

# Athletic Training Student Handbook



LEE  UNIVERSITY

# Table of Contents

## SECTION 1: Introduction

Introduction .....	2
Mission Statements .....	3
Program Goals and Objectives.....	4
Program Overview .....	12
Professional Relationships .....	13
Social media Policy.....	13
Program Policies and Procedures	
Competitive Admissions Policy.....	15
Fees for the Program .....	16
Retention, Continuation, Withdrawal, and Completion.....	17
Disciplinary Policy.....	19
Grievance Policy .....	20
Off-Campus Clinical Experiences .....	20
Verification of Clinical Hours.....	21
Transfer Policy.....	21
Student Conduct.....	21
Standard of Dress .....	22
Personal Cellular Telephones.....	23
Student Health Policy.....	24
Student Non-Discrimination Policy .....	25

## SECTION 2: Clinical Education in the Athletic Training Program

Clinical Education Plan.....	27
Clinical Education Guidelines.....	30
CPR Verification Guidelines.....	33
OSHA Guidelines .....	33
Additional References.....	36

## APPENDICES

A. Academic Administration Structure & Personnel Directory .....	37
B. NATA Code of Ethics .....	38
C. MSAT Courses & Course Sequence .....	40
D. Standards for the Accreditation (CAATE).....	41
E. Application for Admission into the MSAT.....	58
F. Fingerprinting & Background Check.....	59
G. Student Athletic Trainer Confidentiality Agreement.....	60
H. Technical Standards for Admission .....	61
I. Policy and Procedure Agreement Form .....	64
J. Immunization Forms or Waiver .....	65
K. Primary, Affiliated, and Allied Site Policy and Procedures.....	68



The Athletic Training Education Program  
**@ Lee University**

**INTRODUCTION**



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# **Lee University**

## **Athletic Training Education Program**

### **INTRODUCTION**

Athletic training is recognized by the American Medical Association as an allied health care field. A Certified Athletic Trainer (ATC) is an educated and skilled professional that meets the entry-level educational competencies, clinical proficiencies, and clinically integrated proficiencies established by the Commission on Accreditation of Athletic Training Education (CAATE) and successfully complete the Board of Certification (BOC) examination.

An athletic trainer is knowledgeable and skilled in the following areas:

1. Evidence-based practice
2. Prevention and health promotion
3. Clinical examination and diagnosis
4. Acute care of injuries and illnesses
5. Therapeutic interventions
6. Psychosocial strategies and referral
7. Healthcare administration
8. Professional development and responsibility

To be eligible to become an ATC, one must complete a Master of Science in athletic training program (MSAT) from a CAATE approved program and graduate from an accredited college or university in the United States. Completing the MSAT ensures that a student will have addressed all educational competencies and clinical proficiencies established by the CAATE, will possess the entry level knowledge and skills of a certified athletic trainer, and will be eligible to take the BOC examination.

Certified athletic trainers practice in a variety of settings and roles. The traditional setting, where many athletic trainers are employed, is the athletic training room within an interscholastic or intercollegiate athletic program. Other sites include professional sports, hospitals, fitness and wellness centers in an industrial setting, physical therapy facilities, sports medicine clinics, and others.

The athletic training room provides a unique learning environment for athletic training students: They can apply knowledge, acquire new skills, and practice these skills under the guidance of a certified athletic trainer. Under the supervision of certified athletic trainers, students of the athletic training program have the opportunity to gain “hands on” experience through the care of athletes and the physically active. The athletic training room will provide a means to integrate academic knowledge with clinical practice.

Weekly meetings, daily proficiency practice and evaluation, and continual written and verbal feedback provide a way to facilitate the integration of academic knowledge and clinical skills. While student feedback is important for student growth, the student’s ability to communicate (written and verbally) will develop through peer teaching and clinical documentation. This competency-based program has been developed to guide students through their educational experience, enhance the learning environment, provide faculty and staff athletic trainers with an assessment tool, and optimize the quality of care provided to the physically active population.

## **MISSION STATEMENTS**

### **The NATA**

The mission of the National Athletic Trainers' Association (NATA) is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession. Retrieved from <https://www.nata.org/about> on April 10, 2019.

### **Lee University**

Lee University is a Christian institution which offers liberal arts and professional education on both the baccalaureate and graduate levels through residential and distance programs. It seeks to provide education that integrates biblical truth as revealed in the Holy Scriptures with truth discovered through the study of arts and sciences and in the practice of various professions. A personal commitment to Jesus Christ as Savior is the controlling perspective from which the educational enterprise is carried out. The foundational purpose of all educational programs is to develop within the students' knowledge, appreciation, understanding, ability and skills which will prepare them for responsible Christian living in a complex world.

### **Athletic Training Education Program**

The Lee University Athletic Training Education Program serves as integral part of the Department of Health, Exercise Science, and Secondary Education (HESSE) under the direction of the College of Education (See Appendix A), Academic Administrative Structure/Personnel Directory. The function of the program shall be to enhance health care for the habitually active community of the university. The program will service the college community by endeavoring to help its members attain higher levels of performance through proper health care and appropriate injury/illness preventive measures.

The program's educational philosophy encompasses current research and formal instruction in healthcare screening, design and implementation of research, prevention of injury and illness, recognition and evaluation, and therapeutic interventions of conditions and injuries sustained by various populations to include healthcare that accounts for social, economic, and health disparities. From a Christian framework of empathy, compassion, and service to others, the students will be taught educational standards in knowledge, skill, and appropriate professional behaviors. A MSAT student will have the opportunity to develop

applied technical and clinical skills incorporating analytical problem-solving abilities to assist with the daily operation of traditional and non-traditional athletic training settings. It is an aim of the program to produce a corps of athletic training students that shall advance the profession of athletic training at a local and national level through utilization of superior evidence-based practice. The vision of our professional Masters of Athletic Training is to develop the students' knowledge, appreciation, understanding, and clinical reasoning which will prepare them for responsible Christian living in a complex world as a health care provider. The program mission is to teach students three core values, which include; (1) knowledge and skill competency, (2) critical and integrative thinking and (3) personal, professional, and ethical behaviors of a practitioner.

Foundational knowledge and competent clinical skills that prepare allied health care workers to function in a complex world

Critical appraisal of evidence based practice that will impact the quality of patient care through connecting integrative thoughts

Individual skills and attitudes of a life-long learner which represent professional responsibility to society and self in regard to both legal and ethical issues



## **Foundational Behaviors of Professional Practice**

These basic behaviors permeate every aspect of professional practice and should be incorporated into instruction in every part of the educational program. The behaviors in this section comprise the application of the common values of the athletic training profession as stated in the *Athletic Training Educational Competencies*.

### **Primacy of the Patient**

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

### **Team Approach to Practice**

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

### **Legal Practice**

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

### **Ethical Practice**

- Comply with the NATA's *Code of Ethics* (See Appendix B)
- Understand the consequences of violating the NATA's *Code of Ethics*.
- Comply with other codes of ethics specific to Lee University, as applicable.

### **Advancing Knowledge**

- Critically examine the body of knowledge in athletic training and related fields.
- Use evidence-based practice as a foundation for the delivery of care.
- Appreciate the connection between continuing education and the improvement of athletic training practice.
- Promote the value of research and scholarship in athletic training.
- Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

### **Cultural Competence**

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

### **Professionalism**

- Advocate for the profession.
- Demonstrate honesty and integrity.

- Exhibit compassion and empathy.
- Demonstrate effective interpersonal communication skills.

### **Summary**

The MSAT program is designed in a way where students can enter either in a January or June cohort and progress appropriately through their clinical and didactic courses. Course sequence is developed to fit with Lee University and HESSE departmental requirements to provide a soundly structured educational experience (See Appendix C). The program strives to incorporate the competencies and proficiencies in both the didactic and clinical experiences of the student. The faculty and clinical staff of the program make every effort to meet the following goals, outcomes, and student learning objectives:

**Program Goal - Knowledge Competency: Foundational knowledge and competent clinical skills that prepare allied health care workers to function in a complex world**

<u>Program Learning Outcomes</u>	<u>Student Learning Objectives</u>	<u>Objective Assessment</u>			
			When	Course	Assessment
1. The curriculum will produce students with exceptional oral and written communication skills.	1.1 Students will acquire oral communication through peer teaching, clinical documentation, and professional interactions. 1.2 Students will cultivate professional, scientific writing skills through literature reviews, professional poster development, and research studies.	1.1	Throughout program	ATEP 500, 501, 502, 503, 504, 530, 535	Clinical evaluations, mock simulations, presentation of research
		1.2	Fall 1, Fall 2, Spring 2	ATEP 530, 535, 540, 541, 542	Case reports, written thesis & presentation of research
2. The curriculum will provide educational training in risk management, health promotions, and injury prevention technique. (CAATE: PHP).	2.1 Students will demonstrate appropriate documentation, and skills through live and mock situations that prevents risk and injury in an active population. 2.2 Students will design an exercise and nutritional plan for other students needing guidance in healthy living.	2.1	Summer 1, Fall 1	ATEP 500, 510, 501	Clinical simulations
		2.2	Summer 1, Fall 1	ATEP 510, 501	Project, written tests
3. The curriculum will provide knowledge of clinical examination and diagnosis with an emphasis in pathophysiology of injuries and illness. (CAATE: CE).	3.1 Students will demonstrate accurate and efficient diagnostic abilities and understanding of pathophysiology through clinical and scenario based situations of disabilities and general medical conditions. 3.2 Students will demonstrate accurate and efficient diagnostic abilities and understanding of pathophysiology through clinical and scenario based situations of orthopedic conditions. 3.3 Students will demonstrate inter-professional collaboration during clinical evaluations which enhances overall health of the population.	3.1	Summer 1, Spring 1, Fall 2, Spring 2	ATEP 520, 502, 504 590	Simulations, oral tests
		3.2	Fall 1, Spring 1, Fall 2, Spring 2	ATEP 530, 503, 535, 504	Simulations, Written exams, Clinical evaluations
		3.3	Fall 1, Spring 1, Fall 2	ATEP 501, 502, 503	Nursing dept mass casualty simulation, health clinical eval
4. The curriculum will provide knowledge of acute care of injuries and illness of the habitually active throughout different ages (CAATE: AC).	4.1 Students will demonstrate clinical effectiveness in responding to emergency situations through the treatment of acute illnesses and injuries. 4.2 Students will recognize key emergency signs and symptoms in order to evaluate, compare, and differentiate appropriate pathologies. 4.3 Students will develop an EAP explaining how to care for acute life-threatening signs and symptoms.	4.1	Summer 1, Fall 1	ATEP 520, ATEP 500, 501	Simulations, skill checks, written tests
		4.2	Summer 1, Fall 1	ATEP 520, 500, 501	Oral & written tests, CIP 6
		4.3	Summer 1, Fall 1, Fall 2	ATEP 520, ATEP 501, ATEP 560	Projects, simulations

5. The curriculum provides excellent community-centered service and instruction in the knowledge of health care administration (CAATE: HA).	5.1 Students will develop policy and examples that effectively demonstrates an understanding of the different facets of healthcare administration (e.g insurance, policies, EAP's, budget, etc.)	5.1	Summer 1, Fall 1, Fall 2, Spring 2	ATEP 510, 501, 560, 504	Projects, written tests
	5.2 Students will develop a budgetary needs assessment and follow up RFQ for either high school, college, or a private owned facility.	5.2	Fall 2	ATEP 560	Written tests, projects

**Program Goal - Critical and Integrative Thinking: Critical appraisal of evidence based practice that will impact the quality of patient care through analysis and synthesis of content and clinical experience**

<u>Program Learning Outcomes</u>	<u>Student Learning Objectives</u>	<u>Objective Assessment</u>			
			When	Course	Assessment
6. The program provides multiple clinically integrated proficiency scenarios and projects that demonstrate critical and integrated thinking.	6.1 Students will develop care plans relative to patients' physical, mental, and emotional needs.	6.1	Fall 2, Spring 2	ATEP 570, 575	Projects, written examinations, CIP 4
	6.2 Students will demonstrate emerging expertise (non-analytical) of diagnostic reasoning ability.	6.2	Fall 1, Spring 1, Fall 2, Spring 2	ATEP 530, 535, 503, 504	Clinical evaluations, CIP 4 & 5
7. The program establishes that students will make various recommendations on patient care (or mock patient care) which reflect their level of expertise in selecting appropriate treatment and referral post injury (e.g. pharmacological, nutritional, exercise, modalities, manual therapy, and non-traditional options) (CAATE: TI).	7.1 Students will utilize evidence based research to produce case studies and rehabilitation plans for injured patients.	7.1	Fall 1, Spring 1, Fall 2, Spring 2	ATEP 530, 353, 540, 570, 575	Research projects & presentations, written examinations
	7.2 Students will select most appropriate tool to provide patient care which is at their disposal based on equipment availability.	7.2	Spring 1, Fall 2, Spring 2	ATEP 550, 570, 575	Written tests, oral tests
	7.3 Students will develop a medication dispensing procedures based on pharmacological laws of distribution and packaging.	7.3	Fall 2, Spring 2	ATEP 590, 504	Written tests, CIP 5
	7.4 Students will demonstrate specialized skill sets while encountering inter-professional collaboration during treatment decisions which enhances overall health of the population.	7.4	Fall 1, Spring 1, Fall 2	ATEP 501, 502, 503	Nursing dept mass casualty simulation, health clinical eval
8. The curriculum affords multiple student learning encounters or mock scenarios which adequately prepare	8.1 Students will make recommendations on patient care (or mock patient care) which reflects students' level of expertise in	8.1	Fall 2, Spring 2	ATEP 570, 575, 503, 504	Simulations, CIP 7 & 8

students to handle psychosocial interventions (CAATE: PS).	selecting appropriate treatment and referral for psychosocial issues. 8.2 Students will recognize various emergency psychological conditions based on presented signs and symptoms.	8.2	Fall 2, Spring 2	ATEP 570, 575, 503	Written tests, CIP 8
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**Program Goal - Personal, Professional & Ethical Practitioner: Individual skills and attitudes of a life-long learner which represent professional responsibility to society and self in regard to both legal and ethical issues**

