

## Table of Contents

I.	Important Phone Numbers .....	1
II.	Athletic Training Education Program.....	2
	A. Mission Statement.....	2
	B. Program Objectives .....	2
III.	Student Role in Athletic Training.....	4
IV.	Expected Qualities of the GFU ATS .....	5
V.	Clinical Education Policies and Procedures .....	6
	A. Pre-Requisites .....	6
	B. Daily Schedule.....	6
	C. Clinical Schedule .....	6
	D. Athletic Training Room Coverage.....	7
	E. Practice Coverage .....	8
	F. Event Coverage.....	8
	G. Visiting Team Coverage .....	9
	H. Game Conduct .....	9
	I. On Field Injury Management.....	10
	J. Collision Sport Coverage.....	10
	K. Communicable Disease Policy .....	11
	L. Student Liability Insurance.....	11
	M. Work Study .....	11
	N. Dress and Appearance Code.....	12
	O. Travel / First Aider Policies.....	13
	P. Travel Supplies .....	14
	Q. Athletic Training Room Computer .....	15
	R. Student Hour Log .....	15
	1. Semester Summary by Clinical Experience .....	16
	2. ATEP Clinical Experience Tracking Table .....	17
	S. Journals / Case Study.....	18
	T. Injury Discussion .....	18
	U. Injury Reporting & Record Keeping .....	18
	1. Sports Injury Evaluation .....	20
	2. Upper Extremity Flow Sheet .....	21
	3. Lower Extremity Flow Sheet.....	22
	4. Low Back Flow Sheet.....	23
	5. Head Injury .....	24
	6. Over the Counter Medication – Individual.....	25
	7. Over the Counter Medication – Team .....	26
	8. Commonly Used Abbreviations .....	27
	V. Taping .....	29
	W. Modalities .....	29
	1. Ultrasound.....	29
	2. Electrical Muscle Stimulation.....	29
	X. Pharmacology .....	29
	Y. Membership .....	30

	Z. Clinical Evaluations.....	30
	AA. Portfolios.....	31
	BB. Bloodborne Pathogens .....	31
	1. Hepatitis B Form.....	34
	2. Tuberculosis Screen.....	36
	CC. Emergency Action Plans .....	37
	1. Cover Sheet.....	37
	2. Wheeler Sports Center .....	38
	3. Colcord Field .....	39
	4. Tennis .....	40
	5. Baseball/Soccer.....	41
	6. Softball/Soccer.....	42
	DD. Athletic Training Relationships .....	43
	1. Athletic Training Students.....	43
	2. ATS and Team Physician .....	43
	3. ATS and Coach.....	44
	4. ATS and Student Athlete.....	44
VI.	Athletic Training Education Program Academic Policies .....	46
	A. Athletic Training Major Admission Policies.....	46
	1. General Admission Policies.....	46
	2. Transfer Student Policies.....	50
	3. Technical Standards for Admission.....	51
	B. Academic Policies .....	53
	C. Clinical Evaluation .....	53
	1. Experience Template .....	54
	2. Assessment by semester .....	55
	3. Semester 1.....	56
	4. Semester 2.....	57
	5. Semester 3.....	59
	6. Semester 4.....	61
	7. Semester 5.....	63
	8. Football.....	65
	9. Semester 6.....	67
	10. Head Coach.....	69
	11. Clinical Instructor .....	70
	12. Affiliated Site.....	72
	13. High School Rotation .....	73
	14. Clinical Rotation.....	74
	15. Ambulance.....	75
	16. Cardiac Rehabilitation .....	76
	17. NIKE.....	77
	18. OHSU .....	78
	19. Orthopedic & Fracture Clinic .....	79
	20. Alumni Questionnaire.....	80
	21. Employer Survey .....	85

VII.	Clinical Instruction.....	86
	A. Clinical Rotation Plan.....	86
	B. Practicum I & II.....	88
	C. Practicum III & IV.....	88
	D. Practicum V & VI.....	89
	E. Student Assignment Letters.....	90
	F. ACI & Affiliate Site Evaluations.....	91
VIII.	Didactic Instruction.....	92
	A. Courses .....	92
	B. Academic Plan.....	93
IX.	Educational Competencies & Clinical Proficiencies .....	94
XI.	BOC Exam Study Guide.....	149

## I. Important Phone Numbers

Name	Office	Cell	Home
	X2922		503-970-4996
Dale Isaak – Head ATC	X2916		503-682-6710
Byron Shenk – Assistant ATC	X2912		503-472-6620
Saiko Mair			
Campus Security	X2090		
Craig Taylor – Athletic Director	X2911		
Patty Findley – HHP Office Administrator	X2910		
Creagh Schoen – Campus Health Center NP	X2340		
Val Orton – Campus Health Center Nurse	X2340		
Dr. Croy – Team Orthopedic Surgeon	503-538-1405		
Providence Family Physician Group – GP	503-537-1850		
Dr. Crone – Cardiologist	503-554-1187		
Dr. Ecker – Dermatologist	503-538-0668		
Dr. Kern – Dentist	503-538-6449		
Newberg Urgent Care	503-537-9600		
Providence Newberg Medical Center	503-537-1555		
NATA	800-try-nata		

## ATS Phone Numbers

Name	Number	Name	Number
Lindsay Hagler		Nick Metz	
Nick Hedgecock		Chelsea Renner	
Tyler Hoskins		Tristan Squires	
Amy Keaton			
Amy Knight			
Melissa Marek-Farris			
Mac Ovenell			
Amber Stevens			
Jason Brown			
Amy Heide			
Candace Leach			
Chris Brown			
Kayla Corn			
Rachel Knowler			
Rachel Loo			

## II. George Fox University Athletic Training Education Program

### A. Program Mission Statement

The mission of the George Fox University Athletic Training Education Program is to provide a comprehensive and thorough athletic training educational experience for each individual, while providing guidance and leadership that incorporates the values of a Christ-Centered community. Through the academic course work and Clinical Education experience, the athletic training student will meet the requirements to receive a Bachelor of Science Degree and acquire the needed knowledge and understanding of the six primary athletic training domains to pass the Board of Certification examination.

### B. Objectives of the George Fox University Athletic Training Education Program

1. To prepare the athletic training student to competently perform the roles and responsibilities of an entry level athletic trainer as defined by the National Athletic Trainers' Association.

Goal #1 Each athletic training student will be able to demonstrate an ability to recognize, evaluate and provide immediate treatment for athletic injuries.

Goal #2 Each athletic training student will be able to demonstrate the knowledge to competently prevent the occurrence of athletic injuries.

Goal #3 Each athletic training student will be able to demonstrate the knowledge to rehabilitate and recondition athletic injuries.

Goal #4 Each athletic training student will be able to demonstrate the ability to perform basic organizational and administrative duties of an entry level athletic trainer.

Goal #5 Each athletic training student will be able to demonstrate the ability to perform basic educational and counseling duties of an entry level athletic trainer.

2. To satisfy the requirements needed for the athletic training student to sit for the BOC Certification Examination.

Goal #1 Each athletic training student will fulfill 1,000 clinical education hours as a athletic training student.

Goal #2 Each athletic training student will complete the required curriculum to graduate with a bachelor's of science degree.

Goal #3 Each athletic training student will become a student member of the National Athletic Trainer's Association by the second semester of their second year in the program.

3. To adequately prepare the athletic training student with the knowledge to pass the Board of Certification Examination.
  - Goal #1 Each athletic training student will successfully complete 48 athletic training clinical proficiencies as assigned from the clinical instructor of HHPE 374-379.
  - Goal #2 Each athletic training student will be exposed to a variety of sports that are consistent with high school sanctioned activities including both collision and non-collision type activities.
  - Goal #3 Each athletic training student will maintain a minimum grade point average of 2.75 (B-) within the athletic training curriculum.
4. To provide an athletic training education comprised of material from each of the twelve athletic training competencies as outlined by the *National Athletic Trainers' Association. Athletic Training Educational Competencies*.
5. To provide the athletic training student the opportunity to work at least 500 clinical hours with collision sports.
  - Goal #1 Each athletic training student will complete at least one full lower extremity and an upper extremity clinical rotation as the primary athletic training student with the defined sport.
  - Goal #2 Each athletic training student will perform a clinical rotation with an affiliated college or high school athletic training program to earn experience working with an equipment intensive sport
  - Goal #3 Each athletic training student will complete a general medical conditions clinical rotation.
6. To provide the athletic training student exposure to other health care professionals.
  - Goal #1 Each athletic training student will have an opportunity to view a surgical procedure.
  - Goal #2 Each athletic training student will spend time observing in a PT / Sports medicine clinic.
  - Goal #3 Students will receive guest lectures from other allied health care professionals.
  - Goal #4 Each athletic training student will have an opportunity to shadow an ER physician.
  - Goal #5 Each athletic training student will observe a Chiropractic Physician.
  - Goal #6 Each athletic training student will observe a variety of Medical Doctors as they complete their general medical rotation.

### III. Student Role in Athletic Training

The athletic training major is unique to most of the other majors at George Fox University. The expectations of you, as a student of athletic training are different than the expectations for most of the other students on campus. As an allied health care profession, athletic training incorporates a clinical educational component as well as a standard coursework educational component into the entire educational experience. As part of the clinical education experience, you will be expected to complete as few as 800 clinical hours, interning with the George Fox University athletic training staff. During your internship you will be expected to aid in the prevention, evaluation, management, treatment, and rehabilitation of athletic injuries. It should be emphasized that the scope of an Athletic Trainer's abilities is to evaluate, not diagnose injuries. In order for the Athletic Training Department to operate at its maximum efficiency, athletic training students must work diligently, learn well, and assume all responsibility that is delegated in a mature and responsible manner. The Athletic Training Education Program at George Fox University is expecting you to become a skilled member of its team and to contribute to the success of the George Fox University Athletic Training Education Program as you develop your athletic training knowledge. In addition, you will be expected to maintain academic success in the classroom by maintaining a minimum of a 2.75 GPA within your major. As an Athletic Training Major, you have declared that you aspire to have a career in Athletic Training. As a result, you will be expected to do everything you can to prepare yourself for the profession. Athletic Training courses have been developed to provide you the knowledge you will need to adequately perform the duties of an athletic trainer. You will be expected to attend all classes within the curriculum and always fulfill your assigned clinical duties. Skipping class and clinical assignments will **not** be tolerated. At times your clinical experience may become stale and frustrating as some of your work will not be glamorous and you may receive constructive criticism from a certified athletic trainer or physician. Our goal at George Fox is to make you a better athletic trainer and prepare you for a position in a profession that requires a sense of discipline and responsibility.

As you gain experience, you will gradually be given more responsibility and be put in a position in which resourcefulness, initiative, and good common sense may be your most valuable assets. At that time you must be willing to "sign your name" on your performance. As a athletic training student, you should be the best you can possibly be. If you settle for less, you will not attain real professionalism. You should be committed to attaining certification from the National Athletic Trainer's Association Board of Certification, and committed to attaining success in the classroom as well as the athletic training room. Be creative and try new techniques, but do not overstep your boundaries. Know your limitations and excel within them, while attempting to minimize your weaknesses.

You will have an opportunity to learn many athletic training techniques within your course work. The only way to become competent at these techniques is to practice. **In the athletic training room, do not shy away from the opportunity to perform an evaluation or perform a treatment.** Take advantage of any chance you may have to put

into practice techniques learned in the classroom while working in the athletic training room.

#### IV. Expected Qualities of the George Fox Athletic training student

1. Dependability - When given an assignment, you can be depended upon to fulfill that assignment without being continually reminded.
2. Loyalty - You must be loyal to the athletic department, the coaches, the athletes, the athletic trainers, and the other Athletic Training Students. You may not always agree with everything one of the aforementioned says or does, but you should never criticize or talk behind their back to the student athletes.
3. Dedication - You must be dedicated to your job and those with whom you work. You put in many extra hours and will probably get less credit for your work than anyone in the department.
4. Skill - Athletic training involves skill and you should continually be striving to improve your skills of taping, injury evaluations and injury rehabilitation. Continually ask yourself “Why am I doing this? How can I do it better?”
5. Professionalism - This quality encompasses all others. A professional dresses appropriately in the athletic training room and at practices and games; is always available and on time; is constantly working to improve on all skills; and respects the confidentiality which is expected by all athletes, supervising athletic trainers, coaches and peers.



## V. Clinical Education Policies and Procedures

### A. Clinical Education Pre-requisites

1. Meet Technical Standards Guidelines – This includes the passing of a physical performed by a Medical Doctor during pre-season physicals.
2. Bloodborne Pathogen Training - Before you may begin your Clinical Education, you must have received bloodborne pathogen training. The training is provided yearly in the month of April. A student may refresh their training at any time by seeing the program director and taking an online bloodborne pathogen training course.
3. Hepatitis B Vaccination - You must show documentation that you have either begun or received the Hepatitis B Vaccination.
4. Purchase Liability Insurance - All athletic training students will be charged a \$20.00 insurance fee that helps pay for liability insurance provided by the University that will cover you during your Clinical Education.
5. Automotive Transportation – All students must have automotive transportation by the first semester of the second year they are in the program. Transportation expenses are the responsibility of each athletic training student. Examples of such expenses include mileage to and from off-campus affiliated clinical sites.

