Athletic Training Education Program

Preceptor Handbook
Preceptor Handbook

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*The first section of this manual (pp. 3-9) is not the original work of the MSUB ATEP. The information was taken from the NATA Clinical Educator Seminar Handbook, 2010.

Updated August 2012
Statement of Purpose
“The goal of MSU Billings clinical education is for our Preceptors to demonstrate best-practices in evidence-based care and model professional and ethical behavior to prepare our athletic training students for successful careers in the health care industry.” (CAATE, 2013)

ATP Mission Statement
The mission of the MSUB ATP is to prepare future entry level masters' athletic trainers through educational challenges and clinical opportunities who will then serve and contribute to the Athletic Training profession through education, scholarship, clinical service, and professional involvement.

CAATE Clinical Education Terminology
(Commission on Accreditation of Athletic Training Education (2010). Clinical Instructor Educator Seminar Handbook. The following seven pages have been taken directly from NATA Clinical Instructor Educator Seminar Handbook, 2010 p.6-12.

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>CEC:</td>
<td>Clinical Education Coordinator</td>
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<tr>
<td>CIE:</td>
<td>Clinical Instructor Educator</td>
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<tr>
<td>ATS:</td>
<td>Athletic Training Student</td>
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<table>
<thead>
<tr>
<th>Ability to Intervene</th>
<th>The Preceptor is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being “physically present.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Catalog/Bulletin</td>
<td>The official publication of the institution that describes the academic programs offered by the institution. This may be published electronically and/or in paper format.</td>
</tr>
<tr>
<td>Academic Plan</td>
<td>The plan that encompasses all aspects of the student’s academic classroom and clinical experiences.</td>
</tr>
<tr>
<td>Adequate</td>
<td>Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.</td>
</tr>
<tr>
<td>Administrative Support Staff</td>
<td>Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.</td>
</tr>
<tr>
<td>Affiliate (Affiliated Setting)</td>
<td>Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATEP for clinical experiences.</td>
</tr>
<tr>
<td>Affiliation Agreement</td>
<td>A formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as the memorandum of understanding.</td>
</tr>
<tr>
<td>Allied Health Care Personnel</td>
<td>Physician Assistants, physical therapists, registered nurses, doctors of dental surgery, and other health care professionals, recognized by the AMA/AOA as allied health professionals, who are involved in direct patient care and are used in the classroom and clinical education portions of the ATEP. These individuals may or may not hold formal appointments to the instructional faculty. Same as other health care professionals.</td>
</tr>
<tr>
<td>ATEP</td>
<td>Athletic Training Education Program.</td>
</tr>
<tr>
<td>ATEP Faculty</td>
<td>BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training</td>
</tr>
</tbody>
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<thead>
<tr>
<th><strong>Athletic Training Facility/Clinic</strong></th>
<th>The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Athletic Training Student (ATS)</strong></td>
<td>A student enrolled in the athletic training major or graduate major equivalent.</td>
</tr>
<tr>
<td><strong>Clinical Education</strong></td>
<td>The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of a Preceptor.</td>
</tr>
<tr>
<td><strong>Clinical Experiences</strong></td>
<td>Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.</td>
</tr>
<tr>
<td><strong>Clinical Instruction Site</strong></td>
<td>The location in which a Preceptor interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATEP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.</td>
</tr>
<tr>
<td><strong>Clinical Instructor Educator (CIE)</strong></td>
<td>The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for Preceptor training. If more than one individual is recognized as a CIE for an ATEP, then at least one of those individuals must be a BOC Certified Athletic Trainer.</td>
</tr>
<tr>
<td><strong>Clinical Plan</strong></td>
<td>The plan that encompasses all aspects of the clinical education and clinical experiences.</td>
</tr>
<tr>
<td><strong>Clinical Preceptor</strong></td>
<td>An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The Preceptor may not be a current student within the ATEP.</td>
</tr>
<tr>
<td><strong>Clinical Ratio</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Communicable Disease Policy</strong></td>
<td>A policy, developed by the ATEP, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC.</td>
</tr>
<tr>
<td><strong>Contemporary Instructional Aid</strong></td>
<td>Instructional aids used by faculty and students including, but not limited to, computer software, AED trainers, and Epi-Pen trainers.</td>
</tr>
<tr>
<td><strong>Contemporary Information Formats</strong></td>
<td>Information formats used by faculty and students including electronic databases, electronic journals, digital audio/video, and computer software.</td>
</tr>
<tr>
<td><strong>Didactic Instruction</strong></td>
<td>See: Formal classroom and laboratory instruction.</td>
</tr>
<tr>
<td><strong>Direct Patient Care</strong></td>
<td>The application of professional knowledge and skills in the provision of health care.</td>
</tr>
<tr>
<td><strong>Direct Supervision</strong></td>
<td>Supervision of the athletic training student during clinical experience. The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.</td>
</tr>
<tr>
<td><strong>Directed Observation Athletic Training Student</strong></td>
<td>A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.</td>
</tr>
<tr>
<td><strong>Distance Education</strong></td>
<td>Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional</td>
</tr>
<tr>
<td><strong>Reasonable Distance Education</strong></td>
<td>Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. Same as remote education.</td>
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<tr>
<td><strong>Equitable</strong></td>
<td>Not exact but can be documented as comparable with other similar situations or resources.</td>
</tr>
<tr>
<td><strong>Expanded Subject Area</strong></td>
<td>Subject matter that should constitute the academic “core” of the curriculum. It must include, but not be limited to the following areas: assessment of injury/illness, exercise physiology, first aid and emergency care, general medical conditions and disabilities, health care administration, human anatomy, human physiology, kinesiology/biomechanics, medical ethics and legal issues, nutrition, pathology of injury/illness, pharmacology, professional development and responsibilities, psychosocial intervention and referral, risk management and injury/illness prevention, strength training and reconditioning, statistics and research design, therapeutic exercise and rehabilitative techniques, therapeutic modalities, weight management and body composition.</td>
</tr>
<tr>
<td><strong>Formal Instruction</strong></td>
<td>Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.</td>
</tr>
<tr>
<td><strong>Full-time Faculty</strong></td>
<td>Recognized by the sponsoring institution as a full-time member of the faculty with all responsibilities and voting privileges as other designated full-time faculty and documented in institutional faculty delineations.</td>
</tr>
<tr>
<td><strong>Funding Opportunities</strong></td>
<td>Opportunities for which students may participate for reimbursement, but that do not require the students to utilize athletic training skills, to replace qualified staff, and are not required of the academic program.</td>
</tr>
<tr>
<td><strong>General Medical Experience</strong></td>
<td>Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.</td>
</tr>
<tr>
<td><strong>Geographic Proximity</strong></td>
<td>Within a vicinity to allow for annual inspection, review, and documentation of meeting all academic requirements by the ATEP faculty/staff.</td>
</tr>
<tr>
<td><strong>Learning Over Time (Mastery of Skills)</strong></td>
<td>The process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.</td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td>In documents of the institution (catalogue, web pages, etc.) where majors are listed, athletic training must be listed as a major. The designation as a major must be consistent with institutional and system wide requirements.</td>
</tr>
<tr>
<td><strong>Master Plan</strong></td>
<td>The plan of the ATEP that encompasses all aspects of student education and learning in both the clinical and didactic settings.</td>
</tr>
<tr>
<td><strong>Medical Director</strong></td>
<td>The physician (MD or DO) who serves as a resource for the programs director and ATEP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.</td>
</tr>
<tr>
<td><strong>Memorandum of Understanding</strong></td>
<td>See: Affiliation agreement.</td>
</tr>
<tr>
<td><strong>Other Health Care</strong></td>
<td>See: Allied health care personnel.</td>
</tr>
<tr>
<td>Personnel</td>
<td></td>
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<tr>
<td><strong>Outcome Assessment Instruments</strong></td>
<td>The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the ATEP mission, goals, and objectives of the program. Instruments also must be designed to collect data and feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Outcomes</th>
<th>The effect that the ATEP has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination</td>
<td>An examination performed by an appropriate health care provider (MD, DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.</td>
</tr>
<tr>
<td>Physically Interact</td>
<td>See: Ability to intervene and physically present.</td>
</tr>
<tr>
<td>Physically Present</td>
<td>See: Ability to intervene.</td>
</tr>
<tr>
<td>Physician</td>
<td>A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.</td>
</tr>
<tr>
<td>Pre-Professional Student</td>
<td>A student who has not yet been admitted formally into the ATEP. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training Student.</td>
</tr>
<tr>
<td>Program Director</td>
<td>The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the ATEP.</td>
</tr>
<tr>
<td>Remote Education</td>
<td>See: Distance education.</td>
</tr>
<tr>
<td>Service Work</td>
<td>Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.</td>
</tr>
<tr>
<td>Sponsoring Institution</td>
<td>The college or university that awards the degree associated with the ATEP and offers the academic program in Athletic Training.</td>
</tr>
<tr>
<td>Sufficient</td>
<td>See: Adequate.</td>
</tr>
<tr>
<td>Team Physician</td>
<td>The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.</td>
</tr>
<tr>
<td>Technical Standards</td>
<td>The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATEP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.</td>
</tr>
</tbody>
</table>
Clinical Education Frequently Asked Questions