<u>Program Learning Outcomes</u>	<u>Student Learning Objectives</u>	<u>Objective Assessment</u>			
			When	Course	Assessment
9. The program provides an opportunity for students to produce collaborative research with faculty and preceptors; and/or design an individual research proposal which will enhance their success in graduate school (CAATE: EBP).	9.1 Students will incorporate patient-centered outcome measures to evaluate the quality of care provided. 9.2 Students will produce collaborative research with faculty and/or design an individual research proposal which will enhance their ability to critically think. 9.3 Students will produce quality patient care based on researching best evidence available at any particular time.	9.1	Throughout program	ATEP 500, 501, 502, 503, 504, 540	Clinical Evaluations, Written test
		9.2	Fall1, Spring 1, Fall2, Spring 2	ATEP 530, 535, 540, 541, 542	Thesis & presentation
		9.3	Spring 1, Fall 2, Spring 2	ATEP 550, 570, 575, 503, 504	Written tests, Research project & presentation, Clinical evaluations
10. The program advances the profession of athletic training by training students to utilize EBP research to disseminate information through workshops, websites, clubs, lecture(s), brochure(s), and/or symposium(s)(CAATE: PD).	10.1 Students will attend and present at educational symposiums to enhance professional growth and promote BOC success. 10.2 Students will demonstrate professional and competent lectures frequently across campus and in the community. 10.3 Students' professionalism will develop as they meet program benchmarks each year.	10.1	Throughout program	Professional conferences	Professional Presentations
		10.2	Fall 2	ATEP 565	Community presentation
		10.3	Throughout program	ATEP 501, 502, 503, 504	Community based clinical evaluations
11. The curriculum is designed to produce students with an exceptional awareness of cultural diversity and a cross cultural experience that deepens the students' philosophical appreciation of caring for others across the world.	11.1 Students will exhibit cultural awareness behaviors and work respectfully with diverse populations. 11.2 Students will encounter volunteerism and cross cultural experiences that will enhance their professional and personal growth. 11.3 Students will develop a sense of servant leadership through the integration of faith and practice.	11.1	Throughout program	ATEP 500, 501, 502, 503, 504	Clinical evaluations
		11.2	Summer 1, Fall 1, Fall 2, Spring 1	ATEP 500, 501, 503, 520	Nursing dept mass casualty simulation, volunteer experiences
		11.3	Throughout program	ATEP 500, 501, 502, 503, 504	Clinical evaluations, exit interviews, reflective journals

<b>12.</b> The program provides training and application of the NATA foundational behaviors and skills of being an ethical and legal practitioner of athletic training (CAATE: PD).	<b>12.1</b> Students will exhibit behaviors and encounter faculty that are ethical, legal and competent. <b>12.2</b> Students will develop mentorship with faculty, preceptors, and peers in order to foster a professional code of conduct that reflects Christian commitment. <b>12.3</b> Upon graduation, the students will pursue employment and/or further education in a desired allied healthcare setting.	<b>12.1</b>	Throughout program	ATEP 500, 501, 502, 503, 504	Clinical evaluations
		<b>12.2</b>	Fall 1, Fall2, Fall 2, Spring 2	ATEP 501, ATEP 502, ATEP 503, ATEP 504	Reflective journaling
		<b>12.3</b>	Spring 2, Fall 2	ATEP 504	Exit interviews & alumni surveys

## **PROGRAM OVERVIEW**

The MSAT at Lee University is committed to providing a quality education with clinical and professional experiences for students interested in pursuing employment in athletic training and to providing the best possible medical care to student-athletes, visiting athletic teams, the Lee campus community, and local general population. This manual will provide athletic training students with information vital to a timely completion of the educational program.

In accordance with the guidelines set forth by the CAATE standards for the establishment of clinical components of curriculum programs in athletic training, this athletic training education program has been developed to provide a standard of clinical education for students interested in the athletic training profession and who have been admitted to the Lee University Athletic Training Education Program. (See appendix D for CAATE standards)

The competencies, clinical proficiencies, and clinically integrated proficiencies (CIP) have been identified as necessary for effective functioning as an entry-level certified athletic trainer. A role delineation study completed by the BOC identified job responsibilities and tasks performed by certified athletic trainers in high schools, colleges/universities, and amateur and professional athletic organizations throughout the United States.

These competencies, clinical proficiencies and CIPs serve as a guide for the development of educational programs leading to certification as an athletic trainer and are intended to assist athletic training faculty, staff, and students in identifying knowledge and skills to be mastered.

### **Professionalism**

Students in the MSAT program at Lee University are expected to conduct themselves in a manner reflecting pride in the profession and in themselves. Athletic training students have the unique opportunity to be part of the health care team at the Lee University and its affiliated allied healthcare clinical sites. While much is expected and demanded of each athletic training student, it is critical for the student to be aware that the ultimate decisions relating to the care of patients, the work schedules of athletic training students, and all other aspects of athletic training remain with the supervising athletic trainer. Any concerns should be discussed with the supervising athletic trainer.

The student's first commitment is to academic preparation. If athletic training responsibilities conflict with academic policies established by a professor, it is your responsibility to bring this matter to the attention of the clinical preceptor and make suitable alternate arrangements. The clinical setting of the athletic training education program is designed to be the application of academic preparation.

### **Learning Experiences**

Experience is the greatest teacher. Students should strive for a happy medium between making decisions where he/she feels capable or asking for help when necessary. If students have questions, chances are their peers will have questions also, therefore, do not hesitate to ask. Students should use every opportunity to watch orthopedic evaluations and be sure they

understand the reasoning and thoughts concerning examinations, treatments, and rehabilitation decisions. Students should examine and evaluate injuries whenever possible.

### **PROFESSIONAL RELATIONSHIPS**

The relationships that will be developed with team members will last a long time. If students coddle the patients under their care, they will take advantage of the student. If students are too demanding with the patients, the student will lose the patients' respect. Be firm with expectations for each patient and treat all patients the same. Do not allow any team members or coaching staff access to the medical kit without prior permission. When assigned to a team, the student, under the supervision and advice of the clinical instructor, is responsible for the day-to-day health care of that team. Under the council of his/her clinical preceptor, the student should make informed medical decisions objectively and stick to his/her decisions. By using sound judgment, the student will gain the respect he/she deserves.

The athletic training staff and students must maintain a good working relationship with the athletic coaches and staff by informing the coaches daily of the status of injured patients and, when appropriate, by recommending alternate forms of workouts (aquatic workouts for example). This reinforces the team concept that the coaching and athletic training staff members are working toward the same goal: peak performance of each patient.

A student should communicate clearly, in lay terms, when taking the opportunity to educate a coaching staff member regarding injury prevention and care when necessary. Using a lot of medical terms may sound impressive, but the coach may not understand what the student is trying to communicate. When disagreeing with the coach, the student should step back and try to see both points of view. The student must remember that he/she is an advocate for the patient's health and optimum return to full athletic participation and/or activities of daily living.

While confidences given the athletic training student by athletic team members must not be betrayed, certain factors that involve the team's status and effectiveness may have to be carefully considered. These confidences may be discussed with the supervising athletic training staff, leading to a decision as to whether or not the coaching staff shall be informed of the issue. Remain positive about the program and all involved.

### **Social Media Policy**

A student should not use social media as a communication tool during clinical experiences. Keeping a professional relationship can get difficult when patients are peers, therefore eliminating dating and social networking during clinical rotations with patients in respective clinical rotations will be necessary. All off-campus patient contact with minors will maintain a zero tolerance for social media. Due to some patients being minors as well as other patients being considerably older than the traditional college-age student.

**The Athletic Training Education Program  
@ Lee University**

**Policy and Procedures**

# PROGRAM POLICIES AND PROCEDURES

## COMPETITIVE ADMISSIONS POLICY

In order to be considered as a candidate for the Master of Science in Athletic Training, each student must meet the following requirements (also found in Appendix E). Regardless of if the student is applying for the January or the June start date, they will be considered equitably for admission. In the event a student is denied admission into the program for the June or January admission cycle, they are free to re-apply for the next admission cycle and will be considered equitably with all applicants.

All applicants need the following when applying within the ATCAS (Athletic Training Centralized Application Service) at [atcs.liasoncas.org](http://atcs.liasoncas.org).

Applications will begin being accepted in October for the January admission or January for the June admission of each year and utilize a rolling deadline until all cohort slots are filled.

Campus visits are highly recommended prior to full application submissions.

To schedule a campus, visit please email [msat@leeuniversity.edu](mailto:msat@leeuniversity.edu)

In order to be considered as a candidate for the Master of Science in Athletic Training, each student must meet the following requirements:

- Complete basic application on ATCAS
- Hold a bachelor's degree from a regionally-accredited college or university with a cumulative GPA of 3.0. (See appendix E for alternative GPA criteria for full admission)
- Hold a certification in appropriate Health Care Provider education (e.g. American Red Cross, American Heart Association, etc.).
- Accumulate approximately 50 hours with 1 or more Athletic Trainers with appropriate state and national licensures.
- Meet required prerequisites course work. (See appendix E for alternative pre-requisite criteria for full admission)
- Submit official transcripts
- Three letters of recommendation
- Complete graduate essay (instructions in "documents" section of ATCAS)

Application Process:

- Complete the application on ATCAS
- Have three professionals (at least one ATC) complete a Recommendation for Admission form and attach both forms.
- Submit official copies of your transcripts from all colleges attended or ensure all transcripts are verified through ATCAS.
- Compose a typewritten essay regarding your interest in athletic training as a career. Feel free to include things such as your reasons for pursuing athletic training, why you chose the athletic training program at Lee University, or where you want go with your chosen career.

The MSAT admission committee will consider each application based on the previously stated criteria and prospective students will be invited for an in-person or virtual interview prior to admission decisions being granted.

\*\*\* Provisional admission may be granted if a student's GPA is below 2.75. (See Appendix E for provisional acceptance criteria)

### **TUITION AND FEES FOR PROGRAM**

Information regarding general graduate school tuition and fees can be found at the following link: [http://catalog.leeuniversity.edu/content.php?catoid=12&navoid=9490#grad\\_tuit\\_and\\_fees](http://catalog.leeuniversity.edu/content.php?catoid=12&navoid=9490#grad_tuit_and_fees) Regardless of entering program in June or July, total tuition will not differ.

Program fees will include:

Clinical Lab Fees are \$75.00 per academic semester

- NATA student membership: \$80 annually
- ATrack membership: \$45/1 year, \$90/lifetime
- Clinical Attire Costs are varied based on personal preference (\$50-200)
- Travel expenses are varied based on assignments to different clinical rotation sites
- Students are required to attend the SEATA student symposium each February. Students will be financially responsible for their registration fee, hotel accommodations, and any meals not covered in their registration. Students are highly encouraged to fundraise in order to mitigate the personal financial responsibility.
- Currently our non-immersive and football immersion sites are less than 50 miles away.
- There may be additional transportation and housing fees required during the final 10-week immersive experience if the student wishes to conduct this experience at a location outside of a reasonable driving distance from Lee University. Every attempt will be made to limit the distance of the final immersive experience to less than 100 miles from campus.
- The final fee is related to keeping the CPR certification current, once they are accepted into the program. This fee can cost between 50 to 75 dollars dependent on which organization & instructor the student elects to use for the re-credentialing.

### **RETENTION, CONTINUATION, WITHDRAWAL, and COMPLETION**

Retention, continuation and completion of the program does not vary regardless of June or January start date. In order to remain in the program, students must demonstrate satisfactory academic and clinical progress toward completion of the program. Satisfactory progress includes, but is not limited to, the following:

- Maintaining a minimum overall and semester GPA of 2.75
- No final grade lower than a C in any course
- Satisfactory clinical evaluations with a clinical grade no lower than a C from each assigned preceptor.
- No student should deviate from the designed course sequence, if extending your program then practicums must be repeated.
- Provide all required on-line documentation on ATrack
- Maintain honesty and integrity in all professional relationships, academic, and clinical responsibilities.

### **Voluntary Semester Withdrawal**

If a student chooses to voluntarily withdraw from the program during an enrolled semester due to medical, psychological/emotional, or other life altering reasons they must inform the program director prior to withdrawal in order to discuss the current reasons for withdrawal and determine

appropriate pathways towards program re-entry and eventual graduation. If the withdrawal is prior to the final day to drop or add classes the student must meet with the financial aid office and fill out the appropriate withdraw form provided by the Student Services office and provide it to the appropriate university personnel. If the withdrawal is past the final day to drop or add classes then the student may forfeit any financial aid and may be provided a “W” grade on their transcript for all classes associated with that semester. It is the student’s responsibility to meet with financial aid and determine the impact the withdrawal will have on their tuition. The student must also fill out the appropriate withdraw form provided by the Student Services office and provide it to the appropriate university personnel. In certain circumstances a student can appeal to the Vice President of Academic Affairs to have their withdrawal date backdated to prior to the drop/add date to avoid financial and academic repercussions. Prior to program re-entry the student must provide documentation to the program director signed by the appropriate medical professional (if warranted) stating the student is able to handle the academic and physical rigors of the program.

### **Voluntary Program Withdrawal**

If a student chooses to voluntarily withdraw completely from the program due to medical, psychological/emotional, or other life altering reasons they must inform the program director prior to withdrawal in order to discuss the current reasons for withdrawal and determine appropriate pathways towards program re-entry and eventual graduation. If the withdrawal is between semesters or prior to the final day to drop or add classes of the current semester the student must meet with the financial aid office and fill out the appropriate withdraw form provided by the Student Services office and provide it to the appropriate university personnel. If the withdrawal is past the final day to drop or add classes then the student may forfeit any financial aid and may be provided a “W” grade on their transcript for all classes associated with that semester. It is the student’s responsibility to meet with financial aid and determine the impact the withdrawal will have on their tuition. The student must also fill out the appropriate withdraw form provided by the Student Services office and provide it to the appropriate university personnel. In certain circumstances a student can appeal to the Vice President of Academic Affairs to have their withdrawal date backdated to prior to the drop/add date to avoid financial and academic repercussions. In order to be readmitted to the program the student must reapply through ATCAS and in addition to their application a letter stating their purpose for readmission and provide documentation to the program director signed by the appropriate medical professional (if warranted) stating the student is able to handle the academic and physical rigors of the program. Readmission to the program and awarding of currently earned credits will be decided by the MSAT admissions committee in consultation with the MSAT medical director, department chair and school dean based on all factors associated with withdrawal and desire to be readmitted.

