

BYU
Master of
Athletic Training
COLLEGE OF
LIFE SCIENCES

APPENDIX G

Forms

HEPATITIS B VACCINE RECORD

Please complete either part A or part B.

A. Hepatitis B Vaccination Dates

Please indicate the date and location for each phase of the vaccination. Following the dates and locations of each phase of the vaccination, please sign and date.

1. Phase I. Date: _____ Location: _____

2. Phase II. Date: _____ Location: _____

3. Phase III. Date: _____ Location: _____

Signature: _____

Date: _____

B. Hepatitis B Vaccination Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at my own expense. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at my own expense.

Signature: _____

Date: _____

Monthly Clinical Log

Student Name: _____ **Date** _____

Month: _____

Assignment Location: _____

How many hours did you average per week this month? _____

How many total hours did you work this month? _____

Break down into percentages how your time was spent during the month:

Patient Rehab/treatment _____

Evaluation of injury _____

Practice coverage _____

Cleaning _____

List what area, if any, (knee, ankle, shoulder, etc.) you treated /evaluated/ or rehabilitated:

-
-
-
-

List what nonorthopedic conditions, if any, (cold, flu, GI issue, etc.) you treated/evaluated:

-
-
-
-

Did you have one day off per week? _____

Any additional comments?

Preceptor Name: _____

Preceptor Signature: _____

This form is due:

Fall September, October, November records
 See clinical course schedule for due date (or when clinical is completed)

OR

Winter January, February, March records
 See clinical course schedule for due date (or when clinical is completed)

EXSC 654 Nonorthopedic Evaluation Encounters / Patient Encounters

Name _____

Clinical Assignment Location / Sport _____

Record in SOAP note fashion one patient nonorthopedic encounter you had during September at your clinical assignment involving a primary evaluation: Airway, Breathing, Circulation.

Evaluate and record the following:

Respiratory Rate	
Pulse Rate	
Blood Pressure	

Evaluate and record the SOAP note following the example:

S	headache, ear pain, pain with light, nausea, vomiting
O	blurred vision, altered gate slightly, normal respiration rate, normal temp, no redness seen in ear
A	possible migraine headache
P	preceptor gave permission to give OTC pain meds for today and tomorrow morning. Athlete excused from practice and will report in the morning for follow-up. Was told to call if condition worsened

S	
O	
A	
P	

Preceptor Signature _____

Date _____

EXSC 655

Nonorthopedic Evaluation Encounters / Patient Encounters

Name _____

Clinical Assignment Location / Sport _____

Record in SOAP note fashion one patient nonorthopedic encounter you had during March at your clinical assignment involving a primary evaluation: Airway, Breathing, Circulation.

Evaluate and record the following:

Respiratory Rate	
Pulse Rate	
Blood Pressure	
Temperature	

In addition, indicate other specific structures you evaluated for the condition, what type of evaluation you performed, and any tools that were used in your evaluation, including tools used in the above evaluation.

	<u>Structure</u>	<u>Evaluation</u>	<u>Tool(s)</u>
<i>Example:</i>	<i>abdomen</i>	<i>auscultation</i>	<i>stethoscope</i>

Evaluate and record the SOAP note following the example:

S	stomach pain, nausea, diarrhea, bloating, no
O	Walking slightly bent over, point tenderness over lower abdomen, fever
A	Stomach virus
P	Gave athlete Pepto-Bismol to help with irritation, suggested BRAT diet, will refer to physician if it does clear or improve

S	
O	
A	
P	

Preceptor Signature _____ Date _____

EXSC 656
Nonorthopedic Evaluation Encounters / Patient Encounters

Name _____

Clinical Assignment Location / Sport _____

Record in SOAP note fashion one patient nonorthopedic encounter you had during September at your clinical assignment involving a nonorthopedic condition.

