Athletic Training Program

Preceptor Manual

Department of Health and Human Performance
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction, Purpose, Mission Statement</td>
<td>3</td>
</tr>
<tr>
<td>Goals</td>
<td>3</td>
</tr>
<tr>
<td>Objectives</td>
<td>4</td>
</tr>
<tr>
<td>Preceptor Expectations</td>
<td>4</td>
</tr>
<tr>
<td>About the AT Program</td>
<td>5</td>
</tr>
<tr>
<td>Pre-AT Requirements and Admissions Policies</td>
<td>6</td>
</tr>
<tr>
<td>Academic Plan of Study Masters</td>
<td>8</td>
</tr>
<tr>
<td>Clinical Education Plan</td>
<td>11</td>
</tr>
<tr>
<td>Hour Requirement</td>
<td>16</td>
</tr>
<tr>
<td>Hour Logs</td>
<td>17</td>
</tr>
<tr>
<td>Clinical Site Visits</td>
<td>17</td>
</tr>
<tr>
<td>Proof of Insurance</td>
<td>17</td>
</tr>
<tr>
<td>Clinical Education Supervision</td>
<td>17</td>
</tr>
<tr>
<td>Clinical Educational Competencies</td>
<td>18</td>
</tr>
<tr>
<td>Clinical Ed. Comp. Outcomes</td>
<td>18</td>
</tr>
<tr>
<td>Evidence Based Medicine</td>
<td>18</td>
</tr>
<tr>
<td>Social Media Policy (Students)</td>
<td>19</td>
</tr>
<tr>
<td>Expectations of Graduate AT Faculty</td>
<td>22</td>
</tr>
<tr>
<td><strong>Appendix A - Clinical Education Forms</strong></td>
<td></td>
</tr>
<tr>
<td>Sample Affiliation Agreement</td>
<td>24</td>
</tr>
<tr>
<td>Preceptor Vitae Form</td>
<td>28</td>
</tr>
<tr>
<td>Clinical Education Infraction Policy</td>
<td>30</td>
</tr>
<tr>
<td><strong>Appendix B - Course Descriptions</strong></td>
<td></td>
</tr>
<tr>
<td>Course Descriptions</td>
<td>33</td>
</tr>
<tr>
<td><strong>Appendix C - Proficiencies &amp; Evaluations</strong></td>
<td></td>
</tr>
<tr>
<td>Preceptor Evaluation ATS</td>
<td>36</td>
</tr>
<tr>
<td>AT student Evaluation of Preceptor</td>
<td>39</td>
</tr>
<tr>
<td>AT student Evaluation of General Medical Preceptor</td>
<td>41</td>
</tr>
<tr>
<td>Athletic Training Educational Competencies</td>
<td>42</td>
</tr>
<tr>
<td>CAATE Supervision Policy</td>
<td>87</td>
</tr>
</tbody>
</table>

“By what may be called the natural method of teaching, the student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end”

– Sir William Osler
**Introduction**

Welcome to the University of Montana Athletic Training Program. The UM Athletic Training Program strives to provide its students with diverse opportunities to gain clinical experience. The preceptor plays a crucial role in facilitating these opportunities for our athletic training students.

**Purpose**

The purpose of this manual is to provide the preceptor with information, guidelines and policies for academic and clinical experiences of the athletic training student. Policies and procedures are provided to not only instruct the preceptor in proper procedures but also to maintain consistency and assure the health and safety of student-athletes or other patients with whom the athletic training student may be working. The policies and procedures outlined in this manual will serve as a guideline for dealing with any situations that may arise.

**Mission Statement**

The mission of the University of Montana Athletic Training Program is to provide a comprehensive, progressive educational and clinical foundation to prepare the multi-skilled professional for a career in athletic training. The educational program encompasses current research and formal instruction in the prevention, recognition, evaluation of injuries and rehabilitation of the physically active. Upon successful completion of this program, the student will be eligible to sit for the BOC examination.

