

HOFSTRA UNIVERSITY
DEPARTMENT OF HEALTH PROFESSIONS
ATHLETIC TRAINING EDUCATION PROGRAM
STUDENT HANDBOOK

HOFSTRA UNIVERSITY

Athletic Training Student Policy and Procedure Handbook

2014 - 2016

Revised April 2015

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Note: Changes in the content of this Handbook from the previous edition are highlighted in yellow

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ATHLETIC TRAINING EDUCATION

CURRICULUM

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MISSION, GOALS and OBJECTIVES

ATEP Mission Statement

The mission of the Hofstra University Athletic Training Education Program (ATEP) is to develop future professionals in the field of athletic training through a strong academic program and clinical experience in the management of health care problems associated with physical activity. The professional preparation includes development in evidence-based practice; prevention and health promotion; clinical examination and diagnosis; acute care of injury and illness; therapeutic interventions; psychosocial intervention and referral; health care administration; and professional development and responsibilities, following guidelines developed by the National Athletic Trainers' Association and the Commission on Accreditation of Athletic Training Education (CAATE). The ATEP prepares scholarly practitioners, who, through strong didactic and clinical experiences will be able to work with diverse populations in both traditional and non-traditional settings.

Goals and Objectives

Goal 1: Evidence-Based Practice

1. Define evidence-based practice as it relates to athletic training clinical practice.
2. Describe and differentiate the types of qualitative and quantitative research, research components and levels of research evidence, including but not limited to differentiating between narrative reviews, systematic reviews and meta-analyses.
3. Utilize standard criteria or developed measures to determine the effectiveness and efficacy of athletic training interventions, including patient status, progress and outcomes.
4. Demonstrate sound clinical decision-making and critical examination of athletic training practices by incorporating the best available evidence in combination with clinical skills and patient needs to maximize patient outcomes.
5. Utilize a standard approach to ask and answer clinically relevant questions that affect patient care, that includes creating a clinically relevant question; searching for the best evidence; critically analyzing the evidence; integrating the appraisal with clinical expertise and patients' preferences; and evaluating the performance or outcomes of the actions.

Goal 2: Prevention and Health Promotion

1. Describe the concepts and uses of injury and illness surveillance related to athletic training, including appropriate risk identification for common abnormalities, disabilities and diseases; summarizing epidemiological data; and measures used to assess effectiveness of prevention strategies.
2. Implement procedures to prevent the spread of infectious diseases and appropriately execute pre-participation physical examinations based on available recommendations and requirements.
3. Explain the principles of environmental illness prevention programs, obtain and interpret environmental data to make clinical decisions regarding scheduling, type and duration of physical activity, and summarize current clinical practice guidelines related to physical activity during extreme weather conditions.
4. Utilize various clinical tools (urine color charts, glucometer, peak flow meter, etc.) to assess patient status regarding a variety of physiological measures to determine participation status and make participation and referral decisions.
5. Demonstrate a variety of strategies to communicate with coaches, athletes, parents, administrators, other health care professionals and other relevant personnel regarding potentially dangerous conditions related to the environment, field, playing surfaces or equipment.

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6. Summarize basic principles associated with the design, construction and use of protective equipment, orthotics and dynamic splint and properly fit standard protective equipment and apply preventative taping, wrapping techniques, splints, braces and other special protective devices.
7. Summarize the general principles of health maintenance and personal hygiene and the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.
8. Identify and describe standard tests, test equipment and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility and endurance. Administer and interpret fitness test to assess a client's physical status and design a fitness program to meet the individual needs of the client based on the results of standard fitness assessments.
9. Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle, including education of patients/clients on the importance of healthy eating and regular exercise and strategies for improving or maintaining health and quality of life.
10. Describe contemporary nutritional intake recommendations for macro- and micronutrients, hydration guidelines and specific recommendations for pre-activity, activity and recovery meals and snacks and be able to make appropriate recommendations to patients/clients.
11. Describe the principles and methods of body composition assessment to assess a client's/patient's health status and to monitor changes related to weight management, injury, disordered eating, menstrual status and/or bone density status, assess body composition by validated techniques and describe contemporary weight management strategies.
12. Identify and describe the signs, symptoms, physiological and psychological responses of clients/patients with disordered eating and eating disorders along with the methods of appropriate management and referral for clients/patients consistent with current practice guidelines.
13. Explain the usage patterns, general effects and adverse effects for commonly used dietary supplements, performance-enhancing drugs and illicit drugs, identifying which substances are banned by sport and/or workplace organizations in order to properly advise clients/patients about possible disqualification and other consequences.

Goal 3: Clinical Examination and Diagnosis

1. Develop a thorough understanding of anatomy, physiology and biomechanics and the normal anatomical, systemic and physiological changes associated with the lifespan.
2. Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life and utilize those measures appropriate for use in athletic training practice.
3. Obtain a thorough medical history, use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses and diseases, applying clinical prediction rules, clinical reasoning skills and differential diagnosis techniques to determine the appropriate clinical diagnosis and referral decisions.
4. Determine the criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status including current setting-specific and activity-specific rules and guidelines.

Goal 4: Acute Care of Injuries and Illnesses

1. Explain and adhere to the legal, moral, and ethical parameters of first aid and emergency care and the appropriate role and responsibilities of the certified athletic trainer.
2. Demonstrate knowledge of and competency in skills related to accepted standards of first aid and emergency care, rescue breathing, CPR and use of AED.
3. Describe, assemble, and maintain emergency care supplies and equipment necessary for appropriate event coverage.

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4. Describe appropriate ambulatory aids and constructs and educate patients in implementation of appropriate home care and self-treatment plans after injury or illness.

Goal 5: Therapeutic Interventions

1. Describe and differentiate the physiological and pathophysiological response to inflammatory and non-inflammatory conditions, theories of pain perception, pain modulation, and analyze impact of immobilization, inactivity and mobilization on the body systems and the influence of these responses on the design, implementation and progression of therapeutic interventions.
2. Describe common surgical techniques, including interpretation of operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.
3. Describe the laws of physics that underlay the application of thermal, mechanical, electromagnetic and acoustic energy to the body and form the foundation for the development of therapeutic interventions.
4. Describe the relationship between application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including therapeutic massage, myofascial techniques, muscle energy techniques, joint mobilization and other supportive taping, wrapping and bracing techniques.
5. Design therapeutic interventions to meet specific treatment goals using on-going clinical examination to determine when a therapeutic intervention should be progressed, regressed or discontinued including the incorporation of self-treatment plans as appropriate.
6. Inspect therapeutic equipment and the treatment environment for potential safety hazards and identify the standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.
7. Demonstrate knowledge of legal regulations and procedures for storage, transportation, dispensing, and record-keeping for prescription and OTC pharmaceuticals.
8. Demonstrate knowledge of pharmaceutical information resources.
9. Describe the process of absorption, distribution, metabolism and elimination of and effects of physical activity on medications.
10. Demonstrate knowledge of general indications, contraindications, and adverse reactions for a variety of prescription and non-prescription pharmaceuticals, including performance-enhancing drugs.

Goal 6: Psychosocial Strategies and Referral

1. Describe the current psychosocial and sociocultural issues and problems confronting athletic training and sports medicine and their effect on athletes and others involved in physical activity.
2. Use the psychosocial requirements of various sports activities in assessing the readiness of the injured or ill athlete to return to activity.
3. Demonstrate understanding of the emotional and psychological responses to trauma and forced physical inactivity during the rehabilitation and reconditioning process.
4. Use basic principles of counseling and conflict resolution, stress reduction and motivational strategies in working with athletes, coaches, administrators, and peers.
5. Recognize signs and symptoms of drug abuse, mental and emotional disorders, personal/social conflict, and make appropriate referrals for care.
6. Demonstrate respect for various social and cultural attitudes, beliefs, and values related to health care practices when caring for patients.

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Goal 7: Healthcare Administration

1. Describe and apply common human resource policy and federal legislation The Americans with Disabilities Act, Wage and Hour, Family Medical Leave Act, Family Educational Rights Privacy Act, Fair Labor Standards Act, Sexual Harassment, and Equal Employment Opportunities Commission.
2. Be able to organize and administer pre-participation examinations and screening including appropriate record-keeping, scheduling, and site utilization.
3. Demonstrate ability to use current national injury/illness surveillance and reporting systems.
4. Describe and use the mandated OSHA universal precautions.
5. Demonstrate knowledge of administrative functions necessary for athletic training such as: budgeting, hiring, supervision, purchasing, planning, recruiting allied medical and health care personnel, performance appraisal, facility planning, and developing policies and procedures, risk management planning.
6. Be able to develop appropriate emergency action plans, including use of community-based emergency services.
7. Demonstrate knowledge of insurance policies and procedures appropriate to athletic training.
8. Demonstrate knowledge of the continuing education process required to maintain certification as an athletic trainer.
9. Demonstrate ability to develop and maintain an effective patient information management system.

Goal 8: Professional Development and Responsibility

1. Demonstrate knowledge of state and NATA regulations governing professional practice in athletic training.
2. Demonstrate techniques and methods for disseminating injury prevention and health care information to health care professionals, athletes, athletic personnel, parents/guardians, and the general public.
3. Locates appropriate, available professional development opportunities.
4. Properly interprets the role of athletic trainer as a health care provider, and provides information regarding the role of the certified athletic trainer to athletes, parents/guardians, athletic department personnel, and others.

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COMMISSION ON ACCREDITATION OF ATHLETIC TRAINING EDUCATION (CAATE)¹

The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum standards of quality of professional Athletic Training education 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.

The *Standards for the Accreditation of Professional Athletic Training Programs (Standards, 2013 Edition)* are used to prepare professional athletic trainers. It is each institution's responsibility to demonstrate compliance with these *Standards* in order to obtain and maintain recognition as a CAATE-accredited Athletic Training Education Program (ATEP). A list of accredited programs is published and available to the public.

These *Standards* are to be used for the development, evaluation, analysis, and maintenance of ATEPs. The *Standards* also contain a glossary of terms used throughout the document; the definitions provided in the glossary must be applied as stated. Via comprehensive and annual review processes. CAATE is responsible for the evaluation of a program's compliance with the *Standards*. The *Standards* provide minimum academic requirements; institutions are encouraged to develop sound innovative educational approaches that substantially exceed these *Standards*.

Further Explanation of the Standard

These *Standards* layout minimum requirements and responsibilities in the following areas:

- Program sponsorship
- Outcomes
- Program personnel
- Program delivery
- Health & safety
- Financial resources
- Facility and instructional resources
- Operational policies & fair practices
- Student records
- Distance learning sites

¹ The information on this page is taken directly from *Commission Accreditation of Athletic Training Education: Standards for the Accreditation of Professional Athletic Training Program, 2012 Edition, revised 2013*. It can be found at: <http://www.caate.net/imis15/CMDownload.aspx?ContentKey=7e04fac4-5a22-4635-8a0f-6a22d9410a81&ContentItemKey=7fdcc273-ec0c-4b24-b829-a68c7b335bf2>

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Description of the Professional¹

Athletic Trainers are healthcare professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities. Athletic Training is recognized by the American Medical Association (AMA) as a healthcare profession.

The athletic trainer's professional preparation is based on the development of the current knowledge, skills, and abilities, as determined by the Commission (currently the 5th Edition of the NATA Athletic Training Education Competencies). The knowledge and skills identified in the

Competencies consist of 8 Content Areas:

- Evidence-Based Practice
- Prevention and Health Promotion
- Clinical Examination and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Interventions
- Psychosocial Strategies and Referral
- Healthcare Administration
- Professional Development and Responsibility

ATHLETIC TRAINING EDUCATIONAL COMPETENCIES

General Description²

The competencies provide educational program personnel with the knowledge and skills to be mastered by students in an entry-level athletic training education program. The National Athletic Trainers' Association has identified the Athletic Training Educational Competencies and Clinical Proficiencies (Competencies) as necessary for effective performance as an entry-level certified athletic trainer (ATC). The competencies provide the entry-level certified athletic trainer with the essential knowledge and skills needed to provide athletic training services to patients of differing ages and genders and work, and lifestyle circumstances and needs. It is important to note that the *Competencies* are minimum requirements for a student's entry-level education and educational programs are encouraged to exceed these minimum standards to provide the highest quality education possible.

The Commission on Accreditation of Athletic Training Education (CAATE), requires that the *Competencies* be used for curriculum development and education of the student enrolled in an accredited entry-level education program. The *Competencies* are a companion document to the *Standards for the Accreditation of Professional Athletic Training Programs (Standards)*. Also, the *Competencies* serve as a guide for the development of education programs and learning experiences leading to a student's eligibility to challenge the Board of Certification, Inc. examination.

The Competencies are categorized into Foundational Behaviors of Professional Practice and several content areas comprising the knowledge and skill set of the entry-level athletic trainer.

Foundational Behaviors of Professional Practice⁴

- Primacy of the patient
 - Recognize sources of conflict of interest that can impact the patient's health
 - Know and apply the commonly accepted standards for patient confidentiality
 - Provide the best health care available for the patient
 - Advocate for the needs of the patient
- Teamed approach to practice
 - Recognize the unique skills and abilities of other health care professionals
 - Understand the scope of practice of other health care professionals
 - Understand and execute duties within the identified scope of practice for athletic trainers
 - Include the patient (and family, where appropriate) in the decision making process
 - Demonstrate the ability to work with others in effecting positive patient outcomes
- Legal practice
 - Practice athletic training in a legally competent manner
 - Recognize the need to document compliance with the laws that govern athletic training
 - Understand the consequences of violating the laws that govern athletic training
- Ethical practice
 - Understand and comply with NATA's *Code of Ethics* and BOC's *Standards of Practice*
 - Understand the consequences of violating NATA's *Code of Ethics* and BOC's *Standards of Practice*
 - Understand and comply with other codes of ethics, as applicable
- Advancing knowledge
 - Critically examine the body of knowledge in athletic training and related fields
 - Use evidence-based practice as a foundation for the delivery of care
 - Understand the connection between continuing education and the improvement of athletic

² This summary is information provided in the 5th edition of the *Athletic Training Educational Competencies*. Specifically, pages 3 – 4 (available at: <http://www.nata.org/sites/default/files/5th-Edition-Competencies-2011-PDF-Version.pdf>).

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- training practice
- Promote the value of research and scholarship in athletic training
- Disseminate new knowledge in athletic training to fellow athletic trainers, patients' other health care professionals, and others as necessary
- Cultural Competence
 - Understand the cultural differences of patients' attitudes and behaviors toward health care
 - Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations
 - Demonstrate knowledge, attitudes, behaviors, and skills necessary to work respectfully and effectively with diverse populations and in a diverse work environment
- Professionalism
 - Advocate for the profession
 - Demonstrate honesty and integrity
 - Exhibit compassion and empathy
 - Demonstrate effective interpersonal communication skills

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CURRICULUM

Hofstra University & the Athletic Training Program (ATEP) Faculty

Hofstra University is a private, nonsectarian, coeducational institution whose major divisions include the Hofstra College of Liberal Arts and Sciences, the Frank Z. Garb School of Business, School of Education, School of Health Sciences and Human Services, University College for Continuing Education, Honors College, School of Engineering and Applied Sciences, School of Law and School of Medicine in Partnership with North Shore — LIJ Health System.

Hofstra is committed to the liberal arts and sciences to provide a firm foundation. The Hofstra student has the opportunity to complete a broad program of studies in the humanities, sciences, and social sciences, as well as in the area of concentration. The Athletic Training Program (ATEP) is housed in the Department of Health Professions within the School of Health Sciences and Human Services.

The department has a highly qualified faculty as well as University and community resources of individuals with specialized training in related areas. Students have a faculty advisor within the Department who is responsible for assistance in program planning and course selection.

Hofstra University website
<http://www.hofstra.edu/home/index.html>

Electronic Bulletin Archive Homepage
<http://bulletin.hofstra.edu/index.php>

ATEP Electronic Bulletin
http://bulletin.hofstra.edu/preview_program.php?catoid=53&poid=4914&returnto=3019

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Hofstra University Athletic Training Program Description

The Athletic Training Program (ATEP) is a 128 credit hour degree program that leads to a Bachelor of Science Degree in Athletic Training**. The ATEP is accredited by the Commission on Accreditation of Athletic Training Education (CAATE) signifying that it meets the standards required to prepare students for the Board of Certification, Inc. Examination and a professional career as an Athletic Trainer.

The program prepares students for a career in the profession of athletic training by providing learning experiences that assist students in gaining knowledge and hands-on experience required to be successful in the field. The program has two main components, the academic course work and the clinical education component. Freshmen and entering transfer students primarily engage in academic course work during the first year of enrollment (Pre-athletic Training Student Phase). Once students are admitted to the program (Professional Athletic Training Student Phase), academic course work and clinical education are completed simultaneously. Entrance into the Professional Athletic Training Phase is competitive.

The academic component including 64 liberal arts credit allows for knowledge to be gained in the areas of human anatomy and physiology, exercise physiology, nutrition, and analysis of human movement. In addition, core courses intended to address knowledge specific to the profession of athletic training are offered (see listing).

The clinical education component requires 1000 hours (Maximum of 1350 hours) *** of documented experience over a minimum of 5 semesters and one summer session or a minimum of 2 1/2 years. This time is intended to provide the student with hands-on experience under the direct supervision of an Athletic Trainer or other qualified health care professionals.

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. 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).