### B. Daily schedule

Punctuality is critical to our program. The athletic training treatment center will be open Monday through Friday at 2:00 PM and will close at approximately 6:15 PM. Students assigned to intern in the athletic training treatment room should arrive at 2:00 PM. Students assigned to intern with a team should arrive at 2:30 PM or 1 hour prior to the start of practice if the team is on an unusual schedule. Everyone must adhere to these times. Taping will generally start one hour before practice begins. Students should arrive at least two hours before game time unless noted otherwise. Be dependable, tardiness will not be tolerated. Depending upon the event, the athletic training student should be available far enough in advance (usually two hours) of a competitive event to take care of the needs of his or her team as well as serving as host athletic training student for the visiting team. This includes making all visiting teams aware of the location of the athletic training room and the availability of ice, water, modalities, telephone and emergency medical services. Be willing to assist the visiting team, but do not interfere. When playing on the road, learn the location of ice, emergency supplies, etc. prior to the beginning of the contest.

### C. Clinical Schedule

Monthly, a new schedule will be posted in the athletic training room, as well as your athletic training room mailbox. It will generally be posted one week prior to the upcoming month. If you have a conflict with a scheduled time, it is **your** responsibility to find someone with comparable experience to replace you. At the

beginning of the season, you should submit to the program director any possible dates that you know you cannot work. If you did not let the program director know of your conflict, do not expect to be released from your clinical coverage duties.

We are depending on you to report for work at the times you have indicated you are available and were asked to do so. If because of an emergency you cannot make that obligation, you must call the athletic training room as soon as possible and leave word of your situation. If you cannot talk to Dale, Karen, or Byron personally, leave a message on Dale's voice mail. You are expected to find coverage for your absence. You will be expected to work both practices and games equally. You may be expected to work some holidays and you will be expected to work weekend hours that the general student body will have off.

**Please check with the athletic training staff before finalizing vacation plans.** When you are working in the athletic training room, you should arrive no later than 2:00 and should stay until at least 6:15, unless prior arrangements have been made. If you are working a particular practice, you should arrive by **2:00 and should stay until the practice is finished unless otherwise noted.** Any athletic training student that misses more than one unexcused scheduled workday **will be placed on probation. If a third unexcused miss occurs, the student will be removed from the athletic training program. Do not schedule meetings with students or professors that conflict with athletic training room or assigned coverage times.**

Freshman athletic training students will generally be scheduled to observe two times a week for two-hour blocks. Freshman athletic training students will be assigned to either a 2:00 PM to 4:00 PM block or a 4:00 PM to 6:15 PM block.

#### D. Athletic Training Room Coverage

Generally at least one experienced and one first year athletic training student will be assigned to work in the athletic training room each day. Students should arrive at 2:00 PM and plan on staying until 6:15 PM. The taping cabinets should be stocked at the beginning of the shift and the whirlpools should be filled. The cold whirlpool should be at a temperature between 50-60° F and the warm whirlpool should be at a temperature between 100-105° F. At 4:00 PM daily, the hot whirlpool should be drained and filled with cold water unless otherwise noted by a certified athletic trainer. At the end of the shift, the whirlpools should be drained and cleaned. Use the disinfectant cleaner next to the whirlpools. All tables and counters must be cleaned and the laundry should be changed.

Disinfectant for the tables and counters can be found under the sink in both the treatment room and taping room. These are the responsibilities of the athletic training students assigned to the athletic training room and should be completed before the training room is closed for the evening. If treatments are given after the formal training room hours are completed, tables should be cleaned by the athletic training student using the equipment before leaving. Familiarize yourself

with all daily cleaning duties and contribute your share. Always maintain a clean environment.

Never leave the athletic training center open and unattended. If all athletic training room personal must be out of the athletic training treatment room during regular hours, a note should be placed on the door indicating where the athletic trainer can be found.

At the end of the day, the treatment room door, the taping room door and the storage room door should all be **shut and locked**.

All telephone calls should be limited to one minute if they are not related to an athletic injury. Athletes should not use the telephone in the athletic training room.

The athletic training room is not a place for social events. Athletes who have been treated should leave the athletic training room immediately following treatment.

Every athlete being treated should log in daily on the computer. **A first year athletic training student may be asked to stand at the door to see that all athletes are logged in.** The order of treatments will strictly follow the order of names on the spreadsheet. If an athlete does not log-in, they do not get treated. If the taping or treatment rooms becomes crowded with too many athletes, they must be told to wait outside and called in based upon their position on the log-in sheet. On occasion, if an athlete is late for a road trip and must be taped before they leave or their practice is in progress, they may be taped out of order. Tardiness to practice is not a legitimate excuse for taping out of order.

#### E. Practice Coverage

The athletic training student will be available to their assigned team at the site of their practice at least five minutes prior to the beginning of practice. A certified clinical instructor will always be within visual and auditory contact of the athletic training student. Inclement weather is not an excuse for staying indoors. Athletic training students will rotate amongst clinical assignments so that they will be assigned to time working in the treatment room as well as the practice site. When observing a practice, athletic training students should be all business. Do not play with equipment or read newspapers, magazines or textbooks while at practice. During low-incident practice times, students may spend the time working on clinical skills (practicum check-offs). Always arrive on the field before the practice begins and always stay through the end. Provide a medical kit, water and ice to the practice site. Always carry gauze pads, bandages, scissors, rubber gloves and a radio with you. Remember that athletic injuries occur on the playing field, not in the athletic training room.

## F. Event Coverage

Athletic training students will be expected to work as many athletic events as possible without compromising academic performance. Most events are limited to two athletic training students working at once. If less than one student is assigned to an event that you would like to work, check with the assigned student about working with them. The more exposure to the games you can get, the more you will learn. For basketball and volleyball coverage the athletic training students will be the athletic training representatives on the bench. The athletic training students must provide ice, water and a bloodborne pathogen kit for both the home and visiting teams. Athletic training students should check with the coaches to determine when to arrive prior to the start of a game. The athletic training student should never show up later than 1 1/2 hours before the start of the game.

## G. Visiting Team Coverage

Prior to the start of an event, the second or third year athletic training student assigned to the event should introduce themselves and the first year host athletic training student to the opposing teams athletic trainer and coaches. During the introduction, inform the athletic trainer or coach of all services available to them. If a visiting athlete is injured while at George Fox University, they will be given the same medical attention as if they were a George Fox athlete.

First year athletic training students may be assigned to work as hosts to the visiting teams for volleyball and basketball games. The athletic training student will stand next to the water station and provide water, ice, and any assistance requested by the visiting team. Host athletic training students should make themselves available to the visiting team at least 30 minutes prior to the start of the event.

If the visiting team is traveling with either a team physician or athletic trainer, they will handle the injury according to their own policies. The facilities at George Fox should be at their disposal. If the visiting team is traveling with neither an athletic trainer nor physician, offer your assistance to the coach prior to the beginning of the contest. The coach will always have the ultimate responsibility of their athletes; therefore the coach should make any final decisions.

## H. Game Conduct

At no time should an athletic trainer make critical comments regarding an athlete's performance, the coach's game plan or an official's call. Only comments of a positive or an encouraging nature should be made to the athlete. It is the coach's job to correct the errors of an athlete, not the athletic trainers. Remember, as an athletic trainer, you would not want the coach or athlete to tell

you how to do your job; do not make comments about how they are doing theirs. Do not be afraid to cheer for your team, but do not become so emotionally involved that you lose sight of why you are there. It is critical that you remain mentally sharp throughout the game.

### I. On-Field Injury Management

When an injury occurs in an area of the field you are observing, go to the injured player as quickly as possible in a controlled manner. If you are working soccer, be sure to get the referee's permission before stepping onto the field unless it appears to be a life-threatening situation. Be calm and do not overreact. Do not move the athlete, especially if he/she is unconscious or you suspect a head or neck injury. Athletic support personnel (i.e., coaches and referees) will sometimes get excited, so above all, never let them pressure you into moving an athlete until you are ready to do so. Politely reassure the person that you will quickly evaluate the situation, and continue your examination. If you are unsure of the extent of the injury, call a staff athletic trainer. Never get excited and lose your head, as this will cause other people around you to become excited as well. To do your job efficiently, you must remain calm and undisturbed. Before every practice, review how you would handle an emergency situation in your head so that you will be prepared when it does occur.

As a George Fox University athletic training student, you will frequently be given the opportunity to make the initial evaluation on an injured athlete.

### J. Collision Sport Coverage

George Fox University does not offer many opportunities to work collision sports on campus. Experience working a variety of collision sports is important when applying for athletic training jobs and provides valuable learning opportunities. All students will have opportunities to work football games at other local colleges or high schools. High School events will usually occur on Friday nights and collegiate football games will probably be on Saturdays. If you are working a football game, the host athletic trainer or coach will always have the final decision on an injured athlete unless other arrangements have been made. Athletic Training students involved in a fall intercollegiate sport at GFU will complete a football clinical experience at Portland State University during the spring football season. If a student works at PSU in the spring, they must work the entire five week time period which may go through the second week of May. Fall sport students are also strongly encouraged to work at the Les Schwab Bowl High School All Star Football Game and preceding practices in the month of June. During the winter season, attempts will be made to provide you with opportunities to work other collision sports such as wrestling and possibly hockey. Second and third year athletic training students will be assigned to a two week wrestling clinical assignment at Clackamas Community College. If you remain in the Portland area during the summer months, you may have an opportunity to intern

as an athletic training student at the St. Paul Rodeo and the Les Schwab Bowl High School All Star Football Game.

#### K. Communicable Disease Policy

During the course of the school year, you may develop an active communicable disease. To protect the athletes and other athletic training students from contracting a communicable disease the following precautions must be followed during the course of the year.

- At all times, students must wash their hands before and after any contact with an athlete
- The student should not perform their clinical duties if any of the following conditions exist:
  - Acute phase of an upper respiratory infection
  - Acute sore throat
  - Fever over 100.5
  - Vomiting within the previous 24 hours
  - Acute phase of mononucleosis (sore throat, fatigue)
  - A bacterial sinus infection
  - Conjunctivitis
  - Anti-biotic treatment for less than 48 hours
  - Open wounds/Infectious skin disorders
  - The student is suffering from any condition in an infectious state
- The Athletic Training Staff reserves the right to dismiss any student for the day that may put another student at risk

#### L. Student Liability Insurance

Students that have been accepted into the Athletic Training Education Program will be charged a yearly fee to cover liability insurance for the student. The liability insurance chosen by George Fox University will provide up to \$2,000,000.00 of liability coverage for each student claim with an aggregate limit of \$5,000,000.000. The program administrator of the insurance is Healthcare Providers Service Organization and the Insurance is provided by American Casualty Co. A copy of the Certificate of Insurance Occurrence for each student is located in the student file in the Program Directors office. Generally, the student fee is approximately \$20.00 per year.

#### M. Work-Study

Work-study may be available to students performing the work of a First-Aider if they qualify under federal standards for federal work-study. Students must submit an application for work-study to the head athletic trainer by the designated deadline, which is generally April 15. Applications received after the deadline will not be considered unless additional hours remain available. The Athletic department is granted 40-50 hours a week to divide up amongst the first aiders.

The number of hours of work-study awarded per week to a first aider will depend upon the number of qualified students in the ATEP. Efforts will be made to give as many hours as possible to each student that qualifies. Generally, the minimum number of hours awarded per week will be four and the maximum number will be ten. Returning first aiders that have previously qualified for work-study in the program will be granted first priority in the awarding of work-study followed by third year students in the ATEP that have not previously received work-study. Returning students will be granted hours that are equivalent to the previous year or higher up to 10 hours a week. Applicants in the second year of the ATEP will be considered for work-study if hours remain available. Remaining hours will be divided amongst qualified second year applicants.

First Aiders traveling with a team may only count the hours they are performing first aider duties as work-study hours. Travel time to and from an event site may not be counted toward work-study. Additionally, first aiders may be assigned some athletic training administration duties that will be performed outside of their normal clinical education assignment that will count as work-study duties.

Athletic Training Students may not count any hours associated with their clinical education as work-study hours, i.e., any time connected to the practicum series. The athletic training responsibilities performed within the scope of clinical education may not be considered when completing work-study time cards. Time designated specifically for clinical competency check-off may not count as work-study.

All work-study time cards must be submitted to the head athletic trainer at the end of the month.

#### N. Dress and Appearance Code

When working as an athletic training student you will be expected to look professional during your clinical experiences (i.e., no cut off shorts, pants or shirts with holes etc.). Use common sense when dressing. Do not wear skirts or clothes that may put you or the athlete in a compromising position while working in the athletic training room. In addition, do not wear high heels or shoes that you cannot quickly move in. If you are working outside, dress appropriately. **You must always wear a shirt with the George Fox Athletic Training logo and all shirts must be tucked in.** When working at Volleyball or Basketball games, dress in clothing that is consistent with the coaching staff's standards (i.e., no jeans or athletic shoes at basketball games). Remember, when you are traveling on the road, you are representing George Fox University.

Freshman athletic training students will receive a George Fox Athletic Training T-shirt upon acceptance into the program. Returning athletic training students will receive a variety of athletic training clothing to be worn in the athletic

training room. Athletic Training Students will also have an opportunity to purchase other selected clothing items with the athletic training logo.

Rain gear and cold weather jackets are available for your use during inclement weather. These jackets are not for personal use; therefore you should return them following the completion of the event or practice you are working.

