

University of Idaho
A LEGACY OF LEADING



AT PROGRAM
STUDENT
HANDBOOK
2013-2014

College of | **Education**

Department of Movement Sciences

Athletic Training Education

ATHLETIC TRAINING STUDENT HANDBOOK

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University of Idaho

CHAPTER 1:

INTRODUCTION

CHAPTER 1: INTRODUCTION

Preface

The faculty and staff of the Athletic Training (AT) Program would like to welcome you to the University of Idaho (UI). We are pleased that you have chosen to pursue your career goals in Athletic Training with us in this unique program. We are certain that the next two years will prove to be both challenging and rewarding.

This handbook is designed for athletic training students (ATs) working towards the completion of the entry-level Master of Science in Athletic Training (MSAT) degree at the University of Idaho. The handbook contains policies, procedures, guidelines, and relevant professional information to direct and inform the ATs working and learning in the AT Program. These materials are specific to the AT Program at UI and some procedures may not be relevant to some affiliate sites. Athletic training students should adhere to the policies and procedures of these affiliate sites under the supervision of the Preceptor.

Students, faculty, and staff are encouraged to use appropriate terminology to describe educational experiences associated with the MSAT Program. In addition, the terms “trainer” and “training room” are strongly discouraged and should be replaced with “athletic trainer” and “athletic training clinic.” The phrase Athletic Training Program is used interchangeably to describe the entry-level Master of Science degree in Athletic Training (MSAT). See Appendix A for definitions of terms used throughout this handbook.

The materials in this handbook are not intended to supersede any graduate policies or to duplicate material already in print, but rather to provide clarification of policies and procedures that are specific to the AT Program. It is our intent that this handbook addresses the issues most pertinent to our students’ success. We encourage students to offer any suggestions for deleting, adding or modifying material to aid students in the future. We welcome you to our program and look forward to working with you.

All ATs are responsible to read and understand all information contained in this handbook. If an AT does not understand any of the material provided, the AT should consult with the AT Program Director or Clinical Education Coordinator.

Declaration of Understanding

I have carefully read the UI Athletic Training Student Handbook. By signing below, I affirm that I both understand the policies and procedures described herein, and agree to fully comply with all Program policies and procedures. I further understand that failure to adhere to Program policies and procedures may result in involuntary withdrawal from the AT Program.

Student Signature

Date

Profession of Athletic Training

Athletic Training is recognized by the American Medical Association (AMA) as an allied health (medical) profession which provides comprehensive care to athletic and/or physically active individuals. An Athletic Trainer (AT) is involved in the assessment, treatment, rehabilitation, and prevention of athletic injuries. The Commission on Accreditation of Athletic Training Education (CAATE) is responsible for accrediting all undergraduate and graduate Athletic Training Programs. All students graduating from a CAATE accredited Athletic Training (AT) Program become eligible to sit for the Board of Certification (BOC), Inc. examination.

The athletic trainer, with the consultation and direction of attending and/or consulting physicians, is an integral part of the health care system associated with sports and the physically active population. Through extensive preparation in both academic and clinical education experience, the athletic trainer provides a variety of services including the prevention, recognition, immediate care, treatment, and rehabilitation of injuries. In 1990, the American Medical Association (AMA) recognized athletic training as an allied health profession.

Professional Requirements for Athletic Trainers

The National Athletic Trainers' Association (NATA) is the professional organization for athletic trainers. It is a not-for-profit organization with more than 30,000 members internationally. The NATA is committed to advancing, encouraging, and improving the athletic training profession. After successfully passing the Board of Certification (BOC), Inc. certification exam, individuals then earn the title of "BOC certified athletic trainer" and can place the credentials, "ATC" behind their name. However, many states also require athletic trainers to obtain state regulation, licensure, or certification.

The NATA sets the standards for athletic trainers through its educational programs and the BOC establishes requirements for certification. A candidate must meet these requirements and pass a certifying examination in order to become certified as an athletic trainer. As of January 2004, all students must graduate from an Athletic Training Program that is accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

NATA Membership

All ATs preparing to enter this profession are required to become a student member of the National Athletic Trainers' Association, Inc. (NATA). Membership benefits include a subscription to the Journal of Athletic Training and the NATA News, reduced registration fees for national and district symposia, eligibility for scholarships, and other direct benefits. Information is available from the Program Director and membership applications are available via the NATA website <http://www.nata.org>.

Accreditation Status of the Athletic Training Program

The Commission on Accreditation of Athletic Training Education (CAATE) accredits programs for entry-level athletic trainers. The CAATE accreditation process is initiated at the request of the chief executive officer or a delegated representative of the institution sponsoring an athletic training educational program. It provides peer review of the program's educational content and process. A review is based on recognized national educational standards, which have been adopted by CAATE and are related to entry-level professionals. The Commission on Recognition of Post-secondary Accreditation recognizes CAATE as an accreditation system, *in toto*. The American Academy of Family Physicians, the American Academy of Pediatrics, the American Orthopedic Society for Sports Medicine, the Commission on Accreditation of Allied Health Programs, and the National Athletic Trainers' Association, cooperated to establish, maintain, and promote appropriate standards of quality for educational programs in athletic training and to provide recognition for educational programs that meet or exceed the minimum outlined in these *Standards*. These Standards can be found at: <http://www.caate.org>.

The faculty and staff of the AT Program at UI pledge to provide the best possible program of study and clinical experiences as well as follow all CAATE standards. The success of the program is dependent upon the dedication and determination of its ATSS.

The AT Program is currently accredited by CAATE at the bachelor's level through 2018-2019. The program will apply for an accreditation review of the MSAT Program after completion of the 2013-2014 academic year.

University of Idaho

CHAPTER 2:

**ATHLETIC TRAINING
PROGRAM**

CHAPTER 2 – UI ATHLETIC TRAINING PROGRAM

Program Overview

The AT Program is designed to prepare graduates for the BOC examination leading to a career as an AT. We offer a unique hybrid of online and on-campus education. We are leading the way to promote evidence based practice and action research in an athletic training profession which is growing to meet the national demands of the physically active population.

Our program is a six semester, summer intensive, clinical approach to entry level masters' athletic training education. The academic program is a two-year sequence of didactic and clinical experiences intended for those who meet the prerequisite requirements for admission. Educational courses are offered in a traditional format on the Moscow campus of University of Idaho (UI) during the summer and then through online education during the fall and spring semesters. Clinical experiences involve hands-on application of skills within a variety of experiences at UI, as well as local colleges and universities, rehabilitation clinics, physicians' offices, and other affiliate sites. All students are required to complete a minimum of 900 clinical education hours under the direct supervision of a certified athletic trainer. All students will complete clinical rotations categorized by exposure to general medical experiences, varying levels of risk, a variety of different populations including genders, and protective equipment.

During the clinical education courses students are required to obtain a peer evaluation for each psychomotor skill introduced in the course prior to having the *Clinical Competency* evaluated by a Preceptor. Students must demonstrate all competencies and proficiencies associated with a specific clinical education course during the semester in which enrolled in the course.

Mission

To prepare athletic training students to be able to provide excellent patient care and begin their journey towards advanced athletic training practice. In doing so, all students who successfully graduate from the UI AT Program will meet or exceed the minimum standards set forth by the BOC in regards to exam eligibility. These individuals will possess the appropriate knowledge and skills necessary to prevent, recognize, evaluate, manage/treat, and rehabilitate athletic injuries. The program will provide students with comprehensive and continuous training in the skills and theory needed for successful clinical practice and develop athletic trainers that demonstrate intellectual curiosity and skill in applying an evidence-based approach to patient care. Acquiring the knowledge and skills provided in this Program will enhance the graduate's ability to become competitive professionals in the sports medicine market, valuable members of any sports medicine team, and clinicians who have begun to develop advanced athletic training practice.

The Program develops knowledge, skills and professional attitudes/behaviors in the following athletic training educational competency content areas:

1. Evidence-Based Practice

2. Prevention and Health Promotion
3. Clinical Examination and Diagnosis
4. Acute Care of Injury and Illness
5. Therapeutic Interventions
6. Psychosocial Strategies and Referral
7. Healthcare Administration
8. Professional Development and Responsibility

Goals

Upon completion of the Program, students will demonstrate the following:

1. Mastery of the affective, cognitive and psychomotor competencies and clinical integrated proficiencies.
2. Effective communication skills in disseminating information accurately and professionally.
3. The ability to convert didactic knowledge into clinical skills and appropriate clinical decision-making abilities.
4. The ability to succeed in a diverse number of clinical settings.
5. The ability to work with, and provide care for, a diverse patient population.
6. Professional skills necessary for the athletic training work force.
7. The eligibility to sit for, and pass, the BOC, Inc. exam to become an athletic trainer.
8. The ability to model and facilitate a lifestyle of health and wellness.
9. The ability to incorporate literature evidence and practice-based evidence into their patient care.
10. The ability to collect and incorporate outcomes measures to evaluate and improve clinical practice.
11. The ability to treat patients from multiple clinical paradigms.

FACULTY AND CLINICAL INSTRUCTORS

UI FACULTY

Alan Nasypany, EdD, ATC, LAT
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AT Program Medical Director

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UI ADMINISTRATORS & ADMINSTRATIVE SUPPORT

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Philip Scruggs, PhD
Cindy Blum
Cheryl Gardner
Margaret Eldrich

Dean, College of Education
Chair, Department of Movement Sciences
Administrative Assistant
Financial Technician
UI Athletics Insurance Coordinator

PRECEPTORS – *This list will be updated as new Preceptors are added and trained*

Barrie Steele, MS, LAT, ATC
Megan Shifflett, MS, LAT, ATC
Toby van Amerongen, MS, ATC, LAT
David Ruiz, MS, ATC, LAT, Cert. MDT
Matthew Boyne, LAT, ATC
Jessica Hoyt, LAT, ATC
Julie Lattrell, LAT, ATC
Michael Rice, LAT, ATC
Daquane Ellington, LAT, ATC
Travis Edwards, LAT, ATC
Debby Carscallen, ATC, LAT, EMT
Tim Speicher, PhD, ATC, CSCS, LAT
Mindy Newby, ATC, LAT
Dave Andrews, PT, ATC, OCS, SCS
Wendy Jackson, ATC, LAT, CSCS
Meredith Pope, MEd, ATC, LAT
Dave Matzoll, MS, ATC, LAT

UI, Director of Athletic Training Services
UI, Staff Athletic Trainer
UI, Staff Athletic Trainer
UI, Staff Athletic Trainer
UI, Staff Athletic Trainer
UI, Graduate Assistant Athletic Trainer
Moscow High School, Head Athletic Trainer
Positional Release Therapy Institute
North Idaho PT/Coeur d'Alene HS, Athletic Trainer
North Idaho PT, Physical Therapist/Athletic Trainer
Glacier Peak High School, Head Athletic Trainer
Mercy College, Head Athletic Trainer
Totino Grace High School, Head Athletic Trainer

Kristin Chase, MS, ATC, LAT, CES
Jill Hubert-Simon, MS, ATC
Steven Iorio, ATC
Jamie Stireman, ATC, LAT

Marysville Pilchuck HS, Head Athletic Trainer
Mount Saint Mary College, Head Athletic Trainer
Mount Saint Mary College, Assistant Athletic Trainer
Weber High School, Head Athletic Trainer

TEAM PHYSICIANS

Steve Pennington, MD
Ed Tingstad, MD

UI, Team Orthopedist
UI, Team Orthopedist

APPLICATION AND ADMISSION PROCEDURES

Program Prerequisites

The M.S.A.T. is an entry level program designed to prepare students to become a certified athletic trainer. After successful completion of this program students will be eligible for the athletic training national Board of Certification Exam.

MSAT Admission Requirements:

The MSAT is a non-thesis degree with a minimum of 88 credits at the 500-level required. Students may be admitted to the program through two methods: either by admission after completion of a bachelor's degree from a regionally accredited institution or by early admission after the completion of the junior year in the UI Athletic Training track in Exercise Science and Health (B.S.P.E.) or by completion of the junior year in an approved program at an institution with an articulated agreement with UI. Students offered early admission to the graduate program must meet all admissions and prerequisite course work requirements for the Master of Science in Athletic Training degree, as well as all undergraduate requirements excluding the first 30 credits of the graduate program. Upon successful completion of the first 30 graduate credits, students may use these credits in transfer towards their undergraduate degree requirements. There is a professional fee for the M.S.A.T. program; consult the program coordinator for details.

- “2013-14 General Catalog Requirements for Master’s Degrees and Specific Requirements for Master’s Degrees”

MSAT Application:

Students are eligible to apply for admission to the MSAT Program via two distinct routes.

Students who have obtained a bachelor's degree (3.0 or >3.0 recommended) and the required prerequisite coursework (4 credit hours of human anatomy or equivalent & 4 credit hours of human physiology or equivalent) are eligible for consideration of admission to the MSAT.

OR

Students who are enrolled in an academic institution with whom the University of Idaho and the MSAT have a 3+2 transitional program articulation* agreement may apply to the MSAT during their junior year of study for entrance in early summer with **Conditional Admittance**. Students must be approved for application to the 3+2 program from their specified undergraduate program director (and have met the criteria within the articulation agreement) before they apply to the MSAT***.

* Note: The University of Idaho's 3+2 program leading to the application to the MSAT is the

Bachelor of Science in Physical Education with a major in Exercise Science and Health (3+2 track). Please contact the Athletic Training Program for information regarding other Universities with approved MSAT 3+2 articulation agreements.

****Conditional Admittance-** Students may be admitted to the MSAT "Conditionally", without first having had completed a Bachelor's degree. These students will apply the first two semesters of the MSAT curriculum to their undergraduate degree in order to satisfy their Bachelor's degree requirements. Students will apply for graduation during the fall of their first year in the MSAT Program and will have the "Conditional Admittance" removed upon fulfilling all requirements of their Bachelor's degree program.

***** Note:** The 3+2 program will meet all other admission standards set forth by the College of Graduate Studies and the Masters of Science in Athletic Training Program. In addition to the admissions requirements set forth by UI Graduate Admissions, the following prerequisites are required for admission eligibility and consideration and must be verifiable during the application process:

Required Application Materials:

- Current resume documenting all related professional and extracurricular experiences
- A detailed, written statement of their academic and career objectives/goals; Professional Rescuer CPR Certifications (including Adult, Child, Infant CPR, Two-person CPR, bag-valve mask, and AED)
- Interview with the AT Program Admissions Committee
- 3 Letters of Recommendation

Admission:

Admission into the University of Idaho MSAT is competitive. Final selection is based on many factors, including satisfactory evidence of completed pre-requisites, previous academic performance, prior clinical and allied health experiences, goals statement, quality of recommendations, on-site interview, and the number of students already enrolled in the athletic training program. No single admission criterion has a decisive influence on the applicant's acceptability, and exceptions to the requirements can be made on recommendation of the committee and approval of the Graduate School.

Admission to the MSAT degree is NOT guaranteed simply upon satisfactory completion of all Program pre-requisite requirements. The number of students admitted into the Program varies from year-to-year, with the number of students selected ranging from 10-33 annually.

Post-Admission Requirements

The following documentation / certifications must be current and on file with the AT Program Director prior to beginning clinical rotations in the fall semester:

1. Evidence of current liability insurance coverage. (Athletic Training students can purchase this policy through HPSO for around \$25 per year <http://www.hpsso.com/>)
2. Front and back copies of *current* Professional Rescuer CPR Certifications (including Adult, Child, Infant CPR, Two-person CPR, bag-valve mask and AED).
3. Signed declaration of understanding and ability to meet AT Program's *Technical Standards for Admission and Retention*.
4. Signed declaration of understanding and acceptance of all Program Policies and Procedures as delineated in the *AT Program Student Policies and Procedures Handbook*.
5. Students may encounter additional costs / fees based on clinical assignments (e.g. travel, housing, parking, etc.). Students are responsible for all of these fees, but all attempts to minimize these have and will be made.
6. In addition to the immunizations required by UI, students must also show evidence of (or sign the waiver for) a completed HBV vaccination series test prior to admission to clinical experiences.
7. Background checks are required during the first semester (summer I) of the UI MSAT program. Please see the MSAT Director or Clinical Education Coordinator for full details. Students are responsible for this fee. Additionally, all students are required to inform the MSAT Director of Clinical Education Coordinator if any changes take place between initial background check and any planned rechecks (all pending legal matters e.g. felony, misdemeanors, etc.). If in doubt, report it and proceed from there.

Students are responsible for all costs associated with their own health care and when obtaining immunizations and health certifications. Students are encouraged to have health insurance, and to be familiar with its provisions. Students needing health insurance who are actively attending classes may be eligible to participate in UI's health plan. Students who would like information or wish to enroll on the student insurance offered through UI should contact the Student Services Office.

Technical Standards for Admission

Athletic Training Program
Department of Movement Sciences
University of Idaho
Effective: June 2002

The following information was taken from the National Athletic Trainers' Association Education Council's website (www.cewl.com).

History and Rationale

The landmark Americans with Disabilities Act of 1990, P.L. 101-336 ("ADA" or "the Act"), enacted on July 26, 1990, provides comprehensive civil rights protections to qualified individuals with disabilities. The ADA was modeled after Section 504 of the Rehabilitation Act of 1973, which marked the beginning of equal opportunity for persons with disabilities. As amended, Section 504 "prohibits all programs or activities receiving federal financial assistance from discrimination against individuals with disabilities who are 'otherwise qualified' to participate in those programs." With respect to post-secondary educational services, an "otherwise qualified" individual is a person with a disability "who meets the academic and technical standards requisite to admission or participation in the recipient's education program or activity."

Under the Americans with Disabilities Act, Title II and Title III are applicable to students with disabilities and their requests for accommodations. Title II covers state colleges and universities. Title III pertains to private educational institutions; it prohibits discrimination based on disability in places of "public accommodation," including undergraduate and postgraduate schools.

Given the intent of Section 504 and the ADA, the development of standards of practice for a profession, and the establishment of essential requirements to the student's program of study, or directly related to licensing requirements, is allowable under these laws. In applying Section 504 regulations, which require individuals to meet the "academic and technical standards for admission," the Supreme Court has stated that physical qualifications could lawfully be considered "technical standard(s) for admission."

Institutions may not, however, exclude an "otherwise qualified" applicant or student merely because of a disability, if the institution can reasonably modify its program or facilities to accommodate the applicant or student with a disability. However, an institution need not provide accommodations or modify its program of study or facilities such that (a) would "fundamentally alter" and/or (b) place an "undue burden on" the educational program or academic requirements and technical standards which are essential to the program of study.

On the following pages you will find the Technical Standards for Admission for the Athletic Training Program at the University of Idaho.

Technical Standards for Admission

Athletic Training Program

Division of Health, Physical Education, Recreation & Dance

University of Idaho

Effective: June 2002

The Athletic Training Program at the University of Idaho is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). Each individual admitted to the Athletic Training 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 NATA-BOC, Inc. certification examination, or imply absolute competency to pass the examination.

Candidates for selection to the Athletic Training Program must demonstrate:

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

4. The ability to record the physical examination results and a treatment plan clearly and accurately;
5. The capacity to maintain composure and continue to function well during periods of high stress;
6. The perseverance, diligence and commitment to complete the Athletic Training Program as outlined and sequenced;
7. Flexibility and the ability to adjust to changing schedules, situations and uncertainty in clinical situations;
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the 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.

The University of Idaho's Student Disability Services will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

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

Signature of Applicant

Date

Alternative statement for students requesting accommodations:

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

Signature of Applicant

Date

ACADEMIC INFORMATION

Program content is based on the 5th edition of the Athletic Training Educational Competencies. The UI Athletic Training Program is an 88 hour Master of Science degree in the Department of Movement Science.