**Program Goals:**

1. The program seeks to provide an effective and interactive learning environment for students wishing to pursue a career in athletic training.
2. The program seeks to develop the critical thinking, decision-making, and communication skills necessary for success in athletic training, allied health care, and a broader spectrum of professions in today's society.
3. The program desires to expose students to hands-on experiences, clinical settings, and professionals representing a wide range of allied and medical health care professions.
4. The program works to provide a foundation for success predicated on both a didactic and clinical knowledge base.
5. The faculty, clinical athletic trainers, and athletic training students strive to create an environment consistent with quality health care for the athletes/patients in the clinical setting while achieving the educational goals of the student and the program.
Student Learning Outcomes:
1. Graduates will be prepared for an entry-level position in athletic training in a variety of settings with a wide range of athletic populations.
2. Graduates of the Athletic Training Program will be able to demonstrate specific knowledge in the field of athletic training as demonstrated by passing the Board of Certification Examination.
3. Graduates of the Athletic Training Program will be recognized as prepared for an entry-level position or advanced study in athletic training by external constituencies, program faculty, potential employers and self-evaluation.
4. Graduates of the Athletic Training Program will find ready employment in the field.
5. Graduates of the Athletic Training Program will be able to critically appraise relevant research related to the AT profession.

Preceptor Responsibilities:
1. Supervise students during clinical education
2. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by CAATE
3. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills, and clinical decision-making during actual patient/client care
4. Facilitate the clinical integration of skills, knowledge and evidence regarding the practice of athletic training
5. Demonstrate the understanding of and compliance with the program’s policies and procedures

Preceptor Qualifications:
1. Be credentialed by the state in a health care profession
2. Not be currently enrolled in the professional athletic training program at the institution
3. Receive planned and ongoing education from the program designed to promote a constructive learning environment

Expectations of the Preceptor:
The following is a list of expectations that are required of preceptors that are working as affiliates of the University of Montana Athletic Training Program. All expectations must be met in order for students to be able to complete clinical education hours at the clinical site.

- A current affiliation site agreement contract must be on file with the Program/Clinical Director (Appendix A)
- Preceptors must complete preceptor training every two- three years
The following must be kept on file with the UM Athletic Training Program Director and updated on a yearly basis:
- A current vita form A-1 (Appendix A)
- NATA Membership number (if applicable)
- A current copy of Montana Athletic Training License
- A current copy of BOC card verifying that the preceptor is in good standing
- Modality and electrical safety checks for modalities at clinical site
- List of equipment available to students (rehab, modalities, emergency)
- Emergency Action Plan for clinical site

Preceptors must also comply with the following:
- Completes and returns student evaluations by assigned dates
- Provide instruction and evaluation of the Athletic Training Educational Clinical Proficiencies as needed
- Evaluate the performance of the athletic training student in clinical experience.
- Maintain open communication with the Program/Clinical Director on a regular basis

**Failure to meet these expectations may result in removal of the athletic training students from the clinical site.**

**Preceptors Certified Less than One Year**

In some instances, a preceptor may be a newly certified athletic trainer (as is the case with graduate assistants/interns) and have students assigned to him/her. In this instance, the newly certified preceptor will be supervised by another preceptor who has been certified for at least three years. The Program/Clinical Director will also coordinate a meeting with the new preceptor at least once a semester to determine his/her progress as a preceptor.

**ABOUT OUR ATHLETIC TRAINING PROGRAM**

The University of Montana offers an accelerated Master’s in Athletic Training Program. This program allows students to take three years of pre-requisite courses and general education requirements, followed by 2 years full time in a Master’s in Athletic Training program, including summers. There are two ways in which a student may attain a Master’s Degree in Athletic Training:

**Option 1:** A five-year program in which students earn a Bachelor of Science Degree in Health and Human Performance and a Master’s Degree in Athletic Training.

**Option 2:** A two-year master’s program designed for students who already have a baccalaureate degree
Upon completion of the Master’s in Athletic Training Program, students will be eligible to sit for the Board of Certification (BOC) Exam. (Pending accreditation from CAATE Fall 2014)
*Both the Bachelor’s degree and Master’s degree will be officially awarded at the time of graduation.