#### O. Travel / First Aider Policies

All athletic training students will have an opportunity to travel with athletic teams. Second and third year students assigned to an athletic team will travel to most away contests with the team. If a staff clinical instructor does not travel, the student may not count those hours toward their clinical instruction internship hours unless you are traveling to Lewis and Clark College or Willamette University. In addition, the athletic training student must defer all decisions about an athletic injury to the host certified athletic trainer, as you will be working only as a **First Aider**. You may perform prophylactic taping, stretching, first aid and provide an injury referral to an injured athlete. Other athletic training functions such as return to play decisions, modality or rehabilitation treatments are out of the realm of the First Aider. **Decisions to travel with a team are strictly voluntary. Your travel decision has no bearing on the outcome of your clinical education assessment. You must let the program director know at the beginning of the clinical experience if you plan on traveling or not by signing a First Aider Contract. It will be an all or none proposition.**

When at the host site, take the initiative and introduce yourself to the host athletic trainer. If the host school's athletic trainer is certified, they may ultimately have the final say on an athlete's condition. Use the host site athletic trainer as a resource just as you would the certified athletic trainer at George Fox. When traveling, you as well as the athletic team are representing George Fox University. Therefore, your dress and demeanor should be appropriate and professional. It is the responsibility of the traveling athletic training student to find out when the team will be departing and to pack his or her own kit. Always check with the head coach for departure times and **never** be late. Your actions are a reflection of the entire athletic training program. When packing a kit, make sure to check off items with the supply inventory list in the athletic training room (See Figure 4-1). **Remember that it is critically important that the athletic insurance information for each team be taken on the road. The athletic training student must see that it is not forgotten.**

When on the road, you are at the disposal of the team. Always check with the head coach with regards to the day's schedule. Do not put yourself in a position that may inconvenience the team. Prior to leaving, check with the head coach about what their expectations of you are. Some coaches will have the athletic training student help with arranging meals and other administrative duties.



**Championship Events:** Certified athletic trainers will travel with athletic teams that compete in playoff games or national competitions. Athletic training students assigned to the team will be taken along if extra funds are available.

Appropriate First Aider Services

1. Prophylactic taping
2. Aid in stretching
3. Application of all first aid skills
4. Initiate the emergency medical system
5. Conduct an emergency injury history and evaluation to determine the need for referral
6. Referral to the appropriate medical provider (usually host ATC)

Inappropriate First Aider Services

1. Making return to play decisions
2. Using electrical or ultrasound modalities
3. Changing a rehabilitation protocol

P. Travel Supplies

**Taping Supplies**

Prewrap  
QDA  
Heel and Lace Pads  
1.5 inch white tape  
1 inch white tape  
2 inch Lightplast  
3 inch Lightplast  
3 inch Elastikon  
2 inch Elastikon  
1 inch Elastikon  
Leukotape  
Skin Lube

**Blood Borne Pathogen Supplies**

Rubber Gloves  
Gauze Pads - assortment  
Vionex  
Hazardous waste bags  
Formula 4  
Steri strips  
Band Aids - Assortment  
Bacitracin  
Nose Plugs

Hydrogen Peroxide

**Wraps and Splints**

6" single wrap  
6" Double wrap  
3 or 4" wrap  
Sam Splint  
Finger Splint  
Sling

**Instruments**

Scissors  
Sharks  
Syringe  
Penlight  
Tweezers  
Scalpel  
Finger Nail Clippers  
Safety Pin  
Q tip applicators  
Tongue Depressor  
Thermometer

**Medications**

Ibuprofen  
Aspirin

Tylenol  
Allergy Medications  
Antacids

**Miscellaneous**

Second skin  
Eyewash  
CPR Mask  
Tooth Preservation Kit  
Flexall 454  
Eucerin  
Sugar  
Kleenex  
Head Injury Forms  
Insurance Forms  
Lighter  
Padding - Assortment  
Chapstick  
Shoelaces  
Extra Ice bags  
Cotton Balls

PDA

Overnight Road Trip  
Crutches

#### Q. Athletic Training Room Computer

The athletic training room computer serves two purposes: The maintenance of medical records and for student educational purposes. Each day, athletic injury evaluations and daily treatments must be recorded. See the section on medical records for a more detailed description. The treatment center also maintains education software that is available to the athletic training students. The educational software was purchased for the students to be used as an adjunct to the regular curriculum and may be used anytime during the day as long as the computer is not being used for recording injury data. During assigned treatment center hours, do not use the computer for educational purposes if athletes are present and they require athletic training services. Do not use the training room computer for other personal uses, i.e., checking e-mail during normal treatment times.

#### R. Student Hour Log

The ATEP accrediting body requires that the students clinical rotations include four different defined categories: Upper Extremity Sports, Lower Extremity Sports, Equipment Intensive Sports and General Medical Conditions. George Fox University Athletic Training Students will generally complete their degree having accumulated a minimum of 1,000 hours of clinical experience. Generally the more clinical experience you receive, the more opportunities you will have to put skills you have accumulated in the didactic environment into effect. During the four semesters of Practicum, you must accumulate a minimum of 150 clinical hours each semester. In addition, some graduate programs require the completion of a minimum number of clinical experience hours prior to application. It is critical that you maintain an accurate record of your hours. At the end of each work day, the last thing you should do before leaving the athletic training room is record your hours for the day in the computer hour log located in the AT privacy / AT student study room. Make it a habit to do this every day. Round your time to the nearest quarter hour. For example, if you worked 4 hours 20 minutes, record it as 4 hours 15 minutes. Do not get into the habit of trying to determine your hours every couple of weeks. When traveling with a team, do not count travel time toward your hours. Count only pre-game treatments, taping and preparation, game coverage and post-game treatments and care while working under the guidance of a certified athletic trainer.

At the completion of each semester, fill out a *Semester Summary by Clinical Experience* hour log, which will be used to keep track of clinical hours per sport per month. The program director will also complete an *AT Program Clinical Experience Tracking Table* at the end of each semester. The table will be completed to ensure that athletic training students receive appropriate clinical time in a variety of sports. (See Figures 4-2 and 4-3

1. Semester Summary By Clinical Experience  
 George Fox University  
 Athletic Training Education Program  
 Overall Assessment by Semester

\_\_\_\_\_  
 Athletic Training Student

\_\_\_\_\_  
 Expected Date of Graduation

Trait	Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
<b>Communication</b>						
<b>Autonomy</b>						
<b>AT Skills</b>						
<b>Injury Prevention</b>						
<b>Emergency Mgmt</b>						
<b>Clinical Skills</b>						
<b>Recognition of Inj</b>						
<b>Evaluation Skills</b>						
<b>Knowledge of Rehab</b>						
<b>Football-Specific</b>						
<b>Intangibles</b>						
<b>PD Initials</b>						

**Additional Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 ATEP Director Signature

\_\_\_\_\_  
 Date



## S. Journals / Case Studies

A Journal should be maintained throughout your Clinical Education experience. At the end of each week, an entry should be made into the Journal. The information you contribute should include a summary of the previous weeks experiences and self-reflection. In addition, you should further explore as much information regarding the experience and any injury that you may have witnessed or helped with. The write-up should include mechanisms, signs and symptoms, and treatment plans for the respected injury. Each week, you must share your journal entry with you clinical instructor at a predetermined time. The CI should sign off at the bottom of the journal. At the end of each week, a copy of the journal entry should be placed in your Athletic Training portfolio and a copy should be turned into the program director through email.

Incorporated within the journal entries, each month a new case study regarding an athletes' current athletic injury situation should be written. Within the case study, you should explore and write about the mechanism of injury, the way the injury was initially treated and how the athlete's rehabilitation process has gone.

## T. Injury Discussion

Do not give any injury information about the team you are covering to anyone other than coaches, athletic trainers or physicians. If you are asked questions regarding an athlete's playing status, refer the questions to a staff athletic trainer. The staff athletic trainers, team physician, or coaches will handle all public comments about an athlete's health.

## U. Injury Reporting & Record Keeping

All injuries should be discussed with the head and/or assistant athletic trainer as well as the head coach and/or assistant coaches. All injuries must be recorded on an injury report form precisely and completely. Follow-up information in progress notes for all injuries should be included. All treatments must be recorded within the record book following a treatment. **Failure to record a treatment is a failure to perform your job adequately.** The injury report form follows a logical progression patterned after S.O.A.P. notes. S.O.A.P. is an acronym for Subjective, Objective, Assessment, and Plan. **Subjective** information is anything the athlete tells you about the injury to help them describe it. (I.e., "The pain felt like an 8 on a scale of 1 to 10") **Objective** information is related to observed physical findings you make during your evaluation. (I.e., "echymosis") **Assessment** refers to your perceived assessment of the injury and **Plan** refers to what you plan on doing for the injury. Upon completion of the report form, a certified athletic trainer should review the form with you. If an injury occurred during a game, do not forget to record the injury following the game. The completed form should be deposited in the to be filed box next to the computer so that the information may be input.

Following the initial evaluation, which should be recorded on an injury report form, treatments should be recorded on a daily exercise flow sheet. Separate Flow sheets are used for upper extremity and lower extremity injuries. Always record the date of treatment as well as the initials of the athletic trainer performing the treatment. If you believe changes in the rehabilitation protocol are warranted, discuss the potential changes with a certified athletic trainer if possible prior to administering those changes. Upon completion of the treatment, return the flow sheet to the athlete's file. (See Figures 4-4 through 4-7)

All medical records must be recorded in the training room computer. Work study students are responsible for recording the daily medical records into the computer. Take the completed treatment records from the "to be filed" box and enter the information into the computer. When the record has been recorded in the computer, the record sheet should be returned to the athlete's file in the medical record cabinet.

All athletes should also input their name to a sign-in page on the main ATR computer. First year Athletic Training Students may be asked to attend to the computer at the door. An athlete should not receive a treatment until they have logged in.

If an injury involves the head, a separate head injury report form must be completed. (See Figure 4-8) Send the athlete and a friend home with the original white copy, and place the carbon copy inside the athlete's file. A certified athletic trainer must evaluate all potential head injuries.

Certified athletic trainers or athletic training students traveling with a team may only administer pharmaceutical medications. Every time a medication is administered, it must be recorded in the athletes file on the Over the Counter (OTC) Medication Administration Record Form (See Figure 4-9). Record forms are maintained in a notebook in the training room. If on the road, the administration of the medication must be recorded on the Team OTC Medication Administration Record Form (See Figure 4-10) and in the athletes file upon return.

If an athlete is given an OTC medication for the first time, they must be referred to read the indications and contraindications located on the medication label.

If you have an unusual case, injury, or injuries you have questions about, please discuss these situations with a staff athletic trainer. Do not hesitate to send an athlete to see the physician if you feel this is indicated, or if you are uneasy about a particular injury or situation. As athletic trainers, we are legally liable for acting in a reasonable and prudent manner.

1. Sports Injury Evaluation Form

George Fox University  
Initial Sports Injury Evaluation

Today's Date \_\_\_\_\_ University \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ M / F Sport \_\_\_\_\_ Position \_\_\_\_\_  
Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ am / pm Injury Site: R / L  
School Phone # \_\_\_\_\_ Insurance Co./ Policy \_\_\_\_\_

HISTORY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBJECTIVE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OBJECTIVE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHIEF AREA OF SIGNS & SYMPTOMS

ASSESSMENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLAN (REFERRAL) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TODAY'S TREATMENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
STUDENT ATHLETIC TRAINER

\_\_\_\_\_  
CERTIFIED ATHLETIC TRAINER









## 5. Head Injury Evaluation Form

## George Fox University Head Injury Report Form

Athlete \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Sport \_\_\_\_\_ Athletic Trainer \_\_\_\_\_

\_\_\_\_\_ has sustained a possible head injury. At the time of the injury, the following signs were exhibited to indicate a possible concussion.

___ Unconsciousness	0-30 sec.	30 sec. - 4 min	over 5 min.
___ Memory Loss/Confusion	slight	momentary	over 5 min.
___ Ears Ringing	slight	moderate	severe
___ Dizziness	slight	moderate	unsteady
___ Pupil Reflex	good	slow	nonuniform
___ Vision	blurred	double	tunnel vision
___ Lack of Coordination	slight	moderate	severe
___ Headache	slight	moderate	severe

The first night following the injury it is recommended that someone waken the athlete every 2 hours throughout the night. If any of the following signs or symptoms occur, **consult a physician at once.**

Nausea/Vomiting	Headache persisting 3 or more days
Drowsiness	Inability to concentrate
Dizziness	Personality change or irritability
Ringling in ears	Problems with vision or unusual pupil size

An important aspect of follow-up care is to watch for symptoms that **do not improve or get worse.** The athlete should not be left by themselves for the first 24 hours following the injury. It is recommended that no pain relievers, i.e., aspirin, Tylenol, etc. be given the first 24 hours unless advised by a physician.

This form was prepared to help you recognize a potential problem. If you have any further questions, consult a physician.

