



CONCORDIA  
UNIVERSITY  
Ann Arbor, Michigan

**SCHOOL OF ARTS AND SCIENCES  
DEPARTMENT OF HEALTH & HUMAN PERFORMANCE  
ATHLETIC TRAINING EDUCATION PROGRAM HANDBOOK**

**ATHLETIC TRAINING PROGRAM HANDBOOK**

**2019-2020**

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**CONCORDIA UNIVERSITY ANN ARBOR  
ATHLETIC TRAINING PROGRAM HANDBOOK**

**ACADEMIC SECTION**

## ATHLETIC TRAINING PROGRAM FACULTY

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## **Concordia University Ann Arbor Mission Statement**

Concordia University Ann Arbor is a Lutheran higher education community committed to helping students develop in mind, body, and spirit for service to Christ in the Church and the World. The university is affiliated with the Lutheran Church – Missouri Synod and is strategically allied with Concordia University Wisconsin; both are members of the Concordia University System.

## **Health and Human Performance Mission Statement**

The goal of the Health and Human Performance Department (HHP) is to foster the student's growth in mind, body, and spirit for service to Christ in the Church and in the world. In addition, the Department strives to help all Concordia students obtain the knowledge, skills, and attitudes necessary for them to lead healthy, active, and productive lives. Finally, Health and Human Performance graduates will possess the specialized knowledge in their chosen profession to be highly competent and contributing members of the working world. They will be well prepared to serve the health and human performance needs of a myriad of populations.

## **Athletic Training Program Mission Statement**

The mission of the Concordia University Ann Arbor's Athletic Training Program is to facilitate student success by providing the highest quality of academic graduate coursework in athletic training and providing the student clinical experiences that apply their knowledge and skills in professional practice settings to prepare them to obtain national certification (ATC) by the Board of Certification (BOC) and state licensure. Adhering to the Commission on Accreditation of Athletic Training Education (CAATE) standards, evidence-based practices, and current athletic training best practices, the Concordia University Ann Arbor Athletic Training Program strives to promote high level cognitive and clinical competence to develop the student's understanding, competence, proficiency, and behaviors in athletic training health care to prepare the student to effectively enter the athletic training profession.

**CUAA is currently seeking accreditation for their new Athletic Training program and is not accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The institution will be submitting a self-study to begin the accreditation process on July 1, 2019.**

## **Athletic Training Program Goals**

1. Provide opportunities for interdisciplinary interactions with a variety of healthcare professionals.
2. Provide graduate level coursework and clinical education experiences which prepare students to pass the Board of Certification examination on the first attempt.
3. Provide quality medical care to athletes by using an evidence-based practice model and assessment of patient outcomes.
4. Provide comprehensive preventative services among the six clinical practice domains.

5. Provide a comprehensive academic curriculum which adequately prepares the student to either gain employment as a certified Athletic Trainer or to successfully pursue advanced study in athletic training.
6. Provide an atmosphere encouraging professionalism and continued education maintenance through membership(s) in professional organizations, and presentations at state, district, and national meetings.

### **Athletic Training Program Student Learning Outcomes**

1. Students will understand the anatomical and pathological concepts in athletic injuries.
2. Students will be able to evaluate the scientific literature in the discipline, understand and synthesize relevant information from it, and be able to convey this information both orally and in writing.
3. Students will be able to apply knowledge of athletic training in a real world setting.
4. Students will demonstrate a responsible sense of citizenship, professional attitude, ethical behavior, and embrace their obligations as an athletic trainer in the world.
5. Acquire knowledge and demonstrate the skills/abilities to qualitatively and quantitatively analyze athletic injuries and medical conditions of an entry level athletic trainer.
6. The students will use effective communication (oral and written) and pedagogical skills and strategies to enhance student engagement and learning.
7. The student will demonstrate knowledge of scientific and theoretical basis of athletic injuries so that they can apply appropriate problem solving techniques plan, implement, and evaluate health care clinical strategies.
8. The student will demonstrate and articulate the core social science foundations for collaboration, reflection, and technology.
9. The student will demonstrate and articulate the ethical and legal implications of professional practice.
10. The student will show respect for the Lutheran Church Missouri-Synod and other religious beliefs and integrate faith into their professional practice.
11. The student will demonstrate and articulate the primacy of their patients and team approach to professional practice.

### **Athletic Training Program Faculty and Preceptor Outcomes**

1. The Athletic Training Education Program Faculty and Preceptors will provide the students with a variety of educational experiences, through numerous classroom and clinical education settings and experiences.
2. The Athletic Training Education Program Faculty and Preceptors will serve as positive role models for the students and strive to become exceptional athletic training educators.
3. The Athletic Training Education Program Faculty will maintain licensure with the State of Michigan and membership with the National Athletic Trainers' Association.



## **Athletic Training Program Personnel Duties and Responsibilities**

The athletic training faculty consists of all full-time faculty athletic trainers and the Medical Director.

1. Maintain compliance and accreditation of the ATP.
2. Manage the ATP.
3. Teach designated courses within the ATP.
4. Serve as an academic advisor to the athletic training students (ATS).
5. Foster the recruitment of ATS.
6. Facilitate quality ATP classroom and clinical education.
7. Serve as a Preceptor and supervise ATS during their clinical rotations.
8. Provide care, prevention, treatment, and rehabilitation of athletic injuries and illnesses to student-athletes in all sports.
9. Work cooperatively with the consulting physician and clinical athletic trainers in setting up and carrying out a program to meet the rehabilitation needs of Concordia's intercollegiate athletes.

Bachelor of Science in Sports Medicine Degree (BSSM)  
 Master of Science in Athletic Training Degree (MSAT)  
 Concordia University Ann Arbor

Year One			
Fall		Spring	
HHP 100 Stewardship of the Body	1	BIO 191 Anatomy & Physiology I	4
HHP 116 Health Profession Med Term	1	REL 110 Christian Doctrine	3
HHP 342 Nutrition for Wellness/Perfor	3	HHP 212 First Aid & Emerg. Proced.	3
ENG 104 Intro to Writing	3	HHP 210 Health Care Delivery	2
Communication/Language	3	HHP 274 Care and Prevention of Athletic Injuries	3
HHP 120 Weight Training	1	PSY 101 General Psychology	3
HHP 202 Intro to Kinesiology	3		
CCE 140 Science and Humanity	3		
TOTAL	18	TOTAL	18
Year Two			
Fall		Spring	
BIO 192 Anatomy & Physiology II	4	HHP 375 Biomechanics	3
HHP 371 Exercise Physiology (W)	3	Faith and Life	3
MATH 205 Statistics	3	CCE 120 Western Thought & Worldview	3
CCE 110 Western Culture & Worldview (W)	3	Human Creativity & Expression	3
Society and Culture	3	CCE 130 Christian Citizen	3
		HHP 192 Basic Taping & Wrapping	1
TOTAL	16	TOTAL	16
MSAT Program Starts at Year Three			
Year Three			
Fall		Spring	
MSAT 551 J/J2 Orthopedic Assessment & Management of LE	3	MSAT 552 J/J2 Orthopedic Assessment & Management of UE, Head, Neck, & Spine	3
MSAT 553 J/J2 Therapeutic Modalities for Athletic Injuries	3	MSAT 555 J/J2 Therapeutic Exercise	3
MSAT 554 Palpatory & Functional Anatomy for AT	3	MSAT 532 Psychosocial Principles of Athletic Training	3
MSAT 542 Clinical Education I	2	MSAT 556 Acute Emergency Care of Athletic Injuries	3
REL 100 The Bible	3	MSAT 543 Clinical Education II	2
TOTAL	14	TOTAL	14
Year Four			
Fall		Spring	
MSAT 544 Clinical Education III	3	MSAT 545 Clinical Education IV	3
MSAT 512 Gen. Med. Conditions Assessment & Diagnosis	3	MSAT 541 AT Seminar	1
MSAT 541 AT Seminar	1	MSAT 578 Pharmacology for AT	3
MSN 820 Basic Statistics for Healthcare Prof.	3	MSAT 559 Admin. & Org. of AT	3
MSAT 557 Advanced Injury Management	3	MSAT 568 Research Methods in Sports Medicine	3
		HHP 265 Healthy Lifestyles	3
TOTAL	13	TOTAL	16
Year Five			
Fall		Spring	
MSAT 546 Clinical Education V	3	MSAT 547 Clinical Education VI	3
MSAT 599 Thesis in AT/ MSAT 573 Capstone	3	MSAT 599 Thesis in AT/MSAT 573 Capstone	3
MSAT 541 AT Seminar	1	MSAT 541 AT Seminar	1
Upper Level Approved Elective (>300)	3	Upper Level Approved Elective (>300)	3
Upper Level Approved Elective (>300)	3	Upper Level Approved Elective (>300)	3
TOTAL	13	TOTAL	13

**Traditional Undergraduate Core Curriculum****45 credits**

BIO 191: Human anatomy & physiology I (4)  
Communication and Language: Select from Core Curriculum list (3)  
Human Creativity and Expression: Select from Core Curriculum list (3)  
ENG 104: Introduction to Writing (3)  
HHP 100: Stewardship of the Body (1)  
HHP 120: Weight Training (1)  
Society and Culture: Select from Core Curriculum list (3)  
MATH 205: Statistics I (3)  
PSY 101: General Psychology (3)  
REL 100: The Bible (3)  
REL 110: Christian Faith (3)  
Faith and Life: Select from Core Curriculum list (3)  
CCE 110: Western Culture and Worldview (3)  
CCE 120: Western Thought and Worldview (3)  
CCE 130: The Christian Citizen (3)  
CCE 140: Science and Humanity (3)

