PROFESSIONAL
ATHLETIC TRAINING
PROGRAM
Handbook
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INTRODUCTION

The purpose of the handbook is to establish protocol, policy and procedure for the professional athletic training program at Indiana University. The information contained within this document is intended for university administrators, program faculty, current and prospective athletic training students, affiliated clinical preceptors and other appropriate stakeholders of the professional athletic training program.

University Structure

School of Public Health-Bloomington

http://www.publichealth.indiana.edu

The Indiana University School of Public Health-Bloomington is reimagining public health through a comprehensive approach that enhances and expands disease prevention and is reshaping how parks, tourism, sports, leisure activities, physical activity, and nutrition impact and enhance wellness. Unique in the nation, our school’s multidisciplinary approach, history of community engagement, and emerging strengths in epidemiology, biostatistics, and environmental health bring new vigor and energy to the traditional concept of a school of public health. With nearly 3,000 students in an array of undergraduate and advanced degree programs and more than 130 faculty in five academic departments our faculty and students conduct research, learn, teach and engage with communities across a broad spectrum of health, wellness and disease-prevention topics. Each department offers numerous majors, minors and opportunities for graduate and undergraduate studies. In addition to its academic departments, the school administers Campus Recreational Sports, which serves roughly 80 percent of the IU Bloomington student body through various intramural, club and individual fitness opportunities.

Department of Kinesiology

The mission of the Department of Kinesiology is to study human movement with the objectives of developing the body of 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.
ATHLETIC TRAINING EDUCATION

National Athletic Trainers’ Association (NATA)

www.nata.org

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.

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 Orthopedic 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 on the athletic training program website.

http://www.publichealth.indiana.edu/-areasprogram/athletic-training-undergraduate/index.shtml
THE PROFESSIONAL ATHLETIC TRAINING PROGRAM AT IU

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 (BS) and post-professional (MS) athletic training programs accredited by the Commission on Accreditation for Athletic Training Education (CAATE). The professional Athletic Training Program (ATP) is a highly competitive 3 year professional degree program with a progressive sequence of related theoretical coursework and intensive clinical education experiences. Students who successfully complete the program are eligible to sit for the Board of Certification BOC examination and earn the ATC credential.

Mission
The mission of the undergraduate Athletic Training Education Program is to educate and socialize students to become certified athletic trainers who exhibit professional competence, demonstrate foundational behaviors of professional practice, act within the legal and ethical framework of the athletic training profession and engage in on-going personal and professional growth.
Admission Requirements

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 Application Requirements:

1. Completion of the online application

2. Completion (or enrollment in at the time of application) of the following prerequisite courses with the following minimum required grades:
   -- ANAT A 215 with a minimum grade of C
   -- SPH-H 160 with a minimum grade of B
   -- SPH-K 280 with a minimum grade of B-

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

4. Completion the Buddy Program AT observation experience (assigned during enrollment in K280)

5. Completion of the Technical Standards form

6. Completion of a Federal Criminal History Background Check
   Note: After admission, the ATP will notify accepted students on how to complete the background check. Background checks are not to be submitted at the time of application.

7. Completion of a formal interview with program faculty

8. Submit current transcripts (transfer students only).

Transfer students must also meet the following requirements. Further information on transfer students can be found on the program website.
Acceptance into the ATP is determined by the following criteria:

- GPA and grades in the three required courses (35%)  
- Letters of recommendation (20%)  
- Interview (45%).

All aforementioned application requirements must be met prior to beginning the program.

The relative weight of these criteria may be adjusted at the reasonable discretion of the ATP Program Director. Such changes will be identified in the application materials so 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 via one of the organizations listed below, proof of Hepatitis B vaccination and Mantoux TB testing within last year (see Retention Standards for additional information).

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Heart Association</td>
<td>ACLS</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>BLS Healthcare Provider</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>Heart code BLS*</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>CPR/AED for the Professional Rescuer</td>
</tr>
<tr>
<td>American Safety and Health Institute</td>
<td>CPR for Professionals</td>
</tr>
<tr>
<td>Emergency Care and Safety Institute</td>
<td>Health Care Provider CPR</td>
</tr>
<tr>
<td>National Safety Council</td>
<td>Basic Life Support for Health Care and Professionals</td>
</tr>
</tbody>
</table>

*Online ECC courses are only acceptable IF skills are demonstrated and tested in person by a qualified instructor
International Applicants

Applicants to the School of Public Health - Bloomington, whose primary language is not English, must satisfy one of the following criteria before being considered for admission directly into one the School's degree programs:

- Submission of a minimum score on the Test Of English As a Foreign Language (TOEFL), of 550 on the paper-based test, or 213 on the computer-based test, or 80 on the Internet-based test.
- Submission of a minimum score of 7 on the International English Language Testing System (IELTS).
- Proof of completing at least three full years of secondary school in a predominantly English speaking country.

For students from countries where the TOEFL and the IELTS are not available, other evidence of English proficiency may be considered.

All entering international students whose primary language is not English will be required to take a special examination in English with IU prior to registering. Prepared by IU and designed to test a student’s ability to use English in an academic setting, the exam consists of three parts: an essay on a general topic, a listening comprehension exercise, and a grammar, vocabulary, and reading comprehension section. There is little that one can do to prepare for this exam other than to continue using written and spoken English at every opportunity. Appropriate remedial English courses may be prescribed on the basis of the results of this test.

International students whose primary language is not English must agree to take any English language courses prescribed from the results of this examination. Fees for special part-time English courses are the same as for other courses; however, credits earned do not meet degree requirements. If the results of the proficiency examination indicate that full-time work in English is required, the student will be assigned to the Intensive English Program (IEP).

Students enrolled in IEP do not take academic courses until they achieve adequate English proficiency. If a student has serious doubts about English ability and is not financially prepared to undertake the additional time and expense of an intensive English program here, the student should consider completing English study in the student’s home country. In addition, the student may consider delaying admission to a future session.

Transfer Students
Students who desire entrance into the athletic training program and are transferring to Indiana University from another university should complete the enclosed application for this special program in addition to an application for admission to Indiana University

http://admit.indiana.edu
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Academics

Course Sequence

The Bachelor of Science in Athletic Training degree, is completed with 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

BSAT Bulletin:
http://bulletins.iu.edu/iub/phb/2012-2013/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.