### **Suspension and/or Dismissal from the Program**

Unfortunately, student behavior, academic performance, and/or unsatisfactory clinical performance may warrant censure. When implemented, censure could be in the form of reprimand, limits placed on accruing clinical hours, required study hall, or suspension or expulsion from the program. All recommendations for sanctions will be considered by the

Athletic Training Committee. The student will not be denied his/her right of due process. Furthermore, suspension could result from the following conditions:

- If the overall GPA falls below a 2.75, the student may be suspended from the program until the minimum GPA requirement has been met;
- If the GPA for MSAT courses fall below a 2.75 or C, you will be asked to repeat the courses, which may result in delaying graduation;
- Failure to complete the final thesis project;
- Violations of departmental or program ethics (including cheating) may result in suspension or dismissal;
- Violating the confidentiality agreement;
- Neglecting administration responsibilities to update on-line documentation in a timely manner;
- Neglecting or abusing the clinical hour requirements;
- Inappropriate professional interactions with faculty, preceptors, or patients.

It is our goal to remediate students whenever possible. If students are placed on probation by the MSAT committee the following plan may be implemented:

- 16 clinical hours each week approved by your Preceptor
- 3 hours of supervised study hall per week verified by the clinical coordinator or other faculty
- 1 meeting per month during the semester to assess current class grades and clinical performance with the Program Director
- Each student will be given a specific remediation plan based on which one of the considerations the student did not fulfill.

### **Completion of the Program**

Students will have completed the MSAT when they have successfully completed all designated courses, including general education classes and collateral classes, and completed the minimum verified hours of clinical education. With the exception of the 2 immersive clinical experiences students should strive for 15 hours of clinical time per week each semester. A minimum is 12 hours and a maximum is 20 hours per week. During immersive clinical experiences students strive for 30 clinical hours per week due to minimum didactic responsibilities.

In order to be endorsed students will be required to:

- Have completed 1000 clinical hours (minimum requirement) as checked by coordinator of clinical education.
- Complete at minimum 2 of the BOC self-assessment examinations (integrated test mode) and provided results to program director. The results must be over 70% score within each domain. A second attempt is only valid if it has been taken after 2 weeks. These exams are timed and must be proctored. (The 70% benchmark may be modified by the program director based on review of academic performance throughout program).
- Complete at least 2 of the in-house Board prep assessments with a 70% score within each domain. A second attempt is only valid if it has been taken after two weeks. These exams are timed and must be proctored. (The 70% benchmark may be modified by the program director based on review of academic performance throughout program).

- Provide the completed MSAT exit interview document and attend assigned interview time and date.
- Complete step 1 of BOC registration prior to endorsement (approximately 1 month prior to estimated test date)
- If the athletic training student is not currently enrolled in the MSAT then a formal interview with Program Director either via phone or in-person is necessary to be considered for BOC exam endorsement.

## **DISCIPLINARY POLICY**

Failure to comply with any of the operational policies and procedures or other unprofessional conduct which would bring dispute or disgrace on the student, the MSAT program, the clinical site, or the profession, and which would tend to substantially reduce or eliminate the student's ability to effectively practice that profession can result in punishment, suspension, or termination of any scholarship funding and/or dismissal from the program. The student will be informed in writing of any disciplinary action and will be given due process. If the offending action is severe enough to warrant suspension or termination, the student will be referred to the Dean of Students at Lee University for appropriate action. All decisions must involve the MSAT program director. In certain circumstances in which the offense warrants immediate action, suspension or termination may ensue without utilizing the first, second, or third offense approach to handling disciplinary actions.

### **First Offense**

The student will receive a formal verbal warning during a personal meeting with the MSAT program director. Also, a written document will be placed in the student's folder describing the offense and the personal meeting outcomes.

### **Second Offense**

The student will be placed on probation. The MSAT program director will establish the guidelines of the probation. There will be a formal personal meeting with the appropriate personnel from the MSAT faculty and a written document provided to the student describing the details of the probation period. Also, a written document will be placed in the student's personal folder.

### **Third Offense**

The student may be placed on suspension from accruing clinical hours in the MSAT. The MSAT program director will determine the resulting penalty. There will be a formal personal meeting with the appropriate personnel from the MSAT faculty and a written document provided to the student describing the details of the decision. Also, a written document will be placed in the student's personal portfolio.

## **GRIEVANCE POLICY**

Unfortunately, student behavior, academic performance, and/or unsatisfactory clinical performance may warrant censure. When implemented, censure could be in the form of reprimand, loss of clinical hours accrued during the time frame of the issue under dispute,

suspension or expulsion from the program. Furthermore, suspension could result from the previously mentioned conditions.

If one feels he/she has been treated unfairly or that his/her rights have been disregarded, one may appeal the case to the MSAT administration. A student will not be denied his/her right of due process. The appeals of application process within the MSAT begins with the Program Director before moving to the Department Chair, Dean, and Vice President for Academic Affairs.

### **OFF-CAMPUS CLINICAL AND FIELD EXPERIENCES**

Prior to beginning clinical rotations students will be required to complete the following forms found in Appendix F-J.

- Appendix F: Background check
- Appendix G: Confidentiality agreement
- Appendix H: Technical Standards for Admission
- Appendix I: Policies and procedures Agreement
- Appendix J: Immunization verification

Off-campus clinical experiences will be permitted providing the educational experience is not compromised and there is an existing articulation agreement between Lee University and affiliated site. All off-campus clinical experiences must be approved in writing by the MSAT director prior to beginning the rotation. The supervising AT at that site must be a preceptor for the Lee University MSAT. It is the student's responsibility to ascertain that Clinical Education Guidelines (Located in Section 2 of the student manual) are followed throughout all clinical experiences. Failure to adhere to this policy may result in reassignment and forfeiture of accrued hours at that site. Additional clinical and field experiences are available to students who travel with the university's athletic teams. Field experiences can include watching medical surgeries from varying allied health professionals, or assisting in the medical facilities with nurses, orthopedics, physician assistants or physical therapists, which meet the clinical instructor prerequisites as approved by the director of MSAT. Travel to these additional clinical sites is the financial responsibility of the student athletic trainer.

### **VERIFICATION OF CLINICAL HOURS**

The BOC no longer requires clinical hours as part of the qualifications for taking the certification examination. Although a student does not have to accrue hours for certification as an athletic trainer, certain states may require a specified number of supervised clinical experiences for state licensure. It is the student's responsibility to maintain current records of clinical hours. Upon enrollment in the MSAT, the student will begin to document hours through ATrack. A username and password will be given to each student at the beginning of the semester. The student must input hours each week and the preceptor will approve hours on a designated day of the week. If a student waits longer than a week to log his hours (some program exceptions may apply), the preceptor has department permission to not accept those hours as valid and delete them once they notify the student. Each student assumes full responsibility for consequences arising from the loss of or the failure to maintain current records. At the end of the semester the student should run a report in ATrack based on the entire semester of clinical hours and post that report in the section called immunizations and certifications, "1-semester professional hours –on campus (disregard the on-campus title, because all of our preceptors are trained by our clinical

coordinator therefore, we consider all hours on-campus, even if they actually occur on an off-campus venue). No unapproved off-campus hours are accepted in our program.

### **GRADUATE TRANSFER POLICY**

Students who are entering the MSAT will be required to follow the sequence of classes regardless of their academic standing. Transfer students must adhere to the Competitive Admissions Policy established for the MSAT and outlined in the previous section. Due to the variation in course sequencing among all entry-level professional master's degrees in athletic training, transfer student will be considered on a case-by-case basis. Students will need to have completed similar courses to those in the Lee University MSAT up to the time they will transfer to ensure all necessary educational content is delivered.

### **ATHLETIC TRAINING STUDENT CONDUCT**

Personal qualities essential for the athletic training professional include loyalty, honesty, maturity, good work ethics, punctuality, dependability, professionalism, and organization. A primary concern is punctuality. While the first year athletic training student may be relatively uninformed about athletic training, he/she must be where assigned and be there on time. Tardiness reflects poorly on the athletic training student and the athletic training program as a whole. Tardiness of the athletic training student may result in late practice or game starts – a major aggravation of coaches – and may cause a lack of confidence in the athletic training staff.

The athletic training student is in a unique position as a member of an athletic team. The athletic training student must try to maintain a close relationship with the patients and a closer relationship with the coaching staff or medical team of which he/she is a part. The athletic training student is not a player, a coach, or a manager.

Loyalty to the University and to the athletic training education program is paramount. The athletic training student, at all times, is a representative of the University and the athletic programs and should behave accordingly. The administrative ladder is directly to the student's preceptor or faculty member. Students should address all issues to their preceptors or faculty members prior to climbing the administrative ladder. The administrative ladder for clinical issues is preceptor, faculty of practicum class, clinical coordinator, program director, medical director, chair of HESSE, Dean of College of Education, and Vice President of Academic affairs. Due to the nature of our programs close knit educational organization and frequency of high stress levels for students and staff alike, it will best serve the students and the program to try to alleviate any classroom or clinical friction by talking within the department prior to involving outside administrators. Our medical director is highly skilled in problem solving; therefore, this attribute will be used to strengthen our program by utilizing this skill more frequently. One area of professionalism is too utilizing the administrative ladder appropriately. This method demonstrates respect for both the administrator's time, as well as, produces less conflict. If our program is perceived as full of conflict to others who are unaware of the typical trials related to athletic training education, then the program is viewed upon by others as unproductive and unsuccessful.

### **STANDARD OF DRESS**

Athletic training is a profession recognized by the American Medical Association; hence athletic training students are professionals. Students should dress and behave like licensed medical professionals in the athletic training room and all other venues, including travel. The standard of dress for all student athletic trainers is business casual. Exceptions would include clinical experiences at an outdoor venue during inclement conditions.

**Goals of dress code:**

- Present yourself as a medical professional
- Gain respect by coaches and peers
- Be able to respond to emergency situations
- Be able to assist with rehabilitations and demonstrate activities
- Modesty
- Not showing inappropriate skin
- Not too tight
- Not too loose
- Model proper dress code to younger students
- Identify yourself as a student

**Tops:**

- Tops must be of sufficient length to be tucked in, or in circumstances where a shirt is designed to be un-tucked, a tucked in undershirt must be worn so that the midriff is not exposed.
- Tops must not be too tight or too loose to expose inappropriate skin.
- Only Lee University or plain, tee-shirts or collared “polo” style shirts in neutral or school colors are permitted during all clinical and field experiences.
- Sweatshirts must follow the same criteria as shirts.
- Shirts must be clean, wrinkle free, and not overly “worn”.

**Bottoms:**

- Slacks and shorts should be a neutral or school color of navy, maroon, khaki, gray, white, or black.
- Jeans and cut-offs are not allowed during all clinical and field experiences.
- Team warm-ups and wind suits are permissible except for competition events.
- Yoga pants are not permissible, but “exercise” pants will be approved on a case by case basis by your preceptor.
- Professional skirts or dresses are not appropriate for field experiences.
- Shorts must be of sufficient length determined by your preceptor.
- All shorts and pants must be clean, wrinkle free, not overly worn, and not too tight to be deemed unprofessional.

**Footwear and Hats:**

- Footwear should be athletic or casual. All shoes should be fully enclosed.
- High heels are not acceptable.
- Footwear should be appropriate to respond to an emergency situation or demonstrate functional, rehabilitative activity.
- During competition, hats must be LU, LU athletics, or a plain neutral color with no logo other than manufacturer.
- If wearing a hat, it must be worn in the traditional manner.

- Hats are only permitted indoors if the individual will be covering an outdoor event that day.
- “Beanie” or “toboggan” hats are permissible when outside in cold weather.

**Nametags:**

- Students are required to wear a “Student Athletic trainer” name tag during all clinical experiences. Each student will be provide a nametag prior to their first clinical rotation. In the event the nametag is lost the student will be responsible for purchasing a replacement at cost.

**Other:**

- A professional, clean cut appearance is expected.
- Students are expected to be compliant in dress code if engaged in any clinical education lasting longer than 5-10 minutes.
- Students will not be permitted to obtain “clinical hours” if not in dress code.

**PERSONAL CELLULAR TELEPHONES**

Personal telephones are not to be used during clinical education and field assignments. Occasionally circumstances dictate that the student might need to be contacted by cell phone. When these situations arise, place the phone ringer in the silent or vibrate mode.

**STUDENT HEALTH POLICY**

Athletic Training emphasizes by example and knowledge base the prevention, assessment, and rehabilitation of health and activity-limiting injuries or illnesses, the admissions committee recommends adherence to and documentation of specific health standards and monitoring policies. As recommended or required by Lee University Graduate Programs, Tennessee State Health Law as well as certain other state regulatory health statutes the health policy for entering AT students may include:

- State of Tennessee requires all students born after 1956 to provide documentation of MMR immunization (measles, mumps, rubella) by two live measles vaccinations sometime after 12 months of age, unless medically contraindicated (i.e., allergy to immunization, pregnancy, or other medical reasons) unless a religious or other exemption can be provided in documentation.
- Lee University requires proof of varicella antibodies or vaccination prior to beginning classes unless medically contraindicated (i.e., allergy to immunization, pregnancy, or other medical reasons) or unless a religious or other exemption can be provided in documentation.
- MSAT students are required to receive the Hepatitis B vaccination and encouraged to receive the Hepatitis A vaccination prior to beginning their clinical rotations unless medically contraindicated (i.e., allergy to immunization, pregnancy, or other medical reasons) or unless a religious or other exemption can be provided in documentation.