Who serves as the Clinical Instructor Educator (CIE)?
A CIE must be:
- Recognized and designated by the institution as the CIE for the educational program,
- BOC credentialed for a minimum of three years,
- Designated and authorized by the institution to oversee Approved Clinical Instructor (ACI) training, and
- Knowledgeable in the content areas required for the training of Approved Clinical Instructors (ACI). (CAATE Standards B3.1 1-14)

Can a physician be a CIE?
Yes. Since physicians (MDs or DOs) supervise ATCs, a physician may become a CIE. However, at least one CIE at the institution must be a BOC certified athletic trainer for a minimum of 3 years. (CAATE Standard B3.12, B3.15)

Can a person be a CIE for more than one program?
Each institution should have an individual who is designated and authorized as the CIE for the educational program. The CIE must be designated and authorized by the institution to oversee Approved Clinical Instructor (ACI) training. (CAATE Standards B3.11, B3.13)

What are the qualifications to become a Preceptor?
A Clinical Preceptor is an Allied Healthcare provider who has completed Clinical Preceptor training. A Preceptor must be appropriately credentialed by their state board. A Preceptor provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students. (CAATE Standards B3.21-23)

What are the responsibilities of a Preceptor?
A Preceptor must function to:
- Provide instruction and/or evaluation of the Athletic Training Educational Competencies,
- Provide assessment of athletic training students’ clinical proficiency,
- Have regular communication with the appropriate ATEP administrator, and
- Demonstrate understanding of and compliance with the policies and procedures of the ATEP. (CAATE Standard B3 .31-34)

Must a Preceptor approve proficiencies that have previously been evaluated by a non-Preceptor?
Yes, Preceptors must provide assessment of athletic training students’ clinical proficiency. (CAATE Standard B3.32)

What content is required in Preceptor training?
ACI training must include the following content areas:
- Learning styles and instructional skills,
- Review of the Athletic Training Educational Competencies
- Evaluation of student performance and feedback,
- Instructional skills of supervision, mentoring, and administration,
- Program/institution-specific policies, procedures, and clinical education requirements,
- Legal and ethical behaviors,
- Communication skills,
- Appropriate interpersonal relationships, and appropriate clinical skills and knowledge. (CAATE Standards B3.241-49)

Are multiple training sessions required if a Preceptor is affiliated with one or more programs or moves from one program to another?
The core training for the Preceptor would likely apply to all programs. The specific forms, policies, and procedures for each program would require specific sessions.
How often must initial Preceptor Training be sponsored?
The Preceptor initial training should be conducted at a rate that permits an adequate number of Preceptors.

How do you maintain your status as an Preceptor?
Be trained/re-trained by the institution’s CIE at least once every three years. (CAATE Standard B3.25)

What information do I need to document upon the completion of initial Preceptor training or re-training?
At the conclusion of Preceptor Training and subsequent re-training, the following information should be documented and maintained in house for the accreditation self-study:

- Course agenda (including contact hours for CEU purposes),
- Date(s) the course was offered,
- Name of sponsoring institution,
- Name(s) and BOC certification number(s) of the CIE(s),
- Name(s) and BOC certification number(s) of the participant(s), and
- Place of employment of the participant(s).

Can “partial credit” for continuing education be awarded for individuals who must only take a part of the Preceptor training?
Yes. Continuing education credit is based on total contact hours. The individual would be awarded continuing education credit for those hours that he/she was in attendance.

If I have just trained my Preceptors and the next week I hire a new clinical instructor, do I have to re-do the training for the new clinical instructor?
Yes. All Preceptors must undergo full training. A video tape of the original training might be used for this purpose.

How often must a CIE meet with a Preceptor?
Preceptors should have planned regular communication with the appropriate ATEP administrator. (CAATE Standard B3.33, CAATE Standard J1.3).

Supervision Questions
Must a Preceptor actually see the student perform the clinical proficiency before approving it?
Yes. Direct supervision for clinical education requires constant visual and auditory interaction.

What is the ratio between Preceptors and students?
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.

Instructional Questions
Do all proficiencies have to be taught using the learning over time concept?
Yes. By the nature of the proficiencies (the synthesis of cognitive and psychomotor competencies with foundational behaviors of professional practice), this is often a natural process.

Must skill assessments be linked to academic credit?
Yes. Evaluation of the clinical proficiencies occurs during clinical education; clinical education must be linked to academic credit.

How many times must we “check off” each of the Clinical Proficiencies?
The use of “check off” lists is not recommended by the Education Council (EC). The clinical proficiencies should be viewed as inter-related modules that incorporate classroom, laboratory and/or clinical learning experiences. The EC has posted examples of such modules on its web site.
MSUB Athletic Training Education Program

MSU Billings Admission Requirements
The requirements, application instructions, procedures for admission, and program catalog description are at the following sites:
http://www.msubillings.edu/CAHPFaculty/AT/PDF/CompleteAppPacket.pdf
http://www.msubillings.edu/CAHPFaculty/AT/PROGRAM%20FORMS/ATEP%20Requirements1.pdf
http://www.msubillings.edu/catalogs/Grad2008/index.htm

Additional Student Support and Resources on the campus of MSU Billings
Academic Support Center http://www.msubillings.edu/asc/
Admissions for International Students http://www.msubillings.edu/future/apply/international.htm
English as a Second Language (ESL) http://www.msubillings.edu/intnlstudies/ESLHome.htm

If you have been accepted into the program, you should have the admission requirement portion of the ATS check list and the graduate student preconditions checklist completed before the first day of classes. Students should work with the program director or their faculty advisor to complete their plan of study according to catalog policy. The plan of study must be filed in both the student’s admission/advising forms folder and in the Graduate Studies office, McMullen Hall, Room 200.