Once admitted to the ATP students must follow the prescribed course of study for athletic training courses The ATP cannot be completed in less than 3 full academic years based on this prescribed course sequencing

AT – Specific Course Sequence:

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>A383 Therapeutic Modalities</td>
</tr>
<tr>
<td>A269 Clinical Education in AT I</td>
<td>A270 Clinical Education in AT II</td>
</tr>
</tbody>
</table>

Junior (Second Year)

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>G207 Introduction to S-A Counseling</td>
<td>A384 Therapeutic Exercise</td>
</tr>
<tr>
<td>A381 Clinical Education in AT III</td>
<td>A283 General Medical Issues</td>
</tr>
<tr>
<td></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>A482 Clinical Education in AT VI</td>
</tr>
<tr>
<td>A490 Organization &amp; Administration</td>
<td></td>
</tr>
<tr>
<td>A481 Clinical Education in AT V</td>
<td></td>
</tr>
</tbody>
</table>
**ATP Fees**

The following are ATP specific fees students can anticipate when entering and while enrolled in the program. Costs are subject to change year to year.

- Professional Liability Insurance ______________ $35.00 (Annual)
- NATA Student Membership _________________ $75.00 (Annual)
- HBV Immunization (3 shots) ________________ $100.00 (One time)
- Professional Attire ________________________ $40.00 (Annual)
- Clinical Assessment Kit ____________________ $50.00 (One time)
- TB Vaccine ______________________________ $15.00 approximate cost (One time)
- EMT Certification __________________________ $135.00 (One time at completion of H401/404)
- Physical Exam ____________________________ Cost varies depending upon health care provider
Retention Policies & Expectations

The following are the retention standards and expectations for students formally admitted to the Professional ATP.

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

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.

6. ATP students must complete a federal criminal background check according to directions provided by the ATP after 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.

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

8. ATS are required to complete and provide proof of basic EMT certification prior to the junior year or second year in the program. 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.

9. 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

10. Students must follow all policies and procedures of the ATP (included throughout this document) and IU Sports Medicine policies and procedures (located on A Track).

11. ATS must meet all clinical education requirements and adhere to all policy and procedures outlined in this handbook pertaining to clinical education.

12. All ATS must demonstrate commitment to the ATP and be prepared academically, organizationally and financially to participate in all aspects of the program.

13. All ATS are responsible for annual fees associated with the ATP.
Procedures for ATS Remediation, Probation & / or Dismissal

The following procedures will be enacted for ATS who are non-compliant with the Retention Policies & Expectations of the ATP.

Procedure:

1. **Remediation:** The ATS will be notified in writing by ATP faculty that they are in violation of one or more policies of the ATP. Instructions for re-establishing compliance will be given along with a reasonable time frame for completion dependent upon the violation. The ATS must provide proof to the ATP faculty that the violation has been rectified within the time frame permitted.

2. **Probation:** Failure to rectify the violation within the given time frame or complete the required steps to rectify the violation will result in the ATS being placed on probation. ATP faculty will provide the ATS a written justification for probation along with instructions on to rectify the violation and be removed from probation. At minimum probation will last no less than 1 academic semester during which the student must complete the following:

   1. The ATS must schedule an initial meeting with ATP faculty to discuss the violation and formulate a plan for remediation.
   2. The ATS must communicate weekly with ATP faculty via email or in-person meeting providing updates on the progress of rectifying the violation.
   3. The ATS must provide documentation/proof showing the ATS is now in compliance with all ATP policies and expectations.
   4. The ATS must schedule a meeting at the end of the semester with ATP faculty to discuss how the violation was rectified and examine the documentation / proof of compliance.
   5. A written reflection on how the violation occurred, what was done to rectify it and how future violations can be avoided is to be submitted to the ATP faculty.

   **The ATP faculty reserves the right to ask for additional items and/or tasks to be completed to remove a student from probation.** Provided the ATS meets all criteria set forth by the ATP faculty the ATS will be removed from probation. ATP faculty will notify the ATS in writing that probation has ended.
3. **Dismissal**: Failure to complete the requirements of probation or severe violations of policies and procedures will result in dismissal from the ATP. The following steps will be taken to dismiss an ATS from the ATP:

   1. The ATS will meet with ATP faculty, preceptors (if applicable), the department chair for kinesiology, and other pertinent School of Public Health administrators. Evidence supporting the dismissal decision will be presented to the ATS.
   
   2. The ATS will sign a form indicating they understand the grounds for dismissal.
   
   3. The ATP faculty will provide the ATS guidance on speaking with university advisors to find a new area of study.

   The ATP faculty reserve the right to place an ATS directly on probation or directly dismiss an ATS from the program based upon the severity of the violation. Violations will be handled on a case by case basis. In addition, specific violations (specifically those pertaining to clinical education) may also result in an infraction which may carry additional penalties.
Athletic Training Student Council

The Athletic Training Student Council (ATSC) is comprised of officers, voted into office by all students in the Athletic Training Program (ATP) and representatives voted into office by the individual classes (sophomores, juniors, seniors, and graduate students). Officer and representative terms will be one year, beginning at the start of the fall semester and ending at the conclusion of the spring semester.

CONSTITUTION

ARTICLE I – NAME
The name of this organization shall be the Athletic Training Student Council.

ARTICLE II – OBJECTIVES
The objectives of this council shall be:

1. The advancement, encouragement, and improvement of the athletic training program in all its phases, including recommendations for curriculum revision, practicum development, and total overall evaluation of the program.

2. To better serve the common interest of all the athletic training students by providing a means for a free exchange of ideas through their representatives seated on the council with the supervising advisor of the athletic training program.

3. To have additional programs, speakers, and discussions, in accordance with the philosophy of the department, which will supplement the program.

4. To provide a sounding board to express potential problems and complaints in order to deal with them constructively and in a positive manner; to make the athletic training program the best for all athletic training students.

5. To assure the athletic training student of an excellent, sound educational experience as well as a professional preparation in a unified and integrated athletic training program within the School of Public Health.