These verifications or documentations must have been completed and signed by a licensed health care provider and copies made available to the Program Director. Copies of immunizations will be provided to the Lee University Health Services for their health file. Students will be informed

of all immunization requirements in the first introductory meeting which occurs within 1 month of beginning the MSAT program. Students can be admitted to the MSAT program without proof of immunizations, however they will not be allowed to begin their clinical requirements until proof of immunization or exemption has been provided to the program director.

It is the responsibility of the student to inform the MSAT faculty of any physical, mental, or psychological impairment which may affect progression through the curriculum. Since both the learning and the safety of the student are important in the consideration of reasonable accommodations; the admission MSAT committee will use the university director of academic support for final determination of limitations, accommodations or elimination from the program. These may include but not be limited to: physical impairment such as severe visual, hearing or motor impairment, acute or chronic medical condition limiting physical participation, presence of communicable disease, or mental or psychological impairments that may be determined to severely limit the student's ability to fully participate in the academic and clinical educational program.

Verification of completion of OSHA's requirements for health care workers in the work place. This is required since athletic training students will occasionally be exposed to blood/body fluid contamination while fulfilling the educational requirements of the Athletic Training Program. Topics will include an orientation course review concerning blood-borne pathogen exposures and medical-legal confidentiality requirements for the study of athletic training.

Lee University and Athletic Training Education Program are committed to the safe and healthy environment of a drug free workplace. The use or abuse of dependency producing drugs especially controlled substances is outlined in Controlled Substance Act, 21 USC Sec. 812. We are on the admission council of Lee University Athletic Training Program have made available student drug abuse prevention program through Lee Health and Counseling Services. Further, athletic training students are equally subject to the code of conduct pertaining to use or possession of controlled, abusive substances and recipients of certain federal financial assistance programs (i.e. Pell Grants) are required to certify them drug free.

As a commitment to the safety and health of the athletic training student and staff, all admitted students are highly advised to show proof of completion of the Hepatitis A and B three-part vaccination series. These immunizations are made available at cost through Lee University Health Services. All students that are admitted into the program must complete and submit to the Program Director the Hepatitis A and B Immunization Form.

Infections are a normal response of the immune system defending the body from foreign microorganisms. These may include viral, bacterial, fungal, or parasitic infections. MSAT students who believe that they are experiencing an infectious illness which may include: upper and lower respiratory infections such as sore throat with fever, sinusitis, bronchitis or influenza with cough and coryza or gastrointestinal infections such as vomiting or diarrhea illnesses, hepatitis, mononucleosis or skin infections and infestations such as chicken pox, spider or mosquito bite which look irritated, must see a physician or nurse practitioner who should make the decision to allow or limit that student from any class or clinic activity.

These measures are taken to protect both the sick student as well as protect their fellow students, patients and staff from unnecessary exposure to communicable infections. A list of preventable behaviors for limiting infections both in MSAT students as well as patients follows:

- Appropriate diet and sleep
- Proper skin care and hygiene especially care of infected skin lesions
- Prompt cleaning and covering of open wounds
- Personal protective equipment and enforcing of hand washing
- Immunization updates and confirmation
- Avoid contaminated water

### **STUDENT NON-DISCRIMINATORY POLICY**

The Lee University MSAT program abides by the University Title IX non-discrimination policy found at: <https://www.leeuniversity.edu/titleIX/>

Additionally, the MSAT will not discriminate any individual based on race, ethnicity, culture, appearance, gender or sexual orientation in any aspect of the policies and procedures outlined within the student handbook.

The non-discriminatory policy is enforced for all aspects of program administration, didactic, and clinical education, however the aspects of the policy specific to clinical education can be found on page 26 of the student handbook.

**CLINICAL EDUCATION IN THE  
ATHLETIC TRAINING EDUCATION PROGRAM  
@ LEE UNIVERSITY**

# **S E C T I O N 2**

## CLINICAL EDUCATION PLAN

Clinical education represents the athletic training students' formal acquisition, practice, and preceptor evaluation of Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of a preceptor. Formal evaluation of the application and integration of clinical proficiencies are completed by a preceptor and may be in conjunction with additional clinical instructors. Student placement at clinical sites are considered non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, gender, disability, sexual orientation, or other unlawful basis.

Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a preceptor. These experiences will be throughout each semester while enrolled in the MSAT program. All students will receive OSHA training prior to any clinical placement is allowed. Clinical competency courses shall include academic syllabi that contain measurable educational objectives and specific clinical proficiency outcomes, and other necessary clinical education requirements that can be assessed over time.

Clinical supervision is defined by visual and auditory interaction between the student and the preceptor. This policy of instructor supervision is a must and should be maintained in all occasions, without exceptions. Students are not allowed to work in any sport or facility without preceptor supervision. Students should arrive early to assist with pre-game treatment and will assist after events when warranted. Students are not allowed to travel with teams unless the preceptor is accompanying the student. Students are not used to replace clinical staff at any time. A preceptor must accompany all events in which students are allowed to collect clinical hours.

Graduate students will be required to maintain the minimum hour requirement assigned to the associated clinical competency course in which they are enrolled each semester until graduation. Administrative record keeping is currently accomplished through ATrack. Students and preceptors will have adequate training prior to documenting or validating clinical hours. The clinical hours are necessary for the student to have ample opportunity to practice as well as be evaluated on performances related to academic success. However, care will be taken by the program and associated preceptors to ensure students clinical hours do not exceed a threshold which will negatively impact with academic performance. Students are required to log supervised hours. An important policy is to have hours logged each week. Weeks start on Sunday and end on Saturday for policy clarity. Each student must receive 1 day off during each week. Preceptors should not be asked to validate hours that happened more than 10 days ago, because this might affect the accuracy of the recorded hours.

### **Purpose of Clinical Education**

It is the purpose of the Lee University MSAT to be a functional educational and service facility for the Department of Health, Exercise Science, and Secondary Education. The program will endeavor to enhance the health care for the university's intercollegiate athletes as well as the broader habitually active members of the university and local community. The program will service the college community by endeavoring to help its members attain higher levels of performance through proper health care and appropriate efforts to prevent injury and illness.

Clinical Education is the bridge in which students affectively learn to utilize the various skill development taught in the classroom. This is a vital component to student learning.

The MSAT program will establish and maintain a corps of athletic training students that will be trained in the knowledge and skills that are essential to an entry-level athletic trainer. The purpose of clinical education is multidimensional. The student will:

- Utilize clinical experiences for peer practice, skill acquisition, and skill development
- Interact with many differing health care professionals, each having separate philosophies & experiences that will provide students with innovative skills that will enhance student development
- Written and verbal communication through peer teaching, clinical documentation, and professional interactions
- Gain confidence in self by practicing skills under direct supervision of allied health professionals (e.g. Certified Athletic Trainers, Orthopedic Surgeons, Physical Therapists, Registered Nurses, and Physician Assistants)
- Accumulate many hours in field settings where critical thinking and problem solving will occur on a daily basis
- Develop a mentorship with preceptors in order to foster a professional code of conduct that reflects Christian commitment.

At the completion of the program, the athletic training student should be able to function as a health care professional with minimal supervision in an allied health care setting and be eligible to sit for the BOC certification examination.

### **Instruction of Clinical Proficiencies and Clinically Integrated Proficiencies**

The goal of Clinical Education is to facilitate a student's ability to utilize the cognitive knowledge, psychomotor skills, and clinical abilities with behaviors of professional practice, which demonstrate a level of practice which is appropriate for an entry level certified athletic trainer. Clinical education is organized by lecture, lab, and clinical experience. These elements are taught overtime with consistent feedback provided to each student. The content taught is outlined in *2020 Standards for Accreditation of Professional Athletic Training Programs* (CAATE, 2018). The Clinically Integrated Proficiencies published by CAATE are Lee University's guide for the common set of skills that an entry-level athletic trainer should possess. Proficiencies also define the expectations of an outcome based clinical education system. Clinical proficiencies and psychomotor competencies will be introduced and instructed during coursework. The skills are taught, demonstrated, practiced, and then evaluated in at least two settings, demonstrating learning over time. Documentation of these skill sets will occur on the proficiency signature pages and/or through electronic skill documentation.

Learning over time is the documented continuous process of skill acquisition, progression, and student reflection. It involves the demonstration of systematic progression through the cognitive, psychomotor, and clinical proficiencies within different contextual environments (e.g., athletic training room, practice field, etc.). Assessment of learning over time is built around multiple indicators and sources of evidence such as observations (student affective behaviors, interviews); performance samples (clinical skill demonstration); and tests or test-like procedures. Clinical integrated proficiencies are holistic in nature and allow the student to integrate multiple skills

into through patient care. Learning over time will be demonstrated through proficiency evaluations during the academic and clinical experiences. Preceptors are given the appropriate evaluation tools for a clinical review. Classroom laboratory examinations or classroom instructor proficiencies will be more in depth and will allow the student appropriate one-on-one interaction. All MSAT students will be assigned to a specific preceptor for each rotation. All preceptor evaluations will be conducted in a one-on-one situation.

### **Current Affiliated Sites**

An athletic training student's primary clinical experiences will be on the Lee University campus. The MSAT will utilize off-campus rotations, such as football and other diversified experiences, to enhance the clinical education and field experiences of athletic training students. The campus health clinic plays an important role when students begin learning general medical conditions as they relate to the well-being of physically active individuals. Off-campus sites listed below are utilized to provide educational experience in a non-traditional environment. These rotations are designed to enhance the upper and lower extremity and general medical experiences. Grace Academy, McCallie School, Cleveland High School, Walker Valley High School, Bradley Central High School, and Ooltewah High School will provide students with experience in an equipment intensive, high-risk environment through sports such as football and wrestling. Students are responsible for transportation to and from clinical sites and all costs incurred. The following traveling distances from Lee University to clinical sites are approximated:

- Bradley Central High School – 1.5 miles
- Ooltewah High School – 15 miles
- Center for Sports Medicine and Orthopedics in Chattanooga – 28 miles
- Center for Sports Medicine and Orthopedics in Cleveland – 1 mile
- McCallie High School – 28 miles
- Cleveland High School – 2.5 miles
- Cleveland State Community College - 3.0 miles
- Grace Academy – 23 miles
- Walker Valley High School – 10 miles
- Boyd Buchanan School – 27miles

### **Rotation of Students for Clinical Sites and Field Experiences**

Students are assigned to a specific preceptors or supervisor, not to a facility or sport. Clinical rotations during four semesters of the Masters program will last one semester. The final spring semester will be spent in an embedded experience which will train students in health care delivery as it relates to that site's expectations over a 10 week time period. During the immersion, students will be required to perform the tasks of the day for the same amount of time, as the preceptor is required to spend. If overtime is excess and hinders the students' ability to learn, then the student should report this issue to the clinical coordinator. Each student will gain experience in four general areas: Upper extremity, lower extremity, equipment intensive, and general medical. An overall emphasis on high-risk sports will foster student learning. Placement of students in Clinical Rotations is based in part on the following considerations:

- Classroom preparation
- Clinical preparation
- Performance evaluations in both classroom and clinical rotations
- Professionalism

- Educational needs

Examples of Each of the Clinical Emphases:

**Upper extremity**

Men's tennis  
 Women's tennis  
 Men's baseball  
 Women's softball  
 Women's volleyball  
 Women's Lacrosse

**Lower extremity**

Men's cross country  
 Women's cross country  
 Men's basketball  
 Women's basketball  
 Men's soccer  
 Women's Lacrosse  
 Women's soccer

**General Medical**

Lee University Health Clinic  
 Lee University Athletic Training Room  
 Center of Sports Medicine

**Equipment Intensive**

High school athletics  
 Intercollegiate athletics

**CLINICAL EDUCATION GUIDELINES**

**Description** The student's clinical experience is composed of two elements: Clinical Education and Field Experience. The clinical education component involves the acquisition and practice of clinical skills. The field experience provides the student with the opportunity to apply these skills in the clinical environment (i.e., the athletic training room, practice/game coverage). Both educational experiences will be supervised by a preceptor.

**Clinical Education Supervision**

A preceptor, as defined in the subsequent section, will at all times supervise the students' clinical education. "Supervision" of students by the preceptor is defined by the CAATE as, "*Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care.*"

*Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.*" Students are assigned to a preceptor, not to facilities or sports. The daily supervision of students by the preceptor allows for multiple opportunities for evaluation and feedback between the student and approved clinical instructor. Students are permitted to develop proficiency within adjunct affiliated professional clinical sites (e.g., hospital emergency rooms, clinics, exercise physiology labs) during the clinical education course or experience. These experiences, however, do not comprise the majority of the student's clinical experience.

Lee University preceptors are listed in the academic administrative structure of the student handbook. Training for preceptors occurs every other year; however, yearly group meetings will ensure adequate communication toward ongoing program improvement. Clinical instruction is organized so that preceptors are aware of what each level student needs to be taught during

different rotations based on their educational level. Preceptors are taught how to debrief and provide adequate feedback which will enhance learning for the students. All negative communication issues whether on the preceptor and student side should be discussed with the clinical coordinator. Student are instructed to be professional and only request a reassignment for a rotation in issues deemed unresolvable or consistently hampers to the student educational goals.

### **Field Experience Overview**

The primary settings for the students' clinical education and field experiences should include athletic training room(s), athletic team practices, and competitive events. The athletic training room is considered to be "a designated physical facility where comprehensive health care services are provided." Comprehensive health care services include practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation, and related services.

Ample opportunity is provided for student coverage of athletic practices and competitive events in a variety of men's and women's sports, including high-risk sport activities. These experiences also include adequate opportunities for observation of, and involvement in, the immediate management and emergency care of a variety of acute athletic injuries and illnesses. Practitioner competencies should provide the basis for deriving the objectives and activities constituting the program's curriculum. Both program competencies and curriculum objectives should be consistent with the stated level of practitioner preparation. The level is delineated in the program's goals and objectives statements and encompasses the knowledge, skill, and behavior expected of graduates upon entry into the field.

Supervised field experiences involve personal/verbal contact at the site of supervision between the athletic training student and the certified athletic trainer, who plans, directs, advises, and evaluates the student's athletic training field experience. The supervising athletic trainer is always on-site where the athletic training experience is being obtained.

