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“Everyday, make someone else better.”
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I. GENERAL PROGRAM INFORMATION

“The choices you make today define who you will become tomorrow.”

- Author Unknown
INTRODUCTION

The Department of Health, Exercise, and Sport Sciences at the University of the Pacific (Pacific) offers a bachelor of science degree in Athletic Training designed to provide the theoretical and practical experiences required to become a Certified Athletic Trainer (Athletic Trainer). Athletic Training is an exciting field for those concerned with the health care of the physically active. Employment settings for students who successfully complete the undergraduate program in Athletic Training and pass the Board of Certification (BOC) exam include secondary schools, colleges and universities, professional teams, physical therapy clinics, industrial establishments, performing arts, military, and within hospitals and physicians offices.

Students who select the Athletic Training Major must complete general education courses, adjunct courses from the natural sciences, a series of major courses within the department, and four semesters of clinical education.
VISION STATEMENT

The Athletic Training Program will provide a superior, student-centered, learning experience in a professional healthcare program, and will prepare individuals for lasting achievement and responsible leadership in their careers and communities.

MISSION STATEMENT

University of the Pacific’s Athletic Training Program will provide a superior student-centered learning environment that effectively links didactic and clinical education. We will enhance best professional and clinical practice in diverse allied healthcare settings. Specifically, the Athletic Training program will focus on enhancing professional competence, evidence-based practice, leadership, intercultural and interprofessional perspectives, ethical reasoning, and sustainability1.

The Athletic Training Program will educate tomorrow’s Athletic Training leaders and practitioners in a culture that values diversity, collaboration, community, innovation, critical thinking, and lifelong learning. We are committed to the cultivation of our students as they transition to confident and competent practitioners who will continue to promote the Athletic Training profession throughout their career.

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1 sustainability - able to be used without being completely used up or destroyed; involving methods that do not completely use up or destroy natural resources; or able to last or continue for a long time.
OUTCOMES

Graduates of the University of the Pacific’s Athletic Training Program will:

Entry-level Practice
1. Practice professionally, and be highly qualified entry-level Athletic Trainers;

Quality Healthcare
2. Be culturally competent and ready for employment in diverse allied healthcare settings;

Evidence-based Practice
3. Use basic sciences, peer-reviewed research, and critical thinking skills to evaluate healthcare research for integration of evidence-based practice into daily care of patients;

Interpersonal and Interprofessional Relationship Development
4. Build positive professional relationships and effectively communicate (verbal and written) with patients, administrators, other health care providers, and the general public in a variety of professional contexts;

Professional Involvement and Continuing Education
5. Promote the athletic training profession and its contributions to healthcare by engaging in professional leadership and lifelong learning.
OBJECTIVES

1. **Be professional and highly qualified entry-level athletic trainers.**
   a. Develop and practice professionalism as stated in the NATA Standards of Professional Practice; Or apply the elements of professionalism to the clinical practice of athletic training.
      i. Demonstrate compassion and integrity as a healthcare provider
      ii. Acknowledge and accept the responsibility as a healthcare provider to practice a high degree of professionalism
   b. Demonstrate mastery of NATA educational competencies and proficiencies.
      i. Translate didactic knowledge and skills into clinical decision-making.
      ii. Demonstrate contemporary skill in comprehensive care of patients with injuries and illnesses. (CE)

2. **Be culturally competent and ready for employment in diverse allied healthcare settings.**
   a. Effectively and respectfully provide patient care for people of diverse cultural backgrounds.
      i. Develop patient-centered treatment plans that value the principles of patient centered, whole person approach; condition of the patient’s life (socioeconomic, religion, etc.)
      ii. Ability to adapt patient care decisions for the unique needs of male, female, adolescent and the general population.

3. **Use basic sciences, peer-reviewed research, and critical thinking skills to evaluate healthcare research for integration of evidence-based practice into daily care of his or her patients.** (SOP Code 4)
   a. Successfully demonstrate ability to search and accurately interpret a variety of healthcare related research data and be able to correctly disseminate the findings to a variety of audiences including professionals, peers, and patients.
   b. Apply scientific evidence to implement safe and effective clinical practices.
   c. Ability to articulate the role of evidence based research in clinical practice.
4. **Build positive professional relationships with his or her patients, administrators, other healthcare providers, and the public.**
   a. Demonstrate oral, written and visual communication that is organized, coherent, accurate, and professionally prepared and delivered.
      i. Verbal communication
      ii. Written communication
      iii. Visual communication
   b. Develop a specialized vocabulary, which will allow them to engage in intelligent discourse in the field of athletic training.

5. **Promote the athletic training profession and its contributions to healthcare by engaging in professional leadership and lifelong learning.**
   a. Demonstrate service to the profession by actively participating in state, district, and national associations for athletic trainers.
   b. Understand the role of athletic training within the interdisciplinary healthcare fields.
   c. Ability to defend a position on current professional and employment issues impacting the athletic training profession.
      i. Promotion
         • Professional (AT)
         • AT contributions to healthcare
EVALUATION OF MISSION, OUTCOMES, & OBJECTIVES

Pacific’s AT Program continually evaluates the students and stakeholders (i.e., faculty and preceptors), both quantitatively and qualitatively. This allows continual assessment of the effectiveness of the program in design, content, and structure, as well as the evaluation of the program mission, outcomes, and objectives. Students who have completed the program often assign high marks to the mission statement components of the exit survey and have pursued various avenues for advanced degrees. Placement examples for recent graduates of the program include; but are not limited to:

Athletic Training Graduate Assistantships -
- Boise State University
- California State University, Chico
- California State University, Fresno
- California State University, Fullerton
- Carson-Newman University
- Clemson University
- Eastern Washington University
- Montclair State University
- Murray State University
- Syracuse University
- University of Idaho
- University of Kansas
- University of Redlands
- University of Nevada, Las Vegas
- Utah State University
- University of Arizona
- etc.

Educational Programs -
- Teaching credential programs

Professional Programs -
- Physical Therapy School
  - University of the Pacific
  - University of Southern California
  - Duke University
- Nursing School
- Medical School

Recent graduates have also obtained employment opportunities with California high schools, Division I College Athletics, community colleges, performing arts, and professional teams (MLB, NBA, NFL, etc.).

**See the Program Director for the most recent placement statistics.**
NON-DISCRIMINATION STATEMENT

Pacific’s AT Program does not discriminate in the administration of any educational services (including admissions, scholarships, loans, athletics or other University activities) on the basis of race, gender, sexual orientation, national origin, ancestry, color, religion, religious creed, age (except for minors or for bona fide occupational qualifications), marital status, cancer-related or genetic-related medical condition, disability, citizenship status, military service status, and any other status protected by law. However, enrollment in the AT Program does require the ability of the student to meet the Technical Standards for the duration of the program (Appendix A).

ACCREDITATION STATUS

The AT Program earned initial accreditation from the Commission on Accreditation of Allied Health Education Professions (CAAHEP) in May 2002 and was granted continuing accreditation status in August 2008. The new accrediting agency for the AT Program is the Commission on Accreditation of Athletic Training Education (CAATE) effective July 1, 2006. The AT Program is fully accredited by the CAATE through the 2017–2018 academic year. Students graduating from a CAATE accredited program are eligible to sit for the BOC examination.

BOARD OF CERTIFICATION PASS RATE DATA

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UNIVERSITY OF THE PACIFIC
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II. THE ATHLETIC TRAINING PROFESSION

“Success will not lower its standards to us, we must raise our standards to success.”
- Author unknown
ATHLETIC TRAINING PROFESSION

The Athletic Trainer is an allied healthcare professional educated and skilled in meeting the healthcare needs of a diverse population of physically active individuals. 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. In cooperation with physicians and other allied health personnel, the Athletic Trainer functions as an integral member of the health care team in secondary schools, colleges and universities, physical therapy clinics, professional sports programs, industrial and corporate settings, and other health care settings.

The five practice domains of Athletic Training are:

- Injury/Illness Prevention and Wellness Protection
- Clinical Evaluation and Diagnosis
- Immediate and Emergency Care
- Treatment and Rehabilitation
- Organizational and Professional Health and Well-being

To become an Athletic Trainer, you must fulfill the requirements for certification established by the Board of Certification, Inc. (BOC) that include successfully completing an accredited entry-level Athletic Training program which is overseen by the Commission on Accreditation of Athletic Training Education (CAATE). The certification examination administered by the BOC is a computer-based exam consisting of written, written simulation, and hybrid questions, which were designed to assess the following as outlined in the Role Delineation Study, 6th edition: cognitive skills, clinical decision making, and practical skill applications. For more information about becoming an Athletic Trainer, visit the BOC website at www.bocatc.org.

National Athletic Trainers’ Association (NATA)

The National Athletic Trainers’ Association (NATA) is a not-for-profit organization committed to the advancement, encouragement and improvement of the Athletic Training profession. Founded in 1950 with a membership of 200 Athletic Trainers, the NATA today has more than 38,000 members worldwide. The majority of certified athletic trainers choose to be members of the NATA – to support their profession, and to receive a

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broad array of membership benefits. In 1990, the American Medical Association recognized athletic training as an allied health profession. The Association sets the standards for Athletic Trainers through its education programs. Based in Dallas, Texas, the organization provides a variety of services to its membership including continuing education, governmental affairs, certification and public relations. The NATA also publishes the Journal of Athletic Training, a quarterly scientific journal; and NATA News, a monthly news magazine. Students are encouraged to become members of the NATA as soon as you enter the program. For more information about the NATA and becoming a member, visit the NATA website at www.nata.org.

Far West Athletic Trainers’ Association (FWATA – District Eight)
The Far West Athletic Trainers’ Association (FWATA), also known as District-8 of the National Athletic Trainers’ Association (NATA) is comprised of state athletic trainers associations from California, Hawaii and Nevada. All NATA members that reside within the District-8 states are automatically members of the FWATA.

The purpose of the FWATA website is to provide the membership with information and resources regarding the latest state, regional and national news regarding health care and the Athletic Trainer. It is our goal to provide up to date information for those members living in California, Nevada and Hawaii concerning athletic training clinical practice, links to state and national legislative requirements and educational opportunities for Athletic Trainers living and working in District-8. FWATA represents the state associations within the district at the national level and each year FWATA holds their own Annual District Meeting & Clinical Symposium. FWATA also provides athletic training student scholarships and supports research grants in the field of athletic training.

California Athletic Trainers’ Association
The California Athletic Trainers’ Association (CATA) strives to improve the quality of health care for athletes, patients and clients and enhance the profession of Athletic Training, through leadership, education, and cooperative efforts with other organizations and allied health professions.

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ATHLETIC TRAINING EDUCATION

The following is a brief overview of the education and credentialing process for entry-level athletic trainers. Pacific’s AT Program is an academic major in the Health Exercise, and Sport Sciences Department and is accredited by the CAATE. The BOC grants certification for Athletic Trainers. Entry-level athletic training programs use a competency-based approach in both the classroom and clinical settings. Using a medical-based education model, athletic training students are educated to serve in the role of physician extenders with an emphasis on clinical reasoning skills. Educational content is based on cognitive (knowledge), psychomotor (skill), and affective (professional behaviors) competencies and clinical proficiencies (professional, practice-oriented outcomes).

Students must receive formal instruction in the following specific subject matter areas:

**Foundational Courses**
- Human Anatomy
- Human Physiology
- Exercise Physiology
- Kinesiology/Biomechanics
- Nutrition
- Statistics and Research Design
- Strength Training and Reconditioning
- Acute Care of Injury and Illness

**Cognitive and Psychomotor Domains**
- Risk Management and Injury/Illness Prevention
- Pathology of Injury/Illness
- Assessment of Injury/Illness
- General Medical Conditions and Disabilities
- Therapeutic Modalities
- Therapeutic Exercise and Rehabilitation
- Health Care Administration
- Weight Management and Body Composition
- Psychosocial Intervention and Referral
- Medical Ethics and Legal Issues
- Pharmacology
- Professional Development and Responsibilities
DEFINITION OF TERMS

• **Athletic Training Student (ATS)** – A student formally enrolled in the clinical component of the AT Program.

• **Clinical Education** – Clinical education represents the ATS’ formal acquisition, practice, and evaluation of the Entry-level Athletic Training Clinical Proficiencies under the direct supervision of a Preceptor. Clinical education shall occur in a minimum period of two academic years (4 semesters) and be associated with course credit. Courses shall include educational objectives and specific clinical proficiency outcomes that can be documented over time. At least 75% of the student’s clinical education experiences must be in traditional Athletic Training settings.

• **Clinical Education Requirements** – Students must complete a variety of clinical experiences that incorporate different populations including genders, varying levels of risk, protective equipment (to minimally include helmets and shoulder pads), and medical experiences that address the continuum of care that prepares a student to function in a variety of settings and meet the domains of practice delineated for an Athletic Trainer in the profession.

• **Clinical Integration Proficiencies (CIPS)** – The entry-level Athletic Training clinical integration proficiencies represent the synthesis and integration of knowledge, skills, and clinical decision-making into actual client/patient care. The clinical integration proficiencies demonstrate learning over time. Whenever possible, proficiencies are assessed in a real-time environment/situation such as evaluating a real injury to an athlete rather than performing a simulated evaluation.

• **Clinical Setting** – A clinical setting is a clinical environment where health care services are provided. The clinical setting shall include the Athletic Training facility, athletic practices, competitive events, physician’s office or medical clinics, physical therapy clinics, immediate care facilities, and various allied health care settings. **A Preceptor while in these settings must supervise the student.**

• **Direct Supervision** – Direct supervision refers to the close monitoring of the ATS during the clinical experience. The Preceptor must be physically present and have the ability to intervene on behalf of the ATS and the patient. CAATE and Pacific’s AT Program recognize only clinical hours that occur under the direct supervision of a Preceptor. Radio or cell phone contact does not constitute direct supervision and is an infraction of Pacific’s AT program clinical policies.
• **Educational Competencies** – The Educational Competencies are the knowledge and skill components of entry-level AT programs. Competencies are used to develop the academic curriculum and educational experiences of students enrolled in CAATE-accredited entry-level AT Programs. We assess the competencies through classroom exams (written and practical) and assignments, as well as through student evaluations. The 5th edition of the competencies is currently being used.

• **Preceptor** - An expert or specialist, such as a Certified Athletic Trainer, licensed Physical Therapist, or licensed medical physician, who gives practical experience and training to a student, especially in healthcare and medicine.

### USE OF ATHLETIC TRAINING PROFESSIONAL TERMINOLOGY

The field of Athletic Training is frequently misunderstood among other health care professions/professionals regarding our educational preparation, roles and responsibilities, credentials, etc. To help raise the level of awareness of our profession, we ask that all students, staff, and faculty use proper professional terminology at all times when referring to our profession and our clinical settings. Examples of proper terminology include the following:

<table>
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<th>Professional/Appropriate Terminology</th>
<th>Incorrect or Unprofessional Terminology</th>
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<tbody>
<tr>
<td>“Athletic Training Facility or Clinic”</td>
<td>“Training room”; “Athletic Training room”</td>
</tr>
<tr>
<td>“Athletic Trainer” or “Certified Athletic Trainer”</td>
<td>“Trainer”</td>
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<tr>
<td>“Athletic Training students”</td>
<td>“Student Athletic Trainers” or “student trainers”</td>
</tr>
<tr>
<td>“BOC” examination</td>
<td>“NATABOC” examination</td>
</tr>
<tr>
<td>“CAATE accreditation”</td>
<td>“CAAHEP” or “JRC-AT accreditation”</td>
</tr>
<tr>
<td>“Clinical education experience”</td>
<td>“work”</td>
</tr>
<tr>
<td>“AT,” “Athletic Trainer,” or “Certified Athletic Trainer”</td>
<td>“ATC” (ATC is a credential)</td>
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In addition to proper Athletic Training terminology, proper nomenclature for identifying various injuries, anatomy, and medical terms should be used when interacting with physicians, health care professionals, and fellow Athletic Trainers/ATS.
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III. ACADEMIC PROGRAM *

“I’ve become the person that I always knew was inside me and I’m still learning everyday about who I am. Lessons are everywhere, but the student has to be ready. I am and forever will be a student of life.”
- Author Unknown

*Portions of this section adapted from James Madison University’s AT Program
ACADEMIC COMPONENT
OF THE AT PROGRAM

The ATS’ formal education at the University of the Pacific consists of three parts:

1) **The University’s General Education**
   - Fundamental skills (reading, writing, and math)
   - Pacific Seminar’s I, II, and III
   - Path Requirements (9 courses, one from each subdivision)

2) **The Athletic Training Major**
   - Required core courses for the Department of Health, Exercise, and Sport Sciences
   - Athletic Training Major courses (including clinical education)

3) **The Athletic Training Clinical Education Program**
   - Clinical Healthcare Education

*Refer to the General Catalog for more specific information about these components.

Students **MUST** meet with their faculty advisor at least once each semester during scheduled advising sessions to ensure appropriate progression through the academic program of study.

The following schedule is the suggested curriculum plan for AT Program students. Failure to enroll in an AT Program sequence class at the proper time may result in a delay in completing the program. Additional units will vary depending on the courses taken or if the student is completing pre-physical therapy requirements or requirements for another professional preparation program. Students must complete a minimum of **124 total units** to graduate.

**NOTE:** While participating this the clinical education program student **CANNOT** schedule any academic courses between 2-6pm during the weekdays (Monday – Friday), as this timeframe is scheduled for clinical education. Should an afternoon/evening course be warranted based on graduation requirements you must get prior approval from either the Program Director or Clinical Education Coordinator.
# ACADEMIC PLAN OF STUDY - PACIFIC STUDENTS

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<th>Name:</th>
<th>Advisor:</th>
<th>Expected Graduation:</th>
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## FRESHMAN YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
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</thead>
<tbody>
<tr>
<td>HESP 143 Prev and Acute Care</td>
<td>BIOL 61 Principles of Biology [‡] (GE)</td>
</tr>
<tr>
<td>PACS - I</td>
<td>PACS - II</td>
</tr>
<tr>
<td>GE Course</td>
<td>GE Course</td>
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<tr>
<td>GE Course</td>
<td>GE Course</td>
</tr>
<tr>
<td>HESP 093a AT Observation</td>
<td>HESP 093b AT Observation</td>
</tr>
</tbody>
</table>

**17 units**

## SOPHOMORE YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
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<tbody>
<tr>
<td>BIOL 71 Human Anatomy [‡] (GE)</td>
<td>BIOL 81 Human Physiology [‡] (GE)</td>
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<td>GE Course</td>
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<tr>
<td>HESP 093c AT Observation</td>
<td>Elective units (non-HESP)</td>
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**17 units**

## JUNIOR YEAR

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<tr>
<th>Fall Semester</th>
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<tbody>
<tr>
<td>HESP 089b AT Practicum - I</td>
<td>HESP 089k AT Practicum - II</td>
</tr>
<tr>
<td>HESP 133 Kinesiology [‡]</td>
<td>HESP 129 Prin. Exer. Physiology [‡]</td>
</tr>
<tr>
<td>HESP 145 Thera. Modalities [‡]</td>
<td>HESP ElectivO (Suggest: HESP 155 - Motor Learning)</td>
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**13 units**

## SENIOR YEAR

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<tr>
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<tr>
<td>PACS - III</td>
<td>Activity Course</td>
</tr>
<tr>
<td>HESP 100 Intro. to Research</td>
<td>HESP 135 Sport Nutrition</td>
</tr>
<tr>
<td>HESP Elective (Suggest: HESP 147 - Ex Phys.)</td>
<td>HESP 137 Psyc. Soc. Aspect HlthCa</td>
</tr>
<tr>
<td>HESP 173 HCare. Adm. &amp; Prof. Dev.</td>
<td>HESP 146 Hlth, Disease, Pharm. [‡]</td>
</tr>
<tr>
<td>HESP 189b AT Practicum - III</td>
<td>HESP 189k AT Practicum - IV</td>
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**16 units**

**TOTAL: 29 units**

## RECOMMENDED GENERAL EDUCATION (CE) COURSES

- BIOL 011 Human Anatomy and Physiology
- COMP 25 Computer and Information Processing (fulfills IIB GE category)
- MATH 35 Elementary Statistical Inference or MATH 37 Probability and Statistics (fulfills IIB GE category)
- CHEM 23 Elements of Chemistry (fulfills IIIA GE category)
- CHEM 25 Concepts of Physics (fulfills IIIA GE category)
- PSYC 31 Introduction to Psychology (fulfills IA GE category)

## PHYSICAL THERAPY SCHOOL PRE-REQUISITE COURSES

- General Biology with lab (BIOL 61)
- Human Anatomy with lab (BIOL 71)
- Human Physiology with lab (BIOL 81)
- Statistics (MATH 35 or 37)
- Principles of Exercise Physiology (HESP 129)
- Medical Terminology (HESP 61)
- General Chemistry w/ lab (CHEM 25)
- General Chemistry w/ lab (CHEM 27)
- General Physics w/ lab (PHYS 23)
- General Physics w/ lab (PHYS 25)
- Abnormal Psychology (PSYC 111)
  - One additional psychology course (PSYC 31 or PSYC 129)

Pre-requisite course are for Pacific’s DPT Program. Other programs may require additional courses. Most Professional schools/programs will require a grade of “C” or better in all pre-requisite courses.

*Updated: 06/2016*
## ACADEMIC PLAN OF STUDY - TRANSFER STUDENTS

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<th>Name:</th>
<th>Advisor:</th>
<th>Expected Graduation:</th>
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<td></td>
<td>HESP 133 Kinesiology (L)</td>
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<td>HESP 143 Prev and Acute Care</td>
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<td>HESP 149 Clin. Eval. and Diag. - I</td>
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<td></td>
<td><strong>HESP Elective</strong> (Suggest: HESP 155 - Motor Learning)</td>
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<td><strong>HESP 143 Prev and Acute Care</strong></td>
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<td>Spring Semester</td>
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<td>HESP 089k AT Practicum - II</td>
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<td>HESP 129 Prin. Exer. Physiology (L)</td>
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<td>HESP 150 Clin. Eval. and Diag. - II</td>
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<td>HESP 163 Thera. Exer. &amp; Rehab (L)</td>
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<td>HESP 189k AT Practicum - IV</td>
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<td><strong>15 units</strong></td>
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<td><strong>TOTAL: 31 units</strong></td>
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TOTAL: 64 units

**NOTE:** Academic plan assumes the student: 1) has obtained an associates degree and/or completed a general education program through the community college (CSU or IGETC); and 2) transfers to Pacific with at least 64 units; and 3) has completed a course in General Biology w/ lab; and 4) has completed a course in Human Anatomy w/ lab and Human Physiology w/ lab. If these assumptions are not met, student must meet with an athletic training advisor to develop a modified plan of study.