Overview of Classroom and Clinical Experiences

A strong emphasis is placed on the knowledge learned in the classroom and laboratory, with emphasis of the transition of this knowledge to clinical skill. Students are expected to utilize newly acquired knowledge to practice and enhance their clinical skills. The clinical education experiences are then designed to challenge the ATS to develop and apply clinical skills/proficiencies. Clinical education experiences are designed to expose students to the following areas: equipment intensive sports; activities with a high risk of upper extremity injuries; activities with a high risk of lower extremity injuries; and general medical conditions. Settings for these clinical experiences range from UI and other intercollegiate athletics, sports medicine clinics, and primary care clinics. Athletic training students may accumulate over 900 hours of clinical experience and will complete hundreds of clinical skills/proficiencies (see Appendix C for a listing of educational competencies). The classroom and clinical education experiences are vital in preparing the student for employment in a variety of settings.

Overview of Clinical Proficiencies and Clinical Proficiency Matrix

Upon admittance into the AT Program, students will receive their AT Program Handbook. This manual contains all of the clinical competencies that a student must complete prior to graduation and should be with the student at all clinical experiences. ATSs will also receive an ATS Notebook in each Clinical Education course. This ATS Notebook will be explained in detail during the first week of orientation.

Students in the UI AT Program must perform hundreds of clinical competencies while in the Program. The clinical skills are first learned in the classroom and laboratory. For example, splinting is taught and evaluated in AT 507 – Prevention and Care of Injuries and Illnesses. This skill will later be evaluated in AT 520 – Clinical Education I in either a lab based setting or during your clinical experiences. Once the student has practiced and successfully completed these skills in the laboratory, they will be instructed to log their completion in the ATS Notebook for the corresponding course. During their clinical experiences, the student is to perform splinting again and have a Preceptor watch and evaluate their performance. The Preceptor will score the competency and provide written feedback on the students' Preceptor Verification Sheet.

All clinical competencies/proficiencies that are taught in one semester are then to be evaluated and approved in a real time or simulated manner later that semester or during the next semester.

Clinical Experience Expectations and Classroom Responsibilities

Students are expected to complete clinical responsibilities as they would in any professional responsibility. They should report on time and dressed appropriately (see the Dress Code). Students are expected to comply with AT Program, Site, and professional behavior/ethical standards at all times. Academics are a priority of this Program and students are expected to practice good time management skills to maintain a strong GPA. This involves balancing academics and clinical experiences. This also includes scheduling clinical experiences during the highest opportunity/volume for learning during approximately 25 hours/week of clinical experiences (which may occur before/after the normal academic semester or during holiday breaks). In the event a student will not be able to report to their clinical experience because of a legitimate excuse, the student should promptly notify and discuss with their Preceptor (complete absence request form).

Satisfactory Academic Standing

The University of Idaho College of Graduate Studies sets the minimum G.P.A (3.0 or greater) requirement to be in good standing with the graduate school and to be eligible for graduation.

Satisfactory Academic Progress and Performance

Each program may set more detailed criteria for successful progress through their academic graduate program (see General Graduate Regulations in the University Handbook). In addition to general graduate school requirements, the MSAT has developed the following standards to ensure that its students meet the requirements of satisfactory academic progress for the MSAT as a health profession graduate program. This includes:

- Grade of “C” or better in all coursework
- Cumulative G.P.A of ≥ 3.0
- Satisfactory progress on MSAT Satisfactory Academic Progress Form (completed by Faculty on Taskstream)
- Annual Review (initiated by students in spring)
- Satisfactory compliance with **all** policies in the MSAT Handbook

Students who earn a grade below a “C” must retake the course (as long as they are in good or probationary academic standing with the College of Graduate Studies). If in good or probationary academic standing with the College of Graduate Studies and MSAT, the ATS will often be able to continue with their cohort academic sequence and will re-take that course the next time it is offered in the MSAT. **However**, earning a grade below a “C” in the following courses will automatically prevent the student from continuing with their cohort and will have to be retaken with the next cohort (provided that they are in good or probationary standing with the College of Graduate Studies):

- AT 506 Clinical Anatomy I

- AT 531 Clinical Anatomy II
- AT 508 Evaluation and Diagnosis of Injuries and Illnesses I
- AT 532 Evaluation and Diagnosis of Injuries and Illnesses II
- AT 509 Principles of Rehabilitation
- AT 533 Applied Rehabilitation
- AT 510 Therapeutic Modalities I
- AT 534 Therapeutic Modalities II
- All MSAT Clinical Experience Courses (521, 523, 551, 553)
- All MSAT Clinical Education Courses (520, 522, 550, 552)
- AT 535 Seminar in AT I
- AT 515 Research Proposal

Program Dismissal

Dismissal from the AT Program may be recommended if the student:

1. Fails to register for one semester in the AT program curriculum with failure to file and obtain an official leave of absence
2. Has an overall GPA less than a “B” average (equivalent to 3.0 on a 4.0 scale) for more than two semesters (see college of graduate studies criteria)
3. Has earned a grade lower than a “C” in any course (this must be reported to the Director of Athletic Training Program within one week of the release of course grades. Failure to disclose this information will result in immediate probation from the AT program and possible dismissal.
4. Has a GPA that indicates the inability to meet the 3.0 required for graduation
5. Makes unsatisfactory progress in mastering clinical rotation objectives/proficiencies.
6. Receives unsatisfactory clinical evaluations from assigned Preceptors.
7. Is dismissed from an affiliated clinical site for inappropriate conduct or failure to fulfill required responsibilities
8. Shows evidence of unethical or immoral conduct as outlined by the NATA Code of Ethics
9. Engages in conduct which violates the Idaho Athletic Training State Practice Act
10. Fails to comply with the AT programs Technical Standards
11. Fails to comply with the UI AT Programs’ Student Code of Professional Conduct

The above requirements for AT Program Retention reflect requirements of the U of I Graduate School, and those specific to the MSAT degree program.

Readmission after Withdrawal:

Any student who is dismissed or voluntarily withdraws from the Program must apply for readmission through normal admission procedures after approval from AT Director and Clinical Coordinator.

Student Appeals and Grievances

If a student wishes to appeal an admission or withdrawal decision from the AT Program, they should send a letter requesting an appeal to the AT Program Director within two weeks of the postmark of the official notification. The student should also submit at that time all materials that may substantiate the appeal.

Other Appeals and Grievance Procedures

1. **Appealing Grades:** “An appeal of a grade must be made within one year of the date the grade was posted. The process of appeal must adhere to the following prescribed chain of command. The complaint is initiated with the instructor assigning the grade, then with the head of the program, then with the Movement Sciences Department Chair and finally with the academic dean. If, at any level, the appeal is endorsed, endorsement at the next level is not required, but the endorsement is sent to The Graduate School for final decision. If the appeal is not endorsed at previous levels, a final appeal may be made in writing to the Graduate Studies Committee through the Dean of the Graduate School

2. **Grievance Procedures for University Students:** If the athletic training student alleges a violation of the student rights in the University setting, s/he should make an effort to resolve the grievance by following the U of I grievance procedures

3. **Appeal for Violation of Academic Integrity Policy:** When an athletic training student is charged with a violation of academic integrity policy, these matters will be resolved in accordance with the U of I academic integrity policy

4. **Clinical Site Grievances:** In situations where an athletic training student wishes to appeal a disciplinary decision by their affiliated clinical site or alleges any other violation of student rights in the clinical setting, s/he should request a meeting with their Preceptor. If the problem is not resolved between the Preceptor and the athletic training student, s/he may request a meeting with the AT Clinical Coordinator, and if appropriate, the clinical site director.

5. **General Appeal Process:** An appeal of the application of a rule or regulation must be made within one year as determined by the date of the letter from The Graduate School informing the student of the decision in question. The process of appeal must adhere to the following prescribed chain of command. The appeal is first made in writing to the head of the department/program, then to the academic dean. Appeal process for dismissal is as follows:
 - The student has 48 hours to submit a written statement of appeal containing reasons, justifications for actions, and outline proposed actions to remedy the situation to the Program Director, AT Program Faculty, and Head Athletic Trainer.
 - The written statement will be reviewed and reconsidered by the Athletic Training Board.
 - A meeting will be held with the student and Athletic Training Board to discuss the decision.

- If the student wishes to further pursue the matter, the following steps should be followed:
 - Take grievance before the Chair of the Department of Movement Sciences, then the Dean of Education, and finally the Vice Provost of Student Affairs.

The progression of grievance shall follow normal policy and procedure without the omission of any of the aforementioned steps. Any Appeal that does not follow this procedure will not be heard for any reason.

The AT Board (for student appeals) is comprised of at least 2 AT faculty members and 1 member of the UI AT staff.

EDUCATIONAL REQUIREMENTS

Students in the UI Athletic Training Program must complete the following courses in accordance with the guidelines described previously under academic information.

Master of Science in AT - Plan of Study:

Summer		Year I	
<i>Course</i>	<i>Title</i>		<i>Credits</i>
AT 506	Clinical Anatomy I		3
AT 507	Care and Prevention of Injuries & Illnesses		3
AT 508	Evaluation & Diagnosis of Injuries & Illnesses I		4
AT 509	Principles of Rehabilitation		3
AT 510	Therapeutic Modalities I		2

Fall		Year I	
<i>Course</i>	<i>Title</i>		<i>Credits</i>
AT 511	Ethics and Administration in Athletic Training		3
AT 512	Research Methods and Statistics		3
AT 520	Clinical Education I		2
AT 521	Clinical Experience II		4
AT 587	Prevention & Health Promotion in Athletic Training		3

Spring		Year I	
<i>Course</i>	<i>Title</i>		<i>Credits</i>
AT 513	General Medicine for Athletic Trainers		3
AT 514	Psychology of Injury and Referral		3
AT 515	Research Proposal		3
AT 522	Clinical Education II		2
AT 523	Clinical Experience II		4

Summer		Year II	
<i>Course</i>	<i>Title</i>		<i>Credits</i>
AT 531	Clinical Anatomy II		3
AT 532	Evaluation & Diagnosis of Injuries & Illnesses II		4
AT 533	Applied Rehabilitation		3
AT 534	Therapeutic Modalities II		2
AT 535	Seminar in Athletic Training I		1

Fall		Year II	
<i>Course</i>	<i>Title</i>		<i>Credits</i>
AT 536	Research Methods and Statistics II		3
AT 547	Critical Issues in Athletic Training Clinical Practice		3
AT 538	Advanced Human Biomechanics		3
AT 550	Clinical Education III		2
AT 551	Clinical Experience III		4

Spring		Year II	
<i>Course</i>	<i>Title</i>		<i>Credits</i>
AT 539	Advanced Exercise Physiology		3
AT 540	Pharmacology for Athletic Trainers		3
AT 541	Seminar in Athletic Training II		2
AT 542	Research Presentation		1
AT 552	Clinical Education IV		2
AT 553	Clinical Experience IV		4

COURSE DESCRIPTIONS

AT 506: CLINICAL ANATOMY I (3)**SUMMER I**

Theory and practice of clinical anatomy as it pertains to the lower extremity through the thoracic spine.

AT 507: CARE AND PREVENTION OF INJURIES AND ILLNESSES (3)**SUMMER I**

Theory and practice of recognition, treatment, and prevention of injuries and illnesses.

AT 508: EVALUATION AND DIAGNOSIS OF INJURY & ILLNESSES I (4)**SUMMER I**

Theory and practice of musculoskeletal evaluation and diagnosis as it pertains in the lower extremity through the thoracic spine.

AT 509: PRINCIPLES OF REHABILITATION (3)**SUMMER I**

Theory and practice of the scientific foundations of musculoskeletal rehabilitation.

AT 510: THERAPEUTIC MODALITIES I (2)**SUMMER I**

Theory and practice of therapeutic modalities including thermotherapy, cryotherapy, and mechanical modalities.

AT 511: ETHICS AND ADMINISTRATION IN ATHLETIC TRAINING (3)**FALL I**

Theory and practice of ethics and administration in AT.

AT 512: RESEARCH METHODS AND STATISTICS IN ATHLETIC TRAINING I (3)**FALL I**

Theory and application of research methods for the health professions including basic statistical analysis.

AT 520: CLINICAL EDUCATION I (2)**FALL I**

Practice of athletic training clinical skills under the direct supervision of a Preceptor with emphasis on the Level I clinical educational competencies.

AT 521: CLINICAL EXPERIENCE I (4)**FALL I**

Clinical practice in athletic training under the direct supervision of a Preceptor with emphasis on patient care and the safe and appropriate use of skills and techniques.

AT 587: PREVENTION AND HEALTH PROMOTION (3)**FALL I**

This course prepares AT students to develop and implement strategies to prevent the incidence and/or severity of injuries and illnesses and optimize patients overall health quality of life.

AT 513: GENERAL MEDICINE FOR ATHLETIC TRAINERS (3)**SPRING I**

Theory and practice of general medical conditions related to athletic training.

AT 514: PSYCHOLOGY OF INJURY AND REFERRAL (3)**SPRING I**

Theory and practice of the psychology of injury and referral in athletic training.

AT 515: RESEARCH PROPOSAL (3)**SPRING I**

Students will submit a master's project proposal with an authorized faculty mentor and will be approved by a faculty committee.

AT 522: CLINICAL EDUCATION II (2)**SPRING I**

Practice of athletic training clinical skills under the direct supervision of a Preceptor with emphasis on the Level II clinical educational competencies.

AT 523: CLINICAL EXPERIENCE II (4)**SPRING I**

Clinical practice in athletic training under the direct supervision of a Preceptor Instructor with emphasis on patient care and the safe and appropriate use of skills and techniques.

AT 531: CLINICAL ANATOMY II (3)**SUMMER II**

Theory and practice of clinical anatomy as it pertains to the head, neck and upper extremity through the thoracic spine.

AT 532: EVALUATION AND DIAGNOSIS OF INJURY AND ILLNESS II (4) **SUMMER II**

Theory and practice of musculoskeletal evaluation and diagnosis as it pertains in the upper extremity through the thoracic spine.

AT 533: APPLIED REHABILITATION (3) **SUMMER II**

Theory and practice of rehabilitation techniques as applied to individual physical pathologies.

AT 534: THERAPEUTIC MODALITIES II (2) **SUMMER II**

Theory and practice of therapeutic modalities including electrotherapy.

AT 535: SEMINAR IN ATHLETIC TRAINING (1) **SUMMER II**

Seminar addresses a year one comprehensive exam process. All topics learned in the first year of the program are eligible for testing.

AT 536: RESEARCH METHODS AND STATISTICS II (3) **FALL II**

Advanced research methods and statistics will be discussed.

AT 537: CRITICAL ISSUES IN ATHLETIC TRAINING CLINICAL PRACTICE (3) **FALL II**

This course prepares students to recognize challenges and develop strategies for solving issues common in AT clinical practice.

AT 538: ADVANCED HUMAN BIOMECHANICS (3) **FALL II**

Advanced biomechanics theory and practice related to injury pathology and functional performance.

AT 550: CLINICAL EDUCATION III (2) **FALL II**

Practice of athletic training clinical skills under the direct supervision of a Preceptor with emphasis on the Level III clinical educational competencies.

AT 551: CLINICAL EXPERIENCE (4) **FALL II**

Clinical practice in athletic training under the direct supervision of a Preceptor with emphasis on patient care and the safe and appropriate use of skills and techniques.

AT 539: ADVANCED EXERCISE PHYSIOLOGY (3)**SPRING II**

Advanced exercise physiology as related to training, conditioning, prevention of injuries and illnesses, as an adjunct to treatment of certain disease states.

AT 540: PHARMACOLOGY FOR ATHLETIC TRAINERS (3)**SPRING II**

Clinical pharmacology for athletic trainers as it relates to athletic training educational competencies.

AT 541: SEMINAR IN ATHLETIC TRAINING (2)**SPRING II**

Seminar addresses a year two comprehensive exam process. All topics learned in both years of the program are eligible for testing.

AT 542: RESEARCH PRESENTATION (1)**SPRING II**

MSAT students will present their research findings to the group of faculty and students. All presentations will be graded by the faculty and be accepted or rejected.

AT 552: CLINICAL EDUCATION IV (2)**SPRING II**

Practice of athletic training clinical skills under the direct supervision of a Preceptor with emphasis on the Level IV clinical educational competencies.

AT 553: CLINICAL EXPERIENCE IV (4)**SPRING II**

Clinical practice in athletic training under the direct supervision of a Preceptor with emphasis on patient care and the safe and appropriate use of skills and techniques.

STUDENT PERFORMANCE EVALUATIONS

All classroom assessment measures will reflect the individual course goals and objectives. (Overall program goals and objectives are located in Chapter 2.) The specific course goals and objectives will be provided in writing and will be distributed to all students during the first week of each class. The Program Director is responsible for reviewing all individual course goals and objectives to assure that they are consistent with those of the overall program.

Evaluation by written exams, oral/practical exams, presentations, group activities, projects, research papers, and competency testing are among some of the techniques to be used by the faculty. ***All examinations (e.g., written exams, OP exams, quizzes, etc.) will not be returned to the students. They will be placed in each student's permanent file in the Program Director's office. All faculty are required to give these exams to the Program Director within two weeks following the end of each semester.*** If, at any time, a student wishes to review these documents, he/she should schedule an appointment with the Program Director.

If students are doing poorly in their classes or clinical experience, then it is their responsibility to discuss this immediately with their respective instructor. If it is a course issue, then the student may need to schedule an appointment with the course instructor immediately. Students are excused from their clinical rotations for these academic appointments, as long as they notify their clinical instructors if they are going to be late or briefly absent. The faculty member or clinical instructor should contact the program director at any time if they feel s/he should get involved.

Clinical education performance will be evaluated based on specific objectives determined by each clinical setting and course in the AT Program.

Written Assignments and Program Documents

All written materials submitted in fulfillment of the Athletic Training Program's coursework and/or program requirements must meet professional and accreditation standards. Each written document must be clearly legible, complete, and concise. The student must have writing skills that efficiently and effectively communicate critical information needed by the reader. Thus, the professional standard established for the AT Program is the American Psychological Association Publication Manual (5th edition) (commonly referred to as the APA Manual, 2001). All written assignments must be ***typed*** according to this guide. Each student is responsible to proofread all written work for both content and style before submission. Students are expected to produce original work. Proper citations of reference materials must be made at all times. Any student representing another person's work as her/his own will be subject to disciplinary action for plagiarism. All suspected cases of plagiarism / academic dishonesty will be immediately reported to the Dean of Students. The student will be notified by the Dean of Students. All written work must be easily readable and meet the course instructor's and/or clinical supervisor's requirements for the assignment. All written assignments and program documents (including clinical education forms and evaluation forms) are due on the day and at the time assigned by the instructor or program administrators. Even if the student is absent, the assignment is still expected on time.

Lateness of assignments will result in lowered grading or 0 points. It is always advisable to retain a copy of submitted assignments – especially clinical hours. Instructors are human, too, and the student has the responsibility for her/his own assignments. (See also University policy.)

Examinations

All examinations or skill/competency evaluations must be stated and dated clearly in each course outline at the start of the semester, or announced at least 7 days in advance of its administration. If the course schedule must be revised, the instructor will provide at least one week's notice – unless otherwise approved by all students in the class. Unless stated in the course outline, there will be no repeat testing for failed student performance on a written exam. However, ***any student who fails (less than 70%) on a psychomotor competency or proficiency during an oral/practical exam will receive the initial grade, but must schedule a time to retest the skill with the instructor within 2 weeks.***

Students will only be excused from any performance evaluation, of any type, with a documented reason for the absence. Any student who must be absent from an exam must notify the course instructor in advance and in writing. Documentation for the absence must be given to the course instructor and will be placed in the student's academic file in the Program Director's office. In the event of an emergency, the student must make every effort to contact the instructor on the day of the exam (i.e., by phone, voicemail, or email) and must provide written documentation immediately upon returning to the University. Refer to Attendance Policy.

