training students whose positive test result is confirmed will be subject to, but not limited to, the following disciplinary actions. These actions are required throughout the Athletic Department and are not intended to replace or affect the normal disciplinary measures of the Athletic Training Program.

A. First Positive

If a positive result is confirmed, the Administrator of the Program will notify the Head Athletic Trainer, the Curriculum Director, the Team Physician and the Athletic Director or his designee. The Head Athletic Trainer and/or Curriculum Director will notify the athletic training student. The athletic training student will be required to attend mandatory drug counseling sessions and be subject to additional random urine testing. Refusal to participate in the counseling program, as set forth in this paragraph, will be treated and handled as a second positive.

B. Second Positive

In the event a second positive test result is confirmed, the Administrator of the Program will notify the Head Athletic Trainer, the Curriculum Director, the Team Physician, and the Athletic Director or his designee. The athletic training student will be required to, as promptly as possible, participate in a conference phone call between the athletic training student, his/her parent(s), or legal guardian(s) or spouse, and the Curriculum Director and Head Athletic Trainer, wherein the athletic training student will advise his/her parent(s)/legal guardian(s) or spouse of the second positive test result.
Additionally, the athletic training student will be required to participate in continued and further counseling, and will be suspended from participation in the program until a counseling program is completed and the system is clear.

C. Third Positive

In the event a third positive test result is confirmed, the Curriculum Director and the Head Athletic Trainer will notify the athletic training student and the athletic training student’s parent(s)/legal guardian(s), or spouse.

In such an event, it will be presumed that the athletic training student has made a judgment as to his/her behavior and lifestyle that is not consistent with the aims and ethics of the profession of Athletic Training. In addition to the requirements resulting from a second positive testing as set forth in B, above, the athletic training student will be provided the opportunity to fully discuss the matter with the Curriculum Director and/or Head Athletic Trainer and present evidence of any mitigating circumstances which he/she feels appropriate.

The Athletic Director or his designee, Curriculum Director, and the Head Athletic Trainer may apply whatever sanctions are deemed appropriate including suspension from the athletic training curriculum for one calendar year and may recommend that the athletic training student not be reinstated into the program. Reinstatement of the athletic training student to the athletic training program may be made only after the athletic training student provides satisfactory proof of the successful completion of a certified Drug Rehabilitation Program and Student’s system is tested clear of drugs.

Rev. 08/19/2013