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### Recommended General Education (CE) Courses
- BIOL 011 Human Anatomy and Physiology
- COMP 25 Computer and Information Processing (fulfills IIIb GE category)
- MATH 35 Elementary Statistical Inference or MATH 37 Probability and Statistics (fulfills IIIb GE category)
- CHEM 23 Elements of Chemistry (fulfills IIIa GE category)
- PHYS 17 Concepts of Physics (fulfills IIIb GE category)
- PSYC 31 Introduction to Psychology (fulfills IA GE category)

### Physical Therapy School Pre-Requisite Courses
- General Biology with lab (BIOL 61)
- Human Anatomy with lab (BIOL 71)
- Human Physiology with lab (BIOL 81)
- Statistics (MATH 35 or 37)
- Principles of Exercise Physiology (HESP 129)
- Medical Terminology (HESP 61)
- General Chemistry w/ lab (CHEM 25)
- General Chemistry w/ lab (CHEM 27)
- General Physics w/ lab (PHYS 23)
- General Physics w/ lab (PHYS 25)
- Abnormal Psychology (PSYC 111)
  - One additional psychology course (PSYC 31 or PSYC 129)

Pre-requisite courses are for Pacific’s DPT Program. Other programs may require additional courses. Most Professional schools/programs will require a grade of "C" or better in all pre-requisite courses.

**UPDATED: 06/2016**
In addition to required course work, AT Program students must complete at least four consecutive semesters of clinical education under the direct supervision of an Athletic Trainer or other medical/health care professional at Athletic Training (AT) Program designated facilities. While completing clinical education, students are exposed to a wide variety of injury scenarios and general medical conditions and are taught to handle situations ranging from emergency care to record keeping.

During the four semesters of clinical education, AT students’ must accumulate a minimum of 800 hours (200 hours/semester) of experience under the direct supervision of an Athletic Trainer (AT) or other medical/allied health care professional. Students must also demonstrate proficiency in entry-level Athletic Training skills in the presence of a Preceptor. Most ATS’ allocate approximately 15 - 20 hours per week to their clinical education in addition to time spent in the classroom. This will require more than the 10-hour minimum weekly requirement. Thus, the time commitment for the clinical education portion of the AT Major is quite demanding (Appendix C).

Once admitted to the clinical component of the AT Program, AT students must take four clinical education courses (HESP 89b, 89k, 189b, 189k). Students participate in clinical education for a minimum period of two academic years. During clinical education, students will be exposed to upper extremity (e.g., swimming), lower extremity (e.g., soccer), team sports (e.g., Basketball), individual sports (e.g., Tennis), equipment intensive (e.g., football), and general medical (e.g., physician offices), as well exposures to both male and female patients. Please see Appendix D for all available clinical education sites.

Students are assigned to a Preceptor(s) each semester for the purpose of supervision. Supervised clinical experiences involve daily personal contact and supervision between the Preceptor and student. The following criteria MUST be met for progression through each of the four clinical education courses:

- Attend Tuesday class meetings. **No more than two absences will be allowed during the Tuesday class meeting times.**
- Complete at least 200 contact hours of experiential learning. This will require more than the weekly 10-hour minimum. These hours may come from formal clinical education and/or field experience. Students will meet with their Preceptor at the beginning of the semester to determine the most appropriate experiences.
- You **MUST** complete all aspects of your clinical education practicum course, which includes; but is not limited to: clinical AT hours, host experiences, general medical observations, surgical observation, elective hours, clinical integration proficiencies (CIPs) and Comprehensive Evaluation & Treatment Plans.
CLINICAL EDUCATION HOURS POLICY

AT Program students **MUST** complete a minimum of 200 contact hours of experiential learning. This will require more than the 10-hour weekly minimum, so please plan accordingly. These hours may come from student’s formal clinical education, field experience, general medical hours, surgery observation hours, and elective hours. Hours may also be gained for an outside experience, but **ONLY** if an Incidental Clinical Education form (Appendix J) is signed by the supervising Preceptor and CEC. Students will be responsible to turn in a weekly digital log sheet of these hours signed by the student’s Preceptor at the beginning of Practicum each Tuesday by 12pm. Documentation must specify whether student’s hours came from student’s clinical experience, general medical experience, elective hours, surgery, or an incidental clinical education experience.

Each log sheet with a minimum of 10 hours recorded per week will be worth 10-points if turned in completed at the beginning of Tuesday’s Practicum (12pm) course on the week after the clinical education experiences were completed. If late, 2-points will be deducted each day. Log sheets will not be accepted after 5pm the Friday of that week. Therefore, the student will not receive credit for the hours worked and 0-points for that week. **If the student’s log sheet is not turned in at the beginning of Practicum it is considered a day late.**

**If the week leg sheet does not have a minimum of 10 clinical education hours logged, the weekly log sheet will be worth 0-points.**

When classes are in session and a student gets less than 10 hours or completes more that 30 hours the consequences will be:

- 1st time: Warning
  - Clinical Education Coordinator (CEC) meets with Student
- 2nd time: Oral Reprimand
  - CEC meets w/ Preceptor & AT Student
    - 0-points for that week’s Clinical Education Hours
- 3rd time: Probation
  - Program Director (PD) and CEC w/ Preceptor & AT Student
    - 0-points for that week’s Clinical Education Hours

**Students MUST still complete 200 clinical education hours to pass practicum.**
GENERAL MEDICAL OBSERVATION POLICY

AT Program students MUST complete a two week General Medical Rotation. General medical hours are designed to increase student’s exposure to a variety of medical conditions and patient populations that may be encountered during one’s career as an Athletic Trainer. These hours focus predominantly on the services provided by medical physicians, physician assistants, and nurse practitioners. Pacific’s AT Program has implemented a general medical rotation system in order to better facilitate the exposure to various medical settings (See Appendix K).

Each rotation will consist of a two-week period that will be scheduled around each student’s clinical experience. During the student’s general medical rotation the student will NOT be responsible to observe their assigned Preceptor the hours associated with that assignment. Students will need to discuss this with their Preceptor.

**Practicum I:**
Practicum I will not offer general medical exposure to the first semester ATS.

**Practicum II:**
Practicum II will provide each student with a comprehensive exposure to orthopedic medicine. The rotation will consist of:

- 15 total hours of general orthopedic medicine, over a two week period, which will include an exposure at one of the following:
  - Alpine Orthopedic Medical Group – Orthopedics Department.
  - Sutter Gould Medical Foundation – Orthopedics Department.
- An Outside Experience Log Sheet must be completed for each day of the rotation and the supervising practitioner must sign each sheet at the end of each day.
- Each rotation will be set-up via a meeting with the CEC at least **2 weeks** prior to the student’s scheduled rotation.
Practicum III:
Practicum III will provide each student with a comprehensive exposure to orthopedic medicine. The rotation will consist of:

• 20 total hours of orthopedic and radiological medicine observations over a two week period, which will include:
  ▪ 16-18 hours of orthopedic practice exposure at either Alpine Orthopedic Medical Group or Sutter Gould Medical Foundation - Orthopedic Dept.
  ▪ 2-4 hours of diagnostic medical imaging at Valley MRI and Radiology
  ▪ An Outside Experience Log Sheet must be completed for each day of the rotation and the supervising practitioner must sign each sheet at the end of each day.
  ▪ Each rotation will be set-up via a meeting with the AT Program CEC at least 2 weeks prior to the student’s scheduled rotation.

Practicum IV:
Practicum IV will provide each student with a comprehensive exposure to general medicine. The rotation will consist of:

• 15 total hours of general medicine, over a two week period, which will include:
  ▪ Exposure at Dignity Health Medical Group
  ▪ An Outside Experience Log Sheet must be completed for each day of the rotation and the supervising practitioner must sign each sheet at the end of each day.
  ▪ Each rotation will be set-up via a meeting with the CEC at least 2 weeks prior to the student’s scheduled rotation.

Students MUST turn in General Medical rotation documentation for each week of their rotation. This is due Tuesdays by 12pm. The documentation will be worth 2-points per hour if turned in complete on Tuesday by 12pm on the week after the general medical exposures were completed. If late, 2-points will be deducted each day and general medical rotation documentation will not be accepted after Friday of that week. If student’s general medical documentation is not turned in at the beginning of Practicum it is considered a day late.

**Two-points will be allotted for each hour of general medical exposure designated by the CEC.**

***Student MUST still complete a minimum of 15-20 hours (based on your specific practicum level) of general medical observation to pass practicum.**
SURGERY OBSERVATION POLICY

AT Program students MUST complete a surgery observation as part of the 200 contact hours during Practicum II, III, and IV. Surgery observation is designed to offer exposure to orthopedic surgeries that may be encountered during one’s career as an athletic trainer (See Appendix L).

- An Outside Experience Log Sheet must be completed for the surgery observation and the orthopedic surgeon must sign the document post-surgery.
- Each surgery will be set-up via a meeting with the AT Program CEC at least 2 weeks prior to student’s scheduled general medical rotation.

Like all other clinical education hours student surgery observation hours will be due on the Tuesday (at 12pm) the week after the hours are completed. Surgery observation hours documentation will be worth 10-points if turned in complete at the beginning of Tuesday Practicum (at 12pm) on the week it is due. These hours will NOT be accepted late unless it is pre-arranged with the CEC. If late, 2-points will be deducted each day. Log sheets will not be accepted after Friday, therefore, student will not receive credit for the hours worked and 0-points will be given for student’s surgery observation exposure. If student’s log sheet is not turned in at the beginning of Practicum it is considered a day late.

**If the surgery observation is NOT scheduled before the end of student’s general medical rotation student will receive a zero score for the assignment.**

**Student MUST still complete the surgery observation hours to pass practicum.**
HOST EXPERIENCE OBSERVATION POLICY

AT Program students MUST participate in at least three host athletic training experiences. No more than one host experience can be with the same gendered sport (i.e., student can NOT host Two men's Basketball games, but the student can host one men's basketball and one women's basketball). Students must follow the Host Experience Procedures (Appendix M) when signing up for and attending a host experience. A HOST Experience Log Sheet must be completed for each day of the observation and must be signed by the supervising allied health care professional.

Each host experience will be worth 10-points (up to 3 hosts) if the documentation is turned in complete on Tuesday by 12pm the week after the host experience was completed. If late, 2-points will be deducted each day. Log sheets will not be accepted after Friday of that week; therefore, students will not receive credit for the hours worked and 0-points for that host experience. If documentation is not turned in at the beginning of Practicum, it is considered a day late.

**Student MUST still complete three-host experiences to pass practicum. **
ELECTIVE HOUR EXPERIENCE POLICY

AT Program students **MUST** complete 5 elective clinical education hours as part of the 200 contact hours **EACH** semester. Elective hours are designed to offer a broad exposure to various allied health care professionals that may be encountered during one’s career as an athletic trainer. Students must follow the Elective Hours Procedures (Appendix N). Hours may complete hours at any of the following locations:

- University of the Pacific Strength and Conditioning Department
- Valley MRI and Radiology (Except in Practicum III)
- Pacific Medical, Inc.
- Pine Street Physical Therapy
- Premier Chiropractic
- US Health Works Physical Therapy

If there is another location or allied healthcare professional that is of interest to the ATS, detailed information regarding the location and experience must be provided to the CEC. All clinical observations **MUST** be at an affiliated clinic site or with an affiliated Preceptor. If the CEC deems that this experience is practical and relevant to the AT profession and that the AT Student will benefit from the exposure, permission will be granted.

An **Outside Experience Log Sheet** must be completed for each day of the observation and must be signed by the supervising allied health care professional.

**Elective clinical education hours will be set-up via a meeting with the CEC and must be established prior to the observation experience.**

Like all other clinical education hours, student elective clinical education hours will be due on the Tuesday (at 12pm) the week after the hours are completed. Elective clinical education hours documentation will be worth 10-points if turned in complete at the beginning of Tuesday Practicum (at 12pm) the week after the elective hours were completed. These hours will **NOT** be accepted late unless it is pre-arranged with the CEC. If late, 2-points will be deducted each day. Log sheets will not be accepted after Friday, therefore, student will not receive credit for the hours worked and 0-points will be given for student's elective clinical education exposure(s). **If student's log sheet is not turned in at the beginning of Practicum it is considered a day late.**

**If the elective clinical education hours are NOT scheduled before the end of student's general medical rotation student will receive a zero score for the assignment.**

**Student MUST still complete the elective clinical education hours to pass practicum.**
PROGRAM ADMISSIONS POLICIES

There are certain requirements that must be fulfilled in order to enter the clinical education component of the AT Program. These requirements are listed below.

Requirements for Admission into the Clinical Education component of the AT Program

1. **Completed Application Form:** Priority consideration is given to qualified students who submit their application by February 1st. Applications will not be accepted after July 1st of each year. The application is available on the Athletic Training website or can be obtained from the AT Program Director.

2. **Coursework:** The following course must be completed with a passing grade prior to admission. Students may apply to the program while course is in-progress but must complete course before beginning the clinical education program.
   - **BIOL 71 Human Anatomy** or equivalent college level course (see AT Program Director for approval of equivalency). Equivalent course must be at least four semester units and contain a laboratory experience. If Anatomy and Physiology are taken as a combined course, student must take a two-semester sequence of that course.
   - **BIOL 81 Human Physiology** or equivalent college level course (see AT Program Director for approval of equivalency). Equivalent course must be at least four semester units and contain a laboratory experience. If Anatomy and Physiology are taken as a combined course, student must take a two-semester sequence of that course and both sections MUST have labs.

3. **Observation Hours:** Students must complete, at minimum, 50 observation hours under the supervision of a BOC certified athletic trainer prior to the submission of their Athletic Training program application. Students at Pacific will complete these hours under the direction of the AT Program Clinical Education Coordinator. For transfer students, these hours must be verified by the supervising certified athletic trainer in the form of a letter to the AT Program Director.

4. **College-level work:** Students must complete at least two semesters (or three quarters) of full-time study at the college level before being admitted into the AT Program.

5. **Grade Point Average**: Cumulative GPA must be 2.95 or higher. Transcripts must be submitted with your application.

*NOTE: If a student’s semester or cumulative GPA is below a 3.0 upon program admittance, you will be placed on ‘Academic Watch. Students on academic watch are required to submit monthly grade checks for all registered courses.
6. **First Aid Certification**: Applicants must possess current First Aid certification at the time of application. First aid certification can be obtained through the American Red Cross, American Heart Association, or equivalent agency. A copy of the front and back of your certification card must be submitted prior to admission into the program.

7. **CPR Certification**: Emergency Cardiac Care (ECC) certification (i.e., American Red Cross Professional Rescuer Training for the Healthcare Professional) will be required prior to the beginning of the academic year*.

   *NOTE: This course may be taken through the University as it is annually offered by the AT Program prior to the beginning of the academic year (during orientation) for a nominal fee. If the student is not able to complete the course through the AT Program, the student will need to acquire the certification from an outside source prior to the beginning of the academic year. Please see the AT Program Director for acceptable ECC certifications.

8. **Health Requirements Evaluation** (Appendix E): First year students MUST provide documentation that a complete health history, physical examination, and current immunization records (i.e. two-step tuberculosis clearance, MMR, TDap, Hepatitis B, and chicken pox) are on file at the Cowell Wellness Center. Documentation forms are available within the Clinical Education Athletic Training Program application on the Athletic Training website or may be obtained from the AT Program Clinical Education Coordinator.

9. **Returning Student Medical History Form** (Appendix F): Returning (senior) students MUST provide documentation that a complete health history, and current immunization records (i.e. two-step tuberculosis clearance, MMR, TDap, Hepatitis B, and chicken pox) are on file at the Cowell Wellness Center. Documentation forms are available within the Clinical Education Athletic Training Program application on the Athletic Training website or may be obtained from the AT Program Clinical Education Coordinator.

10. **Influenza Vaccination Form** (Appendix G): Students MUST submit documentation of an influenza vaccine or declination. The influenza vaccination may be obtained at an off-campus location or at Pacific Health Services. The vaccination will typically be offered at the beginning in September.

    **NOTE: Transfer Students** - The above documentation will need to be provided to Pacific’s Health Services for verification. Once they have verified your health requirements, both the CEC and AT Program Director MUST sign the health verification form BEFORE you can begin clinical education.
11. **Technical Standards**: Applicants must read and sign the Technical Standards for Admission Contract prior to admission into the clinical education program. The Technical Standards contract is available within the Clinical Education Athletic Training Program application on the [Athletic Training website](#) or may be obtained from the AT Program Director (Appendix A).

12. **Admission Essay**: Write a 1 – 3 page application essay that addresses following questions:
   - Other than the definition of prevention, evaluation, treatment, and rehabilitation of athletic injuries, describe your understanding of the profession of athletic training.
   - Why do you want to be in the clinical education program at Pacific?
   - What unique qualities can you bring to our program?
   - Where do you want to be professionally 5 years after you graduate from our program?
   - How can the clinical education program at Pacific help you achieve your goals?

13. **Recommendation Forms**: Two recommendation forms are required. A Certified Athletic Trainer must complete one recommendation form. Recommendation forms are available within the Clinical Education Athletic Training Program application on the [Athletic Training website](#) or may be obtained from the AT Program Director.

14. **Interview**: Applicants will interview with the AT Program Director, Clinical Education Coordinator, Preceptors, and current AT Program students prior to admission. The interview will consist of a series of questions to assess the applicants’ background, knowledge, personality, communication skills, professionalism, career goals, and overall fit with Pacific’s AT Program.
TRANSFER POLICY

Transfer students are encouraged to apply to the clinical education program and will receive equal consideration for admission provided they meet the pre-requisite criteria at the time of application and/or admission. Transfer students must also meet University requirements for admission to the Athletic Training major.
TECHNICAL STANDARDS

Pacific’s AT Program is a rigorous and intense program that places specific requirements and demands on its students. 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 AT 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 CAATE. All students admitted to the AT Program must meet the following abilities and expectations. 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 AT 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.
4. The ability to record the physical examination 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 commitment 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.

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

The Office of Services for Students with Disabilities (1st floor McCaffrey Center) will evaluate a student who states he/she could meet the program’s technical standards.
with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

All clinical education students **MUST** read and sign the Technical Standards document prior to beginning clinical education (Appendix A).
SELECTION CRITERIA FOR THE AT PROGRAM

Applicants will be selected to the clinical education program based on the following essential requirements will help you be successful in our program and the field of athletic training:

1. Cumulative GPA must be 2.95 or higher as indicated by official transcripts.
2. Completion of an introductory Athletic Training course.
3. Completion of BIOL 71 - Human Anatomy
4. Completion or concurrent enrollment of BIOL 81 - Human Physiology
5. Completion of at least 2 semesters or 3 quarters of college level work
6. Letter of documentation that verifies completion of 50 observation hours under the supervision of a Certified Athletic Trainer that MUST be signed by that supervising Certified Athletic Trainer.
7. Evidence of academic progression and ability to handle clinical and academic demands of the program
8. Two recommendation forms; one must be from a Certified Athletic Trainer
9. Current First Aid and CPR certification (Basic Life Support Training)
10. Evidence of Health Evaluation (Appendix E)
11. Signed Technical Standards for Admission (Appendix A)
12. Interview
   • The interviews are scheduled during the spring semester and are conducted by a selected interview committee. The committee can consists of at least one faculty member, a Preceptor, and current Athletic Training students.
13. Overall fit with the AT Program

NOTE: Completed Application form and admission essay MUST be submitted by February 1st (or the first business day in February) to receive priority consideration.
ACADEMIC COMPETITION POLICY

Intercollegiate athletes who wish to participate in the clinical education program are permitted to do so provided they meet pre-requisite criteria and the potential quantity and quality of their educational experiences are sufficient to meet the goals and objectives of the program. Student-athletes should meet with the AT Program Director to determine the potential for a quality experience. The student athlete will also need to have a mandatory meeting with their head coach and AT Program Director.

**NOTE:** In most cases, student-athletes are encouraged to delay their participation in the program until their inter-collegiate athletics career is over or pursue the profession through an entry-level master’s degree program.

**REQUIREMENTS ONCE ADMITTED TO THE AT PROGRAM**

As a student accepted to the Athletic Training program you **WILL** be asked to undergo random drug screenings, will have a criminal background check, and screening of driving records in order to participate in clinical experiences. **All costs associated with drug testing and background checks are the responsibility of the student.**
REQUIRED FEES

Students in the AT Program will encounter additional expenses associated with the program. Those expenses include, but are not limited to:

• Annual NATA dues - ~$105.00/year
  o Students **MUST** renew members of the NATA by January 1\(^{\text{th}}\) of each year.
• CPR certification - ~ $65/year
  o If taken through the AT Program with CPR mask
    • ~$170+ (if taken outside of the AT Program without CPR mask).
• Professional Attire
  o Students are required to purchase and maintain professional and/or business attire for all clinical experiences.
• Travel expenses to and from clinical sites
  o Students must provide their own transportation to their clinical sites. Expenses for this travel are the student’s financial obligation. There may be public transportation available to assist students to some of the off campus clinical sites.
• Personal liability insurance – Optional, but recommended.
• Meals
  o Students may need to supply some of their meals while on campus for orientation and pre-season.
• BOC certification exam
  o Upon graduating, all students are expected to sit for their national certification examination through the Board of Certification. Exam fees are: $300 for first time and retake candidates. Additional exam fees will be incurred for non-NATA members.
• Travel to Athletic Training Conventions* - Optional
  o Costs may be incurred for travel and housing for state, regional, or national Athletic Training Conventions.
  
  • **NOTE:** Funding may be available through your fundraising efforts and/or applications to the AT Program Endowment Fund, as well as application to various COP grants and the undergraduate Research Fund. Additionally, there are National, Regional, and State grants and scholarships that you may apply for.
ANNUAL REQUIREMENTS

Students must complete the following items annually once accepted to the Clinical Education Phase of the AT Program:

- **Required:**
  - Professional Rescuer training
  - OSHA training and Blood-borne Pathogens Training
  - HIPAA training
  - Maintain up-to-date immunizations
    - Complete a 2-step TB screen prior to the start of your junior year
      - Then, only an annual TB screening **MUST** be completed
      - Except, if observing at Dameron hospital, you **MUST** complete a TB Screen 60 days prior to your on-site observation
      - See CEC with any questions regarding immunizations
    - Hepatitis B immunizations and Titer
  - Physical Health Exam
    - Physical Exam prior to beginning AT Program (Junior’s)
    - Returning Student Medical Health Review Form (Senior’s)
  - Clinical site orientation with assigned Preceptor
    - Completed Clinical Education Plan (Appendix O)

- **Review of:**
  - Assigned Clinical Site’s Emergency Action Plan
  - Clinical Site(s) Documentation Procedures (ATrack)
  - Minimum/Maximum Clinical Hours Policy
  - Incidental Clinical Education Policy
  - Infectious/Communicable Disease Policy
  - Safety Policy For Therapeutic Equipment
  - Blood-Borne Pathogens And Infectious Disease Policy
  - Blood Post Exposure Policy

- **Review of, and Signature on:**
  - Professional Conduct And Confidentiality Form
  - Commitment To Excellence Form
  - Declaration Of Understanding Form
  - Students Driving Students Policy (Appendix P)
  - Technical Standards For Admission To Clinical Education (Appendix A)
AT PROGRAM ORIENTATION

The AT Program orientation is offered annually to update and prepare students for the upcoming year. Many policies and procedures change or are added, so informing the students of the contemporary items are paramount to their success in the AT Program.

All students involved in the clinical education phase of the AT Program are REQUIRED to participate in orientation that will occur annually in the last week of July.

Attendance Default Policy –

As a student within Pacific’s Athletic Training Program you are expected to attend the annual Athletic Training Program orientation during the last week of July. If you cannot attend you the annual orientation, you MUST contact the Athletic Training Program Director by JUNE 15th. Upon your return to the Athletic Training Program, you MUST review, and update yourself on the AT Program Handbook. Then you MUST meet with the Athletic Training Program Director or Clinical Education Coordinator (at his/her availability) to discuss the handbook, and take a digital assessment on your knowledge and understanding of the AT Program Handbook for that academic year. Your assessment MUST be completed with a score of 100% prior to start of your clinical education.