**Master of Science in Athletic Training Core Curriculum****106 credits**

BIO 192: Human Anatomy and Physiology II (4)  
HHP 202: Introduction to Kinesiology (3)  
HHP 265: Healthy Lifestyles (3)  
HHP 371: Exercise Physiology with Lab – Writing Intensive (3)  
HHP 342: Nutrition for Wellness and Performance – Writing Intensive (3)  
HHP 375: Biomechanics (3)  
HHP 116: Health Profession Med Term (1)  
HHP 192: Basic Taping & Wrapping (1)  
HHP 212: First Aid and Emergency Procedures (3)  
HHP 210: Health Care Delivery (2)  
HHP 274: Care and Prevention of Athletic Injuries (3)  
MSAT 551J/J2: Orthopedic Assessment & Management of Lower Extremity & Lab (3)  
MSAT 553J/J2: Therapeutic Modalities for Athletic Injuries & Lab (3)  
MSAT 554: Palpatory and Functional Anatomy for Athletic Trainers (3)  
MSAT 552J/J2: Orthopedic Assessment & Management of Upper Extremity, Head, Neck, & Spine & Lab (3)  
MSAT 555J/J2: Therapeutic Exercise & Lab (3)  
MSAT 532: Psychosocial Principles of Athletic Training (3)  
MSAT 556: Acute Emergency Care of Athletic Injuries (3)  
MSAT 542: Clinical Education I (2)  
MSAT 543: Clinical Education II (2)  
MSAT 544: Clinical Education III (3)  
MSAT 545: Clinical Education IV (3)  
MSAT 546: Clinical Education V (3)  
MSAT 547: Clinical Education VI (3)  
MSAT 512: General Medical Conditions Assessment & Diagnosis (3)  
MSAT 541: AT Seminar (1 credit, taken 4 consecutive semesters = 4 credits total)

MSAT 568: Research Methods in Sports Medicine (3)  
MSAT 557: Advanced Injury Management (3)  
MSAT 578: Pharmacology for AT (3)  
MSAT 559: Administration & Organization of Athletic Training (3)  
MSN 820: Basic Statistics for Healthcare Prof (3)  
MSAT 599 Thesis/MSAT 573 Capstone (3 credits, taken for 2 semesters = 6 credits total)  
Upper Level Approved Elective (>300) (3 credits, 2 each semester for 2 semesters = 12 credits)

## **Athletic Training Program Application Process**

The ATP is a selective program. The ideal model used is an 8:1 ratio, Student/Preceptor ratio. This model will promote a very high level of educational quality, provide the student opportunities for hands-on learning, and maintain compliance with the CAATE Accreditation Standards. Students will formally apply to the ATP the spring semester of their second year, prior to submission into the program. Prior to applying, pre-athletic training students may observe athletic training settings.

Transfer students may apply and will be given equal consideration, but must make a commitment to the ATP for a minimum of three years. These students will need to formally apply and complete the ATP curriculum at Concordia University Ann Arbor. Students who are accepted into the ATP will be limited to one extracurricular activity (or sport), participating in that extracurricular activity (or sport) only during its traditional season. Students applying for the ATP must meet the following requirements to be considered for admission into the ATP:

1. Earn a Cumulative Grade Point Average (CGPA) of 3.00 in all major course work.
2. Earn a Cumulative Grade Point Average (CGPA) of 3.00 in all course work.
3. Complete the Athletic Training Application by the specified date.
4. Interview with the Athletic Training Program Admissions Committee.
5. Submit two CUAA AT Program student evaluation forms from two personal references.
6. Submit an essay answering each of the following questions in no more than 100 words per question.
  - a. Describe your understanding of the role of an athletic trainer in healthcare.
  - b. Why do you want to become a certified athletic trainer?
  - c. Describe your personal attributes that you feel are directly related to being successful in the profession of athletic training.
  - d. How would you evaluate your time management, organizational skills, and work ethic?
  - e. What are your primary career goals upon graduation from Concordia University Ann Arbor?
  - f. Any other information that you feel will enhance your application and is pertinent to athletic training or your academic studies.
7. Complete and pass the following courses:
  - a. HHP 116 with a grade of a B (3.0) or higher
  - b. HHP 192 with a grade of a B (3.0) or higher
  - c. HHP 212 with a grade of a B (3.0) or higher
  - d. HHP 210 with a grade of a B (3.0) or higher
  - e. HHP 274 with a grade of a B (3.0) or higher
  - f. BIO 191 & 192 Human Anatomy I & II with a grade of a C (2.0) or higher
8. Submit a physical examination regarding the AT program Technical Standards.
9. Submit a copy of health insurance information & immunization records

The Athletic Training Program Admissions Committee will be comprised of the Athletic Training Program faculty. The ATP Admissions Committee (faculty) has final approval for

admittance into the ATP. Students will be notified of acceptance in a timely manner and will begin in the following fall semester.

### **Technical Standards for Admission to the ATP**

Students in the Athletic Training Program at Concordia University Ann Arbor should have the stamina and strength to endure the rigors of athletic training. The technical standards in the ATP are part of the admittance into the program and meet the expectations of the program's accreditation agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the ATP, with or without reasonable accommodation. In the event a student is unable to fulfill these technical standards, with reasonable accommodation, the student will not be admitted into the program.

Applicants for selection to the ATP must demonstrate:

1. Maintain BLS CPR/AED certification.
2. Show proof of a negative test for tuberculosis annually while enrolled in the program.
3. Receive a physical prior to acceptance into the program; should include in the health history immunizations received i.e. hepatitis B, measles, mumps, rubella, tetanus, and diphtheria.
4. Possess the physical capability to handle the day-to-day rigors of athletic training; e.g. physical examinations, evaluations, therapeutic exercise, weather extremes, and clinical rotations.
5. The ability to critically think and problem solve as it relates to the assessment of the injured and ill.
6. The ability to communicate effectively in both the verbal and in written form; i.e. awareness of and sensitivity to various cultures and social backgrounds, and documentation in medical records and forms.
7. Maintain professional behavior while representing the ATP; e.g. dress code, attitude, communication, and collegiality.
8. The ability to act and react appropriately to various stressful and changing situations in athletic training.
9. A commitment to progress as sequenced and completion of the ATP.
10. A genuine concern for others associated with the ATP and the patients served.
11. 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.
12. 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.
13. The ability to record the physical examination results and treatment plan clearly and accurately.
14. The ability to adjust to changing situations and uncertainty in clinical situations.
15. Effective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
16. A respect for the LCMS doctrine and other religious beliefs.

17. Athletic training can be an inherently dangerous when around athletic practices and events. Therefore, each athletic training student must carry health insurance in the case of any injuries that may occur.

Applicants to the ATP 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.

If a student determines that 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 that the accommodations 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.

### **Appeals Policy**

Students who are denied admission into the ATP may appeal.

1. Each student has the opportunity to appeal once denied admission into the Athletic Training Program.
2. If the student would like to appeal, they first contact the ATP Director and state the desired intention to appeal.
3. The student and the ATP Director will then set up a meeting to discuss the student's concerns about admission denial.
4. The student and the ATP Director will discuss the reasons for admission denial into the ATP.
5. If the student is not satisfied with the initial meeting and discussion, the student may set a meeting with the ATP Director and Dean of Arts and Science. This meeting will address the reasons for admission denial into the ATP.
6. A final decision will be made regarding admission denial into the ATP after meeting with the Athletic Training Program Director and Dean of Arts and Science.

### **Reapplication Policy**

Any student who was not accepted into the ATP during the first attempt may reapply the following year. All students will be given equal opportunity to be admitted into the ATP. Each denied student will have to formally apply the following year and compete for any available openings in the ATP, with all of the students who are applying that academic year. Each student will have to resubmit all application materials for consideration into the ATP. If a student is denied admission, he/she will be notified of the reasons why they were denied into the ATP.

### **ATP Major Education and Retention Standards**

Once admitted to the MSAT program, all athletic training students must meet the following Retention Standards:

1. Maintain a Cumulative Grade Point Average (CGPA) of 3.00 in major course work.

2. Must pass all Clinical Education courses (MSAT 542, MSAT 543, MSAT 544, MSAT 545, MSAT 546, MSAT 547) with a grade of B (3.0) or higher.
3. Must pass all required athletic training courses, in sequence, in order to progress in the Athletic Training Program. **If a student does not pass a course during a particular semester, that student cannot progress in the program until the course has been re-taken and the student has passed the course.** Students who do not pass an athletic training course during the first attempt may re-take that course one additional time in an effort to pass the class. Students will not be allowed to take any athletic training course more than two times.
4. Student's skills sheets list passing of a competency. **If a student does not pass, they will be remediated prior to performing these skills on patients at their clinical rotation.**
5. Maintain required and scheduled clinical experience hours.
6. Must follow all Athletic Training Program Policies and Procedures in the Athletic Training Program Handbook.

### **Probation Policy**

1. Any current student who fails to meet the retention standards will be put on a probationary status.
2. If a current student is on probationary status and fails to improve towards the deficient retention standard(s) within the following semester or does not pass a course during a particular semester, that student will then be terminated from the ATP.
3. If a student on probation fails to meet the retention standard within two consecutive semesters, he/she will be terminated from the ATP without the opportunity to reapply.
4. If a student has been on probation and then meets the retention requirements, he/she will be removed from probation. If that same student then fails to maintain the retention requirements a second time, such student will then be terminated from the ATP without the opportunity to reapply.
5. If a student is terminated from the ATP, the student will have one year to acquire the required retention policy level(s) while terminated. If the student meets the required retention policy during their year of termination, the student will have the opportunity to join the class level he/she was terminated from.

### **Degree Completion Requirements**

All ATS must meet the following requirements in order to be eligible for graduation:

1. Maintain a Cumulative Grade Point Average (CGPA) of 3.00 in major course work.
2. Maintain a Cumulative Grade Point Average (CGPA) of 3.00 in all course work.
3. Meet all Retention Standards.
4. Must pass all required athletic training courses, in sequence, in order to progress in the Athletic Training Program. **If a student does not pass a course during a particular semester, that student cannot progress in the program until the course has been re-taken and the student has passed the course.** Students who do not pass an athletic training course during the first attempt may re-take that course one additional time in an effort to pass the class. Students will not be allowed to take any athletic training course more than two times.



5. Must pass all required core curriculum courses during the first four semesters.
6. Meet all CUAA undergraduate and graduate graduation requirements.