**PRE-ATHLETIC TRAINING REQUIREMENTS**

The following pre-requisite classes or their equivalents are required to be completed before admission to the Master’s program (course syllabi are required if courses are not taken at UM):

- Kinesiology/Biomechanics
- Anatomy & Physiology I & II (both with labs)
- Exercise Physiology
- General Psychology
- Basic Nutrition
- Statistics
- Preferred coursework includes: Motor control and learning, chemistry (2 semesters), and prevention and care of athletic injuries

**ADMISSION REQUIREMENTS FOR MASTER’S PROGRAM**

1. Students must apply and be accepted to the University of Montana’s Graduate School [http://www.umt.edu/grad/Apply/Applying%20for%20Admission.php#Apply](http://www.umt.edu/grad/Apply/Applying%20for%20Admission.php#Apply)
2. Students must have a minimum GPA of 3.0 for all college coursework (a GPA below 3.0 may be considered)
3. Completed pre-requisite courses (students may be enrolled in pre-requisite courses at time of application)
4. Official transcript(s) of all college coursework

**MASTER’S REQUIREMENTS**

Students associated with the Athletic Training Program must . . .

- enroll as a full-time student (some exceptions allowed as approved by Program Director).
- maintain a cumulative grade point average of 3.00 or higher.
- achieve no more than 2 “C” grades in graduate courses.
- achieve satisfactory evaluations in each Clinical Phase before progressing.
- successfully complete coursework in the sequence indicated by the program of study unless approved by Athletic Training Program Director.
- abide by the Code of Ethics of the University and those established by the National Athletic Trainers’ Association.