6. To involve the council and all athletic training students in philanthropic activities within the community.

7. To raise the awareness of the athletic training profession within the department of Kinesiology, the School of Public Health, the Department of Intercollegiate Athletics, and the community in general.

ARTICLE III – MEMBERSHIP

Members of the Council must be members in good standing in the Athletic Training Program at Indiana University. Members represent all athletic training students.
ARTICLE IV – SELECTION OF OFFICERS AND DUTIES OF THE REPRESENTATIVES

Nominations for officers and representatives will be accepted by the council’s faculty advisor one week prior to the last ATSC meeting in the spring. Voting will take place during this meeting. A ballot will be presented to each student, which will include nominations for president, vice president, secretary, treasurer, historian, and junior/senior class representatives. Each student will select one name for each officer position and one name for their individual class representative. Ballots will be counted by the faculty advisor. Sophomore class representative voting will take place during the first ATSC meeting of the fall semester. Duties for officers and representatives are as follows:

1. President
   a. Schedule, organize, and reside over all council meetings, activities, and functions.
   b. Write agendas for council meetings.
   c. Maintain communication with the ATP faculty, staff athletic trainers’ and council advisor, informing each of the proceedings of the council.
   d. Contact guest speakers, oversee educational programs

2. Vice President
   a. Assist President in establishing relevant topics for discussion at council meetings.
   b. Assist President with holding council meetings.
   c. Assist President with all council sponsored events and functions
   d. Step in for President at all meetings and events in which the Present is absent.

3. Secretary
   a. Take notes at all council meetings. Generate minutes from meetings and distribute to all staff athletic trainers, athletic training students, and ATP faculty.
   b. Assist the President with organization and logistics of all council meetings, events, and functions.
   c. Assist the President with writing agendas for council meetings.

4. Treasurer
   a. Work closely with the IU student organization department to maintain current financial records for the council.
   b. Generate a monthly financial statement to be presented at the council meetings
   c. Deposit checks, route invoices to council advisor for approval.

5. Historian
   a. Attend all council meetings, events, and functions.
   b. Document council sponsored events and ATP through photography
   c. Update social media outlets.
   d. Put together a slide show to be presented at the ATP end of the year awards banquet, which will show the students working at the clinical rotations.

ARTICLE VI – MEETINGS

Regular ATSC meetings will be held once per month. Additional meetings may be scheduled as needed. The time and date of these meetings will be pre-determined by the president. All officers, class representatives, and the council advisor will expected to be in attendance at all meeting, unless there is an extenuating circumstance. All meetings are open to any ATP student, staff athletic trainer, or ATP faculty to attend.
ARTICLE VII – OPERATING PROCEDURE FOR PROBLEMS BROUGHT BEFORE THE COUNCIL

Listed below is the procedure for all athletic training students to follow for approaching the Athletic Training Student Council to express any problems or complaints about the program:

1. A student may write a suggestion or complaint on a piece of paper and deposit in the envelope located by the ATP mailboxes in the SPH athletic training suite. The student is also free to verbalize the suggestion or complaint to any council officer, representative, or advisor.
2. All suggestions or problems will be brought for discussion at the ATSC meetings.
3. If the ATSC believes the suggestion or complaint needs to be addressed, a formal report, written by the secretary, will be filed, by the president or vice president, with the ATP program director.
4. At the next ATSC, the president or vice president will make a verbal report of the outcome on the suggestion or complaint.
5. The ATP program director and ATSC faculty advisor will have the final decision on all matters brought before the council.
6. The ATP program director will have the final decision on all matters brought before the Council.

ARTICLE VIII – STATEMENT OF NON-DISCRIMINATION

The Athletic Training Student Council allows any interested student to participate in, become a member of, and seek leadership positions in the organization without regard to arbitrary consideration of such characteristics as age, color, disability, ethnicity, gender, marital status, national origin, race, religion, sexual orientation, or veteran status.

ARTICLE IX – STATEMENT OF UNIVERSITY COMPLIANCE

The Athletic Training Student Council shall comply with all Indiana University regulations, and local, state, and federal laws.

ARTICLE X – ANTI-HAZING POLICY

Hazing is strictly prohibited. Hazing shall be defined as any conduct which subjects another person, whether physically, mentally, emotionally, or psychologically, to anything that may endanger, abuse, degrade, or intimidate the person as a condition of association with a group or organization, regardless of the person’s consent or lack of consent.

ARTICLE XI – PERSONAL GAIN CLAUSE

The Athletic Training Student Council, if raising funds, shall ethically raise and distribute profits from organizational functions to either the organization or to members who provide a service that directly benefits the organization. Individual members may not receive compensation directly from for-profit companies if acting as a representative of a student organizatio
Clinical Education

Overview
The professional ATP is a professional degree program. Upon completion of the program, students are eligible to sit for the BOC examination to earn the ATC credential, apply for state licensure (in states that required licensure) and thus gain employment as an athletic trainer. Therefore, the experiences gained during the clinical education component of the program is vital to the professional success of the student and to the healthcare of future patients. The three-year clinical education sequence is specifically designed to provide ATS access to multiple practice settings and a variety of patient populations to maximize the student’s preparedness for employment as a healthcare provider. This clinical education experience occurs primarily through collaboration with the IU Sports Medicine within the Department of Athletics. ATP faculty members work collaboratively with IU Sports Medicine staff members and other off-campus affiliated healthcare providers (known as preceptors) to create a progressive and authentic clinical education experience. In addition to working with IU athletics, ATS will have experiences in other settings such as ROTC, performing arts, local high schools and a variety of clinics with different specialization areas.

The ATP places a strong emphasis on clinical education. Students must be available to engage in their clinical assignment on a regular basis. Clinical assignments MUST take priority over all outside commitments including part-time jobs, sorority / fraternity membership, club sport participation or any other activity that may conflict with clinical education times.