### **Tuition**

ATS will be considered undergraduate students for the first seven semesters and graduate students for the final three semesters. This may affect tuition and financial aid.

Please see the CUAA website or the Undergraduate and Graduate Academic Catalogs for more information.

As of 2019-2020 graduate tuition is \$9,895 per semester. Athletic Training tuition remains fixed for the 3 semesters tuition is charged.

**I understand that this classification as a graduate student will result in me and/or my parents/guardians being responsible for paying for graduate credit hours, and that I am responsible for contacting and arranging for payment of graduate credit hours with the Concordia University financial aid department. Graduate student status has different financial aid award rules, including the loss of any undergraduate scholarships.**

**Contact the following individuals with any questions on billing or financial aid as you transition from undergraduate to graduate student status: (pass along these numbers to your parents)**

**Questions about financial aid, contact CUW: 262-243-4279.**

**Questions regarding billing, contact CUAA: 734-995-7586.**

### **Scholarships**

Scholarships and funding are often available through the University. Please see the CUAA website for more information.

### **NATA Student Membership & ATrack Membership**

Students will be required to pay annually for their NATA membership dues which is \$75 (as of 2020). Students will also be required to pay for their ATrack membership. The 2019-2020 school year cost is \$45, or \$80 for lifetime membership.

### **Lab Fees**

Certain courses may have an attached lab fee.

### **On-Campus Extra-Curricular Activity Policy**

On-campus extra-curricular activities may include one intercollegiate and one non-intercollegiate activity.

1. Intercollegiate athletics participation
  - a. The traditional season of one intercollegiate athletic sport each year

2. Music (instrumental or voice); Theatre; or other similar activity
  - a. The equivalent of one “season” (fall, winter, or spring) of the specific activity
  - b. The chosen term of “in-season” must be declared

### **Extra-Curricular Activities and Clinical Rotations**

1. The Concordia University Ann Arbor Athletic Training Program will re-arrange an athletic training student’s clinical rotations for ONE traditional in-season extra-curricular activity per year. Students participating in an extra-curricular activity will continue to be assigned clinical rotations, but these clinical hours will accommodate the student’s extra-curricular schedule.
2. The participation in extra-curricular activities may factor into the ATP admission decision.
3. Athletic training students who participate in an extra-curricular activity must understand that there may be times when academics will supersede extra-curricular activities (i.e. mandatory in-services, clinical rotations, AT Program events, etc).

### **Extra-Curricular Activities and the Probation Policy**

1. If an athletic training student does not (1) meet the clinical requirements of his/her respective practicum course during a particular semester; and/or (2) does not meet the required academic retention policy requirements of the ATP; and/or (3) has committed academic dishonesty, the extra-curricular activity will terminate for one calendar year. This means that the student’s clinical rotation schedule will immediately switch to a “normal” clinical rotation schedule. The new clinical hours will not accommodate the extra-curricular activity schedule for one calendar year. (See Appendix A)

### **Equal Opportunity Exposure Policy**

1. Athletic training students will be given the opportunity to work with a variety of sites during their clinical experience as a student in the CUAA ATP.
2. A recording document is maintained by the Clinical Education Coordinator to ensure the students are exposed to the following: Lower Extremity, Upper Extremity, Equipment Intensive, General Medical, and immersive experience.
3. In addition to the above exposures, every effort is made to see that students have equal opportunity to work in the following situations: individual and team sports, sports requiring protective equipment, patients of both genders, non-sport patient populations, and conditions other than orthopedics, throughout the lifespan, different sexes, different socioeconomic statuses, varying levels of activity/athletics, and non-sport.
4. Some of the athletic training students are involved in intercollegiate athletics as well as being a student in the CUAA AT Program. The ATP makes every effort to ensure that these students receive the same exposure opportunities as any student in the ATP, as their schedule allows.

## **Student Grievance Policy**

The CUAA student grievances policies and procedures are located in the following documents:

- Faculty Handbook
- Graduate Academic Catalog
- Code of Student Conduct

Please refer to these CUAA processes and procedures.

<https://www.cuaa.edu/academics/programs/athletic-training-masters/index.html#overview>

## **Classroom Attendance Policy**

The ATS is expected to perform to the best of his/her ability in the classroom. The theoretical concepts and clinical skills learned in class provide the foundation for growth and development as an athletic trainer. All ATS are expected to attend class regularly, turn in assignments and take exams on schedule. Poor attendance will be reflected in the student's grades and may delay progression through the ATP. Do not schedule activities (e.g. outside employment) that meet during class and clinical education times. If unavoidable conflicts arise, discuss your schedule with the ATP Director or Clinical Education Coordinator (CEC). Clinical experiences should not be used as reasons for missing class without approval from the ATP Director and the course instructor. Please discuss any scheduling issues with the ATP Director or CEC as soon as possible. Everything you learn will improve the care you are able to give your athletes and patients.

## **Holiday and University Scheduled Break Policy**

CUAA ATP does not require students to participate in clinical experiences when the University is officially closed. Athletic training students assigned to Preceptors covering sports which practice or compete during holidays or breaks **may volunteer to participate in supervised clinical experiences** during these times and should discuss their clinical hours with his/her Preceptor and the CEC. A negotiation among the Preceptor, coaching staff, and ATS will determine the availability for a student to travel with the team in compensation for volunteering in supervised clinical experiences during times when the University is officially closed. This will happen after the clinical assignments have been made and distributed by the CEC in consultation with the Program Director.

Students requesting time off from scheduled clinical experience dates must do so in advance by submitting a Personal Leave Request Form (See Appendix C). The form will be filed in the student's clinical folder.

## **Inclement Weather Policy**

In the event of inclement weather with closure of CUAA or other affiliated clinical sites, you will not be required to complete your clinical hours for that day. If you chose to complete your clinical hours, you do so at your own risk as the University is closed and all associated functions are cancelled.

## **Academic Social Networking/Media Policy**

1. Faculty and preceptors are prohibited from using social networking media to interact with athletic training students currently enrolled in the CUAA ATP.
2. This applies to all faculty, preceptors, and staff, regardless of whether or not they are currently providing clinical or didactic education to the student.
3. Former faculty (those no longer employed by CUAA), former preceptors (those no longer being used in the role of preceptor by the CUAA ATP), and former students (alumni or students no longer enrolled in the CUAA ATP) are not affected by this policy.
4. This policy applies to all social networking websites and platforms. Email is an accepted form of communication. Text messaging is an accepted form of communication, only if all parties agree upon specific terms of usage.

**CONCORDIA UNIVERSITY ANN ARBOR  
ATHLETIC TRAINING PROGRAM HANDBOOK**

**CLINICAL EDUCATION SECTION**

## **Clinical Education Introduction**

The Concordia University Ann Arbor (CUAA) Athletic Training Program (ATP) clinical education will follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The clinical education plan outlines the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making.

Clinical education will provide students with authentic, real-time opportunities to practice and integrate athletic training (AT) knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer.

Clinical education will allow students opportunities to practice with different patient populations, health care providers, and in various health care settings.

## **Clinical Education Attendance Policy**

The hours you spend in the clinical education component of the Program are just as important as those spent in the classroom. While completing clinical education experiences in the ATP clinical sites, students are expected to follow the policies and procedures established by that particular clinical facility (i.e., dress, assignment schedule, etc.). Athletic training students are expected to arrive on time wearing the designated clinical attire and behave in a professional manner as described by the ATP Professional Fitness Policy. Remember, your clinical experience gives you the opportunity to apply what you have learned in the classroom toward the actual care of patients and athletes while also developing clinical decision-making skills. Take advantage of every opportunity for learning. Be proactive in your quest for knowledge. Don't be afraid to ask questions. Studying during clinical experiences is discouraged unless permission is granted by your supervisor; you are encouraged to practice your psychomotor skills and integrate the clinical proficiencies. Attendance in academic courses and clinical education associated with practicum course credit is mandatory.

## **Clinical Education Health and Liability Requirements**

Once notified of admittance into ATP, students must meet the following requirements **prior to** beginning the clinical education component of the program:

As a student in the ATP, you will be working in a variety of health care settings. The CUAA ATP has established guidelines which comply with the CAATE Accreditation Standards. Students must fulfill these requirements in order to start the clinical education component of the curriculum. ATP athletic training students must complete the following requirements:

### **1. Immunizations and Technical Standards**

- a. The CUAA Student-Athlete Medical History Form will be accepted. The form consists of the following components:
  - i. Medical History (to be completed by student)
  - ii. Immunization record (completed by student and reviewed by physician)

- iii. Students must complete their immunization information on the medical history form. Failure to do so will result in a delay in the start of the clinical component of the ATP until fulfillment of the requirement.
- iv. The CUAA ATP will not provide nor cover the costs for immunization or laboratory testing (i.e., Hepatitis B vaccine, Tuberculin testing, tetanus booster, etc.).
- v. A record for PPD (Mantoux) for Tuberculin testing is **required annually** and should be scheduled to cover the entire clinical component time frame (August to the following July).

**2. Technical Standards**

- a. Technical Standards are abilities that a person must possess and be able to perform to be an athletic trainer. These abilities are evaluated by a physician during the physical examination and by yourself on the Technical Standards form. If there is any question as to whether these abilities can be performed, the Office of Student with Disabilities will be contacted and the student will be evaluated.

**3. Current Health Care Provider CPR Certification by American Heart Association**

- a. Student are required to be certified in CPR prior to entering and maintaining certification during their participation in the ATP.

**4. Student Professional Liability Insurance**

- a. Coverage of a minimum of \$1,000,000 per incidence/occurrence and \$3,000,000 annual aggregate is required and provided by CUAA.

**5. Signed HIPAA/Privacy/Confidential Training & Completed Training Form**

**6. Signed Code of Conduct Form**

- a. Student Policy Manual & CIP Signature Page

**7. OSHA - Blood-Borne Pathogens Training & Completed Training Form**

**8. Hepatitis B Vaccination**

- a. Each student is recommended to get a series of HBV vaccinations. This series is highly recommended, but not required. If a student should choose to deny the series, an HBV denial form must be signed and turned in to the CEC (see Appendix B).