Students proceed through the program in cohorts and are required to complete all the required courses each semester with a grade of "C" or better in order to progress to the next semester. Students who fail to meet the retention criteria will be placed on probation in the Athletic Training Program for a maximum of two semesters. This may limit progress of course sequencing and clinical phases. If standards are not met by the end of the probationary period, the student will be dismissed from the Athletic Training Program. Students who are placed on probation may require remediation as deemed appropriate by the Program Director.
<table>
<thead>
<tr>
<th>Term</th>
<th>Pre-Athletic Training</th>
<th>Course Name</th>
<th>Restrictions and/or Prerequisites</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall First Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHP 181 or HHP 226</td>
<td>KIN 205 or KIN 201</td>
<td>Foundations HHP or Basic Exercise Prescrip</td>
<td>If last names starts with A-L take KIN 201, M-Z take KIN 205</td>
</tr>
<tr>
<td></td>
<td>CHMY 121</td>
<td>Intro to General Chemistry</td>
<td>PreMed take CHMY 141 (see premed adviser for other course info)</td>
</tr>
<tr>
<td></td>
<td>COMX 111 or WRIT 101</td>
<td>Public Speaking or College Writing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M 121 or M 151</td>
<td>College Algebra or Precalculus</td>
<td>If PrePT, take M 151 or M 121 and M122 (M 161 not accepted)</td>
</tr>
<tr>
<td></td>
<td>BIOH 112</td>
<td>Human Form and Function I</td>
<td>Prereq for BIOH 365, OR take BIOH 113 OR BIOB 160 spring semester</td>
</tr>
<tr>
<td><strong>Spring First Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHP 181 or HHP 226</td>
<td>KIN 205 or KIN 201</td>
<td>Foundations HHP or Basic Exercise Prescrip</td>
<td>If last names starts with A-L take KIN 201, M-Z take KIN 201</td>
</tr>
<tr>
<td></td>
<td>BIOH 113 or BIOB 160</td>
<td>Human Form &amp; Func II or Diversity of Life</td>
<td>Only take if haven’t taken BIOH 112</td>
</tr>
<tr>
<td></td>
<td>NUTR 221N</td>
<td>Basic Human Nutrition</td>
<td>Prerequisite CHMY 121</td>
</tr>
<tr>
<td></td>
<td>M 122 or Gen Ed</td>
<td>College Trigonometry or Gen Ed</td>
<td>If took M 151 take Gen Ed select only from L, H, Y or X perspectives</td>
</tr>
<tr>
<td></td>
<td>CHMY 123 and CHMY 124</td>
<td>Intro to Organic &amp; Biochem and lab</td>
<td>CHMY 121</td>
</tr>
<tr>
<td></td>
<td>COMX111 or WRIT101</td>
<td>Public Speaking or College Writing</td>
<td></td>
</tr>
<tr>
<td><strong>Fall Second Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOH 201 and 202</td>
<td>Human Anat and Phys I/Lecture &amp; Lab</td>
<td>(held off campus at the College of Technology) BIOH 365 prereq; BIOH112 OR BIOH113 OR BIOB 160 and CHMY 121</td>
<td></td>
</tr>
<tr>
<td>BIOH 365</td>
<td>PSYX 100</td>
<td>Intro to Psychology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WRIT 201 or WRIT 121</td>
<td>Tech Approach to Writ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gen Ed – take two Gen Ed classes</td>
<td>Select only from L, H, Y or X General Ed, Perspectives as needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIOM 250</td>
<td>Microbiology for Health Sciences</td>
<td></td>
</tr>
<tr>
<td><strong>Spring Second Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOH 211 and 212</td>
<td>Human Anat and Phys II/Lecture &amp; Lab</td>
<td>Must take Human Anat and Phys I/Lecture &amp; Lab before II Must take Human AP I for Health Profsns before II</td>
<td></td>
</tr>
<tr>
<td>BIOH 370</td>
<td>STAT 216, PSYX 222, or EDU 421</td>
<td>Statistics course</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HHP 394</td>
<td>KIN 330</td>
<td>Prerequisite Anatomy and Physiology I</td>
</tr>
<tr>
<td></td>
<td>Gen Ed – take two Gen Ed classes</td>
<td>Select only from L, H, Y or X General Ed, Perspectives as needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIOM 250</td>
<td>Microbiology for Health Sciences</td>
<td></td>
</tr>
<tr>
<td><strong>Fall Third Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHSX 205 and 206</td>
<td>College Physics I and Lab</td>
<td>Prerequisite M 122 or M 151</td>
<td></td>
</tr>
<tr>
<td>HHP 377 and HHP 378</td>
<td>KIN 320 and KIN 321</td>
<td>Exercise Physiology and Lab</td>
<td>Prerequisite Anatomy and Physiology, KIN 201</td>
</tr>
<tr>
<td>HHP 368 and HHP 369</td>
<td>KIN 322 and KIN 323</td>
<td>Kinesiology and Anatomical Kinesiology Lab</td>
<td>Prerequisite Anatomy and Physiology</td>
</tr>
<tr>
<td>HHP 240 and HHP 241</td>
<td>AHAT 210 and AHAT 213</td>
<td>Prev and Care of Athletic Inj and Lab</td>
<td></td>
</tr>
<tr>
<td><strong>Spring Third Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHSX 207 and 208</td>
<td>College Physics II and lab</td>
<td>Prerequisite PHSX 205</td>
<td></td>
</tr>
<tr>
<td>HHP 288 and 289</td>
<td>ECF 120 and ECP 121</td>
<td>Emergency Medical Responder and Lab</td>
<td></td>
</tr>
<tr>
<td>HHP 475E</td>
<td>HTTH 475E</td>
<td>Leg Eth Issues Hlth Ex Pro</td>
<td>Prerequisite junior standing</td>
</tr>
<tr>
<td>HHP 460</td>
<td>KIN 325</td>
<td>Biomechanics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHAR 110</td>
<td>Use &amp; Abuse of Drugs</td>
<td></td>
</tr>
</tbody>
</table>
**Submit Application to the Professional Program by Feb 1st as well as UM Graduate School Applications received after the deadline will be considered on a rolling admissions basis if available slots exist.**

### Summer Fourth Year  
**Master's in Athletic Training**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATEP 534</td>
<td>Athletic Training Techniques</td>
</tr>
<tr>
<td>ATEP 566</td>
<td>Therapeutic Modalities</td>
</tr>
</tbody>
</table>