If you do not complete the assessment with 100% by 1st week of classes in the fall semester, you will be placed on probation.
GENERAL PROFESSIONAL CONDUCT

The Athletic Training student is expected to abide by the code of conduct established in this handbook and the NATA Code of Ethics (see Appendix H) and BOC Professional Standards of Practice (see Appendix I).

The Chair of the Department of Health, Exercise, and Sport Sciences, the AT Program Director, the CEC, and in some situations your assigned Preceptor, and the lead Preceptor of that clinical site, are responsible for imposing any and all penalties for infractions of athletic rules/regulations, academic violations, clinical violations, or professional misconduct. The source of the penalty depends on the type of infraction (AT Program program-related or Clinical Site related).

If the AT Program Director, CEC and/or assigned Preceptor allege a violation of clinical site rules/regulations or unprofessional behavior, the Athletic Training student may be suspended or dismissed from the clinical assignment to which they are assigned. In some cases, the student may also be suspended or dismissed from the AT Program. In these cases and for episodes of unprofessional conduct, documentation will be placed in the ATS’s permanent file. The ATS may appeal the suspension/dismissal.
EXPECTED CLASSROOM CONDUCT

In order for all Pacific students to receive maximum benefit from the classroom experience, everyone must behave in a mature, professional manner. The following guidelines are provided to assist in making the classroom experience beneficial for all students.

1. All cell phones and pagers must be turned to vibrate or silent during class time. Cell phones should be placed in bags or out of sight during classes. Exams may be an exception to this.

2. If laptop use is desired (and permitted), the student must secure permission from the instructor before using a laptop during class time. If permission is granted, the laptop must be used for class-related activities ONLY.

3. Talking (other than asking a question) or passing notes during the class period is considered disruptive.

4. Additional descriptions of disruptive behavior include, but are not limited to:
   - Sleeping,
   - Monopolizing discussions or constant questioning,
   - Failure to respect others,
   - Using inappropriate or vulgar language in class,
   - Overt inattentiveness,
   - Doing activities not related to class, i.e. studying for another class
   - Inappropriate use of technology,
   - Creating excessive noise,
   - Leaving class early or arriving late,
   - And poor personal hygiene.

5. Additional rules and regulations associated with student conduct are detailed in the University’s Student Handbook.

6. Failure to abide by all of these rules and regulations may lead to a variety of disciplinary actions including but not limited to:
   - A failing grade
   - Removal from the class
   - A legal summons
   - Being placed on probation
   - Expulsion from the university
RETENTION CRITERIA

1. University Honor Code: Students must abide by the University Honor Code to remain in the clinical education program. See Tiger Lore Student Handbook, 2017, University of the Pacific, pgs. 3 – 4 for the detailed Honor Code.

2. Emergency Cardiac Care: Students must maintain current Professional Rescuer (CPR) certifications.

3. Health, Exercise, and Sport Sciences Dept. Courses: Student MUST receive a ‘C’ or better in all HESP Department courses that offer and/or assess Athletic Training competencies and/or proficiencies (i.e., HESP 100, 129, 133, 137, 143, 145, 146, 149, 150, 163, and 173). If a student does not meet this grade requirement, he/she will be placed on probation. The student also MUST repeat the course and receive a grade of ‘C’ or better to be considered by the AT Program administration for candidacy to the BOC Exam.

4. Athletic Training Practicum Courses: Students must demonstrate proficiency in specific entry-level athletic training skills each semester. In addition, students must satisfactorily complete the assigned clinical integration proficiencies and receive a ‘C’ or better in the Athletic Training Practicum courses (HESP 89b, 89k, 189b, and 189k). If a student does not meet this grade requirement, he/she will be dismissed from the AT Program.

5. Grade Point Average: Students must maintain minimum GPA standards under the following rules:
   - If you are an incoming junior and your cumulative GPA is below a 3.00 OR semester GPA is below a 3.0, you will be placed on academic watch. Students on academic watch are required to submit monthly grade checks for all registered courses. Reinstatement to good standing will occur when the student’s semester and cumulative GPA are above 3.0.
   - If a student’s semester GPA is above a 3.00 AND cumulative GPA is above 2.95, the student is in good standing and are eligible for full participation in the AT program.
   - If a student’s semester GPA falls below a 3.00 OR cumulative GPA falls below 2.95, the student will be placed on an academic watch. Students on academic watch are required to submit monthly grade checks for all registered courses. Reinstatement to good standing will occur when the student’s semester and cumulative GPA are above 3.0.
   - If a student’s semester GPA falls below a 3.00 AND cumulative GPA falls below 2.95, the student will be placed on probation. Students on probation will be restricted in his/her clinical education experiences. Travel to off-site events will be prohibited, and limitations will be placed on the student’s clinical education. Probation may be removed and reinstatement to good standing will be offered by the Athletic Training Program Director if the student improves his/her semester GPA to 3.00 or above and a cumulative GPA of 2.95 or above.
   - If a student’s semester and cumulative GPA falls below 2.95, the student WILL be subject to disqualification from the AT Program. A review committee made-up of the Director of the Athletic Training Program, CEC, and the student’s assigned preceptor will discuss, manage, and offer a final decision.

6. Maintaining good professional and ethical behaviors and practices.
ACADEMIC DISCIPLINARY POLICY

ACADEMIC WATCH, PROFESSIONAL BEHAVIOR WATCH, PROBATION AND DISMISSAL - Students are placed on Academic Watch, Professional Behavior Watch, Probation or Dismissed from the AT Program if they fail to maintain satisfactory progress in the program. These disciplinary actions are defined below and followed by a table of possible scenarios.

ACADEMIC WATCH:
An academic watch is intended to help students maintain the academic expectation of the AT Program in a more formal manner. An academic watch is offered not as punishment, but as a form of accountability to help ensure that the student will be successful academically throughout the AT Program. An academic watch is instituted when a student’s semester or cumulative GPA is or falls below 3.0. Students on academic watch are required to submit monthly grade checks for all registered courses of that particular semester. Reinstatement to good standing will occur when the student’s semester and cumulative GPAs are 3.0 or above. Students may be placed on an academic watch at any time during any semester.

PROFESSIONAL BEHAVIOR WATCH (PBW):
PBW is intended to guide select students toward higher levels of professionalism and to help monitor inappropriate behavior in a more formal manner. The PBW is instituted when a student displays a behavior that is inappropriate (i.e. showing disrespect to a superior) or that has become consistently unprofessional (i.e. repeated tardiness from classes or clinical assignment). Students may be placed on a PBW at any time during a semester.

Students placed on PBW will be informed in writing of the PBW and will be given a specific contract to follow, along with a timeline, for removal from the PBW. If a student does not meet the requirements outlined in the PBW contract, the student may be placed on probation for the following semester. If a student who is currently on a PBW continues to commit an infraction(s) worthy of additional action(s), the student can be immediately placed on probation for the remainder of that semester. Continued infractions will result in dismissal from the program at the end of that semester. The change from PBW to probationary status will be communicated to the student in writing, and a copy of the letter will be placed in the student’s file.

All requirements and timelines for returning to good standing in the program will also be communicated in that letter. Preceptors or faculty can request a PBW be established for a student, but the ultimate decision to institute the PBW lies with the Program Director in consultation with the AT Program faculty.

PROBATION:
Probation is imparted on students who fail to meet appropriate academic or professional standards of the AT Program. The probationary period serves as a monitoring and remediation period for the student, as well as a warning to students
that they must improve their performance to remain in the program. The following helps define probation.

**A student on probation can:**
- Be restricted from any travel with teams.
- Be limited to a maximum of 15 to 20 hours per week in the clinical settings (i.e., a student on probation cannot voluntarily elect to attend any additional clinical times beyond the maximum assigned 15 to 20 hours).
- Be restricted from game day participation.
- Be required to participate in study hall or complete remedial work with the academic graduate students, etc.
- Be dismissed from the AT Program for failure to correct problem areas for a second consecutive semester.
- Have his/her case reviewed by a committee of AT Program personnel. The committee may decide individual restrictions or requirements for the clinical settings during the probationary period, depending on the reason for probation.
- Be required to improve deficient areas. The AT Program personnel will establish a remediation contract. Contracts will be constructed according to the individual student’s needs.

**DISMISSAL:**
A student may be dismissed from the AT Program if he/she receives a **semester below a 3.00 and cumulative GPA falls below 2.95**, and/or inappropriate behaviors or unethical clinical practices. Examples of such behaviors include, but are not limited to, cheating or other academic dishonesty, stealing, blatant disrespectful behavior toward faculty, staff, or fellow students, misrepresentation of oneself in the profession, blatant disregard for Pacific Athletic Training professional conduct policies, sexual harassment or misconduct, or criminal behavior resulting in the involvement of local law enforcement.

**Disciplinary Map:**

This concept map offers an overview of the academic disciplinary process within Pacific’s Athletic Training Program.
Satisfactory progress and the resulting consequences of failing to maintain satisfactory progress are as follows:

<table>
<thead>
<tr>
<th>Situation/Scenario</th>
<th>Consequence/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A student achieves a grade of a “C” or better in an HESP Department course that houses Athletic Training competencies or proficiencies; and a semester GPA of 3.00 or higher and maintains a cumulative GPA of 2.95 or higher.</td>
<td>The student is in good standing.</td>
</tr>
<tr>
<td>A student achieves a grade of a “C” or better in an HESP Department course that houses Athletic Training competencies or proficiencies; but a semester GPA below a 3.00 and maintains a cumulative GPA of 2.95 or higher.</td>
<td>The student is placed on an academic watch plan, which will be written by the AT Program administration and must be signed and adhered to by the student.</td>
</tr>
<tr>
<td>A student achieves a grade of a “C” or better in an HESP Department course that houses Athletic Training competencies or proficiencies; and a semester GPA of 3.00 or higher, but receives a cumulative GPA of below 2.95.</td>
<td>The student is placed on probation. An academic watch plan will be written by the AT Program administration and must be signed and adhered to by the student.</td>
</tr>
<tr>
<td>A student achieves a grade of a “C” or better in an HESP Department course that houses Athletic Training competencies or proficiencies; and a semester GPA falls below 3.00 and the overall GPA falls below 2.95.</td>
<td>The student may be dismissed from the AT Program. At minimum, the student is placed on clinical probation. If placed on probation, an academic watch plan will be written by the AT Program administration and must be signed and adhered to by the student.</td>
</tr>
<tr>
<td>A student receives a course grade below a “C” in an HESP Department course that houses Athletic Training competencies or proficiencies, but maintains a semester GPA of 3.00 and an overall GPA of 2.95.</td>
<td>The student is placed on probation. A probation plan will be written by the AT Program administration and must be signed and adhered to by the student. The student MUST repeat the course and receive a grade of ‘C’ or better to be considered by the AT Program administration for candidacy to the BOC Exam.</td>
</tr>
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<td>The student may be dismissed from the AT Program. At minimum, the student is placed on clinical probation. If placed on probation, a probation plan will be written by the AT Program administration and must be signed and adhered to by the student. The student MUST repeat the course and receive a grade of ‘C’ or better to be considered by the AT Program administration for candidacy to the BOC Exam.</td>
</tr>
<tr>
<td>Behavior</td>
<td>Consequence/Action</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Situation/Scenario</strong></td>
<td><strong>Consequence/Action</strong></td>
</tr>
<tr>
<td>A student receives an overall clinical mid-semester evaluation of “unsatisfactory” for any professional misconduct or issue</td>
<td>The student is placed on Professional Behavior Watch. The student’s assigned preceptor and the CEC will evaluate his/her performance throughout the semester and/or academic year. Both of the assigned preceptor and the CEC will provide the AT Program Director with a signed Professional Behavior Watch, which MUST show obvious improvements, at minimum “satisfactory”, by the end-of-semester.</td>
</tr>
<tr>
<td>A student receives an overall end of the semester clinical evaluation of “unsatisfactory”</td>
<td>The student’s situation will be reviewed by the AT Program faculty to determine the reason for the unsatisfactory grade (i.e. student performance/attitude vs. Preceptor-oriented reason). The action taken will be considered on a case-by-case basis, but could result in probation or dismissal from the AT program.</td>
</tr>
<tr>
<td>A student commits a single act of general unprofessionalism (i.e. inadvertent disrespect for a colleague, socializing/fraternizing with patients, tardiness to a class; truancy; disregard for dress code; etc.)</td>
<td>The student is placed on Professional Behavior Watch or probation, depending on the severity of the action.</td>
</tr>
<tr>
<td>A student commits repeated acts of general unprofessionalism (i.e. tardiness; truancy; disregard for dress code; etc.).</td>
<td>Gross unprofessionalism may result in immediate dismissal from the AT Program.</td>
</tr>
<tr>
<td>A student commits a single act of extreme unprofessionalism (i.e. gross disrespect for a peer, staff, or faculty; attending a class under the influence of drugs or alcohol; repeat episodes of socializing/fraternizing with patients; truancy; dress code violations; etc.).</td>
<td>Gross unprofessionalism may result in immediate dismissal from the AT Program.</td>
</tr>
<tr>
<td>A student fails to meet the requirements set for him/her during a Professional Behavior Watch or commits additional infractions (see Professional Behavior Watch below)</td>
<td>The student may be placed on probation in the program for the remainder of the semester and/or eventually dismissed from the program.</td>
</tr>
<tr>
<td>A student who is on probation fails to improve his/her performance to a level that meets the retention criteria or conditions set for him/her under the probation status.</td>
<td>The student will be dismissed from the program (i.e. poor performance that would result in a second consecutive semester of probation results in dismissal from the program).</td>
</tr>
<tr>
<td>A student on probation corrects the issue or situation that caused the probationary status (i.e. raises a GPA, improves a grade or increases professionalism)</td>
<td>The student is reinstated to “good standing” in the AT Program.</td>
</tr>
</tbody>
</table>

**NOTE:** Any problem with the Athletic Training student in relation to any clinical site’s policies and procedures will result in additional disciplinary action.

A student may be dismissed from the AT Program for unethical behaviors or practices. Examples of such behaviors include, but are not limited to, cheating or other academic dishonesty, stealing, blatant disrespectful behavior, misrepresentation of oneself in the profession, blatant disregard for Pacific’s Athletic Training policies, or criminal behavior resulting in the involvement of the law enforcement agencies.
**APPEAL/GRIEVANCE PROCEDURE:**
Any academic admission or disciplinary decision (i.e. academic watch, PBW, probation, dismissal) may be appealed, and any issue, which the student feels violates his/her rights, can come before the grievance committee.

**The appeal/grievance process for the AT Program is as follows:**

1. The student must make his/her appeal/grievance in writing to the Director of the AT Program Committee within **two-weeks** of receipt of the disciplinary incident report (Appendix Q) or a decision letter. In the appeal/grievance letter the student should re-state the infraction, summarize a plan for re-instatement, and ask for reinstatement. For clarification on the appeal/grievance letter, schedule a meeting with the Athletic Training Program Director. The student must include all materials that may substantiate the appeal or grievance.

2. Once the AT Program Director has received the student’s official appeal or grievance an Appeals/Grievance Committee will be assembled. The Appeals/Grievance Committee will be formed on an as-needed basis, and will be comprised of a maximum of five members. Members will include:
   a. two Health, Exercise, and Sport Sciences faculty members, 
   i. one of who must be an Athletic Training faculty member
   b. one clinical preceptor who is affiliated with the Pacific Athletic Training program, and two student representatives, 
   c. two students
   i. One student member will be appointed by the Athletic Training faculty, and the other student will be selected by the AT students. Both student representatives are voted on, and selected, at the beginning of the fall semester and will remain in these position for one academic year.

3. The Appeals/Grievance Committee will hear the case within a maximum of two-weeks from the date of the received the appeal/grievance document, and will notify the student of their decision at a face-to-face meeting and in writing within two-weeks post the student’s submitted appeal or grievance document.
   a. The student must appear at the scheduled appeal/grievance hearing, but may choose to appear alone or with any other person of his/her choice to advise or assist him/her.

4. If the student disagrees with the Appeals/Grievance Committee’s decision and wishes to take further action, the student must then appeal (in writing) to the Health, Exercise, and Sport Sciences Department Chair.

5. If the student disagrees with the Health, Exercise, and Sport Sciences Department Chair’s decision and wishes to take further action, he/she would then pursue action through the University’s grievance committee. (See the University Catalog for details).

**If charged with gross misconduct/unprofessionalism and is immediately dismissed from the Athletic Training Program, an ATS shall have the right:**

1. To be given notice, in writing, of the specific charge(s) against him/her
2. To a hearing
3. To be given adequate time to prepare a defense of charges (two weeks).
4. To appear alone or with any other person of his/her choice to advise or assist him/her.
REPORTING OF INCIDENTS WITHIN THE ACADEMIC SETTING

Disciplinary Incident Report Policy
The ATS is expected to abide by the NATA established Code of Ethics, as well as code of conduct in Tiger Lore. Additionally, the students are held to a high standard in regard to honesty and integrity. Any student found to be dishonest with regard to academic or clinical work will be dealt with firmly, most likely resulting in dismissal from the AT Program. Failure to do so will result in an imposition of penalties by the CEC and Program Director for all infractions. Reports of misconduct will be assigned the appropriate consequences after consultation with the AT Program Administration. Each case will be individually reviewed. Some examples of potential consequences include suspension from the student’s clinical rotation and/or suspension from the AT Program. The ATS may appeal the suspension by either contacting the AT Program Director for academic violations or the CEC for clinical education violations.

Purpose:
The purpose of the Disciplinary Incident Report (see Appendix Q) is to provide documentation of the incident to:
   a. Ensure that the appropriate parties were notified.
   b. Assure that any necessary corrective action was taken.
   c. Identify patterns so that preventative measures can be taken.

Definition:
A disciplinary incident is any event/issue related to ATS activity in the classroom.

Some of the behaviors and actions of concern during clinical rotations have already been briefly discussed, but additional behavior warranting an Incident Report are identified and defined:

1. ATTENDANCE: failure to be present at an assigned responsibility such as a practice, game, treatment/rehabilitation session with an athlete, required program meeting or other such athletic training function. Approved, excused absences are permissible.

2. TARDINESS: arriving late to an assigned responsibility in which prompt attendance is expected.

3. DRESS CODE: failure to uphold the dress code of the program.
4. **DERELICTION OF DUTY**: failure to be engaged in the responsibilities of your clinical assignment including preparation activities, cleanup activities, and other responsibilities characteristic of your assigned site.

5. **INSUBORDINATION**: failure to comply with direct instructions of a faculty or staff member or, in certain instances, failure to comply with the instruction of an upperclassman if those instructions originated with a faculty or staff member and were specifically directed to you.

6. **SEXUAL HARASSMENT**: violations of the university-defined policies.

7. **FAILURE TO COMMUNICATE**: failure to notify designated Preceptor or supervisor of events such as: athlete injuries, modifications to treatment or rehabilitation plans, approved excused absences from the clinical site, or other occurrences which could risk the well-being of the student, athletes, supervisor, or program.

8. **NEGLIGENCE**: any act of omission or commission committed by the student relative to the accepted duties and NATA Standards of Care.

9. **BREACH OF CONFIDENTIALITY**: divulging information regarding any information regarding athletes or the personal information of an athletic team to any party outside of your immediate supervisor or revealing any sensitive program information.

10. **ATTITUDE/LACK OF PROFESSIONALISM**: a willful lack of respect for others (i.e., students, supervisors, faculty, athletes, coaches, game officials, etc.).

11. **INTOXICATION/CONTROLLED SUBSTANCE USE**: pertains specifically to times when the AT student’s are fulfilling the responsibilities of their clinical rotations, as well as any travel with athletic teams. This also applies to any time housing is being provided by the University in order for a student to be engaged in clinical education during pre-season, winter break, or post-season activities.

12. **DUI/FELONY CONVICTION**: conviction of a DUI or a felony without appeal during the time period between official acceptance to the program and graduation from the program. Keep in mind the Code of Ethics of the NATA. These types of convictions could prevent you from: getting hired by an organization, getting licensed in a particular state, or even maintaining your BOC certification.

*NOTE: Depending on the type and severity of the infraction we may report it to the NATA Ethics committee.*
Disciplinary Incident Report Procedure

1. The ATS, Preceptor(s), or AT Program administrator(s) will record and report any observed infraction via the AT Program Incident Report Form (Appendix Q)

2. The ATS, Preceptor, or AT administrator will notify the student of the documented infraction and require the ATS’s signature as acknowledgement.

3. The signed Incident Report will be submitted to the CEC for retention in the student’s clinical file or for additional action as deemed necessary.
   - If an ATS refuses to sign the form, the Preceptor and student will both meet with the CEC and/or AT Program Director.

4. An ATS has the right to appeal any disciplinary action (see academic disciplinary action - appeal/grievance procedure)
ATHLETIC TRAINING PROGRAM PATHWAYS

Below are various pathways that each student will be exposed to while in the AT Program in order to increase awareness, develop their clinical practice and build their knowledge:

- AT Knowledge Competence
- Evidence Based Practice (Action-Based/Translational Activities)
  - Clinical Healthcare Research
- Cultural Competence Development
- AT Skill Proficiency
- Inter-Professional Practice Development
- Clinical Philosophy Development
  - Critical Thinking
  - Clinical Reasoning
  - Clinical Judgment
  - Decision Making
- Board of Certification (BOC) Exam Preparation
- Leadership Development
- Life-Long Learning Development
IV. CLINICAL EDUCATION PROGRAM*

“A wise man will make more opportunities than he will find.”
- Francis Bacon

*Portions of this section adapted from James Madison University’s AT Program
Clinical experiences provide students with opportunities to integrate knowledge, skill, clinical proficiency, and foundational behaviors of professional practice. While development of skills and clinical proficiency must represent a significant focus of clinical experiences, opportunities also must be provided for the development, synthesis, and demonstration of knowledge (i.e., learning over time) and professional behavior.

Pacific’s AT Program provides clinical experiences under the direct supervision of a Preceptor in an appropriate clinical setting. The Preceptor MUST be physically present and have the ability to intervene on behalf of the Athletic Training student (ATS) to provide on-going and consistent education. The Preceptor consistently and physically interacts with the ATS at the site of the clinical experience. The number of students assigned to a Preceptor in the clinical experience component is a number that ensures effective education and does not exceed a ratio of four students per Preceptor.

Clinical Education Website
Forms, handbooks, AT Program calendar, reference websites, and other helpful information can be referenced on the Sakai website. This website will host four Athletic Training Practicum courses (HESP 089b, 089k, 189b, 189K) that will hold class specific information. All AT Program students and AT Program faculty will have access to the Clinical Education website. If you do not have access to this site, please contact the AT Program Director.

Emergency Action Plans

Each affiliated clinical site has an emergency action plan (EAP) for its associated facilities. You will be responsible for locating and reviewing the emergency action plans for the facilities and venues that you will be observing your assigned Preceptor at. In your initial clinical orientation, with your Preceptor, this EAP MUST be reviewed, and MUST be documented in your clinical education plan.
AT PROGRAM STUDENT ROLES

Clinical Education -
Clinical education provides you with an opportunity to apply the knowledge and skills learned in classroom and laboratory settings to actual practice on patients under the supervision of a Preceptor. This is a required component of the AT Program.