**Communicable Disease Policy**

The purpose of the Communicable Disease Policy is to protect the health and safety of the students enrolled in the Program as well as the patients with whom the students will come into contact. The CUAA ATP recognizes the importance of minimizing the exposure of athletes or patients in a clinical setting to communicable diseases. Therefore, it is recommended that athletic training students not report to their clinical site if they have *active* signs or symptoms of a communicable disease.

This policy is designed to provide ATs, Preceptors, and AT faculty with a plan to assist in the

management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers ([www.cdc.gov](http://www.cdc.gov)).

Athletic training students may become exposed to contagious or infected student-athletes, patients, or other students. Modifications to a student's participation in Practicum may be required. The following list of health conditions is not all inclusive but should serve as guidelines for conditions that may require modification of a student's participation.

Skin Lesions: Students should examine suspected or confirmed skin lesions in patients only with gloved hands (e.g., impetigo, tinea corpora, or HSV). The staff supervisor can determine if a small, non-draining, and covered lesion will adequately protect patients who come into contact with an athletic training student. If there is any question, the athletic training student must refrain from clinical involvement until cleared.

Respiratory or GI Illnesses: Students should practice health care hand washing habits to minimize self-inoculation and have a mask available to cover the nose and mouth (example: anyone with significant coughing, sneezing, fever, vomiting, or diarrhea should be considered contagious). Athletic training students must be free of fever for 24 hours and use extra care in hand washing during the illness. Other illnesses that require antibiotic therapy must follow a 24-hour rule; vomiting and diarrhea follow a 24-hour rule along with exceptional hand washing care.

Blood or Bodily Secretions: Students should follow Universal Precautions in the Blood-Borne Pathogens Exposure Control Plan of the facility. Athletic training students should exclude themselves from contact with patients when an open wound is present.

Individual Risk: Students with specific conditions must undergo individual evaluation and education sessions prior to interacting with student-athletes or patients (e.g., low immune function, asplenia, immune suppressive therapy, corticosteroid usage, diabetes, heart disease, chronic lung disease, asthma, etc). For other conditions, the athletic training student should consult with a health care provider before discussing Practicum participation.

In situations where the ATS is ill, he/she should immediately notify the assigned Preceptor and either the ATP Director or the Clinical Education Coordinator of his or her status. If you incur an illness lasting for more than 1 day, you are required to see a physician or nurse practitioner to determine if the illness is actively communicable and to clear you to return to your clinical assignment. Athletic Training Students may use their own personal physician (the ATS is responsible for his or her own health insurance and are responsible for all related charges). The ATS is to follow the recommendations and guidelines of the treating physician. If a physician is seen for an illness, a report of return to clinic permission from the physician is required before resuming the clinical rotation.

In the event that an ATS will be missing an inordinate amount of time due to adherence to the communicable disease policy, a decision of the student's clinical status will be decided by the Clinical Education Coordinator and ATP Director. This may result in a reassignment of clinical



responsibilities, a grade of incomplete due to medical reasons, and/or opportunities to make up lost experiences

### **What are Communicable Diseases?**

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects).

### **Communicable Diseases Cited by the CDC:**

Bloodborne Pathogens	Parovirus
Conjunctivitis	Pediculosis
Cytomegalovirus infections	Pertussus
Diarrhea diseases	Poliomyelitis
Diphtheria	Rabies
Gastrointestinal infections (acute)	Retroviral infections
Herpes simplex	Rubella
Human immuno-deficiency virus (HIV)	Scabies
Hepatitis viruses	Staphylococcus aureus infection
Influenza	Streptococcal infection
Measles	Tuberculosis
Meningococcal infections	Varicella
Mononucleosis	Viral respiratory infections
Mumps	Herpes Zoster

### **Guidelines for Prevention, of Exposure and Infection**

- Students must successfully complete annual OSHA/blood-borne pathogens training.
- Students are required to use proper hand washing techniques and practice good hygiene.
- Students are required to use Universal Precautions at all times when functioning as an ATS in the ATP. This applies to all on and off-campus clinical sites.
- Students are not to provide patient care if they have active signs or symptoms of a communicable disease.

### **Facility Maintenance Policy**

Be ready to take part in facility maintenance during clinical experiences. Take initiative and pride in maintaining an organized and clean environment. These activities supplement the clinical experience to facilitate student understanding of the responsibilities of an athletic trainer in addition to health care provision and administration. Check with your Preceptor to determine daily tasks and expectations. There are always activities (e.g., cleaning, preparation duties, etc.) that can be completed.

You must adhere to the guidelines posted in all of the facilities utilized during your clinical education assignments (including, but not limited to OSHA guidelines). If there are no guidelines or they are outdated, you must notify the ATP Director or CEC. The athletic training facilities

are designated medical facilities and should be maintained as such. Treatment areas, surfaces, floors, modalities, and workspace should be kept clean at all times. Report any equipment concerns/malfunctions to a Preceptor, staff member, or ATP faculty member. If at all possible, either remove the malfunctioning equipment from use or indicate a 'potential for harm is evident' with a sign.

Keep supplies adequately stocked. Please notify the appropriate personnel from the clinical site when supplies are needed. Properly shut down any electrical modality or equipment that may have been used (e.g., electrical stimulation, ultrasound) at the end of the day. Leave the facilities neat, clean, and organized at the end of the day.

Electrical equipment should be wiped down with a dry towel. Treatment surfaces (such as chairs, treatment tables, and exercise equipment) should be cleaned with an OSHA acceptable cleaner.

### **Therapeutic Equipment Safety Policy**

CUAA ATP follows at minimum the manufacturer's recommendation for federal, state, or local ordinance regarding specific equipment calibrations and maintenance. To assure that each site is in compliance, CUAA's PD and CEC reviews the equipment calibration and safety checks from each clinical site yearly.

### **Universal Precautions/Blood-Bourne Pathogens Policy**

Blood borne pathogen/OSHA training is required annually for all students accepted into the ATP. Yearly, training will be offered to all athletic training students (ATS) and conducted by the CUAA ATP Clinical Education Coordinator and ATP faculty. **Every ATS will be required to attend the annual training session.**

Universal precautions should be utilized whenever you suspect bodily fluids to be present. Each on and off-campus clinical site has policies and equipment regarding blood borne pathogens and proper handling, disposal, and cleaning procedures. Blood borne pathogen procedures may differ slightly at clinical sites. Make certain that you know the policies and procedures of each site you are assigned. When contamination occurs, there must be written notification followed by notice to the ATP faculty.

### **Specific Guidelines for Medical Waste (Universal Precautions)**

1. Wear latex rubber gloves whenever touching open skin, blood, body fluids, or mucous membranes. Change gloves after contact with each athlete.
2. Wash your hands with soap and water immediately after exposure to blood or body fluids even with glove use.
3. Any surface (counter, table, wrestling mat, etc.) must be thoroughly washed after blood has come in contact with it. Use an industrial cleaner approved to kill bacteria and viruses.
4. Place all sharps (scalpel blades, hypodermic needles, etc.) into a red sharps container, specifically designed for the disposal of such implements.
5. Place all medical waste (contaminated gauze, latex gloves, used band-aids, etc.) in the labeled bio-hazardous waste containers.

Refer to the **CUAA Athletic Training Exposure Control Manual** for detailed information.

### **Fair Practice Work Policy**

CUAA maintains fair and reasonable practices in all matters affecting students who enter the ATP. Athletic training students are not to take the place of a faculty or staff athletic trainer at any time. Athletic training students are not to act as athletic/sport managers and/or secretarial support staff. Athletic training students are here for a quality Christian education and should not be asked or expected to perform any duties that will compromise their educational opportunities and experiences.

Athletic training students are not paid for their participation in clinical education or instruction. The clinical education experiences are part of the clinical/field rotations within the ATP. It is required that all students enrolled within the ATP fulfill the educational requirements, which include clinical education experiences.

### **Personal Transportation Policy**

All students should be aware that they may need personal transportation to fulfill off-campus clinical rotation responsibilities.

1. Each athletic training student who is assigned an off-campus clinical field experience/rotation will need to provide personal transportation to and from the off-campus site.
2. The athletic training student will be responsible for their gas, car maintenance, and automobile insurance for this purpose.
3. There is not any reimbursement for gas or mileage.
4. Students should discuss with the CEC when off-campus clinical rotation(s) will occur.
5. Concordia University Ann Arbor will not assume responsibility for any travel, insurance, traffic violation, and/or accident expenses.

### **Professional Appearance Policy**

Athletic Training Students (ATS) are expected to display the type of personal appearance and attire reflective of professionalism and consistent with other health care professions. The attire must reflect consideration of image, safety, infection control and appropriateness for the activities to be performed in the clinical practicum in athletic training or a health care discipline. Unless otherwise defined in this policy, the athletic training student Professional Appearance Policy will be generally considered basic business casual. This policy is in effect during all aspects of the clinical education component. Furthermore, when performing skill or proficiency evaluations, students (and their models) must adhere to the Professional Appearance Policy.

#### **Basic Professional Dress**

Basic professional dress does not mean sloppy or baggy. Clothing should fit appropriately, be clean, pressed or wrinkle free and without holes or frayed areas. Basic professional dress provides more varied and comfortable options but dress shall be suitable for clinical

practicum activities, safe, and not extreme in style. Attire should allow for freedom of movement while in keeping with principles of modesty and propriety.

The following clothing is considered not suitable to wear:

1. Tight leggings, (i.e. spandex)
2. Denim pants
3. Clothing which is too revealing, suggestive, or tight fitting is not acceptable (i.e. halter, tank tops, see-through garments, or clothing with revealing/provocative necklines, bare backs, bare midriff, or spaghetti straps).
4. Short length should be no less than mid-way down the thigh.
5. Clothing with symbols, phrases, or slogans representing/advertising gangs, sexism, tobacco, alcohol products, or controlled substances or representing another university.
6. Clothing that exposes the stomach or other areas of the body inappropriately.
7. Hats/caps are acceptable in outdoor work place settings only. Head covers for religious reasons are exempted. Head rags are not acceptable at any time in the work place.