Make-up examinations and/or competency evaluations (for excused absences only) will be scheduled at the discretion of the course instructor. The student must collaborate with the instructor with regard to suitable date and conditions of any make-up examination or evaluation. ***Meeting with the instructor and taking the make-up exam(s) take priority over clinical education responsibilities.***

REQUIREMENTS TO SIT FOR THE BOARD OF CERTIFICATION EXAMINATION

A goal of the UI Athletic Training Program is for all graduating students to sit for the BOC examination. This computer examination is comprised of multiple-choice and simulation questions. For more information about the exam, visit <http://www.bocatc.org>. For additional information on how to apply to take the exam, visit <http://www.act.org/actcenters/index.html>. The Program Director in conjunction with the AT Program faculty and staff will judge whether it is appropriate for a student to take the exam. Although the Program Director will provide the endorsement for the vast majority of the students to take the exam, there may be cases in which taking the exam and possibly entering athletic training employment is not in the best interest of the student or the profession.

The following requirements must be met to become eligible for the BOC Examination:

1. Successful completion of the curriculum in the UI Athletic Training Program including comprehensive examinations.
2. Successful completion of all clinical competencies and proficiencies.
3. Successful completion of all semester-end evaluations.
4. In good standing in the UI Athletic Training Program (not on probation)

University of Idaho

CHAPTER 3:

CLINICAL EDUCATION

CHAPTER 3 - CLINICAL EDUCATION

The ATS is encouraged to become an integral part of athlete/patient care in all clinical education settings. Students should become involved in all facets of the health delivery system and become familiar with the complex roles of the athletic trainer. Our goal is to provide clinical education experiences that address the continuum of care in order to prepare a student to function in a variety of settings, with patients engaged in a range of activities or conditions, and provide athletic training services across all of the standards of practice delineated for an athletic trainer in the profession. These roles include functioning in a multi-disciplinary environment with a variety of health professionals. This role does NOT include transporting patients to and from appointments with physicians, transporting equipment or coolers needed for clinical experiences, etc.

The ATS should gain as much knowledge and experience as possible concerning injuries/conditions, athlete/patients, health care providers and administrative tasks in the different athletic training clinical settings while supervised by a Preceptor. A Preceptor is an appropriately state credentialed health care professional. The majority of your clinical education will be supervised by an athletic trainer (certified and in good standing with the BOC) who currently possesses the appropriate state athletic training practice credential. The remaining clinical education may be supervised by another appropriately state credentialed health care professional as it fits CAATE standards and student need. **When completing your clinical rotations, you must be directly supervised by your Preceptor whenever you are delivering athletic training services. Students are not permitted to perform ANY athletic training service without direct supervision from a Preceptor. Students are required to report any violation of this policy to the Program Director or Clinical Education Coordinator.**

The goal of clinical education is to take didactic knowledge and apply it so that you develop practical clinical proficiency leading to eventual mastery of the taught competencies and proficiencies. Each experience should provide an opportunity for integration of psychomotor, cognitive, and affective skills, and clinical proficiencies within the context of direct patient care. Your clinical education and clinical field experiences are designed to allow for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The primary purpose of your clinical rotations is to provide you with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer. **At no time should a student replace professional athletic training staff or medical personnel as the assigned medical coverage or receive any monetary remuneration for providing athletic training services.**

Students must also refrain from applying skills during their clinical experiences which have not first been formally instructed and evaluated by a Preceptor. This is to ensure the safety of the patient and protect the ATS. For example, a student is not to perform an ultrasound treatment on a patient until they have been instructed on this competency and assessed on this skill by a faculty or

Preceptor in the UI AT Program. Only after this instruction and assessment may an ATS perform the skill in the clinical setting on a patient/athlete under the direct supervision of a Preceptor.

Students are only expected to complete an average of 25 supervised hours/week of clinical experience under the direct supervision of their Preceptor. These clinical experiences may be scheduled prior to the start of an academic semester, following the completion of an academic semester, and/or during holiday breaks (e.g., clinical assignment during August, over Thanksgiving break, etc.). Students are expected to complete these hours as assigned and any absence during this time must be approved by your Preceptor and AT Program Faculty (i.e., Director or Clinical Coordinator). Preceptors will schedule the ATS for these hours each week and are expected to give the ATS an average of two days off per week; however, students must have a minimum one day off in a 7 day period. **ATSs must complete a minimum of 225 clinical experience hours under the direct supervision of their Preceptor per semester, but should not exceed 500 hours of clinical experience in a given semester.** At no time should the student exceed 60 hours within a 2 consecutive week period during the academic year with express written permission from the AT Director. Students will be scheduled for their weekly hours by their Preceptor. Another policy to ensure the safety of the patient and protect the ATS is the Infectious Illness Policy. Students are to refrain from engaging in clinical experiences when they are ill.

Clinical Education and Clinical Experiences

Clinical Education involves direct visual and auditory supervision of a student by a Preceptor. This will usually occur in the classroom, lab, or athletic training setting during competency or proficiency instruction or evaluation. Clinical Education provides for integration of psychomotor, cognitive, and affective skills and clinical proficiencies. **Clinical Experience** provides for the clinical practice of competencies and proficiencies with Preceptor supervision in an athletic training clinic, physical therapy clinic, physician's office, or practice/game settings. The Preceptor directly supervises this formal clinical education experience. The formal instruction and evaluation of clinical proficiencies occur in this setting. In these settings, the Preceptor must be able to provide direct supervision. **Direct Supervision** requires that the Preceptor be physically present (direct visual and auditory supervision) and be able to intervene on behalf of the ATS and patient **at all times**. The Preceptor must consistently and physically interact with the ATS during the clinical rotation. CAATE requires both Clinical Education and Clinical Experience. All of your clinical education is contained in individual courses that are completed over two academic years. Clinical experiences may begin prior to or extend beyond the institution's academic calendar.

Students will engage in variety of clinical experiences/assignments with Preceptor during their on-campus and off-campus clinical experiences during their tenure in the UI-AT Program. Assignments to a Preceptor are categorized based on the skill set, site, and availability of the Preceptor and the ATS. This will include, but not be limited to: Individual and team sports; Sports requiring protective equipment (e.g., helmet and shoulder pads); Patients of different sexes; Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military); A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology). The AT Program will distribute these assignments through

individual and team sports, in-season/out-of-season sports, contact and non-contact sports, men and women's sports, general medical, and rehabilitation intensive rotations. Athletic training student clinical assignments will be made by the clinical education coordinator in consultation with the program director. Once a student is assigned to a Preceptor, they are to check with the Preceptor about the goals, objectives, responsibilities, policies and procedures that accompany that site and the sport(s) being covered.

Students assigned to complete an off-campus rotation, should anticipate and expect ahead of time to complete immunizations, orientation, etc., for that setting. This information will be amply available ahead of time. Students who have not completed these requirements so that they begin the off-campus rotation on time will be withdrawn from the off-campus rotation and will be re-assigned to complete it in the summer or another semester

Clinical Site Placement

Each student will be assigned to a clinical site by the Clinical Education Coordinator. The student will have the opportunity to recommend potential sites or Preceptors to the Program. Clinical assignments will be given to the student by the Clinical Education Coordinator. These clinical assignments may or may not be in line with the students desires. Students are required to complete their assigned clinical experience. Students may appeal clinical site placement to the Athletic Training Board (see Appeals section of the Handbook). Students who complete the clinical rotations off-campus will need to return to campus during final exam week to complete all necessary testing.

Clinical Experience Documentation

The following documents are essential elements for ensuring a quality clinical education experience.

Prior to beginning the first clinical rotation of the academic year students are responsible for submitting all of the following forms of documentation. Any student failing to submit required documentation will not be permitted to participate in ANY clinical experiences, including preseason activities.

1. Evidence of liability insurance – this will be purchased during the first week of your summer semesters.
2. Evidence of current Professional Rescuer CPR.
3. Completion of University of Idaho blood borne pathogen, OSHA, HIPAA, FERPA, training.
4. Completion of University of Idaho background check requirements.
5. Evidence of completed immunizations. Students with an incomplete Hepatitis B series will only be allowed to participate in clinical rotations if they have completed the first two shots in the series or have signed the waiver. Failure to provide evidence of the completed series (or a signed waiver) within the appropriate timeframe will result in removal from the clinical setting.
6. Signed MSAT Handbook and appropriate handbook forms.

7. Signed clinical orientation forms. Each student is required to complete an “ATS Self-Evaluation” form and review it with their Preceptor prior to starting any new rotation. The student and Preceptor will also complete/sign the “Clinical Experience Contract” form and the “EAP, BBP, & HIPPA/FERPA Policy Review” form. Each student is required to complete these forms with their Preceptor within the first week of their clinical rotation and must then return these forms to the Clinical Education Coordinator. The purpose of these forms is to ensure that the athletic training student and Preceptor have communicated clear expectations for the clinical experience and to review pertinent policies and procedures.

Clinical Experience Responsibilities

Once admitted into the AT Program, a student will be assigned to a Preceptor prior to the start of their clinical rotations. The purpose of the clinical assignment is to provide the student with opportunities to practice and master clinical skills, while gaining experience in the comprehensive health care of the physically active. Students will assist in tasks concerning injury prevention, evaluation and care of injuries, and design and implement rehabilitation and reconditioning procedures - all under the direct supervision of the Preceptor.

A Preceptor must:

- Supervise students during clinical education;
- Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
- Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
- Provide assessment of athletic training students’ clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
- Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training;
- Demonstrate understanding of and compliance with the Program’s policies and procedures;
- Be credentialed by the state in a health care profession (see glossary);
- Not be currently enrolled in the professional athletic training program at the institution;
- Receive planned and ongoing education from the program designed to promote a constructive learning environment.

The ATS should adhere to the following guidelines when assigned to a Preceptor:

- Follow the AT Program Clinical Supervision and Criteria for Claiming Clinical Education policies at all times.
- Consult with the athletic training staff on the evaluation, treatment, care and rehabilitation of all injuries/illnesses. Be sure to inform and consult with athletic training staff of any injury, illness, or emergency situations that an athlete or coach brings to your attention.

- Assist the Preceptor in documentation and keeping all injury records current and complete.
- Never get into a confrontation with a coach or administrator about a patient's status. Inform the athletic training staff about the problem and let them handle the situation.
- Do not perform any athletic training skill that has not been formally instructed and formally assessed as part of a required course in the UI-AT Program.
- Remain in good standing in the AT Program.
- Adhere to the NATA Code of Ethics, BOC Inc. Standards of Professional Practice, the University of Idaho's Campus Policies, the University of Idaho's Athletic Training Student Code of Conduct, and the laws governing the State of Idaho, as well as all Federal Laws. If you are unsure of what to do in a situation, talk to your preceptor, clinical education coordinator, and/or AT Program Director.
- Demonstrate the ability to meet the Technical Standards for Admission and continued participation in the AT Program.
- Complete the series of Hepatitis B Vaccine shots through the Health Center or other health facility of the ATS's choosing during the first semester in the AT Program (or signed waiver).
- Obtain and maintain current CPR/AED for the Professional Rescuer certification.
- Complete annual OSHA, FERPA, HIPAA, and Blood Borne Pathogen training.
- Progress toward the completion of all clinical education requirements under the direct supervision of a Preceptor.
- Attend mandatory AT Program meetings and in-services.

The ATS should adhere to the following guidelines when working with Patients:

- All ATS should be readily identifiable as a student. This includes wearing your AT student name badge while completing your clinical experiences.
- Maintain a degree of separation from the patients. This will enable you to maintain a level of professionalism.
- Socializing with patients will not be restricted; however, you are expected to perform high quality professional work regardless of personal opinions or feelings you may have formed about someone. Therefore, it is strongly recommended you not date the patients. If your personal relationships affect your ability to as an athletic trainer, it will be discussed with you and/or corrective steps taken.
- Gossip is spread in the locker room and athletic training clinic extensively. Stories about your personal life whether true or not will affect your professionalism as an athletic trainer. Make sure you do not allow yourself to become the subject of gossip.
- Do not repeat medical information about players to their teammates, coaches, scouts, reporters, or other athletic personnel. The patients are trusting that the discussion with you will remain confidential. All information is confidential.
- The athletic training staff at the University of Idaho will not tolerate any prejudice for any reason. All patients will be treated as equals regardless of race, ability, gender, sport, or any other reason.

Affiliated Site

All clinical education sites must be evaluated by the Program on an annual and planned basis and the evaluations must serve as part of the Program's comprehensive assessment plan.

An athletic trainer, certified, and in good standing with the BOC, and who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student's clinical education. The remaining clinical education may be supervised by any appropriately state credentialed health care professional.

Criteria for Claiming Clinical Education Hours

1. Students must be directly supervised (i.e., within visual AND audible distance) by their clinical instructor **at all times** while providing AT services (they can go to the bathroom on their own). This supervision allows for immediate interaction, instruction, and correction of inappropriate actions. Only supervised clinical activities, as defined by CAATE standards and the definition of direct supervision, should be completed and/or counted toward the required clinical experience requirements. At no time shall a student be forced or coerced into violating this policy.
2. Students may only document those clinical hours that have been scheduled by their Preceptor and occur under the direct supervision of a Preceptor. An ATS's Preceptor will be assigned by the Clinical Education Coordinator and/or AT Program Director, who coordinate all clinical experiences.
3. Students should focus on quality over quantity of clinical field experience hours. Recording hours is NOT a competition between students as the ultimate goal is the quality of your education and not the amount.
4. While traveling with an athletic team, students should record hours that are spent attending to athletic training duties ONLY. Sitting on a bus or eating does not constitute athletic training duties.
5. Students may NOT obtain any clinical hours:
 - a. During the summer (outside of clinical courses or assignments). For example, a summer job in a sports medicine clinic or sports camps are great experience, but students cannot count any of these hours towards AT Program requirements.
 - b. During athletic training meetings, in-services, or classes.
 - c. During any unsupervised clinical experiences/activities.

Documentation of Clinical Education Hours

Students are required to document all of the clinical education hours. To aid the students in this recording process, the student must use the clinical experience documents (See Appendix D). It is the student's responsibility to record and calculate the clinical education hours, and have them **signed weekly** by the supervising clinical instructor. ***Students and Preceptors are equally responsible for verifying these hours.*** Students should total and record their "weekly" (Monday-

Sunday) hours, which the Preceptor will confirm by signing the weekly portion of the clinical hours verification sheet. The Preceptor must sign the clinical education hours and review the weekly totals to ensure that ATs are completing their clinical experience requirements. Program administrators will periodically visit each clinical site to review these documents and check if they are being done correctly/completely. The Clinical Hours Verification and Monthly ATS Evaluation form must be turned in to the Clinical Director at the end of every month. Students are expected to read, understand, and apply these instructions to all clinical hour procedures. If students have any other questions or concerns, they should contact the Program Director or Clinical Director. It is recommended also that students track their own clinical education hours in a daily planner, spreadsheet, or PDA. It should also be noted that students found to be falsifying their clinical hours verification sheet (i.e., claiming hours that were not assigned/supervised) will be subject to disciplinary action within the UI AT Program.

First Responder (Unsupervised Clinical Experience)

First Responder experiences are unsupervised events (no Preceptor present) and are NOT part of the UI AT Program. CAATE and the UI AT Program do not require First Responder Experiences, and as such, they would be voluntary. However, as the UI Clinical Supervision Policy requires direct supervision **at all times** during clinical experience, these experiences are **NOT** permitted. If this situation was to arise, the student would NOT be functioning as an ATS and the ATS and Preceptor would be in direct violation of AT Program policy and CAATE standards. Additionally, no ATS may be forced or coerced into working as a First Responder and these experiences may not be documented toward meeting the required clinical experience requirements. Any violation of the direct supervision policy must be immediately reported to either the AT Program Director or Clinical Education Coordinator.

Terminology

1. **Direct Supervision**: supervision of the athletic training student during clinical experience. The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and patient.
2. **Clinical Supervision**: a clinical experience that involves daily visual and auditory interaction between the athletic training student and a Preceptor (e.g., athletic trainer, physician, physical therapist, EMT, nurse).
3. **Unsupervised**: any clinical experience in which the athletic training student is acting *without* the physical presence of a Preceptor; thus making it impossible to intervene immediately. This situation is in violation of CAATE Standards and AT Program policy. As such, it is NOT permitted.
4. **Ability to Intervene**: The Preceptor is within the immediate physical vicinity and interacts with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions.
5. **Preceptor**: An appropriately credentialed professional identified to provide supervision of athletic training students during their clinical experience, and the instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies.
6. **AT Program**: CAATE accredited entry-level Athletic Training Program.

CLINICAL EDUCATION SUPERVISION POLICY

Clinical Experience Supervision

Each semester the ATS will be assigned to one or more Preceptor s. The Preceptor is typically responsible for the health care of a specific athletic team. In addition, the Preceptor oversees the clinical progression of the students under their supervision. Per CAATE accreditation standards, the AT Program ensures ATSs experience a variety of sport situations, as well as the opportunity to work with a variety of Preceptors. Non-ATs who sometimes supervise and teach students during their clinical education may include team physicians, physical therapists, or other allied health care professionals at affiliated clinical sites.

Direct supervision of athletic training students **must** take place during all clinical experiences under the direction of a Preceptor. The Preceptor, who plans, directs, advises, and evaluates the students' athletic training clinical experience must consistently and physically interact with the athletic training student at the site of the clinical experience to provide consistent education. The Preceptor must be physically present to intervene on behalf of the patient and the ATS at all times. Communication via a Walkie-Talkie or cellular telephone does **not** constitute appropriate supervision. The Preceptor must be in direct visual and auditory distance at all times. An unsupervised student is not considered to be completing clinical experience and may not document those hours. It is a violation of CAATE standards and AT Program policy for ATSs to be left without direct supervision during their clinical experiences. A key component of clinical education is that the student does not take the place of an AT or other credentialed allied health care provider, but will instead assist credentialed professionals during clinical rotations in working to improve and perfect their knowledge, skill-set, and decision-making process.

Clinical Education Supervision

Clinical education applies to the instruction and evaluation of the clinical competencies and proficiencies by a Preceptor. Constant visual (direct line of sight) and auditory interaction between the student and the Preceptor must be maintained. The Preceptor shall be physically present for psychomotor competency and proficiency instruction and evaluation. Our goal is direct supervision of all ATSs during their clinical education and field experiences, so that a Preceptor is always able to intervene in any situation as needed. Unlike Clinical Experience, Clinical Education can occur in the classroom, in a laboratory, or during clinical field experiences.

Clinical Travel Policy

Supervised travel, when available, is a required component of the AT Program. Supervised travel is not a "right" and is not a guaranteed part of any clinical experience. Supervised travel is instead a reward for ATSs who earn that chance and ATSs are expected to take advantage of that opportunity when it is presented. ATSs may document only those hours that meet the previously establish AT Program criteria for documentation. ATS are not allowed to travel without a preceptor. In this situation, the ATS is in direct violation of CAATE standards and AT Program policy. Unsupervised travel is not permitted by the AT Program.

PATHWAY TO EDUCATIONAL COMPETENCY AND CLINICAL PROFICIENCY

Clinical Courses

Each ATS must enroll and successfully complete the 4-semester sequence of Clinical Education Courses (AT 520, 522, 550, 552) and Clinical Experience Courses (AT 521, 523, 551, 553). The course syllabi describe content and expectations, but the focus is around Clinical Competencies and Proficiencies. The goal of these courses is that learning and perfecting skills under the direct supervision of a Preceptor enables quality learning over time. All ATSs are expected to attend and actively participate in each class session and during their clinical field experiences.

Educational Competency

Athletic training students (ATS) will be taught, allowed to practice, given time to learn, and assessed on hundreds of Clinical Competencies and Proficiencies. These athletic training skills will be formally instructed and assessed prior to an ATS performing them on an athlete/patient and form the objectives of UI-AT Program courses.

- Objectives of each course correspond to the NATA/CAATE defined educational competencies.
- Course content and lab experiences are driven by these educational competencies.
- Competencies will be systematically evaluated and graded by means of written and lab practical examinations.
- Competencies will be systematically evaluated and graded by means of written evaluation by Preceptors during Clinical Education and Clinical Experience.
- Competencies and proficiencies can be instructed/evaluated prior to that skill being formally taught in a didactic course by a Preceptor as learning moments present. These skills must be formally instructed/evaluated by a Preceptor prior to the ATS performing those skills on a patient.