### Fall Fourth Year  
**Master's in Athletic Training**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATEP 542</td>
<td>Assessment of Lower Extremities</td>
</tr>
<tr>
<td>ATEP 540</td>
<td>Clinical Practicum in Ath Train I</td>
</tr>
<tr>
<td>ATEP 569</td>
<td>Clinical Anatomy Lab</td>
</tr>
<tr>
<td>HHP 520</td>
<td>Educational Research</td>
</tr>
<tr>
<td>HHP 450</td>
<td>KIN 447</td>
</tr>
</tbody>
</table>

### Spring Fourth Year  
**Master's in Athletic Training**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTR 411</td>
<td>Nutrition for Sport &amp; Exercise</td>
</tr>
<tr>
<td>ATEP 572</td>
<td>Therapeutic Exercise</td>
</tr>
<tr>
<td>ATEP 544</td>
<td>Assessment of Upper Extremities</td>
</tr>
<tr>
<td>ATEP 541</td>
<td>Clinical Practicum in Ath Train II</td>
</tr>
<tr>
<td>HHP 523</td>
<td>Case Studies in Sport Psychology</td>
</tr>
</tbody>
</table>

### Summer Fifth Year  
**Master's in Athletic Training**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATEP 574</td>
<td>Manual Therapy Techniques</td>
</tr>
<tr>
<td>ATEP 546</td>
<td>Assessment of Thorax and Med Cond</td>
</tr>
</tbody>
</table>

### Fall Fifth Year  
**Master's in Athletic Training**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHP 699 / 599</td>
<td>Thesis/Professional Paper</td>
</tr>
<tr>
<td>ATEP 550</td>
<td>Adv. Clinical Practicum in Ath Train I</td>
</tr>
<tr>
<td>ATEP 578</td>
<td>Leadership in Athletic Training</td>
</tr>
</tbody>
</table>

### Spring Fifth Year  
**Master's in Athletic Training**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHP 699 / 599</td>
<td>Thesis/Professional Paper</td>
</tr>
<tr>
<td>Elective</td>
<td>In or Out of Department Elective</td>
</tr>
<tr>
<td>HHP 479</td>
<td>AHAT 479</td>
</tr>
</tbody>
</table>

**Program fee: There is an additional fee of $925/semester in addition to regular tuition and fees. This fee will help cover the cost of lab equipment, accreditation costs, adjunct teaching, and software. Other fees may include but are not limited to criminal background check ($55), shirts ($30), medical packs/kits ($30), and NATA membership fee (approx. $60).**

**Please Note:**
ATEP 540, 541, 550, 551 each requires clinical education at various sites. Hour commitments may vary from 200 hours to 250 hours per class. For ATEP 540 & 550 the course dates run from August 1st until December 31st and for ATEP 541 & 551, the course dates run from January 1st until the end of spring semester (note: these dates do run outside of the typical semester timeline) Students should be aware that this is a considerable time commitment and should plan accordingly. Students may be expected to accumulate more hours each semester in some rotations due to the demands of the particular rotation and may be placed on rotation outside the typical semester. Students must also be available nights and weekends for clinical assignments.
# TRADITIONAL TWO YEAR MASTER’S PROGRAM

## Summer First Year Master’s Athletic Training Program

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATEP 534</td>
<td>Athletic Training Techniques</td>
<td>3</td>
</tr>
<tr>
<td>ATEP 566</td>
<td>Therapeutic Modalities</td>
<td>3</td>
</tr>
</tbody>
</table>

## Autumn First Year Master’s Athletic Training Program

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATEP 540</td>
<td>Clinical Practicum in Athletic Training I</td>
<td>3</td>
</tr>
<tr>
<td>ATEP 542</td>
<td>Assessment of the Lower Extremities</td>
<td>3</td>
</tr>
<tr>
<td>ATEP 569</td>
<td>Clinical Anatomy Lab</td>
<td>1</td>
</tr>
<tr>
<td>HHP 520</td>
<td>Educational Research</td>
<td>3</td>
</tr>
</tbody>
</table>