Clinical supervisors are readily accessible to students for on-going feedback and guidance on a daily basis. Athletic trainers who are supervising athletic training students' experiences shall afford supervision adequate to assure (following stated written and verbal direction) that the student performs his or her tasks in a manner consistent with the Standards of Practice of the profession of Athletic Training.

### **Immersive Clinical Experiences**

There will be two immersive clinical experiences embedded into the MSAT. Clinical immersion provides an opportunity for the student to gain longer, daily clinical experience more in-line with a traditional job setting. During the clinical immersive experience students will have minimal didactic course work allowing them to focus on clinical education. Clinical immersion is designed to help transition the student into a professional career, integrate the student into all facets of professional activity at a specific setting, and increase confidence of knowledge and skill by increasing the opportunity for exposure to injuries and conditions.

High school Immersive Experience: The high school immersive experience will occur in conjunction with ATEP 500 at the end of the first summer in the program. During the month of

July students will spend 2 weeks in didactic instruction with 2-3 weeks of full immersion, 20-30 hours per week, at a local high school. The primary sport to be covered will be football, however as dictated by the preceptor, additional fall sport coverage may be warranted. Students wishing to gain additional football clinical experience following the completion of their high school immersive experience will be allowed up to 30 volunteer hours (not counted towards their fall clinical hour requirement), under the supervision of a preceptor, as long as it does not interfere with their fall clinical assignment responsibilities. All clinical hour requirements will be verified by the coordinator of clinical education.

10-week Immersive Experience: During the final academic year, occurring in the spring semester of the MSAT, students will spend 5 weeks on campus in didactic instruction followed by 10 weeks in complete clinical immersion with some online education requirements. The 10-week immersive experience location will be determined based on a combination of student career placement desire, student educational needs, clinical site availability, and educational ability of the site and associated preceptor(s). Additionally, it is preferable for students to observe orthopedic surgeries during this time. The 10-week immersive experience will require 40 hour weeks or a minimum of 300 clinical hours. All clinical hour requirements will be verified by the coordinator of clinical education. Students will be provided various clinical opportunities within a 100 mile radius of Lee University. However, students wishing to conduct this experience farther than 100 miles, must obtain approval from the Lee University program director, arrange for all preceptor and clinical site approval prior to beginning their experience, and obtain housing on their own for the duration of the experience.

### **Student Team Travel Policy**

Athletic training students traveling with athletic teams is a valuable experience to prepare for professional practice. Students traveling within the confines of the educational program must adhere to the following guidelines: 1. Travel is at the discretion of the head coach. 2. First year MSAT students may travel at any time only if will not require them to miss any class time. 3. Second year MSAT students may only miss 2 non-consecutive class days per semester due to travel. 4. Travel during an immersive clinical experience is unlimited due to lack of class time requirement.

### **Clinical Education Summary**

The student's clinical education course, embedded experiences, or a combination of the two should provide exposure of the student to specific populations, establishing adequate learning environments.

The Athletic Training Educational Competencies abide by the *Standards for the Accreditation of Entry-Level Educational Programs for the Athletic Trainer* (CAATE) to ensure students encounter quality educational experiences. The standards are provided at this link (<http://caate.net/pp-standards/>).

Our clinical education plan seeks to foster learning over time. Repetition is a key component in the learning process. A sampling of proficiencies and clinically integrated proficiencies are provided for students each semester. Each practicum course will have a signature pages that represents a snapshot of the intended skills and clinically integrated competencies that a student is expected to accomplish by the end of that course.

## **CPR GUIDELINES**

Prior to beginning any clinical experience all students are required to provide verification of basic life support or healthcare provider CPR training. Certification from American Heart Association is preferred, however alternate providers will be considered as long as they meet the standards of basic life support/emergency cardiac care training of a healthcare provider. If a student does not have the proper certification a MSAT faculty member trained as an American Heart Association instructor will certify the student.

## **OSHA GUIDELINES**

Prior to beginning any clinical experience students must take the OSHA course found on Lee University Moodle platform. The OSHA course requires students to watch a video explaining various blood borne pathogens and proper procedures to prevent personal contamination and spread of infectious conditions. Following the video students are required to obtain at least an 85% on OSHA test before beginning their clinical experiences.

At the beginning of each clinical rotation the supervising preceptor is responsible for ensuring the student understands the specific procedures of the clinical site and the location of all essential equipment, biohazardous waste elimination materials, and handwashing stations.

### Effective Hand Washing

Effective hand washing requires the use of soap and water, combined with vigorous washing. After you have lathered your hands vigorously for 10 seconds, you should rinse using a steady stream of running water.

Complete the procedure by using paper towels to thoroughly dry your hands and turn off the faucet.

### Personal Protective Equipment

Personal protective barriers will be used to reduce the risk of exposure by keeping potentially infected blood and other body fluids from coming in contact with your skin or mucous membranes.

Examples of personal protective equipment include: gloves, which can reduce contamination of the hands; gowns and aprons, which can prevent contamination of clothing; and masks and protective eyewear, which help reduce the contamination of mucous membranes of the mouth, nose, and eyes. Personal protective equipment appropriate to the needs of this facility will be made available to you. If you have documented allergic reaction to such items as rubber, latex, or plastic, alternatives will be provided.

### Gloves

Gloves must be worn in these situations:

When it can be reasonably anticipated that you may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.

When handling or touching contaminated items or surfaces.

Disposable (single use) gloves, such as surgical or examination gloves must be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable (single use) gloves must not be washed or decontaminated for reuse.

### Regulated Waste

Regulated waste includes those contaminated items, which will release blood or potentially infectious materials when compacted (i.e., disposable gloves which are caked with dried blood; and contaminated sharps that can penetrate the skin such as needles, scalpels, or broken glass). Regulated waste includes but is not limited to the following items: joint aspirate, grossly bloody dressings, blood, vomitus, and contaminated sharps/needles.

There are standard procedures for disposing of regulated waste. These procedures include placing the waste in leak proof containers. These containers are labeled with the biohazard symbol. The procedures are designed to protect the people who handle this regulated waste.

When removing waste from waste containers personnel must wear gloves and double bag the infectious waste with another red biohazard labeled bag and secure bag with another biohazard label.

The designated place for waste pick up is in the university health clinic.

### Sharps

Needle stick injuries are the most serious risk to healthcare workers.

Contaminated needles and other contaminated sharps must immediately be discarded in puncture-resistant, closable, leak proof, and properly labeled or color-coded containers. Do not bend, recap, or break used needles. If you must recap or remove a needle/sharp, a mechanical device or one-handed technique must be used.

Sharps disposal containers will be located as close as possible to the area where they are used. They must remain upright at all times and must be replaced when  $\frac{3}{4}$  full.

Never reach into one of these containers for ANY reason. When using a sharps container, do not open, empty, or clean it in any way that might result in an accidental needle stick.

When disposing of the sharps container, close it securely and place the container in the designated infectious waste disposal container.

### Disposal of Non-Sharp Wastes

A puncture resistant is not necessary for disposing of blood, body tissue and other contaminated items which do not contain sharps. However, the container must be closable, leak proof, and properly labeled.

### Cleaning and Disinfecting

Worksites must be maintained in a clean and sanitary condition. When cleaning a blood or body fluid spill you must put on disposable gloves, spray the contaminated area with an appropriate disinfectant or 10% bleach solution. Then blot or pick up the liquid spill with paper towel and put this and contaminated gloves in a regulated waste container. The area is cleaned a second time with the same procedure while wearing clean gloves.

**EATING, DRINKING, APPLYING COSMETICS AND/OR LIPP BALM, AND HANDLING CONTACT LENSES IS NOT PERMITTED IN WORK AREAS WHERE EXPOSURE MAY OCCUR.**

Tables must be cleaned periodically with @ least a 10% bleach solution or other commercially accepted sprays that kill infectious germs.

Floors will be treated as needed for any regulated waste with commercial disinfectants in which the personnel must wear protective gloves and must dispose of all contaminated waste in the biohazard container.

Place any contaminated laundry in a closable, leak proof container until proper decontamination is possible. Try to handle towels as little as possible. Partial saturation may be washed in a 10% bleach solution prior to reuse.

#### Summary

An awareness of and compliance with the recommendations outlined in this material is essential. This will help to assure a safe work environment, thereby reducing the risk of occupational exposure to blood borne pathogens.

Because of the potential for the infection from often-unsuspected sources, you must always be alert. Taking a few minutes and utilizing precautions could have monumental long term repercussions; therefore following a few steps will help everyone maintain a good personal health and safety.

Source: "The Atlanta Braves Infection Control Manual," Piedmont Hospital, 1993.

### **Additional References**

Lee University Athletic Training education plan is designed based on reference materials provided by NATA and BOC. These references include:

- Athletic Training Clinical Proficiencies, 5<sup>th</sup> edition
- NATA Education Council
  - © 2011 National Athletic Trainers' Association
- Certainty in the Professional Practice of Athletic Trainers
- Board of Certification
- Role of Delineation Study, Fifth edition
- These additional references can be reviewed by students at any time. These references are located in the Helen Devos College of Education Building in room EDUC 102 in the program directors office and stored on the computer.

**Appendix A**  
**Academic Administrative Structure:**  
**Faculty**

1. Dean of Helen DeVos College of Education: Bill Estes, PhD
2. Chair of Health, Exercise Science and Secondary Education: Mike Iosia, PhD, CSCS
3. Director of Athletic training Education: Taz Kicklighter PhD, ATC
4. Coordinator of Clinical Education: Racheal Lawler, PhD, ATC
5. Medical Director: DeWayne Knight, MD, ATC
6. Head Athletic Trainer: Jeff Mullins, MS, ATC

**Clinical Preceptor Administrative Structure:**

1. Medical Director: DeWayne Knight, MD, ATC
2. Director of Athletic training Education: Taz Kicklighter PhD, ATC
3. Coordinator of Clinical Education: Racheal Lawler, PhD, ATC
4. Head Athletic Trainer: Jeff Mullins, MS, ATC
5. Preceptors
  - a. Doctors: Todd Grebner, DO, Jason Spangler,
  - b. University Athletics: Jeff Mullins, MS, ATC, Dan Heinbaugh, MS, ATC, Breanne Hudson, MAT, ATC, Maddie Kalke, MS, ATC, Gabby Mammano, ATC
  - c. High School Athletics: Randy Wilkes, MS, ATC, Fred “Jersey” DeMarco, MS, ATC, Julie Savage, MS, ATC, Michael Loving, MS, ATC, Luis Rodas, ATC
  - d. Rehabilitation Preceptors: Kim Tucker, ATC

## **Appendix B**

### **NATA Code of Ethics**

#### **PREAMBLE**

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

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

#### **PRINCIPLE 1:**

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

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

#### **PRINCIPLE 2:**

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

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

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

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

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

#### **PRINCIPLE 3:**

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

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

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

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

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

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

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

**PRINCIPLE 4:**

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

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

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

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

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

## Appendix C

# Master of Science in Athletic Training

## COURSE SEQUENCING

June Start	January Start
Summer 1	Spring 1
Pillars of Athletic Training (4 cr) Emergency Assessment and Treatment of Sports Conditions (3 cr) Clinical competency of prevention & acute care (4 cr)	Orthopedic Assessment of Spine and Upper Extremities (3 cr) Orthopedic Assessment of Spine and Upper Extremities Lab (1 cr) Therapeutic Modalities (3 cr) Therapeutic Modalities lab (1 cr) Clinical Competency of Evaluation & Intervention (3 cr)
Fall 1	Summer 1
Orthopedic Assessments of Spine and Lower Extremities (3 cr) Orthopedic Assessments of Spine and Lower Extremities Lab (1 cr) Research Methods and Statistics (4 cr) Clinical competency of prevention, acute care, and administration (3 cr)	Pillars of Athletic Training (4 cr) Emergency Assessment and Treatment of Sports Conditions (3 cr) Clinical competency of prevention & acute care (4 cr)
Spring 1	Fall 1
Orthopedic Assessment of Spine and Upper Extremities (3 cr) Orthopedic Assessment of Spine and Upper Extremities Lab (1 cr) Therapeutic Modalities (3 cr) Therapeutic Modalities lab (1 cr) Clinical Competency of Evaluation & Intervention (3 cr)	Orthopedic Assessments of Spine and Lower Extremities (3 cr) Orthopedic Assessments of Spine and Lower Extremities Lab (1 cr) Research Methods and Statistics (4 cr) Clinical competency of prevention, acute care, and administration (3 cr)
Fall 2	Spring 2
Therapeutic Interventions of Head, Cervical, & Upper Extremity (3 cr) Leadership, Administration & Ethics in Athletic Training (2 cr) General Medical Conditions & Management (3 cr) Clinical Integration of Research I (1 cr) Clinical Competency of evaluation and intervention (3 cr)	Therapeutic Intervention of Lumbar & Lower Extremity (3 cr) Professional Assimilation and Current Topics (2 cr) Clinical Integration of Research II (1 cr) Clinical Competency of Evaluation, Intervention, & Administration (3 cr)
Spring 2	Fall 2
Therapeutic Intervention of Lumbar & Lower Extremity (3 cr) Professional Assimilation and Current Topics (2 cr) Clinical Integration of Research II (1 cr) Clinical Competency of Evaluation, Intervention, & Administration (3 cr)	Therapeutic Interventions of Head, Cervical, & Upper Extremity (3 cr) Leadership, Administration & Ethics in Athletic Training (2 cr) General Medical Conditions & Management (3 cr) Clinical Integration of Research I (1 cr) Clinical Competency of evaluation and intervention (3 cr)
<b>Total program credits: 54</b>	

## Appendix D



### Commission on Accreditation of Athletic Training Education 2020 Standards for Accreditation of Professional Athletic Training Programs

Master's Degree Programs  
Adoption date: January 9, 2018

Effective date: July 1, 2020

#### SECTION I: PROGRAM DESIGN AND QUALITY

**Standard 1** The program has a written mission statement that addresses the professional preparation of athletic trainers and aligns with the mission of the institution and the program's associated organizational units.