Evaluate and record the following:

Respiratory Rate	
Pulse Rate	
Blood Pressure	

In addition, indicate other specific structures you evaluated for the condition, what type of evaluation you performed, and any tools that were used in your evaluation, including tools used in the above evaluation.

Examples of conditions to evaluate include: ear aches, sore throats, cold and flu, abdominal issues, skin rashes, etc.

	<u>Structure</u>	<u>Evaluation</u>	<u>Tool(s)</u>
<i>Example:</i>	<i>Ear</i>	<i>visual</i>	<i>otoscope</i>

Evaluate and record the SOAP note following the example:

S	ear ache, ringing in ear, sinus pressure
O	increased redness in ear, fluid in ear, wax, no fever
A	ear infection
P	refer to physician for further evaluation

S	
O	
A	
P	

Preceptor Signature _____ Date _____

EXSC 657
Nonorthopedic Evaluation Encounters / Patient Encounters

Name _____

Clinical Assignment Location / Sport _____

Record in SOAP note fashion one patient complete nonorthopedic encounter you had during March at your clinical assignment involving a nonorthopedic condition. Indicate if you performed a primary survey during your evaluation. List all structures, evaluations, and tools performed during your complete evaluation.

	<u>Structure</u>	<u>Evaluation</u>	<u>Tool(s)</u>
<i>Example:</i>	<i>body</i>	<i>temperature</i>	<i>Oral thermometer</i>
	<i>Throat</i>	<i>redness, swollen</i>	<i>pen light</i>
	<i>Chest</i>	<i>auscultation</i>	<i>stethoscope</i>

Evaluate and record the SOAP note following the example:

S	heavy productive cough, body aches, complains of chills, sore to swallow
O	fever, redness in throat, productive cough, swollen glands, and raspy breath sounds
A	possible strep throat
P	refer to physician for further evaluation

S	
O	
A	
P	

Preceptor Signature _____ Date _____

SUPERVISION POLICY

The purpose of this policy is to clearly define the roles and responsibilities of BYU athletic training students during unsupervised autonomous clinical experience. The program expectation is that unsupervised patient care is rare, based on extenuating circumstances.

Definitions:

- **Supervised Clinical Experience:** One in which a program-approved preceptor, or another approved health care professional such as a doctor or PT associated with the BYU athletic training program (ATP) is physically present and can intervene on behalf of the athlete or patient. This means that the preceptor has both auditory and visual contact with the student.
- **Unsupervised Clinical Experience:** One in which a program-approved preceptor or another approved health care professional such as a doctor or PT associated with the BYU athletic training program is NOT physically present to intervene on behalf of the athlete or patient. This would include practice situations where no preceptor is present, as well as unsupervised travel.

Students must be directly supervised by a preceptor during the delivery of AT services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student or the patient.

As the role of a first responder is not clearly defined, permissible unsupervised activities include:

1. Skills performed with previous prescription and parameters approved by the preceptor.
2. Use of first aid skills.
3. Use of CPR/AED.
4. Applying tape to prevent an injury or support an existing injury already prescribed.
5. Applying a brace already being used.
6. Applying splints for stabilization of an acute injury or for the protection of an existing injury provided that the splint has been previously applied to the athlete for the same injury.
7. Conducting a history as part of the evaluation.
8. Conducting a brief injury evaluation to determine the need for splinting, bracing, or crutch use for safe referral.
9. Applying ice or hot packs or other previously prescribed modalities.
10. Aiding in stretching and other warm-up activities.
11. Writing progress notes to record actions taken.

Nonpermissible activities include:

1. Initiating, changing, or progressing a rehabilitation plan.
2. Using any unprescribed modalities.
3. Conducting a full, new evaluation of an injury.
4. Making a return-to-play decision in the absence of the preceptor becomes the responsibility of the coach.

I, _____, have read and fully understand the definitions and athletic training student responsibilities described in this policy and **voluntarily** agree to act as a first responder, thus accepting the liability for my actions, if the situation warrants.

