

Master of Science in Athletic Training

MSAT

Athletic Training Program

Professionalism, Integrity, Accountability



UNCG

Student Handbook

2018-2019

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INTRODUCTION

This handbook has been prepared for the purpose of defining, instituting, and managing an effective Athletic Training (AT) Program at The University of North Carolina at Greensboro. The purpose of this handbook is to inform athletic training students, faculty, and clinical instructional staff of the policies and procedures governing the Entry-level Master of Science in Athletic Training (MSAT) degree, also known as the AT Program.

All appropriate constituents will be informed of any changes to policies and procedures housed within this document. Any questions regarding the contents of this document should be directed to the Program Director.

DECLARATION OF UNDERSTANDING

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

Athletic Training Student Signature

Date

PROFESSIONAL CONDUCT AND CONFIDENTIALITY AGREEMENT*

My signature below indicates that I, as an athletic training student at UNCG, in compliance with HIPAA, FERPA, and the NATA Code of Ethics, recognize that I have an obligation to myself, the patients I treat, the clinical instructional staff, and UNCG as a whole to maintain patient confidentiality. This includes withholding any information from anyone, other than my immediate supervisors or other appropriate medical health professionals, that I acquire professionally or socially which is considered professionally confidential. The unique opportunity that I have been offered to observe and participate as a student in a professional health care environment will be jeopardized if I violate this confidentiality. I also understand that I represent The University of North Carolina at Greensboro at all times, and, as a result, I will conduct myself in a professional manner. I understand that if I fail to abide by this professional conduct statement and statutes included in the NATA Code of Ethics and the North Carolina State Practice Act, I am aware of the consequences that I will incur and accept that penalty.

Athletic Training Student Signature

Date

Please return to the Program Director

Students who do not submit both signatures on this form to the Program Director by will be removed from all clinical responsibilities until the signed document is returned.

**adapted from Duquesne University Athletic Training Education Program*

GENERAL INFORMATION

*"Knowledge emerges only through invention and re-
invention..."*

Paulo Freire

MISSION STATEMENT

The mission of Athletic Training (AT) program is to integrate evidence based education and practice to develop clinicians capable of advancing the quality of healthcare for athletes and physically active individuals.

PROGRAM GOALS & OBJECTIVES

Program Effectiveness

Goal #1. AT students will become competent and skilled Certified Athletic Trainers.

Objective 1. UNCG's first time pass rate on the BOC Examination will exceed the national average and the minimal pass rate set by the CAATE.

Objective 2. Each Cohort's first time pass rate on the BOC Examination will exceed the minimal pass rate set by The CAATE.

Objective 3. UNCG's overall pass rate on the BOC Examination will exceed the national average (regardless of the number of attempts).

Goal #2. UNCG will succeed in retaining and graduating students admitted to the AT Program.

Objective 1. UNCG's retention rate will exceed 80%.

Objective 2. UNCG's graduation rate will exceed 80%.

Goal #3. UNCG AT students will be hired in athletic training positions, and employers will be satisfied with UNCG graduates' performance.

Objective 1. UNCG students will be hired as athletic trainers.

Objective 2. Employers will be satisfied with UNCG graduates' performance in the practice areas of athletic training.

Objective 3. Employers will be satisfied with UNCG graduates' professional behaviors and qualities.

Objective 4. Employers will be satisfied enough with UNCG graduates as employees, satisfied with UNCG graduates' performance compared to other entry-level ATs, and satisfied with UNCG graduates' performance that they would be willing to hire another UNCG AT graduate.

Goal #4. UNCG will provide a current curriculum that meets the educational and preparational needs of students and alumni of the program.

Objective 1. Students will rate the quality of course content, clinical exposures, and preparation for the BOC certifying examination between good and excellent.

Objective 2. UNCG Faculty and Preceptors will review outcomes at a Retreat to formulate plans for revising the Program.

Objective 3. Alumni will rate their satisfaction between good and excellent on preparation for the BOC certifying examination, professional preparation, academic preparation, and clinical preparation.

Student Learning Goals

Goal #1. AT students will demonstrate entry-level competence for patient care and clinical decisions on body regions, patient populations, and clinical settings.

Objective 1. AT students will demonstrate competence on the BOC Examination by scoring at or above the National average in the practice domains of athletic training.

Objective 2. AT students will perform at or above entry-level competence in making patient care decisions in the unique context of college/university, high school, and rehabilitation intensive settings.

Objective 3. AT students will perform at or above entry-level competence in making patient care decisions for the unique needs of male, female, and lay populations.

Objective 4. AT students will perform at or above entry-level competence in making patient care decisions in upper extremity, lower extremity, and equipment intensive clinical experiences.

Objective 5. AT students will perform at or above entry-level competence in rehabilitating an injured athlete during their clinical integrated rehabilitation capstone experience.

Objective 6. AT students will perform at or above entry-level quality in displaying professional behaviors with patient care.

Goal #2. AT students will be able to critically analyze the athletic training body of knowledge and interpret its impact on the profession.

Objective 1. Students will perform at or above entry-level competence in presenting a scientific article by clearly outlining the study (rationale, methods, results, discussion) and discussing the clinical implications of the journal article.

Objective 2. AT students will perform at or above entry-level competence in presenting their clinical integrated rehabilitation capstone by clearly outlining the literature, goals, and patient outcomes related to their rehabilitation.

Goal #3. AT students will perform the majority of their clinical rotation objectives on real-life patients.

Objective 1. AT students will perform at least half of each clinical rotation objectives on real-life patients.

Objective 2. When examined as a whole, AT students will have an 80% average for performing all clinical rotation objectives on real-life patients.

Quality of Instruction:

Goal #1. The instruction of athletic training courses will promote AT students performing at a high academic level for course work associated with the educational domains of athletic training.

Objective 1. The instruction associated with athletic training courses will be high quality, allowing students to achieve letters grades of A and B.

Objective 2. The instruction associated with athletic training courses will be high quality, allowing students to achieve GPAs greater than 3.0.

Goal #2. The instruction of athletic training courses will be rated as high quality by the AT students for course work associated with the educational domains of athletic training.

Objective 1. The instruction associated with athletic training courses in educational domains 1, 2, and 3 of athletic training will be rated as good to excellent.

Objective 2. The instruction associated with athletic training courses in educational domains 4, 5, and 6 of athletic training will be rated as good to excellent.

Objective 3. The instruction associated with athletic training courses in educational domains 7, 8, and 9 of athletic training will be rated as good to excellent.

Goal #3. The instruction by preceptors and the educational opportunities at clinical sites will be rated as high quality.

Objective 1. The instruction provided by PRECEPTORS will be rated as good to excellent.

Objective 2. The educational opportunities at clinical sites will be rated as good to excellent.

ACCREDITATION STATUS

The AT Program earned initial accreditation from the Commission on Accreditation of Allied Health Education Professions (CAAHEP) in April 2003 and was granted continuing accreditation status in January 2004. The new accrediting agency for the AT Program is the Commission on Accreditation of Athletic Training Education (CAATE) effective July 1, 2006. The AT Program is fully accredited by the CAATE and completed a continuing accreditation site visit during the Fall 2017 semester and was granted continuing accreditation through 2027. Students graduating from the CAATE accredited program are eligible to sit for the National Athletic Trainers' Association Board of Certification (BOC) examination.

PROGRAM PERSONNEL

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Foundational Behaviors of Professional Practice

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

Primacy of the Patient

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

Team Approach to Practice

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

Legal Practice

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

Ethical Practice

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

Advancing Knowledge

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

Cultural Competence

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

Professionalism

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

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TECHNICAL STANDARDS

History and Rationale for Technical Standards

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

Under the Americans with Disabilities Act, Title II and Title III are applicable to students with disabilities and their requests for accommodations. Title II covers state colleges and universities. Title III pertains to private educational institutions; it prohibits discrimination based on disability in places of “public accommodation,” including undergraduate and postgraduate schools. Given the intent of Section 504 and the ADA, the development of standards of practice for a profession, and the establishment of essential requirements to the student’s program of study, or directly related to licensing requirements, is allowable under these laws. In applying Section 504 regulations, which require individuals to meet the “academic and technical standards for admission,” the Supreme Court has stated that physical qualifications could lawfully be considered “technical standard(s) for admission.”