Transfer Students
Students wishing to transfer to the Montana State University Billings Athletic Training Education Program must satisfy the above criteria. The program may accept the transferring credits but students will be required to complete the competencies/proficiencies associated with each course during the program. Students must provide documentation of competencies/proficiencies instructed by providing syllabi, written work and assignments. Transfer students may apply summer admission (program courses begin the third summer session). A maximum of 12 graduate credits may be accepted for transfer from approved accredited educational institutions. Copies of official transcripts must be sent directly from the registrar to the Office of Graduate Studies and Research. No course credit may be transferred unless the grade received was at least a “B”. Transfer credits will be evaluated by the Program Director, the Health and Human Performance Department Chair, and the Dean of the College of Allied Health Professions. Copies of syllabi from transfer courses may be required to accurately judge the equivalency of courses.

Student Athletes, Graduate Assistantships and Outside Work commitments:
The MSUB ATEP is a rigorous program requiring afternoon, evening and weekend clinical field experiences (rotation and/or internships). Athletic Training student’s participation in intercollegiate athletics, graduate assistantships or work does not disqualify them from the program, however, Athletic Training student must understand and appreciate the time commitment of fulfilling the hour requirements and their clinical experiences. All Athletic Training students must fulfill the requirements of the clinical education each semester. Students who obtain graduate assistant positions or work are also required to complete clinical education each semester. At no time should employment commitments conflict with scheduled clinical education and clinical rotations.

Technical Standards:
All students must complete technical standards prior to full admittance into the program. If there is an issue with a technical standard, each case will be reviewed on an individual basis and the situation will need to be
discussed and rectified. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted to the program.

ATEP Student Retention Criteria
In order to remain in the Athletic Training education program the student must:

- Show successful progression in the Athletic Training Education curriculum in both didactic and clinical courses. The student must maintain a 3.0 or higher overall GPA, with a 3.0 GPA or higher in all Athletic Training courses. The program will not accept a grade below a 2.0 or “C” for didactic coursework or 3.0 or “B” for clinical education coursework.
- Maintain Athletic Training student liability insurance.
- Maintain HBV, TB, MMR and BBP/OSHA requirements
- Follow all affiliate site orientation policies and procedures.
- Complete and pass background check (OIG)
- Complete any other necessary criteria as requested by an Affiliated Site
- Maintain CPR and 1st Aid certification
- Display professional behaviors in didactic and clinical settings

Withdrawal
An Athletic Training student deciding to withdraw from the Athletic Training education program will indicate their withdrawal in writing. This written withdrawal will be placed in their file.

Probation Policy
An Athletic Training student will be placed on program probation if (1) their GPA drops below the 3.0 GPA criteria, (2) minimum clinical experience hours are not met, or (3) any of the other retention criteria is not maintained. The student will receive written notification from the program director indicating they have been placed on program probation. The Athletic Training student will be given up to one semester of program probation status in order to meet the retention criteria. The Athletic Training Student will have the opportunity to continue in the program; however he/she must demonstrate the successful resolution of program probation (i.e. 3.0 GPA, clinical hours completed, etc) within one academic semester. If a student receives a grade below a “C” that student must retake that course the next time it is offered, but must resolve the program probation within one semester. Rearrangements for retaking courses, clinical hours or other retention criteria which resulted in probation will need to be arranged with and approved by the program director and possibly the HHP Department Chair and CAHP Dean. The Athletic Training student will be dropped from the program if they have not met the retention criteria by the end of the semester and the student will receive written notification from the program director regarding this decision. The student may request acceptance back into the program once the retention criteria is met. The student will be required to complete an interview with program director and clinical instructors, who will make the final decision on their acceptance status. The student will receive written notification of their acceptance status from the program director.

Accreditation Status
The ATEP at Montana State University Billings is currently (2011-2021) accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The CAATE reaccreditation is scheduled for academic year 2020-2021. Current accreditation status does not guarantee the program will receive continuing accreditation status through yearly reports and the five year review.
Curricular Philosophy
Students are expected to have a basic knowledge from undergraduate work in many of the Athletic Training proficiencies. The program has three levels of learning over time: introductory, course specific, and review. First, the general medical assessment and graduate Athletic Training I courses including the lab and clinical education components are an overview and introduction to the Athletic Training proficiencies. Second, the proficiencies are taught in detail in the Upper Extremity Evaluation, Lower Extremity Evaluation, Therapeutic Modalities, Rehabilitation and Pharmacology courses with associated labs and clinical/ field experiences. Third, Graduate AT II, Organization, Administration and Legal Aspects of Athletic Training and the Capstone courses and lab are used for proficiency verification and evaluation at the end of the program. Students apply the competencies and proficiencies from each level in the clinical experience throughout the two year program. The capstone class is also a final review and BOC exam preparation course.

Clinical Education/ Field Experience Requirements
Before students are allowed into field experiences all of the items from the Admissions checklist must be in place (Appendix A). Also, field/ clinical sites require an orientation, all students must complete the orientation each rotation each year. Affiliated site requirements vary and some include TB, HBV, BBP/OSHA, Physical and Technical Standards. Students must also show proof of current Cardiopulmonary Resuscitation (CPR) for the Professional Rescuer with AED, and Basic First Aid Certification. Students are required to maintain first aid and CPR certifications throughout the entire academic program. Students are required to carry liability insurance. Liability insurance is handled through the university and the Vice Chancellor for Administration.

Clinical Rotation Plan
Athletic Training students are given the opportunity to participate in field experiences covering upper extremity sports, lower extremity sports, equipment intensive sport and general medical conditions. Students also gain experience with athletes of both genders. Because of the staffing at each site, one Preceptor is the students’ supervisor for multiple experiences. As students’ interests are kept in mind, final say on assignments of clinical rotations will be decided by the Clinical Coordinator. All decisions are final.

Examples of Clinical Education Rotations include, but are not limited to:

1. Individual and team sports experiences occur both semesters at the high schools and collegiate settings.
2. Sports requiring protective equipment (e.g., helmet and shoulder pads) experiences occur in the fall at Rocky Mountain College or the high schools (football). RMC also has spring football. Hockey is also considered equipment intensive.
3. Patients of different sexes experiences occur in all clinical sites including the non-traditional sites.
4. Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military) are experiences across the curriculum. Students work with the sports medicine physicians from Ortho Montana; as well as the Montana Family Medicine Residency Physicians; Montana Family Medicine Sports Medicine Fellow and RiverStone Health.
5. A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology) include experiences with Riverstone Health, the MSUB Student Health Service, and other outpatient hospital and clinic settings throughout Billings.