Clinical Competencies and Clinical Integration Proficiencies (CIP)

Clinical competencies and CIPs will be assessed by:

- ATSs will be introduced to specific clinical skills in content and clinical education courses. They will be given opportunities for specific skill practice in these courses.
- Peer Evaluation – It is recommended that ATS practice with other ATSs and provide evidence of specific skill practice (another ATS initials) prior to having a Preceptor evaluating that clinical skill.
- Preceptor Evaluation – Preceptors will evaluate the competence of each ATS according to the following criteria:
 - Competencies, CIPs and foundational behaviors of professional practice on mid semester and end of semester ATS evaluation forms in AT 521, 523, 551, and 553.
 - Psychomotor competencies will be evaluated in AT 520, 522, 550, and 552.

Psychomotor Skill Scoring/Rating Policy:

Competent: Each ATS must score 90% or better to meet the minimal standard for mastery, this ATS will rate as “Competent.” The ATS must also demonstrate “*overall conceptual understanding*” of the skill. If an ATS cannot demonstrate genuine and complete comprehension, they can be scored no higher than “Needs Improvement,” regardless of the points earned for that skill.

Needs Improvement: If the ATS scores between 70% - 90%, the appropriate rating is “Needs Improvement.” In this case, the ATS must return to the Preceptor before finals week to demonstrate mastery (90+%). The initial rating of “Needs Improvement,” earns the ATS 70% (3.5 of 5) of the points for that skill.

Inadequate: If the ATS scores below 70%, they rate as “Inadequate.” For an original rating of “Inadequate” the ATS receives no points for the clinical class, but must still obtain a “Competent” rating (90+%) from the Preceptor before finals week.

If a specific skill can NOT be evaluated at your clinical site, (e.g., Isokinetic Evaluation), that skill will be evaluated by a Preceptor on campus. The ATS will be required to perform, and be evaluated, on that skill when they return to campus for final exams.

To successfully complete the Clinical course, the ATS must rate as “Competent” for all skills taught in the course by the end of the semester. If the ATS does not rate as “Competent” in all psychomotor competencies and proficiencies, the ATS will fail the course regardless of the grade received from all other course elements. Along with this, to successfully complete the course, the ATS must pass (70% or higher) the corresponding oral practical final exam for that course given by the instructor.*

STUDENT CLINICAL EVALUATIONS

ATS Evaluations

Approved Clinical Instructors will evaluate student's clinical performance at the end of every month, the middle of the semester and at the completion of each semester. These evaluations will be based on student performance, progression, and completion of objectives tied to their clinical course. Further evaluations will be based on the student's academic progress and completion of clinical competencies and proficiencies. The assigned approved clinical instructor, the student and the program director/clinical director will meet face to face at the end of each semester to discuss the students' evaluation and advancement in the educational program as outlined in the retention procedures.

ATS Self-Evaluations

In addition, the student will self-evaluate each semester, either at the end of that current semester or prior to the start of the next semester. This is time for honest and clear reflection as to the present status and future direction of the ATS. This evaluation will be reviewed by the Clinical Director and Program Director to assist the ATS in their clinical progression. Also, the student self-evaluation will be tied to their AT Program clinical experience contract/pre-season goals sheet. This form is completed by the student and their Preceptor prior to beginning a rotation so that clear objectives can be set for ATS growth under the supervision of that Preceptor.

Preceptor Evaluations

Every semester the ATS will be asked to confidentially evaluate one or more Preceptors. This involves completing an objective form covering various aspects of being a clinical instructor. It is NOT a tool of revenge or negativity, but is instead a method of Preceptor and AT Program improvement. It is crucial that we constantly strive to improve and the hope is that these honest and informative evaluations will aid in that effort. Remember to be honest, but not personal as you are evaluating methods, actions, skills, etc., of the Preceptor in a manner that is not meant to demean the person.

Clinical Site Evaluations

To maintain and improve the AT Program, each ATS will be asked to anonymously assess their clinical site each semester. This allows for an objective review of the clinical site's strengths and weaknesses in allowing students to learn, practice, and master athletic training skills. Please be honest and constructive in your responses as this allows the AT Program to provide the best learning environment.

Semester-End Clinical Competency and Proficiency Evaluations

At the end of each semester, students will complete a clinical competency and proficiency evaluation. The semester-end clinical competency and proficiency evaluations are supportive in nature. The purpose of this evaluation is to determine if students are learning and retaining appropriate skills and knowledge for the student's level in the program. Using each student's UI Clinical Competency and Proficiency Manual, several previously completed

competencies/proficiencies will be selected at random within each domain/course for each student. Students are scored according to the scale on each clinical competency/proficiency. Any failed clinical competency/proficiency must be re-taken. Results of the semester-end clinical competency/proficiency exams, along with mid-semester and semester-end evaluations completed by the student's clinical instructor(s), will be used regarding retention decisions regarding the clinical portion in the UI AT Program. Failure to schedule and complete these exams will result in probation. Graduating seniors who fail to complete this requirement will not be cleared for graduation, receive their CAATE Program completion certificate, or approval regarding the BOC, Inc. exam.

University of Idaho

AT Program Clinical Education Policy

To remain in compliance with CAATE (Commission on Accreditation of Athletic Training Education) accreditation standards and to provide the appropriate clinical experiences for UI-Athletic Training Students, every ATS and clinical staff member agrees to read, acknowledge, and follow completely CAATE Standards 52 and 63.

CAATE Standard: Program Delivery

52. An athletic trainer, certified, and in good standing with the BOC, and who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student's clinical education. The remaining clinical education may be supervised by any appropriately state credentialed health care professional.

63. The program must include provision for supervised clinical education with a Preceptor. Students must be directly supervised by a Preceptor during the delivery of athletic training services. The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

I (print full name) _____ have read and understand Chapter 3 of the AT Program ATS Handbook and the AT Program Clinical Education Policy. Furthermore, the AT Program Clinical Supervision Policy has been discussed and clearly explained to me by AT Program faculty. As such, I understand that acting beyond the scope of an ATS or without direct supervision is not permitted by AT Program policy and CAATE standards. I am aware that such an action, or any other violation of AT Program policy discussed in Chapter 3, would leave me open to litigation and/or AT Program sanctions. This record will be kept in my permanent file.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

University of Idaho

AT PROGRAM Clinical Practice Policy

To remain in compliance with CAATE (Commission on Accreditation of Athletic Training Education) accreditation standards and to provide a safe environment for the patients at clinical sites utilized by UI-Athletic Training Students, every ATS and clinical staff member agrees to read, acknowledge, and follow completely CAATE Standards 53-55.

CAATE Standard – Program Delivery

53. Athletic training students must be officially enrolled in the program prior to performing skills on patients.

54. Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.

55. All clinical education must be contained in individual courses that are completed over a minimum of two academic years. Clinical education may begin prior to or extend beyond the institution's academic calendar.

I (print full name) _____ have read and understand the UI Athletic Training Program – Clinical Practice Policy. Furthermore, I understand that acting outside the scope of the AT Program Clinical Practice Policy is a violation of AT Program policy and CAATE standards. I am aware that such an action would leave me open to litigation and/or AT Program sanctions. This record will be kept in my permanent file.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

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CHAPTER 4:

**ACADEMIC POLICIES AND
PROCEDURES**

FOUNDATIONAL BEHAVIORS OF PROFESSIONAL PRACTICE

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient

- ♦ Recognize sources of conflict of interest that can impact the client's/patient's health.
- ♦ Know and apply the commonly accepted standards for patient confidentiality.
- ♦ Provide the best healthcare available for the client/patient.
- ♦ Advocate for the needs of the client/patient.

Team Approach to Practice

- ♦ Recognize the unique skills and abilities of other healthcare professionals.
- ♦ Understand the scope of practice of other healthcare professionals.
- ♦ Execute duties within the identified scope of practice for athletic trainers.
- ♦ Include the patient (and family, where appropriate) in the decision-making process.
- ♦ Work with others in effecting positive patient outcomes.

Legal Practice

- ♦ Practice athletic training in a legally competent manner.
- ♦ Identify and conform to the laws that govern athletic training.
- ♦ Understand the consequences of violating the laws that govern athletic training.

Ethical Practice

- ♦ Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.
- ♦ Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice*.
- ♦ Comply with other codes of ethics, as applicable.

Advancing Knowledge

- ♦ Critically examine the body of knowledge in athletic training and related fields.
- ♦ Use evidence-based practice as a foundation for the delivery of care.
- ♦ Appreciate the connection between continuing education and the improvement of athletic

training practice.

- ♦ Promote the value of research and scholarship in athletic training.
- ♦ Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

Cultural Competence

- ♦ Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- ♦ Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- ♦ Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism

- ♦ Advocate for the profession.
- ♦ Demonstrate honesty and integrity.
- ♦ Exhibit compassion and empathy.
- ♦ Demonstrate effective interpersonal communication skills.

CONFIDENTIALITY

Student File Confidentiality

The AT Program and Office of the Registrar maintain academic and personal records on all students. Except under legal compulsion, information contained in such records, with the exception of name, address, dates of attendance, and degrees obtained, will not be released to agencies outside the University without written consent of the student.

The AT Program will maintain program documents of all ATs in the Program Director's office. These documents include, but are not limited to the following: admission materials, academic records, evaluations, course examinations and quizzes, clinical hours, advising reports, infractions, and any/all documentation of a student's academic and clinical progress for a period of five years following graduation.

If, at any time, students wish to review their file, they should schedule an appointment with the Program Director. ATs are protected to have personal and professional information remain confidential. (See NATA Code of Ethics and Family Education Rights and Privacy Act (FERPA): www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

Professional Confidentiality

ATs must respect the confidentiality of all patients, clients, and consumers of the athletic training services. Any use of client data in classroom learning activities shall not reveal the name of the client. ATs are expected to meet the clinical site's standards for confidentiality at all times.

Any information about a patient's medical condition or treatment that an AT may acquire in locker rooms, athletic training facilities, physician's offices or otherwise is considered confidential. ATs have a unique opportunity to observe and participate in clinical experiences. If this opportunity is mistreated, the AT will be terminated immediately if they violate this confidentiality. Furthermore, the professional rapport ATs establish with patients, coaches, and physicians is jeopardized by the lack of discretion and violation of this ethical conduct.

In the preceding sections, it has been made clear the athletic trainer is a health care professional. In this position, medical information becomes available to you. This information is the personal business of the patient. It is not to be repeated to the coaches, other patients, scouts, reporters, or friends. All of these people can be referred to the head and assistant athletic trainers for information. The proper response to questions about height, weight, personality, or ability is that you may not comment due to patient confidentiality. The wrong phrase presented in the wrong manner or out of context can ruin a patient's career or reputation. Don't abuse the trust you have been given.

This also applies to the patient's medical file. Use discretion when placing information in the file.

This information is confidential and is not to be discussed with anyone. If you have questions about information in the file, refer to either the head or assistant athletic trainers or the team physician. **DO NOT DISCUSS ANY INFORMATION YOU SEE IN A MEDICAL FILE WITH ANYONE OTHER THAN THE ATHLETIC TRAINING STAFF (with a need to know) OR TEAM PHYSICIANS.**

BEHAVIORAL STANDARDS

Standard 1. Be Considerate and Courteous:

1. Actively listen and respond with empathy. Maintain and respect the confidentiality of sensitive information at all times and honor confidentiality of athlete's and students at all times.
2. Participate in solving problems, finding solutions and resolving conflicts.
3. Courteously address faculty, staff, administration, students and patient/athletes at all times.

Standard 2. Treat Others with Respect:

1. Anticipate the needs of others (athletes, students, staff and faculty) and respond promptly.
2. Display a positive and caring attitude towards athletes, students, staff and faculty.
3. Be positive with words and actions when interacting with others.
4. Demonstrate a personality that promotes a positive work and learning environment.
5. Honor the time commitments of athletes, students, staff and faculty.
6. Demonstrate an interpersonal behavior and appearance that reflects well on the University, the AT Program, and yourself
7. Treat everyone the same regardless of race, religion, ethnic background, sexual preference, or socioeconomic level.

Standard 3. Be Supportive and Cooperative with Others:

1. Communicate openly, honestly and directly at all times.
2. Offer encouragement and support others.
3. Recognize and respect others and learn to value differences.
4. Demonstrate good judgment through consistent application of the behavioral standards.
5. Be flexible and open to new ideas and approaches in handling situations.

Standard 4. Display Pride:

1. Take initiative and be proactive.
2. Take appropriate action when needed and strive for continuous improvement.
3. Report to clinical assignments and rotations on time as assigned by your Preceptor or faculty member.
4. Be knowledgeable, responsible, accountable and involved.
5. Promote and demonstrate teamwork.
6. Treat all facilities and supplies with respect, pride and care.
7. Support the mission of the AT Program at UI.

Standard 5. Demonstrate Leadership Qualities:

1. Support and uphold the fair and equal treatment of patient/athletes, students, staff and faculty.
2. Serve as a positive role model and mentor for patient/athletes and fellow students.
3. Offer positive reinforcement to patient/athletes and fellow students.
4. Set and communicate clear, realistic and measurable goals and expectations.
5. Create a learning environment that encourages continuing education and a positive atmosphere that promotes improvement.
6. Serve as a valuable resource by sharing related experiences with others.

General Rules of Professional Conduct:

1. Demonstrate progressive improvement as an athletic training student during the two-year academic period through the completion of clinical educational elements, clinical testing and demonstration of proper skill techniques during clinical and field experiences.
2. Completion of the required curriculum, with the grade of “C” or better.
3. Maintain a 3.0 cumulative GPA or higher and receive no lower than a “C” in any course. If the cumulative GPA falls below 3.0, the student will receive notice from the College of Graduate Studies. Two consecutive semesters of < 3.0 will result in a dismissal from the graduate school.
4. Completion of AT Clinical Education Clinical Workbooks (comp./prof. manuals).
5. Maintain current CPR certification and professional liability insurance.
6. Attendance or excused absence at all AT Program educational meetings.
7. Accumulation of clinical and field experiences, with differing genders, risk levels, equipment requirements, and general medical injuries and illness within the two-year academic period.
8. Fulfill duties and expectations relating to athletic training education as assigned by your Preceptor, including satisfactory evaluations.
9. Practice proper grooming habits and hygiene.
10. Apply him/herself to all academic work. Be prompt in attendance at all classes. Classroom and clinical education are equally important. A complete content knowledge level is necessary to competent entry-level practice. Use your time away from the clinical education portion to study and achieve balance. Let the Program Director know if you are having trouble managing the assigned load.
11. Follow the clinical education schedule unless otherwise approved by the appropriate AT personnel (staff, Program Director or Clinical Coordinator).
12. Remember he/she will be judged by the patients under his/her care and by his/her actions at all times. Inappropriate behavior outside of the athletic training environment can and will affect the athletic training student’s professional relationship with some patients. If his/her professional effectiveness is hindered by other behavior and it compromises his/her performance in his/her duties, action must be taken by the AT Program Director.
13. Enforce all athletic training clinic rules without discrimination.
14. Do not slander another athletic trainer, coach, or patient.

15. Do not use vulgar or inappropriate language. Any violation will result in immediate removal.
16. Be prompt in attention to the tasks of athletic training and the performance of athletic training facility responsibilities:
 - a. Reporting for scheduled clinical education hours
 - b. Keeping all appropriate medical documentation
 - c. Fulfilling assignments
 - d. Abiding by the NATA Code of Conduct & BOC Standards of Professional Practice.
17. Wear appropriate clothing when participating as a member of the AT Program.
18. Do NOT use tobacco or smokeless tobacco while during any clinical affiliation experience.
19. Do NOT wear University of Idaho Athletic Training apparel in any bar or tavern.

*Failure to comply with the rules of professional conduct will result in probationary or dismissal actions.

DRESS CODE GUIDELINES

Professional appearance is required of all ATs during their clinical rotations. The dress code at each clinical site may vary, however, the AT Program dress code is the minimum expectation. If a clinical site allows for attire that violates the AT Program dress code, students are expected to follow our stricter guidelines. If a clinical site requires attire that goes beyond the AT Program's minimal requirements, the student must follow the site's dress code. ***If students are not dressed appropriately, they will be sent home to change into appropriate clothing and report back within a reasonable amount of time set by the Preceptor.*** Students should abide by the following dress code for all clinical rotations:

1. Neatly groomed and professional at all times.
2. Solid colored polo shirts or T-shirts with UI logo.
 - a. The only T-shirts that ATs will be allowed to wear are site-specific shirts or one of UI's athletic training shirts.
 - b. Collared shirts must be worn when working games.
 - c. Only UI or site specific crew-neck sweatshirts may be worn.
 - d. Shirt and tie are also appropriate if you so desire.
3. Khaki/Blue/Black shorts/pants
 - a. On cold weather days working outdoor sports, ATs may wear blue or black warm-ups.
4. Hats only allowed at outdoor practices, not indoors.
5. No jeans, jean shorts, or sweat pants.
6. No clothes with **ANOTHER** school's name on them, unless it is the name of the school they are assigned in clinical rotation.
7. Jewelry or tattoos must exude a professional appearance and be kept to a minimum.
8. Athletic/tennis shoes with laces. Shoes must be functional and appropriate. No open-toed or heeled shoes (thongs, sandals, Birkenstocks, slip-ons, etc.) will be tolerated.
9. Shirts must be tucked in at all times!
10. Game day shirts (as described by the head athletic trainer) and matching shorts/pants (either khaki or black) are to be worn at all home and away contests unless formal attire is appropriate.
11. When traveling, formal attire is required. A coat and tie for men and corresponding attire for women (dress, skirt, pantsuit, slacks and blouse, etc.). During meals appropriate athletic training attire may be worn.
12. Dress for practices on the road the same way you would for home games and events.
13. **Wear UI AT Program nametags when working clinically. All students must be easily identifiable as a student.**

ATTENDANCE POLICY

Policy

In order to maintain the integrity of each student's academic experience, all students are required to be in attendance at every class session throughout the professional curriculum. However, we do realize that students may travel with athletic teams or have unexpected circumstances.

Attendance and punctuality is mandatory for all class and lab meetings. Each student will be allowed up to two (2) excused absences. Students will lose 3% of their final course grade for each additional absence greater than 2. Furthermore, there will be NO make-up exams for ANY unexcused absences. Attendance will be taken at the beginning of each class session, please be on time. Excessive tardies will result in a lowering of the ATS's final grade. Students should make every effort to contact the instructor prior to any absence, and immediately upon return or after class. If you anticipate being late to class due to extreme circumstances (i.e., bad weather, traffic, car problems, etc.), contact the instructor. All contact with the instructor must be made either through a voice message, text message, or email – don't forget to leave your name, time, date, and reason for calling. Athletic absences beyond 2 will require permission from the AT Program Director. All assignment deadlines are final.

Students must notify all of their course and clinical instructors immediately if they know they will miss class or be late. This communication should be made before class time or clinical experience; or as soon as possible. This can be done by phone call, voice mail, and email – don't forget to leave time and day information.

Procedure

Emergency Absences

- a. Emergency circumstances for which a student may be excused from class include the following: death of an immediate family member, serious personal illness or injury as documented by a physician, religious observances or natural disasters.
- b. In cases such as those above, the student must make a reasonable effort to inform ALL instructors prior to the absence.
- c. If contact prior to the absence is not possible, the student is responsible for notifying the instructors immediately following the absence.
- d. The student must make arrangements for making up any missed course work within five days following the absence.

Other Absences (including travel with athletic teams)

- a. At no time are students excused from class to cover home events and practices.
- b. The student should contact the instructors prior to the absence.
- c. The instructor should inform both the student and Program Director immediately after a student has obtained 2 absences, and every one thereafter.
- d. If a third absence occurs due to traveling with an athletic team, a student must notify the Program Director for approval 7 days (if possible) prior to departing. Students performing

academically well in class will most likely be allowed to travel, unless the course instructor prefers the student attend class.

- e. If the third or more absence is unexcused, then the student must meet with the instructor and Program Director to explain his/her absence. Each case will be handled independently. If it is determined that it is an unexcused absence, then the attendance policy will be applied appropriately to the student's final grade.