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

The following Guidelines embody the physical, cognitive, and attitudinal abilities an Entry-Level Athletic Trainer must be able to demonstrate in order to function in a broad variety of clinical situations; and to render a wide spectrum of care to athletes and individuals engaged in physical activity. The Guidelines serve to recognize abilities essential to the development of these Entry-Level abilities. Further, the Guidelines reflect the necessary and required skills and abilities identified for the Entry-Level Athletic Trainer as detailed in the NATA Athletic Training Educational Competencies and the BOC, Inc., Role Delineation Study.

TECHNICAL STANDARDS

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

In the event a student is unable to fulfill these technical standards, the student will not be admitted into the program or be allowed to remain enrolled in or graduate from the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

To be admitted or to maintain enrollment in the AT Program, the student must demonstrate:

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

Candidates for selection to the athletic training educational program are required to verify they understand and meet these technical standards and that they believe that, with or without reasonable accommodations,¹ they can meet the standards.

If a student's ability to meet the standards changes while enrolled in the program, as deemed by the program director, a hearing with the student, the program director, an additional faculty member and a representative from the Office of Accessibility, Resources and Services will be held to determine the best course of action.

The Office of Accessibility, Resources and Services will coordinate medical documentation and evaluation of a student who states he/she could meet the program's technical standards with accommodation. The student must provide appropriate medical documentation of a qualified disability and properly request a reasonable accommodation pursuant to applicable laws. If the stated condition is a qualified disability, the University will confer with the student and appropriate medical professionals to identify possible reasonable accommodations and determine whether the student can meet the technical standards with a reasonable accommodation. The accommodation shall not jeopardize clinician/patient safety, or the educational process of the student or the University, including all coursework, clinical experiences and internships deemed essential to graduation.

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

Signature of Applicant _____

Date _____

¹ Reasonable accommodations are designed to ensure that the student has equal access to the program and they in no manner may jeopardize clinician/patient safety, the educational process of the student or institution, including all coursework, clinical experiences and internships deemed essential to graduation.

**GENERAL
ACADEMIC
POLICIES
&
PROCEDURES**

*“Be kind, for everyone you meet is fighting a
hard battle”
-Plato*

APPLICATION & ADMISSION PROCEDURES

The Department of Kinesiology offers the MSAT degree, which is designed to prepare persons to sit for the National Athletic Trainers' Association Board of Certification (BOC) Examination and earn the credentials as a Certified Athletic Trainer (ATC).

Application Requirements

In addition to the admission requirements set forth by The Graduate School, applicants to the AT Program must also complete and submit appropriate application forms to the AT Program Director and the Department of Kinesiology. The following requirements are mandatory for admission eligibility and consideration and must be verifiable during the application process:

1. Completion of a Baccalaureate degree program from a nationally recognized accredited University.
2. A minimum GPA of 3.0 in previous college and university coursework.
3. Satisfactory score (a minimum of 150 or 50th percentile on both verbal and quantitative sections) on Graduate Record Exam (GRE) taken within five years.
4. Satisfactory completion (C or better) of the following pre-requisite coursework (course syllabi must be submitted to the Program Director with the application):
 - Human Anatomy (lecture and lab)

Minimum content requirements: Human anatomy with study of skeletons, models, and anatomical preparations.

- Human Physiology (lecture and lab)

Minimum content requirement: Human physiology with emphasis on homeostatic mechanisms

- Exercise Physiology

Minimum content requirement: Understanding of factors affecting the physiological function of the body related to exercise and physical performance. Laboratory provides experiences in evaluating these physiological factors.

- Biomechanics/Kinesiology

Minimum content requirement: Anatomical and mechanical bases of physical activity with emphasis on the analysis of sport and exercise skills.

- Nutrition

Minimum content requirement: Basic principles of human nutrition with emphasis on the nutrients and factors which affect their utilization in the human body.

5. A minimum of 200 hours of clinical observation/experience under a Certified Athletic Trainer within 2 years prior to program application. Documentation of clinical hours must be verifiable on the official AT Program application.
 - Please note that hours obtained under the supervision of a Physical Therapist do NOT count unless the individual is dual credentialed as an ATC/PT.
 - International students who do not have access to an AT who is certified by the BOC in their home country are encouraged to move to the United States and complete their hours prior to applying to the program.
6. Completion of the official AT Program Application Packet.

Application Process

Students apply for summer admission with classes beginning in May or June. **The application deadline is January 15 of each calendar year.** Applications may be accepted after the January 15th deadline; however, candidates are at a competitive disadvantage after this time. Only complete applications will be reviewed. Missing information will cause a delay in processing the application and will affect the applicant's status. The application process is a three-fold process with information being sent to the:

1. Graduate School
2. The Department of Kinesiology
3. The AT Program Director

In addition, qualified candidates are required to participate in an on-campus interview at their own expense. Only qualified candidates will be invited to interview after the January 15th deadline. However, any candidate may choose to visit/interview at UNCG during designated visitation days during the fall to facilitate a quicker decision in January.

Admission Criteria

Application to the AT Program is highly competitive. The AT Student Admission Committee (comprised of at least two full-time or adjunct athletic training faculty members) reviews the credentials of each applicant. Final selection is based on many factors, including satisfactory evidence of completed pre-requisites, previous academic performance, prior clinical and allied health experiences, goals statement, quality of recommendations, on-site interview, and the number of students already enrolled in the athletic training program. No single admission criterion has a decisive influence on the applicant's acceptability, and exceptions to the requirements can be made on recommendation of the committee and approval of the Graduate School. Admission to the AT Program is NOT guaranteed simply upon satisfactory completion of all program pre-requisite requirements. The number of students admitted into the program varies from year-to-year, with the number of students selected ranging from 10-14 annually.

Notification of Admission

Students are notified, in writing, of the outcome of their application in the mid to late spring for matriculation in the upcoming summer semester. If the application is accepted, the student must respond in writing to the AT Program Director confirming acceptance of the admission offer within 2 weeks, and show evidence of completion of all post-admission requirements (see following section) prior to enrollment. If the application is rejected, the student has the opportunity to re-apply the following year. Admission decisions may be appealed to the AT Program Director within two weeks after official notification (see Appeals Process for Denied Admission).

****PLEASE NOTE:** The AT Program Student Admission Committee makes recommendations to the Kinesiology Department Director of Graduate Studies who then forwards the recommendation to The Graduate School regarding admission status. The Kinesiology Department Director of Graduate Studies and The Graduate School both reserve the right to reject the committee's recommendation and/or require additional information from the student.

Transfer Policy

It is not customary for transfer credits to be accepted in the AT Program. However, requests for transfer credits from another accredited entry-level master's AT Program may be reviewed on an individual basis. In accordance with The Graduate School's policy credit that is applied to one graduate degree cannot be applied to another graduate degree. For example, students with a graduate degree in physical therapy can not apply credit earned in that degree towards credits required in the AT Program.

Post-Admission Requirements

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

1. Evidence of current liability insurance coverage through the University's Student Insurance Policy for Allied Health and Medical Field Work or equivalent personal policy. (Incoming students can purchase this policy through the University during AT Program orientation in August for \$15.00).
2. Front and back copies of current First Aid and Professional Rescuer CPR Certifications (including Adult, Child, Infant CPR, Two-person CPR, bag-valve mask, and AED; approximate cost is \$29).
3. A completed Student Medical/Immunization Form (PDF) to show evidence of all immunizations required by UNCG. Students who have not completed at least the first 2 shots of the HBV series will NOT be permitted to engage in clinical rotations.
4. Signed declaration of understanding and ability to meet the AT Program's Technical Standards for Admission (PDF).
5. Signed declaration of understanding and acceptance of all Program Policies and Procedures as delineated in the AT Program Student Handbook.
6. Signed Professional Conduct and Confidentiality Agreement located in the AT Program Student Handbook.

Students are responsible for all costs associated with their own health care and when obtaining immunizations and health certifications.

PROGRAM RETENTION & PROGRESS

Athletic Training Students must demonstrate sustained, acceptable progress towards completion of graduate degree and program requirements. Successful completion of the program leading to the AT degree includes completing the required curriculum outlined in the graduate bulletin and as indicated in the student's plan of study filed with the UNCG Graduate School.

ACADEMIC ADVISING

The Program Director serves as the academic advisor for all students enrolled in the AT Program. Students are responsible for scheduling a meeting with their academic advisor at least once per semester and following summer school to discuss their academic progress, course registration, and future plans.