### **Footwear**

Shoes in athlete/patient care areas, are required by Occupational Safety and Health Administration (OSHA) standards. They must have a closed toe and either a doped heel or a strap support. Shoes should be kept clean, in good repair, and appropriate for professional attire. Socks, as appropriate, should be worn at all times.

### **Grooming Guidelines**

Personal cleanliness/hygiene will reflect professional standards (clean and neat) to include at least:

1. Free of unpleasant body odors or breath.
2. Hair is to be clean, neatly arranged and does not interfere with clinical practicum functions. Hair should not be extreme in color or styling.
3. Face is shaved or mustache/beards/sideburns, etc., if worn, are to be neatly trimmed, clean, and appropriate for business appearance.
4. Since some patients may be allergic to specific fragrances and/or aromas, health care facilities promote a "Fragrant Free Environment." In an effort to support this type of environment, no strongly scented personal products shall be worn (i.e., cologne, aftershave, hair spray, perfume, deodorants) for the clinical practicum and should reflect a concern for professionalism, safety, infection control precautions, and the athlete/patients' clinical conditions.
5. Cosmetics in moderation are acceptable.
6. Selection of jewelry for the clinical practicum should reflect a concern for professionalism, safety and infection control precautions. Women should limit earrings to one/two per ear and men should remove all earrings.
7. Tattoos or non-ear piercings should be kept out of sight during the clinical practicum work hours.
8. Men and women fingernails should be short and clean. In conservative industries, women's nails usually extend no longer than about ¼ inch beyond the fingertip. Please note in hospital settings that OSHA policies, for the purpose of infection control, do not allow acrylic nails.

***Athletic Training Students failing to meet the Professional Appearance Policy requirements may be placed in a progressive disciplinary process or clinical probation and required to obtain suitable grooming/dress before being allowed to continue the clinical experience.***

### **Alcohol and other Drugs Policy**

The use of alcohol, tobacco, and recreational drugs during the didactic or clinical education component of the ATP is strictly prohibited. If a member of the ATP faculty or staff suspects that you are under the influence of alcohol and/or other drugs, you will be dismissed for the day. A second incidence requires student referral to counseling and suspension of clinical responsibilities until the student demonstrates compliance with the counseling and the policy. A third incidence will be grounds for dismissal. See Professional Fitness Policy on pages 30 and 31 of this document.

### **Non-Discrimination Policy**

In compliance with University policy, the ATP does not discriminate on the basis of race, sex, national origin, handicap, religion, age, or sexual orientation. Concordia University Ann Arbor is an equal employment opportunity/affirmative action/Title VI/Title IX/Section 504/ADA/ADEA institution. These principles extend into all aspects of the ATP. All coaches, staff, and patients must be treated under these same conditions. If you believe that you have been discriminated against, or have witnessed discrimination please notify a member of the ATP faculty immediately. See Professional Fitness Policy on pages 30 and 31 of this document.

### **Sexual Harassment Policy**

Any action deemed as, construed as, or pertaining to sexual harassment as defined in The University Student Handbook by any student in the ATP will result in referral to The University Disciplinary Committee for appropriate action and possible removal from the Program. Any form of sexual harassment will not be tolerated. Please notify an ATP faculty member if you feel that you have been harassed or you have witnessed sexual harassment. In the case of sexual harassment, a student has the right to pursue the equal employment opportunity grievance procedure for redress. The affirmative action office should be contacted for this procedure. See Professional Fitness Policy on pages 30 and 31 of this document.

### **Student Relationships Policy**

Athletic Training Students (ATS) are required to maintain professional relationships. This policy is directed at all patients and athletes affiliated with on and off-campus clinical sites. Patients do not have to be currently receiving care in the facilities to fall under this policy.

#### **1. ATS and ATP Faculty and Staff**

The ATP faculty members are your immediate supervisors. You will be responsible to them at all times during the completion of your didactic and clinical education components of the ATP. Faculty and student relationships should remain professional and there should be an open line of communication at all times.

#### **2. ATS and Preceptor**

Preceptors are an extremely valuable source of information. Students must treat assigned, and all, Preceptors with respect and dignity. The Preceptor should be available at all times during your clinical education experiences and should continuously review and evaluate clinical proficiencies. The ATS should learn to trust and respect the Preceptor, and the Preceptor should learn the capabilities of the ATS, always applying challenging skills and increasing student responsibilities appropriately, as well as progressively allowing for opportunities for the integration of skill into patient care. The relationship should remain professional, with an open line of communication. Dating or any other personal/intimate relationship is not permitted. For a detailed description of supervision requirements and Preceptor responsibilities, please refer to the document titled: **Clinical Education Plan**.

3. **ATS and Physicians (and other Health Care Providers)**

You will have numerous opportunities to interact with physicians and other health care providers. Tremendous learning can occur by observing and listening to them as they interact with patients, colleagues, and students. Questions should be asked during appropriate times. If you are called upon to report to a physician, be sure to give detailed information and follow orders immediately and efficiently. Relationships with physicians and other health care providers should remain professional and therefore “dating” or any other personal/intimate relationship is not permitted.

4. **ATS and Coaches**

Students have the opportunity to develop a positive rapport and enhance the clinical experience through interactions with coaches. Problems encountered can and should be discussed freely with ATP Director/CEC and your Preceptor. Do not let any member of the coaching staff force you into a situation of applying skills beyond your competency or to compromise an athlete’s safety, especially if the condition is life threatening. Adherence to the ATP supervision policy should minimize the potential for these exposures. The ATP will always defend your actions/decisions when they are within your current level of competency and are made with the athlete’s safety as the primary concern.

5. **ATS and Patients (Athletes)**

This policy is directed at all patients (athletes are patients) affiliated with on and off-campus clinical sites; patients do not have to be currently receiving care in the facilities to fall under this policy. The athletic trainer-patient relationship is fundamental to providing and receiving excellent care, to the healing process and to improved outcomes. This relationship is founded on trust and confidentiality. However, it is crucial for building trust that you begin this relationship in an honest and straightforward manner. A critical part of this is being honest about your role and letting the patient know you are an athletic trainer student-in-training. In some settings, a Preceptor can introduce the student to initiate a trusting relationship. In other settings, students may need to introduce themselves. One form of introduction would be "Hello, I am Jane Smith. I'm an athletic training student from Concordia University Ann Arbor. I'd like to hear about how your injury happened." Many patients will feel quite close to the athletic training student with their team. Athletic training students usually have more time to spend with a patient, listening to the patient's history and health concerns, and patients certainly notice and appreciate this extra attention. Since the athletic trainer-patient relationship must be built on trust and respect, relationships with patients must remain professional; therefore "dating” or any other personal/intimate relationship (including social activities outside of

the clinical education component) is not permitted.

### **Clinical Social Networking/Media Policy**

1. Current athletic training students are prohibited from using social networking media to interact with current patients or athletes, not associated with CUAA.
2. Athletic training students should not request or accept any interaction involving social networking media with any current non-CUAA patient or non-CUAA athlete.
3. This policy applies to all non-CUAA patients and non-CUAA athletes, regardless of whether or not the athletic training student is directly responsible for the patient's care.
4. This policy applies to all social networking websites and platforms, email, and text messaging.
5. Furthermore, athletic training students are prohibited from interacting through social networking media, text message, or email with any current or former patient or athlete who is a minor.

### **Documentation Policy**

Daily treatment logs, injury evaluation forms, therapeutic exercise sheets, and progress notes provide a detailed record of a patient's injury or condition. You must complete detailed records during each clinical experience. All new injuries must be recorded using appropriate forms or an electronic documentation system. There may be different forms for each clinical site. Please make sure that you are using the correct forms for the given situation. Notify the ATP Director/CEC if your Preceptor does not supply injury and rehabilitation recording forms. Maintaining medical records is an important mechanism to help protect athletic trainers from faulty litigation.

### **Medical Records and Confidentiality Policy**

#### **FERPA**

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

#### **HIPAA**

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to address the privacy and security of patients' medical records. Simply put, no one should have access to a patient's medical records unless the patient has given permission for that individual or agency to view them. This not only applies to physician offices but to athletic training and clinic facilities. Any record of treatment or rehabilitation program should not be visible to other patients and information on injury should not be shared with anyone even a coach, another player, media, etc., unless the patient has given written permission to do so. You should ask about the HIPAA compliance forms that are used at the facility to which you are assigned.

***All students are required to attend the annual CUAA ATP HIPAA/FERPA/Confidentiality Training session annually.***

A patient's medical record is confidential. Medical records should remain in a secure area. Any detail from the medical record should only be discussed when it relates to the care of patients. You should also be aware of your surroundings while discussing medical records. You should never talk to anyone other than those individuals associated to the ATP or clinical site about a patient's condition. Never answer any questions concerning the status or medical care of a patient. Direct these questions to your Preceptor.

The security, record-keeping, and confidentiality requirements and concerns that relate to athletes' medical records generally apply equally to those portions of athletes' medical records that concern blood borne pathogens. Since social stigma is sometimes attached to individuals infected with blood borne pathogens, athletic trainers should pay particular care to the security, record-keeping, and confidentiality requirements that govern the medical records for which they have a professional obligation to see, use, keep, interpret, record, update, or otherwise handle.

Security, record-keeping, and confidentiality procedures should be maintained with respect to the records of other athletic trainers, employees, athletic training students, and athletes, to the extent that the athletic trainer has responsibility for these records.

### **CPR/AED Certification Policy**

Current AHA Health Care Provider CPR certification is required at all times. Students will complete CPR and AED re-certification. This will be scheduled by an ATP faculty member. The student must provide a copy of the CPR certification card, upon completion of the re-certification course. Maintenance of this certification is also a requirement to be eligible to sit for the BOC examination.

### **Health Care Provision Policy**

Never leave the athletic training facilities unattended. If you must leave, the door must be closed and locked. No patient should be allowed in the athletic training facilities without a credentialed health care provider present. An ATS is not permitted to initiate patient care or make a clinical decision without Preceptor supervision.