Clinical Experience -
Clinical experiences provide you with the opportunity for informal learning to practice and apply the entry-level Athletic Training clinical proficiencies in a clinical environment under the supervision of a Preceptor. The primary settings for clinical experiences include Athletic Training Facilities, practices, and competitions. This is a required component of the AT Program.

Each student MUST review and sign the Clinical Supervision Policy (Appendix B)

*NOTE: Student cannot schedule any academic courses between 2-6pm during the weekdays (Monday – Friday), as this timeframe is scheduled for clinical education experiences. Should an afternoon/evening course be warranted based on graduation requirements you must get prior approval from either the Program Director or Clinical Education Coordinator.

TIME REQUIREMENTS AND LIMITATIONS

Students are expected to spend, on average, 15-20 hours per week participating in clinical education as part of the requirements for their respective Practicum in Athletic Training. You MUST complete a minimum of 200 clinical hours each semester. This requires more than the 10-hour weekly minimum. However, there is an expectation that you participate in your clinical assignment until the end of the semester or your assigned Preceptor releases you (Appendix C). Depending on the clinical assignment, students may be expected to participate in Clinical Education on weekends and/or during school holidays. While most students spend more than the expected 15-20 hours per week, students may NOT participate in Clinical Education more than 30 hours per week, 8 hours per day, and/or more than six consecutive days. There are NO exceptions to this rule while classes are in session. When classes are not in session (e.g. summer, winter, spring breaks), students may participate up to 40 hours per week, still no more than 8 hours per day or 6 days per week (Appendix C).
Absence from Clinical Setting -
Presence at clinical rotations is a critical component of the educational success of the ATS. Therefore, students are expected to attend their clinical assignments according to their pre-determined schedule set by the Preceptor during their initial orientation with the student. Students should expect to attend most practices and competitions for the sport/Preceptor to which they are assigned. When selecting class schedules, students should avoid classes that meet during traditional clinical times (1:30 p.m. - 6:00 p.m.) whenever possible. Students should communicate regularly with their Preceptor to determine their schedules and potential conflicts, and they should plan ahead if needing to miss clinical times due to class conflicts or heavy academic schedules during particular weeks. Discuss reasonable clinical arrival/departure times with your Preceptor so you do not jeopardize class times. If an emergency situation arises that a student cannot attend a scheduled clinical experience, he/she should contact his or her Preceptor and the CEC and notify them of the situation immediately using the agreed upon method of communication. Repeated absences or tardiness will not be tolerated and will be reflected in the Practicum evaluation. Excessive tardiness or absence may result in a Professional Behavior Watch, dismissal from the clinical site and/or an “unsatisfactory” grade in Practicum.

Preseason/Holiday/Postseason Requirements -
Fall pre-season practices are voluntary, yet very beneficial educational experiences. If you desire to be involved in the pre-season practices for your team, please contact the CEC.

Students assigned to a Preceptor with activities during a holiday (i.e. fall, or spring break) may need to continue their clinical assignments during these times. Students assigned to Preceptors with winter break or postseason responsibilities are strongly encouraged to participate in these opportunities but will not be required to stay for them. Students should speak to their Preceptor when clinical assignments are posted so he or she is aware of necessary expectations/requirements.

Incidental Clinical Education -
Athletic Training students are occasionally given opportunities to observe in clinical settings (i.e., CIF athletic events, high school football, etc.) where they are supervised by affiliated clinical Preceptors (Preceptor) working as healthcare practitioners of activities or events that are NOT affiliated with the AT Program. If the student wants to observe the Preceptor at a non-affiliated event he or she MUST seek approval from the both the assigned Preceptor and CEC. These experiences are extremely valuable to the students' learning. Completing the Incidental Clinical Education memorandum of understanding (MOU) acknowledges the
students will be engaged in experiential learning opportunities with an affiliated Preceptor who is working unaffiliated activities or events.

The CEC MUST clear these experiential learning opportunities before the experience has begun. The CEC and student MUST be complete the MOU prior to the unaffiliated clinical experience (Appendix J). The student, Preceptor, and CEC MUST sign the MOU in order for the student to remain covered under the University’s liability insurance. The signed MOU document will provide legal acknowledgement that the Athletic Training student will be covered under the University of the Pacific’s Health Care supplemental liability insurance (Medical Malpractice) as they are engaged in experiential learning at an unaffiliated site.

**NOTE:** If the student is paid for his or her services, the clinical exposure will NOT count as an educational experience, and CANNOT be documented as clinical education. Additionally, the University of the Pacific’s Health Care supplemental liability insurance (Medical Malpractice) will NOT cover the student if he/she are paid for their service.

**First Responder** -
Students who maintain first aid and CPR certifications may be asked to work as first responders. These are considered unsupervised experiences and discouraged by the NATA, BOC, CAATE, and Pacific’s AT Program. **This is NOT a component of the Clinical Education Program and will NOT count as clinical education hours.**

**Outside Employment and Athletic Training** -
Outside employment during the Clinical Education portion of the AT Program is very difficult. Athletic Training requires many hours in the classroom, as well as in the clinical setting. AT students are expected to make Athletic Training a priority. We do not prohibit outside employment, however, we suggest students limit outside employment to a maximum of 15 hours per week. Outside employment must not interfere with assigned Athletic Training clinical rotations and/or academic responsibilities. **You are NOT allowed to request time-off from your assigned clinical rotation for the purpose of outside employment.**
Clinical Education Documentation Policy

Pacific’s Athletic Training Program uses the clinical education-tracking database -- ATrack.

ATrack is a powerful online database that manages an AT Programs student clinical education related data and documentation for their entire program. The database was created by the National Athletic Training Association to aid AT programs in formalizing and managing student’s clinical education assignments. It was specifically designed to make the recording, storage and retrieval of clinical proficiency data easy, clean and accurate. With ATrack students can record their clinical experience hours, access their proficiency results, read notes on their performance, and chart their own progress through the program. The ATrack system was developed under the guidance of experienced athletic trainers. It has been thoroughly tested and is being used by thousands of students and administrators with great success.

Clinical Education (ATrack) Documentation Procedure

1. All aspects clinical education documentation will be completed through the ATrack program.
2. AT Program students MUST be members of the NATA to access the program. NATA non-members must pay an annual fee of $120. Membership costs less (~$105).
   a. Incoming students MUST be members by September 1st of the fall semester and MUST renew by January 1st of the spring semester.
   b. Returning students MUST renew membership by January 1st each year. *
3. Submission of your Clinical Education Plan will be completed through ATrack.
4. All Clinical Integration Proficiencies (CIPs) will be recorded through ATrack.
5. Submission of ALL clinical hours will be completed on ATrack.
6. Submission of your outside experience forms (general medicine hours, surgery observation, and elective hours) will remain in the paper format to ensure signature by the supervising medical professional.
7. All program related evaluations will be completed on ATrack.
8. End of the semester Reflection Papers will be completed on ATrack.
Clinical Education Plan Policy

In order for an optimal clinical learning environment to take place, it is the belief of the AT Program that certain events must occur between the ATS and Preceptor.

- Initial establishment of expectation, roles, responsibilities, and limitations.
- Introduction of policies, procedures, and EAPs of respective facilities.
- Identification of student’s clinical education goals and plan to reach stated goals.
- Regular, ongoing, constructive feedback appropriate to situations at hand.
- Formal and timely written Clinical Education Plan (Appendix O) and Evaluations (mid-term and final) discussed between the ATS and Preceptor.

Procedure:

1. Once notified of the upcoming semester's clinical assignment, the ATS must contact their Preceptor in a timely manner to set up an initial meeting/orientation.
2. A Clinical Education Plan Form (Appendix O) must be completed on ATrack and signed by both the student and Preceptor.
3. The Clinical Education Plan Form must be turned in digitally by the due date specified in the Practicum course syllabus.
GENERAL PROFESSIONAL CONDUCT

• Be professional at all times while at your clinical site or assigned sports venue. This includes such practices as where/how to sit/stand during idle time. Please avoid lying on the treatment tables or bleachers, etc. to avoid an unprofessional appearance.

• Stay alert at practices. Students should not be sleeping, on their phone excessively, studying non-Athletic Training material, messing around, etc. during practices. Watch practice activities or find ways to help out. This is also a great time to gather more knowledge from the Preceptor or to quiz fellow students on Athletic Training knowledge. Be proactive, inquisitive and interested while at the clinical site. If unsure, ask for something to do, practice something previously learned, work on clinical proficiencies, etc.

• Use professional and ethical conduct in all clinical settings, classes, and in life. Please know, and understand, that others are watching all of your actions. So keep all your actions honest, professional, legal, moral, ethical, and respectful.
  o **Think before you act and/or speak… don’t do anything to make people question your integrity or character.**

• Be quick to greet and ask the visitors who enter the clinical site if you can help them. Don’t ignore people entering. Even though you may not be able to help them directly, acknowledge them, ask how you can help them, then find someone who can help them.
  o **Make them feel at home!**

• Be careful about where you “air your gripes”. If you have a difficult time with someone, go to that person only. If it is something that cannot be resolved between you, discuss the issue with your Preceptor and/or AT Program Administrators. Do not discuss the issues with other students or patients as this creates discord and unprofessionalism. Such actions will not be tolerated and can result in dismissal from your clinical site.
PROFESSIONAL CONDUCT POLICIES AND PROCEDURES

Dress Code -
The dress code is designed to promote professionalism and respect within all clinical and general medical setting(s). The clinical staff will monitor and enforce any infractions. You will be sent home to change if you do not meet the dress code as defined below.

1. Clinical Education Attire (including AT Practicum and AT Courses):
As an allied healthcare professional, it is important to be dressed appropriately. AT students will be required to follow these guidelines while participating in all clinical education, in Tuesday Practicum Courses, and at Thursday AT Program meetings:

Clothing -
• Neat, clean khaki pants or shorts with a minimum 4" inseam AND extending beyond the tip of the middle finger with the arm extended
  o Depending on your clinical site there may be a “casual day” where you may wear jeans, but jean are discouraged all other days as you are participating in clinical education at a healthcare or medical facility.
• Athletic Training polo’s or shirts with an affiliated site-specific logo are required unless your clinical site does not offer you apparel.
  o In that case you MUST wear a Pacific Athletic Training polo or shirt
• DO NOT wear:
  o Attire with any college or university’s logos other than Pacific’s or the clinical site you are assigned
  o Attire with alcohol, drug, profanity or other inappropriate references
  o Social fraternity or sorority logos or letters
    o Professional Athletic Training fraternity attire is acceptable
  o Low cut or revealing tops (i.e., no cleavage showing)
  o Tank tops or sleeveless shirts of any kind
  o Exposed midriffs or underwear
  o Workout attire or Spandex clothing

ATS Nametag –
• You are a member of a professional healthcare program and see many different patients each day so formalizing a method of identification is imperative. ALL students will be provided an AT program nametag. This MUST be worn during all your clinical education related activities (i.e., clinic hours, general medical rotations, host experiences, host observations, elective hours, etc.).
Footwear -  
• Athletic or professional shoes are required  
  ▪ DO NOT wear:  
    o Sandals or open-toed shoes should NOT be worn at any time  
      ▪ Clogs and closed-toed shoes are acceptable.

Personal Hygiene -  
• Facial hair, tattoos, and hairstyles must not be distracting or unprofessional in appearance and must not interfere with any clinical duties.  
  o These must also comply with the policies of all healthcare facilities in which clinical education is conducted.  
• All body hair (i.e., facial, hair on your head, chest, etc.) must be an appropriate length, manicured, and clean.  
• Professionalism is to be maintained in dress and hygiene.  
  DO NOT:  
    o Wear excessive jewelry  
      ▪ Jewelry must be kept to a minimum and should not interfere with duties.  
  REMOVE:  
    o Visible body piercing or jewelry (other than standard earrings)  
      ▪ i.e., no eyebrow, nose, lip or tongue piercings that are visible, or earrings beyond small posts; and no ear piercings larger than ½ inch  
  COVER:  
    o Tattoos while in the clinical setting if they are inappropriate or distracting.

NOTE: If any clarification is needed contact the AT Program Director or CEC

2. Game / Event Coverage: (May vary between clinical sites)  
• Outdoor Sports -  
  o ATS Nametag  
  o Polo shirts (i.e., Pacific Athletic Training, affiliated clinical site, or generic) should be worn for all games (no T-shirts).  
    ▪ Be aware of team sponsorship (i.e. do not wear a Nike shirt while working for a Reebok sponsored team/event)  
  o Athletic shoes and socks  
    ▪ NO sandals or open toed shoes  
  o Pants or appropriate length shorts in black, white, khaki, gray or navy.  
  o Outerwear in cold weather: PACIFIC, clinical site, or generic only; no other school or team
• Indoor Sports -
  o ATS Nametag
  o **Men:** Khakis or slacks with a belt, Pacific polo (must be tucked in),
    collared shirt with or without a tie (shirt must be ironed or pressed and
    tucked in); dress socks, and professional shoes
    ▪ **NO** jeans or shorts, t-shirts, white athletic socks, or athletic shoes.
  o **Women:** Khakis or slacks, Pacific polo (must be tucked in), dress shirt or
    blouse, dress shoes or stockings, shoes should be professional and
    functional
    ▪ **NO** jeans or shorts, t-shirts, low-cut or revealing tops, exposed
      midriffs, white athletic socks, or athletic shoes or excessively high
      foot wear.

3. General Medical Rotations:
  o ATS Nametag
  o **Men:** slacks with a belt, Pacific polo (must be tucked in), collared shirt
    with or without a tie (shirt must be ironed or pressed and tucked in);
    dress socks, and professional shoes
    ▪ **NO** jeans or shorts, t-shirts, white athletic socks, or athletic shoes.
  o **Women:** slacks, dress shirt or blouse, dress shoes or stockings, shoes
    should be professional and functional
    ▪ **NO** jeans or shorts, t-shirts, low-cut or revealing tops, exposed
      midriffs, white athletic socks, or athletic shoes or excessively high
      foot wear.

4. Non-Clinical Athletic Training Room Hours:
  o For meetings and brief visits (no lingering, no personal treatments, no
    student-athlete contact).
  o Professional attire is always expected in or at the clinical education
    sites
  o Tops, pants and/or shorts that reveal undergarments are not
    acceptable
  o Shorts and skirts must extend below the middle finger of your hand
    when extended AND have a four-inch inseam
  o No tank tops, tube tops, or low-cut tops
  o Other school logos are not acceptable
  o No attire with alcohol, drug, profanity or other inappropriate
    references
  o Facial piercing, facial hair, tattoos, and hairstyles must not be
    distracting or unprofessional in appearance.
5. Professional Meetings and Conferences: (including travel)
   o Men:
     • Collared shirts (tucked in) with or without a tie (no ties with cartoons or murals)
     • Khaki style pants or slacks worn at the waist with a belt; no exposed undergarments; no jeans
     • Professional shoes and dress socks at all times
     • Suits for interviews
     • No shorts
     • No school logos (even from PACIFIC)
     • No white socks with dress shoes
     • No athletic attire
   o Women:
     • Khaki-type pants, slacks, or longer skirts
     • Dress shirts
     • Closed-toed shoes without excessive heel
     • Business-type suits for interviews
     • No short skirts or shorts
     • No spaghetti straps or tank tops
     • No exposed midriffs or cleavage
     • No school logos (even from PACIFIC)
     • No athletic attire
     • No "see-through" tops that reveal undergarments

Communication/Language/Conversation
AT students should practice communication skills in a manner that separates him/her from the patient. Common courtesy and respect are a must. Discipline in the area of communication and respect must be maintained at all clinical settings at all times. There are times when a patient may demonstrate inappropriate behavior. The ATS should not tolerate such behavior. Any problems in dealing with communication between you and the patient or coach should be directed to the assigned Preceptor or one of the staff Athletic Trainers immediately. As an ATS, you should NEVER address conflicts with coaches or athletic administrators directly.
Alcohol and Drug Policy -

- There is a zero tolerance policy in effect for drug use and alcohol consumption while attending any clinical site.
  - You will be randomly selected for drug screenings throughout your clinical education.
  - You will be drug tested multiple times.
    - If you test positive, you will be immediately placed on probation with the potential for dismissal from the AT Program.

- When traveling with athletic teams, Certified Athletic Trainers and AT students are responsible for the healthcare of all student-athletes during the entire trip.
  - As such, a zero tolerance policy is in effect with respect to alcohol consumption and drug use so that sound, rational decisions can be made at all times.
    - Any ATS violating this policy will be dismissed from the clinical site and/or the entire AT Program.

- A similar policy is in effect for AT Program classes, labs, and clinical experiences.
  - Students should not report to classes, labs, or clinical sites under the influence of alcohol or drugs.
  - Students smelling of alcohol or under the influence of alcohol or drugs during classes, labs or clinical sites will be asked to leave immediately and will be disciplined, which could include immediate probation or dismissal from the program.

- In addition, students must remember that there are responsibilities associated with the AT Program.
  - Thus, if a student chooses to socialize on his/her own time, it is expected that he/she will be responsible enough to be present and functional at scheduled classes, labs, or clinical assignments.
  - Failure to do so may result in probation or dismissal from the AT Program.
Cell Phone Use
The use of personal cell phones is permitted for emergency purposes only while at clinical sites. It is clearly recognized that some individuals will use their cell phones as a means of communication for emergency purposes, and, therefore, they will be allowed to carry their phones and keep them on.

- However, if it is determined that an individual is excessively using a cell phone inappropriately (personal phone calls, text messaging, etc.) during clinical times, personal cell phone usage will be revoked from that individual and disciplinary action may occur for repeated violations.
- Cell phones must be turned onto vibrate or silent while you are on duty at your clinical site.
  - Again, you should not receive or send any personal phone calls or text messages while participating in clinical education.

Conduct with Patients/Clientele
As an ATS you have chosen to be a member of a professional healthcare program. With this decision comes great professional and social responsibility.

The role of an ATS is twofold – professional and student. Both in and out of the clinical setting, students should remember that they are filling both of these roles and should act accordingly. HOLD YOURSELF ACCOUNTABLE FOR YOUR OWN ACTIONS. This means you MUST act professionally at all times, both in your social life and your professional life. It is recognized that in working closely with your patients, friendships may arise. Professional maturity and demeanor should be exercised at all times. In the clinical setting, students should act as an ATS. In this role, they are responsible for the care of the patients. In addition they are also there to learn and increase their Athletic Training knowledge and skills.
Dating, Socializing/Fraternizing with Patients -
An ATS dating patients can lead to compromising situations and is, therefore, highly discouraged and/or prohibited at most clinical sites. However, if a situation arises where an ATS is dating a patient, this relationship should not become evident in the clinical facility. The primary Preceptor, the AT Program CEC or Program Director MUST be made aware of such relationship immediately so that appropriate actions can be taken to avoid potentially conflict of interests. Students may be moved to a different clinical venue if the situation dictates. Under NO circumstance should the relationship manifest itself (i.e. physical, verbal, emotional) while in the clinical facility, at clinical venues, while traveling with the team, or while otherwise engaged in Athletic Training related activities. Failure to comply with this policy could mean dismissal from the program.

Students will not socialize (i.e. hang out, drink, do drugs, etc.) or fraternize (i.e. social or intimate relations, etc.) with patients when on or off duty unless there is a pre-existing relationship. Failure to comply with this policy will be seen as gross unprofessionalism and can lead to immediate dismissal from the program.

NOTE: each clinical site has a different policy on dating patients; you must know and follow the policy at the clinical site you have been assigned.

Dating, Socializing/Fraternizing with AT Graduate Assistants or Staff -
The graduate assistants and staff Athletic Trainers work in supervisory roles over an ATS. This supervision includes completing evaluations, assigning evaluation scores, providing mentoring, etc. An ATS must refrain from dating or closely fraternizing with the graduate assistants or staff members since these relationships can lead to compromising situations and are a potential conflict of interest.

Students will use discretion when socializing (i.e. no drinking, doing drugs or attending a party, club, bar, etc.) or fraternizing (i.e. no intimate relations, etc.) with AT Graduate Assistants or Staff when on or off duty unless there is a pre-existing relationship. Failure to comply with this policy will be seen as gross unprofessionalism and can lead to immediate dismissal from the program.
Social Media Policy
As students in an accredited Athletic Training program you must understand how communication related to social media and electronic forms of communication (email, texting) should be handled, particularly as it relates to clinical healthcare education and patient information. This signed statement will become part of the athletic training students’ permanent file.

• Students should avoid using social media/electronic forms of communication to discuss health-related issues with student-athletes or patients, particularly if the student is currently engaging in clinical education experiences that may result in interaction with that athlete or patient. This includes Facebook, Instagram, Twitter, Snapchat, email, and texting. (If the patient/athlete has a medical need, he/she should contact the ATC or the appropriate health care professional, not the student).

• Students MUST avoid any social media/electronic forms of communication with any athletes or patients who are minors. This includes Facebook, Instagram, Twitter, Snapchat, email, and texting.

• Students MUST avoid taking pictures or posting information about the patients they are providing care to, or patients other students are providing care to, on any social media. This includes Facebook, Instagram, Twitter, Snapchat, email, and texting. It is unprofessional and is a HIPAA violation.

• Any questions or concerns from the media or other individuals outside the athletic training program regarding patient information MUST be directed to your preceptor, or the Clinical Education Coordinator.

If I violate this policy in any way, I understand I will be immediately placed on probation or removed from the Athletic Training Program.
CLINICAL DISCIPLINARY POLICY

PROFESSIONAL BEHAVIOR WATCH, PROBATION AND DISMISSAL -
Students are placed on Professional Behavior Watch, Probation or Dismissed from the AT Program if they fail to maintain satisfactory progress in the program. These disciplinary actions are defined below and followed by a table of possible scenarios.

PROFESSIONAL BEHAVIOR WATCH (PBW):
The Professional Behavior Watch (PBW) is intended to guide select students toward higher levels of professionalism and to help monitor inappropriate behavior in a more formal manner. The PBW is instituted when a student displays a behavior that is inappropriate (i.e. showing disrespect to a superior) or that has become consistently unprofessional (i.e. repeated tardiness from classes or clinical assignment). Students may be placed on a PBW at any time during a semester.

Students placed on the PBW will be informed in writing of the PBW and will be given a specific contract to follow, along with a timeline, for removal from the PBW. If a student does not meet the requirements outlined in the PBW contract, the student may be placed on probation for the following semester. If a student who is currently on a PBW continues to commit an infraction(s) worthy of additional action(s), the student can be immediately placed on probation for the remainder of that semester. Continued infractions will result in dismissal from the program at the end of that semester. The change from PBW to probationary status will be communicated to the student in writing, and a copy of the letter will be placed in the student’s file.

All requirements and timelines for returning to good standing in the program will also be communicated in that letter. Preceptors or faculty can request a PBW be established for a student, but the ultimate decision to institute the PBW lies with the Program Director in consultation with the AT Program faculty.
PROBATION:
Probation is imparted on students who fail to meet appropriate academic or professional standards of the AT Program. The probationary period serves as a monitoring and remediation period for the student as well as a warning to students that they must improve their performance to remain in the program. The following helps define probation.