The clinical coordinator and student selects and verifies clinical/ field rotation during student advising, using the advising sheet, proof of clinical hours and evaluations. Students are given the opportunity to gain college experience, high school experience and outpatient clinic experience. Students are assured of one rotation in the high school, one in the college setting; one in an outpatient clinic and one in general medical. Changes to clinical rotation in the 2nd through 4th semesters are made based on the previous semester course and lab evaluations, skill development and Preceptor evaluations. The outpatient clinic rotations occur in the 3rd or 4th semester, during or following the rehabilitation and modalities classes.
**Hours**

Field experiences occur in the afternoons, evenings and weekends, but both traditional settings and outpatient clinic hours may vary. While hours are no longer a certification requirement, many state laws require verification of hours and the ATEP at MSUB still requires a minimum of 1000 hours for the program. During the two summer sessions, 100 minimum hours are required and during the fall and spring semesters a minimum of 200 hours is required. A good rule of thumb is a minimum of 2-3 hours per day and 200 hours during the fall and spring semesters and 100 during the two summer sessions. Students should aim for approximately 15 hours per week with a maximum of 20 hours per week during classes and 40 hours per week when no class is in session. If a student is to go over maximum number of hours, those hours will be considered volunteer hours and may be counted towards subsequent semester hour requirements if necessary: the number of hours that can be carried over needs to be discussed with the PD and Preceptor. **Students must be given at least one day off every week.** Students should also be aware that the summer preseason camps and fall semesters tend to have more opportunity for hours than the spring. The quality of hours is central to learning and the clinical hours are preparing them for their first position as an Athletic Trainer. Please see course syllabi and Preceptor for specific hour requirements and schedule for each clinical rotation field experience.

**Fair Practices**

Students in each cohort will have equal opportunity to each field experience site. Every student will not rotate through every field experience site. Each student will gain experience with football, other high school sports, clinic/hospital and university sports. Field experience is on-going through a two year program. Each student will meet with the program director and clinical supervisor to determine clinical rotation each semester. Each student is given fair and equal opportunity to attend each clinical rotation site sometime during the two year clinical education program. **Credit and grades for clinical/field experience (rotations) are given in the Athletic Training LAB courses, HHP 559, 564, 567, 577 and 579.** There is no clinical experience associated with HHP 598 or HHP 599.

**Traveling**

During the field experience many Athletic Training students may have the opportunity to travel. Clinical education requires each student to be directly supervised by a certified athletic trainer while they are traveling.

**Field Experience/ Holidays**

During each academic year there are several holidays in which there are no classes held at MSUB or Billing Schools. These holidays do not necessarily pertain to the Athletic Training field experience rotations. All Athletic Training students should review the schedule with the clinical instructor. If differences in the schedule are not solved between the Preceptor and student, the program director may be consulted. Athletic Training Students are not required to participate in field experience during Thanksgiving break, the break between fall and spring semesters, spring break or mini spring break.

**Non-Discrimination Policy:**

Every individual associated with the MSUB ATEP is required to comply with discrimination, fair practices and all Montana and federal laws. Failure to do so will result in removal from the program. The MSUB ATEP and everyone associated with it shall comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, and related regulations, and assure that it does not and will not discriminate against any person on the basis of race, creed, sex national origin, age, or handicap under any program or activity receiving federal financial assistance.

**Sexual harassment** of any member of the University community by another member of the University community is inconsistent with the principles and mission of MSUB. The Equal Employment Opportunity commission offers the following definitions. "Harassment on the basis of sex is a violation of Sec. 703 of Title
VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment decisions affecting such individuals, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment." [CF. sec. 1604] MSUB policy: [http://www.msubillings.edu/studenthandbook/StudentHandbook0809.pdf](http://www.msubillings.edu/studenthandbook/StudentHandbook0809.pdf) page 27. Complaints of sexual harassment must be filed with the Human Resources/EEO-AA Office, McMullen Hall 301, Phone (406) 657-2278.

**EVALUATIONS:** see Appendix H.

**Student Evaluations:**
Athletic Training students are evaluated throughout each clinical and didactic course. Students are also evaluated by clinical instructors at least twice a semester the first year: once at the completion of the first 8-week clinical rotation, again at the completion of the second 8 week rotation. (Appendix H2). During the second year, the student is also evaluated at midterm and at the completion of their clinical rotations. The Preceptor is encouraged to provide informal feedback to the student throughout the rotation as well. The Athletic Training Student will also perform a self-evaluation. The Athletic Training student should read carefully over both forms to understand how they will be evaluated. Once the instructor has completed the evaluation he/she will schedule a time with the student to discuss their evaluation. Once the entire evaluation has been discussed the instructor will sign and date the evaluation. If the student agrees with the evaluation they sign the form. After reviewing and possibly discussing the evaluations with the student and the supervisor, the instructor for the clinical course and/or the program director will then determine the score on the evaluation which will affect the clinical course grade.

**Student Self Evaluations:**
Each student will complete the self-evaluation for LAB (Appendix H1) and the Field experience (Appendix H3, H4) for each rotation. The student should review the evaluation with their instructor. The student and Preceptor evaluations should be compared and discussed. The student’s self-evaluation will be submitted to the program director with the supervisors’ evaluation. In the event of a disagreement between the Preceptor and the student, the PD and Preceptor will use each evaluation to determine appropriate actions to be taken.

**Journaling:**
Students will be required to journal about their clinical experiences to critically reflect upon their experiences; what they learned; orientations at clinical sites; how they could challenge themselves more and their overall perspective.

**Preceptor and Clinical/ Field Site Evaluation:**
Each Preceptor and clinical site will be evaluated by each student at the end of each rotation (Appendix H3, H4). The clinical instructor evaluation is specific to the one supervising the Athletic Training student. The site evaluation is designed to evaluate other personnel and staff and the physical environment of the site. The evaluations will be turned into the program director and will not be seen by the Preceptor’s. The Preceptor’s will receive a confidential clinical instructor and site summary evaluation report. The scores of all the evaluations, as well as a description of all written comments, will be given to each Preceptor. The purpose of this evaluation is to give feedback to the Preceptor as well as provide ideas on how the experience might improve.
Athletic Training Students:
Students are in an academic program in Athletic Training; they are not yet athletic trainers and should not be used as such. Students will not be used as a work force or take the place of an ATC. Students should be of assistance rather than a burden to their clinical instructors but should never be used in lieu of an ATC. Learning and gaining experience is the key to clinical education. Students are preparing to practice as ATC’s and may quickly feel confident in their skills. Certified athletic trainers are the affiliated sites professional work force; students must not cross this line. All rules governing clinical education, 1st responder, and traveling are meant to protect the student and the affiliated site. While, specific hour requirement are given in syllabi, quality is more important than quantity.

Clinical Education Requirements (taken from 2012 CAATE Standards)
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.

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

Clinical education assignments cannot discriminate based on sex, ethnicity, religious affiliation, or sexual orientation.

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 and standards of practice delineated for a certified athletic trainer in the profession.

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 by the BOC 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.

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 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.
Program must have a written policy that delineates a minimum/maximum requirement for clinical hours.
Students must have a minimum of one day off in every seven-day period.

Students will not receive any monetary remuneration during this education experience, excluding scholarships.

Students will not replace professional athletic training staff or medical personnel.

The program must include provision for supervised clinical education with a preceptor (see Section III).

There must be regular communication between the program and the preceptor.

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.