*** Refer to the current year bulletin for a more detailed layout of the Program Degree Requirements.*

****This requirement of documenting 1000 hours of experience is a requirement of Hofstra University in order to be eligible for graduation. The Board of Certification, Inc. does not require a specific number of contact hours in order to be eligible to challenge the examination. However, students are required to engage in various experiences throughout the educational process as described in the previous paragraph.*

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ATEP CURRICULUM FOR STUDENTS ENTERING HOFSTRA UNIVERSITY (revised FALL 2010)

Curriculum Courses: 128 Total Credits

Core Athletic Training Courses:

Human Anatomy & Physiology I
 Human Anatomy & Physiology II
 Structural & Mechanical Kinesiology
 Physiology of Exercise
 Applied Exercise Physiology: Health & Fitness
 Biology of Human Nutrition
 First Aid for Activity Professionals
 Resistance Training Techniques & Progressions
 Functional Anatomy for Injury Assessment
 Sport Safety & Use of Protective Equipment
 Care & Prevention of Athletic Injuries
 Sports Nutrition
 Evaluation & Management of Injury I

Evaluation & Management of Injury II

Assessment Procedures for Athletic Trainers

Assessment of Physical Fitness

Principles & Theories of Therapeutic Exercise

Therapeutic Modalities

Pathology of Injury & Illness in Athletic Training

Pharmacology for Athletic Trainers

Organization & Administration in Athletic Training

Advanced Topics in Athletic Training

Clinical Education Courses:

Clinical Experience in Athletic Training A-E (5 courses)

Clinical Experience in Athletic Training of Preseason Activities

Field Experience in Sports Medicine

General Education Requirements:

Composition I

Composition II

Speech Requirement

Introduction to Psychology

Contemporary Society

Overview of Computer Science

Health Psychology & Behavioral Medicine

3 Semester Hours of Social Science Elective (select from specific course options)

6 Semester Hours of Humanities Electives

4 Semester Hours of Natural Science Elective

3 Semester Hours of Math Elective

3 Semester Hours of Statistics or Research Elective

12 Semester Hours of Liberal Arts Elective

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**HOFSTRA UNIVERSITY
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2014-2015 Recommended Course Progression**

Name: _____
ID#: _____ DOB: _____

Date: _____
Bulletin Year: _____

LEVEL I: PRE-ATHLETIC TRAINING PHASE
1st Fall Semester

Course No.	Course Name	s.h.	Sem	P/F/TR	Comments
WSC 1	Writing Composition I	3			
BIO 103*	Anatomy & Physiology I	3			
HPR 61**	First Aid for Activity Professionals	2			
HPR 172**	Functional Anatomy For Inj. Assess.	3			Offered in Fall only
RHET 1, 7, 11	Speech Requirement	3			
SOC 4	Contemporary Society	3			
TOTAL		17			

1st Spring Semester

Course No.	Course Name	s.h.	Sem	P/F/TR	Comments
WSC 2	Writing Composition II	3			
BIO 105**	Anatomy & Physiology II	3			
HPR 161*	Care & Prevention of Injuries	3			
HPR 169*	Sport Safety & Protective Equip.	3			Offered in Spring only
Math	Elective	3			
TOTAL		15			

*** Required for Pre-Athletic Training Majors for application to professional phase of AT program**

**** Strongly recommended for all Pre-Athletic Training Majors**

LEVEL II: PROFESSIONAL ATHLETIC TRAINING PHASE
2nd Fall Semester

Course No.	Course Name	s.h.	Sem	P/F/TR	Comments
HPR 171A	Clinical Experience in AT	1			
HPR 106	Kinesiology	3			
HPR 163A	Evaluation & Mgmt of Injury 1	3			
HPR 173	Assessment for Athletic Trainers	2			
PSY 1	Introduction to Psychology	3			
Lib Arts	Elective	3			
TOTAL		15			

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2nd Spring Semester

Course No.	Course Name	s.h.	Sem	P/F/TR	Comments
HPR 171B	Clinical Education in AT	1			
HPR 163B	Evaluation & Mgmt of Injury 2	3			
HPR 192	Therapeutic Modalities	3			
BIO 106	Physiology of Exercise	3			
Social Sci. Elective	PSY 11, 25, 26, 27, 54, 57, 60, 63, SOC 8, 10, 34 or 104	3			
Humanities	Elective	3			
TOTAL		16			

Summer III Semester (This course may also be taken in the 3rd Summer III Semester)

Course No.	Course Name	s.h.	Sem	P/F/TR	Comments
HPR 176	Clinical Experience for Preseason	1			

LEVEL III: PROFESSIONAL ATHLETIC TRAINING PHASE

3rd Fall Semester

Course No.	Course Name	s.h.	Sem	P/F/TR	Comments
HPR 171C	Clinical Education in AT	2			
HPR 102A	Organization & Administration	3			
HPR 191	Sports Nutrition	3			
HPR 194	Assessment of Physical Fitness	3			
CSC 5	Overview of Computer Science	3			
Humanities	Elective	3			
TOTAL		17			

3rd Spring Semester

Course No.	Course Name	s.h.	Sem	P/F/TR	Comments
HPR 171D	Clinical Education in AT	2			
HPR 190	Principles of Therapeutic Exercise	4			
HPR 193	Resistance Exercise Techniques & Progression	2			
Natural Sci	Elective	4			
BIO 50	Human Nutrition	3			
TOTAL		15			

LEVEL IV: PROFESSIONAL ATHLETIC TRAINING PHASE

4th Fall Semester

Course No.	Course Name	s.h.	Sem	P/F/T R	Comments
HPR 171E	Clinical Experience	3			Take 171E or 195
HPR 174	Pharmacology for Athletic Trainers	3			
HPR 175	Pathology of Injury & Illness in AT	3			
Statistics or Research	Math 8, BIO 100, QTB 2, SOC 81, PSY 40(4cr), or SOC180(4cr)	3			
HPR 168C	Advanced Topics: BOC Exam Test Prep	1			
Liberal Arts	Elective	3			
TOTAL		16			

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4th Spring Semester

Course No.	Course Name	s.h.	Sem	P/F/TR	Comments
HPR 195	Field Experience in Sports Medicine	3			Take 195 or 171E
HPR 168 Elective	HPR 168A or B Advanced Topics in AT	1			
HPR 196	Applied Exercise Physiology	3			
PSY 89	Health Psychology and Behavioral Medicine	3			
Liberal Arts	Elective	3			
Liberal Arts	Elective	3			
TOTAL		16			

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ATHLETIC TRAINING PROGRAM ACADEMIC LEVELS AND PHASES

Pre-Professional Athletic Training Phase (Level 1)

The Hofstra University AT Program utilizes a Secondary Application and Selection Process. **Admission to the professional phase of the program is competitive.** Students in the pre-professional athletic training phase are eligible to apply to the professional phase of the athletic training program after they have successfully completed BIO 103; HPR 161, and 169 with grades of C- or better, earned a 2.5 overall grade point average and an in-major 2.75 grade point average, and completed the Athletic Training Program Application Documents.

Final admission to the professional phase of the program will be granted by the Athletic Training Program Coordinator in consultation with the chairperson of the Health Profession Department. Students will receive written notice of their acceptance into the program. Applicants who do not meet the program requirements will be counseled about other academic programs.

Professional Phases (Levels 2, 3 and 4)

Students who complete the secondary application process are eligible to enroll in Clinical Experience Courses. Students are expected to maintain minimum academic standards throughout their enrollment in the Professional Phase of the Program (See *Continuation Standards*). Failure to maintain the Continuation Standards will result in removal from the Clinical Experience component of the program and may exclude the student from enrolling in specific athletic training core courses.

**ATEP APPLICATION REQUIREMENTS & ACCEPTANCE GUIDELINES
for the Professional Phase of the AT Program
(Including Physical Examination Policy & Technical Standards)**

The Hofstra Athletic Training Program uses a Secondary Selective Admission Process. **Acceptance into the program is competitive.** The following is a description admissions packet items that are to be completed by new freshmen or transfer students as part of the application to the Professional Phase of the program.

Information Sheet: This is designed to give the athletic training faculty background information on the candidate.

Essay: A one page essay on a topic to be assigned by the Program Coordinator.

Letter of Recommendation: These letters may be from current or past employers, professors, coaches or individuals who may comment on the candidate. The candidate may not, however, receive a letter of recommendation from current Hofstra University Athletic Training Staff members or the ATEP faculty (Program Coordinator, Clinical Coordinator).

Official Transcripts: Each transfer candidate must submit an official transcript from all previous college institutions attended.

Proof of Current CPR & First Aid Cards: Each candidate must show proof of holding a current CPR and First Aid card. Make a copy of your current card and include it with the rest of the admissions packet. If you are currently enrolled in HPR 11 please write a note stating you are currently enrolled in the course.

Proof of Physical Exam and Immunization Records: Each candidate must have proof of a physical exam. This exam must include proof of immunizations. You may get a copy of the form you submitted to Hofstra University's Student Wellness Center when you applied to the institution by obtaining a copy directly from the Student Wellness Center. PLEASE NOTE: A blank copy of this form is included in this packet and includes the technical standards form that must also be reviewed by a physician. (see below for further explanation)

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Technical Standards Form: The Athletic Training Education Program (ATEP) at Hofstra University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals. The technical standards set forth by the ATEP establish the essential qualities considered necessary for students admitted to this program 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 for Athletic Training Education [CAATE]). The form outlines the abilities and expectations that must be met by all candidates admitted to the ATEP. In the event a candidate is unable to fulfill these technical standards, with or without reasonable accommodation, the candidate will not be admitted into the program. PLEASE NOTE: Candidate must verify his/her own status as well as have it verified by a physician, as this form is completed as part of the physical exam.

Interview: When the number of students eligible to enter the professional phase of the program exceeds the number of available clinical experience placements or available program seats (14), an interview with the Program Coordinator, Clinical Coordinator and a representative from the Athletic Training faculty and/or staff will be scheduled with each candidate. This will assist in determining the student's professional knowledge, proficiency and competence in athletic training as well as long-term professional goals.

Academic Standards:

- a. Successful completion of BIO 103, HPR 161, and HPR 169 with a course grade of C- or better
- b. Cumulative GPA as follows:
 - a. Professional education courses: 2.75 or higher
 - b. Overall GPA: 2.5 or higher
- c. Completion of all observation hours as delineated by HPR 169
- d. Completion of :
 - a. OSH/Blood Borne Pathogen standards and guidelines training
 - b. CPR/AED Certification for the Healthcare Provider
 - c. Review of Hofstra Communicable Disease Policy
 - d. Review of Hofstra Emergency Action Plan Policies
 - e. Review of AT Program Preceptor Supervision Policy
- e. Candidate has completed and submitted all paperwork regarding entrance into the clinical education courses as part of the ATEP

Final Acceptance into the Clinical Education Courses: Final acceptance into the clinical education courses will be based on the rank candidates earn in comparison to all other candidates who have applied for admission and met the stated eligibility requirements. The ranking system is as follows:

Required Course GPA:	40%
Overall GPA:	30%
Essay:	15%
Letters of Rec.	15%
TOTAL	100%

The top ranked candidates will be accepted into the ATEP. The number of candidates selected depends on available space in the program (approximately 14 students per cohort). *This means although you may meet all the eligibility criteria it is possible that you may not be accepted into the Clinical Education Courses.*

If you have any questions regarding this admission packet please contact the Program Coordinator or Clinical Coordinator. The final day to submit the completed admission packet will be posted. Only completed packets will be accepted.

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PHYSICAL EXAMINATION POLICY & TECHNICAL STANDARDS

All New Athletic Training Students are required to submit a completed Physical Exam Forms and Technical Standards Form with the ATEP Application Packet (described above). The Physical Exam Forms include the following elements:

1. Hofstra Wellness Center Medical History and Consent Forms
2. Physician's Examination Form (requires Health Care Provider's signature)
3. Immunization Record (requires Health Care Provider's signature)
4. Technical Standards Form for Admission (requires Health Care Provider's signature)

Medical History, Physical Exam Form, and Immunization Records should be completed and within 6 months of the application. Technical Standards Forms will be completed at the time of the application. The Physical Exam Form, Immunization Records, and Technical Standards Form must be completed and signed by an MD, DO, NP or PA. All documents are to be submitted with the ATEP Application Packet.

Student's Medical History, Physical Exam Forms and Technical Standards Forms will be reviewed by the ATEP Program Coordinator and Clinical Coordinator. Information will remain confidential and will be kept in the student's confidential academic file, located in the Clinical Coordinator's office.

TECHNICAL STANDARDS FOR ADMISSION

Students will be required to complete this form during the ATEP application process and on an annual basis as long as the student remains active in the professional phase of the ATEP.

The Athletic Training Educational Program at Hofstra University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is 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 Commission on Accreditation of Athletic Training Education (CAATE) and the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program 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. The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into 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 Educational Program must demonstrate:

1. The mental capacity 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, sensory function and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.

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4. The ability to record the physical examination a results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commit me to complete the athletic training education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
9. The ability to correctly perform cardiopulmonary resuscitation.
10. The ability to safely and effectively remove an injured athlete from the field/court/arena of play.

Candidates for selection to the Athletic Training Educational Program will be required to verify they understand and meet these technical standards and that they believe that with certain accommodations, they can meet the standards.

The Dean of University Advisement, 101 Memorial Hall, will evaluate a student who states s/he could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

I verify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that meet each of these standards

without accommodation_____

with accommodation_____

I understand that if I am unable to meet these standard, I will not be admitted into the program.

Signature of Applicant_____ Date _____

Printed_____

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Hofstra ATEP Continuation Standards for Students in the Professional Phase of the Program

Upon completion of Level II of the Professional Phase of the program, all athletic training majors must meet the following criteria to continue in the professional phase of the athletic training program:

1. Maintain a cumulative grade point average of 2.5 or better in all course work and a cumulative grade point average of 2.75 and a grade of C- or better in all athletic training major courses indicated by the symbol "+". Students who do not maintain the required average(s) will be placed on academic probation for one semester. In the event the student fails to meet program requirements after the one semester academic probation period they will be removed from the professional phase of the program. Only students matriculated in the professional phase of the athletic training program are eligible to enroll in the following courses: HPR 171A, 171B, 171C, 171D, 171E, 174, 175, 176 and 195.
2. Completion of clinical experience courses. Students are required to complete a series of clinical experiences that are course co-requisites to required courses and are described in course syllabi. Students must earn grades of C- or better to progress to the next clinical level.

ACADEMIC PROBATION

Academic progress will be assessed by the Program Coordinator at the conclusion of the Level 2 academic year and every semester thereafter. Students who fail to meet the Continuation Standards will be placed on a one-semester Academic Probation period. Failure to meet the Continuation Standards at the conclusion of the probation period will result in removal from the clinical experience component of the Program and may exclude students from enrolling in specific core courses.

The Program Coordinator will notify any ATS placed on academic probation because of an inability to meet the continuation standards of the program of their status in writing and the steps necessary to be removed from the probationary status will also be outlined. One of these steps may include submitting regular progress reports to the Program Coordinator.

Any ATS placed on academic probation will also be restricted to the minimum allowable number of clinical hours required for the currently enrolled clinical course and as designated by the Program Coordinator. Students will also not be allowed engage in overnight team travel during this period. These restrictions can be lifted at the discretion of the Program Coordinator, provided academic progress reports submitted by the ATS demonstrate evidence of satisfactory academic performance.

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Clinical Education

Satisfactory completion of a minimum of 1,000 clinical hours (maximum of 1,350 hours) with the following restrictions:

- Athletic training students must be officially enrolled in the program prior to performing skills on patients.
- Athletic training students must be FORMAL INSTRUCTED (in a classroom) on athletic training clinical skills prior to performing those skills on patients in the clinical setting.
- 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.
- 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
- Students must interact with other medical and health care personnel.
- The variety of patient populations, care providers, and health care settings used for clinical education must be consistent with 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. 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 must take place at approved sites for which the AT Program has a formal Affiliation Agreement, approved by the University.
- 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.
- All clinical education experiences must be educational in nature. Students will not receive any monetary remuneration during this education experience, excluding scholarships.
- All clinical education experiences must be educational in nature. Students will not replace professional athletic training staff or medical personnel. The program will provide provision for supervised clinical education with a preceptor.
- Students should expect to travel with respective clinical assignments. This could include travel by bus and plane in addition to weekend travel.
- Students will have clinical assignments in off campus settings and will need to provide either their own transportation or use public transportation.

Further details about this component are addressed in the "Clinical Education Policies & Procedures" section of this Handbook.

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REQUIRED ANNUAL DOCUMENT REVIEW FOR CONTINUING STUDENTS

All students enrolled in the professional phase of the AT Program are required to annually review the following AT Program policies and procedures:

1. **Technical Standards Form (signed only by the student)**
2. **Updated Medical/Health History Form**
3. **Annual OSHA/Blood Borne Pathogen Training**
4. **Blood Borne Pathogen Exposure Control Plan and Procedures for Exposures**
5. **Hofstra University and AT Program Communicable Disease Policies**
6. **Hofstra University Emergency Action Plans Review**
7. **CPR/AED for the Health Care Provider skills review**
8. **AT Student Supervision Policy**
9. **HIPAA and FERPA Healthcare and Academic Document Privacy Policies**

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ATHLETIC TRAINING EDUCATION PROGRAM NON-DISCRIMINATION POLICY

The Athletic Training Program (ATEP), as part of Hofstra University, has a continued commitment to extend equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, age, national or ethnic origin, physical or mental disability, marital or veteran status in admission to and continuation in the ATEP. The ATEP faculty, administrators and clinical instructors understand the value and importance of “difference” and strive represent that within the ATEP.

Acceptance to the Professional Phase of the AT Program and clinical education assignments are not based on race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis.

For more information check out:

Equal Opportunity Statement: http://www.hofstra.edu/About/Policy/policy_eoe.html

Diversity Mission Statement: http://www.hofstra.edu/pdf/about/administration/provost/prov_diversity.pdf

Or contact:

Equal Rights & Opportunities Officer

C/O Office of Legal Affairs and General Counsel
101 Hofstra University
Hempstead, NY 11549
Phone: (516) 463-7310,

Dean of Students

243 Student Center
200 Hofstra University
Hempstead, NY 11549
Phone: (516) 463-6913

Services for Students with Disabilities Office

040 Memorial Hall
Hofstra University
Hempstead, NY 11549
Phone: (516) 463-7075

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**SCHOOL OF HEALTH SCIENCES AND HUMAN SERVICES GRADE APPEAL POLICY
(May 13, 2013)**

According to Faculty Policy Series #42, students have the right to appeal a grade when they believe that the grade was based on factors other than the student's academic performance in the course.

It is the right and responsibility of each faculty member to determine student grades at Hofstra University. Each instructor's right to determine the grades assigned in his or her classes shall not be abrogated except in the most extraordinary circumstances. Nothing in this policy shall be construed to apply to or affect an individual instructor's grading standards. Only final grades may be appealed.

The stages of the appeal process are as follows:

1) Appeal to the Instructor

If a student disagrees with the final grade assigned, they must communicate their concern directly with the instructor in an effort to seek resolution. To commence a fair and expeditious processing of grade appeals, the student must adhere to the established timelines for initiating the process. Appeals for grades received in the fall and January semesters must be initiated by the end of the third week of the following spring semester. Appeals for grades received in the spring and summer semesters must be initiated by the end of the third week of the fall semester.

2) Appeal to the Chair

If, after the discussion with the instructor, the problem is not resolved, the student can submit a written statement to the chair of the department outlining and documenting an appeal for a grade change. The chair will confer with the instructor and student in an attempt to mediate a resolution.

3) Appeal to the Dean

If the chair's intervention does not provide a resolution, the student may appeal, in writing, to the HSHS Dean's office. The appeal must be initiated within two weeks, detailing the arguments for a change of grade. Grades of other students in the course will not be considered a factor in the appeal. The HSHS Dean or designee will then review the issues and merits of the case. The HSHS Dean or designee may choose to dismiss the case if there is no material basis for the appeal, mediate a resolution, or empanel an ad hoc appeals committee in consultation with the departmental chairperson.

4) Appeal to an Ad Hoc Committee

The ad hoc committee shall consist of three tenured members of the department (excluding the chair and instructor). In the event that there are not three tenured faculty members in the department available to serve on the ad hoc committee, additional members shall be selected from tenured members of related departments by the HSHS Dean or designee. After selecting a chair from among its faculty members, the committee must invite the student, the instructor, and any other witnesses it deems relevant to appear before it and present any relevant evidence. The student must submit a letter to the ad hoc committee detailing the arguments for a change of grade. The ad hoc committee will begin with the presumption that the course grade was assigned correctly, and that the burden of proof shall lie with the student. If the committee determines that there is just cause to alter the grade, the three faculty members on the committee shall convene to determine the appropriate new grade. The committee shall inform the student, instructor, chair, and HSHS Dean or designee in writing of the ad hoc committee's decision, and of any change in the final grade that shall be made.