A student on probation:
- Is restricted from any travel with teams.
- Is limited to a maximum of 15 to 20 hours per week in the clinical settings (i.e., a student on probation cannot voluntarily elect to attend any additional clinical times beyond the maximum assigned 15 to 20 hours).
- May be restricted from game day participation.
- Will be required to participate in study hall or complete remedial work with the academic graduate students, etc.
- Will be dismissed from the AT Program for failure to correct problem areas for a second consecutive semester.
- Will have his/her case reviewed by a committee of AT Program personnel. The committee may decide individual restrictions or requirements for the clinical settings during the probationary period, depending on the reason for probation.
- Will be required to improve deficient areas. The AT Program personnel will establish a remediation contract. Contracts will be constructed according to the individual student’s needs.

DISMISSAL:
A student may be dismissed from the AT Program for unethical behaviors or practices. Examples of such behaviors include, but are not limited to, cheating or other academic dishonesty, stealing, blatant disrespectful behavior toward faculty, staff, or fellow students, misrepresentation of oneself in the profession, blatant disregard for Pacific Athletic Training professional conduct policies, sexual harassment or misconduct, or criminal behavior resulting in the involvement of local law enforcement.

Disciplinary Map:
This concept map offers an overview of the clinical disciplinary process within Pacific’s Athletic Training Program.
Satisfactory progress and the resulting consequences of failing to maintain satisfactory progress are as follows:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Consequence/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A student receives an overall clinical midterm evaluation of “unsatisfactory” for any professional misconduct or issue</td>
<td>The student is placed on <strong>Professional Behavior Watch</strong>. The student’s assigned preceptor and the CEC will evaluate his/her performance throughout the semester and/or academic year. Both of the assigned preceptor and the CEC will provide the AT Program Director with a signed Professional Behavior Watch, which MUST show obvious improvements, at minimum “satisfactory”, by the end-of-semester.</td>
</tr>
<tr>
<td>A student receives an overall end of the semester clinical evaluation of “unsatisfactory”</td>
<td>The student’s situation will be reviewed by the AT Program faculty to determine the reason for the unsatisfactory grade (i.e. student performance/attitude vs. Preceptor-oriented reason). The action taken will be considered on a case-by-case basis, but <strong>could result in probation or dismissal from the AT program</strong>.</td>
</tr>
<tr>
<td>A student commits a single act of general unprofessionalism/misconduct [i.e. inadvertent disrespect for a peers, preceptors, staff, or faculty; socializing/fraternizing with patients; tardiness to a clinical experience; truancy; disregard for dress code, etc.]</td>
<td>The student is placed on <strong>Professional Behavior Watch</strong> or <strong>probation</strong>, depending on the severity of the action.</td>
</tr>
<tr>
<td>A student commits repeated acts of general unprofessionalism/misconduct [i.e. tardiness, truancy, dress code violations, etc.].</td>
<td>Gross unprofessionalism may result in immediate <strong>dismissal</strong> from the AT Program.</td>
</tr>
<tr>
<td>A student commits a single act of extreme unprofessionalism/misconduct [i.e. gross disrespect for a peers, preceptors, staff, or faculty; attending a clinical experience under the influence of drugs or alcohol; repeat episodes of socializing/fraternizing with patients; truancy; disregard for dress code, etc.].</td>
<td>Gross unprofessionalism may result in immediate <strong>dismissal</strong> from the AT Program.</td>
</tr>
<tr>
<td>A student fails to meet the requirements set for him/her during a Professional Behavior Watch or commits additional infractions (see <strong>Professional Behavior Watch</strong> below)</td>
<td>The student may be placed on <strong>probation</strong> in the program for the remainder of the semester and/or eventually <strong>dismissed</strong> from the program.</td>
</tr>
<tr>
<td>A student who is on probation fails to improve his/her performance to a level that meets the retention criteria or conditions set for him/her under the probation status.</td>
<td>The student will be <strong>dismissed</strong> from the program (i.e. poor performance that would result in a second consecutive semester of probation results in dismissal from the program).</td>
</tr>
<tr>
<td>A student on probation corrects the issue or situation that caused the probationary status (i.e. raises semester preceptor evaluation, increases professionalism, or meets minimal requirements of probation contract)</td>
<td>The student is reinstated to <strong>“good standing”</strong> in the AT Program.</td>
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</tbody>
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**NOTE:** Any problem with the ATS in relation to any clinical site’s policies and procedures will result in additional disciplinary action.

A student may be dismissed from the AT Program for unethical behaviors or practices. Examples of such behaviors include, but are not limited to, cheating or other academic dishonesty, stealing, blatant disrespectful behavior, misrepresentation of oneself in the profession, blatant disregard for the AT Program policies, or criminal behavior resulting in the involvement of the law enforcement.
APPEAL/GRIEVANCE PROCEDURE:
Any clinical disciplinary decision (i.e. PBW, probation, dismissal) may be appealed, and any issue, which the student feels violates his/her rights, can come before the grievance committee.

The appeal/grievance process for the AT Program is as follows:
1. The student must make his/her appeal/grievance in writing to the Clinical Education Coordinator (CEC) of the AT Program Committee within two-weeks of receipt of the disciplinary incident report (Appendix Q) or a decision letter. In the appeal/grievance letter the student should re-state the infraction, summarize a plan for reinstatement, and ask for reinstatement. For clarification on the appeal/grievance letter, schedule a meeting with the Athletic Training Program Clinical Education Coordinator. The student must include all materials that may substantiate the appeal or grievance.
2. The student must include all materials that may substantiate the appeal or grievance.
3. Once the CEC has received the student’s official appeal or grievance an Appeals/Grievance Committee will be assembled. The Appeals/Grievance Committee will be formed on an as-needed basis, and will be comprised of a maximum of five members. Members will include:
   a. two Health, Exercise, and Sport Sciences faculty members,
      i. one of who must be an Athletic Training faculty member
   b. one clinical preceptor who is affiliated with the Pacific Athletic Training program, and two student representatives,
   c. two students
      i. One student member will be appointed by the Athletic Training faculty, and the other student will be selected by the AT students. Both student representatives are voted on, and selected, at the beginning of the fall semester and will remain in these position for one academic year.
4. The Appeals/Grievance Committee will hear the case within a maximum of two-weeks from the date of the received the appeal/grievance document, and will notify the student of their decision at a face-to-face meeting and in writing within two-weeks post the student’s submitted appeal or grievance document.
   a. The student must appear at the scheduled appeal/grievance hearing, but may choose to appear alone or with any other person of his/her choice to advise or assist him/her.
5. If the student disagrees with the Appeals/Grievance Committee’s decision and wishes to take further action, the student must then appeal (in writing) to the Health, Exercise, and Sport Sciences Department Chair.
6. If the student disagrees with the Health, Exercise, and Sport Sciences Department Chair’s decision and wishes to take further action, he/she would then pursue action through the University’s grievance committee. (See the University Catalog for details).

If charged with gross misconduct/unprofessionalism and is immediately dismissed from the Athletic Training Program, an ATS shall have the right:
1. To be given notice, in writing, of the specific charge(s) against him/her
2. To a hearing
3. To be given adequate time to prepare a defense of charges (two weeks).
4. To appear alone or with any other person of his/her choice to advise or assist him/her.
REPORTING OF INCIDENTS WITHIN THE CLINICAL SETTING

Disciplinary Incident Report Policy
The AT student is expected to abide by the NATA established Code of Ethics, as well as code of conduct in student handbook. Additionally, the students are held to a high standard in regard to honesty and integrity. Any student found to be dishonest with regard to academic or clinical work will be dealt with firmly, most likely resulting in dismissal from the AT Program. Failure to do so will result in an imposition of penalties by the CEC and Program Director for all infractions. Reports of misconduct will be assigned the appropriate consequences after consultation with the AT Program Administration. Each case will be individually reviewed. Some examples of potential consequences include suspension from the student’s clinical rotation and/or suspension from the AT Program. An ATS may appeal the suspension by either contacting the AT Program Director for academic violations or the CEC for clinical education violations.

Purpose:
The purpose of the Disciplinary Incident Report (see Appendix Q) is to provide documentation of the incident to:
   d. Ensure that the appropriate parties were notified.
   e. Assure that any necessary corrective action was taken.
   f. Identify patterns so that preventative measures can be taken.

Definition:
A disciplinary incident is any event/issue related to ATS activity in clinical education, which is related to the safety of an individual and/or is not consistent with the educational standards of the AT Program and/or the affiliated clinical site.

Some of the behaviors and actions of concern during clinical rotations have already been briefly discussed, but additional behavior warranting an Incident Report are identified and defined:

1. ATTENDANCE: failure to be present at an assigned responsibility such as a practice, game, treatment/rehabilitation session with an athlete, required program meeting or other such athletic training function. Approved, excused absences are permissible.
2. TARDINESS: arriving late to an assigned responsibility in which prompt attendance is expected.
3. DRESS CODE: failure to uphold the dress code of the program.
4. DERELICTION OF DUTY: failure to be engaged in the responsibilities of your clinical assignment including preparation activities, cleanup activities, and other responsibilities characteristic of your assigned site.
5. INSUBORDINATION: failure to comply with direct instructions of a faculty or staff member or, in certain instances, failure to comply with the instruction of
an upperclassman if those instructions originated with a faculty or staff member and were specifically directed to you.

6. **SEXUAL HARASSMENT**: violations of the university-defined policies.

7. **FAILURE TO COMMUNICATE**: failure to notify designated Preceptor or supervisor of events such as: athlete injuries, modifications to treatment or rehabilitation plans, approved excused absences from the clinical site, or other occurrences which could risk the well-being of the student, athletes, supervisor, or program.

8. **NEGLIGENCE**: any act of omission or commission committed by the student relative to the accepted duties and NATA Standards of Care.

9. **BREACH OF CONFIDENTIALITY**: divulging information regarding any information regarding athletes or the personal information of an athletic team to any party outside of your immediate supervisor or revealing any sensitive program information.

10. **ATTITUDE/LACK OF PROFESSIONALISM**: a willful lack of respect for others (i.e., students, supervisors, faculty, athletes, coaches, game officials, etc.).

11. **INTOXICATION/CONTROLLED SUBSTANCE USE**: pertains specifically to times when the AT student’s are fulfilling the responsibilities of their clinical rotations, as well as any travel with athletic teams. This also applies to any time housing is being provided by the University in order for a student to be engaged in clinical education during pre-season, winter break, or post-season activities.

12. **DUI/FELONY CONVICTION**: conviction of a DUI or a felony without appeal during the time period between official acceptance to the program and graduation from the program. Keep in mind the Code of Ethics of the NATA. These types of convictions could prevent you from: getting hired by an organization, getting licensed in a particular state, or even maintaining your BOC certification.

*NOTE: Depending on the type and severity of the infraction we may report it to the NATA Ethics committee.*

**Disciplinary Incident Report Procedure**

1. Student, Preceptors, or AT Program administrator will record and report any observed infraction via the AT Program Disciplinary Incident Report Form (Appendix Q).

2. The ATS, Preceptor, or AT administrator will notify the student of the documented infraction and require the student’s signature as acknowledgement.

3. The signed Incident Report will be submitted to the CEC for retention in the student’s clinical file or for additional action as deemed necessary.
   - If an AT student refuses to sign the form, the Preceptor and ATS will both meet with the CEC and/or Program Director.

4. An ATS has the right to appeal any disciplinary action (see Clinical disciplinary action - appeal/grievance procedure)
Purpose:
The purpose of this document is to create a plan to control any potential exposures of infectious diseases to students and staff in the athletic training facility.

Policy/Procedure:
Vaccinations/Immunization Records/TB Testing (Appendix E) -

1. All students are required to have completed, or in the process of completing a health history and physical examination
   - This must be completed within 9 months of classes starting the semester you enter the clinical education program.
   - May be done at Pacific Health Services by the end of the 1st week of August, and Student Health fee has been paid. Fee may be charged.
2. All students are required to have completed the following vaccinations and/or tests:
   - Hepatitis B series (3 vaccines) prior to the start of their clinical education.
     i. Students MUST also receive a Hepatitis B titer to ensure immunity
   - Two MMR (Measles, Mumps, and Rubella) vaccinations
   - Tdap vaccine (Tetanus, Diphtheria, Acellular Pertussis)
3. Varicella (Chickenpox) Titer or verification of exposure or vaccines
4. Tuberculosis Screening (see Tuberculosis Screening Information sheet located in the Health Center)
   - 2-step PPD screening; MUST be completed between June 1st and August 1st before the start of your junior clinical year.
     o NOTE: You may have an additional 1-step PPD screening completed during your academic year at your cost. The reason for this is if a surgery is observed at Dameron Hospital - Surgery Center, the student may need to receive a single PPD screening with in 60 day of the student clinical observation. The CEC will coordinate the timing of the 2nd PPD assessment.
   - Annual 1-step PPD screening; MUST be completed between June 1st and August 1st before the start of your senior clinical year.
   - If there is a history of a positive TB screening, the student MUST have Chest X-ray within 3 months of starting school.
5. Meningitis Vaccine
   - Recommended if living in Residence Halls and not updated in last 5 years or a signed disclosure statement.
6. Influenza Vaccine Form/Waiver (Appendix G)
   - Must submit a hard copy of an influenza vaccine
7. All immunizations must be kept on file in the Cowell Wellness Center and must be verified on the Health Requirements form for the AT Program. This form will be kept in each student’s clinical education file.
Student/Staff with a Communicable Disease or Suspected Communicable Disease:

1. Students or staff that report for their clinical rotation with a severe respiratory infection, diarrhea, fever, sore throat or skin lesion should report to their Preceptor immediately.
   a. If the condition is deemed to be a potential communicable disease, the student or staff member will be dismissed from their clinical assignment/rotation for that day.
   b. The clinical supervisor may also suggest follow-up care with the Cowell Wellness Center or personal physician for treatment and care.

2. Student or staff should contact their Preceptor on a daily basis (or personal physician) to determine if it is safe to return to their clinical rotation without infecting other students, staff or patients.

3. Athletic training students who miss more than three days of a clinical assignment due to sickness will require a note from a MD, DO, NP or PA that will be placed into their permanent file. Experiences missed during this time period may need to be completed prior to successful completion of the clinical course.
ACTIVE COMMUNICABLE DISEASE POLICY POST-EXPOSURE POLICY & PROCEDURE

Athletic Training Students must attend annual Blood Borne Pathogen training sessions during the annual AT Program orientation. Students are expected to practice standard universal precautions and hand hygiene to reduce exposure risk and comply with OSHA regulations regarding prevention of disease transmission, regardless of whether or not you have an active communicable disease. However, students with such diseases that may be spread despite following precautions (e.g. influenza, strep throat) are discouraged from remaining in the clinical setting until healthy.

If a student is exposed to blood or other bodily fluid, they are to follow the procedures below. The AT Program’s exposure control policy is consistent with the University’s Exposure Control Plan (Appendix R).

1. Wash the exposed area with soap and water immediately. Eye exposures should be flushed well with water.
2. Students who have had an exposure incident can receive initial evaluation and first aid by a Certified Athletic Trainer or Cowell Wellness Center Medical Provider; the medical record should be properly documented. In the case of an exposure you must notify the AT PROGRAM Clinical Education Coordinator at (209) 946-3182.
3. The student should then be referred immediately to Dameron Hospital’s Occupational Medicine Department located at 420 W. Acacia St, room 19, second floor (461-3187).
4. If the exposure occurred on campus, an injury report should be completed and forwarded to Pacific’s Risk Management Office (946-2908); a copy should be filed in the student’s medical record.
5. Regardless of where the exposure occurs, the Risk Management Office should be notified as soon as possible.
6. The source patient should be referred immediately to Dameron Hospital’s Occupational Medicine Department.
7. The exposed individual will be counseled by the treating physician regarding the blood test results and any risk to his/her own health.

CLINICAL EDUCATION INJURY AND ILLNESS:

Again, students are expected to practice standard universal precautions and hand hygiene to reduce exposure risk for themselves and the patients the student is working with, as well as to comply with OSHA regulations regarding prevention of disease transmission, regardless of whether or not you have an active communicable disease. However, students with such diseases that may be spread despite following precautions (e.g. influenza, strep throat) are discouraged from remaining in the clinical setting until healthy.
Students admitted to the AT Program will be involved in clinical education. Many of these clinical education experiences will be off the University of the Pacific campus. Meaning that the students will need to be able to transport (i.e., personal automobile, public transit, bicycle, walk, etc.) themselves to various affiliated clinical sites. To ensure proper driver coverage anyone who drives on University business (i.e., University owned vehicle, personal vehicle, or a golf cart) must be cleared by Risk Management. If an ATS is unable to drive a motor vehicle at any time during his/her time the AT Program, that individual **MUST** report his/her inability to drive to the CEC as soon as possible, as the inability drive may affect his/her ability to participate in Clinical Education.

Students will need to acknowledge that the he or she is responsible for obtaining their own insurance on their personal vehicle by reading and signing the Student Driving Policy and MOU (Appendix P). This policy notes that when non-University vehicles are used for University business the insurance policy of the registered owner’s vehicle will be the primary coverage for physical damage and liability. The University’s policy is secondary for auto liability only; The University’s policy does not cover physical damage for a non-University vehicle covered under the University of the Pacific's automobile insurance policy as they are engaged in experiential learning through an affiliated clinical site and on recommendation of his or her Preceptor.

To ensure proper driver coverage anyone who drives on University business, (University owned vehicle, personal vehicle or a golf cart) must be cleared by Risk Management.

The ATS will need to submit:
- A motor vehicle records release form
- Obtain and read a copy of the Vehicle Safety Manual
- Sign the acknowledgement of receipt from the vehicle manual and return it to the Risk Management department

**NOTE:** If an ATS is unable to drive a motor vehicle at any time during his/her time the AT Program that individual **MUST** report his/her inability to drive to the CEC as soon as possible, as the inability drive may affect his/her ability to participate in Clinical Education.
STUDENTS DRIVING OTHER STUDENTS POLICY

Additionally, an ATS may be placed in situations where they assist in providing healthcare to a variety of patients’ in different medical and/or healthcare settings. As a part of these experiential learning opportunities, it is expected that the student follow the continuum of care. This means that the ATS is learning about injury and illness evaluation, acute care, transportation, treatment, and rehabilitation of his or her patients. In the ATS experiential learning settings he or she may be the method of transportation for the patient, as this is part of the learning experience. Therefore, this may lead to an ATS driving other students on occasion to other medical and healthcare facilities. The ATS has the right to decline this responsibility without harassment or consequence.

EVENT TRAVEL WITH A PRECEPTOR

It is a privilege to travel to an event with a Preceptor. This opportunity **MUST** be cleared by the CEC. While traveling with a Preceptor, the ATS **MUST** abide by both the AT Program and clinical sites policies — including conduct, punctuality, and dress code. If an ATS plans to travel either to or from an athletic event apart from the team, he/she is expected to receive advanced clearance from the Preceptor. When traveling with a team, the ATS is expected to conduct himself/herself in a manner that will reflect positively on the University, the team, and the individual.

In addition, students planning on traveling must request permission to miss class from your professors in order to travel. Students **WILL NEVER TELL** a professor they are missing a class; they **MUST ASK** for permission to miss class. The request should be done in person and with plenty of advanced notice (minimum one week), whenever possible. Faculty members have the right to deny the request or count it as a class absence. Students are expected to submit any assignments that are due prior to departure. It is the student’s responsibility to make up missed work or assignments immediately upon return.
THERAPEUTIC EQUIPMENT SAFETY POLICIES AND PROCEDURES

The affiliated clinical site associated with Pacific’s AT Program may possess multiple therapeutic modalities and equipment intended for the treatment of patients or as tools in the instruction of therapeutic modalities and equipment to AT Program students. Any use of the therapeutic modalities by an ATS MUST be done so under the direct supervision of a Preceptor.

Modality Calibration -
All electrical modalities used by an ATS MUST be calibrated annually by a certified calibration technician contracted by each affiliated clinical site. Calibrations MUST be completed by August 1st of each year, which is prior to the return of the Athletic Training Students in the fall semester. All Ground Fault Circuit Interrupters (GFCI) are to be connected to all electric stimulation machines, whirlpools, and hydrocollators.

Modality Problems and Repair -
Any problems identified by athletic training students or staff with any electrical modality or equipment should be reported to the Preceptor immediately, and that modality MUST be removed from use until the problem is corrected. If the electrical modality requires further repair than what can be accomplished on site, a Preceptor at the affiliated site will contact the contracted technician for instructions on shipping the modality to the appropriate location. For more specific trouble shooting information please refer to the specific modalities Operating Manual or via the local manufacturer representative.

General Guidelines and Procedures -
The therapeutic modalities that are listed below are taken from Therapeutic Modalities 3rd edition (Starkey, 2004). This information provides general guidelines for the modalities that are commonly used in our athletic training room. Other textbooks may provide additional information and should be utilized as deemed professionally appropriate.

ATS Modality Use -
An ATS who has received, and documented an in-service from his or her Preceptor on the proper application of ultrasound and electrical stimulation units, and have a current modality prescription form filled out by a Preceptor, may apply the modality to a patient under the supervision of a Preceptor. An ATS who has completed HESP 145 - Therapeutic Modalities, may complete a modality prescription form for a patient, recommending the use and suggested parameters for treatment. Prior to the implementation of this new treatment protocol, a Preceptor MUST approve the treatment. NO electrical modality may be performed on a patient without the supervision of a Preceptor.
COLD PACKS – ICE BAGS
The local and systemic effects of cold application are vasoconstriction, increased rate of cell metabolism resulting in a decreased need for oxygen, decreased production of cellular waste, reduced inflammation, decreased pain, decreased muscle spasm, decreased respiratory rate, decreased heart rate, increased muscle tone, and decreased temperature. Indications, contraindications, and setup are listed below.

• Indications
  o Acute injury or inflammation
  o Acute or chronic pain
  o Small, superficial, first degree burns
  o Post-surgical pain and edema
  o Use in conjunction with rehab exercises
  o Acute or chronic muscle spasm
  o Neuralgia

• Contraindications
  o Cardiac or respiratory involvement
  o Uncovered open wounds
  o Circulatory insufficiency
  o Cold allergy
  o Anesthetic skin
  o Advanced diabetes
  o Peripheral Vascular Disease
  o Raynaud’s Phenomenon
  o Lupus

• Set-up and Application
  o Establish that there are no contraindications.
  o Fill the bag with enough ice to last for the duration of the treatment, but do not overfill.
  o Remove excess air from the bag to allow the ice to conform to the body part being treated.
  o Apply ice bag over the injured area.
  o Secure it in place with an elastic wrap or flex wrap.
  o Do not leave ice pack on longer than 30 minutes.
  o Modality application is re-evaluated daily to ensure it is creating the optimal healing environment.
**MOIST HEAT PACKS**

The systemic effects of heat application are increased body temperature, increased pulse rate, increased respiratory rate, and decreased blood pressure. Indications, contraindications, and set-up are listed below.