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 patient.
Introduction

General Information

Part I Infectious Diseases
  HIV/AIDS
  Hepatitis B Virus
  Hepatitis C Virus

Part II TB
  TB Infection and Disease

Part III Handwashing

Part IV OSHA/BBP Procedures

“OSHA estimates that 5.6 million workers in the health care industry and related occupations are at risk of occupational exposure to bloodborne pathogens, including human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and others. All occupational exposure to blood or other potentially infectious materials (OPIM) place workers at risk for infection with bloodborne pathogens. OSHA defines blood to mean human blood, human blood components, and products made from human blood. Other potentially infectious materials (OPIM) means: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. The following references aid in recognizing workplace hazards associated with bloodborne pathogens.”
(http://www.osha.gov/SLTC/bloodbornepathogens/recognition.html)
General Information

There is no doubt that illnesses and infections related to contamination by bloodborne pathogens is not only a reality, but of major concern to athletic trainers treating athletes. In an effort to decrease the risk of transmission of bloodborne pathogens between these two parties, the Montana State University Athletic Training Education Program has adopted and will conform to the current procedures of universal precautions and risk management as stated by organizations such as OSHA and the NCAA. Universal precautions assumes that all blood and body fluids of all athletes are potentially infected with AIDS, Hepatitis B or C other bloodborne pathogens. One is at risk when working with blood products; products containing blood; semen; cerebrospinal fluid; synovial fluid; pleural, peritoneal, pericardial and amniotic fluids and vaginal secretions. (One is not considered at risk when working with feces, nasal secretions, sputum, sweat, tears, urine, saliva, breast milk and vomitus.) (Prentice, 2009).

Because the opportunity exists for one to come into contact with a potentially dangerous blood or body fluid spill which may be infected with HIV, HBV, etc., the following protocols and precautions have been established.

Part I Infectious Disease

Although the risks for transmission for HIV and HBV are minimal in athletics, the athletic training student and sports medicine professionals must be informed regarding disease information and transmission (NCAA, 2008; Prentice, 2009)

According to Carondelet, 1997 and Prentice, 2009; the following information pertains to HIV/AIDS and HBV.

HIV (Human Immunodeficiency Virus): is a retrovirus that causes AIDS (Acquired Immunodeficiency Syndrome) and ARC (AIDS Related Complex)
- Signs and Symptom: flu-like symptoms, fever, night sweats, weight loss, diarrhea, severe fatigue, swollen lymph nodes, lesions
- Antibodies: can be detected within one year, may be detected as quickly as 6 to 12 weeks
- HIV is easily killed outside the body
- Transmission: direct or indirect contact- blood, semen and or vaginal fluids. Not transmitted by casual contact.

Hepatitis B is virus that causes an infection/disease which attacks the liver.
- Signs and Symptoms: flu-like symptoms, jaundice
- Antibodies: can be detected 6 weeks to 6 months (can transmit before having signs and symptoms)
- Individuals may be carriers even thought they are not experiencing symptoms and can transmit the disease.
- Chronic infection can lead to cirrhosis and cancer
- Transmission: blood, semen and or vaginal fluids
- HBV is an extremely enduring virus (100 time more contagious than HIV
- HBV vaccination is recommended to provide protection against the HBV.

Hepatitis C is also a concern for healthcare providers. According to Prentice, 2009, Hepatitis C is the “most common chronic bloodborne infection in the United States. At least 85 percent of those infected with acutely with HCV become chronically infected, and 67 percent develop chronic liver disease.”
• Signs and Symptoms: “jaundice, upper right quadrant pain, loss of appetite, nausea, fatigue, dark urine”.
• Antibodies may be detected in one to two weeks
• Most individuals infected with Hepatitis C do not exhibit symptoms or signs
• Transmission: blood (sharing personal care items)
• No vaccination available

Body piercings and tattoos may also place an individual at risk for HIV and Hepatitis B and C. (NCAA, 2008)

Part II Tuberculosis

Tuberculosis - “Tuberculosis is caused by the bacteria Mycobacterium tuberculosis. TB is spread by airborne droplets.” (Carondelet, 1997) “Active TB disease occurs when the body is unable to prevent the bacteria from multiplying. The bacteria can be dormant for a number of years, then be reactivated in the future and cause active disease.” (Carondelet, 1997) Some risk factors which increase the likelihood of TB infection causing TB disease are:
• “Recent infection with TB,
• Abnormal chest x-ray with fibrotic lesions
• Insulin-dependent diabetes
• Prolonged treatment with steroids
• Immunosuppression
• Silicosis
• End-stage renal disease, etc.” (Carondelet, 1997)

Positive TB Skin Test – if one should have a positive reading from a TB test, it does not necessarily mean that the person has TB and can transmit the disease, rather he/she may have been previously infected with the TB bacteria, but he/she had a strong immune response to prevent the active disease from developing. It is important to remember that only those individuals who have the active disease can transmit tuberculosis and the individual may be required to have both a skin test and x-ray to rule out TB. (Carondelet, 1997)

Signs and Symptoms of TB – include:
• “Loss of appetite
• Weight loss
• Fatigue
• Night sweats
• Persistent cough
• Fever
• Chills
• Hemoptysis” (Carondelet, 1997)

All Athletic Training students will need to have a TBs skin test on record.

Part III Hand Washing

“Hand washing is the single, most important control measure for preventing transmission of germs.” (Carondelet, 1997). Hand washing can help prevent the spread of illness and infections both from patient to healthcare provider as well as from healthcare provider to patient. The basic rule is to wash hands with either
soap and water or use an alcohol based sanitizer before and after each patient contact. (Center for Disease Control and Prevention). When washing your hands use the following technique:

1. “Wet you hands with clean running water and apply soap. Use warm water if it is available.
2. Rub hands together to make a lather and scrub all surfaces
4. Rinse hands well under running water.
5. Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.
6. Always use soap and water if your hands are visibly dirty.” (Center for Disease Control and Prevention, 2010)

“If soap and water are not available, use an alcohol-based hand rub to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting. When using an alcohol-based hand sanitizer:

1. Apply (enough) product to the palm of one hand.
2. Rub hands together.
3. Rub the product over all the surfaces of hands and fingers until hands are dry.” (Center for Disease Control and Prevention, 2010)

Part IV OSHA BBP Standards

Always assume that blood/bodily fluids, non-intact skin and mucous membranes have the ability to transmitted a pathogen or infection. (Carondelet, 1997)

**Personal Protective Equipment (PPE) -** whenever there is a possibility to come in contact with blood or bodily fluids, one must establish a barrier and wear PPEs.

**Hand washing:** See Part I. Hand washing is crucial to help prevent the spread of illness and infection. Wash hands or use hand sanitizer before and after each new patient/athlete.