## 6. Over-the-Counter Medications to Athlete

## OTC Medication Administration Record

Athlete's Name:

Date:  
Medication:  
Strength:  
Dose:  
Trainer:

Date:  
Medication:  
Strength:  
Dose:  
Trainer:

Date:  
Medication:  
Strength:  
Dose:  
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Strength:  
Dose:  
Trainer:

7. Over-the-Counter Medications to Team

Team OTC Medication Administration Record

Athlete:  
Date:  
Medication:  
Strength:  
Dose:  
Athletic Trainer:

Athlete:  
Date:  
Medication:  
Strength:  
Dose:  
Athletic Trainer:

Athlete:  
Date:  
Medication:  
Strength:  
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Athletic Trainer:

AROM	Active Range of Motion	LE	Lower Extremity
AC	Acromioclavicular	MEDS	Medications
ADL	Activities of Daily Living	MMT	Manual Muscle Testing
AT	Athletic Training	NKA	No Known Allergies
ASIS	Anterior Superior Iliac Spine	NWB	Non-Weight Bearing
BID	Twice a Day	ORIF	Open Reduction/ Internal Fixation
C/O	Complains of	OT	Occupational Therapy
CP	Cold Pack	PNF	Proprioceptive Neuro- Muscular Facilitation
CPR	Cardiopulmonary Resuscitation	P.O.	Post-Operatively
CWI	Crutch Walking Instruction	Pre-op	Pre-Operatively
*CX	Crutches	PRE	Progressive Resistance Exercise
D/C	Discharge or Discontinue	PMH	Past Medical History
DTR	Deep Tendon Reflex	PROM	Passive Range of Motion
DVT	Deep Vein Thrombosis	PT	Physical Therapy
DX	Diagnosis, Dislocation	Pt.	Patient
*ES (INF)	Electrical Stimulation	PWB	Partial Weight Bearing
FWB	Full Weight Bearing	QD	Once daily
*FHX	Family History	QID	4 times a day
FX	Fracture	R/O	Rule out
HP	Hot Pack	RROM	Resistive Range of Motion
HTN	Hyperextension	RX	Prescription, including therapy & treatment
HX	History	SLR	Straight Leg Raises
*IM	Ice Massage		
*IP	Ice Pack		
LBP	Low Back Pain		

SOAP	Subjective, Objective Assessment, Plan	Ⓡ	Right
*SX	Symptoms, Surgery	Ⓛ	Left
TENS	Transcutaneous Electrical Nerve Stimulation	Ⓟ	Bilateral/Both
		<u>*b</u>	Before
TID	Three times a day		
TTWB	Toe Touch Weight Bearing		
*TX	Treatment		
UE	Upper Extremity		
US	Ultrasound		
WBAT	Weight Bearing as Tolerated		
WNL	Within Normal Limits		
*WP	Whirlpool		
△	Change/Difference		
<	Less than		
>	Greater Than		
↑	Increase		
↓	Decrease		
$\bar{c}$	With		
$\bar{s}$	Without		
$\bar{p}$	After/Post		
*S/P	Status Post		
1○	Primary		
2○	Secondary		
X	Times		

When you tape an athlete, do not let the athlete dictate to you the type of tape or technique you will use. Do not use the Elastoplast or Lightplast type tapes unless the athlete is recovering from an acute injury or extra stability is needed. Recent research has shown that ankle braces are more effective than ankle taping over the length of a practice. When ankle taping for prevention purposes, attempt to persuade the athlete to wear ankle braces instead of taping.

## W. Modalities

### 1. Ultrasound

Athletic training students may only use the ultrasound machines in the training room after they have completed the Therapeutic Modalities course or have received proper inservice training and have been passed off by a clinical instructor. If you have not been approved to use the machine you must have a certified athletic trainer or another student who has taken the course perform the treatment. Athletes may attempt to abuse the use of the ultrasound machines. Absolutely no athlete is to administer ultrasound upon him or herself. Limit ultrasound treatments to every other day; no athlete should receive more than two or three treatments in a week. Ultrasound is only a small component in the rehabilitation process; therefore other rehabilitation techniques should also be administered. If an athlete is not completing their other assigned rehabilitation components, than ultrasound treatments should not to be given. If you have a problem with any athlete concerning this policy, refer them to a certified athletic trainer. Occasionally, the team physician will recommend using hydrocortisone with an ultrasound treatment. Do not use the hydrocortisone, unless the physician recommends it.

### 2. Electrical Muscle Stimulation (EMS)

Athletic training students may only use the EMS machines in the training room after they have completed the Therapeutic Modalities course or have received proper inservice training and have been passed off by a clinical instructor. If you have not been approved to use the machine you must have a certified athletic trainer or another student who has taken the course perform the treatment.

## X. Pharmacology

Before an athletic training student may distribute an OTC medication to an athlete, the student must pass off on a pharmacology competency examination with a certified athletic trainer or have taken HHP 384, Pharmacology in Athletic Training. The pharmacology examination must be passed prior to traveling with an athletic team since medication distribution may be a necessity.

As athletic trainers, we may only distribute over the counter medications to our athletes. For liability reasons, it is important to know basic



terminology and how our distribution is affected by DEA regulations. When a single dose of medication is distributed for immediate consumption, it is referred to as **Administering**. When more than one dose of a medication is distributed, it is referred to as **Dispensing**. One must have a license through the DEA to dispense medications. George Fox University does not have a license to dispense medications; therefore we may only administer single doses of a medication. If a physician orders more than a single dosage of a medication, it is the responsibility of the athlete to purchase the medication from a drug store.

The following information must be on the packaging of the medication being distributed: Name of medication, name and address of manufacturer, net contents, name and quality of active ingredients, name of any habit forming substance, indications and contraindications. If the information is not available, do not distribute the medication.

See record keeping policies for the proper recording procedures of medications.

#### Y. Membership

As an athletic training student, you should take pride in your chosen profession. Part of being a professional is becoming a member of the professional organization that acts as the governing body. The National Athletic Trainer's Association offers opportunities for athletic training students to become Student Members of the National Athletic Trainer's Association. I encourage each of you to become a member by your junior year. You can become a member by writing to the National Athletic Trainer's Association at:  
NATA, 2952 Stemmons Freeway, Dallas, TX 75247 or by calling the NATA at 1-800-TRY-NATA.

#### Z. Clinical Evaluations

At the conclusion of an academic semester, students will perform anonymous evaluations of the approved clinical instructor they have worked with. Each student will be given the evaluation form from the program director within the final week of the semester. The forms should be returned anonymously to the program director's HHPE department mailbox within one week of receiving the form. The evaluations are used to improve teaching and clinical supervision effectiveness. The student is responsible for completing an evaluation of each of the George Fox University approved clinical instructors, as the student will have worked with all GFU ATC's throughout the semester. Students will complete an evaluation of any affiliated clinical instructor they may have worked with at the conclusion of the rotation. The evaluations will be turned in to the ATEP director and then forwarded to the ACI for review. For affiliated ACI's that have been reviewed by more than one student, summative evaluative scores will be calculated and shared with the ACI as well. In addition to the ACI evaluation form, students are also required to complete

an evaluation of the affiliated clinical site and educational resources. The program director will address low scores with the ACI. Upon review, the program director will work with the ACI to make any necessary changes needed to improve the ACI's or the affiliated site's effectiveness.

The clinical instructor will also write clinical evaluations for each student in the middle and end of the semester. The student should schedule a meeting with the program director at the end of each semester to discuss the clinical evaluations. Students should also attempt to schedule a meeting with each of their clinical instructors at the conclusion of a clinical assignment to discuss the experience.

#### AA. Portfolio

Each student in the program is expected to maintain a working portfolio. The portfolio is designed to work as a tool that will help you to document your didactic and clinical academic experiences as you progress through the program. It will be used by you and the program director as a tool to evaluate your progression in the program. In addition, it may also serve as a self-promotion tool that you can share with potential employers to demonstrate your accomplishments in the athletic training education program. The portfolio will be individualized and may be as thorough as you would like to make it, but should also contain at a minimum, the following documents:

1. Copies of Clinical Evaluations
2. Copies of Journal Entries
3. Copies of Injury Evaluations
4. Suggested Optional Entries
  - a. Copies of Examinations
  - b. Copies of Athletic Training Related Handouts
  - c. Copies of Work Schedules
  - d. Copies of Completed Clinical Hour Forms

In addition to the Portfolio, each student should keep a separate notebook(s) with the clinical assessment evaluations of each of the practicum clinical proficiencies.

#### BB. Bloodborne Pathogens

Bloodborne pathogens are pathogenic microorganisms that can potentially cause disease and are present in human blood and other body fluids, including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, and any other fluid contaminated with blood. The two most significant bloodborne pathogens are HBV and HIV. (*Arnheim & Prentice, Principles of Athletic Training, 10<sup>th</sup> ed.*)

All athletic training students must receive Bloodborne Pathogen training prior to beginning work in the GFU athletic training room and on a yearly basis. Bloodborne Pathogen training is presented by the athletic training staff on a yearly basis at the end of the spring semester. All students within the ATEP must attend the training annually. Training is also administered by the plant services

staff and is offered to all students through the work study safety training. If you have not received the safety training in conjunction to a work-study job, you must take this training before working in the athletic training room. Freshman athletic training students may observe in the athletic training room without the training, but they may not perform any function that will put them in contact with bodily fluids that may spread a bloodborne pathogen.

When handling a bloodborne pathogen the athletic training student must practice universal precautions as described by the Occupational Safety and Health Administration (OSHA). The following guidelines must be adhered to in the athletic training room and practice sites:

1. Protective Latex Gloves should be carried at all times when covering practice and games.
2. Sterile Gauze should be carried at all times when observing practices and games.
3. Gloves must be worn at all times when you may come in contact with a bloodborne pathogen, including the use of a sharp instrument for blister care.
4. At all practices and games, available equipment for handling bloodborne pathogens must be available. A bloodborne pathogen kit should be made available to both teams' at all athletic contests. See Figure 5-1 for a complete listing of all supplies required.
5. Gloves and soiled garbage should be disposed of in the biohazard receptacle located in the taping room. *Do not throw sharps into the biohazard receptacle.* Soiled garbage at the athletic fields must be disposed of in a red biohazard bag and brought to the taping room for disposal in the biohazard receptacle.
6. All sharp instruments must be disposed of in the sharps container located in the taping and treatment rooms.
7. Soiled athletic clothing must be disinfected using the *Formula 4* disinfectant.
8. Soiled flooring and tables should be disinfected using the *Formula 4* disinfectant or the *Vionex* disinfectant towelletes and than scrubbed with the *Formula 10* cleaner. Cleaning should take place immediately following the contamination.
9. Soiled laundry must be washed in hot water (159.8°F) for at least 25 minutes using a detergent that deactivates the HIV and HBV viruses.

All athletic training students must receive a Hepatitis B Virus (HBV) vaccination. HBV is a major cause of viral infection that may lead to liver damage, liver cancer and even death. Each year it is estimated that 200,000 people become infected with the virus and about 1.25 million people in the United States have chronic HBV. Vaccinations for HBV will occur during the first year that the athletic training student is in the program. The student must pay for the vaccination and they will not be allowed to work until the vaccination is begun. The vaccination involves a series of three doses. The first dose will be administered during fall pre-season physicals to the first year athletic training

student. The second dose must be received 1 month after the first dose. The third dose is received 2 months after the second dose. All three doses are needed for full and lasting immunity. The campus nurse at the GFU health center will administer all doses. **Students may not begin their clinical experience until they have either received or begun the HBV vaccination series.**

#### Bloodborne Pathogen Kit Supplies

1. Vionex Towelletes
2. Formula 4
3. Formula 10
4. Sterile Gauze
5. 3/4" adhesive bandages
6. 1" adhesive bandages
7. Fingertip adhesive bandages
8. Knuckle bandages
9. Telfa "Ouchless" Adhesive Dressings
10. Nasal Plugs
11. Prewrap
12. 3" Lightplast tape
13. Andover Powerflex tape
14. Biohazard waste disposal bags

## 1. Hepatitis B Documentation

### WHAT YOU NEED TO KNOW

- A. Why get vaccinated?
  - a. Hepatitis B Virus (HBV) is a serious disease.
    - i. The HBV can cause illness that leads to:
      - 1. ACUTE: loss of appetite, diarrhea & vomiting, tiredness, jaundice (yellow skin or eyes), pain in muscles, joints, and stomach
      - 2. CHRONIC: liver damage (cirrhosis), liver cancer, death
  - b. About 1.25 million people in the US have chronic HBV infection.
  - c. Each year it is estimated that:
    - i. 200,000 people, mostly young adults, get infected with HBV
    - ii. More than 11,000 people have to stay in the hospital because of HBV
    - iii. 4,000-5,000 people die from chronic HBV infection
  - d. Hepatitis B Vaccine can prevent HBV infection
    - i. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.
- B. How is HBV spread?
  - a. HBV is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:
    - i. During birth when the virus passes from an infected mother to her baby
    - ii. Having sex with an infected person
    - iii. Injecting illegal drugs
    - iv. Being stuck with a used needle on the job
    - v. Sharing personal items, such as a razor or toothbrush with an infected person
  - b. People can get HBV infection without knowing how they got it.
  - c. About 1/3 of HBV cases in the US have an unknown source.
- C. Who should get HBV vaccine?
  - a. Everyone 18 years of age and younger
  - b. Adults over 18 who are at risk
    - i. People who have more than one sex partner, men who have sex with other men, injection drug users, health care workers, and others who might be exposed to infected blood or body fluids
  - c. If you are not sure whether you are at risk, ask your doctor or nurse
- D. How should the HBV vaccine be administered?
  - a. People should get 3 doses of HBV vaccine according to the following schedule. If you miss a dose or get behind schedule, get the next dose as soon as possible. There is no need to start over.