PLAN OF STUDY

Students are responsible for submitting an official Plan of Study form to the Graduate School at the conclusion of the spring semester of the first year of study. A template of the typical Plan of Study is provided on the following page.

AT PROGRAM RECORD OF PROGRESS

All students must complete the official Department of Kinesiology Record of Progress. This form is to be kept on file as part of your departmental record in the Graduate Office of the Department of Kinesiology (250 Coleman). If you need to borrow the copy for meetings, you may "check it out" for a brief time, and then return it. Remember, this is the "official" copy of your master's degree plan. You are also encouraged to keep a copy on hand to remind you of what documentation and steps are required as you progress through your studies. A brief description of the steps required on the Record of Progress form is listed below:

- STEP 1: Demographic Information
- STEP 2: Initial advisement and coursework
- STEP 3: Clearance of provisional admission (if applicable)
- STEP 4: Approval of program of study
- STEP 5: Integrative (capstone) experience
- STEP 6: Apply for graduation

Master of Science in Athletic Training Plan of Study

Summer I Semester		
KIN 536	Anatomical Basis of Athletic Injury	2 credits
KIN 634	Athletic Training Foundations	3 credits
Fall I Semester		
KIN 636	Athletic Injury Evaluation	4 credits
KIN 638	Therapeutic Modalities	4 credits
KIN 620	Athletic Training Clinical Experience	3 credits
Clinical experiences	First year students will be assigned to a PRECEPTOR at either UNCG or an off- campus affiliated site for one of the following clinical experiences: lower extremity intensive, upper extremity intensive, or equipment intensive.	
Spring I Semester		
KIN 640	Rehabilitation Techniques for Athletic Injuries	4 credits
KIN 720	Pathophysiology & Pharmacology	3 credits
KIN 721	General Medical Conditions	3 credits
KIN 620	Athletic Training Clinical Experience	3 credits
Clinical experiences	First year students will be assigned to a preceptor at either UNCG or an off-campus affiliated site for one of the following clinical experiences: lower extremity intensive, upper extremity intensive, or equipment intensive. All students will complete general medical observation experiences during this semester as part of KIN 721	
Summer II Semester	No required courses.	
Fall II Semester		
KIN 642	Optimizing Athletic Performance	3 credits
KIN 725	Management and Professional Issues in Athletic Training	3 credits
KIN 620	Athletic Training Clinical Experience	3 credits
Clinical experiences	Second year students will be assigned to a PRECEPTOR at either UNCG or an off- campus affiliated site for one of the following clinical experiences: lower extremity intensive, upper extremity intensive, or equipment intensive, or rehabilitation intensive. All students will supervise a rehabilitation project.	
Spring II Semester		
KIN 601	Applying Research to Professional Practice	3 credits
KIN 704	Athletic Training Seminar	3 credits
KIN 705	Applied Rehabilitation Concepts	3 credit
KIN 620	Athletic Training Clinical Experience	3 credits
Clinical experiences	Second year students will be assigned to a preceptor at either UNCG or an off-campus affiliated site for one of the following clinical experiences: lower extremity intensive, upper extremity intensive, or equipment intensive, or rehabilitation intensive. All students will supervise a rehabilitation project.	
TOTAL CREDITS		50 credits

NON-CREDIT PROFESSIONAL DEVELOPMENT REQUIREMENTS

In addition to the 50 credit hours of coursework, students are required to gain approximately two weeks of clinical experience during assigned pre-season athletic practices during August of each year in the program. Students are also required to attend weekly in-services and journal club sessions during each of the fall and spring semesters in the program.

AT PROGRAM MONDAY MEETINGS

All students are required to attend weekly AT Program Monday meetings from 12:30-2pm in the AT Education Lab. The format for these meetings is either in-services or journal clubs. Each second year student is required to lead at least one journal club session each academic year. Students are allowed two excused absences from meetings each semester. However, absences are strongly discouraged and may affect students' status in the program.

KINESIOLOGY COLLOQUIUM MEETINGS

The Department of Kinesiology sponsors a graduate student colloquium that convenes several times each semester. Students are required to attend at least one colloquium meeting each semester (in addition to the mandatory orientation at the beginning of the fall semester) and will be required to sign in at the beginning of each meeting. Attendance at these meetings is an important component of gaining an appreciation of the interdisciplinary nature of exercise and sport science. In addition, the Program Director will not endorse any requests for professional development funds from the Graduate Student Association without evidence that the student has met the colloquium attendance policy.

PROGRAM DISMISSAL

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

1. Fails to register for two consecutive semesters (fall and spring) in the AT curriculum without having received approval for an official leave of absence
2. Has an overall GPA less than a “B” average (equivalent to 3.0 on a 4.0 scale); [All grades except “S” (satisfactory) and “U” (unsatisfactory) will be counted in all courses that are attempted and carry graduate degree credit.]
3. Has earned a “C” (equivalent to 2.0 on 4.0 scale) or lower in more than 6 semester hours of course work
4. Has earned below a “B” in any of the following courses specific to the athletic training concentration (KIN 536, 620, 634, 636, 638, 640, 642, 704, 705, 721, 725)
5. Has earned a grade lower than a “C” in any course
6. Has a GPA that indicates the inability to meet the 3.0 required for graduation
7. Fails to meet the non-credit professional development requirements in each semester
8. Does not complete requirements for the degree within a five-year period after initial registration
9. Makes unsatisfactory progress in mastering clinical rotation objectives/proficiencies
10. Receives unsatisfactory clinical evaluations from assigned PRECEPTOR
11. Is dismissed from an affiliated clinical site for inappropriate conduct or failure to fulfill required responsibilities
12. Shows evidence of unethical or immoral conduct as outlined by the NATA Code of Ethics
13. Engages in conduct which violates the NC Athletic Training State Practice Act
14. Fails to meet the Technical Standards

The above requirements for AT Program Retention reflect requirements of the UNCG Graduate School, KIN Graduate (MS) Program, and those specific to the AT Program. Depending on which requirement(s) are deficient, a student may be withdrawn from the AT Program and still remain in good standing in the KIN Graduate (MS) Program and /or UNCG Graduate School.

Readmission after Withdrawal. Any student who is withdrawn or voluntarily withdraws from the program must apply for readmission through normal admission procedures.

POLICY ON DISMISSAL OF STUDENTS UNABLE TO MEET TECHNICAL STANDARDS

1. Students can be dismissed from the AT Program for physical and/or emotional problems that do not respond to (or with refusal to seek) appropriate treatment and/or counseling within a reasonable period of time, and that result in failure to meet the required technical standards without reasonable accommodation.
2. Once the physical and/or emotional problem is identified, a meeting will be scheduled with the student to develop a plan for appropriate referral, treatment and program accommodations. In consultation with the appropriate medical professional, a reasonable timeline for resolution will be determined.
3. Investigation and Evaluation—When faculty members identify a student who presents physical and/or emotional problems that prevent him or her from meeting the technical standards and are not resolved by appropriate treatment and/or counseling, they can immediately suspend the student from the course. Faculty will notify the AT Program Director, who will in turn notify the Department Chair. Upon determination by the faculty, Program Director and Department Chair that the physical and/or emotional problems warrant dismissal from the AT, the Dean of Health and Human Sciences will be notified.

The Dean, in consultation with the faculty, and upon review of the documentation, will make a decision regarding recommending dismissal of the student from the AT Program.

4. The Dean of the School of Health and Human Sciences will send to the Dean of The Graduate School written notification of the recommendation. If the Dean of the School of Health and Human Sciences recommends dismissal from the AT Program, the Dean of The Graduate School will notify the student. Should the student wish to appeal the decision, the student will submit a written request to the AT Program Appeals Committee. The Dean of the School of Health and Human Sciences will provide to the committee the accumulated correspondence or documentation related to the issue.

A request for an appeal should occur within seven working days of written notification of the decision from the Dean of The Graduate School.

5. Hearing Process—The chair of the AT Program Student Appeals Committee (comprised of the program director, one athletic training faculty, one KIN faculty member outside of the AT concentration, and one approved clinical instructor) will thereafter notify the student, the faculty member, and the AT Program Director as to the time and place for a hearing to determine whether the physical and/or emotional problems result in failure to meet the technical standards and warrant dismissal.