IU Athletics – Sports Medicine
A majority of the clinical assignments ATS will experience will take place with IU athletics. Therefore, ATS must be aware of and abide by all policies and procedures enforced by the IU sports medicine department. ATS can access all pertinent documentation, including EAPs, related to IU sports medicine on A Track. It is the responsibility of the ATS to be familiar with these documents and be able to access them when needed. Preceptors are responsible for orienting ATS to policy and procedure prior to beginning the clinical assignment. During A265, a representative from IU sports medicine will hold an orientation session with sophomore ATS to explain in detail the policies and procedures of the IU sports medicine and to instruct the ATS on standard operation procedures. Each academic year as a component of A265, A365 and A465, ATS will sign an affidavit indicating they have read and are aware of all policies and procedures related to IU sports medicine.

Note: Prior to ATS beginning clinical assignments it is imperative that they met with their assigned preceptor to review all policy, procedure and expectations. By submission of the Orientation and Goals forms, ATS are acknowledging that they have met with their preceptor and are aware of all policy, procedures and expectations of the clinical assignment.
CAATE Standards

In accordance with the 2012 CAATE Standards for the Academic Accreditation of Professional Athletic Training Programs, all faculty, clinical education staff and students must abide by the following clinical education policies for the undergraduate AT program at Indiana University-Bloomington. The policies listed below are not inclusive of all CAATE standards, but focus primarily on the clinical education portion of the curriculum relevant to Preceptors and students. A complete list of all CAATE Standards can be found on A Track.

Standards:

3 - All sites where students are involved in patient care or observation-only experience (excluding the Program’s sponsoring institution) must have an affiliation agreement or memorandum(s) of understanding that is endorsed by the appropriate administrative authority (i.e. those bearing signature authority) at both the sponsoring institution and site. In the case where the administrative oversight of the preceptor differs from the affiliate site, formal agreements must be obtained from all parties.

37 - Preceptor Responsibilities: A preceptor must function to:

   a. Supervise students during clinical education;
   b. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
   c. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
   d. Provide assessment of athletic training students’ clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
   e. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.

38 - Preceptor Responsibilities: A preceptor must demonstrate understanding of and compliance with the program’s policies and procedures.

39 - Preceptor Qualification: A preceptor must be credentialed by the state in a health care profession (see glossary).

40 - Preceptor Qualification: A preceptor must not be currently enrolled in the professional athletic training program at the institution;

41 - Preceptor Qualification: A preceptor must receive planned and ongoing education from the program designed to promote a constructive learning environment.

46 - Clinical education must follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The clinical education plan must reinforce the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making.
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.

The variety of patient populations, care providers, and health care settings used for clinical education must be consistent with the program’s goals and objectives.

Clinical placements must be non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis. (Editorial change made April 2014)

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

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.

An athletic trainer, certified, and in good standing with the BOC, and who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student's clinical education. The remaining clinical education may be supervised by any appropriately state credentialed health care professional (see glossary).

Athletic training students must be officially enrolled in the program prior to performing skills on patients.

Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.

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.

Course credit must be consistent with institutional policy or institutional practice.

All clinical education experiences must be educational in nature. The program must have a written policy that delineates a minimum and maximum requirement for clinical hours.

All clinical education experiences must be educational in nature. Students must have a minimum of one day off in every seven-day period.

All clinical education experiences must be educational in nature. Students will not receive any monetary remuneration during this education experience, excluding scholarships.
60 - All clinical education experiences must be educational in nature. Students will not replace professional athletic training staff or medical personnel.

61 - The program must include provision for supervised clinical education with a preceptor (see Personnel Standards). There must be regular communication between the program and the preceptor.

62 - The program must include provision for supervised clinical education with a preceptor (see Personnel Standards). 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.

63 - The program must include provision for supervised clinical education with a preceptor (see Personnel Standards). Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
Clinical Assignments

Upon official acceptance into the athletic training program (ATP), athletic training students (ATS) are required to engage in clinical education while enrolled in the program. Clinical assignments are a component of the following courses respective to year in the program:

- **Sophomores (1st year)** - A265, A269, A270
- **Juniors (2nd Years)** - A365, A381, A382
- **Seniors (3rd Years)** - A465, A481, A482

Clinical assignments are specifically designed to allow the ATS exposure to a variety of athletic training practice settings and to maximize opportunities to provide actual patient care. Clinical assignments are progressive in nature, requiring deeper student involvement and added responsibility as ATS matriculate through the curriculum. The ATP strives to provide individual preceptors the autonomy to teach ATS within their individual setting. The primary academic responsibility of the ATS during clinical education is the integration of the CIP’s. Student’s document CIP proficiency by use of the ATS professional portfolio through [www.weebley.com](http://www.weebley.com). Specific information on the ATS portfolio and the CIP requirements can be found on the syllabi for A269, A270, A381, A382, A481, and A482.

Clinical assignments are an educational requirement. The primary objective of this requirement is to place the ATS in situations in which they can learn and grow as a clinician. Therefore, the ATP faculty retains the sole responsibility for making clinical assignments. ATS and preceptors have no final authority in making clinical assignment decisions. The inclusion of ATS and preceptors in the clinical assignment process is provide clarity and transparency to the process. Opinions of ATS and preceptors are heard and considered heavily by faculty, however the ultimate decision on student placement resides with the faculty.

Clinical assignments are made without regard to arbitrary consideration of such characteristics as age, color, disability, ethnicity, gender, marital status, national origin, race, religion, sexual orientation, or veteran status.
Clinical assignments are determined by the following methods:

**Sophomore – 1st Year**

Sophomore ATS are considered **Observers**. The primary objective for first year students is to be exposed to a variety of practice settings and patient populations while developing an understanding of how the athletic training profession works. Sophomore ATS should understand that it is their goal to learn primarily by observation and asking questions when appropriate to preceptors and upperclassmen. As the ATS develops skill and demonstrates competency throughout the year, preceptors are encouraged to include sophomore ATS in patient care when appropriate.

Sophomore ATS will have 4 clinical assignments throughout the year each lasting 8-weeks in length. Each ATS will be placed at four different athletic training practice settings:

1. IU athletics (any sport working out of Assembly Hall, Cook Hall, University Gym or SRSC Aquatics)
2. IU Football
3. Local High School
4. Non-Traditional (ROTC, Modern Dance and Ballet)

**Sophomore Clinical Assignment Process**

When sophomores are accepted into the ATP the faculty will **randomly** place students into 4 equal cohorts. Each cohort will rotate through each of the aforementioned practice settings on a counterbalanced schedule. With the exception of IU football, ATS within each cohort will be assigned to a different preceptor within each practice setting when applicable.