<b>WHO?</b>				
<b>Hepatitis B Vaccination Schedule</b>		<b>Infant whose mother is infected with HBV</b>	<b>Infant whose mother is not infected with HBV</b>	<b>Older child, adolescent, or adult</b>
<b>W H E N ?</b>	First Dose	Within 12 hours of birth	Birth – 2 months of age	Any time
	Second Dose	1-2 months of age	1-4 months of age (at least 1 month after first dose)	1-2 months after first dose
	Third Dose	6 months of age	6-18 months of age	4-6 months after first dose

- b. The second dose must be given at least 1 month after the first dose
  - c. The third dose must be given at least 2 months after the second dose, and at least 4 months after the first
  - d. The third dose should NOT be given to infants younger than 6 months of age
  - e. All three doses are needed for full and lasting immunity
  - f. HBV Vaccine may be given at the same time as other vaccines
- E. Some people should not get HBV vaccine or should wait
- a. People should not get HBV vaccine if they have ever had a life-threatening allergic reaction to Baker's yeast (the kind for making bread), or to a previous dose of HBV Vaccine
  - b. People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting HBV vaccine
  - c. Ask your doctor or nurse for more information
- F. What are the risks from HBV Vaccine?
- a. A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of HBV vaccine causing serious harm, or death, is extremely small
  - b. Getting HBV vaccine is much safer than getting HBV infection
  - c. Most people who get HBV vaccine do not have any problems with it
  - d. Mild Problems
    - i. Soreness where the shot was given, lasting a day or two (up to 1/11 children and adolescents, and about 1/4 adults)
    - ii. Mild to moderate fever (up to 1/14 children and adolescents and 1/100 adults)
  - e. Severe Problems
    - i. Serious allergic reaction (very rare)
- G. What if there is a moderate or severe reaction?
- a. What to look for:
    - i. Any unusual condition, such as a serious allergic reaction
      - 1. May include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If such a reaction were to occur, it would be within a few minutes to a few hours after the shot
  - b. What to do:
    - i. Call a doctor or get the person to a doctor right away
    - ii. Tell your doctor what happened, the date and time it happened, and when the vaccination was given
    - iii. Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967
- H. The National Vaccine Injury Compensation Program
- a. In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed
  - b. For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.dhhs.gov/bhpr/vicp>

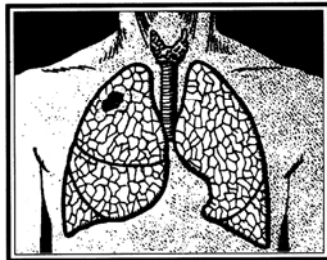
- I. How can I learn more?
- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information
  - Call your local or state health department's immunization program
  - Contact the Centers for Disease Control and Prevention (CDC):
    - 1-800-232-2522 (English)
    - 1-800-232-0233 (Spanish)
    - Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's hepatitis Branch website at <http://www.cdc.gov/ncidod/diseases/hepatitis/>

## 2. Tuberculosis Screen Documentation

### What is TB?



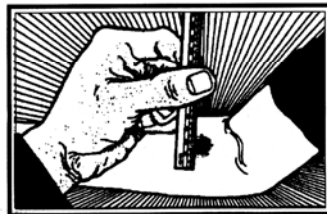
"TB" is short for a disease called tuberculosis. TB is spread by tiny germs that can float in the air. The TB germs may spray into the air if a person with **TB disease** of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe TB germs into their lungs.



TB germs can live in your body without making you sick. This is called **TB infection**. Your immune system traps TB germs with special germ fighters. Your germ fighters keep TB germs from making you sick.

But sometimes, the TB germs can break away and spread. Then they cause **TB disease**. The germs can attack the lungs or other parts of the body. They can go to the kidneys, the brain, or the spine. If anyone has **TB disease**, they need medical help. If they don't get help, they can die.

### How do I know if I have TB infection?



A skin test is the only way to tell if you have **TB infection**. This test is usually done on the arm. A small needle is used to put some testing material, called tuberculin, under the skin. In two or three days, a health worker will check to see if there is a reaction to the test.

The test is "positive" if a bump about the size of a pencil eraser or bigger appears on your arm. This bump means you probably have **TB infection**. You may need medicine to keep from getting sick.

**NOTE: IF YOU HAVE EVER HAD A "POSITIVE" REACTION TO A TB SKIN TEST OR IF YOU HAVE BEEN TREATED WITH TB DRUGS IN THE PAST, TELL THE HEALTH WORKER.**



## CC. GFU Emergency Action Plans

### 1. EMERGENCY ACTION PLAN COVER SHEET

Each Emergency Action Plan (EAP) assumes 3 Athletic training students (ATS) are in attendance. The role of the ATS's should generally follow the pattern below.

#### Team ATS: Role and Responsibilities

- \* Give care under the direct supervision of the ATC.
- \* Understand that if the injury appears to be beyond the competency level of the Team ATS, the ATC may take over at any time.
- \* If the injured athlete is transported, the Team ATS will generally travel with the athlete to the hospital or physicians' office.
- \* Complete injury report.
- \* Within 48 hours of each incident the Team ATS will meet with the ATC who covered the event in order to review the evaluation process and the injury report.

#### 2nd ATS: Role and Responsibilities

- \* Make 9-1-1 call
- \* Obtain insurance information
- \* Assume role as primary ATS

#### 3rd ATS: Role and Responsibilities

- \* Open gate and direct EMS personnel to the injured athlete (Usually level 1)



## 2. WHEELER SPORTS CENTER EMERGENCY ACTION PLAN

1. The 2nd ATS should make the call to (9) 9-1-1 through the athletic training treatment center phone using a phone line in the athletic training room. If the game is broadcast on the radio you must use the phone line that is not being used for the broadcast.

The following information must be provided to the 9-1-1 operator:

- A. Type of emergency information
  - B. Type of suspected injury
  - C. Present condition of the athlete
  - D. Current assistance being given
  - E. Location of telephone being used
  - F. Exact location of emergency – Direct emergency services to the emergency access driveway along Fulton. (Cross streets: Villa & Fulton)
2. The 2nd ATS should also obtain the insurance information of the injured athlete.
  3. The 3rd ATS covering the event or practice should open the gate along Fulton Ave. that accesses the fire lane to Wheeler Gymnasium. Wait at the gate to direct the emergency personnel. The student should acquire the key to the lock from the ATC.
  4. The teamATS assigned to cover the event or practice should accompany the injured athlete to the hospital.
  5. If 9-1-1 has been activated the emergency personnel will take on full responsibility of the situation upon their arrival. Emergency Medical Technicians will have the final say in how the athlete is to be treated and transported. All athletic training personnel must be ready to assist the EMT's.
  6. In the event of a catastrophic injury the attending ATC will contact the athlete's parents and the athletic director.

### 3. COLCORD FIELD EMERGENCY ACTION PLAN

1. The 2nd ATS should call 9-1-1 using the cell phone. If the cell phone is not available call from the athletic office or the treatment center through radio relay.

The following information must be provided to the 9-1-1 operator:

- A. Type of emergency situation
  - B. Type of suspected injury
  - C. Present condition of the athlete
  - D. Current assistance being given
  - E. Location of telephone being used
  - F. Exact location of emergency – Direct emergency services to campus entrance at Center St. & North St.
2. The 3rd ATS covering the event or practice should move to the campus entrance at Center St. & North St. and direct the emergency personnel to the gate entrance of the track.
  3. The 2nd ATS should obtain the insurance information for the injured athlete. The information should be located with the medical kit on-site.
  4. The team ATS should travel with the athlete if there is need for transport.
  5. If 9-1-1 has been contacted the emergency personnel will take full responsibility of the situation upon their arrival. Emergency Medical Technicians will have the final say in how the athlete is to be treated and transported. All athletic training personnel must be ready to assist the EMT's.
  6. In the event of a catastrophic injury the attending ATC will contact the athlete's parents and the athletic director.

#### 4. TENNIS COURTS EMERGENCY ACTION PLAN

1. The 2nd ATS should call 9-1-1 using the cell phone. If the cell phone is not available call from the athletic office or the treatment center through radio relay.

The following information must be provided to the 9-1-1 operator:

- A. Type of emergency situation
  - B. Type of suspected injury
  - C. Present condition of the athlete
  - D. Current assistance being given
  - E. Location of telephone being used
  - G. Exact location of emergency – Direct emergency services to campus entrance at Center St. & North St.
2. The 3rd ATS covering the event or practice should move to the campus entrance at Center St. & North St. and direct the emergency personnel to the tennis courts.
  3. The 2nd ATS should obtain the insurance information for the injured athlete. The information should be located with the medical kit on-site.
  4. The 2nd ATS should travel with the athlete if there is need for transport.
  5. If 9-1-1 has been contacted the emergency personnel will take full responsibility of the situation upon their arrival. Emergency Medical Technicians will have the final say in how the athlete is to be treated and transported. All athletic training personnel must be ready to assist the EMT's.
  6. In the event of a catastrophic injury the attending ATC will contact the athlete's parents and the athletic director.

## 5. BASEBALL & SOCCER FIELD EMERGENCY ACTION PLAN

1. The 2nd ATS should call 9-1-1 using the cell phone. If the cell phone is not available call from the treatment center through radio relay.

The following information must be provided to the 9-1-1 operator:

- A. Type of emergency information
  - B. Type of suspected injury
  - C. Present condition of the athlete
  - D. Current assistance being given
  - E. Location of telephone being used
  - F. Exact location of emergency – Direct emergency services to the emergency access along Fulton. (Cross streets: Villa & Fulton)
2. The 2nd ATS should obtain the insurance information of the injured athlete following the 911 call.
  3. The 3rd ATS covering the event or practice should move to the baseball field gate to signal the arriving emergency medical personnel. The student must also unlock the gate that provides access to the baseball field. The student may obtain a key from the ATC covering the event.
  4. The team ATS assigned to cover the event or practice should accompany the injured athlete to the hospital.
  5. If 9-1-1 has been activated the emergency personnel will take on full responsibility of the situation upon their arrival. Emergency Medical Technicians will have the final say in how the athlete is to be treated and transported. All athletic training personnel must be ready to assist the EMT's.
  6. In the event of a catastrophic injury the attending ATC will contact the athlete's parents and the athletic director.

## 6. SOFTBALL AND SOCCER FIELD EMERGENCY ACTION PLAN

1. The 2nd ATS should make the call to 9-1-1 using the cell phone. If the cell phone is not available call from the treatment center through radio relay.

The following information must be provided to the 9-1-1 operator:

- A. Type of emergency information
  - B. Type of suspected injury
  - C. Present condition of the athlete
  - D. Current assistance being given
  - E. Location of telephone being used
  - F. Exact location of emergency – Direct emergency services to the emergency access driveway along Villa. (Cross streets: Villa & Haworth)
2. The 2nd ATS should also obtain the insurance information of the injured athlete.
  3. The 3rd ATS covering the event or practice should move to the Plant Services parking lot driveway to signal the arriving emergency medical personnel. The student must also unlock the gate that provides access to the softball and soccer fields next to the Plant Services building. The student should acquire the key to the lock from the ATC.
  4. The team ATS assigned to cover the event or practice should accompany the injured athlete to the hospital.
  5. If 9-1-1 has been activated the emergency personnel will take on full responsibility of the situation upon their arrival. Emergency Medical Technicians will have the final say in how the athlete is to be treated and transported. All athletic training personnel must be ready to assist the EMT's.
  6. In the event of a catastrophic injury the attending ATC will contact the athlete's parents and the athletic director.

## DD. Relationships

### 1. Athletic Training Students

In order to be the most productive and achieve maximum efficiency there must be an excellent rapport between athletic training students. Each member of the athletic training staff is depending upon you to do your share. The athletic training students with the most experience should take it upon themselves to devote a certain percent of their time in the training room for instruction to the less experienced Athletic Training Students. The best tool for learning is experience. Secondly, a great way to learn is teach the subject. Teaching will help you to relearn and solidify your knowledge. Use the time you spend in the training room wisely and attempt to increase your athletic training knowledge every day.

If there is slack time in the athletic training room, work with one another on training room skills. Quiz one another or take the time to answer athletic training questions on the training room computer using the practice exam.

For game and practice coverage, an inexperienced athletic training student will be paired with an experienced athletic training student. The inexperienced student should act as an assistant to the experienced student and perform any functions asked of them.

The most experienced athletic training students in the athletic training program at George Fox University will also assist in making administrative decisions such as scheduling and equipment orders.

### 2. Relationship Of Athletic Training Student and Team Physician

Athletic training students must have a close working relationship with the primary George Fox team physician, Tom Croy M.D.. Mark Colville, M.D. also serves the athletic training program, primarily on a consultation basis. When available, the team physician will make the final recommendation concerning the participation or non-participation of an injured athlete. In the absence of the team physician, the certified athletic trainer will make the final decision. All treatment, medications, medical care and rehabilitation protocols must be administered according to the prescription of the team physician.

The athletic training student should seek knowledge from the team physicians in much the same way that he or she does from the experienced athletic training student and staff athletic trainers. Feel free to consult with physicians on matters concerning athletic training.

Dr. Croy will usually be available for clinic on Tuesday evenings between 4:30 and 6:00 PM. All referred athletes should be seen first by the athletic trainer and then the physician when possible. All athletic training students should make an attempt to attend the clinic. If needed by the physician, one of the athletic training students will be responsible for taking notes for the physician during the clinic period. Students should alternate note taking duties from one visit to another. Time spent during clinic will give the athletic training student the unique perspective of learning from other medical professionals.

Occasionally, an athletic training student may be requested of by a certified athletic trainer to drive an athlete to see Dr. Croy or Dr. Colville. The athletic training student should view the trip as an opportunity to learn first hand from Dr. Croy and Dr. Colville in their office. Dr. Croy's office is located within the physician buildings across from the Newberg Hospital. Dr. Colville's office is located in Vancouver and Northeast Portland. The athletic training student may also be presented an opportunity to view a surgery performed on a George Fox Athlete. To view a surgery, the student must receive permission from both the attending physician and the patient.

### 3. Relationship of Athletic Training Student and Coach or Athletic Administrator

While you are primarily working directly with the George Fox Athletic Trainers, you are also working with coaches, equipment personnel and athletic department administrators. Respect, courtesy, and cooperation should characterize your relationship with all department personnel. You are not a coach; do not concern yourself with coaching, second guessing, or cheerleading. This is a quick way to lose the respect of the coaches and athletes. It is imperative that a good athletic trainer-coach relationship is established on the team for which you are responsible. This necessitates frequent meetings and/or conversations with the coaching staff to inform them of the health status of the athletes working under them. Following the occurrence of an athletic injury, do not hesitate to inform the coaching staff of the severity of the injury.