The Committee will hold a closed hearing within ten days at which time the faculty member, the AT Program Director, and the Department Chair will be present and will provide documentation and other oral or written evidence

regarding the incident. The student will be present and will be given an opportunity to provide documentation and other oral or written evidence regarding the problem. The student will be allowed an advocate/support person at the hearing.

Following the factual presentation, the Committee will convene in executive session to determine whether the problem warrants dismissal from the School.

The Committee shall make its recommendation in writing to the Dean of Health and Human Sciences and forward pertinent documentation. The Committee may recommend dismissal from the AT Program, or reinstatement in the program.

6. Post Hearing Process—The Dean of the School of Health and Human Sciences may accept, reject, or modify the Committee’s recommendation. The Dean’s decision will be made after review of the minutes of the hearing and report to the Committee. If the Dean of Health and Human Sciences accepts the Committee’s recommendation to dismiss the student from the AT Program, the recommendation will be forwarded to the Dean of The Graduate School who will notify the student. The Dean of Health and Human Sciences will notify the faculty member(s) as to the determination.

A student who has been dismissed may reapply for admission to the AT Program.

STUDENT APPEALS AND GRIEVANCES

Appeals Process for Denied Admission / Dismissal

If a student wishes to appeal an admission or withdrawal decision from the AT, they should send a letter requesting an appeal to the AT Program Director within two weeks of the postmark of the official notification. The student should also submit at that time all materials that may substantiate the appeal. The student will then appear before the AT Student Appeals Committee (comprised of the program director, one athletic training faculty, one KIN faculty member outside of the AT concentration, and one approved clinical instructor) within one month of the appeal request. A majority decision of the committee is required for the final decision. The student will be notified in writing within one week of the committee's decision.

Other Appeals and Grievance Procedures

1. **Appealing Grades:** An appeal of a grade must be made within one year of the date the grade was posted. The process of appeal must adhere to the following prescribed chain of command. The complaint is initiated with the instructor assigning the grade, then with the head of the department/program, and finally with the academic dean. If, at any level, the appeal is endorsed, endorsement at the next level is not required, but the endorsement is sent to The Graduate School for final decision. If the appeal is not endorsed at previous levels, a final appeal may be made in writing to the Graduate Studies Committee through the Dean of the Graduate School. Authority to change any grade, other than an "I" (Incomplete), rests with the Dean of The Graduate School, subject only to the authority of the Chancellor" (UNCG Graduate School Catalog)
2. **Grievance Procedures for University Students:** If the athletic training student alleges a violation of the student rights in the University setting, s/he should make an effort to resolve the grievance by following the UNCG "Grievance Procedures for Students" on the Dean of Students' website. A grievance that should be resolved under these procedures is one that rests on an allegation by a student that he/she has been treated with substantial unfairness by another student or by a faculty, staff, or student employee of the University. Such matters usually have their basis in University policy or in state or federal law through the provisions of the Departmental or University appeal procedures.
3. **Appeal for Violation of Academic Integrity Policy:** When an athletic training student is charged with a violation of academic integrity policy, these matters should be resolved in accordance with UNCG "Procedures for Handling Alleged Violations" as outlined in the University's "Academic Integrity Policy".
4. **Clinical Site Grievances:** In situations where an athletic training student wishes to appeal a disciplinary decision by their affiliated clinical site or alleges any other violation of student rights in the clinical setting, s/he should request a meeting with their PRECEPTOR. If the problem is not resolved between the

PRECEPTOR and the athletic training student, s/he may request a meeting with the AT Clinical Coordinator and, if appropriate, the clinical site director.

5. **General Appeal Process:** An appeal of the application of a rule or regulation must be made within one year as determined by the date of the letter from The Graduate School informing the student of the decision in question. The process of appeal must adhere to the following prescribed chain of command. The appeal is first made in writing to the head of the department/program, then to the academic dean. If, at either level, the appeal is endorsed, endorsement at the next level is not required, If, at any level, the appeal is endorsed, endorsement at the next level is not required, but the endorsement is sent to The Graduate School for final decision. If the appeal is not endorsed at previous levels, a final appeal may be made in writing to the Graduate Studies Committee through the Dean of The Graduate School. The decision of the Committee is final, subject only to the authority of the Chancellor.

STUDENT RIGHTS

When charged with misconduct in any manner, athletic training students have the right:

- a. To be given notice, in writing, of the specific charge(s) against him/her.
- b. To a hearing.
- c. To be given adequate time to prepare a defense of charges.
- d. To have another person of his/her choice present to advise or assist him/her.
- e. To refuse to testify or to answer any questions if his/her testimony or answers would tend to establish against him/her a violation of misconduct.
- f. To be confronted with the evidence against him/her.
- g. To present evidence on his/her behalf.
- h. To be confronted by his/her accuser(s).
- i. To have reasonable cross-examination of his/her accusers and of the witnesses appearing against him/her.
- j. To have a copy of the proceedings provided at his/her own expense.
- k. To have sanctions imposed, that are commensurate with the violations charged.

PROGRAM TUITION, FEES, AND OTHER EXPENSES

Students are responsible for all tuition, fees, and other expenses associated with the AT Program

1. Tuition/Differential Tuition: Please see the Cashier's Office web page for current tuition and fees: <https://csh.uncg.edu/Liability> Insurance: Evidence of current liability insurance coverage through the University's Student Insurance Policy for Allied Health and Medical Field Work or equivalent personal policy. (All students must purchase this policy through the University prior to engaging in preseason clinical experiences).
2. Certification cards: Students are responsible for any fees associated with obtaining and maintaining current First Aid and Professional Rescuer CPR Certifications
3. Immunizations: Students are responsible for any fees associated with obtaining the immunizations required by UNCG.
4. Uniform costs: Students are responsible for any costs associated with purchasing clothing that allows the student to abide by the AT Program dress code described elsewhere in this document. Although Intercollegiate Athletics (ICA) has purchased clothing for students, this is not a guarantee.

ACADEMIC RESOURCES

UNCG Writing Center

<http://www.uncg.edu/eng/writingcenter/default.php>

The mission of the Writing Center is to connect writers with readers. This helps to make good writers better writers. It also encourages writers to develop an awareness about themselves that will help them after they leave the Writing Center. To support this philosophy, the center practices a collaborative approach to sessions, where students and consultants engage in one-on-one conversations about writing—conversations that center on shared knowledge and expertise, as opposed to hierarchical instruction that treats writing center sessions as remediation. Understanding the center as a place where collaboration and shared knowledge guide practice supports a view of writing center work that grants both students and consultants authority, rather than consultants alone, which is critical. If we are truly to help students become better writers over time, they must be in control of that process and participate actively in their writing center sessions.

AT Program Policy on Writing Assignments

Unless otherwise indicated by a course instructor, all writing assignments in required coursework must utilize the American Medical Association (AMA) writing style. Students should review the AMA referencing and citation style outlined in the *Journal of Athletic Training*. Students should plan to write several drafts of their writing assignments prior to submitting a final version. Students are encouraged to use the Writing Center prior to submitting major assignments. The Writing Center will not assist you with content but rather with the clarity of your writing.

UNCG Speaking Center

<http://speakingcenter.uncg.edu/>

The University Speaking Center provides consultation support and instructional workshop services for UNCG students, faculty, employees, and members of the Greensboro community. Our support is designed to help speakers further develop their own oral communication confidence and competence. We provide peer-to-peer feedback, guidance, and other support in the areas of public speaking preparation and delivery, interpersonal communication, and group or team communication.

AT Program Policy on Speaking Assignments

Unless otherwise indicated by a course instructor, students should always be in professional dress (i.e., business casual at a minimum) for all classroom and public speaking engagements (including leading journal club sessions). At minimum, students should practice the delivery of their presentation in front of a mirror or a colleague.

**CLINICAL
EDUCATION
POLICIES
&
PROCEDURES**

**“AN INVESTMENT IN KNOWLEDGE
PAYS THE BEST INTEREST.”**

-BENJAMIN FRANKLIN

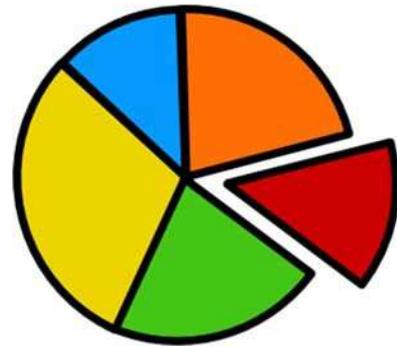
S.C.O.R.E.S.