The ATS should apply only those skills in which they have been instructed, evaluated and have demonstrated the minimum level of competency. Standard treatment practices should be followed. The ATS must confer regularly with your Preceptor concerning evaluation and rehabilitation program initiation and implementation. Patients are **NOT PERMITTED** to initiate their own treatments. However, evidence-based clinical practice should always involve constant input from the patient, and a professional demeanor must be maintained at all times.

**At no time should an ATS be used as replacement for staff or faculty; at no time should an ATS be used in the role of a First Responder.**

### **Professional Fitness Policy**

The CUAA ATP has established standards of professional fitness in compliance with the NATA Code of Ethics, Foundational Behaviors of the NATA Educational Competencies (5<sup>th</sup> ed.), and



the Board of Certification (BOC) Standards of Professional Practice. ATP students are required to adhere to, and will be evaluated on, these standards for program continuance and graduation.

When a student fails to meet the ATP professional fitness standards, a recommendation for dismissal can be made by the ATP Director.

Students are first notified of the assessment process after their expression of interest in the program.

- Students are notified during the admissions process that they will be evaluated on their professional and personal competencies through the program. The assessment process, including the evaluation instrument and the grievance procedure is included in the ATP Student Handbook.
- Students are also informed during annual orientation sessions and verbally on the first day of each practicum class about the specific criteria on which they will be evaluated.

The Preceptor from each athletic training student is assigned to will evaluate the professional fitness of each student within the *Preceptor Evaluation of the Student* form. The respective Preceptor will review the form with the student. Evaluator and student signatures on the assessment form indicate that the evaluator has reviewed the form with the student. Signatures do not imply that the student agrees or disagrees with the review. Students must receive satisfactory scores (no zeros) on the evaluation to pass the practicum class.

When a problem is identified (e.g., zeros on the evaluation form), the CEC will meet with the student to communicate the concern and afford him or her an opportunity to address the problem (e.g. student may offer remediation suggestions).

- The student has the right to appeal the final decision to the ATP Director. The appeal process (below) can also be located in the CUAAs graduate catalog.

#### *Disciplinary Incident Reporting for Clinical Education Violations*

A student may be disciplined after specific incidents at a clinical education site. Clinical education site incidents range from insubordination, sexual harassment, drug or alcohol abuse, chronic tardiness, and theft. Any potential violations are brought before the ATP faculty, CEC, or PD. The student is given the opportunity to discuss the circumstances of the incident with the CEC and PD. After examining the facts of the incident and providing the student with the opportunity to explain the incident to the CEC and PD, a determination is made by the CEC and PD on any disciplinary action. The disciplinary action is broken into a series of “cards” based on a “three-strike” sequence of discipline:

- Yellow Card 1: this indicates the first confirmed student incident violation during the student’s tenure within the ATP. Steps for remediation will be outlined with the student.
- Yellow Card 2: This indicates a second confirmed student incident violation during the student’s tenure within the ATP. Steps for remediation will be outlined with the student, plus the student is warned that any additional confirmed clinical education violation will be the third and final violation and dismissal from the ATP may occur.
- Red Card: This indicates a third and final confirmed student incident violation during the

student's tenure within the ATP and is grounds for dismissal from the ATP.

The AT student may be dismissed immediately from the ATP if a clinical education violation is egregious (e.g., felony, injuring a patient) and confirmed after an investigation by the CEC and PD.

### **Program Dismissal for Reasons Other Than Grades**

The director shall provide written notification of dismissal to the student within five working days of the decision. Such notice shall inform the student of the right to appeal and specific procedures to be followed. Following written notification of dismissal from the program, the student has the right to appeal. A written appeal, including a documented rationale for the basis of the appeal, must be submitted to the ATP Director within five working days. In all cases, the program faculty shall be presumed to have taken appropriate action and the student appealing shall have the burden of proof to the contrary. The question of whether or not the student may continue to attend classes during the appeal process or register for subsequent semesters will be determined on a case by case basis. In particular, if the student's presence poses a continuing threat to persons or property or an ongoing risk of disrupting the academic process, the student may be immediately removed and may not attend classes while his/her appeal is in process. Any such determination shall be included as part of the ATP Director's written notification to the student.

### **Clinical Experience Overview**

Clinical experiences are concurrent with Athletic Training Practicum Courses. Experiences may occur during summer, fall, and spring semesters. Athletic training students must be officially enrolled in the ATP, have completed all clinical health and safety requirements, and be registered in the respective practicum course, prior to beginning clinical experiences and performing skills on patients.

Each athletic training student will be assigned to a Preceptor, who will instruct, guide and mentor the ATS, and who will be physically present on-site for all assigned clinical experiences. Distinction must be made that the ATS is assigned to a Preceptor, not to a location or to a sport. Clinical experiences will occur each semester in accordance to the progression within the curriculum and in compliance to CAATE guidelines. The ATS has the responsibility for travel to assigned clinical sites both on-campus and off-campus. A reliable mode of transportation is required.

Clinical education assignment designation will not discriminate based on sex, ethnicity, religious affiliation, or sexual orientation. Students will gain clinical education experiences that address the continuum of care that would prepare them to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and clinical abilities, Role Delineation Study and standards of practice described for a certified athletic trainer in the profession. Examples of clinical experiences will include, but are not limited to:

- Individual and team sports
- Sports requiring protective equipment (e.g., helmet and shoulder pads)
- Patients of both genders
- Non-sport patient populations (i.e., outpatient clinic, emergency room, primary care office, industrial, etc.)
- Conditions other than orthopedics (e.g., primary care, internal medicine)

### **Clinical Experience Parameters**

Experiences must be supervised and must be educational in nature, reflecting responsibilities and opportunities representative of an athletic trainer

- Students must be instructed on AT clinical skills prior to performing those skills on patients
- Students must have a minimum of one (1) day off in every seven (7)-day period
- Students will not and cannot receive any monetary remuneration during clinical education experience, excluding scholarships (in other words, for any official ATP clinical education experience, students cannot get paid for assisting in the delivery of health care)
- Students will not and cannot replace professional athletic training staff or medical personnel (see supervision section)
- Clinical education hours plus academic hours are not to exceed 40 hours/week (see Clinical Hours)

### **Criteria for Progression through Clinical Experiences**

The ATS must receive a grade of a "B" or higher to progress into the next sequenced practicum course. Each practicum course syllabus will describe the components used to determine the grade, but in general, a student must complete the following requirements:

- Accrue required clinical experience hours
- Submit required course assignments
- Satisfactory performance evaluations from Preceptors
- Satisfactory Professional Fitness Evaluation (The **Professional Fitness Policy** is a component of the CUAA ATP Policies and Procedures)
- Submit required evaluations forms
- Complete the psychomotor skills and/or clinical proficiency evaluations required for the respective practicum course

### **Clinical Site Placement**

To provide a well-rounded clinical education experience, we have affiliation agreements with area high schools (both public and private), colleges, outpatient clinics, hospitals, health and wellness centers, and physician offices. Affiliated sites must meet specified standards, and clinical hours can only be accrued at these affiliated sites. All clinical education sites are evaluated by the ATP on an annual and planned basis. These evaluations are used to identify strengths, weaknesses and areas of improvements at each clinical site as part of our overall comprehensive evaluation plan.

### Year Three to Five Clinical Placements

Students complete rotations of on-campus and off-campus experiences with Preceptors in a variety of health care settings, working with sport and non-sport populations. Specific placement for students is randomized to ensure fair and equal opportunity for all students. Each student is randomly assigned a number which corresponds to specific clinical placement. Experiences are designed to address the requirements set for by CAATE for the variety necessary to prepare students to work with diverse populations in diverse settings.

Placements are determined by the Clinical Education Coordinator (CEC) following consultations with Preceptors and the ATP Director. It is important for students to understand that satisfying student preferences comes secondary to satisfying CAATE accreditation standards. The following additional factors are also taken into consideration:

- Didactic and clinical performance in the ATP
- Previous clinical experiences in the ATP
- Personal attributes of the ATS
- Previous disciplinary actions

#### Non-Sport Patient Populations

To ensure that students are exposed to conditions other than orthopedic, each student will complete rotations with non-sport patient populations such as hospitals, physician's office, or other affiliated sites that are non-sport patient in nature.

#### **Supervision Policy**

***The CUAA ATP Clinical Supervision Policy is compliant with CAATE Accreditation Standards and the Michigan Athletic Training Practice Act (Public Health Code Act 368 of 1978, Part 179, Athletic Training).***

Students will have the opportunities to interact with a variety of medical and health care personnel. An athletic trainer, certified by the Board of Certification (BOC, who currently possesses the appropriate state athletic training practice credential, will supervise (serve as a Preceptor) the majority of the student's clinical coursework (i.e., clinical education experiences). The remaining clinical coursework may be supervised by any appropriately state credentialed medical or health care professional.

#### Direct supervision

Direct supervision (physically present) describes the supervision required of students during clinical experiences. The Preceptor must be physically present and have the ability to intervene on behalf of the patient and the ATS. This requirement, however, is not synonymous with preventing students from making clinical decision. Students are strongly encouraged make clinical decisions, commensurate with their progression in the Program, in consultation with the Preceptor or other qualified health care professionals.

#### Graded (Direct) Supervision

The ATP incorporates a graded method of supervision, which initially involves close monitoring (key words: "hip pocket"), but progresses to supervised autonomy, once a student demonstrates

proficiency. This level of supervision positions students to learn maximally at all times, while still allowing for timely feedback and prompt correction of potentially unsafe behaviors/techniques. Direct supervision, when properly implemented, should encourage clinical decision-making during actual patient/client care.

#### Parameters of Supervision:

- 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.
- The number of students assigned to a Preceptor in each clinical setting will be a ratio that is sufficient to ensure effective clinical learning and safe patient care

There will be regular communication between the ATP and the Preceptor. If a situation arises that leaves a student unsupervised (e.g., Preceptor leaves to take a phone call or use the restroom and no other health care professional is present), the student must leave the area until the Preceptor, or other health care professional, returns. Unsupervised experiences will not be mandated or allowed for any student.