### 4. Relationship of Athletic Training Student and Student Athlete

Treat all athletes with integrity, courtesy, and respect. Combine friendliness with professionalism. You should make a sincere attempt to gain the respect and confidence of all your athletes. Respect can be gained most readily by exhibiting proficiency in athletic training skills and a basic knowledge of athletic injuries. Expression of a sincere interest in the athlete's welfare will also help you to gain their respect and cooperation. Show concern, but do not overprotect the athlete; the difference between the two is a fine line.

As you learn the attitudes, temperaments, and peculiarities of individual athletes; use this insight to foster your professional relationship with them. All athletes must adhere to the rules and regulations pertaining to them when in the athletic training room or when under the direction of any staff athletic trainer. Violations of these rules are to be handled by the individual staff athletic trainer in a sensible, courteous, and firm manner. In order to maintain a professional relationship with the athletes, the following guidelines are given.

1. Do not let the athlete dictate to you what they want done, or how to do it. Work closely with them concerning their injury, but always make the decision how it is to be handled.
2. Do not discuss an athlete's injury with another athlete.
3. Estimating an athlete's time of return following an injury should be left to the team physician.
4. Do not do things for an athlete that other athletic trainers will not do, or are against staff policy or conference rules.
5. Be careful when talking about any injury. Be aware of what you tell an athlete and be honest.
6. You should not give special privileges to anyone. Do not let any of the athletes perform modality treatments upon themselves.
7. Never cover up for any athlete.
8. Treat all athletes with respect.



## VI. Athletic Training Major Academic Policies

### A. Athletic Training Major Admission Policy

#### 1. General Admission Policies

To be eligible to apply for the Athletic Training Education Program (ATEP), students must complete a minimum of 40 observational hours in the athletic training room or at clinical sites on the GFU campus, i.e., soccer practice.

Students make formal application for admission to the ATEP through the program director in the spring of their freshman year. Application must be made by March 15 of the semester prior to formal entry into the ATEP. Students are given notice from the program director regarding their admission by May 15.

Admission to the program is based on a minimum cumulative GPA of 2.75 or better on all college-level courses including required prerequisites (PSYC 150, BIOL 311, BIOL 312, HHPE 390, and HLTH 233); two written recommendations; two written essays; a minimum predicted college GPA of 2.65 using the George Fox University admission and financial aid standards; meeting technical standards as described in the *Athletic Training Education Program Policies and Procedures Manual* (ATEP PPM); good standing with Student Life as described in the George Fox University *Student Handbook*; and submission of the formal application no later than March 15. Generally, any application submitted after March 15\* will not be considered for admission the following school year. Admission to the program is required before applicants may work as athletic training students within the Athletic Training Student Education Program or declare Athletic Training as a concentration within the HHPE major.

\*Applications submitted after March 15 will be considered if fewer than ten candidates have applied.

Admission to the program is required before applicants may work as athletic training students within the athletic training education program.

A maximum of 10 qualified students will be admitted to the program each academic year.

In addition to the application form, the following items must be included to be considered for admission into the athletic training education program.

1. A typed essay no more than 200 words in length on your perception of the role of the athletic trainer.
2. A typed essay no more than 200 words in length on why you feel you should be hired as a athletic training student.
3. Two letters of recommendation
4. Copy of high school transcripts

The following evaluation criteria rubric will be used for making final admission decisions. The rubric is completed for each student applying to the program by each member of the admission committee. Students receive a numerical score for each of the skills listed on the rubric. An average of the committee members' summed totals are used for determining admission. Required point totals for admission are listed at the conclusion of the rubric form.

<b>Clinical Skills Rubric</b>				
	<b>0-1</b>	<b>2-3</b>	<b>4-5</b>	<b>6-7</b>
<b>Punctuality</b>	<ul style="list-style-type: none"> <li>Doesn't arrive</li> </ul>	<ul style="list-style-type: none"> <li>Never on time</li> </ul>	<ul style="list-style-type: none"> <li>Occasionally on time</li> </ul>	<ul style="list-style-type: none"> <li>Always on time</li> </ul>
<b>Dependability</b>	<ul style="list-style-type: none"> <li>No ATR preparation</li> <li>Does not bring materials to ATR</li> <li>Appears unwilling to engage in ATR duties</li> </ul>	<ul style="list-style-type: none"> <li>Seldom pre-ATR preparation</li> <li>Occasionally brings materials to ATR</li> <li>Has to be asked to engage in ATR duties</li> </ul>	<ul style="list-style-type: none"> <li>Occasional pre-ATR preparation</li> <li>Often arrives on time</li> <li>Willing &amp; eager to perform "fun" ATR tasks</li> </ul>	<ul style="list-style-type: none"> <li>Consistent pre-ATR preparation</li> <li>Willingness &amp; eager to perform any ATR task</li> </ul>
<b>Inquisitive</b>	<ul style="list-style-type: none"> <li>Doesn't engage in ATR discussions or activities</li> </ul>	<ul style="list-style-type: none"> <li>Seldom asks questions demonstrating critical thinking</li> </ul>	<ul style="list-style-type: none"> <li>Occasionally asks questions related to ATR assignment</li> </ul>	<ul style="list-style-type: none"> <li>Consistently asks questions demonstrating critical thinking &amp; forethought</li> </ul>
<b>Initiative</b>	<ul style="list-style-type: none"> <li>Demonstrates no initiative</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates some initiative</li> <li>Gets involved in ATR duties when prompted</li> </ul>	<ul style="list-style-type: none"> <li>Initiates action in ATR, but is inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>Consistently initiates action in ATR</li> </ul>
<b>Interaction Skills</b>	<ul style="list-style-type: none"> <li>Doesn't interact with others in ATR</li> </ul>	<ul style="list-style-type: none"> <li>Seldom works with others to complete group tasks</li> <li>Interrupts ATR flow</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistently interacts with others in ATR</li> </ul>	<ul style="list-style-type: none"> <li>Invites others to work in groups</li> <li>Regularly interacts with others in ATR</li> </ul>
<b>Dresses Appropriately</b>	<ul style="list-style-type: none"> <li>Lacks understanding of professional attire</li> </ul>	<ul style="list-style-type: none"> <li>Seldom dresses professionally</li> </ul>	<ul style="list-style-type: none"> <li>Occasionally dresses professionally, but is inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>Consistently dresses professionally for ATR assignment</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>Unwilling to limit to one sport</li> <li>Unavailable during ATR hours</li> </ul>	<ul style="list-style-type: none"> <li>Playing one sport</li> <li>Transportation will be a challenge</li> </ul>	<ul style="list-style-type: none"> <li>Occasional time conflicts</li> <li>Will usually have transportation by fall of junior year</li> </ul>	<ul style="list-style-type: none"> <li>No obstacles to time requirements</li> <li>Has or will have transportation by spring of sophomore year</li> </ul>

<b>Student Life</b>				
<b>Student Life Standing</b>	<ul style="list-style-type: none"> <li>One or more student life infractions</li> </ul>	<ul style="list-style-type: none"> <li>YES</li> <li>NO</li> </ul>	<ul style="list-style-type: none"> <li>No student life infractions</li> </ul>	<ul style="list-style-type: none"> <li>YES</li> <li>NO</li> </ul>

<b>Didactic Skills Rubric</b>				
	<b>0-1</b>	<b>2-3</b>	<b>4-5</b>	<b>6-7</b>
<b>HS Transcript Review</b>	<ul style="list-style-type: none"> <li>• Less than 4 years English</li> <li>• Less than 3 years math</li> <li>• Less than 2 years natural / physical science</li> <li>• Less than 2 years social studies</li> </ul>	<ul style="list-style-type: none"> <li>• 4 years English</li> <li>• 3 years math</li> <li>• 2 years natural / physical science</li> <li>• 2 years social studies</li> </ul>	<ul style="list-style-type: none"> <li>• 4 years English</li> <li>• 4 years math</li> <li>• 3 years natural /physical science</li> <li>• 2 years social studies</li> </ul>	<ul style="list-style-type: none"> <li>• 4 years English</li> <li>• 4 years math</li> <li>• 3-4years natural/ physical science</li> <li>• 2 years social studies</li> <li>• Minimum of 1 AP course</li> </ul>
<b>Projected College GPA</b>	2.51 – 2.88	2.89 – 3.25	3.26 – 3.62	3.63 – 4.0
<b>GPA in Major Courses</b>	2.75 – 3.0	3.01 – 3.5	3.51 – 3.75	3.76 – 4.0
<b>GPA in Collegiate Courses</b>	2.51 – 2.88	2.89 – 3.25	3.26 – 3.62	3.63 – 4.0
<b>Written Language Skills</b>	<ul style="list-style-type: none"> <li>• Lacks fundamentals or has serious limitations</li> <li>• Little or no mastery</li> <li>• No viable point</li> <li>• Vague or weak development</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate</li> <li>• Demonstrates some mastery</li> <li>• Demonstrates little critical thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Competent</li> <li>• Adequate or consistent mastery</li> <li>• Occasional errors</li> <li>• Demonstrates some critical thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Clear &amp; Consistent mastery</li> <li>• Few minor errors</li> <li>• Demonstrates consistent critical thinking</li> </ul>
<b>Classroom Interaction</b>	<ul style="list-style-type: none"> <li>• Doesn't interact with others in class</li> </ul>	<ul style="list-style-type: none"> <li>• Interrupts class flow</li> <li>• Seldom works with others to complete group tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Interacts with others but is inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>• Invites others to work in groups</li> </ul>
<b>Essay #1 – Asset to Program</b> <b>Essay #2 – Role of ATC</b>	<ul style="list-style-type: none"> <li>• No viable point of view</li> <li>• Little or no evidence to support position</li> <li>• Disorganized or incoherent essay</li> <li>• Fundamental errors in vocabulary</li> <li>• Lacks variety or demonstrates problems in sentence structure</li> <li>• Several grammatical errors in usage &amp; mechanics</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistently demonstrates critical thinking</li> <li>• Limited organization or focus</li> <li>• Generally uses appropriate language but demonstrates weak vocabulary</li> <li>• Some variety in sentence structure</li> <li>• Grammatical errors in usage &amp; mechanics</li> </ul>	<ul style="list-style-type: none"> <li>• Effective development of issue</li> <li>• Competent or strong critical thinking skills</li> <li>• Generally organized</li> <li>• Some coherence &amp; progression of ideas</li> <li>• Free of most grammatical errors in usage &amp; mechanics</li> </ul>	<ul style="list-style-type: none"> <li>• Insightfully develops point of view</li> <li>• Outstanding critical thinking skills</li> <li>• Well organized</li> <li>• Skillful use of language</li> <li>• Varied vocabulary</li> <li>• Free of grammatical errors in usage &amp; mechanics</li> </ul>
<b>Reference Letters #1 &amp; #2</b>	<ul style="list-style-type: none"> <li>• More than 1 week late</li> <li>• Negative reference</li> </ul>	<ul style="list-style-type: none"> <li>• 1 week late</li> <li>• Neutral support</li> </ul>	<ul style="list-style-type: none"> <li>• Submitted on time</li> <li>• Moderate support</li> </ul>	<ul style="list-style-type: none"> <li>• Submitted on time</li> <li>• Strong support</li> </ul>

<b>Acceptance Criteria</b>	
Acceptance with Honors	<ul style="list-style-type: none"> <li>• Above 40 points in Clinical Rubric</li> <li>• Above 55 points in Didactic Rubric</li> <li>• Must meet points in both categories</li> </ul>
Acceptance	<ul style="list-style-type: none"> <li>• 35 – 40 points in Clinical Rubric</li> <li>• 45 – 55 points in Didactic Rubric</li> <li>• Must meet points in both categories</li> </ul>
Conditional Acceptance	<ul style="list-style-type: none"> <li>• 25 – 35 points in Clinical Rubric</li> <li>• Conditions to be individually defined</li> <li>• 35 – 45 points in Didactic Rubric</li> <li>• Conditions to be individually defined</li> <li>• Must meet points in both categories</li> </ul>
Acceptance Denied	<ul style="list-style-type: none"> <li>• Below 25 points in Clinical Rubric</li> <li>• Below 35 points in Didactic Rubric</li> </ul>

\* Late applications will not be considered.

Students who are not accepted into the athletic training program may reapply the following year.

### 3. Transfer Student Considerations

Transfer students must meet similar expectations as the traditional four-year students for entrance into the program. If the observation hours are performed off the GFU campus the transfer student must perform 75 observational hours under the direct supervision of a BOC-certified athletic trainer. In addition, one of the letters of recommendation must have been written by the supervising certified athletic trainer. The student must be able to demonstrate he or she has completed a basic college level First Aid/CPR course, and received transfer credit for HHPE 375, BIOL 331 and BIOL 322.

Transfer courses that may meet an athletic training major requirement must be reviewed by the athletic training program director before they will be approved for transfer credit within the major. Generally, a course syllabus must be presented to the program director for review. The course must have included all of the athletic training educational competencies that are taught in the comparable George Fox University athletic training course. Generally, transfer credit will not be granted for HHP 374-379, Athletic Training Practicum I-VI. Most transfer students will be expected to complete all six semesters of the athletic training education program. A transfer student may spend a minimum of five semesters in the program if he or she has completed at least 200 hours of internship time in a JRC-AT accredited athletic training education program and have received transfer credit for BIOL 331, BIOL 332, HHPE 390, HHPE 394, HHP 400 HHPE 413 and HHPE 414.