**Gloves** - Each clinical site will provide gloves for your use. Gloves create a barrier between the patient and the provider and must be used when there will be contact with “mucous membranes, non-intact skin and all bodily substances (blood, body fluids, secretions or excretions). When using gloves make sure to

1. Wash hands before caring for patient/athlete
2. Double glove (gloves on both hands) while caring for patient/athlete
3. Immediately and properly remove gloves after care
4. Dispose of gloves in proper receptacle
5. Wash hands again after removal of gloves.
6. Always apply new gloves between patients. (Carondelet, 1997)

When removing gloves, apply the following technique:

1. “Remove glove and turn it inside out.
2. Place the first glove in the second gloved hand then turn the second glove inside out so as to contain the first glove.
3. Remove second glove, making sure not to touch soiled surfaces with ungloved hand.
4. Discard gloves that have been used, discolored, torn or punctured.
5. Wash hands immediately after glove removal.” (Prentice, 2009)
Gowns and Aprons: personal protective clothing is to be used when the potential for blood and/or bodily secretions/fluids would soil clothing. Remove gown/apron immediately after care and properly dispose of disposal gowns in biohazard containers and if it is reusable gown, properly placed in linen receptacle (placed in a separate plastic bag). (Carondelet, 1997)

Mask and Eye Protection: personal face and eye protective equipment is used when there is risk of blood or bodily fluids spraying or splashing during care. A mask will protect the oral and nasal mucosa whereas eye protection, such as goggles (with side shields) will protect the eyes. As with all other personal protective equipment, remember to properly dispose of or place soiled garments or equipment in proper receptacles. (Carondelet, 1997)

CPR Masks must be used when performing mouth-to-mouth ventilations or CPR. CPR masks are available in a one-way valve and are not be reused.

All PPE needs to be removed prior to leaving the training room and placed in proper receptacles.

Treatment of soiled and linen and storage of linens - linen and laundry that has been contaminated with blood or bodily fluids must be contained and confined. Soiled linen must be placed into a separate plastic bag and placed in proper linen receptacle. If the linen is placed in a red biohazard bag, it may be destroyed. All soiled laundry or linens must also be treated as potentially contaminated and hazardous when laundering so use gloves and double bag when transporting and cleaning linens. Contaminated laundry must be washed in hot water, 71 degrees Celsius for at least 25 minutes. (Arnheim, 2009; Carondelet, 1997)

Separating clean and soiled equipment - clean and soiled laundry and equipment need to remain separate and should not be mixed. (Carondelet, 1997)

Cleaning up blood or bodily fluid spills - playing as well as treatment surfaces may become contaminated with blood or bodily fluids. Since many of the microorganisms can survive on soiled surfaces, proper protocol and procedure must be followed to disinfect equipment and surfaces. When cleaning blood or bodily fluid spills:

1. Wear PPE (gloves, mask, goggles, etc)
2. Know the locations of the nearest SHARPS and Biohazard containers.
3. Use disposable, absorbable towel to minimize spill. Dispose of waste in proper receptacle.
4. Treat the area with a 1:10 bleach and water solution or approved commercial cleaner. Allow for “setting time” before wiping the area clean. (Remember that 1:10 bleach solution losses its potency and must be replaced every 24 hours.)
5. Reclean the surface with disposable towels and cleaners.
6. If spill occurs on absorbable materials, use a sanitary absorbent agent according to directions.
7. Dispose of waste in proper receptacle. Treat all materials as potentially contaminated.
8. If there is broken glass or sharp objects, do not attempt to pick up with hands, use a broom and dust pan. (Carondelet, 1997; Prentice, 2009)

Bleeding athlete during game or practice – using PPEs, care must be taken to cover all preexisting wounds prior to activity, but if the athlete should bleed during practice or a game, the athlete must be removed from activity until the wound has been cleaned and dressed appropriately. If the uniform has blood or bodily fluids, using a commercial agent to remove blood may be used, but if the uniform is saturated, the uniform will need to be removed and replaced with a clean uniform. (Prentice, 2009). Remove gloves and wash hands after care.

Reusable Equipment and Supplies – if blood or bodily fluids come in contact with reusable equipment or supplies, those supplies must be properly disinfected. For equipment or surfaces, use procedures for cleaning
blood or bodily fluids spills as outlined above including use of PPEs. All equipment and surfaces should be decontaminated/cleaned at the end of the work day as well.
If working with reusable sharps (such as scalpel handles, scissors, forceps), clean surface and place into a clear bag and they will be disinfected by autoclaving.

**Disposable Contaminated Equipment and Supplies** – if disposable equipment and supplies become soiled with blood or bodily fluids, place into proper biohazard or sharps container. Do not attempt to recap, bend, remove, etc needles. (Occupational Safety and Health Administration)

**Sharps Disposal** – Sharps containers should be located at each clinical site. Please familiarize yourself with its locations. Sharp containers will be labeled, should be closeable and should not be overfilled. When filled, the Sharps containers will be transported to Ortho Montana for proper disposal. (Carondelet, 1997)

**Exposure Incidents** – If the possibility exists that one has been exposed to contaminated blood or bodily fluids during the course of duties as an Athletic Trainer or an athletic training student, immediately wash the area with soap and water or flush or irrigate mucous membranes (eyes, nose, mouth). (Carondelet, 1997) If a puncture occurred, encourage spontaneous bleeding.

**Incident Reporting** - Report any exposure to the Head Athletic Trainer and the Program Director and the need for HIV/HBV testing, etc will be determined by the Head Athletic Trainer and Program Director so the proper referral to Student Health Services and University Police can be made if necessary. Confidentially regarding exposure, incident and student WILL BE maintained at all times. If a student or staff member is exposed to a BBP outside the training room, students or staff are encourage to communicate that information with the Program Director as well.

Please review the following for more information.

http://www.cdc.gov/ncidod/dhqp/gl_hcpersonnel.html


References

Carondelet Infection Control (1997). Carondelet Nursing Education.


### Bloodborne Pathogen Exposure/OSHA Incidence Report Form
Athletic Training Education Program

#### Student Information
- **Name:**
- **Student ID#:**
- **Date of Birth:**
- **Gender:**
- **Address:**
- **Phone:**
- **Email:**

#### Description of Incident:
- **Date:**
- **Time:**
- **Location of Incident:**
- **Type of Incident:**
- **Location of Injury/Illness:**
- **Name of Preceptor or immediate supervisor present:**
- **Action/care provided taken during/after incidence:**