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5) Appeal to the Provost

Both a faculty member and a student have the right to request a review by the Provost of the decision by the HSHS Dean or designee (in the event that an ad hoc committee is not convened), or by the ad hoc appeals committee. In such instances, the Provost shall begin with the presumption that the HSHS Dean or designee or the ad hoc appeals committee's determination is correct. The Provost determines if the proper procedure was followed. If he or she determines that there is cause for reconsideration, the Provost shall convene (or reconvene) the ad hoc appeals committee for further consideration of the matter. In all cases, the ad hoc appeals committee's decision shall be forwarded to the student who made the appeal, the instructor involved, the HSHS Dean or designee, and the Provost.

SOURCE: http://www.hofstra.edu/pdf/senate_fps_42_schoolhealthscienceshumanservices.pdf

USING APPROPRIATE TERMINOLOGY AS PROVIDED BY NATA³

ATC Terminology

NATA's policy is not to use the ATC acronym as a noun. ATC is an acronym that describes a credential, not a person, and it should only be used following the name of a certified individual. Using the ATC acronym as a noun inhibits the Board of Certification's ability to protect the ATC credential against misuse. In other words, NATA and the BOC cannot protect the copyright on the ATC mark if it becomes known as a common noun.

Physical activity removed from mission statement

The NATA districts and the board of directors have voted to remove the term "physical activity" from the NATA mission statement. The new statement for NATA is:

"The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession."

Definition of Athletic Training

Athletic training is practiced by athletic trainers, health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities.

Athletic trainers deliver rehabilitation services under a physician's guidelines.

Guidelines are general directions and descriptions that lead to the final outcome, thereby allowing the athletic trainer to rely on clinical decision making in constructing the rehabilitation protocol. Protocols are rigid step-by-step instructions that are common in technical fields and do not allow flexibility and/or clinical decision making.

Athletic trainers function under a physician's direction.

The terms "direction" and "supervision" mean two different things. Most importantly, supervision may require the on-site physical presence of the physician and that the physician examines each and every patient treated by an athletic trainer. Direction, on the other hand, requires contact and interaction, but not necessarily physical presence.

Athletic trainers refer to the population that receive their services as patients or clients.

Athletes comprise a significant proportion of the population who receive care from athletic trainers. However, once an athlete (or any other individual) becomes injured, he or she is a patient. The term "client" should be used for situations where individuals receive athletic training services — usually preventive in nature — on a fee-for-service basis.

Athletic trainers refer to Secondary School and College-based work spaces as facilities or clinics.

The term "Athletic Training Room" does not appropriately recognize the health care services that are delivered within its walls. It may be impractical to find a "one term fits all" descriptor to describe this area, and each institution/facility will use the most appropriate term for their venue.

Athletic trainers should not utilize the term "board certified."

In medicine, the definition of "Board Certified" is a process to ensure that an individual has met standards beyond those of admission into licensure and has passed specialty examinations in the field. Various medical professional organizations establish their own board certification examinations. While the term "Board Certified" is recognizable within the health care and medical communities, based on the above definition, the entry-level examination does not fit the criteria of being Board Certified. The recommended use is "certified athletic trainer."

³ Taken from NATA website: <http://www.nata.org/athletic-training/terminology>

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ATHLETIC TRAINING STUDENT OF THE MONTH PROCEDURE

In recognition of outstanding clinical work the ATEP faculty and preceptors currently supervising AT Students will nominate and select a recipient based on the nominating criteria. There will be one selection per month from August through May, unless there is no one that meets the criteria or more than one person that are equally appropriate selections. Once an ATS is selected they will not be excluded from being selected again during the academic year. All ATS Professional Levels will be eligible for nominations, assuming each nominee meets the minimal criteria.

Nominating Criteria

- Must currently be in good academic standing within the ATEP
- Must be performing at an outstanding level in the clinical setting based on level in program (expectations may be slightly different for Level II, III, IV)
- Must consistently demonstrate appropriate professional conduct (reliable in regards to clinical hours schedule, dependable when completing routine ATS tasks, dressed appropriately, shows initiative, interacts in a mature and professional manner with patients and administrators)

Selection Process

- The Program Coordinator/Clinical Coordinator will solicit nominations from Preceptors via email at the beginning of each month for the previous month.
- Those Preceptors wishing to nominate an ATS will submit to the faculty and staff via email a written statement as to why they are nominating a particular ATS.
- The Preceptors then vote for an ATS based on the nominations received
- The ATS who receives the most votes will be awarded "ATS of the Month"

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**IOTA TAU ALPHA NATIONAL HONOR SOCIETY FOR ATHLETIC TRAINING EDUCATION
MEMBERSHIP GUIDELINES**

In July of 2009 Hofstra University formed the Alpha Psi Chapter of the Iota Tau Alpha National Athletic Training Education Honor Society. The Hofstra University Chapter of Iota Tau Alpha holds students to a high academic standard, as members must earn an in-major GPA of a 3.5 and overall GPA of a 3.25 to qualify. This academic standard is significantly higher than what is typically required for other Iota Tau Alpha Chapters.

The purpose of Iota Tau Alpha Athletic Training Education Honor Society is to function as an honor and professional society for students of Athletic Training Education. Iota Tau Alpha activities are designed to stimulate scholarly attainment and investigation in Athletic Training Education and to promote the dissemination of information and new interpretations of the Society's activities among students of Athletic Training Education.

It is both an honor and a privilege to participate with a nationally recognized honor society. Students qualify for membership at the conclusion of their third semester of enrollment as an Athletic Training Major, based upon earned grade point averages. All students who meet the grade point average standards will receive an invitation for membership during the next semester of enrollment. Our new members will be inducted into the Hofstra Chapter of Iota Tau Alpha during a formal ceremony during our Athletic Training Education Program Student Awards Dinner in May. The Iota Tau Alpha one-time membership fee is \$15. All new members will receive Iota Tau Alpha certificates, issued through the National Chapter Office.

Once inducted as a member of Iota Tau Alpha, the student is a national member for life and is granted opportunity to participate in Society activities and organizations. As a member of the Hofstra University Chapter, continued membership requires maintaining the academic standards met at the time of your induction and completing research projects for presentation to the Athletic Training Education community under the direction of the Chapter Faculty Advisor.

HOFSTRA ATHLETIC TRAINING SOCIETY (HATS)

The athletic training club is intended to serve four major functions: 1) promote friendship and positive interaction among members, 2) provide a forum for expression ideas and concerns about the ATEP, 3) create educational opportunities for members outside of those already offered through ATEP, and 4) increase social awareness by participating in community service project(s). These goals can be met through a variety of events and activities throughout the academic year.

The club will meet a minimum of three times during the semester to address ideas and promote events, but there may be other meetings to participate in events, fundraisers, or have an organized social activity outside of these specific meeting times. At this time there are no dues and officers will be elected annually.

Current officer positions include a President, Vice President, Secretary, and Treasurer. All athletic training students are highly encouraged to actively participate in the club and its events. This is a time to participate in events with your classmates, either for fun, to help the community or to further your education.

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Hofstra Athletic Training Program
Board of Certification for Athletic Trainers' Aggregated Exam Results

The most recent 3 years of aggregated data for Hofstra University ATEP BOC Exam Results can be found at <http://caate.net/program-outcome/#pass-rate> or at a link on the Athletic Training Education Program home page at www.hofstra.edu/athletictraining

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**CLINICAL EDUCATION
POLICIES & PROCEDURES**

CLINICAL EDUCATION PROGRAM PHILOSOPHY

In order for your clinical experience to be a successful one it is important that you have a very clear understanding of what is expected of you, how you'll be evaluated and how often and in what forms you'll be evaluated. To make that more clear I have included excerpts from *The One Minute Manager* by Ken Blanchard and Spencer Johnson⁴.

The idea of the One Minute Manager contains three components:

- One Minute Goal Setting
- One Minute Praisings
- One Minute Reprimands

By using these three components and the One Minute Manager philosophy it is hoped that it will help you have a more directed and positive experience in your clinical education. If you know what your goals are, what you need to do to meet them and whether or not you're being successful your time in the athletic training facility will be more productive and better prepare you for your career as a professional.

Remember the best productivity comes from focusing not on just *quality* OR *quantity*, it's about *quality* AND *quantity*.

One Minute Goal Setting

1. Agree on your goals
2. See what good behavior looks like
3. Write out each of your goals on a single sheet of paper using less than 250 words
4. Read and re-read each goal, which requires only a minute or so each time you do it
5. Take a minute every once and a while out of your day to look at your performance
6. See whether or not your behavior matches your goal

Tips & Pointers:

- Goal setting will be the foundation of this process
- If utilized correctly it will be very clear to both you and the Preceptor what the expectations for the experience are
- 80% of your important results will come from 20 % of your goals... meaning you will only need a few specific goals to get the results you are looking for
- Goals should include a specific description of what acceptable/appropriate performance is

THIS IS WHY IT IS CRITICAL TO COMPLETE YOUR GOALS SHEETS AT THE BEGINNING OF EACH EXPERIENCE AND REVIEW IT WITH YOUR PRECEPTOR AS WELL AS REFER TO IT OFTEN DURING YOUR EXPERIENCE.

⁴ Excerpts from, *The One Minute Manager* by Ken Blanchard & Spencer Johnson

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One Minute Praising

1. Tell people up front that you are going to let them know how they are doing
2. Praise people immediately
3. Tell people what they did right- be specific
4. Tell people how good you feel about what they did right, and how it helps the program and the other people that work as a part of it
5. Stop for a moment of silence to let them "feel" how good you feel
6. Encourage them to do more of the same
7. Shake hands or touch people in a way that makes it clear that you support their success in the program
(take cues from students/staff on using physical contact)

Help people reach their full potential. Catch them doing something right

Tips & Pointers:

- Break the habit of catching people doing things wrong and turn it around and make it positive
- Making brief physical contact when praising makes it feel as though you both are on the same side and are sincere (where appropriate, see above)
- Provided consistently, positive feedback reduces anxiety about regular clinical evaluations and allows students to come confident in what to expect

YOUR PRECEPTOR HAVE BEEN INSTRUCTED IN THIS PHILOSOPHY AND SHOULD BE PROVIDING YOU REGULAR FEEDBACK IN A HIGHLY CONSTRUCTIVE AND POSITIVE MANNER USING THE TIPS ABOVE.

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One Minute Reprimand

1. Tell people beforehand that you are going to let them know how they are doing and in no uncertain terms
2. Reprimand people immediately

First half of the reprimand:

1. Tell people what they did wrong- be specific
2. Tell people how you feel about what they did wrong- and in no uncertain terms
3. Stop for a few seconds of uncomfortable silence to let them "feel" how you feel

Second half of the reprimand:

1. Shake hands, or touch them in a way that lets them know you are honestly on their side (note important cues relative to physical contact and act accordingly)
2. Remind them how much you value them
3. Reaffirm that you think well of them but not of their performance in this situation
4. Realize that when the reprimand is over, it's over

Tips & Pointers:

- Be sure to follow up the reprimand with a praising, pointing out a mistake and not helping the student to devise a solution, pointing out what he/she usually does well is counter productive
- It's absolutely imperative that the reprimand is immediate
- Deal with the behavior, do not attack the person
- The reprimand should take about 30 seconds and the praising should take the remaining 30 seconds
- Deal with a situation and move on, don't use the past to talk about the present

Why it works

1. People are what get programs results, invest in them and the results will improve
2. Goal setting is particularly important because people will be more motivated to perform if you know what to aim for and what the expectations are... don't assume people know what goals you have or what you expect
3. Providing regular feedback is a major motivator... it allows you to know whether you are on track to achieve their goals, if they need to change them, or come up with new ones
4. Everyone is a potential winner
5. Being praised allows you to know you are meeting your goals and they are performing the behaviors that will allow them to be successful.
6. Disciplining as close to the inappropriate behavior as possible is more likely to affect future behavior and allow you to be able to take in the constructive criticism.
7. Being tough on the behavior and then praising the person is more effective motivational tool than praising first and reprimanding second.

Everyone is a potential winner- Some people are disguised as losers, Don't let their appearance fool you

We are not just our behavior- We are the person managing our behavior

Goals begin behaviors- Consequences maintain behavior

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GENERAL CLINICAL EDUCATION DESCRIPTION⁵

The following is a summary of clinical experience courses and corresponding clinical hour requirements:

First Year of Clinical Education (Level II)

Clinical Education Course Title	Credits	Minimum Hours	Maximum Hours
HPR 171A Clinical Experience in Athletic Training	1	100	150
HPR 171B Clinical Experience in Athletic Training	1	100	150

Second Year of Clinical Education (Level III)

Clinical Education Course Title	Credits	Minimum Hours	Maximum Hours
HPR 171C Clinical Experience in Athletic Training	2	150	200
HPR 171D Clinical Experience in Athletic Training	2	150	200
*HPR 176 Clinical Experience in Athletic Training For Preseason Activities	1	100	150

Third Year of Clinical Education (Level V)

Clinical Education Course Title	Credits	Minimum Hours	Maximum Hours
HPR 171E Clinical Experience in Athletic Training	3	200	250
HPR 195 Field Experience in Sports Medicine	3	200	250

*This course is taken in the summer EITHER during the second or third clinical year

Students engaging in clinical experiences will be directly, supervised by a healthcare professional (usually a certified athletic trainer) who serves as a Preceptor for the academic program.

The student's total clinical experience hours are completed at a variety of sites including Hofstra University interacting directly with our Division I varsity athletic programs, as well as any number of off-campus clinical sites ranging from other colleges, high schools, medical offices, clinics or professional sports teams.

When developing clinical assignments the primary consideration is meeting the clinical education requirements as outlined by CAATE, which means any student could be assigned at an off-campus site at any time if it meets the educational and/or professional needs of the student.

Clinical placements are not made with respect to race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis.

⁵ All of the information contained under this section is a brief summary of CAATE *Standards*, described in detail in Standard 50. Refer directly to the *Standards* if you'd like more information. Available at: <http://caate.net/wp-content/uploads/2014/07/2012-Professional-Standards.pdf>

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Clinical Experience Courses will be satisfactorily completed with the following restrictions:

1. Majority of clinical hours must be under the direct supervision of a professional athletic trainer. Other experiences will be supervised by a qualified and licensed/certified health care practitioner.
2. Students will have exposure to conditions that affect both genders, various levels of activity risk, equipment intensive sports, individual and team sports, non-sport populations and general medical conditions.
3. Students should expect to travel with respective clinical assignments. This could include travel by bus and plane in addition to weekend travel.
4. Students will have clinical assignments in off campus settings and will need to provide either their own transportation or use public transportation.
5. All clinical hours must be accumulated in a period of not less than two, and no more than five years.

LEVEL DESCRIPTIONS: General Requirements

Level II Clinical Experience:

Students participating in the Level II experience will be assigned to various clinical rotations throughout the year. Assignments predominately occur during the fall and spring semesters, but the Clinical Coordinator may make an assignment during the intercession as deemed necessary. **Level 1 students will be assigned to one Preceptor each semester. The Preceptor may be employed at an off-campus clinical affiliation site.** Students will also be expected to complete a total of 6 on-campus physician clinics (4 general medical/2 orthopedic) throughout the academic year.

Level III Clinical Experience:

Students participating in the Level III experience will be assigned to 2 clinical assignments with a Preceptor throughout the academic year (primarily fall and spring semesters) depending on the needs of each student. If a student is assigned with a Preceptor who has responsibilities between semesters, it is expected that the student will arrange clinical experience hours to meet their clinical education requirement for their course, but are NOT required to accumulate hours during the intercession period. Students will also be expected to complete a total of 6 on-campus physician clinics (4 general medical/2 orthopedic) throughout the academic year.

Level IV Clinical Experience:

Students participating in the Level IV experience will be assigned to 2 clinical assignments with a Preceptor throughout the academic year (primarily fall and spring semesters) depending on the needs of each student. If a student is assigned with a Preceptor who has responsibilities between semesters, it is expected that the student will arrange clinical experience hours to meet their clinical education requirement for their course, but are NOT required to accumulate hours during the intersession period. Students will be expected to complete a total of 3 on-campus physician clinics (2 general medical/1 orthopedic) throughout the academic year as part of HPR I71E. In addition to these requirements each Level IV student will be assigned to complete a 3- week primary care sports medicine experience and an 8 - 10 week off campus clinical experience as part of HPR I95.

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ATHLETIC TRAINING EDUCATION PROGRAM STUDENT EMPLOYMENT POLICIES

No Compensation for Clinical Experience Policy:

Athletic training clinical education experience hours serve as opportunity for students to learn and practice athletic training related skills alongside an ATEP Preceptor, and should not be misidentified as “work”. Students cannot be compensated (paid) for their presence in the assigned athletic training/health care facility or for experience gained under the supervision of their Preceptor.

All Athletic Training Students will engage in no less than 1000 clinical experience hours over 7 clinical education courses, designated as HPR 171A-E, 176 and 195. (Please see General Clinical Education Description in ATS Handbook for details). Limitations of clinical education course total hours are stated in the course syllabi. In addition to the maximum total number of hours, students will not exceed 25 hours per week during the fall and spring semesters and 35 hours per week during summer and intercession.

Institutional Employment Opportunities and Policies:

Students who select to work on campus are required to follow all student employment policies outlined in the Hofstra University Student Employment Handbook, available at http://www.hofstra.edu/pdf/StudentAffairs/StudentServices/stdemp/stemp_student_handbook.pdf. This policy prohibits student employees from working more than one position in a semester and from working more than a total of 25 hours per week. During summer and intersession, students may work a maximum of 35 hours per week.

Hofstra’s Department of Athletics may provide opportunities for employment at sporting events. Students hired to assist the Professional Athletic Training Staff at such events do so under the title of “First Aid Provider”. Students are not permitted to identify themselves as “student athletic trainers” or “athletic training students” for the purpose of employment. As stated in the New York State Athletic Training Practice Act, Article 162, Section 8351, an Athletic Trainer is defined as any person who is certified in accordance with this article to perform athletic training. Therefore, students cannot use the term “athletic trainer” to describe employment.

Students hired to provide first aid care at events (on or off-campus) must be current in their CPR/AED/First Aid certification. In the role of First Aid Provider, students should perform tasks that are consistent with their CPR/AED/First Aid training. Students may not use skills learned specifically in their athletic training curriculum that extend beyond that of their current CPR/AED/First Aid certification. In addition, students are not permitted to be employed at an event that involves the Preceptor and team for which they are currently assigned in their current Clinical Education Course.

IMPORTANT NOTE: As part of the ATEP curriculum, the Program purchases a Certificate of Insurance for student liability. The insurance coverage extends only to service performed while enrolled in a clinical experience course and while gaining experience under the supervision of a Preceptor. This policy DOES NOT COVER students for employment at any events or facilities on or off campus. Students who select to be employed or volunteer for any other events or at any other facilities should purchase their own liability policy.