**Special Note:** Sophomore begin clinical education with A265 which meets during the intercession prior to the beginning of classes in the fall semester (approximately August 1st – August 25th.) This course is designed to socialize and acclimate ATS to the program. Students will engage in clinical education during this time and when applicable will be placed in the same assignment as their first fall assignment. In the case that an ATS is assigned to a site (ex/ Ballet) that does not practice during this time, the student will be assigned a temporary assignment to begin clinical education. Every effort is made to place the student at a location that they will return to later in the year. For evaluation purposes, students are evaluated separately on clinical assignments associated with A265.
Juniors are considered **Experimenters**. The primary objective of Junior ATS is to learn through experimentation with skills and techniques. By the second year in the program, ATS will have enough didactic and clinical skill knowledge to be placed in situations to provide real patient care. Still novice, Junior ATS should be supervised extensively by preceptors and learning should occur through experimenting with skills and techniques under direct supervision. As ATS skills develop throughout the semester and/or year preceptors should provide increasing levels of autonomy to Junior ATS while still maintaining direct and consistent supervision.

Junior ATS will have 2 clinical assignments for the year each lasting a full semester. The ATP faculty will make every effort to place juniors with in-season clinical assignments to maximize patient exposure. ATS may be placed at any available clinical site, however the ATP faculty will make every effort to avoid placing juniors in the same assignment they had during the sophomore year.
Junior Clinical Assignment Process

On or around February 1st of the sophomore year all ATS will receive an email from the CEC asking for a clinical assignment statement. This statement will ask the ATS to self-reflect on their clinical strengths & weaknesses, perceived clinical learning abilities and future professional objectives. Students will also be asked to list their top three choices for clinical assignments for their junior year. After the CEC collects statements from all ATS, clinical assignments for the junior year will be made in the following manner:

1. ATP faculty reviews ATS statements.
2. ATP faculty makes tentative clinical assignments based upon ATS statements, available clinical settings and faculty opinion.
3. ATP faculty sends out preliminary copy of the assignments to all affiliated preceptors.
4. Preceptors have one week to provide feedback to the ATP faculty.
5. ATP faculty considers preceptor feedback and finalizes the assignments.
6. ATP sends final version of the assignments to preceptors and faculty.
7. ATS receive an official letter from the ATP faculty indicating their clinical assignments on or around March 1st.

Special Note: Juniors begin clinical education with A365 which meets during the intercession prior to the beginning of classes in the fall semester (Approximately August 1st – August 25th.) Students will engage in clinical education during this time and when applicable will be placed in the same assignment as their fall assignment. In the case that an ATS is assigned to a site (ex/ Ballet) that does not practice during this time, the student will be assigned a temporary assignment to begin clinical education. For evaluation purposes, students are evaluated separately on clinical assignments associated with A365.

Senior Cohort

Seniors ATS are given **Supervised Autonomy**. The primary learning objective for seniors is to learn by complete immersion in the clinical assignment. Senior ATS are expected to act as leaders, mentoring and teaching underclassmen, while learning by utilizing previously mastered skills. Preceptors should allow Senior ATS to the ability to provide patient care without restriction, while still being physically present. Emphasis should be placed on allowing the ATS to make decisions and critically examining why and how they integrate skills.

Senior ATS will one clinical assignment for the year. Senior ATS may be placed as at any available clinical site. Previous placement at a site will not exclude a Senior ATS from returning to that site.
**Senior Clinical Assignment Process**

On or around February 1st of the junior year all ATS will receive an email from the CEC asking for a clinical assignment statement. This statement will ask the ATS to self-reflect on their clinical strengths & weaknesses, perceived clinical learning abilities and future professional objectives. Students will also be asked to list their top three choices for clinical assignments for their senior year. After the CEC collects statements from all ATS, clinical assignments for the senior year will be made in the following manner:

1. ATP faculty reviews ATS statements.
2. ATP faculty makes tentative clinical assignments based upon ATS statements, available clinical settings and faculty opinion.
3. ATP faculty sends out preliminary copy of the assignments to all affiliated preceptors.
4. Preceptors have one week to provide feedback to the ATP faculty.
5. ATP faculty considers preceptor feedback and finalizes the assignments.
6. ATP sends final version of the assignments to preceptors and faculty.
7. ATS receive an official letter from the ATP faculty indicating their clinical assignments on or around March 1st.

*Special Note:* Seniors begin clinical education with A465 which meets during the intercession prior to the beginning of classes in the fall semester (Approximately August 1st – August 25th.) Students will engage in clinical education during this time. In the case that an ATS is assigned to a site (ex/ Ballet) that does not practice during this time, the student will be assigned a temporary assignment to begin clinical education. For evaluation purposes, students are evaluated separately on clinical assignments associated with A465.

**Clinical Education Hour Requirements**

All ATS must obtain and record a minimum of 150 hours and may not exceed a maximum of 300 hours per semester during the normal academic calendar.

*Note:* Students volunteering for, and/or assigned to, clinical education extending beyond the normal academic calendar may participate in clinical education for up 60 hours/week regardless of cohort level. This includes hours assigned to A265, A3645 and A465 which occur during the intercession (August) and all hours over academic breaks (Thanksgiving, Christmas and Spring Break)

Minimum and maximum hours per week per cohort are defined as follows:

*Sophomores:* minimum of 10 hours per week; maximum of 40 hours/per week as long as clinical hours do not exceed 300 for the semester.

*Juniors:* minimum of 15 hours per week maximum of 40 hours/per week as long as clinical hours do not exceed 300 for the semester.