NOTE: It is the students' responsibility to contact their Preceptor in regards to unforeseen or emergency absences PRIOR to the clinical rotation meeting time.

PROBATION POLICY

Any student who fails to adhere to the “Rules of Professional Conduct” as defined in the AT Program Student Handbook, are subject to a probation period, the purpose of which is to remediate any existing deficiencies. Failure to follow any of the “Rules of Professional Conduct” will result in an immediate removal from the AT Program’s Clinical Education Experiences. Serious infractions of the “Rules of Professional Conduct” may result in immediate dismissal from the AT Program. The student may make an appeal to the AT Board following the “Appeals Process.”

All terms and conditions of the probation will be provided in a written document and will be signed by the AT Program Director and the student. Failure to meet the conditions of the probation will result in removal from the AT Program. Any student who does not meet the terms of the probationary agreement will be dismissed from the AT Program. Students may reapply to the AT Program no sooner than one year from the date of the dismissal from the AT Program.

Any student, who fails to adhere to the “Rules of Professional Conduct” for a second time will not be allowed to continue on in the Program and will be immediately dismissed. Students will receive written confirmation of all communications.

Any student, who wishes to appeal the decision, may follow the “Appeals Process in the AT Program Student Handbook”. Failure to follow the sequential steps of the “Appeals Process” will result in the appeal not being heard.

DISMISSAL POLICIES FOR AT CLINICAL EXPERIENCES

All terms and conditions of the probation will be provided in a written document and will be signed by the AT Program Director and the student. Failure to meet the conditions of the probation will result in removal from the AT Program. Any student who does not meet the terms of the probationary agreement will be dismissed from the AT Program. Students may reapply to the AT Program no sooner than one year from the date of the dismissal from the AT Program.

Any student who fails to adhere to all of the Behavioral Standards/Rules of Professional Conduct for a second time will not be allowed to continue in the Program and will be immediately dismissed. Students will receive a written confirmation of all communication.

Dismissal from the Clinical Experience is based on any of the following criteria:

- Two consecutive poor semester evaluations (immediate dismissal)
- Failure to meet probationary standards(immediate dismissal)
- If a student is placed on probationary status, a written contract will be developed between the student and the AT Program Faculty.
- Violation of Confidentiality Agreement (immediate probation or dismissal)
- Falsification/Misrepresentation of clinical hours, educational competencies completion, or professional/ethical standards as defined by the NATA or (immediate probation or dismissal)
- Three unexcused absences from clinical or habitual tardiness (immediate probation or dismissal)
- Failure to demonstrate other professional practices including communications with or about, faculty, staff, students, the AT Program, coaches, or patients (immediate probation or dismissal).
- Any serious infraction of the “Rules of Professional Conduct” (immediate dismissal).

APPEAL PROCESS

Please see Appeals Process discussed earlier in the AT Program Handbook (starts on Page 16).

BLOODBORNE PATHOGENS POLICY and BIOHAZARDOUS GUIDELINES

Due to risk of potential exposure to blood and other infectious materials, it is the policy of the Athletic Training Staff to give each student enrolled within the UI Athletic Training Program (AT Program) a pocket mask and formal instruction in Universal Precautions, according to the recommendations from the Center for Disease Control. This formal instruction will be provided in the classroom as part of the AT Program, and additionally be provided in a mandatory annual training program by the UI AT Program. Formal instruction in Universal Precautions includes: Disposal of needles, and other sharp instruments; hand washing; cleaning, disinfecting, and sterilizing; cleaning and decontaminating blood spills, laundry; disposal of infective waste; use of disposable gloves, masks, eyewear, gowns, and resuscitation equipment, and the exposure control plan.

Causative Factors and Health Consequences

HIV, HBV, HCV are transmitted through direct contact with infected blood or blood components, direct sexual contact, and prenatal mother to baby contact. High-risk behaviors such as sexual intercourse and sharing needles with persons who are infected have been identified as the most common sources of transmission of the viruses.

These policies are developed to accomplish the following:

1. Minimize contact with blood and body fluids by staff and student
2. Minimize likelihood of transmission of specific organisms, such as: HBV, HIV, TB, Staph, Strep.
3. Practice consistent appropriate sharp disposal procedures
4. Increase confidentiality for patients, i.e. the same precautions for all patients.
5. Practice consistent infection control procedures

Athletic Training Students (ATS), at their own expense, will be required to have had Hepatitis B Vaccinations. The vaccine is given by injection on three separate dates. Usually, the first two are given 1 month apart, and the third dose is administered 5 months after the second. After these three doses, the Hepatitis B vaccine is 85-95% effective in preventing Hepatitis B infection in those whom receive the vaccinations. Those students who are not immunized must sign a Hepatitis B Immunization Waiver (Appendix K) on an annual basis.

BIOHAZARDOUS GUIDELINES

All those in the UI AT Program shall strictly adhere to the guidelines and procedures for disposing of BIOHAZARDOUS waste materials for each clinical setting. BIOHAZARDOUS waste receptacles and sharp's boxes are located in all clinical sites.

Personal Protective Equipment

By order of OSHA and the county health department, all health care personnel must wear

personal protection equipment whenever possible exposure situations present themselves. The following protective equipment is strongly recommended when addressing bodily fluid situations:

- ❑ Latex or vinyl gloves
- ❑ Safety glasses (clear)
- ❑ Mouth and nose mask
- ❑ Disposable gowns (if needed)
- ❑ One-way valve CPR mask

These items (when needed) are mandatory for all ATs. It is further recommended that all ATs engage in proper post-treatment sanitation practices (such as personal protective equipment disposal, and antibacterial hand and forearm scrubbing). The personal protective equipment necessary to prevent occupational exposure is available for ATs use. Training on equipment is available and proper use of and repair/replacement procedures are provided. Students are provided personal protective equipment as outlined in the Bloodborne Pathogens Exposure Control Plan

Universal Precautions

1. Hands should always be washed before and after contact with each client. Hands should be washed after removal of gloves and other protective equipment. Hands should be washed with warm soap and water for a minimum of fifteen seconds or with a bacterio/virocide gel.
2. Gloves are provided to all employees and students. Glove use is indicated for:
 - ❑ All patient care which involves potential exposure to blood or body fluids
 - ❑ Cleaning of obvious or suspected blood/body fluids and decontamination procedures of work areas
 - ❑ When cleaning instruments contaminated with blood or body fluids prior to sterilization and which are capable of causing puncture or cut wounds
 - ❑ If the ATs has cuts, abraded skin, chapped hands, dermatitis, or other non-intact skin
3. Gowns or plastic aprons are indicated if blood and/or body fluid splattering are likely.
4. Masks and protective goggles should be worn if aerosolization or splattering is likely to occur such as in certain dental and surgical procedures, wound irrigations, post mortem examination and bronchoscopy.
5. To minimize the need for mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices are strategically located in the Athletic Training Clinic and in each athletic training kit.
6. All personal protective equipment must be removed and placed in the appropriate disposal site prior to leaving the work area.

7. Approved and labeled sharps disposal containers and hazardous waste containers are to be used for all tainted supplies.
8. All equipment and work surfaces must be cleaned with a 10% bleach solution, or decontaminate approved for such use, after contact with blood or other potentially infectious material and also at the end of the workday.
9. Towels contaminated with blood or body fluid should be placed and sealed in a hazardous waste red bag and taken directly to the laundry room where they are washed separately in a hot cycle.
10. Other regulated waste includes liquid or semi-liquid blood or other potentially infectious materials: contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, pathological and microbiological wastes containing blood, or other potentially infectious materials. Such regulated waste must be placed in the hazardous waste container or in a sealed hazardous waste red bag.

Disposal Guidelines

Materials contaminated by blood, body fluids, exudate, or other infectious substances are to be disposed in the covered waste receptacles lined with biohazard bags. These waste receptacles are located in each of the athletic training facilities. The following items should be disposed of in the BIOHAZARDOUS waste receptacles: gauze wound dressings, latex/vinyl gloves or other materials that have been contaminated with body fluids.

Scalpels, blades or other sharp objects contaminated with blood, body fluids, exudates, or other infectious agents should be disposed of in the sharp's box located in each athletic training facility.

Laundry (towels) that have been exposed to blood or body fluids, no matter how minimal, should be placed in a separate laundry bag and taken to the laundry room. Wear latex/vinyl gloves when carrying this bag. Notify the laundry room attendant about the contaminated towels and instruct that they should be washed separately in HOT WATER.

Notify the staff athletic trainer immediately when the BIOHAZARDOUS bag or sharp's box are full. Appropriate personnel at the physical plant will be notified to pick-up, transport and dispose of these materials.

Accidental Exposure

Exposure incidents involve contact with blood or other potentially infectious material through a needlestick, broken or scraped skin or the mucous membranes of the eye, mouth or nose.

- Any ATS that feels that exposure occurred, take the following steps immediately:
 - Wash needlestick injuries, cuts and exposed skin with soap and water.
 - Flush splashes of blood or other potentially infectious materials to the mouth and nose with water.
 - Irrigate eyes with clean water, saline, or sterile irrigants.
- Following any exposure incident, the ATS should:
 - Report the possible exposure to the supervising Preceptor immediately.
 - An incident report on what happened must be filled out (Appendix D). The AT Program Director and AT Program Medical Director should be notified. Report forms are on file in A.T. Clinic and Program Director's office.
 - The exposed individual should report to a nearby hospital for confidential medical evaluation and appropriate treatment.
 - If possible, the patient should be tested for hepatitis A, B, and C, tuberculosis, and HIV.

NOTE: The confidentiality rule will be in effect for any cases involving possible exposure situations.

The best advice to all ATs is safety first. Remember that non-puncture exposures carry the lowest chance contracting diseases.

INFORMATION

For further information and clarification, speak to the Program director or Preceptors.

INFECTIOUS ILLNESS POLICY

Athletic training students have a small but real health risk during their clinical experiences. They frequently come into contact with patients/athletes who are ill with potentially infectious diseases, and they often are required to tape or bandage wounds that present the potential for contact with blood borne pathogens. In addition, athletic training students who are ill with an infectious disease may present a health risk to patients/athletes. The UI Athletic Training Program (AT Program) aspires to prevent disease exposure to staff, athletic training students, and patients/ athletes.

Athletic training students must use universal precautions to limit the exposure to blood borne pathogens. OSHA blood borne pathogen training (or other acceptable training) for medical workers will be conducted annually for athletic training students in the fall. Institutional and program infection control policies will also be reviewed at this time.

Athletic training students must realize that ill health care workers present some risk to the patients/athletes they treat and with whom they come in contact. To limit this risk, the following steps will be followed:

1. If an athletic training student is ill, the student will be examined by a physician (or other licensed health care provider) of his/her choice. The physician will determine the appropriate treatment and the amount of time the student will be absent (if applicable) from clinical experiences.

The Center for Disease Control (CDC) provides specific guidelines for reporting communicable and infectious diseases (see table 3 from the CDC web page <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf>). These guidelines are designed to provide for the uniform reporting of diseases of public health importance within the community, in order that appropriate control measures may be instituted to interrupt the transmission of disease, and will be followed by the UI Athletic Training Program.

2. If it is determined that the athletic training student may have a potentially infectious disease, he/she will be asked to relate that information to their clinical instructor and the AT Program Director before their next scheduled clinical experience time.
3. The AT Program Director, in consultation with the AT Program Medical Director, will determine if the athletic training student requires further physician (or other related licensed health care provider) consultation/examination before he/she returns to their clinical experiences. The physician may schedule an examination, bar the athletic training student from reporting to their clinical setting, or permit the athletic training student to report back to their clinical setting.
4. Staff clinical supervisors may require that an athletic training student who appears ill, be examined by either a physician (or other licensed health care provider) of the athletic training students choosing.
5. A physician (or licensed health care provider) must examine athletic training students who miss any clinical experience time due to infectious illness before they are allowed to resume their clinical experiences.

HEPATITIS B IMMUNIZATION WAIVER

I understand that due to my clinical exposure to blood and other potentially infectious materials, I may be at risk for acquiring Hepatitis B Virus infection. It has been mandated that as a part of the formal athletic training curriculum I will receive formal instruction on Universal precautions and it is further recommended that I be vaccinated with Hepatitis B vaccine, at my expense, via a private physician. I understand that the Hepatitis B vaccine may not be 100% effective on the prevention of acquiring the virus.

I have received the Hepatitis B vaccination in a 3-shot series, and understand that a potential risk may still exist to acquire Hepatitis B.

I understand that by declining to receive the vaccination, I am at continued risk of acquiring Hepatitis B.

Signature

Date

Printed Name

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INFRACTION POLICY

Any ATS who displays inappropriate behavior (e.g., breaking policy), at any time or place, is an act of infraction (violation) against our AT Program requirements and expectations. In addition to a verbal warning, the Preceptor will also complete the infraction form that is placed in the student's academic file. After an infraction is written up, the student and Preceptor will review and discuss the infraction. ATSs are strongly encouraged at this time to make any professional comments and/or changes on the document to justify their behavior. Any additional comments by the ATS or Preceptor should be written on the infraction form before signing it and sending it to the Program Director or Clinical Education Coordinator.

If a second infraction (same behavior) should occur, another form is completed and the ATS will be required to meet with the Preceptor to discuss the infraction, actions taken, and risk probation. A copy of the infraction and follow-up actions will be placed in the ATS's file and a copy will be given to the ATS.

If a third infraction (same behavior) should occur, another form is completed and the ATS will be required to meet with both the Preceptor and Clinical Education Coordinator/Program Director to discuss the infraction, actions taken, and risk of probation. The ATS will be reminded that they only have one more infraction on this behavior before he/she is withdrawn from the AT Program. A copy of this infraction and follow-up actions will be placed in the ATS's file and a copy will be given to the student.

If a fourth infraction should occur, the ATS will be withdrawn from the AT Program.

NOTE: There may be some infractions (i.e. drug use) that can lead to immediate withdrawal from the clinical site or the AT Program.

CRITERIA FOR RETENTION IN THE AT PROGRAM

Once admitted into the AT Program, the students' academic and clinical progress will be evaluated each semester. The student who continues to demonstrate satisfactory academic and clinical progress in the Program will continue to the next semester. If an unsatisfactory report in either the clinical or academic aspects is noted, the student will be placed on probation for one semester to remedy the deficiencies. If these deficiencies are not corrected, the student may be dismissed from the AT Program. This decision is made by the Program Director in conjunction with the retention committee.

The following guidelines will be used to evaluate each ATS at the end of each semester in order to remain in good standing in the AT Program:

1. Must satisfy (with or without accommodation) the mental, cognitive, emotional, and physical technical standards involved in completing the competencies and clinical proficiencies in the Program. (See Chapter 2)
2. Must maintain a minimum overall 'B' Grade Point Average (3.0) while enrolled in the graduate program with a B- or better in each semester course. A student who fails to maintain satisfactory scholastic standing (below a C grade) in any given semester is academically suspended. All appeals should be directed to the Chair of the Admissions and Retention Committee in compliance with dates detailed in the letter of notification of suspension sent after the close of the semester. (See Graduate Student Handbook for more information)
3. Student clinical performance will be evaluated. In instances of unsatisfactory clinical performance, the student will be placed on probation for one semester. A student who does not attain an appropriate clinical performance level after one semester may be dismissed from the AT Program. These performance evaluations will be based on one or more of the following:
 - a. Mid-term and final clinical performance evaluations completed by the Preceptor.
 - b. Laboratory activities and oral practical examinations.
 - c. Completion of clinical competencies and proficiencies in a timely manner.
4. Must successfully perform all clinical proficiency skills on the semester-end evaluation. In the event a clinical proficiency is not performed successfully the student must return and demonstrate proficiency prior to the next semester. A student who does not attain an appropriate clinical performance level within one month from the first semester-end evaluation may be placed on probation the AT Program.
5. Successfully complete annual OSHA, FERPA, and Bloodborne Pathogen Training.
6. Successfully follow the NATA Code of Ethics and BOC Standards of Professional Practice, state practice act, and all other policies within this handbook.

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APPENDIX A:

**CAATE CLINICAL EDUCATION
TERMINOLOGY**

CAATE Clinical Education Terminology

Ability to Intervene	The Preceptor is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being “physically present.”
Academic Catalog/Bulletin	The official publication of the institution that describes the academic programs offered by the institution. This may be published electronically and/or in paper format.
Academic Plan	The plan that encompasses all aspects of the student’s academic classroom and clinical experiences.
Adequate	Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.
Administrative Support Staff	Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.
Affiliate (Affiliated Setting)	Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the AT Program for clinical experiences.
Affiliation Agreement	A formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as the memorandum of understanding.
Allied Health Care Personnel	Physician Assistants, physical therapists, registered nurses, doctors of dental surgery, and other health care professionals, recognized by the AMA/AOA as allied health professionals, who are involved in direct patient care and are used in the classroom and clinical education portions of the AT Program. These individuals may or may not hold formal appointments to the instructional faculty. Same as other health care professionals.
AT Program	Athletic Training Program.
AT Program Faculty	BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.

Athletic Training Facility/Clinic	The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.
Athletic Training Student (ATS)	A student enrolled in the athletic training major or graduate major equivalent.
Clinical Coordinator	The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the AT Program. The clinical coordinator position is currently recommended, but not required by the Standards.
Clinical Education	The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of a Preceptor.
Clinical Experiences	Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.
Clinical Instruction Site	The location in which a Preceptor interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the AT Program, then there must be annual review and documentation that the remote clinical site meets all educational requirements.
Clinical Instructor (CI)	An individual identified to provide supervision of athletic training students during their clinical experience. The Preceptor may not be a current student within the AT Program.
Clinical Instructor Educator (CIE)	The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for Preceptor training. If more than one individual is recognized as a CIE for an AT Program, then at least one of those individuals must be a BOC Certified Athletic Trainer.
Clinical Plan	The plan that encompasses all aspects of the clinical education and clinical experiences.
Clinical Ratio	The ratio of Preceptor to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed eight students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.

Communicable Disease Policy	A policy, developed by the AT Program, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC
Contemporary Instructional Aid	Instructional aids used by faculty and students including, but not limited to, computer software, AED trainers, and Epi-Pen trainers.
Contemporary Information Formats	Information formats used by faculty and students including electronic databases, electronic journals, digital audio/video, and computer software.
Didactic Instruction	See: Formal classroom and laboratory instruction.
Direct Patient Care	The application of professional knowledge and skills in the provision of health care.
Direct Supervision	Supervision of the athletic training student during clinical experience. The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
Directed Observation Athletic Training Student	A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.
Distance Education	Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. Same as remote education.
Equitable	Not exact but can be documented as comparable with other similar situations or resources.

Expanded Subject Area	Subject matter that should constitute the academic “core” of the curriculum. It must include, but not be limited to the following areas: assessment of injury/illness, exercise physiology, first aid and emergency care, general medical conditions and disabilities, health care administration, human anatomy, human physiology, kinesiology/biomechanics, medial ethics and legal issues, nutrition, pathology of injury/illness, pharmacology, professional development and responsibilities, psychosocial intervention and referral, risk management and injury/illness prevention, strength training and reconditioning, statistics and research design, therapeutic exercise and rehabilitative techniques, therapeutic modalities, weight management and body composition.
Formal Instruction	Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.
Full-time Faculty	Recognized by the sponsoring institution as a full-time member of the faculty with all responsibilities and voting privileges as other designated full-time faculty and documented in institutional faculty delineations.
Funding Opportunities	Opportunities for which students may participate for reimbursement, but that do not require the students to utilize athletic training skills, to replace qualified staff, and are not required of the academic program.
General Medical Experience	Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.
Geographic Proximity	Within a vicinity to allow for annual inspection, review, and documentation of meeting all academic requirements by the AT Program faculty/staff.
Learning Over Time (Mastery of Skills)	The process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.