*Annotation: Associated organizational units are those under which athletic training falls. For example, if an athletic training program is in a department and the department is in a school, then the mission must be congruent with these units.*

**Standard 2** The program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment.

*Annotation: This written framework describes essential program elements and how they're connected; these elements include core principles, strategic planning, goals and expected outcomes, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan. The framework is evaluated and refined on an ongoing basis.*

*The framework includes program-specific outcomes that are defined by the program; these outcomes include measures of student learning, quality of instruction, quality of clinical education, and overall program effectiveness. Programs must minimally incorporate the student achievement measures identified in Standard 6 as outcomes. Improvement plans must include targeted goals and specific action plans for the communication and implementation of the program.*

**Standard 3** Development, implementation, and evaluation of the framework engage all core faculty and include other stakeholders as determined by the program.

*Annotation: All core faculty must participate in the development, implementation, and evaluation of the framework on an ongoing basis. The nature and extent of participation by each core faculty member and other stakeholders is determined by the program.*

**Standard 4** The results of the program's assessment plan are used for continued program improvement.

*Annotation: The program analyzes the extent to which it meets its program-specific outcomes and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify the plan as needed.*

**Standard 5** The program collects student achievement measures on an annual basis.

*Annotation: The following student achievement measures must be collected:*

- Program graduation rate
- Program retention rate
- Graduate placement rate
- First-time pass rate on the Board of Certification examination

**Standard 6** The program meets or exceeds a three-year aggregate of 70% first-time pass rate on the BOC examination.

*Annotation: Procedures for review and action on this standard are described in the CAATE policies and procedures manual.*

**Standard 7** Programs that have a three-year aggregate BOC examination first-time pass rate below 70% must provide an analysis of deficiencies and develop and implement an action plan for correction of BOC-examination pass-rate deficiency.

*Annotation: This standard only applies in the event that a program is not compliant with Standard 6.*

## SECTION II PROGRAM DELIVERY

**Standard 8** Planned interprofessional education is incorporated within the professional program.

*Annotation Varying methods can be used to incorporate interprofessional education. To meet this standard, each student in the program must have multiple exposures to interprofessional education.*

**Standard 9** All courses used to fulfill athletic training clinical experience requirements and to meet the curricular content standards (Standards 56 through 94) are delivered at the graduate level.

*Annotation: Graduate-level courses award graduate credit. The determination of whether a course is graduate level is made by the institution.*

**Standard 10** Students fulfill all athletic training clinical experience requirements and curricular content standards (Standards 56 through 94) within the professional program.

*Annotation: Fulfillment of clinical experience requirements and curricular content standards prior to enrollment in the professional program is not sufficient to meet this standard. Clinical experiences must occur throughout the professional program.*

**Standard 11** The program uses clearly written syllabi for all courses that are part of the professional program.

*Annotation: Course syllabi include clearly written course objectives, assessment methods, and a daily/weekly schedule. Each syllabus includes sufficient information in the objectives and the daily/weekly schedule to ascertain the curricular content (see Section IV) that is being taught in the course.*

**Standard 12** Course credits are consistent with institutional policy or institutional practice.

*Annotation: Policy or practice must address credit allocation for all types of courses (for example, didactic, practicum, clinical experience courses).*

**Standard 13** The program ensures that the time commitment for completing program requirements does not adversely affect students' progression through the program.

*Annotation: The program must identify policies and procedures used to ensure that students' program-related time commitments, including time spent in clinical experiences, are not excessive.*

**Standard 14** A program's clinical education requirements are met through graduate courses and span a minimum of two academic years.

**Standard 15** A program's athletic training clinical experiences and supplemental clinical experiences provide a logical progression of increasingly complex and autonomous patient-care and client-care experiences.

*Annotation: To meet this standard, the program must describe the following:*

- *The criteria and processes used to determine that a student has attained requisite clinical competence to progress to a subsequent clinical experience*
- *The process used to determine that students are ready to engage in clinical experiences and are competent and safe to perform skills on a client/patient population*
- *How clinical experiences are designed to progress the student toward autonomous practice*
- *The methods used to ensure that the clinical experience and the style of preceptor supervision and feedback are developmentally appropriate for each student based on his or her progression in the program*

**Standard 16** The clinical education component is planned to include at least one immersive clinical experience.

*Annotation: An immersive clinical experience is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students must participate in the day-to-day and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-*

week period). Programs may include online education during the immersive experiences that does not detract from the nature of an immersive clinical experience.

**Standard 17** A program's clinical education component is planned to include clinical practice opportunities with varied client/patient populations. Populations must include clients/patients

- throughout the lifespan (for example, pediatric, adult, elderly),
- of different sexes,
- with different socioeconomic statuses,
- of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
- who participate in nonsport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).

*Annotation: These clinical practice opportunities should occur in athletic training clinical experiences with real clients/patients in settings where athletic trainers commonly practice. When this is not possible, programs may use simulation to meet portions of this standard. Students must have adequate real client/patient interactions (athletic training clinical experiences) to prepare them for contemporary clinical practice with a variety of patient populations.*

**Standard 18** Students gain experience with patients with a variety of health conditions commonly seen in athletic training practice.

*Annotation: Athletic trainers routinely practice in the areas of prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Within these areas of athletic training practice, the clinical experience provides students with opportunities to engage with patients with emergent, behavioral (mental health), musculoskeletal, neurological, endocrine, dermatological, cardiovascular, respiratory, gastrointestinal, genitourinary, otolaryngological, ophthalmological, dental, and environmental conditions. When specific opportunities are not possible, programs may use simulation to meet portions of this standard. Students must have adequate patient/client interactions (athletic training clinical experiences) to prepare them for contemporary clinical practice with patients with a variety of health conditions commonly seen in athletic training practice.*

### SECTION III: INSTITUTIONAL ORGANIZATION AND ADMINISTRATION

**Standard 19** The sponsoring institution is accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation and must be legally authorized to provide a program of postsecondary education. For programs outside of the United States, the institution must be authorized to provide postsecondary education, and the program must be delivered in the English language.

**Standard 20** Professional programs result in the granting of a master's degree in athletic training. The program must be identified as an academic athletic training degree in institutional publications.

*Annotation: The CAATE recommends a Master of Athletic Training degree. The degree must appear on the official transcript, similar to normal designations for other degrees at the institution. International programs must use language consistent with the host country's nomenclature and have CAATE approval of that language.*

**Standard 21** The program is administratively housed with similar health care profession programs that are subject to specialized programmatic accreditation.

*Annotation: The intent of this standard is to ensure the professional socialization of the athletic training program faculty and students within a health care profession culture. If the institution offers no other health care profession programs, or the athletic training program is not administratively housed with them, explain how the existing organizational structure meets the intent of this standard.*

**Standard 22** All sites where students are involved in clinical education (excluding the sponsoring institution) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring institution and site.

*Annotation: When the administrative oversight of the preceptor differs from the affiliate site, affiliation agreements or memoranda of understanding must be obtained from all parties. All sites (excluding the sponsoring institution) must have affiliation agreements or memoranda of understanding. Any experience the student completes to meet clinical education requirements as an athletic training student must have an agreement. Credit and noncredit*

*athletic training clinical experiences or supplemental clinical experiences, including internships, must have affiliation agreements or memoranda of understanding.*

**Standard 23** The institution/program has written policies and procedures that ensure the rights and responsibilities of program students. These policies and procedures are available to the public and must include the following:

23A Academic dishonesty policy

- 23B Grievance policy
- 23C Matriculation requirements
- 23D Nondiscrimination policies
- 23E Policies for student withdrawal and refund of tuition and fees
- 23F Technical standards or essential functions

*Annotation: Policies and procedures may be institutional and not specific to the athletic training program.*

**Standard 24** Prospective and enrolled students are provided with relevant and accurate information about the institution and program. Available information must include the following:

- 24A Academic calendars
- 24B Academic curriculum and course sequence
- 24C Admissions process (including prerequisite courses)
- 24D All costs associated with the program, including (but not limited to) tuition, fees, refund policies, travel costs, and clothing
- 24E Catalogs
- 24F Criminal background check policies
- 24G Degree requirements
- 24H Financial aid
- 24I Grade policies
- 24J Immunization requirements
- 24K Information about clinical experiences, including travel expectations to clinical sites
- 24L Matriculation requirements
- 24M Nondiscrimination policies
- 24N Procedures governing the award of available funding for scholarships
- 24O Program mission, goals, and expected outcomes
- 24P Recruitment and admissions information, including admissions criteria, policies regarding transfer of credit, and any special considerations used in the process
- 24Q Technical standards or essential functions

*Annotation: Information may be institutional and not specific to the athletic training program.*

**Standard 25** The program posts data detailing its student achievement measures. • Program graduation rate

- Program retention rate
- Graduate placement

*Annotation: Data on the following student achievement measures (stated in Standard 5) for the past three years must be posted on, or directly linked from, the program's home page:*

- *First-time pass rate on the Board of Certification examination*

**Standard 26** Students are protected by and have access to written policies and procedures that protect the health and safety of clients/patients and the student. At a minimum, the policies and procedures must address the following:

- 26A A mechanism by which clients/patients can differentiate students from credentialed providers
- 26B A requirement for all students to have emergency cardiac care training before engaging in clinical experiences
- 26C Blood-borne pathogen protection and exposure plan (including requirements that students receive training, before being placed in a potential exposure situation and annually thereafter, and that students have access to and use of appropriate blood-borne pathogen barriers and control measures at all sites)
- 26D Calibration and maintenance of equipment according to manufacturer guidelines
- 26E Communicable and infectious disease transmission
- 26F Immunization requirements for students
- 26G Patient/client privacy protection (FERPA and HIPAA)
- 26H Radiation exposure (as applicable)
- 26I Sanitation precautions, including ability to clean hands before and after patient encounters

- 26J Venue-specific training expectations (as required)
- 26K Venue-specific critical incident response procedures (for example, emergency action plans) that are immediately accessible to students in an emergency situation

*Annotation: These policies and procedures pertain to all learning environments where students are involved in real or simulated client/patient care (including teaching laboratories). Inherent in the development of policies and procedures is the expectation that they are implemented.*

**Standard 27** The institution/program maintains appropriate student records in secure locations. Student records must include the following:

- 27A Program admissions applications
- 27B Progression through the curriculum
- 27C Disciplinary actions (if applicable)
- 27D Clinical placements
- 27E Verification of annual blood-borne pathogen training
- 27F Verification of compliance with the program's technical standards requirements
- 27G Verification of completed criminal background checks (if applicable)
- 27H Verification of privacy training (for example, HIPAA and FERPA, as applicable)
- 27I Verification of notification of communicable/infectious disease transmission policy and postexposure plan
- 27J Compliance with immunization policies
- 27K Verification that the program's students are protected by professional liability insurance

**Standard 28** Admission of students to the professional program is made in accordance with the program's identified criteria and processes, which are made publicly available.

*Annotation: Admissions criteria and processes must be consistently reported anywhere they are published.*

**Standard 29** The program ensures that each student is oriented to the policies and procedures of their clinical site.

*Annotation: Orientations must occur at the start of the experience and before a client/patient encounter at the site. The orientation for clinical experiences must include (but is not limited to) the following:*

- *Critical incident response procedures (for example, emergency action plans)*
- *Blood-borne pathogen exposure plan*
- *Communicable and infectious disease policies*
- *Documentation policies and procedures*
- *Patient privacy and confidentiality protections*
- *Plan for clients/patients to be able to differentiate practitioners from students*
- *The orientation for other clinical education opportunities that involve client/patients may vary based on the nature of the experience.*

**Standard 30** Educational opportunities and placements are not prejudicial or discriminatory

**Standard 31** Athletic training clinical experiences are supervised by a preceptor who is an athletic trainer or a physician.

*Annotation: Note that supplemental clinical experience opportunities involve other health care providers as preceptors, but these opportunities would not fulfill clinical experience requirements as defined in Standards 56 through 94.*

**Standard 32** Regular and ongoing communication occurs between the program and each preceptor.

*Annotation: All parties are informed about the program framework, individual student needs, student progress, and assessment procedures. The regularity and nature of communication is defined by the program.*

**Standard 33** All active clinical sites are evaluated by the program on an annual basis.

*Annotation The program determines the nature and components of the evaluation. These sites include those at the sponsoring institution. Active clinical sites are those where students have been placed during the current academic year.*

**Standard 34** All program policies, procedures, and practices are applied consistently and equitably.

*Annotation: This standard provides a mechanism for programs to respond to inquiries about compliance with program policies. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.*

**Standard 35** Program policies, procedures, and practices provide for compliance with accreditation policies and procedures, including the following:

- Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status and current student achievement measures
- Timely submission of required fees and documentation, including reports of program graduation rates and graduate placement rates
- Timely notification of expected or unexpected substantive changes within the program and of any change in institutional accreditation status or legal authority to provide postsecondary education

*Annotation: Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.*

**Standard 36** The program/institution demonstrates honesty and integrity in all interactions that pertain to the athletic training program.

*Annotation: Programs are not required to submit initial evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will be dependent on the nature of the inquiry.*

**Standard 37** The program director is a full-time faculty member whose primary assignment is to the athletic training program. The program director's experience and qualifications include the following:

- An earned doctoral degree
- Contemporary expertise in the field of athletic training
- Certification and good standing with the Board of Certification
- Current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)
- Previous clinical practice as an athletic trainer
- Scholarship
- Previous full-time academic appointment with teaching responsibilities at the postsecondary level

*Annotation: The program director's faculty status, rights, and responsibilities are consistent with similar positions at the institution and provide appropriate program representation in institutional decisions. Any person who is employed as a program director in a CAATE-accredited program as of July 1, 2020, will remain eligible for employment as a program director at a CAATE-accredited institution without an earned doctoral degree.*

**Standard 38** The program director is responsible for the management and administration of the program. This includes the following responsibilities:

- Program planning and operation, including development of the framework
- Program evaluation
- Maintenance of accreditation
- Input into budget management
- Input on the selection of program personnel
- Input on the evaluation of program personnel

**Standard 39** The coordinator of clinical education is a core faculty member whose primary appointment is to the athletic training program and who has responsibility to direct clinical education. The coordinator of clinical education's experience and qualifications include the following:

- Contemporary expertise in athletic training
- Certification and good standing with the Board of Certification
- Possession of a current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)
- Previous clinical practice in athletic training

*Annotation: The title of this individual is determined by the institution, and the position should be consistent with the responsibilities of others at the institution who have similar roles. This individual is not the same person as the program director.*

**Standard 40** The coordinator of clinical education is responsible for oversight of the clinical education portion of the program. This includes the following responsibilities:

- Oversight of student clinical progression
- Student assignment to athletic training clinical experiences and supplemental clinical experiences
- Clinical site evaluation
- Student evaluation
- Regular communication with preceptors
- Professional development of preceptors
- Preceptor selection and evaluation

*Annotation: Communication with the preceptors includes familiarizing them with the program framework. Professional development of preceptors is specific to development of their role as preceptor.*

**Standard 41** Program faculty numbers are sufficient to meet the needs of the athletic training program and must include a minimum of three core faculty.