*Seniors:* minimum of 20 hours per week; maximum of 40 hours/per week as long as clinical hours do not exceed 300 for the semester.
Clinical Education Evaluation

Orientation & Goals

Prior to each clinical assignment ATS must complete the Orientation & Goals form located on A Track. Prior to filling out this form, ATS must meet in person with their assigned preceptor and review all facets of the clinical site including but not limited to: EAP, BBP exposure control plan, HIPAA, chain of command, and SOP’s. In addition students must identify goals they wish to achieve by the end of the assignment. Completion of this form is a P/F requirement of all clinical education courses. Failure to complete this form will result in an (I) incomplete for the clinical education course.

Evaluation of ATS

Preceptors are responsible for evaluating ATS following completion of the clinic assignment. Evaluations forms can be accessed through A Track and must be completed within one week following completion of the clinical assignment. Preceptor evaluation of students count for 50% of the ATS grade for clinical education courses. ATS are encouraged to speak with preceptors frequently throughout the clinical assignment to ensure expectations are being met. Preceptors are encouraged to meet with ATS and review evaluations prior to submission.

Evaluation of Preceptors and Clinical Sites

Preceptors and Clinical Sites will be evaluated by both ATS and ATP faculty on regular and planned basis. Within one week following completion of the clinical assignment ATS must complete the evaluation of preceptor and clinical site form located on A Track. This is a P/F requirement and failure to complete this form will result in an (I) incomplete for the clinical education course. ATS evaluation of preceptors is kept anonymous. Preceptors have access to the evaluation, but names of individual ATS will not be available to preceptors.

ATP faculty will evaluate all preceptors and clinical sites on an annual basis. Beginning on or around April 1st of each year ATP faculty will schedule an individual meeting with each preceptor. During this meeting results of the student evaluations for the preceding year will be discussed along with an evaluation from the CEC. Preceptors will be given objective and subjective feedback on their effectiveness as a preceptor. At this time preceptors will also have an opportunity to provide ATP faculty with feedback concerning clinical education.
**Communication Policy**

1. Communication between ATP faculty, ATS and preceptors should be conducted with courtesy and respect during all verbal or written communication interactions.

2. Students should not text or call an ATP faculty or preceptor’s cell phone unless the individual has previously told you this was OK and / or you deem it to be an emergency (personal or professional).

3. Students should ask ATP faculty 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.

4. Communication done via email should be done so professionally at all times.

**Professional Behavior Policies**

ATS are expected to behave in a professional manner respective of the athletic training profession during academic classes and when participating in clinical education. ATS are held to the *Behaviors of Professional Practice* as outlined by the NATA as well as the *NATA Code of Ethics*. Both documents can be found at [www.nata.org](http://www.nata.org) and on A Track. Violations pertaining to professional behavior will be handled as an infraction and penalties will be handled on a case by case basis.
**Dress Code & Appearance**

Professional appearance is expected at all times during clinical education. During clinical education, it is at the discretion of the preceptor to determine what is and is not appropriate. Preceptors should address their expectations with ATS prior to beginning the clinical assignment.

In general, the ATP strongly suggests the following guidelines be adhered to by all ATS and adopted by Preceptors

- Jewelry must be kept to a minimum.
  - Ear piercing in females should be the only allowable visible piercing and should be worn discretely

- Cover visible tattoos

- Personal hygiene must be adhered to.
  - Males with beards, mustaches, or goatees should keep these neatly trimmed.

- Wear the provided IU Sports Medicine collared shirts with khaki shorts or pants.
  - Shorts **must** reach to the fingertips with arms at the 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.

- Other issued IU Sports Medicine attire including sweatshirt and/ or light pull-over jacket are appropriate over a collared shirt

- No hats/caps allowed in the athletic training room.
  - May be permitted outside as weather dictates

**ATS Traveling for Clinical Education**

At times ATS may be asked to travel during clinical education. These opportunities are extremely valuable and the ATP encourages ATS to take advantages when these opportunities arise. Traveling however is NOT a requirement of the ATP. If ATS are to miss class due to travel a letter must be obtained from administrative assistant Angie Swope arswope@indiana.edu and given to all professors. This letter is written by the ATP faculty and explains to professors the benefit of travel opportunities to ATS. Each professor however has the individual right to accept travel as a legitimate reason for an excused absence. ATS must make-up all missed work and are responsible for complying with course syllabi regarding attendance.

**ATS are not meant to replace clinical staff and therefore may not under any circumstances travel alone without their preceptor.**
Relationships with Student-Athletes, Preceptors and Athletics Personnel

Clinical education is intended to be a time of professional growth and learning for the ATS. Personal relationships whether formed outside or within the clinical education setting that negatively affects a student’s ability to learn is strongly discouraged.

At minimum ATS are expected to:

1. Adhere to the NATA Behaviors of Professional Practice and the NATA Code of Ethics
2. Treat all athletes, preceptors and athletics personnel with integrity, respect, and courtesy.
3. Demonstrate professionalism at all times.
4. Make a sincere effort to gain the respect and confidence of all athletes, preceptors and athletics personnel.
5. Demonstrate patient centered healthcare by expressing a sincere interest in the patient’s welfare, showing empathy, sympathy and compassion.
6. Report any known violation of clinic site 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.
7. NOT engage in activities or conduct which constitutes a conflict of interest. This includes engaging in situations when athletes, preceptors or athletics personnel may be drinking, involved with other drugs, or participating in any other activities which are known to be against established policies.

Violation of this policy may be considered professional misconduct, and the student may receive an Infraction which ultimately could lead to probation or dismissal from the program. Violations of this policy are handled on a case by case basis.

Romantic Relationships

It is not in the prevue of the ATP to have a policy regarding ATS personal lives including with whom ATS decide to have romantic relationships with. However, clinical assignments are intended to be a time to promote and foster professional growth as an athletic trainer and any relationship an ATS develops that interferes with their ability to learn or creates an environment not conducive to learning is strongly discouraged. Preceptors and athletics personal (including coaches and administrators) have the right to request an ATS be removed from a clinical site if personal relationships are deemed inappropriate or create an environment that is not conducive to providing healthcare. Issues related to interpersonal relationships are taken very seriously by the ATP. All concerns related to this will result in a meeting between ATP faculty, the involved preceptor, the ATS and any pertinent athletics personnel. Actions to be taken will vary on a case to case basis and will be decided collectively by all parties involved.
Social Media Policy

The ATP acknowledges both the usefulness and potential danger of social media in today’s society. To reap the benefits while avoiding the negative consequences social media can bring, the ATP has adapted the following policies for use of social media.