- **Indications**
  - Sub-acute or chronic inflammatory conditions
  - Reduction of sub-acute or chronic pain
  - Sub-acute or chronic muscle spasm
  - Decreased ROM
  - Hematoma resolution
  - Reduction of joint contractures

- **Contraindications**
  - Acute injuries
  - Impaired circulation
  - Poor thermal regulation
  - Anesthetic areas
  - Neoplasms
  - Thrombophlebitis

- **Set-up and Application**
  - Make sure the patient is in a comfortable position.
  - Cover the hot pack with a terrycloth covering and place a towel between the terrycloth and patients.
  - Place the pack on the patient in a comfortable manner.
    - If lying on the pack is unavoidable, place additional toweling between the patient and the hot pack.
  - When treating an infected area, completely cover the skin with sterile gauze. After the treatment, dispose of the gauze in a biohazard waste container and wash the hot pack covering according to the universal precautions.
  - Check the patient after the first five minutes for comfort and mottling.
    - Recheck the patient regularly, and adjust toweling if needed.
  - Apply the hot pack for 20 to 30 minutes, but do not leave it on longer than 30 minutes.
  - After the treatment, return moist heat pack to the heating unit and allow it to reheat.
  - Modality application should be re-evaluated daily to ensure it is creating the optimal healing environment.
HOT AND COLD WHIRLPOOLS
Whirlpools are used for delivering heat or cold treatment, ROM exercises, promoting muscular relaxation, or decreasing pain and muscle spasm.

• Temperature Range
  o Cold Whirlpool - 50°F to 65°F.
    • Temperature is increased as the proportion of the body area treated increases.
  o Hot Whirlpool - 90°F to 110°F.
    • Temperature is decreased as the proportion of the body area treated increases.

• Indications
  o Decreased range of motion
  o Sub-acute or chronic inflammatory conditions
  o Peripheral vascular disease (use a neutral temperature)
  o Peripheral nerve injuries (avoid the extremes of hot and cold)

• Contraindications
  o Acute conditions in which water turbulence would further irritate the injured areas or in which the limb is placed in a gravity-dependent position
  o Fever (in hot whirlpool)
  o Patients requiring postural support during treatment.
  o Skin conditions in spa-type tubs.
  o General contraindications listed for heat and cold treatments

• Set-up and Application
  o Fill the whirlpool to a depth sufficient to cover the area being treated. Be sure the amount of water is enough to run the motor safely.
  o Instruct the patient not to turn the whirlpool on or off or touch any electrical connections while in the whirlpool or while the body is wet.
  o If an extremity is being treated, place the patient in a comfortable position using the whirlpool bench.
  o If the entire body is being immersed the sling seat will be used.
  o Turbine is turned on by Certified Athletic Trainer or Athletic Training Student.
  o Modality application is reevaluated daily to ensure it is creating the optimal healing environment.

• Whirlpool Maintenance
  o The whirlpool must be cleaned before and after treating a patient who has open wound that will be exposed to the water. If no open wounds are permitted in the tub, the whirlpool should then be cleaned at the end of the work day
  o Drain the whirlpool after treatment.
  o Wear appropriate attire, such as rubber gloves and a smock.
  o Refill the tub w/ hot (~120°F) water to a level sufficient to safely operate the turbine.
  o Add chlorine bleach to the water, using the concentration indicated on the packaging.
  o Run the turbine for at least 1 minute to allow the cleaning agent to cycle through the internal components.
  o Drain the whirlpool and scrub the interior using a towel with cleaner applied; paying close attention to the external turbine, thermometer stem, drains, welds, and other areas that could retain germs.
  o Thoroughly rinse the tub.
  o Clean the exterior surface with a stainless steel cleaner.
  o Check the ground fault circuit interrupter for proper functioning monthly.
ULTRASOUND
The therapeutic effects of ultrasound are increased cell membrane permeability, altered rates of diffusion across the cell membrane, increased vascular permeability, secretion of chemotactics, increased blood flow, increased fibroblastic activity, stimulation of phagocytosis, synthesis of collagen and protein, diffusion of ions, tissue regeneration, increased sensory nerve conduction velocity, reduction of muscle spasm, and increased motor nerve conduction velocity. Indications, contraindications, and set-up are listed below.

- **Indications**
  - Joint contractures
  - Muscle spasm
  - Neuroma
  - Scar tissue
  - Sympathetic nervous system disorders
  - Trigger points
  - Warts
  - Spasticity
  - Post-acute reduction of myositis ossifications
  - Acute inflammatory condition (pulsed output)
  - Chronic inflammatory condition

- **Contraindications**
  - Acute injuries (continuous output)
  - Areas of deep vein thrombosis
  - Areas of poor circulation
  - Acute conditions
  - Ischemic areas
  - Tendency to hemorrhage
  - Areas around eyes, heart, skull, and genitals
  - Over cancerous tumors
  - Spinal cord or large nerve complexes
  - Areas of anesthetic
  - Stress fracture sites
  - Active infections
  - Pelvis or lumbar area in menstruating female patients
  - Exposed metal that penetrates the skin

- **Set-up and Application**
  - Determine the method and mode of ultrasound application to be used.
  - Explain the sensation to be expected during the treatment.
  - During the application of continuous ultrasound, a sensation of mild to moderate warmth (but no pain or burning) should be expected.
  - No subcutaneous sensations should be felt during the application of pulsed ultrasound.
  - Tell the patient to inform you of any unexpected sensations or discomfort.
  - Modality application is reevaluated daily to ensure it is creating the optimal healing environment.
  - Clean the area to be treated to remove any body oils, dirt, or grime.
  - Determine the coupling method to be used (e.g., direct coupling, bladder, underwater).
  - If the direct coupling method is used, spread the ultrasound gel over the area to be treated.
  - Use the ultrasound head to evenly distribute the gel.
PARAFFIN BATH

The primary effects of paraffin heat application are increased perspiration, increased blood flow/vasodilation, and increased cell metabolism. Indications, contraindications, and set-up are listed below.

• Indications
  o Sub-acute and chronic inflammatory conditions
  o Limitation of motion after immobilization
  o Softening the skin

• Contraindications
  o Open wounds
  o Skin infections
  o Sensory loss
  o Peripheral vascular disease

• Set-up and Application
  o Thoroughly clean and dry the body part before treatment. Chipped or flaking nail polish should be removed.
  o Instruct the patient to avoid touching the sides and bottom of the heating unit because burns may result.
  o The patient begins by dipping the body part into the paraffin and then removing it. Allow the wax to dry.
  o The patient dips the extremity into the wax 6 to 12 more times to develop the amount of insulation necessary.

• Immersion
  o Patient then places the body part back into the paraffin for the duration of the treatment.
  o Patient must not move joints while in the wax.
  o After the treatment, scrape off the hardened paraffin and return it to the unit for reheating.

• Pack (Glove) Method
  o After the final withdrawal from the wax, cover the extremity with a plastic bag.
  o Wrap a towel around the area.
  o After the treatment, scrape off the hardened paraffin and return it to the unit for reheating.
  o Modality application is reevaluated daily to ensure it is creating the optimal healing environment.
ELECTRICAL STIMULATION

Some of the therapeutic uses of electrical currents are controlling acute and chronic pain, reducing edema, reducing muscle spasm, reducing joint contractures, inhibiting muscle spasm, minimizing disuse atrophy, facilitating tissue healing, facilitating muscle reeducation, and strengthening muscle. Indications, contraindication, and basic set-up are listed below.

• **Indications**
  - pain
  - Chronic pain
  - Muscle spasm

• **Contraindications**
  - Cardiac disability
  - Demand-type pacemakers
  - Pregnancy
  - Menstruation
  - Cancerous lesions
  - Sites of infections
  - Carotid sinus, esophagus, larynx, pharynx, around the eyes, upper thorax, temporal region
  - Severe obesity

• **Set-up and Application:**
  - Turn on the unit by activating the POWER switch.
  - Select application mode:
    - Determine the MODE of application and electrode placement
      - e.g., quad-polar (TENS, IFC), bipolar, or Russian stimulation.
    - Adjust frequency:
      - Select the appropriate frequency based on the goals of the treatment and treatment protocol.
    - Adjust treatment duration:
      - Set the duration of the treatment by adjusting the TIMER.
  - Begin treatment:
    - Press the START button to close the circuit between the generator and the patient’s tissues.
  - Increase output intensity:
    - Slowly increase the INTENSITY control until the appropriate current level is obtained.
  - Adjust balance:
    - If necessary, adjust the BALANCE control to obtain maximal treatment comfort.
    - Modality application is reevaluated daily to ensure it is creating the optimal healing environment.
GENERAL CLINICAL EDUCATION GUIDELINES

• You will **NOT** bear any weapons, including knives, while participating in athletic training education or clinical field experiences.
• You **MUST** wear your ATS nametag whenever you are at your general medical rotations.
• You are expected to meet all university, academic and student-athlete appointments and obligations promptly and regularly.
• You are **NOT** to miss classes due to your clinical assignments
  o Unless previously approved by the ATS’s individual professor/instructor.
• You will **ONLY** perform those duties and skills you are qualified to perform based upon your successful completion of the athletic training courses and the discretion of your Preceptor.
• You will be prompt to your clinical assignment.
  o If an ATS is going to be late for a practice or event, you **MUST** telephone the Preceptor.
• You will be expected to follow the rules and regulations of the AT Program, athletic training facilities, and those of the clinics, schools, or other facilities to which you are assigned.
• If a situation should arise where you cannot attend an assigned clinical setting, you **MUST** telephone your Preceptor to notify them of the situation immediately.
• You cannot use foul or crude language at any clinical sites.
  o We want to promote an atmosphere of professionalism and edification.
• Sexist, racist, or otherwise discriminating remarks, or anything that could be taken as sexist/racist/discriminating by someone, will **NOT** be tolerated.
  o Any inappropriate comments or actions will be addressed immediately with the individual(s) involved and could result in dismissal from the program.
  o Do not participate in the behavior or tolerate this behavior from athletes.
• Sexual harassment, or anything that could be taken as Sexual harassment, will **NOT** be tolerated.
  o Student-athletes, equipment managers, an ATS, and staff alleging harassment by a coach, staff member, or another student-athlete/ATS should follow the policy in the Student Handbook (see University of the Pacific Tiger Lore).
    • Immediate reporting of alleged incidents is imperative.
    • Any harassment should be reported to your supervising Preceptor, the AT Program Director and/or CEC.
• You should refrain from any conversations or discussions that involve personal matters (i.e. dates, parties, etc.) while in the Athletic Training Facility or while working in any of your clinical settings.
  o Inappropriate conversations may result in dismissal from the clinical experience.
• Care for your patients, as you would want to be cared for.
  o Be considerate, respectful, and patient.
  o Do not talk about another athlete, fellow student, or staff member to another individual **unless you are giving the person praise**.
• Be considerate and respectful to all with whom you interact with, including patients, staff, faculty, coaches, team officials, and fellow students.
  o At no time should the ATS challenge or otherwise become disrespectful to a staff, faculty member, coach, game official, other students, etc.
  o Failure to maintain respectful composure may result in disciplinary action.
PRIMARY CLINICAL SITE POLICY & PROCEDURE OVERVIEW

Each clinical site will have its own policies and procedures manual. It is your responsibility to know the policies and procedures for your assigned clinical site. Since, all ATS’ will be assigned clinical hours at the University of the Pacific’s clinical site-Athletic Training Facility we have included policies and procedures specific to the Pacific Athletic Training facility.

Contact Information for the Pacific Athletic Training Staff:

<table>
<thead>
<tr>
<th>Athletic Training (AT) Personnel</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Director of AT</td>
<td>Assoc. Director of AT</td>
</tr>
<tr>
<td>Chris Pond, MS, ATC</td>
<td>Annette Martinez, MA, ATC</td>
</tr>
<tr>
<td>Office: (209) 946-2588</td>
<td>Office: (209) 946-2588</td>
</tr>
<tr>
<td>Cell: (209) 969-9770</td>
<td>Cell: (209) 639-2011</td>
</tr>
<tr>
<td>Asst. Director of AT</td>
<td>Asst. Director of AT</td>
</tr>
<tr>
<td>Philip Boozer, ATC</td>
<td>Christina Brekelmans, ATC</td>
</tr>
<tr>
<td>Office: (209) 946-2588</td>
<td>Office: (209) 946-2588</td>
</tr>
<tr>
<td>Graduate Assist. AT</td>
<td>Graduate Assist. AT</td>
</tr>
<tr>
<td>Megan Whyte, ATC</td>
<td>Leah Sampson, ATC</td>
</tr>
<tr>
<td>Cell: (937) 623-2968</td>
<td>Cell: (201) 600-2790</td>
</tr>
</tbody>
</table>

CODE OF CONDUCT FOR ATHLETIC TRAINING STUDENTS

1. Follow the instructions of the certified staff, and utilize the proper chain of command. See AT PROGRAM organizational chart (Appendix S).
2. **The copy machine is NOT for personal use** (e.g. copying journal articles or class notes). You may only use the copy machine if a staff member has specifically asked you to make copies for them.
3. **Do not download games or files on the computer in the Athletic Training Facility.**
4. Enforce student-athlete and Athletic Training Facility rules at all times.
5. Respect the proper use of staff offices. Do not enter without permission.
6. No eating in clinic area during clinic hours.
7. No lying down, lounging, or congregating in the student area during open Athletic Training hours.
8. No profanity. Please set a proper example.
9. Keep SIMS up to date.
10. Complete injury reports as soon as possible following an injury.
11. **DO NOT** disclose medical information about student athletes to others.
12. Take initiative in keeping the Athletic Training Facility neat and clean.
13. Comply with AT Program dress code policies.
14. Senior (2nd year) ATS’ are expected to provide leadership to other students. Be committed to the program by passing on positive information.
15. Be productive and use your clinical education time wisely. There is always something to do in the Athletic Training Facility. If you need to, ask a staff member what needs to be done.
16. Do not procrastinate or waste time.
17. Be proud to be a TIGER!!!
**DAILY ATHLETIC TRAINING FACILITY DUTIES**

On a daily basis, the Athletic Training Facility must be kept neat and orderly, as well as “hospital clean”. The following tasks should be completed daily:

- Counter-tops neat and wiped down
- SIMS up to date
- Filing
- Roll and store elastic wraps
- Clean tables and equipment
- Taping tables stocked
- First aid cabinet stocked
- Ice cups filled
- Clean whirlpools
- Coolers clean, dry and stored correctly
- Used towels to equipment room for laundering
- Fold and store clean towels
- Ultrasound bottles filled
- Hydrocollator filled with clean water
- Inventory and stock regularly all supplies (keep a list for main gym)
- Additional duties as assigned (e.g. water for practice, re-stock kit, etc.)

**Opening Duties:**

- Fill cold whirlpool with ice and water.
- Fill warm whirlpool with water and turn heater on.
- Fold towels and put them away.
- Pull in and dry coolers left outside the door or in the athletic training room.

**Closing Duties:**

Those scheduled to close each day will be responsible for the following tasks. They are to be done at the end of the regular workday, and again by those who have covered a late practice or game, if necessary. The Athletic Training Facility should be in order when it is opened:

- Ice machine is on
- Used towels taken to equipment room for laundering
- All tables, bolsters, counters and equipment wiped down
- All counters stocked, straightened and neat
- Hydrocollator covers laid out to dry
- Whirlpools drained and cleaned
- Coolers clean, dry and stored correctly
- Taping tables cleaned and restocked
- Floors swept daily and mopped weekly
- Hydrocollators cleaned as assigned
- All modalities turned off
- Electronic equipment (stereo, computer, printer, etc.) turned off
- All doors and offices locked
- Additional duties as assigned by staff
V. ADMINISTRATIVE DOCUMENTATION FOR REVIEW AND SIGNATURE

“EVERY PERSON HAS A SIGNATURE. JUST SOME PEOPLE DON’T KNOW IT YET.”
- RITA ORA
University of the Pacific
Health, Exercise, and Sport Sciences
Athletic Training Program

ATHLETIC TRAINING STUDENT COMMITMENT TO EXCELLENCE

The AT Program at University of the Pacific is committed to providing students with an education that allows them to excel in the field of Athletic Training. An important component of the acquisition of learning includes the clinical education experiences in which a student partakes. As such, each ATS enrolled in the program plays a key role in determining one’s own success. In an effort to assure learning over time transcends from the classroom to the clinic, each student must accept his/her role in the clinical education component of the AT program.

In order for optimal clinical learning environments to take place, it is the belief of the AT Program that each of the following must occur between the ATS and the Preceptor:

- Initial establishment of expectations, roles, responsibilities and limitations
- Introduction of policy and procedure for respective facilities
- Identification of student’s clinical education goals and plans to meet such goals
- Recognition of student’s current level of knowledge and agreement that students clinically practice only those skills previously completed in formal classroom settings
- Constant visual and auditory supervision of the student by the Preceptor in order to intercede on behalf of the athlete and student
- Regular, ongoing, constructive feedback appropriate to situations at hand
- Formal and timely written mid-term and final evaluations discussed between the student and Preceptor
- Open and honest communication when potential conflicts may arise
- Delivery of truthful, accurate and factual information related to both clinical content and professionalism
- Mutual respect for one another on both a personal and professional basis

By signing below, I, ____________________________(print name) acknowledge my support to University of the Pacific’s AT Program’s Student Commitment to Excellence, and agree to do everything that I can to assure each of the aforementioned items take place between myself and any Preceptor to whom I am assigned.

____________________________________  __________________
Athletic Training Student Signature    Date

*Adapted from James Madison University’s AT Program
Univeristy of the Pacific
Health, Exercise, and Sport Sciences
Athletic Training Program

STUDENT DECLARATION OF UNDERSTANDING
Acknowledgement of Policies and Procedures

By signing below, you verify that you:

1. Have read and understand the information provided in this handbook.
2. Understand and accept your roles and responsibilities as an ATS in the AT Program.
3. Agree to follow the policies, procedures, and guidelines included in this handbook.
4. Understand that failure to comply with the policies and procedures found in this handbook, and/or subsequent additions may result in you being dismissed from the AT Program.

________________________________________
Print Name

________________________________________
Athletic Training Student Signature          Date
University of the Pacific  
Health, Exercise, and Sport Sciences  
Athletic Training Program

STUDENT DECLARATION OF UNDERSTANDING  
ACKNOWLEDGEMENT OF ACTIVE COMMUNICABLE DISEASE  
AND POST-EXPOSURE POLICIES AND PROCEDURES

By signing below, you verify that you have read and understand Pacific Athletic Training program’s active communicable disease and Post-Exposure Policy (Athletic Training Student Handbook, pg 87):

1. Have read and understand the information provided.
2. Understand and accept your roles and responsibilities as an ATS in the AT Program.
3. Agree to follow the procedures and guidelines outlined in the active communicable disease and Post-Exposure Policy and Procedures.

If exposed to blood or other bodily fluid I will:

Immediately:

- Wash the area of exposure with soap and water. For ocular exposures: flush eye(s) with copious saline or at an eye wash station. For oral exposures, rinse and spit with copious amounts of fluid.
- Report the incident to instructor, preceptor, or supervisory personnel.

Within 12 hours:

- Go to nearest Emergency Department, Clinic, or Private Physician for post-exposure management. Initiation of post-exposure prophylaxis is recommended within 24-48 hours, so evaluation should be initiated as soon as possible. Students must not participate in any further patient care activities until after evaluation.
  - Decisions regarding post exposure management, prophylaxis and follow-up will be made upon recommendation of the healthcare provider.
    - University of the Pacific requires a minimum of the following testing:
      - HIV, Hepatitis panel, and update needed Immunizations
  - Students are required to submit all claims through personal health insurance coverage. Students may be financially responsible for emergency treatment, prophylaxis and all follow-up care resulting from the incident.

If on rotation within 24 hours:

- Notify the Clinical Education Coordinator of the incident, leaving a message if there is no answer. The program faculty will be here to provide guidance and initial counseling as needed.

____________________________________________________________________________________

_____________________________________________________

Print Name

_______________________________________________

Athletic Training Student Signature

______  _________________

Athletic Training Student Signature

Date
PROFESSIONAL CONDUCT AND CONFIDENTIALITY AGREEMENT*

My signature below indicates that I, as an ATS at University of Pacific, in compliance with HIPAA, FERPA, and the NATA Code of Ethics, recognize that I have an obligation to myself, the patients I treat, my preceptors, and the University of the Pacific to maintain patient confidentiality. This includes withholding any information from anyone, other than my immediate supervisors or other appropriate medical health professionals that I acquire professionally or socially which is considered professionally confidential. The unique opportunity that I have been offered to observe and participate as a student in a professional health care environment will be jeopardized if I violate this confidentiality. I also understand that I represent the University of the Pacific at all times, and, as a result, I will conduct myself in a professional manner. I understand that if I fail to abide by this professional conduct statement and statues included in the NATA Code of Ethics, I am aware of the consequences that I will incur and accept that penalty.

_________________________  ______________________
Athletic Training Student Signature                        Date

*Adapted from University of North Carolina, Greensboro AT Program
University of the Pacific
Health, Exercise, and Sport Sciences
Athletic Training Program

Social Media Use Agreement

As students in an accredited Athletic Training program you must understand how communication related to social media and electronic forms of communication (email, texting) should be handled, particularly as it relates to clinical healthcare education and patient information. This signed statement will become part of the athletic training students’ permanent file.

1. Students should avoid using social media/electronic forms of communication to discuss health-related issues with student-athletes or patients, particularly if the student is currently engaging in clinical education experiences that may result in interaction with that athlete or patient. This includes Facebook, Instagram, Twitter, Snapchat, email, and texting. (If the patient/athlete has a medical need, he/she should contact the ATC or the appropriate health care professional, not the student).

2. Students MUST avoid any social media/electronic forms of communication with any athletes or patients who are minors. This includes Facebook, Instagram, Twitter, Snapchat, email, and texting.

3. Students MUST avoid taking pictures or posting information about the patients they are providing care to, or patients other students are providing care to, on any social media. This includes Facebook, Instagram, Twitter, Snapchat, email, and texting. It is unprofessional and is a HIPAA violation.

4. Any questions or concerns from the media or other individuals outside the athletic training program regarding patient information MUST be directed to your preceptor, or the Clinical Education Coordinator.

I, ______________________________, understand that any social media or digital communication with an athlete or patient that is a minor is prohibited. Additionally, I understand that posting, sharing, or communicating any patient’s information digitally or on social media without their consent is prohibited. If I violate this policy in any way, I understand I will be immediately placed on probation or discharged from the Athletic Training Program.

I have read the above statement and policy and agree to maintain the confidentiality of all information I have access to through this program and office.

__________________________  __________________________  _________
Name (print)                 Signature                      Date
Students Driving Policy

Memorandum of Understanding

I, _____________________________, acknowledge that I am responsible for having and maintaining valid automobile insurance on my personal motor vehicle; and whenever I use non-University vehicles for University business my insurance policy will be the primary coverage for physical damage and liability. The University’s policy is secondary for auto liability only. The University’s policy does not cover physical damage for a non-University vehicle covered under the University of the Pacific’s automobile insurance policy as they are engaged in experiential learning through an affiliated clinical site and on recommendation of his or her Preceptor.

To ensure proper driver coverage, when I drive on University business (i.e., University owned vehicle, personal vehicle or a golf cart) I acknowledge that I have been cleared by Risk Management.

I have completed and submitted:

☐ A motor vehicle records release form
☐ Obtain and read a copy of the Vehicle Safety Manual
☐ Sign the acknowledgement of receipt from the vehicle manual and return it to the Risk Management department.

☐ I am willing to drive on behalf of University Business.

Or

☐ I am NOT willing to drive on behalf of University Business.