#### 4. Technical Standards for Admission

The athletic training profession requires the athletic trainer to maintain certain physical, cognitive and attitudinal abilities that meet technical standards to function effectively. The following standards embody the abilities an Entry-Level Athletic Trainer must be able to demonstrate in order to function in a broad variety of clinical situations; and to render a wide spectrum of care to athletes and individuals engaged in physical activity. The standards reflect the necessary and required skills and abilities identified for the Entry-Level Athletic Trainer as detailed in the *NATA Athletic Training Educational Competencies* and the *BOC Role Delineation Study*.

An objective of the ATEP 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 Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency, the Commission on Accreditation of Allied Health Education Programs (CAAHEP). All students admitted to the Athletic Training Educational 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 Athletic Training Educational Program must demonstrate these essential requirements:

- a. 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.
- b. 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.
- c. 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 judgements and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.

- d. The ability to record physical examination results and a treatment plan clearly and accurately.
- e. The capacity to maintain composure and continue to function well during periods of high stress.
- f. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
- g. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
- h. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

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

Disability Services in the Office of Student Life will review documentation submitted by 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 of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

In addition to verifying that they can meet the eight technical standards as outlined above with or without accommodation, the prospective student must also pass a physical examination administered by the GFU campus physician prior to admittance. See Figure 8-1 for a copy of the physical format. Students will generally receive their physical through the GFU health center prior to submitting an application for admittance to the ATEP. Physicals will be performed at no financial cost to the student.

Students must demonstrate evidence of continued good physical health to continue in the program. Students suspected of not meeting the health criteria by Athletic Training Program officials will be referred to the Health and Counseling Center for further evaluation by appropriate health professionals. A refusal to meet with the appropriate personnel may lead to dismissal from the athletic

training major. Students are entitled to the same rights and privileges of the general student body with regard to University Health and Counseling services.

#### B. Athletic Training Student Academic Policies

Continuation in the athletic training program is dependent upon maintaining a minimum of a 2.75 G.P.A. (B-) within the athletic training major concentration; a minimum of a 2.5 G.P.A. within the overall grade point average; and receive satisfactory evaluations within the clinical educational experience. In addition, continuation is based upon satisfactory evidence of good moral character and the physical health needed for successful performance in the athletic training environment. Admitted students are subject to the policies and procedures contained within the Athletic Training Student handbook. Students failing to meet expectations will be placed on probation for one semester. If the GPA is raised back above the minimum standards, the student will be reinstated as a athletic training student. Continued failure of expectations during the probationary period will result in dismissal from the athletic training major concentration.

#### C. Clinical Evaluation

Athletic training students will be evaluated each semester for their work within the clinical environment. Personnel involved in the evaluation process may include GFU certified athletic trainers, off campus certified athletic trainers, senior athletic training students and the coaches of the team the student is working with. The athletic training student will also be responsible for an oral self-evaluation with the program director. Upon completion of the evaluations, it is the students' responsibility to meet with the Program Director to discuss the evaluations. The purpose of the evaluation process is to make you a better athletic trainer.

A trait of a good athletic trainer is the ability to self-reflect. During self-reflection, one looks back upon the work they have done and attempts to make improvements based upon their own and other's personal reflections. As an athletic trainer your skills will become stronger and your athletes will be better served if you take the time for self-reflection.





George Fox University  
Athletic Training Education Program  
Overall Assessment by Semester

\_\_\_\_\_  
Athletic Training Student

\_\_\_\_\_  
Expected Date of Graduation

Trait	Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
<b>Communication</b>						
<b>Autonomy</b>						
<b>AT Skills</b>						
<b>Injury Prevention</b>						
<b>Emergency Mgmt</b>						
<b>Clinical Skills</b>						
<b>Recognition of Inj</b>						
<b>Evaluation Skills</b>						
<b>Knowledge of Rehab</b>						
<b>Football-Specific</b>						
<b>Intangibles</b>						
<b>PD Initials</b>						

**Additional Comments** \_\_\_\_\_

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ATEP Director Signature

\_\_\_\_\_  
Date

Student \_\_\_\_\_

Clinical Assignment \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Please circle the number that best represents your appraisal of the student's performance in this clinical setting. Space is provided beside and below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	N/A	Comments:
<b>Communication</b>					
Communicates daily with clinical instructor	1	2	3		
Communicates with coaches when appropriate	1	2	3		
Communicates appropriately with athletes	1	2	3		
Demonstrates appropriate writing skills	1	2	3		
<b>Autonomy</b>					
Maturity	1	2	3		
Self-Motivation	1	2	3		
Self-Confidence	1	2	3		
Punctuality	1	2	3		
Independence	1	2	3		
Desire to Learn	1	2	3		
Appropriate Acceptance of Criticism	1	2	3		
Concern for Others	1	2	3		
Appropriate Time Management	1	2	3		
<b>Athletic Training Skills</b>					
Recognition of Injuries	1	2	3		
Evaluation Skills	1	2	3		
Taping Skills	1	2	3		
Knowledge of Rehabilitation Techniques	1	2	3		
Record Keeping	1	2	3		
<b>Intangibles</b>					
Common Sense	1	2	3		
Attention/Alertness to Athletic Environment	1	2	3		
Appropriate Decision Making	1	2	3		
Appropriate/Professional Attire	1	2	3		
Follows Directions	1	2	3		

**Additional Comments:** \_\_\_\_\_

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\_\_\_\_\_  
Signature of ACI

\_\_\_\_\_  
Date

Student \_\_\_\_\_

Clinical Assignment \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Please circle the number that best represents your appraisal of the student's performance in this clinical setting. Space is provided beside and below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	Not Evaluated	Comments:
<b>Communication</b>					
Communicates daily with clinical instructor	1	2	3		
Communicates with coaches when appropriate	1	2	3		
Communicates appropriately with athletes	1	2	3		
Demonstrates appropriate writing skills	1	2	3		
<b>Autonomy</b>					
Maturity	1	2	3		
Self-Motivation	1	2	3		
Self-Confidence	1	2	3		
Punctuality	1	2	3		
Independence	1	2	3		
Desire to Learn	1	2	3		
Appropriate Acceptance of Criticism	1	2	3		
Concern for Others	1	2	3		
Appropriate Time Management	1	2	3		
<b>Athletic Training Skills</b>					
<b>Injury Prevention</b>					
Fitting Protective Braces	1	2	3		
Fitting Protective Padding	1	2	3		
Basic Taping Skills (Ankle, Achilles, Arch)	1	2	3		
Advanced Taping Skills (Hand, Wrist, Elbow, Shoulder, Knee)	1	2	3		
Wrapping Techniques	1	2	3		
<b>Emergency Management Skills</b>					
Application of Immobilization Devices	1	2	3		
Managing Wounds	1	2	3		
Evaluating Vital Signs	1	2	3		
Managing Life Threatening Situations	1	2	3		
<b>Clinical Skills</b>					
Evaluation Skills (e.g., P/A/RRROM, special tests)	1	2	3		
Assessment Abilities (e.g., Opinion based on Evaluation)	1	2	3		
Therapeutic Exercise Knowledge	1	2	3		
Therapeutic Modality Knowledge	1	2	3		
Record Keeping (e.g., SOAP, Flow Sheets, Physician Release)	1	2	3		
<b>Intangibles</b>					
Common Sense	1	2	3		
Attention/Alertness to Athletic Environment	1	2	3		
Appropriate Decision Making	1	2	3		
Appropriate/Professional Attire	1	2	3		
Follows Directions	1	2	3		
Competent Behavior	1	2	3		

**Student Strengths:** \_\_\_\_\_  
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**Areas Needing Improvement:** \_\_\_\_\_  
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**Additional Comments:** \_\_\_\_\_  
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Signature of ACI

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Date

George Fox University ATEP  
Semester 3 Clinical Evaluation

Student \_\_\_\_\_

Clinical Assignment \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Please circle the number that best represents your appraisal of the student's performance in this clinical setting. Space is provided beside and below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	Not Evaluated	Comments:
<b>Communication</b>					
Communicates daily with clinical instructor	1	2	3		
Communicates with coaches when appropriate	1	2	3		
Communicates appropriately with athletes	1	2	3		
Demonstrates appropriate writing skills	1	2	3		
<b>Autonomy</b>					
Maturity	1	2	3		
Self-Motivation	1	2	3		
Self-Confidence	1	2	3		
Punctuality	1	2	3		
Independence	1	2	3		
Desire to Learn	1	2	3		
Appropriate Acceptance of Criticism	1	2	3		
Concern for Others	1	2	3		
Appropriate Time Management	1	2	3		
<b>Athletic Training Skills</b>					
<b>Injury Prevention</b>					
Demonstrates proper lifting and Spotting Techniques	1	2	3		
Determines Environmental Hazards	1	2	3		
Postural Screening	1	2	3		
Pre-Participation Screening Skills	1	2	3		
<b>Emergency Management Skills</b>					
Properly Removes Athletic Equipment	1	2	3		
Competently Transports an Injured Athlete	1	2	3		
Properly Assesses Vital Signs	1	2	3		
<b>Recognition of Injuries</b>					
Heat/Cold Related Trauma	1	2	3		
Symptoms of Concussion	1	2	3		
Symptoms of Head & Facial Trauma	1	2	3		
<b>Evaluation Skills</b>					
Identifies Bony Landmarks	1	2	3		
Identifies Soft-Tissue Landmarks	1	2	3		
Properly Performs Neurological Assessment	1	2	3		
Properly Performs Concussion Assessment	1	2	3		
Properly Performs Head & Face Assessment	1	2	3		
<b>Clinical Skills</b>					
Completes Thorough SOAP Notes	1	2	3		
Properly Completes Exercise Flow Sheets	1	2	3		
Properly Completes Head Injury Forms	1	2	3		

<b>Intangibles</b>					
Common Sense	1	2	3		
Attention/Alertness to Athletic Environment	1	2	3		
Appropriate Decision Making	1	2	3		
Appropriate/Professional Attire	1	2	3		
Follows Directions	1	2	3		
Competent Behavior	1	2	3		

**Student Strengths:** \_\_\_\_\_

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**Areas Needing Improvement:** \_\_\_\_\_

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**Additional Comments:** \_\_\_\_\_

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Signature of ACI

\_\_\_\_\_  
Date

George Fox University ATEP  
Semester 4 Clinical Evaluation

Student \_\_\_\_\_

Clinical Assignment \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Please circle the number that best represents your appraisal of the student's performance in this clinical setting. Space is provided beside and below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	Not Evaluated	Comments:
<b>Communication</b>					
Communicates daily with clinical instructor	1	2	3		
Communicates with coaches when appropriate	1	2	3		
Communicates appropriately with athletes	1	2	3		
Demonstrates appropriate writing skills	1	2	3		
<b>Autonomy</b>					
Maturity	1	2	3		
Self-Motivation	1	2	3		
Self-Confidence	1	2	3		
Punctuality	1	2	3		
Independence	1	2	3		
Desire to Learn	1	2	3		
Appropriate Acceptance of Criticism	1	2	3		
Concern for Others	1	2	3		
Appropriate Time Management	1	2	3		
<b>Athletic Training Skills</b>					
<b>Emergency Management Skills</b>					
Understands Emergency Management Plans	1	2	3		
<b>Recognition of Injuries</b>					
Symptoms of Cervical Spine Trauma	1	2	3		
Symptoms of Upper Extremity Trauma	1	2	3		
Symptoms of Lower Extremity Trauma	1	2	3		
<b>Evaluation Skills</b>	1	2	3		
Properly Assesses Cervical Spine Trauma	1	2	3		
Properly Assesses Upper Extremity Trauma	1	2	3		
Properly Assesses Lower Extremity Trauma					
<b>Clinical Skills</b>					
Completes Thorough SOAP Notes	1	2	3		
Properly Completes Exercise Flow Sheets	1	2	3		
Properly Completes Head Injury Forms	1	2	3		
<b>Intangibles</b>					
Common Sense	1	2	3		
Attention/Alertness to Athletic Environment	1	2	3		
Appropriate Decision Making	1	2	3		
Appropriate/Professional Attire	1	2	3		
Follows Directions	1	2	3		
Competent Behavior	1	2	3		



**Student Strengths:** \_\_\_\_\_  
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**Areas Needing Improvement:** \_\_\_\_\_  
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**Additional Comments:** \_\_\_\_\_  
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Signature of ACI

\_\_\_\_\_  
Date

Student \_\_\_\_\_ Clinical Assignment \_\_\_\_\_  
Clinical Instructor \_\_\_\_\_