1. ATS should avoid interaction with current ATP faculty, preceptors and athletics personnel through social media. This includes IU graduate assistant athletic trainers as they are considered ATP preceptors.

2. ATS, ATP Faculty and Preceptors are encouraged to follow ATP affiliated social media including the IU ATP Facebook page, Twitter account and Instagram account.

   facebook.com/IUAthleticTraining
   @healinghoosiers
   IU Athletic Training

3. ATS are permitted to interact with peers on social media, including patients and student-athletes. However, students must strictly adhere to the following stipulations:
   a. ATS must not post, comment or mention anything whatsoever about patients or student-athletes medical conditions or injuries. This constitutes a serious HIPAA violation and violators will be removed from the clinical education site immediately and may face further penalties up to and including expulsion from the program
   b. ATS must not post photos of patients or student-athletes under any circumstances.
   c. ATS should avoid all social media interaction with any patients or student-athletes who are minors

4. Using social media during ATP classes and during clinical education is NOT permitted under any circumstances.
   a. Cell phones may be used with permission by the preceptor to communicate with staff, to activate EMS in an emergency situation or other use as permitted.

Any violation of this policy is considered professional misconduct, and the student may receive an Infraction. Penalties will be determined on a case by case basis.
Clinical Education Conflict Resolution Policy & Procedures

ATS are given the opportunity to provide feedback about their clinical education experiences through a variety of formal and informal means. Such avenues include formal clinical education evaluations, journaling, clinical statement documents and scheduled meetings with ATP faculty preceptors. In addition the ATP faculty maintains an “open door policy” allowing ATS an open opportunity to discuss goals, questions, problems or concerns related to clinical education. In order to encourage productive communication and problems-solving between ATS, ATP faculty and preceptors, the ATP has instituted the following policy relative to student-identified conflict in a given clinical setting:

1. The ATS should record in writing all concerns about the conflict. Details surrounding the student’s experience should be as specific as possible, including description of the situation, dates, and times, individual’s involved, and direct quotes.

2. ATS are encouraged to discuss their conflict directly with the involved party.
   a. Note: if the ATS feels personally threatened by this meeting in anyway, he / she may skip this step.

3. If the conflict persists, the ATS should make an appointment to discuss the conflict with the ATP faculty.

4. ATP faculty will “fact find” individually with any involved parties. Details from the named individual(s) point of view will be recorded.
   a. This step will be skipped if a student reports physical, emotional or verbal abuse / threat or if the individual named is not directly associated with the ATP (for example a coach). 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.

5. ATP faculty will set up a joint meeting including faculty (one or more), the ATS and the individual(s) named as part of the conflict. Specific action steps will be identified to resolve the conflict. Every effort will be made to retain ATS in assigned clinical settings, maximize student learning in the setting and eliminate conflict without any repercussions to the student.

6. If ATP faculty deem the conflict has not been resolved productively the student will be removed from the site immediately and reassigned to another clinical setting without repercussion to the student. The ATP 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.
Infractions

The ATP operationally defines an infraction as an official violation by an ATS of the policies, procedures and rules contained within this handbook including violations of the NATA Foundations of Professional Practice and NATA Code of Ethics. In addition, individual preceptors retain the right to create policies specific to their clinical site (dress code, tardiness etc…) ATS who violate individual preceptor policies can also be guilty of an infraction.

Prior to submitting an infraction the “whistle blowing” party citing the infraction is strongly encouraged to discuss the infraction with the ATS. Every effort should be made to rectify the situation before submitting an official infraction.

Infractions will be handled in the following manner:

1. An infraction occurs

2. The “whistle blowing” party citing the infraction, after verbally discussing it with the ATS, provides a detailed written account of the violation to the ATP faculty. It is strongly encouraged that all parties also verbally contact ATP faculty to discuss the infraction prior to providing written documentation.

3. The ATP faculty schedules a meeting with the ATS to discuss the infraction

4. The ATP faculty fills out an official infraction form located on A Track. This form contains at a minimum a.) An account of the infraction from the citing party perspective, b.) An account of the infraction from the ATS perspective c.) A corrective course of action and d.) Penalties assessed
   i. Only ATP faculty can submit an infraction form. Infractions will appear in the ATS portfolio on A Track.

   ii. Penalties associated with infractions will be determined case by case based on the severity of the infraction and history of prior infractions. Penalties could include but are not limited to:
       • Up to 25% reduction off final grade for the corresponding clinical education course
       • Suspension from clinical education
       • Dismissal from ATP
MISCELLANEOUS POLICIES AND PROCEDURES

A Track
www.atrackonline.com

A Track is the online based record keeping and documentation program used by the professional athletic training program. ATS gain access to A Track upon entering the program as sophomores (1st year) and joining the NATA. **ATS must be members of the NATA in order to have access to A Track.** Membership in the NATA and thus having access to A Track is a mandatory requirement of the athletic training program. ATS are oriented on the use of A Track during A265.

A Track is the primary platform for distributing pertinent documents to ATS, ATP faculty and preceptors.

The following documents can be found on A Track:
- ATP Student Handbook
- NATA Code of Ethics
- NATA Foundations Behaviors of Professional Practice
- IU Sports Medicine Policies and Procedures
- ATP Affiliated Site’s EAP’s
- Athletic Training Student Counsel Constitution
- Clinical Assignment Schedule
- BBP Exposure Control Plan
- Communicable Disease Policy
- Therapeutic Equipment Policy – IU Sports Medicine
- *Additional documents as warranted.*

A Track is the primary platform for record keeping. The following forms can be found on a Track for us by ATS, ATP faculty and preceptors.

- Preceptor Evaluation of ATS
- Student Evaluation of Clinical Experience
- Student Clinical Orientation & Goals Form
- Annual Preceptor Summary
- Clinical hour log
  - It is MANDATORY that students record clinical hours on a weekly basis at minimum.
- CEU Tracking Form
- Infraction Form
Communicable Disease Policy

Any ATS 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. If ATS 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) some communicable diseases must be reported to public health authorities 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.