Student: ____________________________________________
Signature: __________________________________________ Date: __________

CEC: ________________________________________________
Signature: __________________________________________ Date: __________
VI. BOARD OF CERTIFICATION EXAMINATION*

“Knowing is not enough; we must apply. Willing is not enough; we must do.”
- Johann Wolfgang von Goethe

*Portions of this section adapted from Chapman University’s AT Program
Board of Certification Examination

Each Pacific AT Program graduate is **EXPECTED** to attempt and ultimately pass the BOC certification examination. In order to qualify as a candidate for the Board of Certification (BOC) certification examination, an individual must meet the following requirements:

1. Endorsement of the examination application by the AT Program Director
   a. A student must be graduating in good academic standing (i.e., not on academic probation, etc.) in order to be endorsed by the Program Director.
   b. Completion of all AT Program coursework for the BS in Athletic Training and clinical rotation hours, objectives, and proficiencies **DOES NOT** guarantee endorsement by the program director. The program director has a legal responsibility to protect the public if it is concluded that the graduating student may be a potential danger to a patient’s health and welfare under the care of the graduating student.

2. Proof of current certification in ECC. Certification must be current at the time of initial application and any subsequent exam retake registration.

3. Students who have begun their last semester or quarter of college are permitted to apply to take the certification exam prior to graduation, provided that all academic and clinical requirements of the CAATE accredited curriculum have been satisfied or will be satisfied in their last semester or quarter of college.

**NOTE:** Final grade for HESP 189k will not be offered until the student has registered for his/her BOC exam.

More specific information about the Board of Certification examination can be viewed at -- [http://www.bocatc.org/candidates](http://www.bocatc.org/candidates)
VII. EVIDENCE-BASED PRACTICE (EBP)

“The important thing is not to stop questioning. Curiosity has its own reason for existing.”

- Albert Einstein
Evidence-Based Practice (EBP)

Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences.

Evidence-based practice (EBP) has become a foundational component of health professions in the United States, particularly in the fields of medicine, nursing, physical therapy, and occupational therapy. Health care professionals, and therefore students preparing for these professions, must be able to develop and answer clinical questions through the integration of patient needs, research skills, and clinical experience. The above mentioned professions have embedded EBP concepts within their professional educational standards and programs to encourage the development of evidence-based practitioners. As Steves and Hootman⁷, emphasized, “athletic trainers need to embrace the critical-thinking skills to assess the medical literature and incorporate it into their clinical practice.”

Current NATA Educational Competencies\textsuperscript{8} includes curricular emphasis on critical thinking, clinical skill development, research, and making movement toward EBP. It is important for athletic training to shift toward, “how to teach EBP” rather than asking, “is EBP an important concept to teach?” In 1992, the Journal of the American Medical Association published “Evidence-based medicine: A new approach to teaching the practice of medicine” as a catalyst to establishing EBP within health care professions. Health professions, such as medicine and nursing, have accentuated EBP teaching strategies in recent years. In comparison to these professions, athletic training has not thoroughly documented the implementation of EBP within the educational realm, most notably in the area of how to implement EBP into professional education. This lack of emphasis illustrates the slow progression of our comparatively young profession to promote, utilize, and embrace EBP. Without emphasis of EBP concepts, it will be difficult to progress student critical thinking skills into evidence-based clinical practice.

“Research is formalized curiosity. It is poking and prying with a purpose.”
- Zora Neale Hurston
In 1997, the NIH Director’s Panel on Clinical Research issued the following 3-part definition of clinical research:

1. Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens, and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. It includes:
   i. mechanisms of human disease;
   ii. therapeutic interventions;
   iii. clinical trials;
   iv. development of new technologies.
2. Epidemiological and behavioral studies.
3. Outcomes research and health services research.\(^3\)

Simply, clinical research is a branch of healthcare science that determines the safety and effectiveness of medications, devices, diagnostic products and treatment regimens intended for human use.
National Institutes of Health (NIH) offered the following definition:

- Translational research includes two areas of translation. One is the process of applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of trials and studies in humans. The second area of translation concerns research aimed at enhancing the adoption of best practices in the community. Cost-effectiveness of prevention and treatment strategies is also an important part of translational science.  

Simply, translation research is research that is aimed at enhancing the adoption of best practices.

---


Practical Action Research:
In this type of action research project the researcher and the practitioners come together to identify potential problems, their underlying causes and possible interventions. The problem is defined after dialogue with the researcher and the practitioner and a mutual understanding is reached. “Practical action research seeks to improve practice through the application of the personal wisdom of the participants.⁵

Simply, in order to understand and change practices, we have to include practitioners from the real world in all phases of inquiry -- identify the problem(s), the underlying cause(s), and generate solution(s).

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# APPENDICES

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The Athletic Training Program (AT Program) at the University of the Pacific 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 AT 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 (Commission on Accreditation of Athletic Training Education [CAATE]). All students admitted to the AT Program must meet the following abilities and expectations. 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 AT 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.
4. The ability to record the physical examination 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 commitment 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.

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

The Office of Services for Students with Disabilities (1st floor McCaffrey Center) will evaluate a student who states he/she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

☐ DECLINE ACCOMMODATIONS
I certify that I have read, and understand, the technical standards for selection listed above and I believe, to the best of my knowledge, that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

☐ REQUEST FOR ACCOMMODATIONS

I certify that I have read, and understand, the technical standards of selection listed above and I believe, to the best of my knowledge, that I can meet each of these standards with certain accommodations. I will contact the Office of Services for Students with Disabilities to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

____________________________________________________
Name of Applicant (please print)

____________________________________________________
Signature of Applicant

__________________________ Date


Clinical Education
Clinical experiences provide students with opportunities to integrate cognitive, psychomotor skills/clinical proficiency, and affective competence/core values. While development of psychomotor skills/clinical proficiency must represent a significant focus of clinical experiences, opportunities also must be provided for the development, synthesis, and demonstration of cognitive competency (i.e., learning over time) and professional behavior.

Pacific's Athletic Training Program (AT Program) provides clinical experiences under the direct supervision of a preceptor in an appropriate clinical setting. The preceptor is physically present and has the ability to intervene on behalf of the athletic training student (ATS) to provide on-going and consistent education. The preceptor consistently and physically interacts with the ATS at the site of the clinical experience. The number of students assigned to a preceptor in the clinical experience component is of a ratio that ensures effective education and does not exceed a ratio of eight students to a preceptor in the clinical setting.

Preceptor Responsibilities
A preceptor must:
• supervise students during clinical education;
• provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
• provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
• provide assessment of athletic training students' clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
• facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.
• demonstrate understanding of and compliance with the program's policies and procedures.
Student Roles in Clinical Education
Time requirements and limitations:
Students are expected to spend, approximately 15 hours per week participating in Clinical Education and/or Field Experience as part of the requirements for Practicum in Athletic Training. Depending on the clinical assignment, students may be expected to participate in Clinical Education and/or Field Experiences on weekends and/or during school holidays.

While most students spend more than the expected 15 hours per week, students may not participate in Clinical Education and/or Field Experience more than 30 hours per week, and/or more than eight (8) hours in one day, and/or more than six (6) consecutive days. There are no exceptions to this rule while classes are in session. When classes are not in session (e.g. summer, winter, spring breaks), students may participate up to 40 hours per week but may not participate more than eight (8) hours in one day, and/or more than six (6) consecutive days.

Clinical Education:
Clinical education experiences provide you with an opportunity for integration of cognitive knowledge, psychomotor skills and clinical proficiencies within the context of direct patient care. During your clinical education experiences, a preceptor will directly supervise you.

Field Experience:
Field experiences provide you with the opportunity for informal learning to practice and apply the entry-level athletic training clinical proficiencies in a clinical environment under the supervision of a preceptor. The primary settings for field experiences include the athletic training room, practices, and competitions.

Student Paid Service Work:
Typically students who maintain first aid and CPR certifications may be allowed to work as first responders. These are unsupervised experiences where you would assist in the evaluation or recognition, stabilization, initial treatment and disposition of an individual who is injured or suddenly takes ill. This is now considered a none viable form of clinical education and is NOT to be offered to the Athletic Training students from a member of the Athletic Training Program (i.e., medical director, faculty, staff, preceptor, etc.).
All clinical education experiences must be educational in nature. Students will not receive any monetary remuneration during this education experience, excluding scholarships. Students will not replace professional athletic training staff or medical personnel. At all times a preceptor must directly supervise students during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

Students may qualify to work in a position related to athletic training through the Federal Work-Study Program, which provides on-campus employment for students utilizing their financial aid award. For more information, contact the University’s Career Resource Center.

☐ I have read and agree to comply with the above preceptor supervision policy. I, as a preceptor, understand that any unsupervised clinical experience is a violation of CAATE Standards and the University of the Pacific AT Program’s policies and is not permitted.

Preceptor Name (Print)

________________________________________
Signature Date

APPENDIX C

Minimum and Maximum Clinical Education Hours Policy

AT Program students are expected to spend, on average, 15-20 hours per week participating in clinical education as part of the requirements for Practicum in Athletic Training. AT Program students must complete a minimum of 200 clinical hours each semester, but cannot exceed 400 hours of clinical education in a semester. However, there is an expectation that each AT Program student participates in clinical education until the end of the semester. So, scheduling the AT students clinical education should be organized at the start of each semester to accommodate the AT students clinical education.

Depending on the clinical assignment, students may be expected to participate in clinical education on weekends and/or during school holidays. While most students spend more than the average 15-20 hours per week, students may NOT participate in clinical education for more than 30 hours per week or less than 10 hours per week. Additionally, an AT Program student many not participate in over 8 hours per day of clinical education, and he/her cannot participate in more than six consecutive days of clinical education. There are NO exceptions to this rule while classes are in session.

When classes are in session and a student gets less than 10 hours per week or completes more that 30 hours per week the consequences will be:

- 1st time: Warning
  - Clinical Education Coordinator (CEC) meets with Student
- 2nd time: Oral Reprimand
  - CEC meets w/ Preceptor & AT Student
    - 0-points for that week’s Clinical Ed. Hours
- 3rd time: Probation
  - Program Director (PD) and CEC w/ Preceptor & AT Student
    - 0-points for that week’s Clinical Ed. Hours

When classes are not in session (e.g. summer, winter, spring breaks), students may participate up to 40 hours per week, yet he/she still cannot participate in more than 8 hours per day or 6 days per week.
APPENDIX D

AFFILIATED CLINICAL EDUCATION SITES

**Athletic Training Experiences**
University of the Pacific - NCAA Division I Athletic Teams
Stockton Heat - AHL Ice Hockey Team*
San Joaquin Delta College - Athletic Teams
Amos Alonzo Stagg High School - Athletic Teams
Thomas Edison High School – Athletic Teams
Lincoln High School - Athletic Teams
Tokay High School – Athletic Team**
Galt High School – Athletic Teams**
Cesar Chavez High School – Athletic Teams**
St. Mary’s High School - Athletic Teams

**Elective Experiences**
Pacific Medical, Inc.
Premier Chiropractic
Valley MRI and Radiology Center

**General Medical**
Alpine Orthopedic Medical Group
Dignity Medical Group of Stockton
Sutter Gould Medical Group (Orthopedics)

**Physical Therapy Experiences**
US Health Works Physical Therapy
Pine Street Physical Therapy

**Surgical Centers**
Ambulatory Surgery Center - Alpine Orthopedic Medical Group
Stockton Surgery Center - Sutter Gould Medical Group
Dameron Surgery Center - Dameron Hospital

* - Affiliation is in consideration, and may be completed for the 2017-2018 academic year.

** - Affiliation is in progress and will begin in Fall 2017
Academic Year 2017/2018

Please read this packet carefully. It contains critical information for your success as a student.

It is our pleasure to welcome you to the University of the Pacific and to introduce you to Pacific Health Services. We provide student-centered primary care to Pacific students, promote optimal wellness, and assist students to achieve their academic goals through quality health services. Some highlights about our services:

- All students who pay the Cowell Wellness fee may access all services regardless of their insurance coverage.
- Pacific Health Services offers
  - Primary care with referral service as needed
  - Immunization review and administration
  - Preventive screenings
  - Contraceptive services
  - Online medical portal
  - Dietitian Services
  - Nurse Advice line when we are not open (209-946-2315 option 4)

Additionally, Pacific Health Services monitors student health and communicable disease clearance and compliance.

Prior to starting at the University of the Pacific, there are several health clearance requirements that need to be completed.

A check-list with requirement deadlines and several required documents are enclosed in this packet for your convenience.

Thank you and we look forward to providing physical and mental health services to you.
CHECK- LIST FOR PACIFIC HEALTH SERVICES

UPLOAD DOCUMENTS – Due July 15, 2017
Under the Immunization Upload tab: go.pacific.edu/myhealth
If you have any issues logging in to the MyHealth system, contact Ranai Koch at rkoch@pacific.edu or 209.946.2994.
  History & Physical – *Physical exam must be completed by a provider.*
  Copy of immunization card(s) and immunization lab report(s) – *See Health Requirements form*
Consent to release information to Athletic Training Clinical Coordinator
You may also mail documents to: Pacific Health Services • 3601 Pacific Avenue • Stockton, CA 95211-0197

ONLINE ITEMS – Due February 15, 2017
Under the Forms tab: go.pacific.edu/myhealth Acknowledgement of
  Receipt of Notice of Privacy Practices Acknowledgement of No
  Show Cancellation Policy & Fee Schedule Patient Lab Service
  Policy
  Health history questionnaire

ONLINE ITEMS – Due September , 2017
Under the Insurance Waiver tab: go.pacific.edu/myhealth
Yearly Insurance Waiver
  • Waiver completion is required to avoid being charged the *Student Health Insurance Premium.*
  Completing the previous health-related items DO NOT satisfy the waiver requirement. You will need to complete a new waiver each fall term.

Consequences for Non-Compliance
Program Level
  • Students may be removed from classes or experiential learning opportunities until compliant.
University Level
  • Students who fail to complete the requirements by October 15, 2017 will have a hold placed on your registration account and incur a $50 late fee.
MATRICULATION REQUIREMENTS
Athletic Training

(Acceptable documentation includes copies of childhood immunization records, immunization records/print-outs from a provider, and/or lab reports.)

Please attach this form to your immunization records if submitting by mail.

Name ______________________  Student ID # __________________  Birthdate ______________

Required

Health History and Physical Examination (paper form)
- Complete within 3 months of classes starting.
- Forms are found attached and at www.pacific.edu/healthforms
- Physical may be done at Pacific Health Services beginning August 1 as long as you are registered for fall classes and Cowell Wellness Health fee has been paid. Fees may be charged.

Hepatitis B
- Three documented vaccines (Blood test/titer will suffice if documentation is not available.)
- Quantitative Hepatitis B Surface Antibody blood test showing immunity (required even if you have 3 vaccines)

MMR (Measles, Mumps, Rubella)
- Two documented vaccines OR quantitative blood test/titer showing immunity

Tdap Vaccine (Tetanus, Diphtheria, Acellular Pertussis)
- One documented vaccine in the past 10 years (Td is not acceptable.)
- If Tdap was given more than 10 years ago, then one recent documented Td booster

Varicella Vaccine (Chickenpox)
- Two documented vaccines OR blood test/titer showing immunity
- Documentation of Varicella disease is not acceptable in place of blood test/titer or vaccines

Influenza Vaccine
- Required annually. Vaccine clinics will be offered in the fall.

Tuberculosis Screening (see Tuberculosis Screening Information sheet)
- No history of positive PPD test or disease
- 2-step PPD screening within 3 months prior to starting classes
- History of positive PPD or disease
  - Chest X-ray, Quantiferon Gold or T-Spot blood tests within 6 months of starting school if history of positive PPD test or disease. If blood test results are positive, chest x-ray results must be provided.
  - Complete Annual Tuberculosis Symptom Review www.pacific.edu/healthforms Documentation of previous BCG vaccination, Latent TB treatment or Active TB treatment, as applicable.

Meningitis Vaccine
- Must complete the CA Meningitis Disclosure Form or have had the vaccine in the last 5 years if living on campus or if you are a freshman.
- Submit documentation if you have been vaccinated for Meningitis (must have received a vaccine after age 16)

Recommended

HPV Vaccine
- Recommended for males and females, 26 years or younger. A series of three vaccines.

Hepatitis A Vaccine
- Series of 2 vaccines

Mail documents to: Pacific Health Services University of the Pacific • 3601 Pacific Avenue • Stockton, CA 95211-0197
Upload documents: go.pacific.edu/myhealth under the Immunization Upload tab
California State Required Meningitis Awareness Disclosure Form

California law requires that universities make an increased effort to educate students about the risk of Meningococcal disease or “Meningitis”. Although the incidence of Meningitis is relatively rare, about one case per 100,000 persons per year, studies done by the CDC and American College Health Association (ACHA) found that the cases of Meningococcal disease are three to four times higher among college freshman that live in the resident halls. The Meningococcal vaccine is effective against the four kinds of bacteria that cause about two thirds of the Meningococcal disease in the United States.

What is Meningococcal Meningitis?
Meningococcal meningitis is a potentially fatal infection caused by the bacterium Neisseria meningitides that causes inflammation of the membranes surrounding the brain and spinal cord.

How is Meningitis Spread?
Meningitis is spread by direct contact with infected individuals. The bacterium is present in respiratory secretions and can be spread by coughing or sneezing. It is also spread by sharing eating utensils, water bottles, cigarettes and kissing. Social factors such as smoking, excessive alcohol consumption and bar patronage also increase the chance that a person will contract meningitis from an infected individual.

Is There a Vaccine For Meningitis?
There are two vaccines available that are 85% to 100% effective in preventing four kinds of bacteria that cause about 70% of disease in the U.S. Menomune, the Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. Menactra, the Meningococcal conjugate vaccine (MCV4,) was licensed in 2005. Both vaccines work well and are safe with generally mild side effects such as redness and pain at the injection site lasting up to two days. Immunity develops within 7-10 days after vaccination and lasts approximately 3-5 years. The newer Menactra vaccine is the preferred vaccine for people 11-55 years of age and is expected to give better, longer-lasting protection and should also be better at preventing the disease from spreading from person to person.

What Are The Symptoms of Meningitis?
Cases of Meningitis peak in late winter and early spring, overlapping the flu season. Symptoms can easily be mistaken for the flu. These symptoms may include high fever, rash, vomiting, severe headache, neck stiffness, lethargy, nausea and sensitivity to light. If a student has two or more of these symptoms at one time, they should seek health care immediately. Meningitis progresses rapidly and can lead to shock and death within hours of the first symptoms if left untreated.

If you have any questions regarding the meningitis vaccines please contact your healthcare provider or call Pacific Health Services at 209-946-2315. More information can be found at the CDC website (www.cdc.gov) or the ACHA website (www.acha.org).

The Menactra Vaccine for Neisseria meningitides is available at Pacific Health Services (fee may vary). We will keep this confidential as part of your medical record in accordance with HIPAA. Please indicate your preference and acknowledgement of this information by signing below:

Mark One of The Boxes Then Sign Below
☑ I have received the meningococcal vaccine. Date: ___/___/_____. Please provide proof of immunization. (Hib meningitis vaccine does NOT qualify)
☑ I am planning to receive the vaccine and will provide documentation to Pacific Health Services.
☑ I have read the provided information and do not want to receive either vaccine. _________ (initial)

Student Signature _______________________________ Student ID # ______________

Student Name (Please Print Clearly) ___________________ Date ______________

Parent / Guardian signature (if student under age 18) ________________________________

Print Parent Name ________________________________

Please return to Pacific Health Services, 3601 Pacific Avenue, Stockton, CA 95211
TUBERCULOSIS (TB) SCREENING

Athletic Training Students

1. Have you had a positive TB (or PPD) test?
   a. If YES, have a chest x-ray performed within 6 months prior to matriculation. Submit a copy of the
      chest x-ray report. Complete an Annual Tuberculosis Symptom Review [website].
      Submit documentation of previous BCG vaccination or treatment for tuberculosis (latent or active).
   b. If NO, go to #2

2. Have a TB (PPD) test placed by your provider. The test must be read by a provider or nurse within 48 to 72
   hours of being placed. This must be done no more than 3 months prior to the start of classes.
   a. If it is negative, go to step #3.
   b. If it is positive, have a chest x-ray performed prior to matriculation. Submit a copy of the chest X-ray
      report. Complete an Annual Tuberculosis Symptom Review [website].
      Discuss INH treatment with your provider. Submit documentation of previous BCG vaccination or treatment
      for tuberculosis (latent or active).

3. Have a SECOND TB (PPD) test placed by your provider 1 week after the first test was placed. The second TB
   test must be placed no more than 3 weeks after the first test. The test must be read by a provider or nurse
   within 48 to 72 hours of being placed.
   a. If it is positive, have a chest x-ray performed prior to matriculation. Submit a copy of the chest X-ray
      report. Complete an Annual Tuberculosis Symptom Review [website].
      Discuss INH treatment with your provider. Submit documentation of previous BCG vaccination or treatment
      for tuberculosis (latent or active).

First PPD

Date administered ___/___/______ Date read ___/___/______ mm_______ Positive  Negative

Second PPD

Date administered ___/___/______ Date read ___/___/______ mm_______ Positive  Negative

Name & Title ____________________________________________ Signature _________________________________________

Chest X-ray (Please attach radiology report)
Quantiferon Gold or T-Spot (Please attach lab report)

INH Medication

Did the patient taken INH medication? Yes  No

Dates given ______________________

Student Name ___________________________ DOB __________________

Student ID # __________________________

Please provide the name of your medical practice, address, phone number and fax number. You may use a stamp containing this information.
Hepatitis B Vaccination and Titer Pathway

- Series of 3 vaccines administered at 0, 1, and 6 months.
- If you are mid series, continue with the series even if the time between vaccines is more than the recommended schedule. Do not start over.
- Titers may be ran 1 month after final vaccine in series.
- May need additional vaccines and titers based on titer results.

History of vaccination:

- Quantitative Titer (Hepatitis B surface antibody blood test) 1 month after Hepatitis B #3 vaccine was administered
  - If positive for immunity the process is complete
  - If negative or equivocal for immunity receive Hepatitis B #4
    - Repeat Quantitative Titer 1 month after Hepatitis B #4 was administered
    - If positive for immunity the process is complete
    - If negative or equivocal for immunity receive Hepatitis B #5, then 5 months later Hepatitis B #6
  - If Hepatitis B #6 is necessary complete a Quantitative Titer, Hepatitis B Antigen, and Hepatitis C Antibody 1 month after Hepatitis B #6
    - If positive for immunity the process is complete
    - If negative for immunity please consult with your medical provider as a Hepatic panel will need to be completed

No history of vaccination:

- Hepatitis B #1: start immediately
- Hepatitis B #2: 1 month after #1 was administered
- Hepatitis B #3: 5 months after #2 was administered
- Quantitative Titer (blood draw) 1 month after Hepatitis B #3 vaccine was administered
  - If positive for immunity the process is complete
  - If negative or equivocal for immunity receive Hepatitis B #4
    - Repeat Quantitative Titer 1 month after Hepatitis B #4 was administered
    - If positive for immunity the process is complete
    - If negative or equivocal for immunity receive Hepatitis B #5, then 5 months later Hepatitis #6
  - If Hepatitis B #6 is necessary complete a Quantitative Titer, Hepatitis B Antigen, and Hepatitis C Antibody 1 month after Hepatitis B #6
    - If positive for immunity the process is complete
    - If negative for immunity please consult with your medical provider as a Hepatitis panel will need to be completed
HISTORY AND PHYSICAL (General or Entrance)

This document consists of a two paged History and Physical. It is to be completed by a Physician, Nurse Practitioner or Physician’s Assistant, signed and dated on page 2.