If the ATS voluntarily chooses not to leave the area during the temporarily unsupervised period, the student is required to function only as a CPR/First Aid trained individual would function and must not be referred to as an “Athletic Training Student”. In these situations, students are allowed to apply only those skills deemed appropriate by the CPR/First Aid certifying agency (First Aid/CPR Agreement). At no time should the student utilize athletic training skills related to: evaluation to determine participation status, therapeutic modality and/or exercise application, or taping and wrapping skills (unless involved in emergency wound care situations). See First Responder Policy below.

These unsupervised incidences must immediately be reported to the ATP Director or Clinical Education Coordinator. Unsupervised time is not authorized by the ATP and will not be considered in the recording of clinical experience hours.

#### Breach of Supervision Policy

Adherence to the supervision policy is the responsibility of both the Preceptor and the Student. The student may be subject to disciplinary action for failing to comply with the policy and/or failure to report the incident. Utilization of the Preceptor may be discontinued. Each incident, and any subsequent disciplinary action, will be reviewed on a case-by-case basis.

#### Travel Policy

Students may have the opportunity to accompany a Preceptor to away competitions as space and budgetary constraints permit. Athletic training students are not allowed to travel without a supervising Preceptor and will never be used to replace an Athletic Trainer in this respect. When traveling, students must follow all the rules and regulations that apply to the student-athletes from that institution. The CUAA ATP Student Policy Manual and Clinical Education Plan, and the CUAA Code of Student Conduct are in effect for the duration of enrollment at Concordia University Ann Arbor.

### First Responder Policy

The ATP does not support unsupervised clinical education experiences for students. Utilization of students as full-time 'First Responders' conflicts with the mission of the ATP, violates a CAATE Standard, and violates the Michigan Athletic Training Practice Act. To protect students, patients, Preceptors, and the respective institutions, ATs are only assigned to supervised clinical experiences and therefore cannot be used as First Responders during ATP-related clinical experiences.

### **Clinical Hours Policy Overview**

Hours will be submitted weekly for all students. Hours must be documented. Recorded times should be correct to the nearest quarter hour. The supervising Preceptor must approve the student's hours weekly (daily with rotating Preceptors) and ensure that the descriptions of all activities (i.e., activity, location, number of hours) are recorded accurately.

As stated previously, all students must have one (1) day off every seven (7) days. No exceptions. The CEC will monitor student hours and make adjustments to the student's schedule as needed. The Coordinator will import student hours into a database and provide reports to the ATP Director on a monthly basis. Monitoring will also be utilized to ensure that equal and fair opportunities exist for all ATs in compliance with the CAATE Standards.

The following is the breakdown of hours per semester for ATs:

- Third year students: 80 hours per semester, maximum of 300 hours per semester.
  - In conjunction with MSAT 542 Clinical Education I (2 credits) and MSAT 543 Clinical Education II (2 credits)
- Fourth year students: Minimum of 120 hours per semester, maximum of 450 hours per semester.
  - In conjunction with MSAT 544 Clinical Education III (3 credits) and MSAT 545 Clinical Education IV (3 credits)
- Fifth year students: Minimum of 120 hours per semester, maximum of 450 hours per semester.
  - In conjunction with MSAT 546 Clinical Education V (3 credits) and MSAT 547 Clinical Education VI (3 credits)

If the AT student does not meet the minimum total, or goes over the maximum amount listed, they will meet with the Program Director and Clinical Education Coordinator to determine the cause of the discrepancy and remediated steps.

### Holidays, University Closures, and Volunteer Hours

Clinical experiences during holidays or times when the University is officially closed are not required. If the ATs chooses to obtain clinical experience during these times, he or she must, in advance, notify the CEC. These hours are voluntary, must be supervised, and will not count towards the required hours per week unless approved by the ATP Director.

### Volunteer Opportunities

Opportunities to acquire additional clinical experience may occur. These opportunities are

voluntarily chosen by the student and are not a required. To be covered under the student liability insurance, and to remain compliant with the state of Michigan Athletic Training Practice Act, a credentialed healthcare professional must supervise voluntary clinical experiences.

## **Preceptor Responsibilities and Qualifications**

### Preceptor Responsibilities

- Supervise students during clinical education;
- Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by CAATE;
- Provide instruction and opportunities for the ATS to develop clinical integration proficiencies, communication skills, and clinical decision-making during actual patient/client care;
- Provide assessment of ATSs' 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.

### Preceptor Qualifications

- Be credentialed by the state of Michigan in a health care profession (see glossary);
- Not be currently enrolled in the ATP at Concordia University Ann Arbor;
- Receive planned and ongoing education from the ATP to promote a constructive learning environment.

### Additional Requirements

- There must be regular communication between the ATP and the Preceptor.
- The number of students assigned to a Preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care.
- 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.

## **ATS's Role in Clinical Education**

The student is responsible for being pro-active in the clinical education as well as the didactic component of the program. Students are often very organized in the classroom setting, with dates and objectives clearly established. However, once in the clinical settings, students tend to become passive and wait for the learning to come to them, thereby not optimizing experiences.

Clinical experiences provide vast opportunities for learning. Students must not expect the Preceptor to make these opportunities happen. Although these supervisors are, in part, responsible for facilitating the clinical education experience, it is the student's responsibility to be organized and set specific objectives outlining what goals and objectives for that experience. The Preceptor has many other responsibilities in addition to student education; therefore, assurance of student learning cannot realistically be expected to be a constant top priority. Setting clear objectives for each experience and sharing those objectives with the assigned Preceptor is strongly recommended.

### **Discrepancies Involving Preceptors and/or the Clinical Experience**

The student has the responsibility to present all concerns, issues, etc., directly related to the assigned Preceptor and associated clinical experiences, first to the Preceptor. If issues are not adequately resolved and the student still has concerns, then the student is to report the concern/issue to the Clinical Education Coordinator or ATP Director.

The ATP Director will present issues that are still not resolved to the Dean of Arts & Sciences. The ATP faculty members are first and foremost, student advocates; however, continually resolving issues for students, that possibly could be resolved by the students and the other involved party, would be a disservice to the students in preparing them for developing productive professional relationships.

### **Psychomotor Competencies and Clinical Proficiencies Overview**

A student applies skills and techniques on patients during supervised clinical experiences **ONLY** after he or she has been instructed on them. Most skills will be formally evaluated prior to patient application.

Psychomotor competencies (PMC) are first introduced and instructed in the curriculum (classroom/laboratory). The CUAATP Competency and Clinical Proficiency Matrix and ATP Course Syllabi outline the specific skill breakdown per course. The course instructor formally teaches, demonstrates, and supervises psychomotor (PM) competency practice. PMC evaluations first occur through peer evaluation, followed by a one-on-one evaluation with a Preceptor. The ATS then has the opportunity to review and integrate clinical proficiencies (CP) in the clinical setting under the supervision of a Preceptor. Only Preceptors that have completed extensive skill evaluation training from the ATP Director and Clinical Education Coordinator conduct formal PMC and CP evaluations.

Students should demonstrate continual advancement in the application of CPs as they progress through the clinical experiences and associated practicum courses. As the ATS progresses through the clinical education component of the ATP, his or her Preceptor should be physically present at all times allowing the student to appropriately integrate acquired skills into patient care and simulated situations. The assigned Preceptor, or other health care professional, must be physically present on-site able to be able to intervene on behalf of the patient. Preceptors are expected to continually review and assess previously learned psychomotor skills and proficiencies and encourage integration of newly acquired skills during the clinical education experiences.

### **Evaluation of Psychomotor Competencies and Clinical Proficiencies**

This section describes the ATP procedures for PMC and CP evaluation. The evaluation system was designed to ensure consistency in instruction and evaluation among the evaluators within the CUAATP.

The ATS has an individual portfolio containing completed PMC and CP evaluation records along with other materials. The folders are controlled and maintained by the ATP Director and Clinical Education Coordinator. Copies of PMC skill evaluation materials are provided to the ATS or to the Preceptor ahead of time, depending on the type/level of evaluation. Skill materials



are provided to the ATS by the course instructor. CP evaluations are assessable only to the evaluating Preceptor. Students do not have prior access to these upper-level evaluations. Two primary methods of skill evaluations are utilized: Systematic-Based and Clinical Decision-Based. Each method is described below in detail.

### **1. Systematic-Based Evaluation of the Psychomotor Competencies (Mass Practical Evaluations)**

Systematic-Based Evaluations are utilized for assessment of the initial learning of the competencies. The PMCs are assigned to specific didactic courses/labs based on content area (as designated in the 5<sup>th</sup> ed. NATA Competency Matrix) and are organized into prescribed PMC examinations (as indicated on ATP Course Syllabi). Competencies are first instructed in the course/lab, followed by a period of supervised practice, peer evaluation, and random skill evaluation by program faculty (who are also Preceptors).

**Potential Mass Practical Evaluations:** PMC competencies may be evaluated through 'mass practical' evaluations. These evaluations occur once each semester and are scheduled OUTSIDE of clinical experience hours. Preceptors, trained in skill evaluation, will be assigned a set of skills to evaluate. Skills will be randomly selected from current and previous courses. In other words, all skills previously taught and practices are fair game for mass practical evaluations.

Students will be assigned a specific time to show up and rotate through the stations. Because of the significant amount of time and effort needed to coordinate these evaluations, students are expected to be there. If a student must miss a mass practical evaluation (i.e., compliance with the active communicable and infectious disease policy or emergency situation), then advanced notification is required. Failure to notify the CEC in advance will result in a 50% reduction in the student's score, for grading purposes, upon completion of the skill evaluations.

Every student must demonstrate a minimal level of performance in the evaluations. Scores lower than seventy percent (70%) on any of the PMCs will result in the student repeating the procedure until above 70% performance is demonstrated. The initial grade remains in the student's academic record for grading purposes.