Major	In documents of the institution (catalogue, web pages, etc.) where majors are listed, athletic training must be listed as a major. The designation as a major must be consistent with institutional and system wide requirements.
Master Plan	The plan of the AT Program that encompasses all aspects of student education and learning in both the clinical and didactic settings.
Medical Director	The physician (MD or DO) who serves as a resource for the programs director and AT Program faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.
Memorandum of Understanding	See: Affiliation agreement.
Other Health Care Personnel	See: Allied health care personnel.
Outcome Assessment Instruments	The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the AT Program mission, goals, and objectives of the program. Instruments also must be designed to collect data and feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.
Outcomes	The effect that the AT Program has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.
Physical Examination	An examination performed by an appropriate health care provider (MD,DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.
Physically Interact	See: Ability to intervene and physically present.
Physically Present	See: Ability to intervene.
Physician	A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.

Preceptor	An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The Preceptor may not be a current student within the AT Program.
Pre-Professional Student	A student who has not yet been admitted formally into the AT Program. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training Student.
Professional Development	Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services that allow for the continuation of eligibility for professional credentials.
Program Director	The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the AT Program.
Remote Education	See Distance education.
Service Work	Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.
Sponsoring Institution	The college or university that awards the degree associated with the AT Program and offers the academic program in Athletic Training.
Sufficient	See: Adequate.
Team Physician	The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.
Technical Standards	The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the AT Program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

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APPENDIX B:

**IDAHO STATE PRACTICE ACT,
NATA CODE OF ETHICS, &
BOC STANDARDS OF
PROFESSIONAL PRACTICE**

IDAHO STATE PRACTICE ACT FOR ATs

University of Idaho ATs all abide by the state of Idaho practice acts. The practice act can be found on the state licensure website <http://www.idahoata.com/licensure/>

The University of Idaho athletic training requires that all athletic trainers be licensed by the state and adhere to the policies, procedures, rules and regulations set forth by this governing body. We choose to uphold these standards and teach our students to as well, as they will also qualify for licensure up passing of the National board exam.

The Athletic Training Licensure Act changed the status of Idaho Athletic Trainers from "Registered" to "Licensed". Idaho Statute 54-3904 states, *"It shall be unlawful for any person to practice or to offer to practice as an athletic trainer, or to represent such person to be an athletic trainer unless such person is licensed under the provisions of this chapter."* All athletic trainers must work under the direction, both verbal and written, of a supervising physician or chiropractor. In addition, all athletic trainers are required to have an athletic training service plan/protocol on file with the Idaho Board of Medicine and must show documentation of continuing education consistent with BOC guidelines.

NATA CODE OF ETHICS

September 28, 2005

PREAMBLE

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

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

PRINCIPLE 1:

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2:

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

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.

2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:

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

3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:

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

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

BOC Standards of Professional Practice

Implemented January 1, 2006

Introduction

The mission of the National Athletic Trainers' Association Board of Certification Inc. (BOC) is to certify athletic trainers and to identify for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. The BOC has been responsible for the certification of athletic trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly the BOC provides a certification program for the entry-level athletic trainer that confers the ATC® credential and establishes requirements for maintaining status as a certified athletic trainer, ATC® (to be known as “athletic trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director. The BOC is the only accredited certification program for athletic trainers in the United States. Every five years the BOC must undergo review and re-accreditation by the National Commission for Certifying agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The BOC Standards of Professional Practice consists of two sections:

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

I. Practice Standards

Preamble

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

The Standards are intended to:

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

The Standards are NOT intended to:

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

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

Standard 1: Direction

The athletic trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention

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

Standard 3: Immediate Care

The athletic trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis

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

Standard 5: Treatment, Rehabilitation and Reconditioning

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

Standard 6: Program Discontinuation

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

Standard 7: Organization & Administration

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

II. Code of Professional Responsibility

Preamble

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

Code 1: Patient Responsibility

The BOC certified athletic trainer or applicant:

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

Code 2: Competency

The BOC certified athletic trainer or applicant:

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

Code 3: Professional Responsibility

The BOC certified athletic trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards.
- 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care.
- 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care.
- 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another athletic trainer that is related to the practice of athletic training, public health, patient care or education.
- 3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another athletic trainer that is related to athletic training, public health, patient care or education.
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful.

- 3.8 Does not, without proper authority, possess, use, copy, access, distribute, or discuss certification examinations, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials.
- 3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public.
- 3.10 Complies with all confidentiality and disclosure requirements of the BOC.
- 3.11 Does not participate in activities that lead, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony, or to a misdemeanor related to public health, patient care, athletics or education. This includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an athletic trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity.
- 3.12 Cooperates with BOC investigations into alleged illegal or unethical activities. This includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion.
- 3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.

Code 4: Research

The BOC certified athletic trainer or applicant who engages in research:

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

Code 5: Social Responsibility

The BOC certified athletic trainer or applicant:

Uses professional skills and knowledge to positively impact the community.

Code 6: Business Practices

The BOC certified athletic trainer or applicant:

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

University of Idaho

APPENDIX C:

**COMPETENCIES IN ATHLETIC
TRAINING**

COMPETENCIES IN ATHLETIC TRAINING

This text can be purchased through www.nataec.org and provides a comprehensive listing of competencies and clinical proficiencies required of the entry-level athletic trainer. See below for general explanations.

Preface

The 5th edition of the Athletic Training Education Competencies (Competencies) provides educational program personnel and others with the knowledge, skills, and clinical abilities to be mastered by students enrolled in professional athletic training Programs. Mastery of these Competencies provides the entry-level athletic trainer with the capacity to provide athletic training services to clients and patients of varying ages, lifestyles, and needs.

The Commission on Accreditation of Athletic Training Education (CAATE) requires that the Competencies be instructed and evaluated in each accredited professional athletic training Program. The Competencies serve as a companion document to the accreditation standards, which identify the requirements to acquire and maintain accreditation, published by CAATE.

The Professional Education Council (PEC) of the NATA was charged with creating the 5th edition of the Competencies. The PEC developed and executed a systematic plan to draft the Competencies and to solicit and integrate feedback from multiple sources as the draft was revised. First, the PEC orchestrated an initial open call for feedback on the 4th edition of the Competencies. Next, groups of subject-matter experts, including practicing athletic trainers, educators, and administrators, were identified. In addition to the feedback on the 4th edition, these subject-matter experts considered today's healthcare system, current best practice in athletic training, and their own expertise in creating an initial draft of the 5th edition. Many conversations ensued and subsequent drafts were submitted. Following revision for form and consistency of language, a draft of the Competencies was again posted for open feedback. This valuable feedback was considered in its entirety by the PEC, and final revisions were made.

We thank the members of the PEC for their untiring efforts in revising this document to reflect the changing needs of athletic training education. The advice, cooperation, and feedback from the Board of Certification and the CAATE have also been instrumental in this process. Finally, the diligent and perceptive feedback that was received from stakeholders during the public comment periods was instrumental in creating a document that ensures that entry-level athletic trainers are prepared to work in a changing healthcare system. Together we are improving healthcare by improving the education of athletic trainers.

- NATA Executive Committee for Education, December 2010

This document is to be used as a guide by administrative, academic, and clinical program personnel when structuring all facets of the education experience for students. Educational program personnel should recognize that the Competencies are the *minimum requirements* for a student's professional education. Athletic training Programs are encouraged to exceed these minimums to provide their students with the highest quality education possible. In addition, programs should employ innovative, student-centered teaching and learning methodologies to connect the classroom, laboratory and clinical settings whenever possible to further enhance professional preparation.

The acquisition and clinical application of knowledge and skills in a Program must represent a defined yet flexible program of study. Defined in that knowledge and skills must be accounted for in the more formal classroom and laboratory educational experience. Flexible in that learning opportunities are everywhere. Behaviors are identified, discussed, and practiced throughout the educational program. Whatever the sequence of learning, patient safety is of prime importance; students must demonstrate competency in a particular task before using it on a patient. This begins a cycle of learning, feedback, refinement, and more advanced learning. Practice with concepts by gaining clinical experience with real life applications readies the student for opportunities to demonstrate decision-making and skill integration ability, Clinical Integrated Proficiencies (CIP). CIPs are designed to measure of real life application. Students should be assessed in their performance of CIPs on actual patients. If this is not possible, standardized/simulated patients or scenarios should be used to measure student proficiency.

Also, inherent in this document is the understanding that a comprehensive basic and applied science background is needed for students to develop appropriate levels of professional competence in the discipline-specific knowledge and skills described in this document.

All facets of the educational programs must incorporate current knowledge and skills that represent best practice. Programs must select such content following careful review of the research literature and consideration of the needs for today's entry-level practitioner. Because the knowledge within a profession is dynamic, information regarding current best practice is fluid and requires on-going examination and reflection.

The following are the eight competency content areas:

Evidence-Based Practice (EBP)

Evidence-based practitioners incorporate the best available evidence, their clinical skills, and the needs of the patient to maximize patient outcomes. An understanding of evidence-based practice concepts and their application is essential to sound clinical decision-making and the critical examination of athletic training practice.

Practicing in an evidence-based manner should not be confused with conducting research. While conducting research is important to the profession of athletic training, developing the ability to conduct a research project is not an expectation of professional education. This section focuses on the knowledge and skills necessary for entry-level athletic trainers to use a systematic approach to ask and answer clinically relevant questions that affect patient care by using review and application of existing research evidence. One strategy, among others, is to use a five-step approach: 1) creating a clinically relevant question; 2) searching for the best evidence; 3) critically analyzing the evidence; 4) integrating the appraisal with personal clinical expertise and patients' preferences; and 5) evaluating the performance or outcomes of the actions.

Prevention and Health Promotion (PHP)

Athletic trainers develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients'/patients' overall health and quality of life. These strategies and programs also incorporate the importance of nutrition and physical activity in maintaining a healthy lifestyle and in preventing chronic disease (e.g., diabetes, obesity, cardiovascular disease).

Clinical Examination and Diagnosis (CE)

Athletic trainers must possess strong clinical examination skills in order to accurately diagnosis and effectively treat their patients. The clinical examination is an on-going process, repeated to some extent each time the patient is treated. The development of these skills requires a thorough understanding of anatomy, physiology, and biomechanics. Athletic trainers must also apply clinical-reasoning skills throughout the physical examination process in order to assimilate data, select the appropriate assessment tests, and formulate a differential diagnosis.

Acute Care of Injuries and Illnesses (AC)

Athletic trainers are often present when injuries or other acute conditions occur or are the first healthcare professionals to evaluate a patient. For this reason, athletic trainers must be knowledgeable and skilled in the evaluation and immediate management of acute injuries and illnesses.

Therapeutic Interventions (TI)

Athletic trainers assess the patient's status using clinician- and patient-oriented outcome measures. Based on this assessment and with consideration of the stage of healing and goals, a therapeutic intervention is designed to maximize the patient's participation and health-related quality of life.

A broad range of interventions, methods, techniques, equipment, activities using body movement, and medications are incorporated into this domain. These interventions are designed to enhance function by identifying, remediating, and preventing impairments and activity restrictions (functional limitations) to maximize participation. Rehabilitation is conducted in a wide variety of settings (e.g., aquatic, clinic) with basic and contemporary equipment/modalities and on a wide range of patients with respect to age, overall health, and desired level of activity. Therapeutic interventions also include the use of prescription and nonprescription medications. For this reason, the athletic trainer needs to be knowledgeable about common prescription and nonprescription drug indications, adverse reactions, and interactions.

Therapeutic interventions include:

- ◆ Techniques to reduce pain
- ◆ Techniques to limit edema
- ◆ Techniques to restore joint mobility
- ◆ Techniques to restore muscle extensibility
- ◆ Techniques to restore neuromuscular function
- ◆ Exercises to improve strength, endurance, speed, and power
- ◆ Activities to improve balance, neuromuscular control, coordination, and agility
- ◆ Exercises to improve gait, posture, and body mechanics
- ◆ Exercises to improve cardiorespiratory fitness
- ◆ Functional exercises (e.g., sports- or activity-specific)
- ◆ Exercises which comprise a home-based program
- ◆ Aquatic therapy
- ◆ Therapeutic modalities
 - superficial thermal agents (e.g., hot pack, ice)
 - electrical stimulation
 - therapeutic ultrasound

- diathermy
- therapeutic low-level laser and light therapy
- mechanical modalities
 - traction
 - intermittent compression
 - continuous passive motion
 - massage
- biofeedback
- ◆ Therapeutic medications (as guided by applicable state and federal law)

Psychosocial Strategies and Referral (PS)

Athletic trainers must be able to recognize clients/patients exhibiting abnormal social, emotional, and mental behaviors. Coupled with recognition is the ability to intervene and refer these individuals as necessary. Additionally, athletic trainers appreciate the role of mental health in injury and recovery and use interventions to optimize the connection between mental health and restoration of participation.

Healthcare Administration (HA)

Athletic trainers function within the context of a complex healthcare system. Integral to this function is an understanding of risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management.

Professional Development and Responsibility (PD)

The provision of high quality patient care requires that the athletic trainer maintain current competence in the constantly changing world of healthcare. Athletic trainers must also embrace the need to practice within the limits of state and national regulation using moral and ethical judgment. As members of a broader healthcare community, athletic trainers work collaboratively with other healthcare providers and refer clients/patients when such referral is warranted.

Clinical Integration Proficiencies (CIP)

The clinical integration proficiencies (CIPs) represent the synthesis and integration of knowledge, skills, and clinical decision-making into actual client/patient care. The CIPs have been reorganized into this section (rather than at the end of each content area) to reflect their global nature. For example, therapeutic interventions do not occur in isolation from physical assessment.

In most cases, assessment of the CIPs should occur when the student is engaged in real client/patient care and may be necessarily assessed over multiple interactions with the same client/patient. In a few instances, assessment may require simulated scenarios, as certain circumstances may occur rarely but are nevertheless important to the well-prepared practitioner.

The incorporation of evidence-based practice principles into care provided by athletic trainers is central to optimizing outcomes. Assessment of student competence in the CIPs should reflect the extent to which these principles are integrated. Assessment of students in the use of Foundational Behaviors in the context of real patient care should also occur.

University of Idaho

APPENDIX D:

CLINICAL EDUCATION FORMS

University of Idaho

Substandard Clinical Performance Form

This form is to be used in the event an athletic training student (ATS) is in violation of UI's AT Program Policy as described in the AT Program Student Handbook. Copies of this form should be given to the ATS and Program Director to be placed in the ATS's file. Please print or type.

DESCRIPTION OF INFRACTION (Completed by Preceptor)

Student's Name: _____

Date of Notice (day and date): _____ / ____ / ____

Date of Occurrence (day and date): _____ / ____ / ____

Detail of Incident (broken policy): _____

Plan of Action to Correct the Behavior: _____

Student's Signature: _____ / ____ / ____

Clinical Instructor's Signature: _____ / ____ / ____

COURSE OF ACTION (Completed by AT Program Administrator)

Action Taken: Letter in file Meeting with staff Probation Withdrawal

Outcome: _____

This is the student's _____ infraction since being admitted into the AT Program.

AT Program Administrator's Signature: _____ / ____ / ____

University of Idaho

Excellence in Clinical Performance Form

This form is to be used when a Preceptor feels the athletic training student (ATS) has exemplified excellence during their clinical assignment. Copies of this form should be given to the ATS and Program Director to be placed in the ATS's file. Please Print or Type.

AREAS OF EXCELLENCE

Student's Name: _____

Date(s) of Observance: _____ / _____ / _____

Areas of Excellence noted: _____

Check all those that apply:

- _____ Consistently arrives on or before to prepare for practice or game set-up.
- _____ Consistently in the proper dress/appearance for practice/game.
- _____ Uses their time effectively in the clinical setting.
- _____ Takes extra steps to make sure that day-to-day task are completed.
- _____ Keeps excellent documentation records on all of his/her athletes.
- _____ Consistently is aware and prepared for an emergency.
- _____ Takes a sincere interest in the well being of all athletes under his/her care.
- _____ Takes extra steps to communicate their tardiness or absence from their clinical setting.
- _____ Assisting other students in education and/or service .

Student's Signature: _____ / _____ / _____

Preceptor's Signature: _____ / _____ / _____

AT Program Administrator's Signature: _____ / _____ / _____

University of Idaho

Absence Request Form

This form is to be used by an athletic training student (ATS) who knows of a specific date that he/she wishes OFF from clinical education or in-services. The ATS must formally submit this form to his/her supervising Preceptor or Athletic Training Program Director. This form must be submitted two (2) weeks in advance and it is the responsibility of the student to seek a replacement if applicable. Copies of this form should be given to the Preceptor and Program Director to be placed in the ATS's file. Please Print or Type.

Incomplete forms will "NOT" be approved – all content below is required.

Student's Name: _____

Date(s) requesting OFF: _____

Time(s) requesting OFF: _____

Reason for Absence: _____

Student Replacement (print): _____

Student's Signature: _____ / ____ / ____

Replacement's Signature: _____ / ____ / ____

Decision: **Approved ()** **Disapproved ()**

Preceptor's Signature: _____ / ____ / ____

AT Program Administrator's Signature: _____ / ____ / ____



**CLINICAL EXPERIENCE CONTRACT
(Rotation Goals Sheet)**

Clinical Site: _____ Sport(s): _____

Student Level: II III V VI Date: _____

	Name	Address	Phone	Email
ATS				
Preceptor				

Athletic Training Student’s Responsibilities

1. The ATS is responsible for following the policies and procedures as outlined by the UI AT Program Handbook.
2. The ATS is responsible for following the policies and procedures of the clinical site. This includes professional dress and behavior, consistent with voluntary employment when those standards supersede those outlined in the UI AT Program Handbook
3. The ATS is required to submit the monthly clinical hour verification and evaluation sheet at the end of each month (**must be turned in by the 6th day of the following month**).
4. The ATS is required to evaluate the clinical experience through the ATS self-evaluation, Preceptor evaluation, clinical setting, and UI AT Program evaluation forms.

Preceptor Responsibilities:

1. The Preceptor will be responsible for facilitating student learning through the appropriate utilization of clinical skills.
2. The Preceptor will provide direct supervision (verbal and auditory communication) to intervene on behalf of the ATS.
3. The Preceptor is required to evaluate the clinical performance of the ATS the monthly clinical hours and evaluation form, proficiency assessments, and ATS (mid and end) semester evaluation forms.

Clinical Education Coordinator’s Responsibilities

1. The Clinical Education Coordinator will monitor the clinical experience through site visits and formal evaluations, charting the progress of the ATS, Preceptor effectiveness, and overall quality of the clinical rotation.
2. The Clinical Education Coordinator will be available as a resource for both the ATS and Preceptor.

3. The Clinical Education Coordinator, through the monitoring of this experience, will work with the site supervisor to evaluate the ATS's performance to establish the points awarded to that ATS towards their grade in the corresponding course.

Clinical Field Experience Goals

The following goals will be used as guidelines for determining whether the requirements of the clinical experience have been met.

1. The ATS will demonstrate professional behaviors and appropriate application of clinical proficiencies/skills as indicated by the corresponding didactic and practicum courses.
2. Identify correct biomechanics in the prevention and management of musculoskeletal and general medications associated with types of sports/patients at the clinical site.
3. Identify hazardous play, common injuries, and management/treatment strategies associated with the types of sports/patients at the clinical site.
4. Increase direct contact with various patient populations.
5. Gain an understanding of the site specific opportunities (diagnostic tools, medical insurance/reimbursement, evaluation equipment, etc.) available at the clinical site.

ATS Goals

Additional goals for the clinical experience developed by the ATS:

1. _____
2. _____
3. _____

Preceptor Goals/Expectations

Additional goals and/or expectations for the ATS during the clinical experience developed by the clinical instructor:

1. _____
2. _____
3. _____

Signatures: *All agree to abide by the guidelines outlined for the satisfactory completion of this clinical education experience as outlined by the contract and UI AT Program ATS/Preceptor Handbooks. Additionally, by signing this, we agree that the ATS Self-Evaluation has been reviewed together in forming additional goals/objectives/guidelines/expectations for this clinical field experience.*

ATS: _____

Date: _____

Preceptor: _____

Date: _____

ATS CLINICAL HOURS VERIFICATION AND MONTHLY EVALUATION

Student: _____ **Preceptor:** _____

Semester: I II III IV **Month/Year:** _____ **Site/Sport:** _____

Instructions: Please list the time in, time out, number of hours on that day, cumulative hours worked up to that point, and your responsibilities for each day on the corresponding day for the month. ATS hours **MUST** be verified by the supervising Preceptor on a weekly basis on either the last working day of that week or the first working day of the following week. At the end of the month, it is the ATS's responsibility to have their supervising Preceptor verify the hours for the entire month, while completing the monthly ATS evaluation. This form will be turned into to the Clinical Director by the sixth day of the following month.