*Annotation: Program faculty may include core faculty, associated faculty, and adjunct faculty. The needs of the program include advising and mentoring students, meeting program outcomes, scholarship, program administration, recruiting and admissions, and offering courses on a regular and planned basis.*

*Programs are required to have sufficient numbers of faculty to meet the needs of the athletic training program by the date of the implementation of these standards. Compliance with the requirement that the program has a minimum of three core faculty is required after July 1, 2023.*

**Standard 42** The core faculty have contemporary expertise in assigned teaching areas, demonstrated effectiveness in teaching, and evidence of scholarship.

**Standard 43** The program director, coordinator of clinical education, and other core faculty have assigned load that is sufficient to meet the needs of the program.

*Annotation: Faculty may have other institutional duties that do not interfere with the management, administration, and delivery of the program. Assigned load must be comparable to other faculty with similar roles within the institution or at other peer institutions.*

**Standard 44** All faculty who instruct athletic training skills necessary for direct patient care must possess a current state credential and be in good standing with the state regulatory agency (in states where their profession is regulated). In addition, faculty who are solely credentialed as athletic trainers and who teach skills necessary for direct patient care must be BOC certified.

**Standard 45** Preceptors are health care providers whose experience and qualifications include the following:

- Licensure as a health care provider, credentialed by the state in which they practice (where regulated)
- BOC certification in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers
- Planned and ongoing education for their role as a preceptor
- Contemporary expertise

*Annotation: Preceptor education is designed to promote an effective learning environment and may vary based on the educational expectations of the experiences. The program must have a plan for ongoing preceptor training.*

**Standard 46** Preceptors function to supervise, instruct, and mentor students during clinical education in accordance with the program's policies and procedures. Preceptors who are athletic trainers or physicians assess students' abilities to meet the curricular content standards (Standards 56 through 94).

**Standard 47** The number and qualifications of preceptors are sufficient to meet the clinical education needs of the program.

**Standard 48** Program faculty and preceptors receive regular evaluations and feedback on their performance pertaining to quality of instruction and student learning.

*Annotation: This evaluation process should be incorporated into the assessment plan that is a component of the framework (see Standard 2). The program must determine the regularity with which faculty and preceptors are evaluated.*

**Standard 49** The program has a medical director who is actively involved in the program.

*Annotation: The medical director supports the program director in ensuring that both didactic instruction and clinical experiences meet current practice standards as they relate to the athletic trainer's role in providing client/patient care.*

**Standard 50** The program has administrative and technical support staff to meet its expected program outcomes and professional education, scholarship, and service goals.

**Standard 51** The available technology, the physical environment, and the equipment are of sufficient quality and quantity to meet program needs, including the following:

- 51A Classrooms and labs are of adequate number and size to accommodate the number of students, and they are available for exclusive use during class times.
- 51B Necessary equipment required for teaching a contemporary athletic training curriculum is provided.
- 51C Offices are provided for program staff and faculty on a consistent basis to allow program administration and confidential student counseling.
- 51D The available technology is adequate to support effective teaching and learning.

*Annotation: If a program incorporates remote learning or multi-campus locations, the evidence of compliance should describe how these standards are met at all locations.*

**Standard 52** The program's students have sufficient access to advising, counseling services, health services, disability services, and financial aid services.

*Annotation: Availability of student support services at remote locations (for example, during clinical experiences) must be comparable to those for students located on campus.*

**Standard 53** Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes.

*Annotation: Funding must be available for expendable supplies, equipment maintenance and calibration, course instruction, operating expenses, faculty professional development, and capital equipment.*

#### SECTION IV: CURRICULAR CONTENT

##### **Prerequisite Coursework and Foundational Knowledge**

**Standard 54** The professional program requires prerequisite classes in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level.

*Annotation: The program determines the classes that meets these standards and supports the program's curricular plan. Additional prerequisite coursework may be required as determined by the program.*

**Standard 55** Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

*Annotation Foundational knowledge areas can be incorporated as prerequisite coursework, as a component of the professional program, or both.*

**The professional program content will prepare the graduate to do the following:**

- **Core Competencies**
- **Core Competencies: Patient-Centered Care**

**Standard 56** Advocate for the health needs of clients, patients, communities, and populations.

*Annotation: Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.*

**Standard 57** Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

**Standard 58** Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

**Standard 59** Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.

**Standard 60** Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

#### **Core Competencies: Interprofessional Practice and Interprofessional Education**

**Standard 61** Practice in collaboration with other health care and wellness professionals.

#### **Core Competencies: Evidence-Based Practice**

**Standard 62** Provide athletic training services in a manner that uses evidence to inform practice.

*Annotation: Evidence-based practice includes using best research evidence, clinical expertise, and patient values and circumstances to connect didactic content taught in the classroom to clinical decision making.*

#### **Core Competencies: Quality Improvement**

**Standard 63** Use systems of quality assurance and quality improvement to enhance client/patient care.

#### **Core Competencies: Health Care Informatics**

**Standard 64** Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:

- Use data to drive informed decisions
- Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
- Maintain data privacy, protection, and data security
- Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)
- Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.

#### **Core Competencies: Professionalism**

**Standard 65** Practice in a manner that is congruent with the ethical standards of the profession.

**Standard 66** Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogen Standards
- Regulations pertaining to over-the-counter and prescription medications

**Standard 67** Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.

**Standard 68** Advocate for the profession.

*Annotation: Advocacy for the profession takes many shapes. Examples include educating the general public, public sector, and private sector; participating in the legislative process; and promoting the need for athletic trainers.*

#### **Patient/Client Care**

## Care Plan

**Standard 69** Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- Assessment of the patient on an ongoing basis and adjustment of care accordingly
- Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
- Consideration of the patient's goals and level of function in treatment decisions
- Discharge of the patient when goals are met or the patient is no longer making progress
- Referral when warranted

## Examination, Diagnosis, and Intervention

**Standard 70** Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
- Drug overdose (including administration of rescue medications such as naloxone)
- Wounds (including care and closure)
- Testicular injury
- Other musculoskeletal injuries

**Standard 71** Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
  - Cardiovascular system (including auscultation)
  - Endocrine system
  - Eyes, ears, nose, throat, mouth, and teeth
  - Gastrointestinal system
  - Genitourinary system
  - Integumentary system
  - Mental status
  - Musculoskeletal system
  - Neurological system
  - Pain level
  - Reproductive system
  - Respiratory system (including auscultation)
  - Specific functional tasks
  - Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

**Standard 72** Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

**Standard 73** Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

**Standard 74** Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.

**Standard 75** Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

**Standard 76** Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:

- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
- Re-examination of the patient on an ongoing basis
- Recognition of an atypical response to brain injury
- Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
- Return of the patient to activity/participation
- Referral to the appropriate provider when indicated

**Standard 77** Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate.

*Annotation: These behavioral health conditions include (but are not limited to) suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders.*

**Standard 78** Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- Durable medical equipment
- Orthotic devices
- Taping, splinting, protective padding, and casting

### **Prevention, Health Promotion, and Wellness**

**Standard 79** Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:

- Adrenal diseases
- Cardiovascular disease
- Diabetes
- Neurocognitive disease
- Obesity
- Osteoarthritis

**Standard 80** Develop, implement, and assess the effectiveness of programs to reduce injury risk.

**Standard 81** Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

**Standard 82** Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.

**Standard 83** Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.

**Standard 84** Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.

**Standard 85** Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.

**Standard 86** Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.

**Standard 87** Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.

### **Health Care Administration**

**Standard 88** Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:

- Strategic planning and assessment
- Managing a physical facility that is compliant with current standards and regulations
- Managing budgetary and fiscal processes
- Identifying and mitigating sources of risk to the individual, the organization, and the community
- Navigating multipayor insurance systems and classifications
- Implementing a model of delivery (for example, value-based care model)

**Standard 89** Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

**Standard 90** Establish a working relationship with a directing or collaborating physician.

*Annotation: This standard is specific to preparing an athletic trainer to fulfill the Board of Certification Standards of Professional Practice, specifically Standard 1, "The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations."*<sup>1</sup>

**Standard 91** Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

*Annotation: Examples of daily operation policies include pharmaceutical management, physician referrals, and inventory management.*

**Standard 92** Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

**Standard 93** Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- Education of all stakeholders
- Recognition, appraisal, and mitigation of risk factors
- Selection and interpretation of baseline testing
- Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation

**Standard 94** Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.

## Glossary

- **Academic year:** Customary annual period of sessions at an institution. The academic year is defined by the institution.
- **Action plan** for correction of BOC examination pass-rate deficiency:
  - A. A review and analysis of the program's previously submitted action plans. This should include
    1. any assessment data used to evaluate the previous action plan,
    2. a discussion of strategies that have and have not worked, and
    3. any revisions that have been made to the previous action plan based on subsequent assessment data.
  - B. Analysis of the program's current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
    1. the number of students enrolled in the program in each of the past three years,
    2. the number of students who have attempted the exam in each of the past three years,
    3. the cohort-by-cohort first-time pass rate for each of the past three exam cohorts, and
    4. the three-year aggregate first-time pass rate for each of the past three years.
  - C. Projection for the program's anticipated exam outcomes for next year.

This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first-time pass rate in the next year. The analysis must include

    1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
    2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
    3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
    4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.
  - D. The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include
    1. developing targeted goals and action plans to achieve the desired outcomes,
    2. stating the time lines for reaching the outcomes, and
    3. identifying the person or persons responsible for each element of the action plan.
    4. updating the elements of the action plan as they are met or as circumstances change.
- **Adjunct faculty:** Individuals contracted to provide course instruction on a full-course or partial-course basis but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.
- **Affiliation agreement:** A formal agreement between the program's institution and a facility where the program wants to send its students for course-related and required off-campus clinical education. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. *See also* Memorandum of understanding.
- **Assessment plan:** A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of clinical education, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the framework.
- **Associated faculty:** Individuals with a split appointment between the program and another institutional entity (for example, athletics, another program, or another institutional department). These faculty members may be evaluated and assigned responsibilities by multiple supervisors.
- **Athletic trainers:** Health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.

- Athletic training clinical experiences: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. *See also* Clinical education.
- Biometrics: Measurement and analysis of physical characteristics and activity.
- Clinical education: A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences.
- Clinical site: A facility where a student is engaged in clinical education.
- Contemporary expertise: Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.
- Core faculty: Faculty with full faculty status, rights, responsibilities, privileges, and college voting rights as defined by the institution and who have primary responsibility to the program. These faculty members are appointed to teach athletic training courses, advise, and mentor students in the athletic training program. Core, full-time faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed.
- Durable medical equipment: Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.
- Electronic health record: A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.
- Evidence-based practice: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.<sup>3</sup>
- Faculty: *See* Adjunct faculty; Associated faculty; Core faculty.
- First-time pass rate on the Board of Certification examination: The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.
- Foundational knowledge: Content that serves as the basis for applied learning in an athletic training curriculum.
- Framework: A description of essential program elements and how they're connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan (including goals and outcome measures).
- Goals: Specific statements of educational intention that describe what must be achieved for a program to meet its mission.
- Graduate placement rate: Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.
- Health care providers: Individuals who hold a current credential to practice the discipline in the state 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.

- Health care informatics: The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.<sup>4</sup>
- Health literacy: The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.<sup>5</sup>
- Immersive clinical experience: A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.
- International Classification of Functioning, Disability, and Health (ICF): A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.<sup>6</sup>
- Interprofessional education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.<sup>7</sup>
- Interprofessional practice: The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.
- Medical director: Currently licensed allopathic or osteopathic physician who is certified by an ABMS- or AOA-approved specialty board and who serves as a resource regarding the program's medical content.
- Memorandum of understanding: Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.
- Mission: A formal summary of the aims and values of an institution or organization, college/division, department, or program.
- Outcomes: Indicators of achievement that may be quantitative or qualitative.
- Patient-centered care: Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.<sup>8</sup>
- Physician: Health care provider licensed to practice allopathic or osteopathic medicine.
- Physiological monitoring systems: Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.
- Preceptor: Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be athletic trainers or physicians.
- Professionalism: Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through delivery of patient-centered care, participation as a member of an interdisciplinary team, commitment to continuous quality improvement, ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.<sup>9</sup>
- Professional preparation: The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.
- Professional program: The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two academic years.
- Professional socialization: Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.<sup>10</sup>
- Program graduation rate: Measures the progress of students who began their studies as full-time degree-seeking students by showing the percentage of these students who complete their degree within 150% of "normal time" for completing the program in which they are enrolled. Programs must post the following data for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.
- Program personnel: All faculty (core, affiliated, and adjunct) and support staff involved with the professional program.