The guidelines and descriptions for the PMC evaluations are universally accepted and applied by the Evaluation Team. Objectivity is maintained by utilizing evaluation tools with descriptive grading criteria. Each skill is broken down into essential tasks of the original skill. These documents are revised and distributed as needed. In addition, specific techniques and details are thoroughly discussed during designated meeting times throughout the year. The high level of communication among the evaluators ensures the consistency of instruction and evaluation.

The Clinical Education Coordinator and Program Director oversee the Systematic-Based Evaluations, including scheduling, grading, coordination of re-takes (for any skill performance less than 70% proficiency) and record-keeping.

### **2. Clinical Decision-Based Evaluations of the Clinical Proficiencies**

**Full Evaluations:** Full evaluations are comprehensive orthopedic evaluations with clinical decision-making components. These evaluations occur in the semester following the completion of the respective PMC examination and are conducted in a one-on-one or team format with a member of the ATP Faculty. These evaluations function as a transition from detailed systematic-based skill evaluation to a more “holistic” integration of the skills, emphasizing clinical-discrimination ability.

**Scenario/Simulation Evaluations:** Scenario/Simulation Evaluations are clinical-decision based evaluations using a trained-model that will provide feedback to the ATS on the basis of specific questions that are asked. These evaluations are performed in during the final semester of the program and are conducted in a one-on-one or team format with a member of the ATP Faculty. The purpose of these evaluations is to provide an additional opportunity to confirm student proficiency, retention, and to ensure integration of clinical proficiency in “real-life” situations.

**Skill Integration in Patient Care Evaluations:** Patient Evaluations consists of clinical proficiency integration into the clinical setting through application of skill with actual patients under the supervision of a Preceptor. All Preceptors who are assigned students must provide opportunities for students to integrate skills and clinical proficiencies into patient care. A Preceptor can supervise no more than eight (8) ATSs in the clinical setting at any one time. The assigned supervising Preceptor monitors the ATS's integration of clinical proficiencies and upon completion of the clinical experience, the ATP CEC reviews all evaluation materials, which are stored in the student’s portfolio.

### **Clinical Performance Evaluation**

Each of the four (4) Athletic Training Practicum Courses utilizes an evaluation system that consists of the following evaluations: Student Performance, Professional Fitness Evaluation, Preceptor Performance & Clinical Site Quality, and Clinical Paper.

#### **ATS Performance Evaluation**

Student performance is evaluated by the Preceptor at the end of each clinical experience (rotation). The Preceptor will complete the evaluation. Evaluation documents are distributed each rotation to the ATS. The ATS is responsible for scheduling a meeting with the Preceptor to go over the evaluation. ATS Performance Evaluations are filed in the ATS personal file.

#### **Professional Fitness Evaluation**

Students are evaluated each semester on their compliance to the CUAATP Professional Fitness Policy. The purposes of this policy and evaluation are to protect the public and the integrity of the Athletic Training Profession by ensuring that students are professionally fit to continue in the ATP. This means that students abide by the NATA Code of Ethics, NATA Educational Competency Professional Behaviors, and the BOC Standards of Professional Practice. Violations of these guidelines will result in disciplinary action, including dismissal from the program, as indicated in the Professional Fitness Policy. The Professional Fitness evaluations are completed by the Clinical Education Coordinator and Program Director in consultation with the assigned Preceptors for that semester.

### Preceptor Performance

Students are required to complete an online evaluation of the Preceptor at the completion of each clinical experience. The evaluation will be viewed by the Program Director, CEC and respective Preceptor.

### Evaluation of a Rotation

Upon the completion of each clinical experience, students will complete an evaluation of their experience, the most memorable experience, and suggestions for improvement. Evaluations will be reviewed in detail only by the ATP Director and CEC, who will share generalities with respective Preceptors as needed. No student identifiers will be included.

The evaluation of a rotation is also used for required observation experiences (i.e., Surgery and ER).

### **Terms and Definitions**

From “Standards for the Accreditation of Entry-Level Athletic Training Education Programs” published by the Committee on Accreditation of Athletic Training Education, Rev.7/01/12

**Academic plan:** The document that encompasses all aspects of the student’s classroom, laboratory, and clinical experiences. Also called a specimen program or curriculum plan.

**Academic year:** Two academic semesters or three academic quarters.

**Affiliation agreement:** 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. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding.

**Appropriate administrative authority:** Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement.

**Assessment plan:** See Comprehensive Assessment Plan

**Clinical education:** The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a Preceptor.

**Clinical site:** A physical area where clinical education occurs.

**Communicable disease:** A contagion that may be directly transmitted from person-to-person or by a person from an inert surface.

**Comprehensive Assessment Plan:** The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program.

**Course/coursework:** Courses involve classroom (didactic), laboratory, and clinical learning experience.

**Curricular Plan:** See Academic Plan

**Degree:** The award conferred by the college or university that indicates the level of education (baccalaureate or masters) that the student has successfully completed in athletic training.

**Direct patient care:** The application of athletic training knowledge, skills, and clinical abilities on an actual patient.

**Distant learning site:** Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution interacting with students at other 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

**Emergency Action Plan:** A venue-specific "blueprint" used for the management of medical emergencies. See: <http://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf>

**Faculty:** An individual who has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.

**Fees:** Institutional charges incurred by the student other than tuition and excluding room and board.

**Goals:** The primary or desired results needed to meet an outcome. These are usually larger and longer term than objectives.

**Health Care Professional:** Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Paramedic, Occupational Therapist, Optometrist, Orthotist, Pharmacist, Physical Therapist, Physician Assistant, Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty.

**Higher education accrediting agency:** An organization that evaluates post-secondary educational institutions.

**Infectious disease:** A disease caused by microorganisms entering the body. An infectious disease may or may not be contagious.

**Laboratory:** A setting where students practice skills on a simulated patient (i.e., role playing) in a controlled environment.

**Major:** The designation as a major must be consistent with institutional and system wide requirements. Institutional documents (e.g., catalog, web pages) must list athletic training as a major.

**Medical director:** The physician who serves as a resource regarding the program's medical content. There is no requirement that the medical director participates in the clinical delivery of the program.

**Memorandum of understanding (MOU):** Similar to an affiliation agreement, but tends not to include legally-binding language or intent.

**Monetary remuneration:** Direct cash payment received by students for athletic training services and/or time.

**Objectives:** Sub-goals required to meet the larger goal. Generally objectives are more focused and shorter-term than the overriding goal.

**Official publication:** An institutional document (printed or electronic) that has been approved by the appropriate institutional personnel.

**Outcome (program):** The quantification of the program's ability to meet its published mission. The outcome is generally formed by multiple goals and objectives. For example, based on the evaluation of the goals associated with the outcomes, each outcome may be measured as "met," "partially met," or "not met."

**Outcome assessment instruments:** A collection of documents used to measure the program's

progress towards meeting its published outcomes. Examples of outcomes assessment instruments include course evaluation forms, employer surveys, alumni surveys, student evaluation forms, Preceptor evaluation forms, and so on.

**Physician:** A medical doctor (MD) or doctor of osteopathic medicine (DO) who possesses the appropriate state licensure.

**Preprofessional student:** A student who is not formally admitted into the program.

Preprofessional students may be required to participate in non-patient activities as described by the term Directed Observation Athletic Training

**Preceptor:** A certified/licensed profession who teaches and evaluates students in a clinical setting using an actual patient base.

**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 implementation, delivery, and administration of the AT program.

**Release time (reassigned work load):** A reduction in the base teaching load to allow for the administrative functions associated with functioning as the Program Director and/or clinical coordinator.

**Retention:** Matriculating through the AT program culminating in graduation.

**Retention rate:** A time-based measure of the number of students who are enrolled at the start of the period being studied (e.g., 1 year, 4 years) versus those enrolled at the end of the period.

Retention rate is calculated as: number at end/number at start \* 100.

**Secondary selective admissions process:** A formal admission process used for acceptance into the AT major following acceptance into the institution. Secondary selective admissions is optional and determined by the program.

**Similar academic institution (Syn: Peer institution):** Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions.

**Sponsoring institution:** The college or university that offers the academic program and awards the degree associated with the athletic training program.

**Stakeholder:** Those who are affected by the program's outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni.

**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 program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

## APPENDIX







## Appendix C

### PERSONAL LEAVE REQUEST FORM

#### REQUEST FOR ABSENCE FROM ATHLETIC TRAINING CLINICAL EXPERIENCE(S)

To be submitted to Clinical Education Coordinator Jonathan Hart, MS, AT, ATC for approval and subsequently filed in requesting student's folder.

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

I am requesting advance approval for absence from assigned clinical experience(s) on the dates and times as listed below. In anticipation of my absence, and in consideration of the need for someone to cover my responsibilities as well as all related scheduling I am suggesting possible replacements as listed.

	Time	Day	Month	Date	Year	Assigned Clinical Experience	Possible Replacements
<b>From:</b>							1.
<b>To:</b>							2.
	Time	Day	Month	Date	Year	Assigned Clinical Experience	Possible Replacements
<b>From:</b>							1.
<b>To:</b>							2.
	Time	Day	Month	Date	Year	Assigned Clinical Experience	Possible Replacements
<b>From:</b>							1.
<b>To:</b>							2.

Further details of Clinical Experience on dates requested to be excused:

\_\_\_\_\_  
Reason for Absence:

Date Submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_



For Official Use Only

Replacement coverage (if applicable):

Replacement Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Replacement Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Replacement Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Alternative Schedule (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Requesting ATS Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CEC approved \_\_\_\_\_

On \_\_\_\_\_

**Appendix D**

**ATHLETIC TRAINING PROGRAM STUDENT HANDBOOK AND CODE OF CONDUCT AGREEMENT FORM**

I, \_\_\_\_\_, have read the 2018-2019 Athletic Training Program Student Handbook, including the academic, clinical education, and code of conduct sections. I accept and agree to abide by this handbook. I understand that failure to comply with all policies, procedures, and regulations established by the Concordia University Ann Arbor ATP may result in disciplinary action.

Athletic Training Student Name (Print)\_\_\_\_\_

Athletic Training Student Signature\_\_\_\_\_Date\_\_\_\_\_

Athletic Training Program Director\_\_\_\_\_Date\_\_\_\_\_