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PRECEPTOR DIRECT SUPERVISION POLICY

The Commission on Accreditation of Athletic Training Education Programs defines “**direct supervision**” of athletic training students by Preceptors as:

*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. (CAATE, 2013)*

Direct supervision is defined as being in close audio and visual contact in order to intervene on behalf of the patient. The Preceptor must be within the **IMMEDIATE PHYSICAL VICINITY** and can interact with the athletic training student on a regular and consistent basis in order to provide direction and correct inappropriate actions.

The Hofstra University Athletic Training Program Administration educates all Preceptors about this policy during annual Training Seminars. Preceptors **are expected** to adhere to this policy at all times when an athletic training student is under their supervision and direction. Preceptors are expected to **IMMEDIATELY REPORT to the ATEP Administration** any incidence when an Athletic Training Student provides any form of patient care without the direct supervision of the Preceptor.

Students are expected to IMMEDIATELY REPORT to the ATEP Administration any incidence when the Athletic Training Student is left without direct supervision of the Preceptor, regardless if patient care was or was not performed.

RECORDING & TRACKING CLINICAL HOURS

All athletic training students **MUST** document all hours accrued under the direct supervision of a Preceptor. Proof of these hours is required for course credit in HPR 171A-E, HPR 176 and HPR 195. Proof of these hours (minimum of 1000) is also required in order to be eligible for graduation from Hofstra University.

REQUIRED DAY OFF PER WEEK

All students are **REQUIRED** to receive at least one day off per every seven day period. The one day off is determined in **ADVANCE** in consultation with the Preceptor.

VOLUNTEER CLINICAL HOURS POLICY

ATS who have completed the maximum number of hours permitted in a clinical education course are not permitted to perform any additional hour unless:

1. ATS is not on probation;
2. The regular season has ended;
3. The ATS makes a request in writing to the AT Program Coordinator requesting permission to perform volunteer hours, and;
4. All clinical experience course forms, including modules, student and Preceptor performance evaluations, and hour logs have been submitted to the Clinical Course Instructor and the AT Program Clinical Coordinator via ATrack.

If the request to perform volunteer hours is approved, then the student is limited to only 10 hours per week of contact with the Preceptor. The student may discontinue volunteering at any time for any reason.

VOLUNTEER HOURS ARE DISCOURAGED DURING EXAM PERIODS!

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GENERAL CLINICAL EDUCATION POLICIES

1. All Athletic Training Students (ATS) are expected to abide by the NATA Code of Ethics and BOC Standards of Professional Practice, as well as other national, state and local standards that govern the practice of athletic training.
2. All Athletic Training Students (ATS) are required to maintain a current membership with the National Athletic Trainers' Association during their enrollment in the Professional Phase of the ATEP.
3. All Athletic Training Students (ATS) will be expected to contact and meet with their upcoming Preceptor at least one week prior to beginning your clinical assignment. This meeting should include a review of your completed goals sheet and the expectations for the experience.
4. Make all attempts to avoid scheduling classes, meetings, etc. during manual athletic training facility hours (2p - 6p Monday to Friday), while not all teams practice during this time, many do. Students wishing to enroll in a course during this time must receive ATEP faculty approval.
5. Professional dress is expected in the athletic training facility at all times. All athletic training students (ATS) must be dressed in appropriate uniform or clothing to work an event or while completing your clinical experience. (See Dress Code).
6. A week is defined as a seven day period. Each ATS must receive one day off per week that is determined in advance in consultation with his/her Preceptor.
7. ATS should be under the direct supervision of a Preceptor at all times. Direct supervision is defined as being in close audio and visual contact in order to intervene on behalf of the patient.
8. Any clinical hours obtained during an intersession period or other periods that are not directly associated with a clinical course and its required clinical hours are considered VOLUNTARY and cannot be mandated (See Volunteer Hours Policy).
9. **ATS could be assigned to an off-campus location at any time. Transportation to and from clinical sites is the responsibility of the ATS.**
10. Each affiliated site may have policies and procedures beyond what are listed here. It is the responsibility of the ATS to be aware of these policies and abide by them when attending a clinical experience at an off-campus affiliation.

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CLINICAL EDUCATION STUDENT EXPECTATIONS
(Also available on each clinical education course syllabi)

1. Students will review and accept the responsibility of an athletic training student as stated in the Athletic Training Student Handbook. Students are expected to present themselves in a professional manner at all times while representing the Program and the University. This includes, but is not limited to, behavior, language, appearance and demeanor. (See Dress Code for Athletic Training Students)
2. Students will maintain a current membership with the National Athletic Trainers' Association as stated in the Athletic Training Student Handbook.
3. Schedule to meet with the assigned preceptor prior to the start date of the clinical rotation (AT LEAST one week in advance).
4. Students who engage in team travel with the assigned preceptor are expected to follow the rules and regulations established by the affiliated clinical site's Department of Athletics.
5. Students are expected to provide their own transportation to clinical assignments with preceptors who reside at off-campus affiliate sites.
6. Students assume all liability relating to travel and transportation associated with clinical experience courses.
7. Students are expected to fulfill the clinical experience hour requirements as assigned regardless of weather conditions or extenuating circumstances. Students will engage in clinical experiences outdoors and during inclement weather.
8. Students are expected to maintain confidentiality of all medical information, be it verbal or written. Students are expected to abide by the Confidentiality Statement located in the Athletic Training Student Handbook.
9. Students are expected to provide payment of materials fee prior to the start of the Level II (III or IV) clinical experience for athletic training related clothing and supplies. In addition, students are required to pay an annual liability insurance fee of \$16.00
10. Students are expected to remain current in **CPR/AED for The Healthcare Provider** certification. An opportunity for annual recertification will be provided by the AT Program. Students who need to renew their CPR/AED certification card will pay a **card fee of \$10.00**.
11. Students are expected to complete annual training regarding universal precautions and bloodborne pathogens. Training in the guidelines set forth by the Occupational Safety and Health Administration will be provided annually by the ATEP.
12. Students are expected to attend educational seminars that occur outside of regularly scheduled clinical experience hours.
13. Students are accountable for the timely submission of all evaluations, Clinical Proficiency Manual modules, contact hour logs and all other documents required for successful completion of the clinical experience course.
14. Students are responsible for reading and understanding the Technical Standards form.
15. Students understand that failure to fulfill the expectations and course requirements as stated in the course syllabi can result in a failing grade for the course as well as academic suspension and/or dismissal from the Program.

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NATA CODE OF ETHICS⁶

PREAMBLE

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:

Members shall respect the rights, welfare and dignity of all.

- 1.1 Members shall not discriminate against any legally protected class.
- 1.2 Members shall be committed to providing competent care.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party of involved in the patient's care without a release unless required by law.

PRINCIPLE 2:

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

- 2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
- 2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.
- 2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
- 2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:

Members shall maintain and promote high standards in their provision of services.

- 3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
- 3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
- 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
- 3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skill: and knowledge.
- 3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

⁶ NATA Code of Ethics as available at: http://www.nata.org/sites/default/files/code_of_ethics.pdf

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PRINCIPLE 4:

Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

- 4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.
- 4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

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BOC STANDARDS OF PROFESSIONAL PRACTICE⁷

Introduction

The mission of the Board of Certification Inc. (BOC) is to provide exceptional credentialing programs for healthcare professionals. The BOC has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as "Athletic Trainer" from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The *BOC Standards of Professional Practice* consists of two sections:

- I. Practice Standards
- II. Code of Professional Responsibility

I. Practice Standards

Preamble

The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers. Compliance with the Standards is mandatory.

The Standards are intended to:

- assist the public in understanding what to expect from an Athletic Trainer
- assist the Athletic Trainer in evaluating the quality of patient care
- assist the Athletic Trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:

- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Standards at all times.

Standard 1: Direction

The Athletic Trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention

The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

Standard 3: Immediate Care

⁷ BOC, Inc. Standards of Professional Practice found at:
http://www.bocatc.org/images/stories/multiple_references/standardsprofessionalpractice.pdf

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The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis

Prior to treatment, the Athletic Trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

Standard 5: Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation

The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient's status.

Standard 7: Organization and Administration

All services are documented in writing by the Athletic Trainer and are part of the patient's permanent records. The Athletic Trainer accepts responsibility for recording details of the patient's health status

II. Code of Professional Responsibility

Preamble

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The *Professional Practice and Discipline Guidelines and Procedures* may be accessed via the BOC website, www.bocatc.org.

Code 1: Patient Responsibility

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
- 1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare
- 1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice
- 1.4 Maintains the confidentiality of patient information in accordance with applicable law
- 1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
- 1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
- 1.7 Exercises reasonable care, skill and judgment in all professional work

Code 2: Competency

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities
- 2.2 Participates in continuous quality improvement activities
- 2.3 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

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The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards
- 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care
- 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care
- 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education
- 3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful
- 3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials
- 3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public
- 3.10 Complies with all confidentiality and disclosure requirements of the BOC
- 3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education, this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity
- 3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion
- 3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

Code 4: Research

The Athletic Trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
- 4.2 Protects the rights and well being of research subjects
- 4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

Code 5: Social Responsibility

The Athletic Trainer or applicant:

- 5.1 Uses professional skills and knowledge to positively impact the community

Code 6: Business Practices

The Athletic Trainer or applicant:

- 6.1 Refrains from deceptive or fraudulent business practices
- 6.2 Maintains adequate and customary professional liability insurance

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**NEW YORK STATE EDUCATION DEPARTMENT
ATHLETIC TRAINING PRACTICE ACT⁸**

§8350. Introduction.

This article applies to the profession of athletic training. The general provisions of all professions contained in article one hundred thirty of this chapter shall apply to this article.

§8351. Definition.

As used in this article "athletic trainer" means any person who is duly certified in accordance with this article to perform athletic training under the supervision of a physician and limits his or her practice to secondary schools, institutions of postsecondary education, professional athletic organizations, or a person who, under the supervision of a physician, carries out comparable functions on orthopedic athletic injuries, excluding spinal cord injuries, in a health care organization. Supervision of an athletic trainer by a physician shall be continuous but shall not be construed as requiring the physical presence of the supervising physician at the time and place where such services are performed.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

§8352. Definition of practice of athletic training.

The practice of the profession of athletic training is defined as the application of principles, methods and procedures for managing athletic injuries, which shall include the preconditioning, conditioning and reconditioning of an individual who has suffered an athletic injury through the use of appropriate preventative and supportive devices, under the supervision of a physician and recognizing illness and referring to the appropriate medical professional with implementation of treatment pursuant to physician's orders. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

§8353. Use of the title "certified athletic trainer".

Only a person certified or otherwise authorized under this article shall use the title "certified athletic trainer".

§8354. State committee for athletic trainers.

A state committee for athletic trainers shall be appointed by the board of regents, upon the recommendation of the commissioner and shall assist on matters of certification and professional conduct in accordance with section six thousand five hundred eight of this title. The committee shall consist of five members who are athletic trainers certified in this state. The committee shall assist the state board for medicine in athletic training matters. Nominations and terms of office of the members of the state committee for athletic trainers • all conform to the corresponding provisions relating thereto for state boards under article one hundred thirty of this chapter. Notwithstanding the foregoing, the members of the first committee need not be certified prior to their appointment to the committee.

§8355. Requirements and procedure for professional certification.

For certification as a certified athletic trainer under this article, an applicant shall fulfill the following requirements:

1. Application: file an application with the department;
2. Education: have received an education including a bachelor's, its equivalent or higher degree in accordance with the commissioner's regulations;
3. Experience: have experience in accordance with the commissioner's regulations;
4. Examination: pass an examination in accordance with the commissioner's regulations;

⁸ Taken directly from the *Office of the Professions* available at: <http://www.op.nysed.gov/prof/at/article162.htm>

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5. Age: be at least twenty-one years of age; and
6. Fees: pay a fee for an initial certificate of one hundred dollars to the department; and a fee of fifty dollars for each triennial registration period.

§8356. Special provisions.

A person shall be certified without examination provided that, within three years from the effective date of regulations implementing the provision of this article, the individual:

1. files an application and pays the appropriate fees to the department; and
2. meets the requirements of subdivisions two and five of section eight thousand three hundred fifty-five of this article and who in addition:
 - a. has been actively engaged in the profession of athletic training for a minimum of four years during the seven years immediately preceding the effective date of this article; or
 - b. is certified by a United States certifying body acceptable to the department.

§8357. Non-liability of certified athletic trainers for first aid or emergency treatment.

Notwithstanding any inconsistent provision of any general, special or local law, any certified athletic trainer who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary athletic training equipment, to a person who is unconscious, ill or injured shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such athletic trainer. Nothing in this section shall be deemed or construed to relieve a certified athletic trainer from liability for damages for injuries or death caused by an act or omission on the part of an athletic trainer while rendering professional services in the normal and ordinary course of his or her practice.

8358. Separability.

If any section of this article, or part thereof, shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder of any other section or part thereof.

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HOFSTRA UNIVERSITY ATHLETIC TRAINING PROGRAM
BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN

(NOTE: This plan is currently under the review of Hofstra University)

METHODS OF REDUCING EXPOSURE

An exposure is defined as percutaneous or mucous membrane exposure to blood or body fluids of any patient, including needle or other sharp stick or cut, blood splash on an open cut or wound, or splash to mouth or eyes. Students incur risk of infection and illness each time they are exposed to blood or other potentially infectious materials. Therefore, interrupting the modes of transmission reduces and may eliminate employee exposure incidents to bloodborne pathogens. A means of decreasing exposures is to determine exposure prone activities and staff that perform those tasks/procedures.

When individuals at risk and procedures are identified, preventative measures can be taken. Preventing exposure incidence requires education of the select group to the following exposure reducing methods: (1) Standard Precautions, which considers all patients potentially infectious with a bloodborne pathogen and stresses adherence to particular infection control precautions. (2) Use of select personal protective equipment to prevent skin/mucous membrane contamination. (3) Procedures for cleaning and caring for equipment. (4) Immunization of staff with the hepatitis B vaccine. (5) Post exposure evaluation plan/follow-up program.

HANDWASHING - Handwashing is primarily the mechanical removal of dirt and the reduction of microorganisms by sudsing, friction, and rinsing with running water. It is frequently called the single most important measure to reduce the risks of transmitting microorganisms from one person to another or from one site to another on the same patient. These guidelines are intended to reduce carriage of pathogens on the hands. Antimicrobial handwashes or gels are available to students.

STANDARD PRECAUTIONS - Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in healthcare setting. Standard Precautions apply to:

- Blood
- All body fluids, secretions and excretions, except sweat, whether or not they contain visible blood
- Non-intact skin
- Mucous membranes

Standard precautions shall be used when caring for all patients, especially in settings where the risk of blood exposure is increased. All students potentially at risk of blood and/or body fluid exposure shall observe the following. The uses of barrier techniques (gloves, mask, gown, goggles, etc.) to prevent skin or mucous membrane exposure.

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BASIC PRINCIPLES FOR PPE SELECTION:	GLOVES	GOWN	MASK/FACE SHEILD
Examining mouth	X		
Skin puncture (use of lancets)	X		
Contact with non-intact skin	X		
Direct contact with excreta	X	XX	
Observation of surgical procedures in the OR	X	* XX	*XX
Handling soiled instruments	X		
X - Always XX - Only when soiling is likely * - SCRUBS, i.e. provided by hospital as needed			

ENGINEERING CONTROLS

The goal for engineering controls is the prevention of student exposure to infection or injury by controlling exposure to the infectious or biohazardous agent. This is done by the following methods:

- Handwashing facilities that are accessible to students
- Leak proof, puncture-resistant containers for used needles and other contaminated sharp items.
- A known designated area for personal protective equipment.
- Needle safety devices, i.e. safety butterfly, retractable lancet

WORK PRACTICE CONTROLS - Work practice controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of students' exposure to blood or potentially infectious materials. Examples are:

- Accessible handwashing facilities; if not accessible, antiseptic toiettes or hand cleansers should be used.
- Hands will be washed as soon as possible and soiled with blood or body fluid.
- Coding Regulated Medical Waste.
- Decontaminating equipment before reuse.
- Labeling contaminated equipment before servicing.
- Placing all specimens in a well-constructed container when transporting a specimen; a secondary container or protective package shall be used if outer container is soiled.
- Always take care to minimize the formation of droplets, splatters, splashes, aerosols and spills of blood or body fluids.
- Handwashing - **It is also necessary to routinely wash hands after the removal of gloves.**
A vigorous rubbing together of all surfaces of lathered hands for at least 10 seconds, followed by a thorough rinsing under a stream of water or using an alcohol waterless hand gel, which should remain on the hands for at least fifteen seconds and allowed to air dry.
- Replacing examination gloves when visibly soiled, torn, or punctured, or when their integrity is compromised.
- No recapping lancets. Disposable lancets, scalpel blades, and other sharp items are placed in puncture-resistant containers for disposal; the containers shall be located as close as practical to the use area.
- Observe Standard Precautions, treating all blood and certain body fluids as if infectious.

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- Sharp broken items such as broken glassware shall be reported immediately to the supervising preceptor and cleaned by a designated individual with a brush and dust pan and placed in a puncture resistant container.
- All disposable material contaminated with gross blood or body fluids shall be considered potentially infectious and disposed in a red plastic bag.
- Contaminated reusable equipment and instruments shall be disinfected and sterilized between each patient use. PPEs should be used while cleaning or handling soiled instruments.
- Use mouthpieces, resuscitation bags, or other ventilation devices for resuscitation.
- Students with exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling equipment until the condition resolves.
- All PPEs are removed immediately, or as soon as possible, when soiled and upon leaving the work area, placed in an appropriately designed area or container for washing, decontamination, or disposal.
- Eating and drinking in areas separate from contaminated areas. **Never eat, drink, apply cosmetics, or handle contact lenses in patient care areas.** Use only designated facilities for these functions.
- Food and drink items shall be kept separate from refrigerators, freezers, shelves, or countertops where urine samples or other potentially infectious materials are present.
- If any accident occurs, (i.e. puncture, cut, contact with skin, mucous membrane, splash, etc.), wash affected area with large volumes of water. Report immediately to your preceptor and to the ATEP Program Director for immediate medical referral.

PERSONAL PROTECTIVE EQUIPMENT (PPE) –

Personal protective equipment is specialized clothing or equipment used to protect from direct exposure to blood or other potentially infectious material. PPE shall be available in appropriate size and accessible locations and must be used properly.

TYPES:

- **MASKS, EYE PROTECTION, AND FACE SHIELDS** - Shall be worn if there is the possibility of exposure whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated. Items such as goggles or glasses with side shield, or chin face shields shall be worn if there is reasonably anticipated exposure of eyes, nose, or mouth. Prescription glasses shall be used as protective eyewear as long as they are equipped with side shields that are permanently affixed. If protective eyewear is chosen over the use of a face shield, the eyewear must be worn in combination with a mask to protect the nose and mouth.
- **GLOVES** - Single use gloves shall be worn if you or the patient/resident has broken skin, for all invasive procedures, internal examinations, whenever you handle risky fluids or tissue, whenever handling soiled materials and equipment, cleaning up spills of blood or potentially infectious materials. For non-patient care activities utility gloves may be used and decontaminated for reuse if the integrity of the glove is not compromised.
- **GOWNS, APRONS, AND OTHER PROTECTIVE BODY CLOTHING** - Appropriate protective clothing such as gowns or other garments are indicated when contamination of clothing is likely. The type depends on the task and degree of exposure anticipated.