The SCORES Philosophy

SCORES is a model of athletic training clinical education which will set the AT Program in a position to attract the highest possible caliber students and produce highly functioning clinicians. The SCORES model is a unique and representative way to view athletic training clinical education. It encompasses multiple aspects of education and procedures to produce a product which can serve the community and produce clinicians who are highly competitive in today's job market.

S: Stakeholders

The stakeholders of any program are crucial. Their input, guidance, support, and work determine the success and potential failure of any program. SCORES not only acknowledges its stakeholders, it embraces them. UNCG stakeholders are not limited to the faculty, staff, PRECEPTORS, and students, but we also have a responsibility to UNCG as an institution, the community at large, the student body, and the profession of athletic training.



The **S** is represented as a circle because each stakeholder has a piece or share in the product. Some pieces may be larger than others, but without all the pieces in place, the circle is broken.

C: CAATE

SCORES understands the AT clinical education plan must follow the standards of education set forth by CAATE (www.caate.net). These standards of education include objective criteria and academic requirements as well as having the NATA Educational Competencies and Clinical Proficiencies embedded in them. The SCORES model uses these standards and competencies as the building blocks for success.



The **C** is represented as a skeleton because it truly is the scaffold over which the program is built. Without this infrastructure, there is no AT Program. The skeleton provides a solid platform on which to flesh out the aspects of the AT Program which provides the shape, depth, and appeal of the program.

O: Opportunistic

The SCORES model knows clinical education does not happen in a vacuum, and experiences and exposures can arise without warning. This unique and exciting aspect of athletic training means students and PRECEPTORS have to be extra vigilant in seeking out and utilizing opportunities as they arise.



Understanding the clinical rotation objectives, a student's knowledge/skill base, and the strengths/weakness of a clinical setting can help these opportunities become more apparent and available. SCORES pushes for students to be active and responsible for seizing these opportunities and exposures.

The **O** is represented as a door knocker because when opportunity knocks in clinical education, it may not knock ever again, so that call must be answered.

R: Real-World

The SCORES model is not designed to be a series of check-offs and simulations. UNCG includes strong emphasis on real-world application of knowledge and skills. A UNCG graduate will have numerous real-world applications of prevention, care, diagnosis, treatment, referral, and administration. An emphasis on using real patients will allow students to build confidence and autonomy as well as promote the profession of athletic training to the general public.



The **R** is represented by an empty classroom because in the SCORES model, clinical education does not begin and end with only simulations and lectures. Clinical education occurs in real-time, on real-people, with real-pathologies, in the real-world.

E: Enjoyable

Lost in many clinical education plans, but not in SCORES, is the aspect of enjoyment. The UNCG AT Program will ensure clinical education is one of the most fun and enjoyable aspects of the student's academic development. The model of athletic training students being used exclusively as water fillers and tapers is not the SCORES model. Students will be treated as students seeking knowledge and skill. They will learn to enjoy the aspects of athletic training that no doubt attracted them to the profession initially. Students' time commitments will be monitored to ensure hours upon hours are not needlessly being spent in clinical rotations. Student input in rotation assignments along with learning and teaching style inventories will help ensure a solid and pleasurable PRECEPTOR-Student match.



The **E** is represented as a smiley face because clinical education should always make a student smile.

S: Setting Specific

The final aspect of the SCORES model is the ability to develop setting specific rotations. It is unreasonable to assume the objectives for a high school rotation would be the same as those for a rehabilitative intense setting. Developing rotation objectives that are unique to each setting and environment will help ensure a more pleasure environment, more opportunities for learning and application, and a more realistic experience.



The **S** is represented by a square peg trying to fit into a round hole. There is no reason to try and have every setting fit a generic set of objectives. The best rotations are ones that promote the strengths of the settings.

Clinical Education Guidelines

The UNCG clinical education plan follows the guidelines set forth in the CAATE “Standards for the Accreditation of Entry-Level Athletic Training Education Programs” (www.caate.net) and the recommendations for effective clinical instruction (as presented in the Clinical Instructor Educator Seminar).

UNCG STAFF PRECEPTORS

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CLINICAL ROTATION ASSIGNMENTS

The AT Program faculty and PRECEPTORS collectively determine the clinical rotation assignments for all students. Rotations for first year students are assigned at the conclusion of the summer semester. Subsequent rotation assignments are determined during the semester prior to the rotation.

All AT students will gain a combination of clinical experiences in each of the following categories (possible rotations are listed below):

Setting

College/ University Setting	High School Setting	Rehab intensive setting
UNCG	Northern Guilford HS	Greensboro Orthopaedic Sport & Rehabilitation Center
Wake Forest University	NW Guilford HS	Murphy Wainer Sports Medicine
Guilford College	Page HS	O'Halloran Rehabilitation
UNC School of the Arts	East Forsyth HS	UNCG Rehabilitation
NC A&T	NE Guilford HS	

Clinical Exposure

Upper Extremity	Lower Extremity	Equipment Intensive	General Medical
Volleyball	Soccer	Football	UNCG Doctor's Clinic
Wrestling	Basketball	Lacrosse	Physician's office
Softball	Cross Country		
Baseball	Track & Field		
Tennis	Lacrosse		
Football	Football		
	Field Hockey		

Patient Exposure

Male Patients	Female Patients	Adolescents	General Population
Football	Volleyball	HS Sports	Rehab intensive settings
M Soccer	W Soccer		General medical experiences
M Basketball	W Basketball		
Baseball	Softball		
XC/Track	XC/Track		
M Tennis	W Tennis		
Lacrosse	Field Hockey		
Wrestling			

CLINICAL EDUCATION COURSES	
Fall I	
Clinical Education Courses	KIN 620 Athletic Training Clinical Experience
Clinical education expectations	Students are required to obtain a peer evaluation for each psychomotor skill instructed in the lab (KIN 636 and KIN 638) prior to having the skills and associated clinical proficiencies evaluated by a PRECEPTOR/instructor in the lab. Students must be evaluated on skills in the lab prior to performing the skills in the clinical setting. Students must complete the Clinical Rotation Objectives for the setting, clinical exposure, and patient exposure associated with their clinical assignment.
Clinical rotation assignments	First year students will be assigned to an Approved Clinical Instructor (PRECEPTOR) at either UNCG or an off-campus affiliated site for one of the following rotations: lower extremity intensive, upper extremity intensive, or equipment intensive.
Spring I	
Clinical Education Courses	KIN 620 Athletic Training Clinical Experience
Clinical education expectations	Students are required to obtain a peer evaluation for each psychomotor skill instructed in the lab (KIN 640 and KIN 721) prior to having the associated clinical proficiency evaluated by a PRECEPTOR/instructor in the lab. Students must be evaluated on skills in the lab prior to performing the skills in the clinical setting. Students must complete the Clinical Rotation Objectives for the setting, clinical exposure, and patient exposure associated with their clinical assignment. Students should be performing proficiencies associated with the previous fall coursework at a higher level of proficiency than previously evaluated.
Clinical rotation assignments	First year students will be assigned to a PRECEPTOR at either UNCG or an off-campus affiliated site for one of the following rotations: lower extremity intensive, upper extremity intensive, equipment intensive. All students will complete a general medical observation rotation during this semester.
Fall II	
Clinical Education Course	KIN 620 Athletic Training Clinical Experience
Clinical education expectations	Students must complete the Clinical Rotation Objectives for the setting, clinical exposure, and patient exposure associated with their clinical assignment. Second year students should be making significant progress towards mastery of all clinical proficiencies by demonstrating a high level of clinical performance that includes integrating previous knowledge, skills, and proficiencies into comprehensive patient care. Students should focus on their professional development, as well as demonstrating a high level of critical thinking and clinical decision making. Second year students will serve as peer mentors for first year students and will conduct

	peer evaluations of psychomotor skills as requested. .
Clinical rotation assignments	Second year students will be assigned to a PRECEPTOR at either UNCG or an off-campus affiliated site for one of the following rotations: lower extremity intensive, upper extremity intensive, equipment intensive, or rehabilitation intensive. Students should make progress in their capstone rehabilitation experience.
Spring II	
Clinical Education Course	KIN 620 Athletic Training Clinical Experience
Clinical education expectations	Students must complete the Clinical Rotation Objectives for the setting, clinical exposure, and patient exposure associated with their clinical assignment. Second year students should demonstrate mastery of clinical proficiencies by demonstrating a high level of clinical performance that includes integrating previous knowledge, skills, and proficiencies into comprehensive patient care. Students should continue to focus on their professional development as well as demonstrating a high level of critical thinking and clinical decision making. Second year students will begin to focus on preparation for the BOC exam. Second year students will continue to serve as peer mentors for first year students and conduct peer evaluations of psychomotor skills as requested.
Clinical rotation assignments	Second year students will be assigned to an Approved Clinical Instructor (PRECEPTOR) at either UNCG or an off-campus affiliated site for one of the following rotations: lower extremity intensive, upper extremity intensive, equipment intensive, or rehabilitation intensive. All students will complete their capstone rehabilitation project.