- Program retention rate: Measures the percentage of students who have enrolled in the professional program who return to the institution to continue their studies in the program the following academic year. Programs must post the following data for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.
- Quality assurance: Systematic process of assessment to ensure that a service is meeting a desired level.
- Quality improvement: Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups.<sup>11</sup> Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and
- simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.<sup>12</sup>
- Scholarship: Scholarly contributions that are broadly defined in four categories.<sup>13</sup>
- *Scholarship of discovery* contributes to the development or creation of new knowledge.
- *Scholarship of integration* contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
- *Scholarship of application/practice* applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
- *Scholarship of teaching* contributes to the development of critically reflective knowledge associated with teaching and learning.
- Simulation: An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.<sup>14</sup> *See also* Clinical education.
- Social determinants of health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.<sup>15</sup>
- Socioeconomic status: The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.<sup>16</sup>
- Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.
- Supplemental clinical experiences: Learning opportunities supervised by health care providers other than athletic trainers or physicians. *See also* Clinical education.
- 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.
- Value-based care models: Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach.<sup>17</sup> CAATE 2020 Professional Standards 22

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## **Appendix E**

### **Application for Admission**

Athletic Training Education Program  
Department of Health, Exercise Science, and Secondary Education  
Lee University  
Application for Admission

Regardless of if you're entering into a January or June cohort and meet all of the following criteria, you may apply for regular admission to the Athletic Training Education Program and will be considered equitably. In the event a student is denied admission into the program for the June or January admission cycle, they are free to re-apply for the next admission cycle and will be considered equitably with all applicants.

All applicants need the following when applying within the ATCAS (Athletic Training Centralized Application Service). All application materials will be submitted online at: <http://atcas.liasoncas.org/>

In order to be considered as a candidate for the Master of Science in Athletic Training, each student must meet the following requirements:

- Complete basic application on ATCAS
- Hold a bachelor's degree from a regionally-accredited college or university with a cumulative GPA of 3.0. (See below for alternative GPA criteria)
- Hold a certification in appropriate Health Care Provider education (e.g. American Red Cross, American Heart Association, etc.).
- Accumulate approximately 50 hours with 1 or more Athletic Trainers with appropriate state and national licensures.
- Meet required prerequisites course work. (see application policy on page 15)
- Submit official transcripts
- Three letters of recommendation
- Complete graduate essay (instructions in "documents" section of ATCAS)

Application Process:

- Complete the application on ATCAS
- Have three professionals (at least one ATC) complete a Recommendation for Admission form and attach both forms.\*
- Submit official copies of your transcripts from all colleges attended or ensure all transcripts are verified through ATCAS.
- Compose a typewritten essay regarding your interest in athletic training as a career. Feel free to include things such as your reasons for pursuing athletic training, why you chose the athletic training program at Lee University, or where you want go with your chosen career.

The MSAT admission committee will consider each application based on the previously stated criteria and prospective students will be invited for an in-person or virtual interview prior to admission decisions being granted.

## **APPEALING FOR FULL ADMISSION**

### **GPA consideration:**

Students not meeting the cumulative 3.0 GPA program requirement may still be fully accepted to the MSAT program upon a successful appeal to the MSAT Admission Committee. No candidate may appeal with unless they have one of the following:

1. A GPA of 3.0 or greater in final 60 credit hours of major course work, or
2. A GPA between 2.75 & 2.99 with a Graduate Record Examination (GRE) score of at least a 144V and 146Q.

A formal letter of appeal with accompanying documentation is required to be submitted to the Program Director for consideration.

### **Pre-requisite consideration:**

Students lacking a single pre-requisite course for admission may appeal to be fully accepted into the MSAT. A formal letter of appeal with accompanying documentation is required to be submitted to the Program Director for consideration. The student must complete the pre-requisite course prior to the start of their first semester or during the first semester in which they are admitted into the MSAT. Failure to pass the pre-requisite course during the first semester with a grade of C or higher may result in dismissal of the program. Proof of course completion and grade must be provided to the Program Director prior to the beginning of the subsequent semester.

### **Provisional Admission for students not meeting GPA criteria.**

Students who have not achieved a GPA of 2.75 may be accepted into the MSAT on a provisional period based on the discretion of the acceptance committee.

- Academic Provision: Students with a GPA under 2.75 on a 4.0 scale (or appropriate equal standard) may be admitted into the MSAT for a 1 semester probationary period. Each student's acceptance status will be reevaluated at the end of the first semester in the program. Failure to obtain a 3.0 GPA in either of the first 2 semesters may result in dismissal from the program.

### **Provisional Review**

Provisional students will be reevaluated at the end of each semester. The student will meet with the PD at the mid-point and 2-weeks prior to the end of the semester to discuss status. PD will provide probationary student with feedback concerning their progress or lack thereof. PD can decide to continue probationary status for a maximum of one academic year based on start date (June or January). If PD decides to keep probationary status for the student, written feedback and expectations for the next semester will be provided.

Appeal Process to Probationary Status – If a student disagrees with the PD on remaining on Provisional status, the student can appeal to the Acceptance Committee (PD, CC, Chair of the Department, and MSAT Medical Director). If student is still dissatisfied with the decision, the student can make a final appeal to the Dean of the College of Education. The Dean's decision will be final.

## Appendix F

### FINGERPRINTING AND BACKGROUND CHECK Athletic Training Education Program

Prior to beginning their clinical rotation, Tennessee law requires that all students must first be fingerprinted and have a background check. This must be completed before admittance to the Athletic Training Education Program. Additionally, students are responsible for the cost of the background check and fingerprinting.

Here is the procedure:

Call the following number to register to be finger printed: 1-855-226-2937 or go to [www.L1enrollment.com](http://www.L1enrollment.com). Click on the Tennessee map – click on state fingerprinting – select non-DCS childcare/adoption provider – select Childcare-Related Worker (private) - provide the ORI number below-and go from there.

You will be asked for your ORI number – this is a code that will insure that your report will be sent to Lee University. **The Lee University ORI number is: TNCC06012.**

If you are asked for a Transaction Type or Transaction Number, use the code “DP” which indicates you are a university student.

When you are asked for the agency, indicate “Applicant Pay” since you are responsible for the cost. Applicants may pay for the transaction by debit or credit card by calling 1-855-226-2937 OR at [www.L1enrollment.com](http://www.L1enrollment.com).

**The cost of a background check is between \$50-75.**

Typically, the results should be received by Lee University in 10 business days. Please complete the procedure at least two weeks before you wish to be admitted to the Athletic Training Education Program. This time frame will allow sufficient time for the Athletic Training Education Office to process your complete application.

To find places to have your electronic fingerprints taken click on [www.L1enrollment.com](http://www.L1enrollment.com) and enter your zip code below "Find the nearest Identogo center" this will bring up a list of centers closest to your location.

## Appendix G

### STUDENT ATHLETIC TRAINER CONFIDENTIALITY AGREEMENT

Whereas, \_\_\_\_\_, hereinafter referred to as “**Student Athletic Trainer**” is enrolled in the Athletic Training Education Program at Lee University in the Department of Athletics; and

Whereas, because of the Athletic Training Student’s position in the above mentioned department, the Student Athletic Trainer is exposed to certain confidential information and/or other information regarding the Patients Medical Records and/or regarding the overall operations of the department that are of a highly confidential nature; and

Whereas, the Athletic Training Student’s has either been given this information in his or her position as an Employee and/or will be given certain information in his or her position as a Student Athletic Trainer of Lee University; and

Whereas, as an additional condition to this Athletic Training Student’s continued employment and as a part of the consideration for being an employee of Lee University and receiving compensation of various sorts from Lee University, the Student Athletic Trainer agrees that upon termination of his or her association with Lee University that the he/she shall deliver to Lee University any and all notes, records, memoranda, and/or other papers relative to Lee University’s operations and/or the specific departments operations that are of a confidential nature; and

Whereas, the Athletic Training Student further agrees not to divulge or pass on any of this confidential information to any other school, university, and/or other individual or entity for any reason without the prior written consent of Lee University; this being for the purpose of maintaining the confidentiality of information and

Whereas, the Athletic Training Student understands and agrees that to divulge any confidential information that this Athletic Training Student has and/or is aware of may result in a formal reprimand being placed in the Athletic Training Student’s file and/or may result in employment termination depending upon the specific fact circumstances and specific case; and

Whereas, all parties understand and agree that this document is executed for the purpose of furthering the educational goals and/or objectives and/or the spiritual goals and/or objectives of Lee University, its employees and/or students.

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Signature

Date

## **Appendix H**

### **Technical Standards for Admission**

The Athletic Training Educational Program at Lee University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. These technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer as well as meet the expectations of the program's accrediting agency, CAATE.]).

All students admitted to the Athletic Training Educational Program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student may not be able to progress through the program. **Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.**

Candidates for selection to the Athletic Training Educational Program must demonstrate:

1. Mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. A combination of strength, dexterity, mobility, and coordination, sufficient postural and neuromuscular control, sensory function, and coordination to provide safe, quality care in performing standard tasks and perform appropriate physical examinations using accepted techniques and administering necessary medical treatments, accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients and respond rapidly to meet patient and situational needs;
3. Ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;
4. Ability to record the physical examination results and a treatment plan clearly and accurately;
5. Capacity to maintain composure and continue to function well during periods of high stress;

6. Perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced;
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Following admission into the program, students will be made aware of the policies and procedures associated with the Technical Standards document during the program orientation. MSAT students will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. The Disability Services Program will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

## Technical Standards Signature Page

Please read and sign **one** of the following certifications.

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

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Appendix I

### POLICY AND PROCEDURE AGREEMENT FORM

Please read the following carefully in the Lee University Athletic Training Student Handbook and check the appropriate column:

By stating “Yes” you are agreeing with and willing to abide by the stated requirements, policies and procedures found within each section of the handbook.

	Yes	No
Student Received access to Handbook on-line		
Competitive Admission policies		
Conduct & Dress policies		
Retention, continuation, completion policies		
Suspension & Grievance policies		
Communicable disease policy		
Completion/Endorsement policy		

Student should be aware that he/she shall abide by the course outline as indicated for timely graduation. Any aberrance to follow the course outline due to extracurricular involvements or lack of proper time management may yield in extension of the time for graduation or probation from the program. I understand my clinical rotations may exceed into my traditional “break” sessions. I understand my clinical rotations must be a priority above my extracurricular and employment opportunities.

I am aware that travel to my clinical sites is my financial responsibility (e.g. gas, vehicle maintenance etc).

I have read and understood thoroughly the Policy and Procedure Agreement Form and I agree to abide by the rules and regulation hence set forth.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Appendix J

### HEPATITIS A & B IMMUNIZATION

Athletic training students are, through specified course work and clinical experiences, are preparing for their profession. As with any health care professional preparation, there comes with patient contact during clinical education a risk of coming in contact with blood and other body fluids that may or may not be contaminated. Athletic trainers adhere to OSHA Universal Precautions which are designed to minimize the risk of contamination. Athletic Training Students will learn the risks and hazards of contamination with Hepatitis. There is, however, a risk of exposure to blood and body fluid borne pathogens and all athletic training students are required to complete the Hepatitis B series or sign a waiver declining the immunization and encouraged to receive the Hepatitis A immunization. These are available all students at Lee University through the university's Health Services.

The decision to be immunized against Hepatitis A is entirely up to each Athletic Training Student. All applicants to the MSAT at Lee University are required to complete and submit the Hepatitis A and B Immunization Form with the application for admittance to the program.

I, (print name) \_\_\_\_\_,  
have completed / will complete (circle one) the Hepatitis B series by (date) \_\_\_\_\_.

I, (print name) \_\_\_\_\_  
accept / decline (circle one) the Hepatitis A immunization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



### IMMUNIZATION WAIVER FOR RELIGIOUS REASONS

Lee University adheres to the guidelines set forth by the Centers for Disease Control and the Academy for Immunization Practices that relate to childhood and adult immunizations. Lee University also abides by the laws set forth by the state of Tennessee that stipulate which immunizations are required for admission to all schools of higher education in the state of Tennessee.

All new enrollees to Lee University are required to show written proof of having two vaccinations of Measles, Mumps, and Rubella (MMR), as well as written proof of two vaccinations of Varicella (chicken pox). Also acceptable for Chicken Pox is documentation from a licensed medical practitioner of having had the disease. This documentation is required to be submitted before registration.

Lee University allows for refusal of these immunizations due to religious reasons. However, if an outbreak of a contagious disease should occur on campus, students who have not been vaccinated will be restricted from attending classes or campus functions until the outbreak subsides.

**UNDER PENALTY OF PERJURY, I AFFIRM MY REQUEST FOR EXEMPTION OF THESE IMMUNIZATIONS FOR RELIGIOUS REASONS. (Must be signed in the presence of a Notary)**

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ (SIGNATURE OF PARENT OR GUARDIAN IF STUDENT IS UNDER 18 YEARS OLD)

SWORN AND SUBSCRIBED TO ME THIS \_\_\_\_\_ OF \_\_\_\_\_ 20 \_\_\_\_\_

NOTARY SIGNATURE: \_\_\_\_\_

COMISSION EXPIRES: \_\_\_\_\_ **SEAL:** \_\_\_\_\_



## IMMUNIZATION WAIVER

### MEDICAL EXEMPTION

Tennessee State law requires that all newly enrolled students to an institution of higher education be vaccinated against Measles, Mumps, and Rubella prior to admission if born on or after January 1, 1957.

Beginning July 1, 2011, all newly enrolled students to an institution of higher education, born after January 1, 1980 will be required to submit proof of immunization against chicken pox (varicella), or to show official documentation of proof that he/she has had the disease.

A practicing licensed physician can grant a medical waiver for either or both of these immunizations when:

- The student meets the criteria of contraindication published in the manufacturers literature
- The students meets the criteria for contraindication established by the Centers for Disease Controls or ACIP
- In the professional judgment of the physician, the student's medical condition, medical history, or the risk of potential harm exists, and any or all of these outweigh the expected benefit

**AS A LICENSED MEDICAL PRACTITIONER, I DO CERTIFY THAT THE FOLLOWING APPLICANT HAS A MEDICAL CONTRAINDICATION FOR RECEIVING THE LISTED VACCINE(S).    \_\_\_ MMR    \_\_\_ VARICELLA**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

PRINTED NAME OF PHYSICIAN: \_\_\_\_\_

ADDRESS OF PHYSICIAN: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DATE: \_\_\_\_\_

## **Appendix K**

### **Primary, Affiliated, and Allied Site Policy and Procedures**

Policies and procedures associated with all clinical sites utilized by the Lee University MSAT can be found in the clinical site's associated page on ATrack.