## Spring First Year Master’s Athletic Training Program

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTR 411</td>
<td>Nutrition for Sport &amp; Exercise</td>
<td>3</td>
</tr>
<tr>
<td>ATEP 541</td>
<td>Clinical Practicum in Athletic Training II</td>
<td>3</td>
</tr>
<tr>
<td>ATEP 544</td>
<td>Assessment of the Upper Extremities</td>
<td>3</td>
</tr>
<tr>
<td>ATEP 572</td>
<td>Therapeutic Exercise</td>
<td>3</td>
</tr>
<tr>
<td>HHP 523</td>
<td>Case Studies in Sport Psychology</td>
<td>3</td>
</tr>
</tbody>
</table>

## Summer Second Year Master’s Athletic Training Program

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATEP 546</td>
<td>Assessment of the Thorax and Medical Conditions</td>
<td>3</td>
</tr>
<tr>
<td>ATEP 574</td>
<td>Manual Therapy Techniques</td>
<td>3</td>
</tr>
</tbody>
</table>

## Autumn Second Year Master’s Athletic Training Program

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATEP 550</td>
<td>Advanced Clin. Practicum in Athletic Training I</td>
<td>3</td>
</tr>
<tr>
<td>HHP 599/699</td>
<td>Professional Paper/Thesis</td>
<td>3</td>
</tr>
<tr>
<td>ATEP 578</td>
<td>Leadership in Athletic Training</td>
<td>3</td>
</tr>
<tr>
<td>Elective</td>
<td>Non-thesis option</td>
<td>3</td>
</tr>
</tbody>
</table>

## Spring Second Year Master’s Athletic Training Program

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATEP 551</td>
<td>Advanced Clin. Practicum in Athletic Training II</td>
<td>3</td>
</tr>
<tr>
<td>HHP 599/699</td>
<td>Professional Paper/Thesis</td>
<td>3</td>
</tr>
<tr>
<td>Elective</td>
<td>In or Out of Department Elective</td>
<td>3</td>
</tr>
<tr>
<td>AHAT 479</td>
<td>Topics in Sports Medicine</td>
<td>2</td>
</tr>
<tr>
<td>Elective</td>
<td>Non-thesis option</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total 57 credits**

---

**UMATP Clinical Education Plan**
Clinical Education Plan:

The clinical education component of the UM ATP is designed to provide “real life” learning experiences for students following classroom and laboratory competence. The clinical experiences are encompassed within educational courses in which students are assigned to supervising preceptors on the campus of the University of Montana as well as to those working at off-campus affiliated sites.

All aspects of the clinical experience emphasize cooperative and collaborative learning among students as well as directed practical applications from a certified athletic trainer. Responsibilities of the athletic training student are determined on an individual basis, incorporating his/her success in the didactic program component as well as his/her clinical competence. An agreement is formed between the student, Athletic Training Program, and clinical affiliates defining the learning opportunities provided at each facility, the projected outcomes of each experience, and the evaluative procedures used to determine the effectiveness of the experience.

The criteria used in the placement of students include the qualifications of the preceptor, the commitment of the preceptors in the administration of teaching, adequate athlete/patient resources for teaching and the presence of up-to-date equipment and resources. Students are assigned multiple week rotations providing a wide range of experience with individual and team sports, equipment intensive sports, non-sport populations, and patients of different sexes. Students will be exposed to a variety of orthopedic and medical conditions throughout their clinical experiences.

All students are required to successfully complete the clinical component of the curriculum. Clinical assignments are delineated to facilities providing comprehensive health care services, including but not limited to, practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation and related services.