CLINICAL ROTATION GUIDELINES

Clinical Supervision Policy

All UNCG athletic training students must be directly supervised at all times by a PRECEPTOR. Direct Supervision means there must be constant visual and auditory interaction between the student and PRECEPTOR. The PRECEPTOR must be physically present at all times to intervene immediately on behalf of the individual being treated..

Role of the PRECEPTOR

According to the Commission on the Accreditation of Athletic Training Education (CAATE), a PRECEPTOR must be a Certified Athletic Trainer (AT) or an appropriately credentialed health care professional with a minimum of one year of certification. A PRECEPTOR must function to provide instruction and/or **evaluation** of the *Athletic Training Educational Competencies* and provide **assessment** of athletic training students' clinical proficiency (i.e., rotation objectives). PRECEPTORS must abide by the AT Program's clinical education policies and procedures and report directly to the Clinical Education Coordinator. PRECEPTORS for the UNCG program are located on campus as well in neighboring high schools, physical therapy clinics, and other college and universities.

Initial Instruction of Skills Policy

Prior to applying clinical skills on real patients, all students must be formally instructed and evaluated by a laboratory instructor. Students are encouraged to take the initiative in applying approved skills on as many patients as possible during their four semesters of clinical education.

Clinical Hours Requirement Policy

The supervised clinical experience requirement for the Athletic Training Student (ATS) is 300 total hours per semester or an average of 20 hours per week. The maximum number of hours per semester that an ATS can perform is 450 hours (30 hours per week). This policy allows for flexibility in hours accumulated during one week when a PRECEPTOR is unavailable (e.g., due to team travel). Clinical experiences will take place during weekday afternoons, evenings, and weekends as required by the clinical instructors. All hours must adhere to the policies of the AT Program (i.e. direct supervision by an PRECEPTOR). Students cannot receive remuneration for their clinical experiences

During University closures, the ATS will not be required to complete clinical experiences. However, the ATS may choose to continue with the clinical experience. Any ATS who volunteers for extra clinical experiences during University closures is still subject to AT Program policies.

In addition, all students must be afforded the opportunity for at least 1 day of relief per week. Relief days should be pre-arranged during the bi-weekly meetings with their respective PRECEPTOR. Students must arrange and communicate with their PRECEPTOR for their day off at least 24 hours in advance.

All hours and relief times must be documented on the student's hour log on their biweekly reports. Students assigned to rotations with athletic teams should develop a clinical schedule with the assistance of their PRECEPTOR that allows for experiences in practice, game, and travel situations. Students in rehabilitation settings should develop a clinical schedule with the assistance of their PRECEPTOR that allows for experiences with upper extremity, lower extremity, and spine patients of various demographics.

The following will **not** count as "supervised clinical experience" and should not be recorded as such by the athletic training student:

- I. Hours accumulated during volunteer experiences not related to official clinical assignment (see Volunteer Experiences Policy)
- II. Hours supervised by an AT who **is not** recognized as a PRECEPTOR of this program.
- III. Hours spent when a PRECEPTOR is not "on-site." In this case, there should be no athletic training student on-site.
- IV. Hours spent traveling with a team, lodging, etc. Only those spent in game and game preparation may count and only if a PRECEPTOR is present.

Volunteer Experiences Policy

You may be asked at various times to volunteer and assist an AT in providing athletic training services for special events, tournaments, off season sports, etc. that are not part of your official clinical rotation assignment or fall outside of the 300 hour requirement. These experiences are not required as part of the AT Program and are completely voluntary. Whether you decide to participate is entirely a personal decision and will have no effect on your grade in any clinical education course. If you do decide to participate in one or more of these opportunities, then you are making a commitment to that AT and will be required to fulfill their expectations. Be sure to ask the AT to clarify these expectations before you begin the experience. You are still an athletic training student and are required to be supervised by an AT to remain in compliance with the NC Athletic Training State Practice Act. Your student liability insurance will cover your participation in these experiences as long as you are a current student and do not violate your policy, and the event is associated with a clinical site that has been evaluated by the Program. You are encouraged to think carefully about these opportunities before making a decision. Many of these experiences are valuable learning opportunities and provide you with additional experiences to hone your athletic training skills under the supervision of an AT.

Attendance and Tardiness Policy

Students are expected to attend each class, lab and clinical assignment. Missing classes, labs or clinical assignments WILL negatively impact your performance in the AT Program.

1. If you know you will miss a class, lab or clinical assignment inform the course instructor, PRECEPTOR/and clinical coordinator (if clinical absence) as early as possible, a minimum of 24 hours in advance. You will be responsible for all material covered during that session.
2. In the event of an unscheduled absence due to illness or personal emergency, inform the course instructor, PRECEPTOR/and clinical coordinator (if clinical absence) as soon as possible.
3. In the event you are delayed and will be late to a class, lab or clinical assignment, notify the course instructor, PRECEPTOR and clinical education coordinator as soon as possible.

Classroom Attendance

You are required to abide by any attendance policy outlined on the course syllabus.

Clinical Rotation Attendance

1. If you are considered chronically absent or tardy (> 3 times per rotation) due to illness, documentation from a MD/ DO/ NP/PA-C will be required before returning to your clinical site. You may be required to make up the time lost during the next biweekly period. An incident form may be completed by your PRECEPTOR.
2. If you are considered chronically tardy or absent (> 3 times per rotation) for other reasons, your PRECEPTOR has the right to refuse access to the learning experience for the day and require the time be made up during the next biweekly period. An incident form may be completed by your PRECEPTOR.

Professional Behaviors

In addition to the Foundational Professional Behaviors defined by the NATA Education Council, the following professional behaviors are expected of athletic training students during their clinical rotations.

1. Be prompt when reporting to daily assignments.
2. Abide by the individual facility dress code.
3. Maintain the athletic training facility as a clean, healthy, professional environment.
4. Exhibit an understanding of and demonstrate professionalism at all times.

5. Understand and comply with the NATA's *Code of Ethics* and the BOC's *Standards of Practice*.
6. Appreciate and be respectful of cultural differences.
7. Be responsible for knowing your role and following through with emergency action plans.
8. Be accountable for your learning and use evidence-based practice as a foundation of care.
9. Attend practices and games with the assigned PRECEPTOR.
10. Be able to accept constructive criticism in a positive manner.
11. Maintain confidentiality of injuries and illnesses observed in the clinical setting.
12. Maintain personal documentation /records of completed clinical rotation objectives.

Drug/Alcohol/Amorous Relationships Policy

Athletic training students (ATS) should act in a responsible manner at all times in relationships with patients. The ATS should not engage in drug or alcohol use or be under the influence of such during clinical education/field experience hours.

Amorous relationships with members of the current team the ATS is working with or any team that the ATS could potentially work with in the future are strongly discouraged.

Liability Insurance Policy

Professional liability insurance is required for all students during all phases of their clinical education and is required for all off-campus clinical experiences. Information regarding purchase of professional liability insurance can be obtained from the Kinesiology Department. The liability insurance does not cover students who volunteer for experiences not associated with clinical sites for the AT Program.

**Please note that the athletic training program does not endorse the use of athletic training students as first responders and such a role is not an academic requirement for the program.

Blood Borne Pathogens Control Plan

Blood borne pathogen infectious diseases have increased throughout the general population for the past decade. The most notable of these are HIV (human immunodeficiency virus) and HBV (hepatitis B virus). Although experts have concurred that the risk of transmission of HIV or HBV on the athletic field is extremely low, these diseases can have catastrophic health consequences if all members of society do not use appropriate preventative strategies.