Athletic Training Student signature

Date

Coordinator of Clinical Education signature

Date

ATS COURSE COMPLETION LIST

Course	Sem/Yr Enrolled	Sem/Yr Completed
EXSC 501–Pathophysiology for the Athletic Trainer (3.0). Foundational understanding of the physiology underlying common systemic diseases. Recognize, evaluate and differentiate common systemic diseases. <i>Note: This is a prerequisite course and does not count toward program total hours.</i>		
EXSC 514–Advanced Athletic Training Lab (1.0). Advanced athletic training skills, including taping, bracing and splinting, custom-fitted equipment, massage and stretching techniques, and emergency splinting and transport.		
EXSC 515–Therapeutic Interventions 1, Modalities (3.0). Principles of therapeutic interventions: healing, hydrotherapy, massage, traction, radiant energy, heat, cold, electrotherapy and rehabilitation. Application of healing and therapeutic modality theories to injured athletes and physically active individuals.		
EXSC 516–Orthopedic Evaluation 1, Lower Extremities (3.0). Advanced principles of lower-extremity injury evaluation; evaluation techniques for the lower extremities.		
EXSC 517–Ortho Eval 2, Upper Extremities & Trunk (3.0). Advanced principles of injury evaluation; evaluation techniques for the upper extremities and trunk.		
EXSC 518–Therapeutic Interventions 2, Rehabilitation (3.0). Knowledge in and application of rehabilitation theories with regards to therapeutic exercise for injured and uninjured physically active individuals.		
EXSC 601–Pharmacology in Athletic Training (3.0). Foundational concepts in pharmacology and pharmacological interventions for students in a variety of allied health professions. Specifically tailored to the Athletic Training master's student.		
EXSC 602–Graduate Athletic Training 1 (2.0). Review of the practice of athletic training, from professional organizations, legal and ethical foundations, care of injury ranging from emergencies to orthopedic evaluation and systemic pathology.		
EXSC 603–Graduate Athletic Training (2.0). The practice of athletic training from professional and legal behavior to care of injury ranging from policies and procedures to orthopedic evaluation.		
EXSC 625R–Clinical & Ed Admin (TC 011) (2.0). Administration and management practices and issues in athletics, athletic training, medicine, and various education settings. Ethical, moral legal, communication, and professional etiquette are core concepts discussed.		
EXSC 635–Evidence-Based Practice (2.0). Focus on research, both from the clinical involvement or consumer and the researchers' perspectives. Developing a clinical question and finding supporting evidence is the key to better outcomes. Patient outcome measures will be learned, analyzed and practiced.		
EXSC 654–Athletic Training Clinical Education 1 (2.0). Laboratory and field experience. First of four Athletic Training specialization and clinical experiences (internships).		
EXSC 655–Athletic Training Clinical Education 2 (2.0). Laboratory and field experience. Second of four Athletic Training specialization and clinical expectations experiences (internships).		
EXSC 656–Athletic Training Clinical Education 3 (2.0). Laboratory and field experience. Third of four Athletic Training specialization and clinical expectations experiences (internships).		
EXSC 657–Athletic Training Clinical Education 4 (2.0). Laboratory and field experience. Fourth of four Athletic Training specialization and clinical expectations experiences (internships). Prepares students to practice as certified athletic trainers.		
EXSC 688R–Athletic Training Internship (2.0). Additional credit hours or fifth semester for athletic training clinical education experience or immersive internship experience for MAT students.		
EXSC 697–Capstone (2.0). Synthesizing and integrating classroom and clinical experiences in preparation for BOC exam resulting in certification of athletic trainers.		



ATHLETIC TRAINING PROGRAM

GRIEVANCE FORM

Name of Complainant

Date Filed

Complaint

Brief description of grievance

Detail steps taken to resolve this grievance

Preceptor Signature

Date Received

ATP Director Signature

Date Received

ACTION TAKEN

Grievance Resolved – No Further Action

I agree that the grievance that was filed on _____ was resolved to my satisfaction. I consider this grievance claim to be resolved and will pursue no further action.