#### Detailed Description of the Incident (please be specific – who, what, where, why, how):

#### Action Taken by Preceptor:

#### Action taken by Program Director or MSUB ATEP Program Representative:

#### Signature(s) of athletic training student and Program Director:

______________________________  __________________________
Athletic Training Student Signature   Date

______________________________
Program Director or MSUB ATEP Program Representative Date
Communicable Disease Policy

In order to protect the safety and health of MSUB Athletic Training Students, the following Communicable Disease policy has been designed and adopted by the MSUB ATEP. This plan will be utilized by students, Preceptors, and the Athletic Training Education Program staff and faculty to assist in the management (and prevention) of communicable diseases within the ATEP as defined by the Centers for Disease Control. A Communicable Disease is a disease that can be transmitted from one person to another person (direct contact); from an inanimate object (indirect); from conjunctival, nasal, oral mucosa, etc (droplet or airborne) or through contact with food, water, animals, etc (common vehicle). Below are examples of Communicable Diseases and protocol for management according to the CDC. (Boylard, E. A., Tablan, O.C., Williams, W.W., Pearson, M.L., Shapiro, C.N., Deitchman, S.D.& The Hospital Infection Control Practices Advisory Committee. 1998)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Information</th>
<th>Transmission</th>
<th>Incubation Period</th>
<th>Action/Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloodborne Pathogens (Hep B, C and HIV)</td>
<td>Please see BBP/OSHA training</td>
<td>Please see BBP/OSHA training</td>
<td>Varies</td>
<td>Vaccination available for Hep B. Please see BBP/OSHA training for more information</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Bacterial or viral</td>
<td>Transmitted by direct contact with individuals or equipment</td>
<td>5-12 days</td>
<td>Referral for MD evaluation and medication. No contact until discharge from eye(s) ceases</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Rare in US</td>
<td>Transmitted by droplets or direct contact</td>
<td>2-5 days</td>
<td>No contact. Need to have anti-microbial therapy &amp; 2 negative cultures more than 24 hours apart</td>
</tr>
<tr>
<td>Acute Gastrointestinal infections</td>
<td>Variety of causes – bacteria, virus and protozoa</td>
<td>Transmitted by direct contact, contaminated food, water, etc, airborne</td>
<td>Varies</td>
<td>Need to practice good hygiene to prevent infections. Restricted contact until asymptomatic</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Viral infection</td>
<td>Oral/Fecal</td>
<td>15-50 days</td>
<td>Vaccination available, practice good hygiene and restricted contact until 7 days after onset of jaundice</td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>Viral infection of hands (herpetic whitlow) or orofacila</td>
<td>Direct contact</td>
<td>2-14 days</td>
<td>Restricted patient contact or no contact depending on patient’s risk until lesions heal.</td>
</tr>
<tr>
<td>Disease</td>
<td>Information</td>
<td>Transmission</td>
<td>Incubation Period</td>
<td>Action/Restrictions</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Measles (active)</td>
<td>Highly contagious</td>
<td>Direct and airborne transmission</td>
<td>5-21 days</td>
<td>Vaccination available (MMR). No contact until 7th day of rash appearing.</td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td>Variety of subgroups</td>
<td>Direct and airborne transmission</td>
<td>2-10 days</td>
<td>Can return to patient care/contact after 24 hours of effective therapy</td>
</tr>
<tr>
<td>Mumps (active)</td>
<td>Vaccination (MMR) is best prevention</td>
<td>Respiratory secretions</td>
<td>12-25 days</td>
<td>May return to patient care/contact after the 10th day of swollen glands</td>
</tr>
<tr>
<td>Parvovirus</td>
<td>“Fifth Disease”</td>
<td>Direct contact with people or objects or droplets</td>
<td>6-10 days</td>
<td>Most contagious before rash appears, isolation is not indicated</td>
</tr>
<tr>
<td>Pertussis (active)</td>
<td>“Whooping Cough”</td>
<td>Highly contagious, airborne transmission</td>
<td>7-10 days</td>
<td>Vaccination is best prevention. No contact until 5 days after beginning antimicrobial treatment</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>Last reported in 1979. Polio vaccination has greatly decreased incidence</td>
<td>Transmitted by direct contact or respiratory secretions</td>
<td>3-6 days for non-paralytic and 7-21 days for paralytic</td>
<td>Most contagious before and after onset of symptoms. Vaccination is best prevention</td>
</tr>
<tr>
<td>Rabies</td>
<td>Cases has increased since 1990.</td>
<td>Exposure to rabid animals or animal tissue (bite and non bite). Bites that penetrate the skin have the greatest risk</td>
<td>1-3 months</td>
<td>Pre and post exposure vaccinations are available. Action and restrictions need to be made on an individual basis.</td>
</tr>
<tr>
<td>Rubella (active)</td>
<td>Most contagious when rash appears</td>
<td>Transmitted by nasopharyngeal droplets</td>
<td>12-23 days</td>
<td>Immunization (MMR) is most effective treatment. No contact until 5 days after rash appears.</td>
</tr>
<tr>
<td>Scabies and pediculosis</td>
<td>Lice - transmitted by infestation of mites</td>
<td>Direct contact by person or inanimate objects</td>
<td></td>
<td>Cleaning procedures and medication will help with the elimination of mites. No contact until treated and no signs of infection</td>
</tr>
<tr>
<td>Disease</td>
<td>Information</td>
<td>Transmission</td>
<td>Incubation Period</td>
<td>Action/Restrictions</td>
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<td>---------------------------------</td>
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<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td>Can also be a MRSA infection</td>
<td>Direct contact</td>
<td>Varies 30 minutes to 10 days depending on strain</td>
<td>No contact until lesions have healed. Need to be on prescription (antimicrobial) medication.</td>
</tr>
<tr>
<td>Streptococcus</td>
<td>Can be a natural carrier. Various diseases</td>
<td>Direct contact</td>
<td>Varies 2-10 days</td>
<td>No contact for at least 24 hours after appropriate prescription medications have started</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Please see BBP/OSHA training</td>
<td>Please see BBP/OSHA training</td>
<td>Please see BBP/OSHA training</td>
<td>Students will need TB skin tests before a clinical rotation at a hospital or clinic. No contact until proven noninfectious</td>
</tr>
<tr>
<td>Vaccinia (smallpox)</td>
<td>WHO declared world free of smallpox in 1980</td>
<td>Theoretical risk with contact with dressings or recombinant vaccination</td>
<td>Vaccination recommended for select individuals</td>
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<tr>
<td>Varicella</td>
<td>Chickenpox or shingles Vaccination available</td>
<td>Direct contact (airborne has also occurred)</td>
<td>10-21 days</td>
<td>No contact until lesions are dry and crusted . Can develop immunity after being infected by Varicella</td>
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<tr>
<td>Viral respiratory infections (flu, RSV, rhinovirus, etc)</td>
<td>Some vaccinations available for certain strains</td>
<td>Direct contact, droplet or airborne</td>
<td>1-5, day 3 most contagious</td>
<td>No contact until asymptomatic</td>
</tr>
</tbody>
</table>

The above information regarding communicable diseases was taken from the Centers for Disease Control recommendations. (Boylard, E. A., Tablan, O.C., Williams, W.W. Pearson, M.L., Shapiro, C.N., Deitchman, S.D.& The Hospital Infection Control Practices Advisory Committee. 1998).

If uncertainty occurs, proper referral to medical professional for diagnosis and treatment is a must. If there are doubts, seek medical treatment ASAP.
MSUB ATEP Guidelines for the prevention and management of communicable diseases:

1. Student must have BBP/OSHA training on a yearly basis.
2. Students must utilize Universal Precautions and good hygiene according to BBP/OSHA training at all times.
3. If there has been a potential exposure to a BBP or communicable disease, the student must communicate that information with the Preceptor and the program director and fill out the appropriate incidence report form (BBP).
4. If a student becomes ill, students are encouraged to self-isolate and to seek medical treatment from either the MSUB Student Health or their family practitioner. Under certain situations of a communicable disease, proof of MD work/school release may be required.
5. The student must communicate medical absences to the Program Director and the appropriate ATEP faculty and Preceptors as soon as possible.