Please circle the number that best represents your appraisal of the student's performance in this clinical setting. Space is provided beside and below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	Not Evaluated	Comments:
<b>Communication</b>					
Communicates daily with clinical instructor	1	2	3		
Communicates with coaches when appropriate	1	2	3		
Communicates appropriately with athletes	1	2	3		
Demonstrates appropriate writing skills	1	2	3		
<b>Autonomy</b>					
Maturity	1	2	3		
Self-Motivation	1	2	3		
Self-Confidence	1	2	3		
Punctuality	1	2	3		
Independence	1	2	3		
Desire to Learn	1	2	3		
Appropriate Acceptance of Criticism	1	2	3		
Concern for Others	1	2	3		
Appropriate Time Management	1	2	3		
Behavior Reflects Competent Athletic Trainer	1	2	3		
<b>Athletic Training Skills</b>					
Injury Prevention Techniques	1	2	3		
Sport Nutrition Competence	1	2	3		
Emergency Management Skills	1	2	3		
<b>Knowledge of Rehabilitation</b>					
Cryotherapy	1	2	3		
Thermotherapy	1	2	3		
Intermittent Compression	1	2	3		
Therapeutic Massage	1	2	3		
Neuromuscular Control	1	2	3		
Flexibility Exercises	1	2	3		
Active Joint ROM Exercises	1	2	3		
Passive Joint ROM Exercises	1	2	3		
Joint Mobilization	1	2	3		
Muscular Strength Exercises	1	2	3		
Muscular Endurance Exercises	1	2	3		
Cardiorespiratory Endurance Exercises	1	2	3		
Appropriate Use of Isokinetic Equipment	1	2	3		
<b>Evaluation Skills</b>					
Properly Assesses Flexibility	1	2	3		
Properly Assesses Joint ROM	1	2	3		
<b>Clinical Skills</b>					
Completes Thorough SOAP Notes	1	2	3		
Properly Completes Exercise Flow Sheets	1	2	3		
Properly Completes Head Injury Forms	1	2	3		
<b>Intangibles</b>					
Common Sense	1	2	3		
Attention/Alertness to Athletic Environment	1	2	3		
Appropriate Decision Making	1	2	3		

Appropriate/Professional Attire	1	2	3		
Follows Directions	1	2	3		
Competent Behavior	1	2	3		

**Student Strengths:** \_\_\_\_\_  
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**Areas Needing Improvement:** \_\_\_\_\_  
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**Additional Comments:** \_\_\_\_\_  
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Signature of ACI

\_\_\_\_\_  
Date

Student \_\_\_\_\_

Clinical Assignment \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Please circle the number that best represents your appraisal of the student's performance in this clinical setting. Space is provided beside and below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	Not Evaluated	Comments:
<b>Communication</b>					
Communicates daily with clinical instructor	1	2	3		
Communicates with coaches when appropriate	1	2	3		
Communicates appropriately with athletes	1	2	3		
Demonstrates appropriate writing skills	1	2	3		
<b>Autonomy</b>					
Maturity	1	2	3		
Self-Motivation	1	2	3		
Self-Confidence	1	2	3		
Punctuality	1	2	3		
Independence	1	2	3		
Desire to Learn	1	2	3		
Appropriate Acceptance of Criticism	1	2	3		
Concern for Others	1	2	3		
Appropriate Time Management	1	2	3		
Behavior Reflects Competent Athletic Trainer	1	2	3		
<b>Athletic Training Skills</b>					
Injury Prevention Techniques	1	2	3		
Emergency Management Skills	1	2	3		
<b>Recognition of Injuries</b>	1	2	3		
Symptoms of Upper Extremity Trauma	1	2	3		
Symptoms of Lower Extremity Trauma	1	2	3		
Symptoms of Concussion	1	2	3		
Symptoms of Abdominal Injury	1	2	3		
<b>Evaluation Skills</b>					
Assesses Upper Extremity Trauma	1	2	3		
Assesses Lower Extremity Trauma	1	2	3		
Assesses Head Trauma	1	2	3		
Assesses Abdominal Trauma	1	2	3		
Assesses Flexibility	1	2	3		
<b>Knowledge of Rehabilitation</b>					
Neuromuscular Control	1	2	3		
Flexibility Exercises	1	2	3		
Strengthening Exercises	1	2	3		
Aerobic Exercises	1	2	3		
Core Stability Exercises	1	2	3		
<b>Clinical Skills</b>					
Remains calm in injury situations	1	2	3		
Demonstrates professional behavior	1	2	3		
Completes Thorough SOAP Notes	1	2	3		
Properly Completes Exercise Flow Sheets	1	2	3		
Properly Completes Head Injury Forms	1	2	3		

	Poor	Below Average	Average	Above Average	Superior	Not Evaluated	Comments:
<b>Football Specific Skills and Responsibilities</b>							
Fulfills Pre- and Post-Game Responsibilities	1	2	3	4	5		
Appropriate Sideline Behavior at Practices & Games	1	2	3	4	5		
Appropriate Decisions Regarding Entering Field	1	2	3	4	5		
Appropriate Decisions regarding Return to Play	1	2	3	4	5		
Differentiates RTP Guidelines Based on Player Position	1	2	3	4	5		
Appropriate Decisions Regarding Physician Referral	1	2	3	4	5		
Appropriate Decisions Regarding ATC Referral	1	2	3	4	5		
Efficient/Effective Equipment Removal (e.g., facemask, helmet)	1	2	3	4	5		
Appropriate Evaluation of Condition of Equipment	1	2	3	4	5		
Understands Rules/Regulations Regarding Equipment & Safety	1	2	3	4	5		
Makes Appropriate Road Trip Preparations	1	2	3	4	5		
Is Available for Travel When / Where Expected	1	2	3	4	5		
<b>Intangibles</b>							
Common Sense	1	2	3	4	5		
Attention/Alertness to Athletic Environment	1	2	3	4	5		
Appropriate Decision Making	1	2	3	4	5		
Appropriate/Professional Attire	1	2	3	4	5		
Follows Directions	1	2	3	4	5		
Competent Behavior	1	2	3	4	5		

**Student Strengths:** \_\_\_\_\_

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**Areas Needing Improvement:** \_\_\_\_\_

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**Additional Comments:** \_\_\_\_\_

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Signature of ACI

Date

George Fox University ATEP  
Semester 6 Clinical Evaluation

Student \_\_\_\_\_

Clinical Assignment \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Please circle the number that best represents your appraisal of the student's performance in this clinical setting. Space is provided beside and below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	Not Evaluated	Comments:
<b>Communication</b>					
Communicates daily with clinical instructor	1	2	3		
Communicates with coaches when appropriate	1	2	3		
Communicates appropriately with athletes	1	2	3		
Demonstrates appropriate writing skills	1	2	3		
<b>Autonomy</b>					
Maturity	1	2	3		
Self-Motivation	1	2	3		
Self-Confidence	1	2	3		
Punctuality	1	2	3		
Independence	1	2	3		
Desire to Learn	1	2	3		
Appropriate Acceptance of Criticism	1	2	3		
Concern for Others	1	2	3		
Appropriate Time Management	1	2	3		
Behavior Reflects Competent Athletic Trainer	1	2	3		
<b>Athletic Training Skills</b>					
Injury Prevention Techniques	1	2	3		
Emergency Management Skills	1	2	3		
<b>Recognition &amp; Evaluation of Injuries</b>					
Symptoms of Skin Disorders	1	2	3		
Symptoms of Ears, Nose, Throat	1	2	3		
Symptoms of Cardiovascular Trauma	1	2	3		
Symptoms of the Endocrine System	1	2	3		
Symptoms of the GI Tract	1	2	3		
Symptoms Specific to Female Athletes	1	2	3		
Symptoms Specific to Male Athletes	1	2	3		
Symptoms of Viral & Infectious Diseases	1	2	3		
Symptoms of Psychosocial Problems	1	2	3		
Assesses General Medical Conditions	1	2	3		
<b>Knowledge of Rehabilitation</b>					
EMS	1	2	3		
Ultrasound	1	2	3		
EMG – Biofeedback Applications	1	2	3		
<b>Clinical Skills</b>					
Completes Thorough SOAP Notes	1	2	3		
Properly Completes Exercise Flow Sheets	1	2	3		
Properly Completes Head Injury Forms	1	2	3		
<b>Intangibles</b>					

Common Sense	1	2	3		
Attention/Alertness to Athletic Environment	1	2	3		
Appropriate Decision Making	1	2	3		
Appropriate/Professional Attire	1	2	3		
Follows Directions	1	2	3		
Competent Behavior	1	2	3		

	<b>Student Strengths</b>	<b>Student Weaknesses</b>
Injury Prevention		
Emergency Management		
Recognition of Injuries		
Evaluation Skills		
Rehabilitation Skills		
AT Administration		

**Additional Comments:** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of ACI

\_\_\_\_\_  
 Date

George Fox University ATEP  
Head Coach Evaluation

Student \_\_\_\_\_  
Semester in Program            1 2 3 4 5 6

Clinical Assignment \_\_\_\_\_

Please circle the number that best represents your appraisal of the student's performance in this clinical setting. Space is provided beside and below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	Not Evaluated	Comments:
<b>Communication</b>					
Communicates with coaches when appropriate	1	2	3		
Communicates appropriately with athletes	1	2	3		
Demonstrates appropriate writing skills	1	2	3		
<b>Autonomy</b>					
Maturity	1	2	3		
Self-Motivation	1	2	3		
Self-Confidence	1	2	3		
Punctuality	1	2	3		
Independence	1	2	3		
Desire to Learn	1	2	3		
Appropriate Acceptance of Criticism	1	2	3		
Concern for Others	1	2	3		
Appropriate Time Management	1	2	3		
<b>Athletic Training Skills</b>					
Maintains Composure in Injury Situations	1	2	3		
Demonstrates Interest In Athletic Environment	1	2	3		
<b>Intangibles</b>					
Common Sense	1	2	3		
Attention/Alertness to Athletic Environment	1	2	3		
Appropriate Decision Making	1	2	3		
Appropriate/Professional Attire	1	2	3		
Follows Directions	1	2	3		

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



George Fox University ATEP  
Clinical Instructor Evaluation

Student \_\_\_\_\_  
Semester in Program      1 2 3 4 5 6

Clinical Assignment \_\_\_\_\_  
Clinical Instructor \_\_\_\_\_

Please circle the number that best represents your appraisal of the student's performance in this clinical setting. Space is provided beside and below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	Not Evaluated	Comments:
<b>Communication</b>					
Engages Students in Conversations Related to the Setting	1	2	3		
Gives Appropriate Directions / Instructions for ATS to Follow	1	2	3		
Shares Appropriate Information Related to the Setting	1	2	3		
<b>Instruction</b>					
Provides Cues/Questions for ATS to Make Informed Decisions	1	2	3		
Takes Time to Explain Concepts Related to the Setting	1	2	3		
Provides Time for ATS to Practice Clinical Skills	1	2	3		
<b>Demonstration</b>					
Provides Complete & Appropriate Examples When Necessary	1	2	3		
Provides Partial & Appropriate Examples When Necessary	1	2	3		
<b>Evaluation</b>					
Provides Positive Corrective Feedback Regarding AT Skills	1	2	3		
Provides Negative Corrective Feedback Regarding AT Skills	1	2	3		
Provides Positive General Feedback Regarding AT Skills	1	2	3		
Provides Negative General Feedback Regarding AT Skills	1	2	3		
<b>Supervision</b>					
Provides "Guide-By-Side" Supervision	1	2	3		
Provides "Able to Intervene" Supervision	1	2	3		
Is Unavailable for Supervision	1	2	3		
Leaves ATS Without Supervision	1	2	3		
<b>Content Areas</b>					
Engages ATS in Risk Management Opportunities	1	2	3		
Engages ATS in Pathology Decisions	1	2	3		
Engages ATS in Exam & Diagnosis Opportunities	1	2	3		
Engages ATS in Medical Condition Scenarios	1	2	3		
Engages ATS in Acute Care Opportunities	1	2	3		
Engages ATS in Therapeutic Modality Decisions	1	2	3		
Engages ATS in Conditioning & Rehab Decisions	1	2	3		
Engages ATS in Pharmacological Decisions	1	2	3		
Engages ATS in Psychosocial Intervention Scenarios	1	2	3		
Engages ATS in Nutrition Scenarios	1	2	3		
Engages ATS in Health Care Administration Tasks	1	2	3		
Engages ATS in Professional Development Discussions	1	2	3		

**ACI/CI Strengths:** \_\_\_\_\_

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**Areas of Concern:** \_\_\_\_\_

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\_\_\_\_\_  
Signature of Athletic Training Student

\_\_\_\_\_  
Date

George Fox University ATEP  
Clinical Affiliation Site Evaluation

Student \_\_\_\_\_  
Semester in Program            1 2 3 4 5 6

Clinical Assignment \_\_\_\_\_  
Clinical Instructor \_\_\_\_\_

Please circle the number that best represents your appraisal of this clinical setting. Space is provided below for areas that need further explanation or discussion. Please use the back of this form if necessary.

	Below Target	On Target	Beyond Target	Not Evaluated	Coimments
<b>Expectations</b>					
I was aware of what was expected of me daily.	1	2	3		
I was expected to perform only duties that had been covered in the classroom portion of my athletic training education.	1	2	3		
The educational objectives of the clinical rotation were made clear to me.	1	2	3		
The policies and procedures of the affiliated site were made clear to me at the beginning of the rotation.	1	2	3		
I was within visual and auditory contact with the ACI or CI at this site.	1	2	3		
The ACI or CI was available for daily interactions.	1	2	3		
<b>Learning Environment</b>					
The learning environment was comfortable.	1	2	3		
The educational resources at the site allowed me to meet the educational objectives related to the rotation.	1	2	3		
I was given adequate learning opportunities during this clinical rotation to allow me to meet the educational objectives related to the rotation.	1	2	3		
The athletic training staff worked well together and created an environment that was conducive to learning.	1	2	3		
The athletic experiences provided opportunities conducive to learning.	1	2	3		
The Clinical Instructor(s) had a good understanding of my clinical skill level.	1	2	3		
I was challenged to think critically during this rotation.	1	2	3		
<b>Application of Athletic Training Skills</b>					
The athletic population was respectful to me.	1	2	3		
The athletic population was receptive to my treatment and care.	1	2	3		

I would recommend continued use of this affiliated site.

YES

NO

\_\_\_\_\_  
Signature of ACI

\_\_\_\_\_  
Date











































































































































































