ATHLETIC TRAINING LABORATORY PRACTICES:

The laboratory site shall be maintained in a clean and sanitary condition. Students and course instructors are responsible for sanitizing used equipment and surfaces after each use. Surface and hand cleaning solutions are readily available for use and are located at the first aid station. Biohazard canisters and sharps containers are also available at the first aid station. Course instructors and students are expected to do the following:

- All equipment and work surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials
- Discard of contaminated sharps in the sharps container. Students will not place their hands into containers whose contents include reusable sharps
- **PERSONAL PROTECTION:** Cleanup should always be done wearing personal protective equipment.

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- Initial clean-up of contaminated areas with blood and other potentially infectious material shall be done. Then an approved hospital disinfectant that is an EPA-registered hospital approved EPA tuberculocidal solution or a solution that has a claim that it is effective against hepatitis B and HIV. Labeling instructions regarding the amount of disinfectant and the length of time it must remain wet on the surface must be followed.

CLEANING PROCEDURE: Blood and other potentially infectious material must be thoroughly cleaned from surfaces and objects before application of a hospital approved EPA tuberculocidal solution or a solution that has a claim that it is effective against hepatitis B and HIV.

- CONTACT TIME: Leave surfaces wet for 10 minutes or allow to air dry.
- DISPOSAL OF INFECTIOUS MATERIAL: Blood, body fluids, cleaning materials and clothing shall be deposited in a red bag designated for infectious waste.

POST-EXPOSURE REPORTING AND FOLLOW-UP:

An exposure incident is defined as a specific eye, mouth, other mucous membrane, or non-intact skin contact with any potentially infectious material.

- Immediately wash exposed skin area with soap and water. If eyes are exposed, immediately flush with water. For mouth or other mucous membrane exposures, rinse with large amounts of water.
- The student shall report the incident to their Preceptor/course instructor IMMEDIATELY and the ATEP Program Director as soon as possible.
- Information about the source person should be obtained: name, institutional identification number, contact information.
- The athletic training student must go to Hofstra University Health and Wellness Center or the Emergency Department as soon as possible after the incident. Student Health Services shall follow-up with the student. Follow-up is confidential; documentation includes circumstance of exposure, identifies and tests the sources if feasible, and testing the exposed student blood if he/she consents, post- exposure prophylaxis, counseling and evaluation of reported illnesses. Information about the Health and Wellness Center can be found at <http://www.hofstra.edu/StudentAffairs/StudentServices/welctr/index.html>.
- The Preceptor/Course Instructor shall document the route of exposure, where exposure occurred, the brand of device involved in the exposure (safety or non-safety device), and the circumstances under which the exposure occurred.
- The Student should provide copies of the Emergency Department examination and discharge to the Hofstra University Health and Wellness Center and the ATEP Program Director.
- New York State Laws shall be followed regarding disclosing results of the source individual's testing to the exposed student. The student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The Program Director, in consultation with the University's Blood borne Pathogen Exposure Control Committee, will review the Exposure Control Plan annually and after each exposure incident.

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POST-EXPOSURE RECORDKEEPING:

The Program Director shall maintain a record for each student covered by this standard as well as of each student with an exposure. The exposure record shall include:

- Name and Hofstra ID#
- Student's clinical placement as they relate to the exposure incident.
- Date and time of exposure.
- Documentation of the route and circumstances of exposure. Include where, how and severity of exposure. For percutaneous exposure: depth of injury and whether fluid was injected; for skin/mucous membrane exposure: the estimated volume of material and the condition of the skin (chapped, abraded or intact).
- Type and brand of device involved in the exposure incident and whether or not it was a safety device and when in the course of handling the device the exposure occurred.
- The information will be kept confidential and is not disclosed or reported without the student's written consent to any person within or outside the workplace. Disclosure is also permitted when required by the Bloodborne Pathogen Standard or other Federal, State, or Local agency.

SEE APPENDIX A for Post-Exposure Reporting Form and Follow-up Checklist

The Bloodborne Pathogen student training records maintained by the Program Director shall include the following:

- The dates of the training session
- The content or a summary of the training session
- The names and qualifications of persons conducting the training
- The names of all persons attending the sessions. All records shall be maintained for 3 years from the date on which the training occurred.

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NATA MEMBERSHIP & UTILIZATION OF ATrack® SOFTWARE

ATrack® is a database that allows the ATEP to manage each student's clinical proficiency test data for the duration of their enrollment in the ATEP. Additionally, ATrack® allows for tracking of clinical hours and completion of ATEP evaluations and surveys all in one, easy to use location. Students will be able to view their clinical proficiency results, up-to-date clinical hour totals, and written feedback on their performance. This software is easily accessed from any web browser or device that has access to the Internet.

Access and use of this software is required of all student enrolled in the ATEP as part of all clinical education courses. All clinical proficiency testing, hours logs, clinical evaluations and other associated documents will be completed and submitted using this system. ATS will be expected to check the system regularly as relevant ATEP announcements ('News Flashes') will be posted on the 'Dashboard'

Free access to the ATrack® system will be available to all students who are current members of the National Athletic Trainers' Association (NATA). Therefore, all students are required to be members of the NATA, allowing access not only to ATrack®, but to the many resources made available to its members by the NATA. Annual cost of student membership to the NATA for District II (DE, NJ, NY, PA) is currently \$65 for new student members (and \$85 for returning student membership). This cost is set by the NATA and could change annually, refer to the NATA website for the most up-to-date fees.

To become a member of the NATA:

<http://www.nata.org/membership>

To access ATrack®:

<http://www.atrackonline.com>

Students will be trained in the use of this software upon entrance in to the Professional Phase of the ATEP. Additional resources such as a user s manual will also be made available.

ATHLETIC TRAINING STUDENT TOOL KITS

Upon acceptance into the Professional Phase of the ATEP each student will be required to purchase a 'tool kit' containing a variety of items that will be used both during class and clinical education experiences. Upon graduation students keep these kits as a starting tool set. This tool kit includes either a fanny pack or sling bag equipped with a glove dispenser, scissors, neurological hammer, goniometer, tape measure, digital thermometer, stethoscope, sphygmomanometer and pen light. Costs ranges from approximately \$90 - \$120 depending on the type of pack you choose. Costs of supplies could change annually and students will be notified during the application process of the current costs of the tool kit.

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ATEP PRESEASON ORIENTATION

Each year prior to the start of the fall athletic season in August (HPR 176 students) and before the fall semester (all non-HPR 176 students) athletic training students will be required to return to campus to attend a one-day orientation organized as part of the ATEP. Additionally, completion of several online modules prior to the one-day session will be required. This orientation will allow students to get reacquainted with your fellow athletic training students as well as provide educational information in the form of activity and lecture sessions. Attendance at this orientation is required as part of all clinical courses for the Summer III and Fall semesters.

If a student has a conflict with the orientation date, they must speak directly with the academic program staff well in advance. A decision will be made on a case-by-case basis as to whether a student will be excused from the orientation. However, even if a student is excused, it will be necessary to make up the missed materials within a time frame that is agreed upon by all parties in order to be eligible to participate in his/her clinical education experience.

Sample activities sessions include, helmet and shoulder pad fitting, spine-boarding, and CPR/AED certification. While sample educational sessions include presentations on concussions, heat illness or other "hot topics" in the profession of athletic training.

Students are required to arrange their own transportation, meals, and, if needed, overnight accommodations. Students are required to pay \$10 fee for the certification card fees and a \$16 fee to Hofstra University for personal professional liability insurance fees, which are payable at the time of the orientation.

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ON-CAMPUS PHYSICIAN CLINIC SYSTEM , PROCEDURES and EXPECTATIONS

Signing Up For Clinic

- The ATEP requires experience in 3 clinics per semesters as part of HPR 17IA-E
 - 1 orthopedic
 - 2 general medical
 - Students must sign up for 1 clinic per month
- Each student is responsible for signing up within the first week of each semester
- Sign up is on a first come, first served basis
- Have your class and clinical rotation schedule available to facilitate sign up

Proof of Attendance

- Upon arrival at clinic ATS must sign the attendance log available in the physician's office
- Upon completion of clinic ATS must log the experience in ATrack® to be approved by your Preceptor
- If you fail to log your experience in ATrack® within 7 days you will NOT receive credit for completing the clinic and you will be required to complete an additional clinic to meet the minimum requirement

Clinic Repercussions

- Failure to sign up for clinic
 - ATS will still be allowed to sign up for required clinics
 - ATS in addition will have to complete one additional clinic for every week late in signing up
 - Case study selection, format, and discussion will be at the discretion of the Clinical Coordinator and could be used as additional repercussions at the discretion of the Clinical Coordinator
- Failure to attend clinic as scheduled
 - ATS will be required to make up the clinic missed
 - ATS must also sign up for an additional clinic during that semester
 - ATS will also find out what cases were presented at the missed clinic and present a case study related to that case to the Clinical Coordinator
- Being late for clinic
 - Late is defined as showing up for clinic any time after it was scheduled to start, in other words you are supposed to be at clinic at 3:40pm for a 4pm clinic, if you show up after 4pm you are considered late
 - ATS will be required to present a case study related to one of the cases presented at clinic to the Clinical Coordinator

1. Substitute Policy

- It is understood that at times unexpected things come up that may cause you to have to miss a clinic you are scheduled to attend
- If this is the case you must seek the approval of the Clinical Coordinator to find a substitute. Once a substitute is found you must notify the Clinical Coordinator
- When doing this you must find another ATS that can TRADE with you where possible

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ON CAMPUS PHYSICIAN CLINIC EXPECTATIONS

1. ATS is required to be at clinic a MINIMUM of 20 minutes prior to start.
2. ATS is to look and act professional. Collared shirt and khaki pants or shorts must be worn.
3. When there are two ATS' working clinics, one will be in charge of patient intake and the other will be in the examination room. The AT who then completes the intake will present the patient to the physician and the other ATS will complete the next patient intake.
4. ATS who is in charge of patient intake is responsible for a) assisting the Preceptor in making sure the charts are complete and in order prior to the patient being seen, b) taking and recording patient vitals, c) briefly record chief complaint, d) and ask and record pertinent history regarding the injury or illness.
5. ATS who is in examination room is required to take sure all pertinent patient information is readily available re: x-rays, MRIs diagnostic reports etc. Make sure you are observing the physicians and asking many questions. This should be as much of a learning experience as possible. Also, be willing to research cases for further discussion and be prepared for questions from either the physicians or the Preceptor.
6. At the end of clinic, the ATS is expected to assist the Preceptor in getting physician reports to appropriate people.
7. Remember, what you see in physician's clinic is confidential information and is not to be discussed with anyone outside the room. At time s you may be asked to leave the room during a confidential consultation. Do not take it is personally; it is up to each individual athlete who they want in the room with them.
8. ATS must sign in at clinic and log the experience at the end of each clinic experience using ATrack®.
9. ATS must sign up for 1 orthopedic and 2 medical clinics per semester **AND ONLY 1 PER MONTH.**

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PRIMARY CARE SPORTS MEDICINE ROTATION
***Part of HPR 195**

Overview:

The purpose of the General Medical Rotation is as follows:

1. Providing a general, but comprehensive educational experience by exposing the athletic training student to a variety of medical specialties including primary care, physical medicine, and other subspecialties.
2. Facilitate the connection between the ATS' role as an allied health professional likely to refer patients/clients to other healthcare professionals and these other healthcare professionals.
3. Teach special expertise in the diagnosis and treatment of orthopedic and non-orthopedic conditions for both the physically active and general population patients.
4. Provide the environment, support and opportunities to develop academic skills of scientific inquiry and the application of evidenced-based medicine.
5. Continue the development of skills and knowledge in sports medicine.

Student must:

1. Be a Level IV clinical student
2. Be enrolled in HPR 195 and have met all prerequisites
3. Supply own transportation to this clinical experience
4. Complete any necessary paperwork as assigned by the Clinical Coordinator and Director of Sports Medicine at ProHealth Care Associates and/or Winthrop University Hospital
5. Be an upstanding professional in both dress and action, including maintaining confidentiality of patient information while attending this clinical experience

Location:

The General Medical Rotation will be based in the Department of Sports Medicine at Prohealth Care located in Lake Success, NY and Winthrop University Hospital 1300 Franklin Ave., Garden City, NY. The rotation will be three (3) weeks in duration. The program's goals and purposes will be consistent with the missions of the Department of Sports Medicine, Prohealth Care and Winthrop University Hospital.

Rotation Components:

Primary Care

The student will be required to complete a minimum of ten (10) hours of clinical observation in this area. The student must select one (1) option from Sports Medicine, Pediatrics, or Internal Medicine. Selection should be made based on the student's professional interests. The patients will range from recreational athletes of all ages and abilities to small children and older adults who are minimally active.

Physical Medicine

The student will be required to complete a minimum of ten (10) hours of clinical observation in this area. The student must select one (1) option from Orthopedics, Physical Therapy or Chiropractics. Selection should be made based on the student's professional interests. Students with no previous physical therapy experience may be strongly encouraged to select that option. The patients will range from recreational athletes of all ages and abilities to older adults who are minimally active.

Subspecialties

The student will be required to complete a minimum of ten (10) hours of clinical observation in this area. The student must select one (1) option from Dermatology, Cardiology, Podiatry or Neurology. Selection should be made based on the student's professional interests. The patients will range from recreational athletes of all ages and abilities to older adults who are minimally active.

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Rotation Expectations

The athletic training student (ATS) is expected to adhere to the following guidelines in completing the minimum requirements of this rotation:

1. ATS will expect to complete a minimum of thirty (30) hours total for this rotation. Those thirty hours will be divided over three (3) weeks as follows:
 - a. Ten (10) hours with Primary Care
 - b. Ten (10) hours with Physical Medicine
 - c. Ten (10) hours with Subspecialties or with the specialist of your choice
2. ATS will make selections for each rotation area keeping in mind that a minimum of 10 hours are required to be with a specialty that is considered **general medical** in nature (dermatology, cardiology, neurology, pediatrics, internal medicine)
3. ATS will select/design rotation one semester prior to completing rotation and notify the Clinical Coordinator.
4. ATS will contact necessary physicians/office managers to set days and times for rotation no less than two (2) weeks before his/her rotation is to begin.
5. ATS will dress professionally during this rotation, in business casual attire. Further explanation is available in ATS Handbook.
6. ATS will distribute, collect and submit necessary hour logs and documentation on time as delineated in HPR 195 course syllabus.

Scheduling rotations

- Select your weeks and physician that you would like to observe. Email Kristin the dates and physicians.
- Please give at least two weeks' notice before you would like to start rotations.
- Email the office manager prior to the rotation to confirm that you will be observing. (list dates, days and time).
- Confirm office attire for observation.

ProHealth Care Associates: Follow general direction above

Winthrop University Hospital:

The following items must be completed before rotation begins:

- Application form (first page completed) with a date range, i.e.: Sept. (year)- Dec.(year), Dec.(year) – May (year) or May (year) – Aug. (year)
- Orientation packet training and verification forms signed
- Medical clearance, schedule an appointment with HR. Updated shots: Measles, rubella, PPD(within 12 mths.) flu shot
- Ebola pre-screening call; Joe Ragno 516-663-9637

Forms will all be completed before an appointment is scheduled with HR.

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CONFIDENTIALITY STATEMENT

Athletic Training Students are required to complete formal training in HIPAA and FERPA Policies. This training will take place as part of the ATEP Annual Orientation Program and prior to the start of the students' engagement in clinical experience.

HIPAA

As previously mentioned, patient medical information is private. Any information you hear regarding a patient's medical health, whether in the athletic training facility, on the road, during an on-campus physician clinic or in another health care facility must remain confidential. This includes not speaking to the media, in any case.

Specifically, confidentiality of medical information is guaranteed by Health Insurance Portability and Accountability Act (HIPAA). This act describes information that is deemed Protected Health Information (such as name, social security number, or contact information) and sets the regulations as to how the privacy of the medical information should be protected. For example, you should not discuss a patient's medical information without permission from the patient, or leave their medical file out in community areas where others could read the information.

If you have concerns about whether information regarding a patient should be disclosed consult with your preceptor. Otherwise, use care when talking about your experiences and DO NOT violate the confidentiality of a patient's medical information.

For further detailed information regarding HIPAA you can go to the following link:

http://www.hhs.gov/octiprivacy/hipaa/understan/Lin!/summa/privacy/summa_id

FERPA

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that requires colleges and universities to protect the confidentiality of student education records. The law states that no one outside the institution shall have access to a student's education records, nor will the institution disclose any information from those records without the written consent of the student.

Education records are records that:

- Contain information that is directly related to a student.
- Are maintained by an education agency or institution or by a party acting for the agency or institution.

Records that do not qualify as an Education Record include records that are kept in the sole possession of the maker for use as a memory aid and not shared with others, Such as:

- Public Safety records maintained and used only for law enforcement purposes.
- Employment records that relate exclusively to an individual's employment capacity.
- Medical and psychological records made, maintained, or used only in connection with the treatment of the student.
- Post-attendance records (alumni records).

Student's Rights Under FERPA:

- Right to inspect and review education records.
- Right to request amendment of education records.
- Right to have some control over the disclosure of information from education records.
- Right to file with the U.S. Department of Education a complaint concerning alleged failures by the education agency or institution to comply with the requirements of the act.

In compliance with FERPA, Hofstra University annually notifies students of the rights afforded to them under FERPA by publishing the University's FERPA policy on the University's Web site, in the University's Undergraduate and Graduate Studies Bulletins and in the Guide to Pride.

Additional FERPA Information can be found at the U.S. Dept. of Education, Family Policy Compliance Office at <http://www.ed.gov/policy/gen/guid/fpco/index.html>.

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DRUG AND ALCOHOL/TOBACCO STATEMENT

Athletic Training is a profession that concerns itself with all aspects of a patient's health. We lead by example as well as by instruction. It is the responsibility of athletic trainers to demonstrate a healthy and fit lifestyle.

Hofstra University's Athletics Department has an Athletic Health and Safety Program that addresses the needs of Hofstra student-athletes. This is a comprehensive program of education, counseling and substance abuse testing. It is designed to support all members of Hofstra Universities Athletic Department. All members of the Athletic Training staff are part of this department.

Hofstra University's athletic training students are encouraged to attend the annual substance abuse, and rape awareness seminars that are presented to Hofstra University student-athletes. Counseling is available to the Athletic Training Students as needed. Athletic Training Students are also subject to probable cause referral for substance abuse, or other health problems, as included in the University Athletic Health and Safety Program.

The use of illegal drugs or substances by Hofstra University athletic training students is forbidden. The use of such substances will result in possible termination of one's participation in clinical education experience with Hofstra University's Athletic Department and other clinical affiliates.

Consumption of alcoholic beverages is prohibited while traveling with athletic teams. Tobacco in any and all of its forms is banned at any and all athletic events and facilities, or whenever you are representing the Hofstra University ATEP.