References:


MSU Billings Athletic Training Education Plans of Study

**Option 1 – Thesis, Research Project or Case Study**

<table>
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<tr>
<th>First Year Courses</th>
<th>SUMMER</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
<th>FALL</th>
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**Option 2 – Internship/Case Study**

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<td>HHP 597 Capstone</td>
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<td>HHP 579 Clinical Ed V (Lab)</td>
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<tr>
<td>Elective (PYSC, HADM, EDF, HHP)</td>
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**Course Syllabi**

Course Syllabi are available at the MSU Billings Athletic Training website: [http://www.msubillings.edu/CAHPFaculty/AT/Syllabi.htm](http://www.msubillings.edu/CAHPFaculty/AT/Syllabi.htm) or the Health and Human Performance Department website at [http://www.msubillings.edu/hhp/Syllabi.htm](http://www.msubillings.edu/hhp/Syllabi.htm)

**Faculty Contact Information:**

Montana State University Billings, 1500 University Drive, Billings, MT 59101
Suzette Nynas, snynas@msubillings.edu, 657-2351

Montana State University Billings, 1500 University Drive, Billings, MT 59101
Pat Hughes, phughes@msubillings.edu, 657-2375

Montana State University Billings, 1500 University Drive, Billings, MT 59101
Russ Lord, rlord@msubillings.edu, 657-2362

Montana State University Billings, 1500 University Drive, Billings, MT 59101
Scott Murray, smurray@msubillings.edu, 657-2101

Montana State University Billings, 1500 University Drive, Billings, MT 59101
Kathe Gabel, kgabel@msubillings.edu, 657-2927

Billings Clinic, 2702 8th Ave N, Billings, MT 59101
Brenda Brady, bbrady@billingsclinic.org, 406-850-5941
TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Program at Montana State University Billings is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. The main objectives of this program are to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted to the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Program must demonstrate:

1. The sensory and mental capacity to see, hear and feel within the didactic settings of the classroom, labs as well as clinical experiences in order to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. Sufficient postural and neuromuscular control, strength, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively;
4. Students must be able to understand and speak the English language at a level consistent with competent professional practice;
5. The ability to record the physical examination results and a treatment plan clearly and accurately;
6. The capacity to maintain composure and continue to function well during periods of high stress including sitting or standing for long periods of time;
7. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced;
8. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
9. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

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

MSU-Billings Disability Support Services (DSS) will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies
as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I also understand that if there is a change in my status relative to the technical standards that I will notify the Program Director as soon as possible. I also understand that by disclosing the change relative to the technical standards it may affect my clinical education experience. I understand that if I am unable to meet these standards I will not be admitted into the program. If applicable, I will contact the Disability Support Services Office to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

1st Year in Athletic Training Education Program

Printed Name of Applicant

____________________________
Signature of Applicant

Date

2nd Year in Athletic Training Education Program

Printed Name of Applicant

____________________________
Signature of Applicant

Date
Appendix G3: OSHA-BBP, Clinical Orientation Form

**MSUB OSHA Standards and Blood Borne Pathogen Training List:**

<table>
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<th>Montana State University</th>
<th>OSHA Standard lecture</th>
<th>BBP Standard</th>
<th>Universal Precautions</th>
<th>Sharps Disposal</th>
<th>Incident Reporting</th>
<th>Verify Handbook eval.</th>
<th>OP Practice</th>
<th>OP Exam</th>
<th>Self-study/test Portfolio</th>
<th>Date Finished</th>
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**MSUB OHSA Training packet:**

Introduction
General Information

**Part I  Infectious Diseases**
- HIV/AIDS
- Hepatitis B Virus
- Hepatitis C Virus

**Part II  TB**
- TB Infection and Disease

**Part III Handwashing**

**Part IV OSHA/BBP Procedures**

**Clinical Site Orientation (BBP/OSHA, EAP, HIPAA, Confidentiality, Policies and Procedures)**

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<th>Print Name/ Clinical Site</th>
<th>I have participated in Orientation Training and understand the procedures and my responsibilities (sign)</th>
<th>Date</th>
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CONFIDENTIALITY POLICY

It is the responsibility of all Montana State University Billings Athletic Training students to ensure that all patient information, personal, medical, or education related, remain confidential. Due to the varied number of staff personnel that may be involved with a student-athlete’s/patient’s case, it is essential that this policy be observed in order to maintain an atmosphere of mutual trust that must exist between the student-athlete/patient and representatives of the Montana State University Billings Athletic Training Program. Gossip, careless remarks, or idle chatter concerning patients, made inside or outside of the Athletic Training room, is inappropriate, unprofessional, and will not be tolerated.

It is illegal for any certified athletic trainer and/or Athletic Training student to gain access to patient information, through any and all means, unless the information is needed in order to treat the patient, or because their job would require such access. The protection of patient information, records, and reports is the responsibility of all Athletic Training personnel involved.

This confidentiality policy also applies to any information learned by or revealed to any certified athletic trainer and/or Athletic Training student both in clinical and didactic settings.

STATEMENT OF CONFIDENTIALITY

I have read the Montana State University Billings Athletic Training Education Programs Confidentiality Policy. My signature below signifies that I understand and agree to the conditions concerning its content and adhere to the policy. I understand that a violation of this policy is grounds for dismissal from the Montana State University Billings Athletic Training Program.

Signature

Date

Print Name

Date

Witness

Date

Print Name

Date
Appendix G7: Commitment Forms

Health and Safety and Policy Commitment

MSUB ATHLETIC TRAINING EDUCATION PROGRAM

Health and Safety Policy

I, ________________________________, have read the Health and Safety policies, including immunization and OSHA BBP guidelines, and the safety and calibration of equipment policies. I understand it is my responsibility to verify safety of equipment and remove myself and report any unsafe conditions.

Students Signature ___________________________ Date __________

Witness Signature ___________________________ Date __________

Date Received: ___________________________________________

MSUB ATHLETIC TRAINING EDUCATION PROGRAM

Policy and Procedure Commitment Form

I, ________________________________, have read the entire Montana State University Billings Athletic Training Education Programs policy and procedure manual. I understand my responsibilities as an Athletic Training student and by signing my name below I verify that I will follow all of the policies and procedures within this program. I also verify that I am subject to all disciplinary actions as indicated in this manual if I choose not to follow the guidelines as outlined. My signature also verifies that I understand that all of the policies and procedures are subject to change and I will be held accountable for following the most current policies and procedures.

Students Signature ___________________________ Date __________

Witness Signature ___________________________ Date __________

Date Received: ___________________________________________
Appendix II: Subset Skill Evaluation Form

Skill: __________________________________________ Name: ______________________
_____ Date: ______________________

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<td>EXAMINER POSITION</td>
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<td>IMPLICATIONS</td>
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Note: All of the above are required to be completed with a “yes” before the student is considered to be competent. The initial attempt score may be used for grading purposes however, the student must continue to "retake" the skill until 100 percent is achieved to pass the skill.
### Appendix I2: HIPS FORM

Students and Faculty OP and Video exam evaluation

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<th>Accuracy</th>
<th>Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Not proficient</td>
<td>Very proficient</td>
<td>Not proficient</td>
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</table>
Tests Performed:

Preceptor's Comments:
## SPECIAL TESTS

<table>
<thead>
<tr>
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<th>Accuracy</th>
<th>Efficiency</th>
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<tbody>
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</tbody>
</table>

Tests Performed:

Preceptor’s Comments:

## NEUROLOGICAL TESTS

<table>
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<th>Accuracy</th>
<th>Efficiency</th>
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</tbody>
</table>

Preceptor’s Comments:

## PATIENT COMMUNICATION SKILLS

<table>
<thead>
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<th>Accuracy</th>
<th>Efficiency</th>
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<tbody>
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</table>

Preceptor’s Comments:

## OVERALL EVALUATION OF THE STUDENT

<table>
<thead>
<tr>
<th>Skill</th>
<th>Accuracy</th>
<th>Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Preceptor’s Comments:

Strengths:

Weaknesses:

Follow-up Evaluation Needed? YES NO