Day	Time In	Time Out	Hrs/Day	Cumulative Hours	Responsibilities
1					
2					
3					
4					
5					
6					
7					

Preceptor Verification: _____ **Date:** _____

Day	Time In	Time Out	Hrs/Day	Cumulative Hours	Responsibilities
8					
9					
10					
11					
12					
13					
14					

Preceptor Verification: _____ **Date:** _____

Day	Time In	Time Out	Hrs/Day	Cumulative Hours	Responsibilities
15					
16					
17					
18					
19					
20					
21					

Preceptor Verification: _____ **Date:** _____

Day	Time In	Time Out	Hrs/Day	Cumulative Hours	Responsibilities
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

1) The athletic training student is making _____ progress towards their preseason goals.

2) Briefly list any strengths or weaknesses demonstrated by the ATS during the past month.

ATS Name (print): _____

ATS Signature: _____

Date: _____

In signing this form, I certify that I did work the hours listed above and that the clinical instructor listed below directly supervised me.

Preceptor Name (print): _____

Preceptor Verification: _____

Date: _____

In signing this form, I verify that the above student completed these hours and that I directly supervised the athletic training student during these hours.

ATS SELF-EVALUATION

Student Name: _____ Date: _____

Student Level: I II III IV Site/Sport: _____

Evaluation Scale:

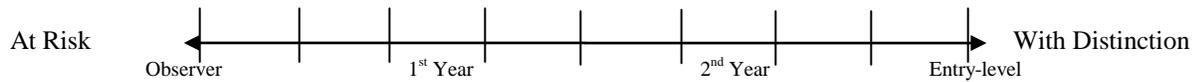
- (5) Exemplary: Clearly outstanding, always above expected standards.
- (4) Good: Above average performance, usually above expected standards.
- (3) Competent: As expected, meeting expected standards.
- (2) Marginal: Not up to expectations, sometimes meeting expected standards.
- (1) Deficient: Poor performance, rarely meeting expected standards.

Instructions: Please circle the appropriate score to evaluate yourself for the upcoming clinical field experience. Please be as honest as possible and be sure to consider your level and experience as this evaluation will help your Preceptor, Clinical Director, and Program Director plan a clinical rotation that attempts to allow for optimal student growth.

ATS General Characteristics	Rating				
Takes initiative during clinical rotation	5	4	3	2	1
Shows creativity in critical thinking & skill application	5	4	3	2	1
Applies clinical knowledge well in different situations	5	4	3	2	1
Decision making is appropriate, organized, & timely	5	4	3	2	1
Rapport/Communication with patients and/or parent/guardian	5	4	3	2	1
Rapport/Communication with other ATSs	5	4	3	2	1
Rapport/Communication with coaches	5	4	3	2	1
Rapport/Communication with AT staff	5	4	3	2	1
Rapport/Communication with other health professionals	5	4	3	2	1
Reliability (dependable, trustworthy, etc.)	5	4	3	2	1
Punctuality (reporting to games/practices, daily tasks, etc.)	5	4	3	2	1
Confidence	5	4	3	2	1
Maturity (sensitivity to others, handles stress, etc.)	5	4	3	2	1
Respectability (demonstrates & earns respect)	5	4	3	2	1
Alertness (quickly responds to new situations)	5	4	3	2	1
Willingness to learn	5	4	3	2	1
Leadership (demonstrates to peers & younger ATSs)	5	4	3	2	1
Follows policies & procedures of clinical setting	5	4	3	2	1
Responds well to constructive criticism	5	4	3	2	1
Maintains confidentiality of medical records/information	5	4	3	2	1
Demonstrates ethical and moral decision-making skill	5	4	3	2	1
Uses proper medical terminology	5	4	3	2	1
Understands Evidence-Based Practice concepts & application	5	4	3	2	1
Overall work performance as ATS (work ethic, skill, etc.)	5	4	3	2	1

Instructions: For each item below, please mark on the scale with a circle where you feel you are in your professional development, from entry into the Program to entry level professional. Please signify if you are at risk with any item or if you perform an item with distinction by circling it.

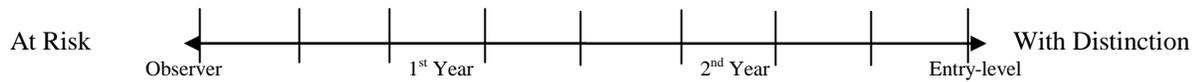
Primacy of the Patient:



- Y N* Recognizes sources of conflict of interest that can impact the patient’s health
- Y N* Knows and applies the commonly accepted standards of patient confidentiality
- Y N* Provides the best health care available for the patient
- Y N* Is an advocate for the needs of the patient
- Y N* Interacts appropriately with the patient

Comments _____

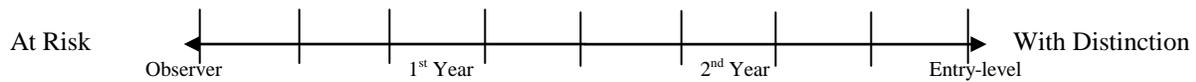
Teamed Approach to Practice:



- Y N* Recognizes the unique skills and abilities of other health care professional
- Y N* Understands the scope of practice of other health care professionals
- Y N* Utilizes other health care professionals when appropriate
- Y N* Understands and executes duties within the defined scopes of practice for Athletic Trainers
- Y N* Includes the patient (and family when appropriate) to the decision making process
- Y N* Demonstrates the ability to work with others in effecting patient outcomes

Comments _____

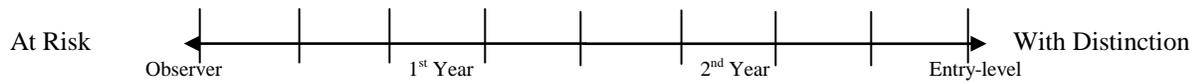
Legal Practice:



- Y N* Practices athletic training in a legally competent manner
- Y N* Recognizes the need to document compliance with the laws that govern athletic training
- Y N* Understands the consequences for violating the laws that govern athletic training
- Y N* Uses accepted documentation in all areas of athletic training

Comments _____

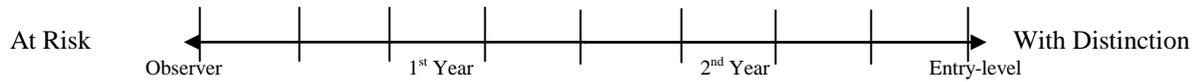
Ethical Practice:



- Y N* Understands and complies with the NATA’s Code of Ethics and the BOC’s Standards of Practice
- Y N* Understands the consequences of violating the NATA’s Code of Ethics and the BOC’s Standards of Practice
- Y N* Understands and complies with other codes of ethics, as applicable

Comments _____

Advancing Knowledge:



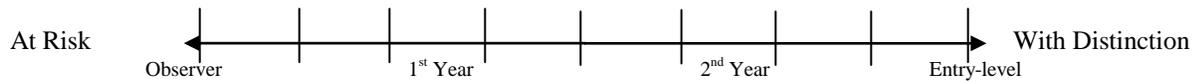
- Y N Critically examines the body of knowledge in athletic training and related fields
 - Y N Uses evidence-based practice as a foundation for the delivery of care
 - Y N Understands the connection between continuing education and improvement of athletic training practice
 - Y N Promotes the value of research and scholarship in athletic training
 - Y N Disseminates new knowledge in AT to fellow ATs, patients, other health care providers as necessary
 - Y N Uses correct current terminology in relation to athletic training
- Comments _____
-

Cultural Competence:



- Y N Understands the cultural differences of patients' attitudes and behaviors toward health care
 - Y N Demonstrates knowledge, attitudes, behaviors, and skills necessary to achieve optimum health outcomes for diverse patient populations
 - Y N Demonstrates knowledge, attitudes, behaviors and skills necessary to work respectfully and effectively with diverse populations in a diverse work environment
- Comments _____
-

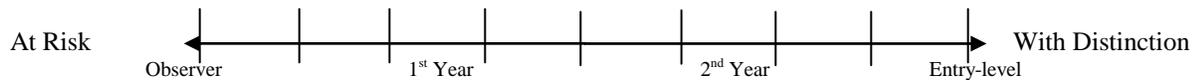
Professionalism:



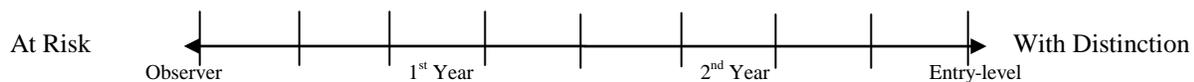
- Y N Is an advocate for the profession
 - Y N Demonstrates honesty and integrity
 - Y N Exhibits compassion and empathy
 - Y N Demonstrates effective interpersonal communication skills
 - Y N Dresses appropriately
 - Y N Arrives on time to responsibilities
- Comments _____
-

Competency in Areas of Athletic Training

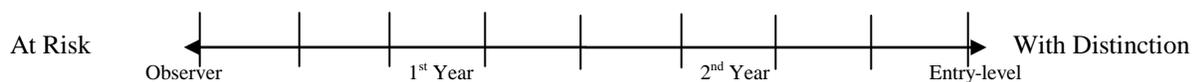
Risk Managements & Injury Prevention:



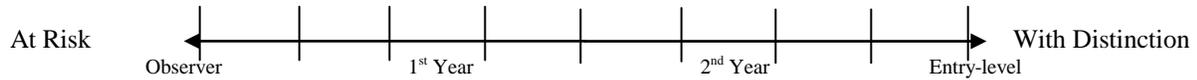
Pathology of Injury & Illness:



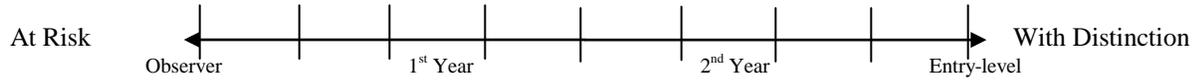
Orthopedic Clinical Examination and Diagnosis



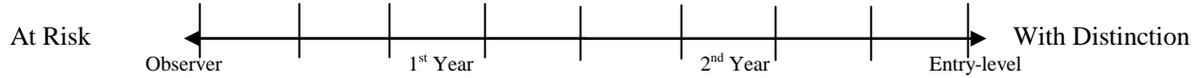
Medical Conditions and Disabilities



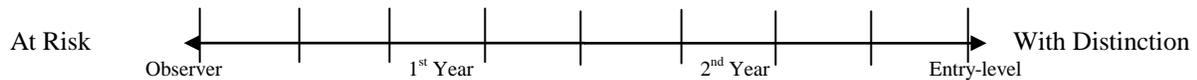
Emergent & Acute Care of Injuries and Illnesses



Taping, Wrapping, Bracing, Splinting



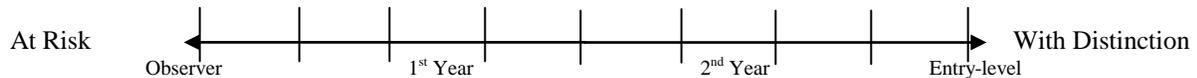
Documentation



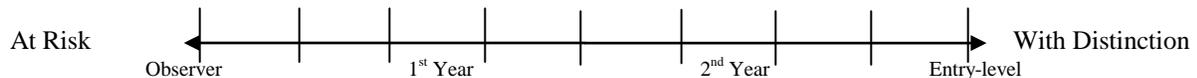
Therapeutic Modalities



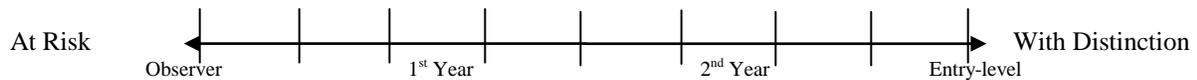
Conditioning and Rehabilitative Exercise



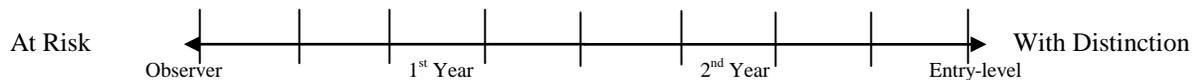
Pharmacology



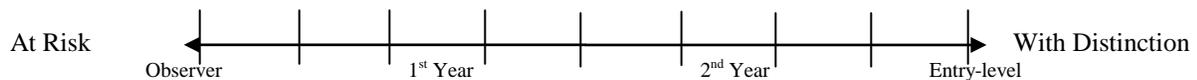
Psychosocial Intervention and Referral



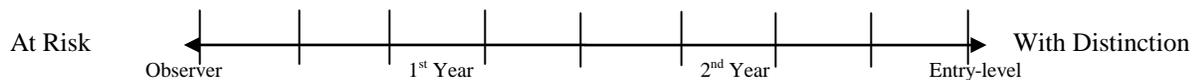
Nutritional Aspects of Injury and Illness



Health Care Administration



Professional Development and Responsibility



1) What are your overall strengths as an ATS?

2) In what areas would you like to improve as an ATS?

3) Plan for Improvement:

4) Additional comments that may help your Preceptor or UI AT Program be more effective during your rotation:

I have read and understand the evaluation, and will meet with my Preceptor to determine goals and learning objectives for my upcoming clinical rotation. I will share my self-evaluation with my Preceptor to prepare learning objectives and expectations for my assigned clinical field experience.

ATS: _____ ATS: _____ Date: _____
Print Name Signature

ATS Clinical Performance Assessment

Student Name: _____ Date: _____

Student Level: I II III IV Semester: _____

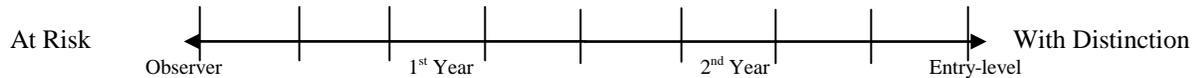
Preceptor: _____ Site/Sport: _____

Circle One: Mid-Term Final Circle One: Student Form Preceptor Form

General Instructions: ATSS and Preceptors each fill out their own form regarding the student’s clinical performance during the assigned clinical field experience. The students will bring the form they have completed to the scheduled meeting with their Preceptor to review the Clinical Performance Assessment (this is done so that the completed forms can be compared). **ATSS must turn in BOTH signed copies.**

Form Instructions: For each item below, please mark on the scale with a circle where you feel the ATS is in their professional development, from entry into the Program to entry level professional. Please signify if the ATS is at risk with any item or if the ATS performs an item with distinction by circling it. You may also mark N/A in the comments section if the item has not been observed or does not apply.

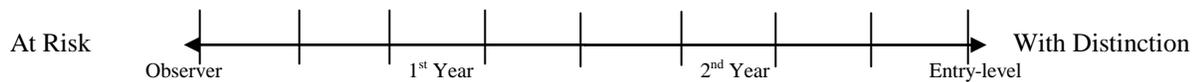
Primacy of the Patient:



- Y N Recognizes sources of conflict of interest that can impact the patient’s health
- Y N Knows and applies the commonly accepted standards of patient confidentiality
- Y N Provides the best health care available for the patient
- Y N Is an advocate for the needs of the patient
- Y N Interacts appropriately with the patient

Comments _____

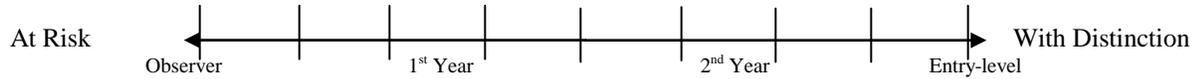
Teamed Approach to Practice:



- Y N Recognizes the unique skills and abilities of other health care professional
- Y N Understands the scope of practice of other health care professionals
- Y N Utilizes other health care professionals when appropriate
- Y N Understands and executes duties within the defined scopes of practice for Athletic Trainers
- Y N Includes the patient (and family when appropriate) to the decision making process
- Y N Demonstrates the ability to work with others in effecting patient outcomes

Comments _____

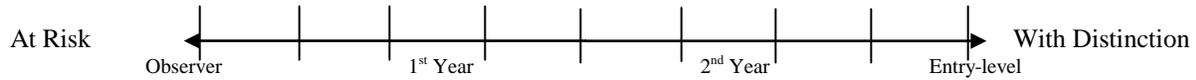
Legal Practice:



- Y N Practices athletic training in a legally competent manner
- Y N Recognizes the need to document compliance with the laws that govern athletic training
- Y N Understands the consequences for violating the laws that govern athletic training
- Y N Uses accepted documentation in all areas of athletic training

Comments _____

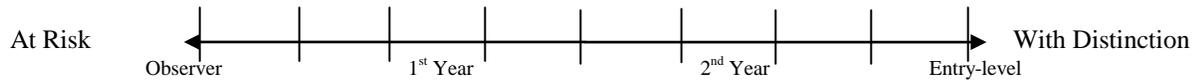
Ethical Practice:



- Y N Understands and complies with the NATA's Code of Ethics and the BOC's Standards of Practice
- Y N Understands the consequences of violating the NATA's Code of Ethics and the BOC's Standards of Practice
- Y N Understands and complies with other codes of ethics, as applicable

Comments _____

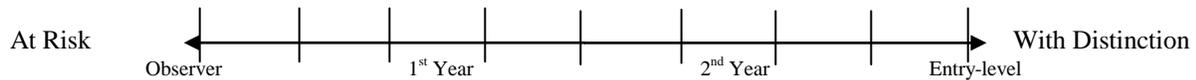
Advancing Knowledge:



- Y N Critically examines the body of knowledge in athletic training and related fields
- Y N Uses evidence-based practice as a foundation for the delivery of care
- Y N Understands the connection between continuing education and improvement of athletic training practice
- Y N Promotes the value of research and scholarship in athletic training
- Y N Disseminates new knowledge in AT to fellow ATs, patients, other health care providers as necessary
- Y N Uses correct current terminology in relation to athletic training

Comments _____

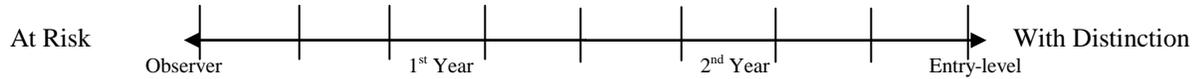
Cultural Competence:



- Y N Understands the cultural differences of patients' attitudes and behaviors toward health care
- Y N Demonstrates knowledge, attitudes, behaviors, and skills necessary to achieve optimum health outcomes for diverse patient populations
- Y N Demonstrates knowledge, attitudes, behaviors and skills necessary to work respectfully and effectively with diverse populations in a diverse work environment

Comments _____

Professionalism:



- Y N Is an advocate for the profession
- Y N Demonstrates honesty and integrity
- Y N Exhibits compassion and empathy
- Y N Demonstrates effective interpersonal communication skills
- Y N Dresses appropriately
- Y N Arrives on time to responsibilities

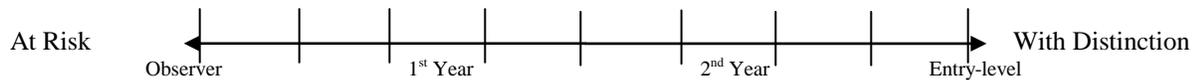
Comments _____

Competency in Areas of Athletic Training

Instructions: For each item below, please mark on the scale with a circle where you feel the ATS is in their professional development, from entry into the Program to entry level professional. Please signify if the ATS is at risk with any item or if the ATS performs an item with distinction by circling it. You may also circle N/A if you were unable to evaluate this area during this clinical rotation.