All questions and concerns regarding this policy, or the Athletic Health and Safety Program, should be addressed to the Program Coordinator and Head Athletic Trainer.

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DRESS CODE FOR ATHLETIC TRAINING STUDENTS

General Expectations for all Clinical Experience Site

1. Athletic Training Students (ATS) should arrive to their clinical experience site appropriately dressed and ready begin their clinical experience. Do not expect to change into the appropriate uniform upon arrival to the clinical site.
2. ATS will be allowed to wear only clothing bearing the logo of the institution or organization at which you are completing your clinical experience. You should be identifiable as an ATS associated with your assigned clinical site.
3. When wearing casual business attire not emblazoned with the appropriate logo (generally khakis and a polo shirt or sweater) name brand clothing with large graphic logos are not allowed (Gap, RocaWear, American Eagle, etc.
4. Attire must be neat and clean, not excessively baggy, saggy, or tight. Additionally, clothing should not be worn or altered (ex. ragged or cut off shorts) in any way. Shirts must always be tucked in and all shorts must h. e enough length to reach the mid-thigh of the wearer.
5. NO jeans, stretch pants, or clothing with logos or writing across the seat of the pants or shorts are allowed. NO tank tops, all shirts must have some sort of sleeve and appropriately cover your mid-rift.
6. NO open-toed shoes or sandals. Typically sneakers are appropriate for most clinical education sites, except where professional business attire is required and dress shoes would be expected. High heel shoes (that over 3 inches) are not permitted at any time, including formal events such as Athletics Banquets.
7. Jewelry should be kept to a minimum in order not to interfere with your ability to provide treatment.
8. ATS should be aware that uniform clothing should allow for easy movement during completion of clinical education activities such as lifting, stretching patients, and bending down. Additionally, clothing should not be revealing during these activities and be aware that it is possible clothing could become damaged or stained.
9. These are the minimum standards ATS are expected to uphold, if your preceptor or affiliate clinical site has a higher standard, it is within their right to do so. See the Clinical Coordinator for any concerns regarding the Dress Code.

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Specific Clinical Site/ Activity Expectations:

HOFSTRA UNIVERSITY

1. Hofstra University attire or casual business dress- is required at all times unless otherwise stated by your Preceptor. Hofstra University follows the General Dress Code General Expectations.
2. Hofstra University Attire includes:
 - a. HU AT Polo Shirt or t-shirt
 - b. HU AT Jacket, Hoodie or Sweatshirt
 - c. HU Team Shirt
 - d. HU Wind pants (must be appropriate colors: blue, white, yellow)
 - e. HU Shorts or Sweatpants **At Preceptor's discretion
NO OTHER SWEATPANTS ALLOWED
3. During rehabilitation hours and practice student- are expected minimally be in casual business dress wearing khakis or cargo pants with a polo or sweater. Wind pants will be allowed assuming they are the appropriate color (practice only). Sneakers are also expected.
4. During on-campus physician clinics ATS must wear appropriate Hofstra University attire with khakis and sneakers.
5. Dress during games and travel with athletic teams will be clearly delineated by the Preceptor at the beginning of your clinical experience. In some instances Hofstra University attire will be sufficient, while in others professional business attire may be expected (shirt & tie).

PHYSICAL THERAPY and MEDICAL CLINICS

1. Dress requirement is “business casual” or “business professional”, as directed by your preceptor or the facility office manager.
 - o Business casual: Appropriately logoed collared shirt, khakis or slacks and rubber soled, closed toe shoes. (Sneakers or athletic foot wear ONLY if permitted by the Preceptor and typically worn by the facility staff.
 - o Business professional: Shirt & tie, blouse, dress slacks, knee length skirts or business suit with dress shoes.
2. High heels (that over 3 inches) are not to be worn at any time.

OFF CAMPUS ATHLETIC TRAINING FACILITIES

1. Identify dress code expectations for the clinical site, as directed by the preceptor.
2. Appropriately attire (logo appropriate to your clinical site) or casual business dress is required at all times unless otherwise stated by your Preceptor.
3. Sneakers are appropriate unless otherwise stated by your Preceptor.

PRACTICE, INCLUDING OUTSIDE

1. Appropriately attire (logo appropriate to our clinical site) or casual business dress is required at all times unless otherwise stated by your Preceptor.
2. Sneakers are appropriate unless otherwise stated your Preceptor.
3. For ATS completing clinical education activities outside you should dress appropriately for weather and field conditions. These conditions along with information provided by your Preceptor should be your guide in appropriate use of your mesh shorts, t-shirts or wind pants and alternative footwear.

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GAMES

1. All affiliated sites minimally follow General Dress Code General Expectations.
2. Specific dress requirements for game experience can vary significantly depending on the affiliated clinical site and athletic contest being covered. Specific uniform instructions will be clearly delineated by the Preceptor at the beginning of your clinical experience.
3. Requirements can range from appropriately logo collared shirt with khakis and sneakers to business professional (shirt & tie) with dress shoes.

TRAVEL EXPERIENCES

1. All affiliated sites follow the minimal General Dress Code General Expectations stated for Hofstra University.
2. Specific dress requirements for travel can vary significantly depending on the affiliated clinical site and athletic team traveling. Specific uniform instructions will be clearly delineated by the Preceptor at the beginning of your clinical experience.
3. Requirements can range from appropriately logo collared shirt with khakis and sneakers to business professional (shirt & tie) with dress shoes.

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TRAVEL POLICIES

Generally, ATS will be expected to follow ALL travel responsibilities as outlined by the Preceptor they will be traveling with and their associated athletic team. Specifics may vary slightly depending on the team and the Preceptor, but the following items are expected of ALL ATS. Traveling with a team in a unique opportunity and while academics should always come first students are highly encouraged to take advantage of an opportunity to travel with a given assignment.

Dress Code

See "Dress Code for Athletic Training Students" for specifics regarding the dress code and the expectations for ATS when traveling with assigned athletic teams. Generally, students will be allowed to dress as their assigned team dresses for travel.

Rooming Expectations

ATS will often have to share a room with another individual while traveling with an athletic team for a weekend of competition. The ATS can room with athletes or team managers depending how the coach makes the rooming assignments. However, ATS cannot be room with full-time Athletic Department staff members.

Curfew

ATS will follow their assigned team's policy on curfew. Preceptor may their own expectations for curfew, please check with your Preceptor to clarify any curfew expectations.

Alcohol Consumption

The ATS will NOT be allowed to consume alcohol, or any illegal drugs, when traveling.

Social Visiting

On occasion while traveling, a team will travel to an area where the ATS may have friends or family. With permission from your Preceptor and the Coach of your assigned athletic team the ATS may be allowed to have dinner or spend other time with friends and/or family, but there must be specific expectations regarding specific time away from the preceptor. Those expectations may include length of time you may be out, where you may go in relation to where the team is staying, or if you would be allowed to leave the hotel. The ATS will NOT be allowed to spend time in a friend and/or family's home or allow friends to stay overnight in your assigned room.

Driving to Events in Close Proximity

There are times that ATS will be assigned to teams/affiliated clinical sites with away competitions in the local area and would like to consider driving themselves to the event. If you choose to attend an away event by driving independently of the team you will NOT be considered an ATS and will not be allowed to function as such, you are only allowed to be a spectator. If your intention is to log clinical experience hours and to function as an ATS you MUST travel with your assigned team.

Championship Events

In the event that your assigned team qualifies for a championship event (CAA or NCAA) there may be roster, travel or other restrictions that may affect your role with the team. Preceptor are highly encouraged to keep their assigned ATS as involved as possible, but in some cases the ATS may not be able to travel to events or be on the sidelines during the event. Preceptors will work with coaches to notify you in a timely manner of the role you will be able to play. If your assigned team has invited you to travel, but due to roster restrictions you will not be able to be on the sidelines and you choose to travel with the team you will be expected to act professionally at all times, including while sitting in the stands during the event. If you choose to drive yourself to an event that is relatively close to Hofstra refer to "Driving to Events in Close Proximity" above.

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VOLUNTEER CLINICAL HOURS POLICY

ATS who have completed the maximum number of hours permitted in a clinical education course are not permitted to perform any additional hour unless:

5. ATS is not on probation;
6. The regular season has ended;
7. The ATS makes a request in writing to the ATEP Program Coordinator requesting permission to perform volunteer hours, and;
8. All clinical experience course forms including, modules, student and Preceptor performance evaluations, and hour logs have been submitted to the Clinical Course Instructor and Clinical Coordinator via ATrack.

*If the request to perform volunteer hours is approved the student is limited to only 10 hours per week of contact with the Preceptor. The student may discontinue volunteering at any time for any reason.
VOLUNTEER HOURS ARE DISCOURAGED DURING EXAM PERIODS!*

**AT PROGRAM COMMUNICABLE DISEASE POLICY
SPECIFIC FOR AT STUDENT ILLNESS**

ATS who become ill or are diagnosed with a contagious condition are expected to notify his/her Preceptor IMMEDIATELY and refrain from clinical experience activities until it is determined that he/she is no longer contagious and at risk of spreading the condition to others, particularly patients and/or clients.

If the length of time quarantined from the clinical experience site will impact the ATS ability to complete the minimum clinical hours for the Clinical Experience course, then the ATS MUST NOTIFY THE CLINICAL COORDINATOR immediately to arrange alternative plans for course completion. Any questions should be directed to the Program Director and/or Clinical Coordinator. Students are encouraged to seek medical attention from the Hofstra University Health and Wellness Center.

University Health and Wellness Center information:

<http://www.hofstra.edu/StudentAffairs/StudentServices/welctr/index.html>

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RECORDING & TRACKING CLINICAL HOURS

All athletic training students MUST document all hours accrued under the direct supervision of a Preceptor. Proof of these hours is required for course credit in HPR 171A-E and HPR 176, HPR 195. Proof of these hours (minimum of 1000) is also required in order to be eligible for graduation from Hofstra University.

Each athletic training student will maintain an electronic hour log via ATrack®. Students are required to enter hours at least once every 7 days. *ATrack® will not allow the submission of any hours not dated (and completed) within the last 7 days & therefore the ATS will not receive credit for any hours not submitted in a timely fashion.* required information includes: 1) date, 2) time in, 3) time out, 4) location, and 5) event. ATrack® will automatically total your completed hours and these hours will be reflected on your 'Dashboard' upon approval by your Preceptor.

Preceptors will be expected to enter ATrack® at least one a week to approve logged hours for their assigned ATS. Additionally, clinical education course instructors will also be able to access the hour logs of the ATSs enrolled in his/her course to assess their progress on a regular basis during the semester. The Clinical Coordinator will be promptly notified if an ATS is not making satisfactory progress toward the completion of required clinical experience hours.

Criteria for Claiming Hours

1. Record all necessary information required by ATrack® as described above, including you're arrival and departure.
2. While traveling with an athletic team, ATS should record hours that are being spent attending to athletic training duties. Time spent on the bus or at meals does not constitute athletic training duties.
3. All questions regarding clinical education activities that qualify as clinical hours are to be directed to the Clinical Coordinator.

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CLINICAL PROFICIENCY MODULE ASSESSMENTS & CLINICAL LAB ASSIGNMENTS

Each ATS will have a number of clinical proficiency modules that s/he will need to be assessed on during any given clinical education course. Additionally, some core athletic training courses may require the completion of clinical lab assignments and/or skills checklist. The expectations for the completion of these items are as follows:

1. Upon beginning your clinical experience notify your Preceptor of the clinical proficiencies (and clinical lab assignments as appropriate) you wish to complete during the semester.
 - a. It is your responsibility to complete all clinical assignments in a timely manner.
2. Set up a schedule to complete clinical proficiency modules and other clinical lab assignments. Preceptors will **NO LONGER** assess clinical proficiency modules or other clinical lab assignments at the last minute.
 - a. Preceptors who are surprised with a request to complete a clinical proficiency module or clinical lab assignment 1 - 2 days before it is due are expected to deny the opportunity to complete the module or lab.
3. Perform as many clinical proficiency modules a possible on actual patients. When an opportunity arises with a patient, get your Preceptors attention and ask him/her to assess you.
4. Take advantage of down time in the athletic training facility to be assessed where appropriate.

CLINICAL EVALUATIONS

Each ATS will be evaluated by their Preceptor a minimum of 2 times during a semester, except for HPR 176 where there will be only one formal evaluation. The due dates for these evaluations will be stipulated by the course syllabus. It is expected that your Preceptor will meet with you in person to discuss the evaluation. Each Preceptor is required to verify this by checking the appropriate box on the bottom of the electronic clinical evaluation. In addition, each ATS must complete an evaluation of their Preceptor and Clinical Site **PRIOR** to reviewing their clinical evaluation. All evaluations will be completed using ATrack®.

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GRIEVANCE POLICY & PROCEDURES FOR ATHLETIC TRAINING STUDENTS

As an athletic training student, you have many responsibilities, both clinically and academically. These are outlined in the Athletic Training Student Handbook as well as clinical education course syllabi (HPR 171A - E, HPR 176 and HPR 195). Should you not meet your responsibilities as an ATS, one of the following may take place:

- being removed from the clinical education assignment
- a change in the clinical education assignment
- discontinuation of the clinical component of the academic program

If an incident does occur, you may grieve the process by completing the following procedures:

- You must present your issue in a typed letter to the Program Coordinator that identifies your concern(s)
- The Program Coordinator will hold a meeting with the student to verify the issues outlined in the letter
- The Program Coordinator will then take one of three routes of action depending on what s/he feel is the most appropriate given the situation. These actions are:
 1. Call for an individual meeting with the Preceptor and the Program Coordinator.
 2. Call for a meeting with the Preceptor, athletic training student and Program Coordinator.
 3. Call for a meeting with the Preceptor, athletic training student, Program Coordinator and Department Chair.

The meeting will be designed to bring forth the issues of the student and allow the Preceptor the opportunity to give his/her insights to the situation. At the conclusion of the meeting, a decision will be made on how to proceed (i.e. change in assignment, continuing in current assignment, probation, follow-up meeting). The final decision will be made in consult with the Chair of the Department. The student will be notified in writing within one week following the initial meeting as to their status.

There may also be times when there is a conflict between the athletic training student and the Preceptor. It is the students' right to petition for a new Preceptor. The procedures for this are the same as outlined above. There is, however, no guarantee that the student will be re-assigned to a different Preceptor.

The Preceptor also has the right to petition for removal of the athletic training student from his/her clinical site. The procedures are the same for the Preceptor that has been outlined above. All final decisions will be made in consult by the Program Coordinator and Chair of the Department.

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**ATS PROFESSIONAL LIABILITY PROTECTION FOR
NON-CLINICAL ASSIGNMENT ACTIVITIES**

Athletic training students (ATS) often have opportunities to be employed as first responders at camps and clinics that need additional coverage in support of a certified athletic trainer or to seek out summer/winter internship opportunities with an allied health care professional for additional clinical experience at a site that does not have an affiliation with Hofstra University and the ATS is earning academic credit. **While these experiences are invaluable they are not covered by the blanket professional liability insurance policy that each ATS is required to purchase as part of the ATEP as protection during the performance of clinical education hours associated with HPR 171A - E, HPR 176 and HPR 195.**

It is the recommendation of the ATEP administration that any athletic training student who seeks out non-ATEP sanctioned activities (anything other than assigned clinical hours for academic credit) for financial gain or enhanced education opportunities purchase a personal student professional liability insurance policy. The purchase of such a policy will provide financial coverage and legal assistance should a situation arise where the student becomes involved in a professional liability claim. Additionally, it is important for the ATS to understand the scope of practice for a first responder, which differs considerably from that of a certified athletic trainer.

If interested in purchasing such a policy an appropriate company to consider is Healthcare Provider Services Organization (HPSO) More information can be found at:

<http://www.hpso.com/>

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HOFSTRA UNIVERSITY EMERGENCY POLICIES & PROCEDURES
&
HOFSTRA UNIVERSITY DEPARTMENT OF ATHLETICS & ATHLETIC TRAINING POLICIES &
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HOFSTRA UNIVERSITY EMERGENCY PREPAREDNESS PROGRAM

While it is unlikely that a serious university wide event will occur, it is important to be prepared in the event of a weather related, or criminal activity related event that could impact the entire Hofstra University campus. **Given this, it is REQUIRED that all athletic training students register for and be part of the CANN (Campus Alert Notification Network).**

More information can be found at:

http://www.hofstra.edu/about/publicsafety/emproc/emproc_cann.html

Hurricane Preparedness for Employees

When the University issues a **HURRICANE WARNING**, all employees should follow the following guidelines:

1. Close and secure all windows in your office and close any blinds.
2. Clear all items from the window ledges.
3. Clear desktops completely of paper and other items.
4. Remove any food or perishable supplies.
5. Lock all cabinets and desk drawers.
6. Turn off and unplug all electronic equipment, including typewriters, computers, lights, window air conditioners, etc. Your computer should be turned off, including the monitor. If necessary, refrigerators should be left on at the coldest setting but removal of all items and unplugged is the preferred solution.
7. Remove all items from the floor and place them in cabinets or desks.
8. Move desk, file cabinets and equipment away from windows as feasible.
9. Backup critical files and store them in plastic bags.
10. Please remove any personal items from the office. All personal valuables should be taken from campus.
11. Lock and secure all doors.
12. Notify your supervisor when you plan to evacuate campus and stay at home. Supply all available contact information to your supervisor before leaving.
13. Listen for storm updates on the radio/television. All instructions given by the local authorities should be followed; no attempt to come onto campus should be made until the "all clear" is given by local authorities.
14. After the storm, call your supervisor/department chair or designated contact. Make sure you have the home phone number of the contact with you and/or you can check the Hofstra web page for further information.
15. **NO UNIVERSITY BUILDING IS DESIGNATE AS AN OFFICIAL HURRICANE SHELTER.** Non-essential employees are discouraged from seeking shelter in University facilities. You should remain at home, stay with friends or go to a public shelter. Essential employees such as Public Safety, Plant and Residential Programs are likely to be expected to stay at the University.

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Hurricane Preparedness for Students

When the University issues a **HURRICANE WARNING**, all students should follow the following guidelines:

** Students will receive information pertaining to storm preparations from their Resident Assistant (RA). This information will include that all residence halls will be evacuated and any student on campus will relocate to the Arena or Physical Fitness Center. On-campus residents from the local area who wish to leave the area should do so; please remain at home or stay with friends. Residents leaving campus must inform their Resident Assistant, (RA) on duty or Building Director of their whereabouts.

PRIOR TO LEAVING CAMPUS:

1. Close and secure all windows in your room and close any blinds.
2. Clear all items from the window ledges.
3. Clear desktops completely of paper and other items.
4. Remove any food or perishable supplies.
5. Lock all closets and desk drawers.
6. Turn off and unplug all electronic equipment, including typewriters, computers, lights, window air conditioners, etc. Your computer should be turned off, including the monitor. If necessary, refrigerators should be left on at the coldest setting but removal of all items and unplugged is the preferred solution.
7. Remove all items from the floor and place them in the closet or on the bed.
8. Move any items away from windows as feasible.
9. Backup critical files and store them in plastic bags.
10. All personal valuables should be taken from campus.
11. Lock and secure all doors.
12. Students should contact their parents/guardians prior to the storm to advise them of their location and then again shortly after the storm to inform them of their status. It will be easier for students to contact their parents than for parents to locate the student.
13. On-campus residents who want to go to their home or stay with friends may do so. Residents leaving campus must inform their Resident Assistant or Building Director of their whereabouts.
14. Listen for storm updates on the radio/television. All instructions given by the University should be followed; no attempt to come to campus should be made until the "all clear" is given by the University.