The Athletic Training Program/Clinical Director decide placement of students with preceptors. During the first year of a student’s involvement with the program, he/she is assigned to a variety of rotations, sometimes under the supervision of the same preceptor. During the second year of clinical experience, students will be assigned to a preceptor for the length of in-season competition. The remaining clinical experience time will be allotted to additional rotations.
Clinical Rotations:

Rhinehart Athletic Training Center

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.C. Weida</td>
<td>Head Certified Athletic Trainer</td>
<td><a href="mailto:jc.weida@mso.umt.edu">jc.weida@mso.umt.edu</a></td>
</tr>
<tr>
<td>Justin Hunt</td>
<td>Assoc Certified Athletic Trainer</td>
<td><a href="mailto:justin.hunt@mso.umt.edu">justin.hunt@mso.umt.edu</a></td>
</tr>
<tr>
<td>Karla Judge</td>
<td>Asst. Certified Athletic Trainer</td>
<td><a href="mailto:karla.judge@mso.umt.edu">karla.judge@mso.umt.edu</a></td>
</tr>
<tr>
<td>Drew Babcock</td>
<td>Asst Certified Athletic Trainer</td>
<td><a href="mailto:drew.babcock@mso.umt.edu">drew.babcock@mso.umt.edu</a></td>
</tr>
<tr>
<td>Klare Matthew</td>
<td>Asst Certified Athletic Trainer</td>
<td><a href="mailto:klare.matthew@mso.umt.edu">klare.matthew@mso.umt.edu</a></td>
</tr>
<tr>
<td>Stephanie Magee</td>
<td>GA ATC</td>
<td><a href="mailto:stephanie.magee@umconnect.umt.edu">stephanie.magee@umconnect.umt.edu</a></td>
</tr>
<tr>
<td>Michelle Buechner</td>
<td>GA ATC</td>
<td><a href="mailto:michelle.buechner@umconnect.umt.edu">michelle.buechner@umconnect.umt.edu</a></td>
</tr>
</tbody>
</table>

RATC phone number: 406-243-6362

First year professional students will have the opportunity to work with several different clinical preceptors throughout the year. During this time, students will complete hours as set forth by their assigned clinical preceptor and may have additional event coverage outside of their assigned clinical rotation as determined by their assigned preceptor. Students may also be assigned rotations outside the typical semester timeline.

Second year professional students will be assigned a clinical preceptor for the length of an in-season sport (which may extend beyond the typical semester timeline). During this time, students will complete hours as set forth by the clinical preceptor and may have additional event coverage outside of their assigned clinical rotation as determined by their assigned preceptor.

For all students, there will be ongoing events on campus and in the community. You may voluntarily sign up for these additional events as long as these hours are completed under direct supervision by a clinical preceptor.

Physical Therapy Clinic/Community Outreach

<table>
<thead>
<tr>
<th>Name</th>
<th>Preceptor</th>
<th>E:Mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Botkin PT, ATC</td>
<td><a href="mailto:botkinsportsmed@gmail.com">botkinsportsmed@gmail.com</a></td>
<td>406-542-4702</td>
<td></td>
</tr>
<tr>
<td>Samantha Riordan, ATC</td>
<td><a href="mailto:samantha.riordan@umontana.edu">samantha.riordan@umontana.edu</a></td>
<td>406-542-4702</td>
<td></td>
</tr>
<tr>
<td>Tim Messer PT, ATC</td>
<td><a href="mailto:tim@activeptsports.com">tim@activeptsports.com</a></td>
<td>406-829-9600</td>
<td></td>
</tr>
<tr>
<td>Christine Howard MS, ATC</td>
<td><a href="mailto:chrstnehwrd@gmail.com">chrstnehwrd@gmail.com</a></td>
<td>406-542-4702</td>
<td></td>
</tr>
</tbody>
</table>

Athletic training students will be assigned to a clinical preceptor for a period several weeks during their first or second year in the ATP. This rotation will provide students with experience in a clinical and high school/community outreach setting (practices and competitions). Students are expected to gain a minimum of 8 hours per week of clinical experience in this rotation. Students should meet with their clinical preceptor prior to the start of the rotation to review expectations throughout the rotation, dress code, policies/procedures, and to set schedules.
Physician Extender

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>E:Mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tasha Kohlwes ATC</td>
<td><a href="mailto:TashaKohlwes@missoulaboneandjoint.com">TashaKohlwes@missoulaboneandjoint.com</a></td>
<td>406-829-5551</td>
</tr>
<tr>
<td>Dustin Burton ATC</td>
<td><a href="mailto:DustinBurton@missoulaboneandjoint.com">DustinBurton@missoulaboneandjoint.com</a></td>
<td>406-542-4702</td>
</tr>
</tbody>
</table>