Absence / Tardiness / Illness

Absences
Failure of an ATS notify the classroom instructor or preceptor within 48 hours prior to an absence will be declared an unexcused absence.

- For class, the attendance policy set forth on the course syllabus will be enforced. Although policies vary from course to course in most cases unexcused absences after a point will result in the loss of points off of your final grade.

- For clinical, preceptors will report unexcused absences as an infraction to the faculty. Penalties for infractions are at the discretion of the ATP faculty.

Tardiness

- Arriving late to class, especially athletic training classes, is not acceptable. Please consult course syllabi for policy on tardiness. Each instructor has the individual authority to handle tardiness as they see fit.

- Preceptors have the authority to handle tardiness as they see fit. If a preceptor wishes he or she has the authority to file an infraction for lateness which will then be penalized the same as an unexcused absence.

Illness

- If ATS cannot make it to class and are within a 48 hour window they must provide reasonable documentation to the instructor as to the nature of the absence. If ATS are too sick to come to class they must notify the instructor PRIOR to the beginning of class. Further, if ATS deem themselves too sick to come to class documentation from the health center or other medical provider is required. Excuses for illnesses will only be granted with proper documentation. It is at the discretion of the instructor to determine the nature of the documentation required and the extent to which this policy will be carried out.
• If ATS are too sick to go to clinical they must notify the preceptor PRIOR to the scheduled time to arrive. In many situations, preceptors can have ATS seen by a team physician much faster than going to the health center. If ATS go to the health center and are informed by a physician to not participate in clinical, documentation must be provided to the preceptor as soon as possible.

**Email, calling or texting the instructor or the preceptor and simply saying you are sick is NOT a valid excuse for tardiness or absence.**

**Excused Absences**
In order for an absence from class or clinical assignment to be excused ATS must obtain verbal or written consent from your instructor or preceptor at least 48 hours prior to the absence. It is at the discretion of the instructor and the preceptor to determine if the reason for your absence is legitimate and worthy of an excused absence. Attendance in athletic training class and clinical assignments is expected. Please follow up with your classroom instructor and your preceptor to determine their individual policies on tardiness and absences.
BBP Exposure Control Plan

The ATP provides OSHA training to every ATS on an annual basis as a component of A265, A365 and A465. ATS must complete this training each academic year prior to beginning clinical education. In addition, preceptors are required to orient ATS to OSHA guidelines and the BBP exposure control plan specific to their clinical site prior to the student beginning clinical education. ATS acknowledge receipt of official OSHA training via signing an official affidavit at the conclusion of A265, A365 and A465. ATS also acknowledge orientation to BBP protocols specific to their clinical site by submission of the orientation and goals form via A Track prior to each clinical assignment.

ATS can access the IU Sports Medicine BBP Exposure Control Plan via A Track

HIPAA Compliance Policy

The ATP provides HIPAA / FERPA training to every ATS on an annual basis as a component of A265, A365 and A465. ATS must complete this training each academic year prior to beginning clinical education. The ATP has a zero tolerance policy when dealing with HIPAA non-compliance. ATS who violate HIPAA/FERPA policy will be subject to the most severe penalties under the infraction system. This could include but is not limited to suspension from clinical education and/or removal from the ATP. ATS are strongly advised to communicate with preceptors on ways to avoid HIPAA / FERPA violations during clinical education. ATS acknowledge receipt of official HIPAA/ FERPA training via signing an official affidavit at the conclusion of A265, A365 and A465.
Drug Screening Program And Policies
The ATP 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 the ATS and can be extremely dangerous to the ATS and the patients they encounter during clinical education. While enrolled in the ATP all ATS (regardless of current clinical assignment) are subject to the drug screening program through the Indiana University Sports Medicine Department Drug Screening Program and Policies.

IU SPORTS MEDICINE DEPARTMENT DRUG SCREENING PROGRAM AND POLICIES

I. Purpose of the Program
   A. To generally educate ATS 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 ensure that every ATS is medically fit to participate in the clinical education environment
   
   D. To prevent any drug use by ATS.
   
   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 each academic year, a presentation will be made during A265, A365 and A465 to all ATS outlining and reviewing the department’s program and policies regarding drug screening, its purposes and implementation. A copy of the program will be given to each ATS. 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.

   a. ATS are encouraged to ask questions or make suggestions at any time with reference to the program.
III. The Drug Screening Program

A. In accordance with Big Ten and NCAA standards, each ATS will be subject to the following classifications of banned drugs (*list 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 ATS who experiences a positive result from any testing may be subject to further screening.

   b. 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 the ATP.

   c. To ensure fairness and efficiency of the Sports Medicine Drug Testing Program, it will be mandatory for all ATS 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.
d. 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 ATS will be immediately notified of a positive test result.

e. 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

a. All ATS 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 ATP.

i. First Positive
   i. If a positive result is confirmed, the administrator of the program will notify the ATP faculty, the Head Athletic Trainer, the Team Physician and the Athletic Director or his designee. The ATP faculty will notify the ATS. 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.

ii. Second Positive
   i. In the event a second positive test result is confirmed, the administrator of the program will notify the ATP faculty, the Head Athletic Trainer, the Team Physician, and the Athletic Director or his designee. The ATS 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 ATP faculty and the Head Athletic Trainer, wherein the ATS will advise his/her parent(s)/legal guardian(s) or spouse of the second positive test result.

   ii. Additionally, the ATS 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.
iii. Third Positive

i. In the event a third positive test result is confirmed, the ATP faculty and the Head Athletic Trainer will notify the ATS and the ATS parent(s)/legal guardian(s), or spouse. In such an event, it will be presumed that the ATS 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 above, the ATS will be provided the opportunity to fully discuss the matter with the ATP faculty and/or Head Athletic Trainer and present evidence of any mitigating circumstances which he/she feels appropriate.

ii. The ATP faculty, Athletic Director or his designee, and the Head Athletic Trainer may apply whatever sanctions are deemed appropriate including suspension from the ATP for one calendar year and may recommend that the ATS not be reinstated into the program. Reinstatement of the ATS 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.