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HOFSTRA UNIVERSITY: ARMED ASSAILANT

Scenario: An armed assailant is reported on campus to the Department of Public Safety. The situation should be handled in the same way whether the armed individual is a student or a non-student.

Response:

1. Notify all members of the Department of Public Safety on patrol of the situation by Public Safety dispatch.
2. Notify the Nassau County and Hempstead Police Department simultaneously.

Public Safety should glean as much information as possible including:

- A. Where the incident is taking place
 - B. The identity of the persons involved
 - C. How many assailants there are
 - D. What type of weapons the assailants have
 - E. What if any are the assailant demands
 - F. Check with registrar to determine status of person, if a student
 - G. Check with Residential Life to see if student lives on campus
 - H. Check with Hofstra Card Services to determine tracking and use of card
3. Public Safety should secure the area and stop all persons from entering the area.
 4. Establish a Command Center near the location.
 5. Make notifications as outlined in the Campus Alert Notification Network (CANN) systemic should be done by Director of Public Safety or designee.

Note: Once the Police Department arrives on campus they will take command of the situation.

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HOFSTRA UNIVERSITY: COMMUNITY RESPONSE GUIDELINES FOR ACTIVE SHOOTER INCIDENT

The following guidelines are intended to reduce your personal risk in the unlikely event that an active shooter incident should occur on cam us.

If you are outside a building when an event occurs; proceed to the nearest building and remain inside. If you are outside near a vehicle, proceed with caution and leave campus. Please follow the directions of Public

Safety and law enforcement personnel.

If you are in a building when an event occurs, you should:

Secure immediate area:

- Lock and barricade doors
- Do not stand by doors or windows
- Turn off lights
- Close blinds
- Block windows
- Turn off radios and computer monitors
- Keep yourself out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets - cover may protect you from bullets)
- Silence cell phones.

Contacting Authorities:

- 3-6789 from any campus phone.
- Use Emergency 911
- publicsafety@hofstra.edu

Be aware that the 463-6789 may likely be overwhelmed. Program the alternate Hofstra University Public Safety line (463-6606) into your cell phone for backup or consider 911 or e-mail. Remember, most cell phones provide the ability to make an emergency call, even if they have a lockout feature. E-mail may also be an option if under the circumstances, you are unable to speak during the emergency.

What to Report:

- Your specific location-building name and office/room number
- Number of people at your specific location
- Injuries-number injured, types of injuries
- Assailant(s)-location, number of suspects, race/gender, clothing description, physical features, type of weapons (long gun or hand gun), backpack, shooters identity if know, separate explosions from gunfire, etc.

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Un-Securing an area (By Public Safety Only):

- Consider risks before leaving the secured area you are in.
- Do not leave until the shooter has been contained by law enforcement.
- Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area.
- If doubt exists for the safety of the individuals inside a room, the area should remain secured.
- Know all alternate exits in your building if directed by Police or Public Safety to leave.

Outside Authorities Response:

- Objective is to contain assailants(s) immediately
- Evacuate victims
- Facilitate follow up medical care, interviews, counseling
- Investigation of the incident

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**HOFSTRA UNIVERSITY DEPARTMENT OF ATHLETICS ATHLETIC TRAINING
EMERGENCY ACTION PLAN**

Revised 7/16/12

Introduction

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the athlete during emergency and/or life threatening conditions. The development and implications of an emergency action plan will ensure that the best care will be provided.

As emergencies may occur at anytime during any activity, the athletic department has a responsibility to be properly prepared. This preparation includes formulation of an emergency action plan (EAP), proper medical coverage of athletic events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Through preparticipation physicals, appropriate medical coverage, safe practice techniques, and other safety procedures and guidelines, some potential emergencies may be averted. However, emergencies and injuries are inherent with athletic participation, and with proper planning emergency situations can be managed appropriately.

Basic components of the emergency action plan

1. Emergency personnel
2. Role of the Emergency action team
3. Emergency communication
4. Emergency equipment
5. Emergency transportation

Emergency personnel

The first responder in an emergency situation is typically a member of the athletic training staff, most commonly a certified athletic trainer (ATC). A team physician may not always be present at every organized practice or competition. Medical coverage may vary widely based on such factors as sport, activity, setting and type of training or competition. In some instances, the first responder may not be an ATC, but a coach or other institutional personnel. Certification in American Red Cross Adult cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), first aid or professional rescuer, prevention in disease transmission, and EAP review is required for at least one team coach, all certified athletic trainers (Professional Rescuer Certified), all athletic training students and all strength and conditioning coaches.

The development of an EAP cannot be complete without the formation of an emergency action team (EAT). The emergency action team may consist of a number of healthcare providers including but not limited to, physicians, emergency medical technicians, certified athletic trainer, student athletic trainer, coaches, athletic administration and equipment managers. Roles of these individuals within the emergency action team may vary depending upon various factors such as the number of available members of the team, the athletic venue itself, or preference of the certified athletic trainer present. When forming an EAT, it is important to adapt the team to the situation or sport. It may be advantageous to have more than one individual assigned to each role. This will allow the EAT to function through the absence of team members.

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Role of emergency action team

There are four basic roles within the EAT. The first and most important role is to establish safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on scene. Individuals with lesser qualifications should yield to those with more advanced or appropriate training. The second role is initiating the EAP by contacting Public Safety. Public Safety will then in turn contact emergency medical system (EMS) if emergency personnel are not already present onsite.

Contacting Public Safety should be done as soon as the situation is deemed an emergency or life threatening. Emergencies and life threatening conditions include but are not limited to; possible head or neck injuries, heat illness/stroke, compound or displaced fractures, loss of consciousness, or respiratory or cardiac arrest. Time is the most critical factor when dealing with emergencies or life threatening conditions. Therefore, anyone within the EAT may contact Public Safety either via a telephone or a 2-way campus radio (channel 2). However, the person chosen for this role must be one who has good communication skills, is calm under pressure and is familiar with the EAP for that athletic venue. The third role within the EAT is equipment retrieval. This role may also be filled by anyone within the EAT with a working knowledge of the location of the specific equipment needed. The fourth and final role within the EAT is directing EMS to the scene. The individual charged with this responsibility should have keys to any locked gates or doors, which may slow the arrival of EMS.

Emergency Communication

Communication is essential to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have emergency contact information as part of their emergency preparedness. Communication prior to an event is a good way to build rapport and establish boundaries between both groups of professionals. If EMS is not directly available on site, communication with Public Safety at the time of injury or illness is necessary.

Access to a working telephone (mobile or fixed) or a 2-way campus radio should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be a failure of the primary system. The most common back up communication system is on the 2-way campus radio (channel 2 to Public Safety). At any athletic venue, home or away, it is important to establish the location of a working telephone.

Hofstra University emergency communication procedures mandates Public Safety be contacted first in any and all emergency situations, via cell phone (516- 463-6789), on a campus telephone (x36789), 911 on a campus phone that can dial out, or by 2-way campus radio (channel 2). When communicating with Public Safety please utilize the Initiation of the Emergency Action Plan form.

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Initiation of the Emergency Action Plan

EMERGENCY NUMBERS:

Public Safety- (516) 463-6789 (Via Cell Phone)...X36789 on a campus phone, or 911 on a campus phone that can dial out.

**PUBLIC SAFETY IS ALWAYS CALLED FIRST IN CASE OF EMERGENCY
ONCE YOU CALL PUBLIC SAFETY- DO NOT CALL 911 DIRECTLY**

READ THE FOLLOWING TO THE OPERATOR WHEN CALLING FOR EMERGENCY ASSISTANCE

Hello, my name is (your name), I am the (your position) with (the team you work with). I am calling from (your phone number). I am located at (location) and we have (# of individuals involved) who need medical attention. The injury or illness was caused by (explain the cause of the emergency). The individual(s) major complaint is (describe complaint) and is (level of consciousness).

***NEVER HANG UP WITH PUBLIC SAFETY UNTIL YOU ARE INSTRUCTED TO
IF YOU ARE COMMUNICATION WITH PUBLIC SAFETY VIA A 2- WAY CAMPUS RADIO,
DO NOT CHANGE FROM CHANNEL 2 UNTIL PUBLIC SAFETY ARRIVES***

EMERGENCY ENTRANCES:

Margiotta Hall/ Margiotta Hall Practice Fields/James M. Shuart Stadium/Stadium Building:

- Utilize the east entrance off of Uniondale Avenue, onto Stadium Blvd., then direct personnel to appropriate facility with venue specific map.

Physical Education Center/Field Hockey Stadium/Soccer Stadium/Swim Center

- Utilize the California Ave. entrance off of Hempstead Tpk., head north on Hofstra Blvd., turn Right on Northern Blvd., then direct personnel to appropriate facility with venue specific map.

**Mack Sports Complex/Softball Stadium/ Baseball Field/Bubble/Recreation Center/
Tennis Complex/Wrestling Room**

- Utilize the East Gate entrance off of Earl Ovington Blvd. to Dome Rd., then direct personnel to appropriate facility with venue specific map.

REFER TO VENUE SPECIFIC EMERGENCY ACTION PLAN FOR EMERGENCY ENTRANCES

EMERGENCY EQUIPMENT:

- THE FOLLOWING EMERGENCY EQUIPMENT IS LOCATED IN THE ATHLETIC TRAINING ROOMS IN THE PHYSICAL EDUCATION CENTER /MACK SPORTS COMPLEX//MARGIOTTA HALL:
 - A.E.D., ATHLETIC TRAINING KIT, SPLINTING KIT, SPINE BOARDS, & ADDITIONAL EMERGENCY EQUIPMENT
 - ALL PUBLIC SAFETY VEHICLES ARE EQUIPPED WITH EMERGENCY EQUIPMENT
 - ALL PUBLIC SAFETY OFFICERS ARE NY STATE CERTIFIED FIRST RESPONDERS
 - AT LEAST ONE HOFSTRA UNIVERSITY COACH PER TEAM ARE FIRST AID, CPR, & AED CERTIFIED
 - ALL STRENGTH AND CONDITIONING COACHES ARE FIRST AID AND CPR/AED CERTIFIED
 - ALL HOFSTRA STAFF CERTIFIED ATHLETIC TRAINERS ARE PROFESSIONAL RESCUER CERTIFIED
 - ALL HOFSTRA ATHLETIC TRAINING STUDENTS ARE FIRST AID AND CPR/AED CERTIFIED

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Emergency Equipment

All necessary emergency equipment should be in good operating condition, on site and quickly and easily accessible. All athletic training personnel should be familiar with the function and operation of each type of emergency equipment, and be proficient in its proper use. All emergency equipment should be checked on a regular basis as to its condition. Rehearsal or mock emergencies should be performed to ensure comfort and proficient use of the equipment as well as ensuring a good working relationship with EMS. It is important to know the proper manner in which to care and store all of the emergency equipment as well.

Emergency Transportation

Emphasis is placed on having an ambulance on site at high risk sporting events. EMS response time is factored in when determining on site ambulance coverage. Ambulances may be coordinated on site for other special events such as CAA/NCAA regional or championship events. In the event an ambulance is on site a specific location will be determined. For rapid access to the site with a cleared route for entering and exiting the venue, see the venue specific EAP. In the event of an emergency Public Safety should be contacted immediately. In the evaluation of an emergency, the primary survey (Airway, Breathing, & Circulation) will help the emergency care provider in identifying emergencies requiring critical care and transportation decisions. In any and all emergency situations the athlete should be transported via ambulance to the appropriate medical facility. Unstable athletes should never be transported in inappropriate vehicles. Any emergency situation where there is a change in the level of consciousness, airway, breathing, or circulation, or there is neurovascular compromise, should be considered for immediate transport with emphasis on rapid evaluation, treatment and transportation.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. The survival of an athlete may rely on how well trained and prepared the emergency action team is. It is wise to invest athletic department “ownership” of the EAP by involving the athletic administration and coaches as well as the athletic training staff. The EAP should be revised annually with all athletic department staff, along with Adult CPR, AED, first aid and Professional rescuer refresher training. Through development and implementation of the EAP, the athletic department helps ensure that the athlete will have the best care provided when an emergency situation does arise.

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**HOFSTRA UNIVERSITY DEPARTMENT OF ATHLETICS: ATHLETIC TRAINING
ATHLETIC TRAINING STUDENT POLICIES & PROCEDURES**

Purpose

These policies apply to Hofstra University Athletic Training Students assigned to any Preceptor who serves as an athletic trainer for the Hofstra University Department of Athletics. These policies clearly delineate the expectations and responsibilities of any ATS completing a clinical education experience at Hofstra University.

ATSs are responsible for their own actions and have the opportunity to take knowledge obtained in the classroom and apply it clinically the same day. This is unlike any other undergraduate major. These policies and procedures will enable the ATS to maximize every learning opportunity, no matter how minor, and develop into a highly capable athletic trainer or other allied health care professional with a strong clinical decision making ability, interacting with, evaluating, educating and treating ill or injured individuals.

Hofstra University Preceptor Contact Information

Current Staff Contact information is available in Blackboard. Please refer to this site for the most current phone and office location for all Preceptors including those employed by Hofstra University.

Evan Malings

Head Athletic Trainer
Arena Athletic Training Facility
X36330
Cross Country
Men's Basketball

Katie Mitchell

Assistant Athletic Trainer
Adjunct Assistant Professor
Physical Ed. Building Athletic Training Facility
X36085
Women's Soccer
Softball

Andrew (Andy) Wetstein

Associate Athletic Trainer
Physical Education Building Athletic Training Facility
X36036
Tennis
Wrestling

David Riviere

Assistant Athletic Trainer
Fall: Physical Ed. Building Athletic Training Facility
Winter/Spring: Arena Athletic Training Facility
X36037
Men's Soccer
Women's Basketball

Robert (Rob) Sullivan

Associate Athletic Trainer
Margiotta Hall Athletic Training Facility
X31769
Men's Lacrosse

Jesica Brown

Assistant Athletic Trainer
Physical Education Building Athletic Training Facility
x36077
Volleyball
Baseball

Robert (Bobby) DiMonda

Assistant Athletic Trainer
Adjunct Assistant Professor
Spring: Margiotta Hall Athletic Training Facility
X36769
Field Hockey
Women's Lacrosse

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STUDENT EXPECTATIONS

1. We will learn together.
2. We will work hard together.
3. You will be challenged daily. This experience to prepare you for a career in athletic training or other allied health professions.
4. Your knowledge of the athletic training profession is more than what can be found in textbooks. Learn from your hands-on experiences. ASK QUESTIONS where appropriate.
5. You will be prompt.
6. Preceptors will do everything possible to make your time in our facilities educational.
7. You will perform evaluations and create treatment plans when you demonstrate to your Preceptor you are at a capable level.
8. Be prepared to apply taping and bracing skills regularly.
9. Perform 'Daily Duties' every day.
10. You will perform modules in a timely fashion.
11. Travel opportunities vary depending on athletic team.
12. Know where supplies are located.
13. Anything you are asked to do is for a reason. Understand why. Ask questions if necessary.
14. Take initiative toward your experience and your education. Always make the effort to learn something new. Be prepared to complete clinical proficiency modules.
15. No sitting around. There is always something to do. If all athletic training duties are finished review class material or practice clinical skills.
16. Practice/Game - See Preceptor. Be aware that you are extra eyes and ears. Help us help our athletes/patients.
17. Down Time Tasks' are to be completed daily refer to the task sheet available in your athletic training facility.

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CONDUCT

Overall Conduct:

1. Be professional at all times. You never know who is watching.
2. Be prompt. Arrive at the time you have agreed upon with your Preceptor.
3. ATS is expected follow through with the schedule you created with your Preceptor (be prompt, no last minute schedule changes) and follow all relevant ATEP policies. Failure to do so could result in temporary removal from clinical education site, required study hall hours and/or other consequences.
4. Use professional conversation and medically relevant language at all times.
5. If traveling, ATS should follow Travel Policies (page 53) and remain with team and Preceptor at all times. Failure to do so will result in loss of travel privileges and/or other consequences.
6. If anyone is disrespectful to you, makes you feel uncomfortable, or has created an uncomfortable situation, notify your Preceptor ASAP. It will be addressed immediately.

Clinical Proficiency Modules & Clinical Lab Assignments:

1. Upon beginning your clinical experience notify your Preceptor of the clinical proficiencies (and clinical lab assignments as appropriate) you wish to complete during the semester. *It is your responsibility to complete all clinical assignments in a timely manner.*
2. Set up a schedule to complete clinical proficiency modules and other clinical lab assignments. Preceptors will NO LONGER assess clinical proficiency modules or other clinical lab assignments at the last minute. Preceptors *who are surprised with a request to complete a clinical proficiency module or clinical lab assignment 1 - 2 days before it is due will turn you away.*
3. Perform as many clinical proficiency modules possible on actual patients. When an opportunity arises with a patient, get your Preceptors attention and ask him/her to assess you.
4. Take advantage of down time in the athletic training facility to be assessed where appropriate.

For Post Season Activities:

1. It is recommended, but not required, that you participate in post-season events for educational purposes. Give your Preceptor your availability as a professional courtesy.

With AT Staff:

1. We are here to learn from each other. There is appropriate time and place for discussion regarding a patient's treatment. We are open to your ideas as long as they are clinically based.
2. We will work together.

With Younger ATS (Peers):

1. You are a leader for those ATS at a lower clinical level.
2. You are expected to set a positive example for appropriate professional behavior.
3. Teach them what we teach you.
4. We don't abandon you. Therefore, you will not abandon them.

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With Patients:

1. Be PROFESSIONAL. Despite being peers and, friends with the patients you must conduct yourself as a medical professional during your clinical education experiences.
2. Be PROFESSIONAL. Remember you represent Hofstra University at all times. Despite being peers and friends with the patients you must conduct yourself appropriately on- campus and in public outside of your clinical education experiences.
3. You have to earn their respect.
4. Demonstrate confidence when working with patients.
5. Maintain the confidentiality of all patients' medical information. Do not share medical information regarding one patient with another, or anyone else.
6. If you have a problem with a patient, then notify your Preceptor immediately. Do not try to handle it on your own.
7. If any issues arise between you and a patient related to personal activities (activities not associated directly with your clinical experiences) it becomes a concern for the Athletic Training Department. It will be addressed on a case-by-case basis and there may be consequences for your actions.

With Physicians & Other Health Care Professionals

1. Be professional. This includes appearance, actions and communication.
2. Learning takes many forms, including observation. Watch and listen to the physicians carefully and ASK QUESTIONS where appropriate.
3. Accurate documentation of medical information is crucial. Take pride in doing this.

With Coaches & Other Athletic Department Staff:

1. Be professional. This includes appearance, actions and communication.
2. Be seen, not heard. If asked about a patient or situation, refer to your Preceptor immediately.