Complainant Signature

Date

Grievance Unresolved — Further Action Necessitated

The grievance that was filed on _____ was not resolved to my satisfaction on _____. I have chosen and will follow university and/or departmental policy grievance procedures until this grievance is resolved.

Complainant Signature

Date

BYU Athletic Training Program Competency and Clinical Proficiency Checklist		<i>Name</i>	<i>Date Admitted</i>	
#	Name	Initials	Date	
100	OSHA/ HIPAA/ FERPA Review			
101	Taping			
102	Electrical Stimulations			
103	Heat			
104	Cryotherapy, Cryokinetics, Cryostretch			
105	Modality Review			
106	Environmental Conditions			
107	Therapeutic Massage			
108	Primary Evaluation			
109	Foot, Ankle, Lower Leg Evaluation			
110	Knee and Thigh Evaluation			
111	Hip and Pelvis			
112	Lumbar Spine Evaluation			
200	OSHA/ HIPAA/ FERPA Review			
201	Taping Review			
202	Alter G Machine and Water Treadmill			
203	Neuromuscular Control – Rehabilitation			
204	Thoracic Spine and Abdominal Evaluation			
205	Shoulder Evaluation			
206 A	Elbow Evaluation			
206 B	Wrist Evaluation			
207	Cervical and Head Module			
208	Head and Face Evaluation			
209	Hip and Thigh Evaluation			
300	OSHA/ HIPAA/ FERPA Review			
301	General Medical Illnesses			
302	Medical Assessments			
303	Record Keeping			
304	Emergency Action Plan Summary			
305	Care of Emergency Conditions			
306	Respiratory Conditions			
307	Body Temperature			
308	Diabetes / Blood Glucose			
309	Oxygen Delivery			
310	Management of Common Genitourinary, Gynecological, and Sexual Related			
400	OSHA/ HIPAA/ FERPA Review			
401	Pharmacy			
402	Nutrition and Eating Disorders			
403	Thoracic Spine and Abdominal Injury			
404	Shoulder Injury Management			
405	Upper Arm, Elbow, and Forearm Injury Management			
406	Wrist and Hand Injury Management			
407	Cervical Spine Injury Management			
408	Head and Face Injury Management			
409	Dermatological Conditions			
410	Management of Common Syndromes and Diseases			

ATS CHECKLIST FOR GRADUATION

SEMESTER OF PROGRAM ADMISSION

ADMISSION CRITERIA

- Signed technical standards
- Physical examination
- Immunization records

VERIFICATION OF COMPLETED ATHLETIC TRAINING STUDENT HANDBOOK FORM

Date completed

PD/CCE Signature

HEPATITIS B VACCINATION DECLINATION/VERIFICATION FORM

Date completed

PD/CCE Signature

REVIEW OF CLINICAL EDUCATION POLICY

Date completed

PD/CCE Signature

REVIEW OF COMMUNICABLE DISEASE POLICY

Date completed

PD/CCE Signature

ANNUAL FIRST AID, CPR, AND AED TRAINING *(place copy of card in your folder in 228 SFH)*

First Year – date completed

PD/CCE Signature

Second Year – date completed

PD/CCE Signature

ANNUAL EXPOSURE CONTROL PLAN, BLOOD BORNE PATHOGEN/OSHA TRAINING

First Year – date completed

PD/CCE Signature

Second Year – date completed

PD/CCE Signature

HIPAA & FERPA TRAINING

Date completed

PD/CCE Signature

Date completed

PD/CCE Signature

STATE, DISTRICT, OR NATIONAL MEETING ATTENDANCE *(place certificate in your folder in 228 SFH)*

Dates of attendance

PD/CCE Signature

Meeting attended

EVALUATIONS (*Google Forms*)