In 1992, the Occupational Safety and Health Administration (OSHA) issued new regulations requiring employers to protect employees from blood borne pathogens. The

following plan satisfies the OSHA Emergency Control Plan and is also in accordance with the guidelines of NCAA Policy 2H.

At the start of each year an in-service will be given to educate incoming students and to refresh returning students on the program's blood borne pathogens control plan. This policy and its procedures are to be reviewed annually. Students are responsible for obtaining information about the blood borne pathogens control plan at each of their assigned clinical site. The signed Clinical Site Orientation form will serve as documentation that the student has discussed this information with their PRECEPTOR.

OSHA Guidelines

All athletic training students are responsible for following OSHA (Occupational Safety and Health Administration) guidelines when dealing with blood and other bodily fluids. The guidelines are available at www.osha.org. The most important aspects to remember when working with athletes are to always wear gloves and to make use of the biohazard and sharps containers. Any items soaked in blood must be placed in the biohazard container. All used scalpels and other blades need to be put in the sharps container.

Communicable Disease Policy

In order to protect the health and safety of athletic training students this policy was designed according to Centers for Disease Control's (CDC) Guideline For Infection Control In Health Care Personnel, 1998. For the full report go to <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf>. In addition, for a list of communicable diseases identified by the CDC, please see the accompanying document on AT Program Organization page in Canvas.

1. One of the best measures to prevent many communicable diseases is good hygiene and proper hand washing technique. Students are required to utilize these techniques at all times.
2. Any student exposure to a communicable disease should be reported to the PRECEPTOR. Exposure to blood or other body fluids will be handled according to the site's blood borne pathogen plan.
3. Any student who has signs of a communicable disease which may place others at risk should inform the clinical education coordinator and PRECEPTOR of his or her illness and report to Student Health Services or another licensed health care provider (MD, DO, NP, PA-C) for evaluation and treatment.
4. Any student who misses more than one day of class or a clinical rotation must be evaluated by Student Health Services or another licensed health care provider (MD, DO, NP, PA-C).
5. Any student evaluated by Student Health Services or another licensed health care provider (MD, DO, NP, PA-C) must provide documentation to the Clinical Education Coordinator from the provider that indicates his/her health condition and ability to take part in clinical rotations. This documentation will be sealed

and placed in the student's permanent file. If an extended time needs to be missed (> 3 days), a timeline for return to full participation is needed. A final clearance must be on file before the student can return to full participation.

6. The student will then notify his/ her course instructors and PRECEPTOR of his/her illness and timeline for return. The clinical education coordinator will also follow up with the student's PRECEPTOR and inform the program director who will follow up with the student's classroom professors.

Dress Code Policy

Professional appearance is required of all athletic training students during their clinical rotations. The dress code at each clinical site may vary; however, the AT Program dress code is the minimum expectation. If a clinical site allows for attire that violates the AT Program dress code, students are expected to follow our stricter guidelines. If a clinical site requires attire that goes beyond the AT Program minimum requirement, the student must follow the site's dress code. Students should abide by the following dress code for all clinical rotations:

1. Khaki shorts/ pants/Capri pants
 - Shorts must be of an appropriate length. If they are too short, you will be sent home to change.
2. UNCG Athletic Training T-shirt or collared shirt.
 - Shirts **MUST** be tucked in.
 - If you wear a UNCG "team" shirt or plain shirt, you must wear your AT Program name tag.
3. Name tags must be worn at all rehabilitation intensive clinics, general medical observation sites, and during morning rehabilitation hours at UNCG.
4. No jeans.
5. No open-toed shoes.
6. No hats indoors.
7. No tank tops.
8. Jewelry should be kept to a minimum. However, wearing a watch is strongly encouraged.
9. Make-up and perfume/cologne should not be distracting.
10. If you are working with a sport that has specific dress requirements, you must adhere to the team's dress code.

Appearance while traveling:

- Team Policy/ Business Casual Attire

Discipline Policy

Minor infractions such as tardiness or a dress code violation will be handled by individual PRECEPTORS in consultation with the clinical education coordinator as needed. Whenever the PRECEPTOR determines that the clinical education coordinator needs to be involved in the situation, such as a pattern of minor infractions or any other infraction, an incident report form will be completed by the PRECEPTOR.

Whenever an incident report form is completed, a meeting with the student and clinical education coordinator (and program director as needed) will be scheduled to discuss the infraction and develop a sanction based on the individual case. At this conference, the incident form will be signed by the student and program administrator.

Failure to adhere to any of the policies outlined in this handbook can result in removal from a clinical site, a letter grade deduction from your clinical experience grade, and/ or a recommendation to the program director that the student be removed from the AT Program based on the Program Retention and Completion policy. The student may appeal any sanction imposed according to the appeals and grievances policy.

REQUIRED CLINICAL EDUCATION DOCUMENTATION

The following documents are essential elements for ensuring a quality clinical education experience. All documents must have the required signatures and be dated. Any document submitted without a date and/or all required signatures will be returned to the student and may result in a grade penalty in the associated clinical education course.

Prerequisite Documents

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

1. Evidence of liability insurance – this can be purchased during August orientation
2. Evidence of current First Aid and Professional Rescuer CPR.
3. Completion of UNCG blood borne pathogen training.
4. Evidence of completed immunizations. Students with an incomplete Hepatitis B series will only be allowed to participate in clinical rotations if they have completed the first two shots in the series. Failure to provide evidence of the completed series within the appropriate timeframe will result in removal from the clinical setting.
5. Signed Technical Standards Form (each year).
6. Signed Declaration of Understanding form.
7. Signed Professional Conduct and Confidentiality Agreement.

Clinical Site Orientation Form (Provided by Clinical Education Coordinator)

Each student is required to complete the Clinical Site Orientation Form with his/her PRECEPTOR within the first week of his/her clinical rotation. The purpose of this form is to ensure that the athletic training student and PRECEPTOR have communicated clear expectations for the clinical experience as well as to review pertinent policies and procedures.

Clinical Rotation Objectives

Each student has an individualized clinical education plan that is based on his/her clinical assignment. Students are required to complete Clinical Rotation Objectives (i.e., learning objectives) that are specific to their assigned clinical rotation. Students should select the appropriate Clinical Rotation Objectives for setting, clinical exposure, and patient exposure based on their clinical assignment. For example, a student assigned to UNCG Women's soccer will complete the following objectives:

Setting: college/university
Clinical Exposure: lower extremity
Patient Exposure: female

The Clinical Rotation Objectives are designed to prepare you in specific clinical skills and educational proficiencies that are germane to the characteristics of the setting, exposure, and patients you will be working with. You should be able to complete the vast majority of the objectives in “real time” with “real patients” because the objectives are

designed to match those experiences which occur naturally. Only in rare circumstances should you rely on a simulated experience to complete your objectives.

Global Evaluation Forms

Many of the clinical rotation objectives described above are evaluated by your PRECEPTOR using a global evaluation form. These forms are designed to provide you with a comprehensive evaluation of your performance on clinical proficiencies required by the NATA. Global evaluation forms are available on Canvas for the following proficiency categories:

- Orthopedic Evaluation
- General Medical Evaluation
- Therapeutic Modalities
- Therapeutic Exercise
- Taping, Bracing, and Wrapping
- Administrative Tasks
- Acute Care

Students should strive to receive a score of 2 (minimally competent) or better on each global evaluation. If a student scores below a 2, a second evaluation should be performed on the same form at a later date. Students should realistically not expect to receive a score of 2 on their first attempt at a skill. Some students will not receive a score of 2 during their rotation, and the skill will be reevaluated in the subsequent semester. Students must have earned a minimum score of 2 on ALL global evaluations prior to graduating. Global evaluation forms should be submitted on a bi-weekly basis along with the bi-weekly form described below.

Bi-weekly Meeting Form

Each student is required to meet with his/her assigned PRECEPTOR every other week to review their clinical performance and set goals for the upcoming two weeks. The Bi-Weekly Meeting Form is used to guide discussions that occur during the meeting. Students should also use this form to document their clinical hours for the past two weeks as well as document their anticipated clinical schedule for the next two weeks. Students are encouraged to set SWAG goals during their bi-weekly meetings. The due dates for submitting bi-weekly meeting forms to the Clinical Education Coordinator are located on the AT Program Organization Page in Canvas.