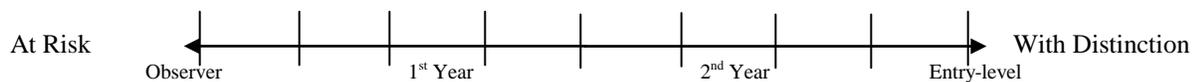
Risk Managements & Injury Prevention:

Not Applicable



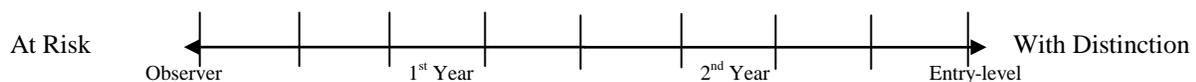
Pathology of Injury & Illness:

Not Applicable



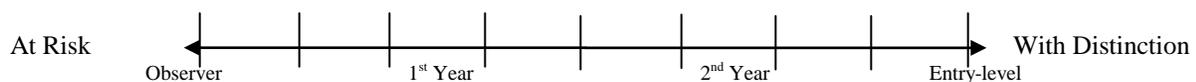
Orthopedic Clinical Examination and Diagnosis:

Not Applicable



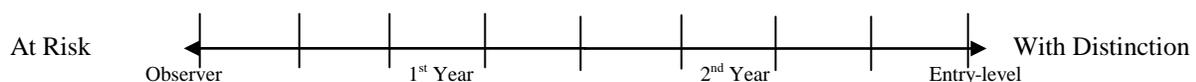
Medical Conditions and Disabilities:

Not Applicable



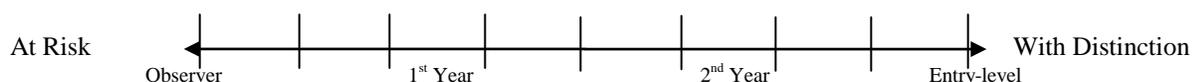
Emergent & Acute Care of Injuries and Illnesses:

Not Applicable



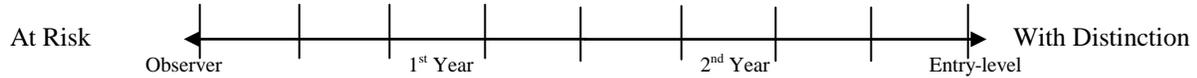
Taping, Wrapping, Bracing, And Splinting:

Not Applicable



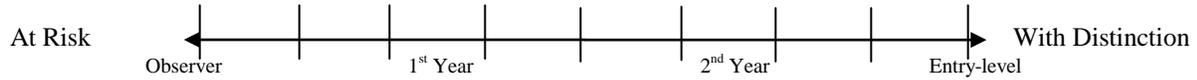
Documentation:

Not Applicable



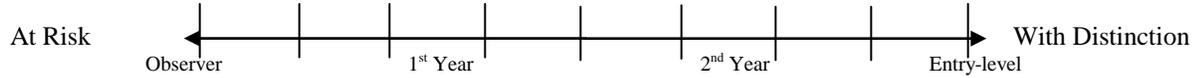
Therapeutic Modalities:

Not Applicable



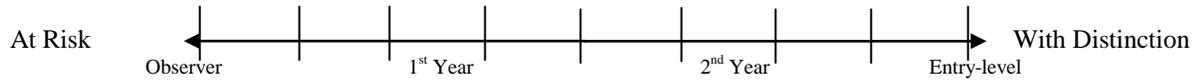
Conditioning and Rehabilitative Exercise:

Not Applicable



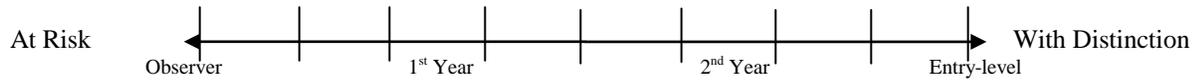
Pharmacology:

Not Applicable



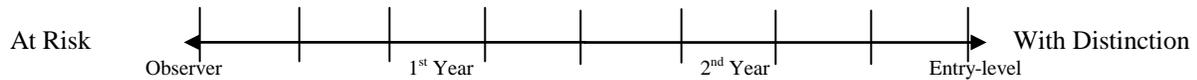
Psychosocial Intervention and Referral:

Not Applicable



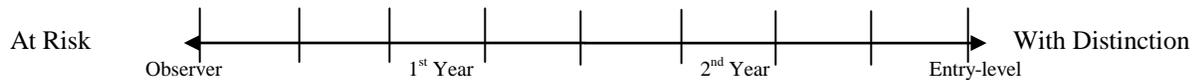
Nutritional Aspects of Injury and Illness:

Not Applicable



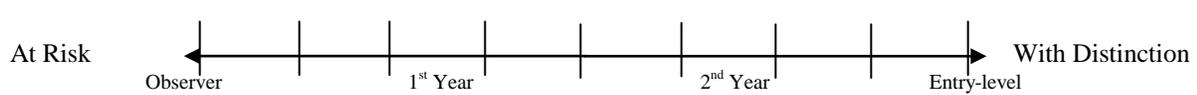
Health Care Administration:

Not Applicable



Professional Development and Responsibility:

Not Applicable



1) ATS Areas of Strength:

EAP, BBP, & HIPAA/FERPA Policy Review

Review this checklist with your Preceptor and return to the Program Director

Venue location(s):

By signing this checklist the Athletic Training Student (ATS) and the Preceptor acknowledge that the information covered in this checklist has been reviewed and the ATS is familiar with the location of emergency equipment, personnel, and procedures associated with the venue(s).

1. The ATS has reviewed the Emergency Action Plan and the Blood-borne pathogen procedures for this venue(s) and has had the opportunity to ask questions regarding the plan and procedures. The EAP and BBP plans will remain accessible to the student.
2. The ATS has been instructed on applicable HIPAA and/or FERPA policies for this site.
3. The ATS has been instructed in the use of phones, radios, or other communication devices associated with this venue(s).
4. The ATS has been instructed on appropriate emergency phone numbers associated with this venue(s).
5. The ATS has been instructed on the chain of responsibility associated with the personnel working at this venue(s).
6. The ATS has been given the opportunity to review and become familiar with the first aid and emergency equipment associated with this venue(s). The student will have access to and use of all necessary first aid and emergency equipment.
7. The ATS has been shown the location of the AED (if any), and is familiar with the personnel certified in its use.
8. The ATS has been advised of appropriate procedures (and location of supplies—e.g., face mask, gloves) regarding the cleaning-up of blood and body fluids, safety considerations regarding their handling, and the procedures for reporting any exposures to such fluids.

Athletic Training Student _____ Date: _____

Preceptor _____ Date: _____

This report is to be completed when occupational illness or incident occurs. If an Athletic Training Student (ATS) is injured or develops a job-related illness (developed gradually e.g., tendonitis) as a result of his/her clinical rotations as part of UI's AT PROGRAM, s/he must complete and submit the "Incident Report". If the ATS is unable to complete the form, the supervisor (PRECEPTOR) must complete on his/her behalf.

Incident Reporting ensures there is a record on file with the AT PROGRAM. If an injury occurs, first aid may be appropriate treatment. "First aid" means any one-time treatment and any follow-up visit(s) for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial incident, which do not ordinarily require medical care. This one-time treatment and follow-up visit(s) for the purpose of observation is considered first aid even though provided by a physician or registered professional personnel. Filing of a first aid incident report is not a filing of a workers' compensation claim.

University of Idaho
AT PROGRAM INCIDENT REPORT

AT STUDENT INFORMATION:					
<i>ATS Completes This Section</i>					
Campus Location:	Riverside	ATS's ID:			
ATS's Name (PRINT):		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Home Address:		City, State:		Zip:	
Home Phone:		Work Phone:			
Department:		Clinical Rotation Site:			
INCIDENT INFORMATION					
Date of Incident:		Time of Incident:		<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
Location of Incident: (choose one)	CBU ATR	If "other", please specify:		Zip code:	
State all parts of body and type of injuries involved (e.g. bruised right elbow):					
Describe how incident occurred:					
Was incident reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "yes" to whom:		
Date reported:					
Were there witnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Name of Witness #1 (First and Last):					
Witnesses #1 Phone:					
Name of Witness #2 (First and Last):					
Witnesses #2 Phone:					
Is this a new injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "no", please indicate the date of original injury:		

INITIAL MEDICAL TREATMENT:				
Was treatment received for this injury?				
<input type="checkbox"/> No medical treatment – reporting only		<input type="checkbox"/> Declining treatment at this time		<input type="checkbox"/> Treatment was/will be provided
Treatment was provided by:	<input type="checkbox"/> Self	<input type="checkbox"/> Clinical Instructor	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Other (please specify below)
If treatment was provided, name and location of medical provider:				
Name:		Phone:		
Address:				
I, the injured employee, herein certify the information above is true and to best of my knowledge.				
Date:		Signature of Employee:		

SUPERVISOR COMPLETES THIS SECTION:				
Supervisor Name :				
Work Phone:		Work e-mail address:		
Describe how the ATS was injured?				
Did the ATS lose time from rotation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If “yes”, first day of lost time: <input type="text"/>
Date the ATS returned to rotation:				
Was there equipment involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If “yes”, what was the equipment?	<input type="text"/>
What action will be taken to prevent recurrence?				
Other comments:				
Date:		Signature:		Title:

MEDICAL PROVIDER COMPLETES THIS SECTION:				
Medical Provider - What treatment was provided for this injury (check one)	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical treatment		
Return to work: will the ATS be able to return to rotation immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If no, please provide the date the ATS can return to rotation:	<input type="checkbox"/> Full duty	<input type="checkbox"/> Restricted work		
ATS can return with these specific restrictions:				
Next appointment:				
Date:		Signature:		Title:
Distribution: Provide a copy within 24 hours to: <ul style="list-style-type: none"> ➤ AT Program Director ➤ AT Program Medical Director ➤ ATS Keep the original for Involved Clinic file.				

AT Program Clinical Education Policy

To remain in compliance with CAATE (Commission on Accreditation of Athletic Training Education) accreditation standards and to provide the appropriate clinical experiences for UI-Athletic Training Students, every ATS and clinical staff member agrees to read, acknowledge, and follow completely CAATE Standards 52 and 63.

CAATE Standard: Program Delivery

52. An athletic trainer, certified, and in good standing with the BOC, and who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student's clinical education. The remaining clinical education may be supervised by any appropriately state credentialed health care professional.

63. The program must include provision for supervised clinical education with a Preceptor. Students must be directly supervised by a Preceptor during the delivery of athletic training services. The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

I (print full name) _____ have read and understand Chapter 3 of the AT Program ATS Handbook and the AT Program Clinical Education Policy. Furthermore, the AT Program Clinical Supervision Policy has been discussed and clearly explained to me by AT Program faculty. As such, I understand that acting beyond the scope of an ATS or without direct supervision is not permitted by AT Program policy and CAATE standards. I am aware that such an action, or any other violation of AT Program policy discussed in Chapter 3, would leave me open to litigation and/or AT Program sanctions. This record will be kept in my permanent file.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

AT Program Clinical Practice Policy

To remain in compliance with CAATE (Commission on Accreditation of Athletic Training Education) accreditation standards and to provide a safe environment for the patients at clinical sites utilized by UI-Athletic Training Students, every ATS and clinical staff member agrees to read, acknowledge, and follow completely CAATE Standards 53-55.

CAATE Standard – Program Delivery

53. Athletic training students must be officially enrolled in the program prior to performing skills on patients.

54. Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.

55. All clinical education must be contained in individual courses that are completed over a minimum of two academic years. Clinical education may begin prior to or extend beyond the institution's academic calendar.

I (print full name) _____ have read and understand the UI Athletic Training Program – Clinical Practice Policy. Furthermore, I understand that acting outside the scope of the AT Program Clinical Practice Policy is a violation of AT Program policy and CAATE standards. I am aware that such an action would leave me open to litigation and/or AT Program sanctions. This record will be kept in my permanent file.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

AT Program Technical Standards

IV. Certification

I certify that I have read and understand the technical standards for admission listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted or be allowed to remain enrolled in the program.

Signature of Student

Date

Printed Name of Student

Alternative statement for students requesting accommodations:

I certify that I have read and understand the technical standards for admission listed above and I believe to the best of my knowledge that I can meet each of these standards with a reasonable accommodation. I will contact the UI's Disability Services Office to document my disability, and request and identify reasonable accommodations. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted or allowed to remain enrolled in the program.

(Note: The student must inform the Program Director of any changes in health status which may impact the ability to meet the technical standards)

Signature of Student

Date

Printed Name of Student



HEPATITIS B IMMUNIZATION WAIVER

I understand that due to my clinical exposure to blood and other potentially infectious materials, I may be at risk for acquiring Hepatitis B Virus infection. It has been mandated that as a part of the formal athletic training curriculum I will receive formal instruction on Universal precautions and it is further recommended that I be vaccinated with Hepatitis B vaccine, at my expense, via a private physician. I understand that the Hepatitis B vaccine may not be 100% effective on the prevention of acquiring the virus.

- I have received the Hepatitis B vaccination in a 3-shot series, and understand that a potential risk may still exist to acquire Hepatitis B.
- I understand that by declining to receive the vaccination, I am at continued risk of acquiring Hepatitis B.

Signature

Date

Printed Name



**AT PROGRAM SATISFACTORY ACADEMIC PROGRESS AND PERFORMANCE
AGREEMENT**

Declaration of Understanding

I have carefully read the UI AT Program policy on “Satisfactory Academic Progress and Performance.” By signing below, I affirm that I both understand the policy and procedures described herein, and agree to fully comply with the policy and procedures. I further understand that failure to adhere to program policy and procedures may result in involuntary withdrawal from the AT Program.

Student Name (Print)

Student Name (Signature)

Date

Witness

Date



AT PROGRAM STUDENT HANDBOOK AGREEMENT

Declaration of Understanding

I have carefully read the UI Athletic Training Student Handbook. By signing below, I affirm that I both understand the policies and procedures described herein, and agree to fully comply with all program policies and procedures. I further understand that failure to adhere to program policies and procedures may result in involuntary withdrawal from the AT Program.

Student Name (Print)

Student Name (Signature)

Date

Witness

Date

University of Idaho

APPENDIX E:

**ATHLETIC TRAINING
REFERENCES**

ATHLETIC TRAINING WEBSITES

American Academy of Emergency Medicine: www.aaem.org
American Academy of Pediatrics: www.aap.org
American College of Sports Medicine: www.acsm.org
American Dietetic Association: www.eatright.org
American Heart Association: www.americanheart.org
American Journal of Sports Medicine: ajs.sagepub.com/
American Orthopaedic Society for Sports Medicine: www.sportsmed.org/
American Physical Therapy Association: www.apta.org
American Red Cross: www.redcross.org
American Society for Testing and Materials: www.astm.org
Board of Certification (BOC): <http://www.bocatc.org>
Collegiate Sports Medicine Foundation: www.csmfoundation.org
District Eight – Far West Athletic Trainers’ Association: <http://www.fwata.org/>
Exercise Research Associates: www.exra.org (focuses on epidemiology of sport injuries)
Gatorade Sports Science Institute: www.gssiweb.com
Health People 2010: <http://www.healthypeople.gov/>
International SportsMed Journal: <http://www.thieme.de/fz/sportsmed/index.html>
Journal of Athletic Training: www.nata.org/jat/
NATA Code of Ethics: <http://www.nata.org/codeofethics/index.htm>
NATA Education Council: <http://www.nataec.org/index.html>
NATA Standards of Professional Practice: <http://www.bocatc.org/atc/STD/>
National Athletic Trainers’ Associations (NATA): www.nata.org
National Library of Medicine: www.nlm.nih.gov
National Operating Committee on Standards for Athletic Equipment: www.nocsae.org
National Strength and Conditioning Association: www.nasca-lift.org
National Youth Sports Safety Foundation, Inc.: nyssf.org
NCAA Health and Safety: http://www1.ncaa.org/membership/ed_outreach/healthsafety/index.html
NCAA Injury Data: http://www1.ncaa.org/membership/ed_outreach/health-safety/iss/index.html
NCAA Medical Policies: http://www.ncaa.org/library/sports_sciences/sports_med_handbook/2006-07/2006-07_sports_medicine_handbook.pdf
NIH Office of Dietary Supplements: dietary-supplements.info.nih.gov/
Orthopaedic Links: www.staehelin.ch/olinks.html
Physician and SportsMedicine: www.physsportsmed.com
Professional Baseball Athletic Trainers Society: www.pbats.com (online newsletters)
Sports Medicine: www.sportsmedicine.com
Sports Medicine Links: www.sportslink.org/
United States Anti-Doping Agency: www.usantidoping.org/
United States Department of Agriculture Food and Nutrition Info Center: www.nal.usda.gov/fnic
Virtual Hospital: www.vh.org
Web MD: <http://www.webmd.com>

- National Athletic Trainers' Association
<http://www.nata.org>
This site describes the athletic training profession, how to become involved in athletic training, and the role of an athletic trainer.
- American Sports Medicine Institute
<http://www.asmi.org>
The American Sports Medicine Institute's mission is to improve through research and education the understanding, prevention, and treatment of sports-related injuries. In addition to stating this mission, the site provides access to current research and journal articles.
- American Academy of Orthopedic Surgeons
<http://www.aaos.org>
This site provides some general public information as well as information to its members. The public information is in the form of patient education brochures; the site also includes a description of the organization and a definition of orthopedics.
- American Orthopedic Society for Sports Medicine
<http://www.sportsmed.org>
This site is dedicated to educating health care professionals and the general public about sports medicine. This site provides access to the American Journal of Sports Medicine and a wide variety of links to related sites.
- Athletic Trainer.com
<http://www.athletictrainer.com>
This website is specifically designed to give information to athletic trainers, including students, and those interested in athletic training. It provides access to interesting journal articles and links to several informative websites.
- NCAA
<http://www.ncaa.org>
This site gives general information about the NCAA and the publications that the NCAA circulates. This site may be useful for those working in the collegiate setting.
- NATA Education Council
<http://www.cewl.com>
This site contains information pertaining to the academic preparation of the athletic trainer.
- NATA Board of Certification
<http://www.nataboc.org>
This site provides up-to-date information on requirements for certification as well as a listing of certification test dates and sites.

ATHLETIC TRAINING TEXTBOOKS

Board of Certification, Inc. Exam References

The references listed were utilized by the BOC Exam Development Committee to make sure the material presented on the 2012-2013 exam is current and correct. Every item is referenced twice to ensure that a consensus exists on each item. Please note that a specific “edition” and “year” for each reference is not included in the list for the purpose of simplification. During the exam development process, the BOC uses the most current edition of a reference when constructing items.

- *ACSM’s Guidelines for Exercise Testing and Prescription*. American College of Sports Medicine. Philadelphia, PA: Lippincott, Williams & Wilkins.
- *ACSM’s Primary Care Sports Medicine*. McKeag, D.B. and J.L. Moeller, eds. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Administrative Topics in Athletic Training*. Harrelson, G.L. et al. Thorofare, NJ: Slack, Inc.
- *Athletic Training and Bracing*. Perrin, D.H. Champaign, IL: Human Kinetics.
- *Athletic Training and Sports Medicine (AAOS)*. Starkey, C. and G. Johnson, eds. Sudbury, MA: Jones & Bartlett Publishers.
- *Atlas of Human Anatomy*. Netter, F.H. St. Louis, MO: Saunders-Elsevier.
- *Clinical Pathology for Athletic Trainers: Recognizing Systemic Disease*. O’Connor, D.P. and A.L. Fincher. Thorofare, NJ: Slack, Inc.
- *Clinically Oriented Anatomy*. Moore, K.L. and A.F. Dailey. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Emergency Care in Athletic Training*. Gorse, K. et al. Philadelphia, PA: F.A. Davis Company.
- *Emergency Response Management for Athletic Trainers*. Miller, M. and D. Berry. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Essential Clinical Anatomy*. Moore, K.L. and A.M.R. Agur. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Essentials of Pharmacology for Health Occupations*. Woodrow, R. Clifton Park, NY: Cengage Learning.
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