- | | |
|--|--|
| <input type="checkbox"/> Semester 1 Preceptor of Student Level 1 | <input type="checkbox"/> Student of Preceptor / <input type="checkbox"/> Student Self-Eval |
| <input type="checkbox"/> Semester 2 Preceptor of Student Level 2 | <input type="checkbox"/> Student of Preceptor / <input type="checkbox"/> Student Self-Eval |
| <input type="checkbox"/> Semester 3 Preceptor of Student Level 3 | <input type="checkbox"/> Student of Preceptor / <input type="checkbox"/> Student Self-Eval |
| <input type="checkbox"/> Semester 4 Preceptor of Student Level 4 | <input type="checkbox"/> Student of Preceptor / <input type="checkbox"/> Student Self-Eval |

CLINICAL EXPERIENCES WITH DIFFERENT POPULATIONS**Different Sexes**

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Varying Levels of Activity and Athletic Ability

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Protective Equipment

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Throughout the Lifespan

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Different Socioeconomic Statuses

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Nonsport

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Nonorthopedic Conditions (e.g., primary care, internal medicine, dermatology)

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Early Start / Late Finish

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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AREAS OF PRACTICE**Prevention and Wellness**

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Urgent and Emergent Care

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Primary Care

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Orthopedics

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Rehabilitation

<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
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Behavioral Health		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Pediatrics		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Performance Enhancement		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>

PATHOLOGIES (VARIETY OF HEALTH CONDITIONS)

Emergent		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Behavioral (Mental Health)		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Musculoskeletal		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Neurological		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Endocrine		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Dermatological		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Cardiovascular		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Respiratory		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Gastrointestinal		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Genitourinary		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Otolaryngological		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>
Ophthalmological		
<i>Semester/Preceptor</i>	<i>Semester/Preceptor</i>	<i>PD/CCE Signature</i>

Dental

Semester/Preceptor

Semester/Preceptor

PD/CCE Signature

Environmental Conditions

Semester/Preceptor

Semester/Preceptor

PD/CCE Signature

VERIFICATION OF COMPLETION OF COMPETENCIES AND CLINICAL PROFICIENCIES

Semester 1 – Date completed

PD/CCE Signature

Semester 2 – Date completed

PD/CCE Signature

Semester 3 – Date completed

PD/CCE Signature

Semester 4 – Date completed

PD/CCE Signature

Immersive – Date completed

PD/CCE Signature

IPE INTERPROFESIONAL EDUCATION

Event Attended, Location / Date

PD/CCE Signature

Event Attended, Location / Date

PD/CCE Signature

Event Attended, Location / Date

PD/CCE Signature

Event Attended, Location / Date

PD/CCE Signature

Clinical Site Evaluation

Location		
Venue / Sport		
Date		
Preceptor		
Students Assigned		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are students being supervised?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are students adhering to the dress code established by preceptor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are modalities being used correctly?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are modality calibrations current and displayed?	
	Modality	Date Calibrated
	1.	
	2.	
	3.	
	4.	
	5.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are EAPs displayed or accessible?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does each venue have an EAP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do students know location of EAPs?	
	Are students familiar with site’s policies on the following:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	OSHA?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	FERPA?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	HIPAA?	

What is the patient population or demographic with which the students are interacting?

Are there any immediate concerns evident?

No Yes – if yes, please explain:

How is student time being utilized?

Additional Comments



Athletic Training Program

**VERIFICATION FORM FOR COMPLETING
ATHLETIC TRAINING STUDENT HANDBOOK**

I, _____, have read and understand the BYU athletic training student handbook, including the document detailing the additional Costs to students, including clarification on required clinical rotations, specifically Nonsport and Variety of Nonorthopedic Conditions.

Do you have any questions regarding the material presented in the ATS handbook?

- Yes No

If yes, were your questions answered to your satisfaction?

- Yes No

If no, do you need to meet or discuss your plan of study or the handbook?

- Yes No

Athletic Training Student Signature

Date

BYU ATP Director Signature

Date