Mid-rotation Evaluation Form

Each student is required to be evaluated by his/her assigned PRECEPTOR at the mid-point of their clinical rotation. This evaluation is formative in nature and is designed to give you specific feedback on areas to improve during the second half of the rotation. Students must discuss the evaluation with their PRECEPTOR in order to ensure understanding of the evaluation score. Students should plan to give the evaluation form to their PRECEPTOR at least one week prior to its due date.

End-of-rotation Evaluation Form

Each student is required to be evaluated by his/her assigned PRECEPTOR at the end of their clinical rotation. This evaluation is summative in nature and is designed to give you specific feedback on your overall performance during the entire rotation. Students must

discuss the evaluation with their PRECEPTOR in order to ensure understanding of the evaluation score. Students should plan to give the evaluation form to their PRECEPTOR at least one week prior to its due date

Student's Evaluation of PRECEPTOR

Students are required to evaluate their assigned PRECEPTOR at the mid-point and end of their rotation. Students must discuss the evaluation with their PRECEPTOR. Students are encouraged to provide honest, constructive, specific, and tactful feedback to their PRECEPTORS. Some students may feel uncomfortable discussing the evaluation form with their PRECEPTOR. However, this process will prepare students for performance evaluations that occur in the employment setting.

Student's Evaluation of Clinical Site

Students are required to evaluate their clinical site at the conclusion of their rotation.

EMERGENCY ACTION PLANS

Students are responsible for obtaining a copy of the emergency action plan (EAP) for their assigned clinical site. Students should familiarize themselves with the plan and have a working knowledge of their role in the case of an emergency. The signed Clinical Site Orientation form will serve as documentation that the student has discussed this information with their PRECEPTOR.

UNCG Emergency Action Plan

On-Field/On-Court Emergency at UNCG (Life or Limb Threatening)

1. Send Assisting Athletic Trainer or Assistant coach to notify Campus Police/EMS Immediately.
2. Campus Police (4-4444/ Push Emergency Call Button on call box/ Push button on speaker).
3. Stabilize athlete as well as possible. Keep them calm and stay with them.
4. **DO NOT MOVE ATHLETE.**
5. Assess ABC's.
6. Perform necessary first aid/ CPR.
7. Maintain airway and assess LOC and vital signs.
8. Monitor until help arrives.
9. Notify Head Athletic Trainer ASAP. If he/she is not available, then notify graduate assistant.
10. Staff AT notifies parents.

Athlete injured in Game/Practice on Campus

1. Evaluate severity of injury.
2. Notify supervising ATC or staff ATC, if possible.
3. Supervising ATC notifies team physician if warranted.
4. If transporting to ER, take insurance sheet.
5. Team physician meets UNCG representative at ER.
6. Notify Head Athletic Trainer ASAP. If he/she is not available, then notify graduate assistant.
7. Staff AT notifies parents.

Athlete injured in UNCG Hosted Game/ Practice Off Campus

1. Evaluate severity of injury.
2. Notify supervising ATC or staff ATC, if possible.
3. Transport to nearest ER with insurance sheet.
4. Contact Head Athletic Trainer ASAP. If he/she is not available, then notify graduate assistant.
5. Ask that team physician be notified by ER staff.
6. Staff AT notifies parents.

Emergency while en route to Away Game/ Practice

1. Athletic Trainer stabilizes athlete/ coach.
2. Assistant Coach / Head Coach goes for help – Initiates EMS response (911).
3. If cellular phone is available – call 911 from the scene.
4. Athletic Trainer monitors injured/sick.
5. Athletic Trainer goes with injured to ER.
6. Athletic Trainer notifies supervising ATC ASAP.
7. Head Athletic Trainer notified ASAP. If he/she is not available, then notify graduate assistant.
8. Head Coach notifies host AT about situation and requests coverage for team.
9. Head Athletic Trainer notifies parents, if necessary.
10. After competition, Head Coach/ and or team go to hospital – transport home if possible (get report from ER physician) – if not possible to transport – Asst. Coach stays with athlete – if no Asst.- Athletic Trainer stays – coach brings team home.

Emergency in Hotel on Away Trip

1. Athletic Trainer assesses situation.
2. EMS (911) initiated if needed.
3. Athletic Trainer notifies Head Coach.
4. Coach notifies supervising ATC or Head Athletic Trainer
5. Head Athletic Trainer notifies parents if necessary.

LEGAL AND ETHICAL GUIDELINES

*Always do right -
- this will gratify some and astonish the rest.
- Mark Twain*

NORTH CAROLINA STATE PRACTICE ACT

It is the policy of the Athletic Training Education Program at UNCG to require athletic training students to be directly supervised during their clinical experiences. Students are not allowed to travel with teams unsupervised or to engage in unsupervised team coverage. At no time should an athletic training student be put in the position (whether assigned or voluntarily) to make decisions or perform duties that should be carried out by a certified athletic trainer or physician. In such cases, the athletic training student would be in violation of the state practice act and UNCG AT Program policy. The following excerpts from the NC State Practice Act emphasize the definition of an Athletic Trainer, the requirement of a NC license, and subsequent penalties for acting as an athletic trainer without a license.

Liability and Scope of Practice for Athletic Trainers in North Carolina

According to the General Assembly of North Carolina's General Statutes, Section 1.

Chapter 90, Article 34 regarding Athletic Trainers:

An Athletic Trainer is "a person who, under a written protocol with a physician licensed under Article 1 of Chapter 90 of the General Statutes and filed with the North Carolina Medical Board, carries out the practice of care, prevention, and rehabilitation of injuries incurred by athletes, and who, in carrying out these functions, may use physical modalities, including heat, light, sound, cold, electricity, or mechanical devices related to rehabilitation and treatment"

According to section **90-527. License required: exemptions from license requirements.** "Effective January 1, 1998, no person shall practice or offer to practice as an athletic trainer, perform activities of an athletic trainer, or use any card, title or abbreviation to indicate that the person is an athletic trainer unless that person is currently licensed as provided by this Article"

90-538. Penalties.

A person who does not have a license issued under this Article who either claims to be an athletic trainer or **engages in practice as an athletic trainer** in violation of this Article is guilty of a Class 1 misdemeanor. Each act of unlawful practice constitutes a distinct and separate offense

NO STUDENT CAN ACT AS A FIRST RESPONDER

NCBATE Safe and Competent Services for NC Students

“For any school or institution that considers the possibility of training students in high schools, colleges or universities to act in the role of a ‘first responder’, the North Carolina Board of Athletic Trainer Examiners respectfully cautions that this action would be contrary to North Carolina law and place students at great risk for injury with lifelong consequences or even death. First of all, no authority exists for an exemption for ‘local school administrative units’ to use persons who are not ‘hired’ by the units to provide these emergency and chronic care services. Certainly the General Assembly was aware of a certain level of skill and maturity that would be weighed prior to the employment of an individual charged to make the medical decisions necessary to provide medical emergency and rehabilitation services for students when it approved this exemption. Furthermore, nowhere in the Practice Act is an athletic trainer nor a ‘first responder’ authorized to provide training to high school or collegiate students to act as ‘first responders’ or licensed athletic trainers.”

“The NATA recognizes that allowing students the opportunity to observe the daily professional duties and responsibilities of an athletic trainer can be a valuable educational experience. This unique experience may expose students to the foundations of various health related careers as well as provide them with important life skills. Regardless of practice setting, it is understood that all athletic trainers must comply with their state practice acts, the BOC Standards of Practice when certified, and the NATA Code of Ethics when a member. These legal and ethical parameters apply and limit the incorporation of student aides outside of the classroom and within the activities of athletic programs. Student aides must only observe the licensed/certified athletic trainer outside of the educational environment. Coaches and school administrators must not allow or expect student aides to assist or act independently with regard to the evaluation, assessment, treatment and rehabilitation of injuries. Additionally, it is paramount that student aides not be expected, asked or permitted to make “return to play” decisions. Specifically, licensed/certified athletic trainers, coaches and administrators must not ask athletic training student to engage in any of the following activities: (1) Interpreting referrals from other healthcare providers (2) Performing evaluations on a patient (3) Making decisions about treatments, procedures or activities (4) Planning patient care (5) Independently providing athletic training services during team travel.”

NATIONAL ATHLETIC TRAINERS' ASSOCIATION ETHICAL PRINCIPLES

NATA Code of Ethics

Preamble

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.