With Media/Hofstra University Public Relations:

1. Be professional in front of cameras.
2. If asked a question, do not answer; rather refer the question to your Preceptor immediately.

Level IV ATS:

1. This is your time to shine. Be able to handle the day-to-day operations within the athletic training facility.
2. Get involved and don't be complacent. Challenge yourself daily. You will be an allied health care professional in the very near future, take advantage of every opportunity to prepare yourself to be the best you can be.

Dress Code: SEE PAGES 64 - 66

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Personal Items

Cell Phones:

1. Must be kept on vibrate only.
2. May be used for emergency medical situations only.
3. **NO emailing, texting, gaming, Facebook, tweets, facetime, etc. during clinical experience hours.**
4. If you are expecting an important phone call, please notify your Preceptor prior to beginning your clinical education experience for the day.

I-Pods/I-Pads/Gaming Devices:

1. All forms of music or gaming devices are to be put away at the beginning of your clinical education experience and must remain there until the end of your clinical education experience.
2. When traveling, appropriate use will be determined/clarified by your Preceptor.

Personal Belongings (Bags):

1. Consult with your Preceptor for instructions regarding storage of your personal belongings during your clinical experience hours.
2. While every effort will be made to be sure belongings are secure the Athletic Training Department is not responsible for items lost or stolen from the athletic training facilities.

Computers:

1. Athletic Training Staff computers/office spaces are off limits, unless otherwise stated by your Preceptor.

TO DETER OPPORTUNITIES FOR THEFT: ATS are discouraged to bring i-pads, tablets, and laptops into any athletic training or clinical facility. Please lock this equipment in your dorm room or car.

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DAILY ATHLETIC TRAINING FACILITIES DUTIES

While every effort will be made to maximize your educational opportunities the athletic training facility is a medical facility and must be clean and organized at all times. You will be expected to help the athletic training staff maintain the cleanliness and organization of the athletic training facilities.

Upon beginning your clinical experience for any given day, the following tasks should be completed in timely fashion. There should be not any sitting around. If these tasks have been completed, be prepared to practice, complete skill sheets, clinical proficiency modules or review athletic training materials. Be aware that each facility will have additional tasks that may need to be completed not included here. Discuss these with your Preceptor prior to starting your clinical experience in that facility so you understand what is expected.

At the beginning of each shift:

1. Towels folded and put away
2. Whirlpools filled
 - a. Pre-season: 2 CWP
 - b. Regular season: 1 CWP, 1 WWP
3. Tables wiped down
4. Assess supply levels
5. Pre-practice tasks (water/ice/field set up)

Additional tasks:

These tasks should be completed periodically, when all necessary patient care has been provided.

1. Restock taping drawers.
2. Restock extra supply areas (get items from supply closet).
3. Restock first aid/general medical supplies.
4. Clean and organize rehabilitation areas.
5. Return supplies and tools to their proper place as you use them.
6. Clean ALL tables, countertops, and taping area frequently.
7. Replenish (make) heel and lace pads.
8. Keep wet room/areas (whirlpools) clean and organized.
 - a. Wipe cooler dry after use. Store on shelf upside down.
 - b. Put cooler lids in crates.
 - c. Wipe ice chests dry after use. Store propped open.
 - d. Keep hydro carts/cows organized.
 - e. Carts should be put back neatly.
9. Keep hydrocollator filled with water. Change water periodically.
10. Keep therapeutic modality carts clean and organized
 - a. Pads stored properly (stuck on correctly).
 - b. Wires rolled up.
11. Under table storage areas should be kept clean and organized.
12. ATS office available in the Physical Fitness Center is to be kept neat and orderly. This designated space is a privilege and can be taken away if not properly maintained.

At the end of each day:

1. Drain and clean the whirlpools.
2. Take dirty towels to laundry room.
3. Clean tables and countertops.

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Athletic Training Facility Policies for Patients

While it is not solely your responsibility to be sure athletes/patients seeking treatment/services comply with facility policies it is important that you assist your Preceptor in maintaining, a clean and organized medical facility. Your compliance with this policies as well as politely requesting that athletes/patients comply is expected of you.

1. The athletic training facility (ATF) should never be left open when unattended. A staff athletic trainer must supervise patients receiving athletic training services at all times.
2. Footwear/shoes of any kind are not allowed on treatment tables or countertops.
3. All athletic equipment, bags, other gear will be left outside the athletic training facility.
4. Horseplay and using profanity in the athletic training facility will NOT be tolerated. Eating or drinking is not allowed in treatment areas.
5. Self-treatments and self-taping is prohibited.
6. Respect all athletic training staff and students. They are all dedicated to your health and safety and will give you the best care possible. Athletic training students will provide you care under the direction of a staff athletic trainer, do not to attempt to utilize their services unnecessarily or inappropriately.
7. Only staff athletic trainers and team physicians make decisions regarding referrals, treatments, and rehabilitation of injuries.
8. Please respect the privacy of the staff athletic trainer(s) while in his/her office. A knock prior to entrance will be appreciated.
9. Check with the staff athletic trainer not an athletic training student to schedule an appointment with any physician.
10. All athletic training facilities are co-ed facilities Please wear shorts and t-shirt at all times.
11. Please shower before receiving post-practice treatment, especially if use of a whirlpool is required.

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Documentation and Record Keeping

A vital aspect of sound athletic training facility management is proper record keeping procedures. Understanding these procedures and assisting where appropriate is expected of all athletic training students. Here is a list of the most common forms used in Hofstra University's Athletic Training Department. You should understand the purpose for each.

1. Injury Report Form(s)
2. Rehabilitation/Treatment Log(s)
3. Medical History Questionnaire
4. Health & Safety Consent Forms
5. Medical Information Release Form
6. Physician Clinic Evaluation Form
7. Electronic Record Keeping System

This is your learning experience.
There are no stupid questions.
Do not be afraid to make minor mistakes.
Challenge yourself daily.

Learn Together.

Work Hard.

Be Challenged.

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**AFFILIATED CLINICAL SITES
ATHLETIC TRAINING STUDENTS POLICIES & PROCEDURES**

While all athletic training students will participate in their clinical education experience at Hofstra University there will be times where those experiences will be completed at an off- campus clinical affiliation. Athletic training students are responsible for meeting all general clinical education expectations delineated on pages 29 - 30.

In addition, a site-specific handbook may be distributed to you when available. If no such handbook is available you should expect to use the specific policies delineated for Hofstra University (pgs. 74 - 80) as a minimum guideline until more specific information regarding your clinical site can be provided by your Preceptor. It is possible that the expectations at some off-campus affiliations could be more stringent than the information provided in this handbook, be prepared.

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ATHLETIC TRAINING EDUCATION

ADDITIONAL RESOURCES AVAILABLE ON ATEP BLACKBOARD PAGE

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HOFSTRA ATEP BLACKBOARD PAGE

Description

The athletic training education program utilizes Blackboard to provide information to students and staff associated with the ATEP. Specifically, students who are in the professional phase of the athletic training education program will have access to this page as well as course instructors and Preceptors who are supervising students in the field. The title of the page, "Athletic Training Education Program" should appear on your Blackboard page under courses enrolled in. If this course is not available please notify the Clinical Coordinator immediately so that the situation can be rectified.

ATS should check the site regularly for event and important date announcements as well as access to many of the resources made available here. Resources include printable copies of ATEP evaluations now available electronically on ATrack®, contact information for Preceptors, current job postings, scholarship, internship and fellowship opportunities as well as other relevant sports medicine information.

This site may be used to send emails to various groups of students and/or staff people. If you do not use your Hofstra University issued email address regularly you MUST go in a set up your Hofstra account so that it will forward all emails to the e-mail account of your choosing. If you have questions on how to do this contact the help desk at 3-7777.

Clinical Course Evaluations & Associated Documents

- Goal Sheet & SMART Technique
- Clinical Experience Evaluation (completed by Preceptor)
- Preceptor and clinical site Evaluation
- Physician/On-Campus Clinic Evaluation
- Clinical Proficiency Manuals
- Other ATEP surveys & evaluations

Given recent updates in the ATrack® system many of these documents are also available to be printed (pdf) in your portfolio under the 'My Documents' area. The documents available here are exactly the same as those available in Blackboard so accessing either is acceptable when printing the desired information.

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CLINICAL EVALUATION INSTRUCTIONS

Instructions as to how your Preceptor will complete these evaluations are included in the hard copies along with the rubric grading systems. For your convenience, this information is also available here:

Basic Instructions for Completing Clinical Experience Evaluations:

DESCRIPTION

1. This evaluation is broken down into (*number varies depending on course*) content areas, based on those utilized in understanding the educational competencies. Each content area contains a description of the knowledge, competencies, and proficiencies an athletic training student must be able to demonstrate in order to move onto the next clinical experience. In some cases each of these content areas may be broken down into skill subsets that must be evaluated.
2. This evaluation is intended to be an assessment of the student's ability to synthesize and apply all three domains (cognitive, psychomotor, and affective) within each content area.
3. This evaluation is intended to be part of a formal process to provide feedback (positive and corrective) to the student, but Preceptors are encouraged to provide feedback regularly and correct any concerns throughout the clinical education experience. If the situation is not resolved satisfactorily please contact the Clinical Coordinator, immediately in order to resolve the situation

Instructions

1. You will be asked to rate the student on a scale from 1 – 5 for each skill subset based on the description provided. **Please remember that a score of 5 indicates the student is able to perform in a particular skill subset confidently, correctly, and consistently over time. For Level 4s this is based on the benchmark of an entry-level athletic trainer.**
2. There will be an area for comments which are always encouraged, **but are required for a score of 3 or lower.** *Grades of 3 or lower are evidence of a lack of knowledge or skill application and will require follow up with the student, Preceptor and Clinical Coordinator.*
3. The score for each skill subset should be totaled together then divided by the number of skill subsets assessed to obtain the student's score for the evaluation (For example, you rated 7 skill subsets at a total score of 28: $28/7 = 4$ therefore the score for the evaluation is a 4.0). The maximum score is 5 (which is equivalent to 100%). *A minimum passing score for the evaluation is a score of 3 (70% proficiency) or better*.*
4. **This evaluation will be completed at the end of each 5-week clinical rotation (or at the midpoint of your experience).** *It is the responsibility of the student to coordinate completion and discussion of this evaluation and submit it to his/her clinical education course instructor by the date determined on the syllabus.* The student has concerns with getting this evaluation completed contact the clinical coordinator immediately.
5. **Utilize the goal setting section to help provide ATS direction for improvement in future experiences. ATS should be participating in this process, it will help you improve as you go.**

*'Should students receive a score of 2.9 or lower on their first rotation evaluation, they will have the opportunity to make improvements through the remaining evaluation during the semester. At the end of the semester, your evaluation grades will be averaged together and that average score will be used to calculate points received for your evaluations toward your overall grade for HPR 171 (Insert clinical course). **If your average score is 2.9 or lower you will receive an F for the course.***

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Content Area Rating Scale Level 2 & 3

5 (Always)

ATS clearly understands the underlying concepts (knowledge acquisition) related to this skill set, demonstrating an appropriate decision-making process. (knowledge synthesis). Additionally, skill selection and application (skill performance) are appropriate given the situation. ATS is consistent and confident in application of this skill set and would be rated as an '*OUTSTANDING*' or '*A*' student (94 - 100% proficiency).

4 (Often)

ATS often understands the underlying concepts (knowledge acquisition) related to this skill set, demonstrating an appropriate decision-making process (knowledge synthesis) most of the time. Additionally, skill selection and application (skill performance) are often appropriate given the situation. ATS is usually consistent and confident in ; application of this skill set and would be rated as an '*ABOVE AVERAGE*' or '*B*' student (80 - 90% proficiency).

3 (Sometimes)

ATS sometimes understands the underlying concepts (knowledge acquisition) related to this skill set, demonstrating an appropriate decision-making process (knowledge synthesis) sometimes. Additionally, skill selection and application (skill performance) are sometimes appropriate given the situation. ATS is not always consistent and confident in application of this skill set and would be rated as an '*AVERAGE*' or '*C*' student (70 - 80% proficiency).

2 (Rarely)

ATS does not understand most of the underlying concepts to (knowledge acquisition) related to this skill set and cannot demonstrate an appropriate decision-making process (knowledge synthesis); regularly. Additionally, skill selection and application (skill performance) are typically inappropriate given the situation. ATS is inconsistent and lacks confidence in application of this skill set and would be rated as an '*EMERGING*' or '*D*' student (60 - 70% proficiency).

1 (Never)

ATS does not understand the underlying concepts (knowledge acquisition) related to this skill set and cannot demonstrate an appropriate decision-making process (knowledge synthesis). Additionally, skill selection and application (skill performance) are inappropriate given the situation. ATS is very inconsistent and lacks significant confidence in application of this skill set(and would be rated as a '*BELOW AVERAGE*' or '*F*' student (Below 60% proficiency).

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Content Area Rating Scale: Level 4

5 (Always)

ATS clearly understands the underlying concepts (knowledge acquisition) related to this skill set, demonstrating an appropriate decision-making process (knowledge synthesis). Additionally, skill selection and application (skill performance) are appropriate given the situation. ATS is clearly prepared to be an entry-level athletic trainer with regard to all competencies and proficiencies related to this skill set ('*OUTSTANDING*' or '*A*' student (94 - 100% proficiency)).

4 (Often)

ATS often understands the underlying concepts (knowledge acquisition) related to this skill set, demonstrating an appropriate decision-making process (knowledge synthesis) most of the time. Additionally, skill selection and application (skill performance) are often appropriate given the situation. ATS is almost prepared to be an entry-level athletic trainer with regard to all competencies and proficiencies related to this skill set (rated as an '*ABOVE AVERAGE*' or '*B*' student (80 - 90% proficiency)).

3 (Sometimes)

ATS sometimes understands the underlying concepts (knowledge acquisition) related to this skill set, demonstrating an appropriate decision-making process (knowledge synthesis) sometimes. Additionally, skill selection and application (skill performance) are sometimes appropriate given the situation. ATS is not prepared to be an entry-level athletic trainer with regard to all competencies and proficiencies related to this skill set except in limited situations (rated as an '*AVERAGE*' or '*C*' student (70 - 80% proficiency)).

2 (Rarely)

ATS does not understand most of the underlying concepts (knowledge acquisition) related to this skill set and cannot demonstrate an appropriate decision-making process (knowledge synthesis) regularly. Additionally, skill selection and application (skill performance) are typically inappropriate given the situation. ATS is not prepared to be an entry-level athletic trainer with regards to all competencies and proficiencies related to the skill set except in very limited situations (rated as an '*EMERGING*' or '*D*' student (60 - 70% proficiency)).

1 (Never)

ATS does not understand the underlying concepts (knowledge acquisition) related to this skill set and cannot demonstrate an appropriate decision-making process (knowledge synthesis). Additionally, skill selection and application (skill performance) are inappropriate given the situation. ATS is not prepared to be an entry-level athletic trainer with regards to all competencies and proficiencies related to the skill set (rated as a '*BELOW AVERAGE*' or '*F*' student (Below 60% proficiency)).

HOFSTRA UNIVERSITY
DEPARTMENT OF HEALTH STUDIES & KINESIOLOGY
ATHLETIC TRAINING EDUCATION PROGRAM
ATS HANDBOOK

Occupational Safety & Health Administration (OSHA) Requirements/Information

OSHA and associated blood borne pathogen related information are available through a web link on the ATEP Blackboard Page. This information along with the Hofstra University Exposure Control Plan is reviewed annually it is made available to you for review on a regular basis. Know how to protect yourself from potential exposures as well as how to use the appropriate reporting procedures should an exposure event occur.

To ensure your understanding of OSHA guidelines and their implementation you are required to complete training annually. This includes a review of the materials mentioned above as well as completion of a brief quiz assessing your understanding of key information. Reviewing these materials and passing the quiz with a score of 90% will allow you to participate in your assigned clinical experiences.

Affiliated Clinical Site Staff Contact Information

Information regarding all Preceptors and their associated clinical sites are available on the ATEP Blackboard Page. Information included names and contact information for Preceptors, as well as addresses for clinical site locations. Should you have a specific questions that cannot be answered with the available information please contact the Clinical Coordinator.

Hofstra University Athletic Department & Affiliated Site Emergency Action Plans

The Hofstra University Athletic Department EAP for each athletic venue is available on the ATEP Blackboard Page. This information is reviewed .annually it is made available to you for review on a regular basis. Know how to respond in the event of an emergency. Any specific questions about the EAP for the athletic training facility or facilities you will be completing clinical experiences in should be directed to your Preceptor . It is imperative that you are familiar with the emergency procedures.

Any available EAP information for affiliated sites will be available on Blackboard. If no specific information is available for your assigned off-campus affiliated site please be sure to discuss the EAP with you Preceptor upon beginning your clinical education experience and request a copy for your review prior to starting your experience.

Hofstra University Risk Management Protocols

Hofstra University has developed policies that are intended to protect the student body in case of an outbreak of a communicable disease, tuberculosis, meningitis, or measles. This information has been made available to you so that you can become familiar with the protocols should you be presented with a patient who is suffering from one of these conditions. Specific questions regarding these protocols should be addressed to the Head Athletic Trainer and/or Team Physician.

**APPENDIX A: Athletic Training Education Program
Exposure Incident Investigation Form**

Date of Report: _____
Date of Incident _____

Time of Report: _____
Time of Incident _____

Name of Student(s) involved in incident:

Name of Supervisor/Instructor at time of incident:

Location of potential exposure (classroom or clinical experience site):

Exposure occurred as part of (check all that apply):

- Class instruction
- Supervised laboratory assignment
- Patient care provided during clinical experience hours
- Observation hours
- Independent skills practice
- Other _____

Potentially Infectious Materials Involved: (Type of body fluids & Source of exposure, ie. Needle stick, contact with open wound, etc)

Circumstance (Task being performed, etc.):

How incident was caused? (Accident, equipment malfunction, etc.):

Personal protective equipment being used:

Actions taken (decontamination, clean-up, immediate referral to health care practitioner, reporting, etc.):

Recommendations for avoiding repetition:

Title of Investigator: _____
Signature _____

Athletic Training Education Program Post-Exposure Evaluation and Follow-Up Checklist

The following steps must be taken, and information transmitted, in the case of a student's exposure to Bloodborne Pathogens:

<u>Activity</u>	<u>Completion Date</u>
• Student furnished with documentation regarding exposure incident.	_____
• Source individual identified. (_____) Source Individual's Name	_____
• Source individual's blood tested and Result given to expose employed. _____ Consent has not been able to be obtained.	_____
• Exposed student's blood collected and tested. If refused, employee must sign below. (_____) Exposed Student's Signature	_____
• Appointment arranged for student with health care professional. (_____) Health Care Professional's Name	_____
If refused to see health care professional, then exposed student must sign below (_____) Exposed Student's Signature	

Documentation forwarded to health care professional:

_____ Bloodborne Pathogens Standard.
_____ Description of exposed student's duties
_____ Description of exposure incident, including routes of exposure.
_____ Result of source individual's blood testing.
_____ Student's medical records.

Name of person completing checklist:

_____ Date: _____