STUDENT’S NAME: ___________________________ DATE: ___________________

DATE OF BIRTH: ________ GENDER: _____ STUDENT ID #: ____________________

SCHOOL ADDRESS: _________________________________________________________

PHONE NUMBER: ______________ MAJOR: _______________ GRAD YEAR: ______

PAST MEDICAL HISTORY:
1. Significant past health problems, major illnesses/injuries, surgeries, hospitalizations:
   ____________________________________________________________
2. Childhood Diseases: ___________________________________________
3. Medications (Prescribed, Vitamins, Supplements, OTC) within the last 3 months:
   ____________________________________________________________
4. Drug allergies & reactions: _________________________________________

FAMILY HISTORY:
1. Parents: ____________________________________________________________
2. Siblings: __________________________________________________________

SOCIAL HISTORY:
1. Employment: ______________________________________________________
2. Exercise program: __________________________________________________
3. Dietary Patterns: ___________________________________________________

SUBSTANCE USE:
Alcohol: ________ Tobacco: ________ Recreational Drugs: ______________________

REVIEW OF SYSTEMS:
General: ____________________________ Ears: ____________________________
Skin: _______________________________ Nose: ____________________________
Head: _______________________________ Throat: __________________________
Eyes: _______________________________ Mouth: __________________________

3601 Pacific Avenue  •  Stockton, CA 95211  •  Phone: 209-946-2315  •  Fax: 209-946-3001
CONFIDENTIAL DOCUMENT
| NAME: ______________________________ | ID #: __________________________ |
| ROS:  |  |  |
| Breasts: ___________________________ | Ob/Gyn: _________________________ |
| Resp:  |  | MS: ____________________________ |
| CV:  |  | Neuro/Psych: ___________________ |
| GI:  |  | Heme/Lymph: ____________________ |
| GU:  |  | Endo: ___________________________ |
| Other:  |  |  |

**PHYSICAL EXAMINATION:**

| Ht _____ Wt _____ BMI _____ BP _____ Pulse _____ Resp _____ Temp _____ |
|---|---|---|---|---|---|---|---|---|---|

Visual Acuity  Right 20/_____ Left 20/_____ Both 20/_____ uncorrected  corrected

(Females only) Sexually Active: Yes_____No_____ Number of Children:____

(Write “N/A” if item does not apply to student)

**GENERAL/Mental Status: ________________________________**

| SKIN: ___________________________ | LUNGS: ___________________________ |
|---|---|---|
| HEAD: ___________________________ | CV: ___________________________ |
| EYES: ___________________________ | ABD: ___________________________ |
| EARS: ___________________________ | EXT: ___________________________ |
| NOSE: ___________________________ | NEURO: ___________________________ |
| THROAT: ___________________________ | GU MALE: ___________________________ |
| NECK: ___________________________ | LAST PELVIC RESULT: _____ DATE:_____ |

**BREASTS: ______________________________**

**ASSESSMENT AND PLAN:**

1. Health recommendations: ________________________________

2. Please review the student’s immunization status, provide the necessary vaccines and/or titers to complete entrance requirements. Please provide documentation of immunizations.

3. Please review the student’s TB status, administer the appropriate TB screening and provide appropriate documentation of TB clearance to complete entrance requirements
AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

NOTICE
University of the Pacific and many other organizations and individuals are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS
This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing or refusing to sign this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan of which the patient is not already a member, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party. This Authorization may be revoked at any time. The revocation must be in writing, signed by the individual on his/her behalf, and delivered to the Privacy Officer, (209)946-2124, 3601 Pacific Ave, Stockton, CA 95211. The revocation will take effect when Pacific receives it, unless Pacific or others have already relied on it. Immediately upon receipt of a revocation from a student, the Privacy Officer will notify Cowell Wellness Center. Pacific must give you a copy of this Authorization. This information is for use only by the recipient named below. It cannot be given to any other individual or agency without the patient's authorization. Information: The patient must complete this form in its entirety in order for Cowell Wellness Center to release any medical information. The patient and/or requesting party must be specific as to the nature of the information he/she would like and the purpose for which this is requested. The patient is entitled to receive a copy of this release.

I authorize: _______________  Pacific Health Services – University of the Pacific
Initial                                                                 (Name of Individual or Agency)
1041 Brookside Road, Stockton, CA 95211                                    (Complete Address – Street, City, State, and Zip Code)

To release to: _______________  Athletic Training Program Clinical Coordinator
Initial                                                                 (Name of Individual or Agency)
3601 Pacific Avenue, Stockton, CA 95211                                   (Complete Address – Street, City, State, and Zip Code)

The specified information below for the purpose of: Notification of meeting the requirements for participation in a clinical setting

  (1) Lab Reports dated: Immunity Titers
  (2) X-ray Reports/Films dated: TB Chest X-Ray Clearance
  (3) Immunization Records: Immunizations that are required for participation
  (4) Other: Physical Examination results

This information is for use only by the recipient named above. It cannot be given to any other individual or agency without the patient's authorization.

DATE: _______________  PACIFIC ID#: _____________________  DATE OF BIRTH: _______________

ATHLETE’S SIGNATURE: ___________________  PRINTED NAME: ___________________

This authorization expires: At the end of the student’s participation in the Athletic Training Program at
University of the Pacific
APPENDIX F

UNIVERSITY OF THE PACIFIC
Athletic Training Program

Returning Students Medical History Questionnaire

Name: __________________________________________ Date: ____/____/____ Student ID #: ______-
____-
____

1. In the past year, have you had any significant changes or new illnesses/injuries or any on-going conditions in any of the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Spine/Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee/Patella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/Upper Arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle/Lower Leg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/Forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/Toes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Injuries/Concussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist, Hand, Fingers &amp; Thumb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rib/Thorax/Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye/Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/Groin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear/Nose/Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine/Low Back/Sacroiliac Joint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Related Issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Health Issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain all “yes” answers:
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

2. Have you experienced any injuries or illnesses other than those already noted? Yes No
If yes, please explain:
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

3. Would you like to be referred to any of the following services -- general medicine physician, orthopedist, counseling, or a dietician? Yes No
If yes, please explain:
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

4. Have you traveled outside of the United State in the last year? Yes No
If yes, please explain:
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

5. When was your last Tuberculosis (TB) assessment: _____ / _____ / ______
   a. Was it a two-step assessment? Yes No

________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Student’s Name (print) _______________ Date _______________
Student’s Signature __________________ Date _______________
Administrator’s Signature ______________ Date _______________
# APPENDIX G

## Influenza Vaccine Form

<table>
<thead>
<tr>
<th>Name ________________________________</th>
<th>Student ID# __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program ______________________________</td>
<td>Birth Date ___________ / __________ / __________</td>
</tr>
</tbody>
</table>

- [ ] I have received the current flu Vaccine at: ______________________________ Date ________________
  - [ ] Injection
  - [ ] Nasal spray
  - [ ] (Provide verification)

You are strongly encouraged to provide documentation of Influenza vaccine:

| Student Signature ______________________________________________________________ | Date ________________ |

- [ ] I DO NOT WANT THE FLU VACCINE

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. In California, influenza usually begins circulating in early January and continues through February or March.
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
- I have declined to receive the influenza vaccine for the 2014-2015 seasons. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

- [ ] *Because I choose not to be vaccinated for influenza, I have been advised that in order to protect the safety of my patients and myself during this flu season I am strongly encouraged and may be required to wear a mask when delivering patient care.*
- [ ] *Because I choose not to be vaccinated for influenza I will assume all additional responsibilities and costs associated with the placement and completion of my experiential coursework. Additional costs could include the cost associated with being fitted for special masks and the actual masks.*

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

I decline vaccination for the following reason(s) – Please check all that apply:

- [ ] A. I believe I will get influenza if I get the vaccine.
- [ ] B. I do not like needles.
- [ ] C. My philosophical or religious beliefs prohibit vaccination.
- [ ] D. I have an allergy or medical contraindication to receiving the vaccine.
- [ ] E. I do not wish to say why I decline.
- [ ] F. Other reason – please tell us.

| Student Signature ______________________________________________________________ | Date ________________ |

---

<table>
<thead>
<tr>
<th>Pacific Health Services Practitioner</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT Program - Clinical Education Coordinator</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>AT Program – Director</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
APPENDIX H

NATA Code of Ethics
September 2005, Revised 2016

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.

1. MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELFARE, AND DIGNITY OF OTHERS
1.1 Members shall render quality patient care regardless of the patient’s race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
1.2. Member’s duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.
1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient’s care without a release unless required by law.

2. MEMBERS SHALL COMPLY WITH THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF ATHLETIC TRAINING, NATIONAL ATHLETIC TRAINERS’ ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS
2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

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 the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

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 must maintain and promote ethical conduct in research and educational activities.

4. MEMBERS SHALL NOT ENGAGE IN CONDUCT THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT’S HEALTH AND WELL-BEING.

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. All NATA members, whether current or past, 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 and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.
APPENDIX I

BOC Standards of Professional Practice
Implemented January 1, 2006

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
- 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

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
APPENDIX J

Inci
dental Clinical Education Form

Memorandum of Understanding

I, _____________________________, understand that the clinical education exposure at ______________________________________________ is a valuable clinical experience that will enhance my clinical knowledge and skills. I acknowledge that I will be engaged in experiential learning opportunities while supervised by affiliated Preceptor, _______________________________.

These experiential learning opportunities MUST be cleared by the Athletic Training program Clinical Education Coordinator (CEC), and signed by the student, the Preceptor, and the CEC. By signing this MOU document it will provide legal acknowledgement that the Athletic Training student will be covered under the University of the Pacific’s Health Care supplemental liability insurance (Medical Malpractice) as they are engaged in experiential learning at an unaffiliated site.

NOTE: If the student is paid for his/her services the clinical exposure will NOT count as an educational experience, and will not be documented as clinical education. Additionally, the University of the Pacific’s Health Care supplemental liability insurance (Medical Malpractice) will NOT cover the student if he/she are paid for their service.

Student: _____________________________

Signature: _____________________________ Date: __________

Preceptor: _____________________________

Signature: _____________________________ Date: __________

CEC: _____________________________

Signature: _____________________________ Date: __________
APPENDIX K

General Medical Observation Procedure

1. **TWO-WEEKS PRIOR** to your General Medicine rotation, you must contact the CEC to set up an appointment to schedule your general medical observations.
   - Bring a current academic schedule with any commitments that you have during the two-week period of your general medical observations.
2. Your schedule will be discussed with the CEC.
3. The CEC will send your schedule to the general medical facility manager for approval.
4. Check-in with CEC no later than 72-hours before the start of your observation to verify that your schedule has been approved by the facility.
5. On the observation dates:
   - You **MUST** dress in general medical attire.
   - You must arrive at the surgical facility 30 minutes prior to the surgical time and check in with the appropriate individuals for your surgery site.
   - Bring your driver’s license, university identification card; and wear your ATS nametag.

**Additional Information:**
You must have the following completed prior to beginning your general medical rotation:
- Drug test
- Background Check
- TB Test (completed with in the last year)
- University Immunizations

If you have any questions, please contact the CEC or Program Director.
APPENDIX L

Surgery Observation Procedure

1. **TWO WEEKS PRIOR** to your General Medicine rotation, you must contact the CEC to set up an appointment to schedule your surgery. The CEC will have an ongoing list of surgeries available for observation.

2. Find the date and time of a surgery that you can attend.
   - Be sure the surgery you chose is what is required for your Practicum level (i.e., upper body, lower body, or spinal).
   - This should not conflict with class or your weekly clinic hours; if it falls during your scheduled clinic hours, you **MUST** find someone to cover for you.

3. Discuss the surgery date and time with the CEC.

4. The CEC will schedule your surgery with the appropriate facility and individuals.

5. Check-in with CEC to verify that you have been approved by the Dr., patient, and facility for your surgery observation.

6. One day prior to your surgery observation you must contact the CEC to verify the surgery date and time to ensure that nothing has changed.

7. On the surgery date:
   - You MUST dress in general medical attire.
   - You must arrive at the surgical facility 30 minutes prior to the surgical time and check in with the appropriate individuals for your surgery site.
   - Bring your drivers license, university identification card; and wear your AT Program nametag.

**Additional Information:**
You must have the following completed prior to observing a surgery:
   - Drug test
   - Background Check
   - TB Test (completed with in the last year)
   - University Immunizations

If you have any questions, please contact the CEC or Program Director.
APPENDIX M

Host Observation Procedure

Host Experiences are opportunities for you to network with other Preceptors and Athletic Trainers. These experiences, if taken advantage of, can greatly assist you in networking and finding out about open positions, seeing how other Athletic Trainers do their jobs, and provides you many different athletic training exposures. A portion of these experiences is assisting the visiting Athletic Trainer with any needs he/she may have, so always make an effort to be hospitable and a helpful host to these individuals. Remember, you may be interviewing for a job with them some day!

In order to secure a Host Experience you will need to:

1. Look up available Host Experience in the Host binder (Pacific Athletic Training Facility). **There is only to be one host for each event unless requested otherwise by the Certified Athletic Trainer.** Therefore, it would be to your benefit to sign up early for Host Experiences to ensure they fit in your schedule.
2. Select and sign up for specific Host Experience in Host binder.
3. Contact the ATS who is assigned to specific Host Experience (Sport).
4. Set-up a meeting with the Preceptor covering the Host Experience and ask for his/her expectations for the Host Experience.
5. If you need to cancel your Host Experience you **MUST** contact the Preceptor and ATS working the sport **at least 48 hours before** the Host Experience.
6. Once at Host experience follow Preceptor’s expectations.
7. **DRESS IN APPROPRIATE EVENT COVERAGE ATTIRE**
8. **DO NOT BE LATE**
9. **DO NOT LEAVE EARLY**
10. **BE ATTENTIVE THROUGHOUT YOUR ENTIRE HOST EXPERIENCE**
11. You are required to complete **three** host experiences each semester. However, you are more than willing to complete more than three hosts. These are great ways to get different experiences and boost your hours if needed.

**REMINDER:** You can **ONLY** host one event with a specific sport each semester.

If you have any questions, please contact the CEC or Program Director.

**NOTE:** Bring and wear your ATS nametag; should you forget your nametag, you may use your university identification card (lanyard or clip-on).
APPENDIX N

Elective Hour Observation Procedure

1. You must **schedule** your elective hour observation at the same time you schedule your general medical rotation and surgery observation with the CEC.
   - Therefore, your elective hours must be completed **during** your general medical rotation.

2. When you meet with the CEC regarding your general medical rotation you must also:
   - Notify CEC of the location you’d like to complete your elective hours.
   - Bring with you pre-chosen date(s) and time(s) for observation that you will be able to attend.
   - Be sure the observation time(s) that you schedule does not conflict with your class times or Athletic Training Facility Clinical schedule.
   - Notify the CEC

3. Discuss observation date(s) and time(s) with CEC.

4. The CEC will contact the clinical scheduler at your selected elective site.

5. Once the clinical scheduler has verified that the clinical practitioner(s) have confirmed your observation schedule, you must check-in with CEC.
   1. This MUST be done to verify the scheduled observation
   2. This MUST happen at least one day prior to your scheduled observation just to be sure that the schedule has not changed.

6. On the observation date:
   - You MUST dress in general medical attire.
   - You must arrive at the observation facility 10 - 15 minutes prior to your scheduled time.

**If you have any questions, please contact the CEC or Program Director.**

**NOTE:** Bring and wear your ATS nametag; should you forget your nametag you may use your university identification card (lanyard or clip-on).
APPENDIX O

Clinical Education Plan

ATS Name: ____________________________________ Academic Term/Year: ________
Practicum Level: _____________________________ Preceptor: ___________________________
Projected Graduation Date: ________________ Projected BOC Date: _______________

Previous Clinical Assignments: ___________________________________________________

Current Professional Goals: Please circle all that apply -
- High School AT
- College AT
- Professional AT
- Physical Therapy Clinic
- Graduate School
- Physical Therapy School
- Physician Assistant School
- Medical School

Student Self Assessment of Clinical Abilities:
Strengths - _____________________________________________________________
Weaknesses/Areas to Improve - ____________________________________________

Specific Goals for Current Clinical Experience (Should describe how you plan to address/correct your weaknesses and improve strengths)
1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________

Expectations between ATS and Clinical Preceptor (Please initial)
Please add anything else discussed between the ATS and Clinical Preceptor.
1. The EAP has been reviewed and discussed for this clinical assignment. ____________
2. A clinical schedule has been clearly laid out for the ATS and Preceptor. ____________
3. Clinical Integration Proficiency (CIP) schedule discussed with Preceptor. ____________
4. ATS shall wear appropriate clinical attire to their assignment. ________________
5. ATS will provide a copy of this plan to their Preceptor. _______________________
6. ___________________________________________________________________
7. ___________________________________________________________________
8. ___________________________________________________________________
9. ___________________________________________________________________
10. ___________________________________________________________________
I, __________________ understand that I am responsible for completing all Clinical Integration Proficiencies (CIP’s) and the required documentation to demonstrate that I have completed them. Furthermore, I understand that failure to complete ALL CIP’s during the assigned semester will result in an “I” – Incomplete letter grade regardless of the completion of the rest of the course requirements. Students must complete the remaining CIP’s from the previous semester BEFORE progressing to the current semester CIP’s.

Student Signature: __________________________ Date: __________

Preceptor Signature: ________________________ Date: __________

Approval of Individualized CEP by Clinical Education Coordinator (CEC)

CEC Signature: ______________________________ Date: __________
APPENDIX P

Students Driving Policy

Memorandum of Understanding

I, _____________________________, acknowledge that I am responsible for having
and maintaining valid automobile insurance on my personal motor vehicle; and
whenever I use non-University vehicles for University business my insurance policy
will be the primary coverage for physical damage and liability. The University’s
policy is secondary for auto liability only. The University’s policy does not cover
physical damage for a non-University vehicle covered under the University of the
Pacific’s automobile insurance policy as they are engaged in experiential
learning through an affiliated clinical site and on recommendation of his or her
Preceptor.

To ensure proper driver coverage, when I drive on University business (i.e.,
University owned vehicle, personal vehicle or a golf cart) I acknowledge that I
have been cleared by Risk Management.

I have completed and submitted:

☐ A motor vehicle records release form
☐ Obtain and read a copy of the Vehicle Safety Manual
☐ Sign the acknowledgement of receipt from the vehicle manual and return
it to the Risk Management department.

☐ I am willing to drive on behalf of University Business.

Or

☐ I am NOT willing to drive on behalf of University Business.

Student: _____________________________________________
Signature: ___________________________   Date: ________________

CEC: ________________________________________________
Signature: ___________________________   Date: ________________
APPENDIX Q

Disciplinary Incident Report

Name: ________________________ Student ID: ______________ Report Date: __________

Incident Date: ______________ Incident Location: ______________________________________

Witness(es): _____________________________________________________________

Reason for Report:

☐ Unexcused Absence(s)   ☐ Failure to Communicate   ☐ Insubordination
☐ Breach of Confidentiality ☐ Chronic Tardiness   ☐ Attitude/Lack of Professionalism
☐ Dereliction of Duty     ☐ Sexual Harassment   ☐ Intoxication, etc
☐ Academic Dishonesty     ☐ Dress Code      ☐ Negligence
☐ DUI/Felony              ☐ Falsification    ☐ Other

Incident Description:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I, the undersigned, understand that my signature below IS NOT an admission of guilt, but rather an acknowledgment of the report.

Athletic Training Student Signature: ___________________________ Date: ______________

AT Program Personnel’s Signature: ___________________________ Date: ______________

Role of Personnel at time of incident:   PD / CEC / Preceptor / Other: ____________

Reviewed By: ___________________________ Title: ___________________________

Comments/Remarks:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reviewer’s Signature: ___________________________ Date: ______________

AT Program Personnel’s Signature: ___________________________ Date: ______________
APPENDIX R

Exposure Control Plan

Purpose

The purpose of the document is to provide protocol in guiding students of the University of the Pacific on the steps that must be taken when they are exposed to potentially infectious bodily fluid, blood or inhaled particles.

Student Exposure Prevention Responsibilities

- Each student is responsible to ensure they have received education regarding the Student Exposure Control Plan, making sure they know the universal precautions that must be followed in order to reduce the risk of exposure to potentially infectious bodily fluid, blood or inhaled particles.
- Utilize appropriate barrier precautions during the administration of care to all individuals, including but not limited to gloves, gowns, goggles, mask and face shield/hood, as appropriate for the care being provided.
- Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment. Sharp must be disposed of in an approved sharp container that is rigid and puncture-resistant, and when sealed, is leak-resistant and cannot be reopened without difficulty. Note: In no instance should a used sharp be transported to a sharp container; keep the container in the immediate work area.

Bloodborne Post-exposure Student Responsibilities

In the event of an occupational exposure to potentially infectious blood or bodily fluids (i.e. non-sterile needle sticks, splash exposures), the student shall:

- Immediately wash the area of exposure with soap and water. For ocular exposures: flush eye(s) with copious saline or at an eye wash station. For oral exposures, rinse and spit with copious amounts of fluid.

<table>
<thead>
<tr>
<th>When the bloodborne exposure happens…</th>
<th>Then…</th>
</tr>
</thead>
</table>
| Immediately                          | • Wash the area of exposure with soap and water. For ocular exposures: flush eye(s) with copious saline or at an eye wash station. For oral exposures, rinse and spit with copious amounts of fluid.  
• Report the incident to instructor, preceptor or supervisory personnel. |
| Within 12 hours                       | • Go to the nearest Emergency Department, Clinic, or Private Physician for post exposure management. Initiation of post-exposure prophylaxis is recommended within 24-48 hours, so evaluation should be initiated as soon as possible. Students must not participate in any further patient care activities until after evaluation.  
  • Decisions regarding post exposure management, prophylaxis and follow-up will be made upon recommendation of the healthcare provider.  
  • University of the Pacific requires a minimum of the following testing: HIV, Hepatitis panel, and update needed Immunizations  
  • Students are required to submit all claims through personal health insurance coverage. Students may be financially responsible for emergency treatment, prophylaxis and all follow-up care resulting from the incident |
| If on rotations, within 24 hours      | Notify the Clinical Education Coordinator of the incident, leaving a message if there is no answer. The program faculty will be here to provide guidance and initial counseling as needed. |

Confirmed Tuberculosis Post-exposure Student Responsibilities

Use the following instructions in the event you have contact with patient(s) with confirmed active Tuberculosis (TB).

<table>
<thead>
<tr>
<th>When the confirmed inhalant exposure happens…</th>
<th>Then…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately</td>
<td>Follow OSHA TB Exposure Control Plan and guidance from local Department of Public Health: TB Control Program.</td>
</tr>
<tr>
<td>If on rotations, within 24 hours</td>
<td>Notify the Clinical Education Coordinator of the incident, leaving a message if there is no answer. The program faculty will be here to provide guidance and initial counseling as needed.</td>
</tr>
</tbody>
</table>

Department Responsibilities

Prevention  Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV.

Post-exposure  Within 48 hours, complete the University of the Pacific New Incident Report Form.
APPENDIX S

Athletic Training Program

AT PROGRAM ORGANIZATIONAL CHART

- Administrative Oversight
- Clinical Oversight