High School

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>E:Mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tori Stahl, ATC</td>
<td><a href="mailto:tstahl@mcps.k12.mt.us">tstahl@mcps.k12.mt.us</a></td>
<td>406-239-5054</td>
</tr>
<tr>
<td>Danyel Halko, ATC</td>
<td><a href="mailto:dmhalko@mcps.k12.mt.us">dmhalko@mcps.k12.mt.us</a></td>
<td>406-274-8363</td>
</tr>
<tr>
<td>Paul Capp, ATC</td>
<td><a href="mailto:jpaul.capp@gmail.com">jpaul.capp@gmail.com</a></td>
<td>406-868-6403</td>
</tr>
</tbody>
</table>

Athletic training students will be assigned to a high school during their first year in the ATP. Other events with the above clinical preceptors may offer additional experience for students to take advantage of the additional experience is strongly encouraged. This rotation allows students to gain clinical experience covering practices and competitions in a high school setting. Students are expected to gain a minimum 10 hours per week of clinical experience in this rotation. Students should meet with their clinical preceptor prior to the start of the rotation to review expectations throughout the rotation, dress code, policies/procedures, and to set schedules.

Missoula Maulers

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>E:Mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lindsey Ross, MS, ATC</td>
<td><a href="mailto:lindz_nuno@hotmail.com">lindz_nuno@hotmail.com</a></td>
<td>406-239-6530</td>
</tr>
</tbody>
</table>

• **Students completing off campus rotations need to carry a fanny/medical pack for practice and game coverage.**

UM Western/Carroll College

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>E:Mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janelle Handlos</td>
<td><a href="mailto:j_handlos@umwestern.edu">j_handlos@umwestern.edu</a></td>
<td>406-683-7220</td>
</tr>
<tr>
<td>Russ Richardson</td>
<td><a href="mailto:r_richardson@umwestern.edu">r_richardson@umwestern.edu</a></td>
<td>406-683-7391</td>
</tr>
<tr>
<td>Kaleb Birney</td>
<td><a href="mailto:kalebbirney@gmail.com">kalebbirney@gmail.com</a></td>
<td>406-683-7220</td>
</tr>
<tr>
<td>Jake Ritter</td>
<td><a href="mailto:jritter@carroll.edu">jritter@carroll.edu</a></td>
<td>509-720-0242</td>
</tr>
<tr>
<td>Brian Coble</td>
<td><a href="mailto:bcoble@carroll.edu">bcoble@carroll.edu</a></td>
<td>406-447-5524</td>
</tr>
<tr>
<td>Kris Ward</td>
<td><a href="mailto:kward@carroll.edu">kward@carroll.edu</a></td>
<td>406-447-5471</td>
</tr>
</tbody>
</table>

Students may choose to gain additional experience and travel to UM Western or Carroll College. This rotation is arranged through the Program/Clinical Director.

Curry Health Center/Health Care Facility

**Curry Health Center Contact:** Susan Krahn 243-4330  
**Montana Neurobehavioral Specialists Contact:** Maddy Boyle 327-3853
All ATSs will complete rotations through the Curry Health Center (CHC) or a local medical facility with qualified health care providers (i.e. MD, PA, NP, etc.) one to two weeks. Curry Health Center (CHC) or a local health care facility will provide students with experience in a general medical health care setting. Athletic training students will be able to observe and work along with a variety of allied health care professionals. Students are expected to gain roughly 8-10 hours per week of clinical experience in this rotation. Students should meet with the Clinical Director/Program Director prior to the start of the rotation to arrange schedules. Appropriate attire for this rotation includes dress pants and a collared shirt.

UMATP CLINICAL EDUCATION PLAN OBJECTIVES

First Year Master’s Athletic Training Students
Students formally admitted into the Master’s Program

Clinical Requirements:
1. Completion of a minimum of 20 hours in a two week period or maximum of 60 hours in two weeks of clinical education
2. Clinical education opportunities at high school/clinic, medical facility, and collegiate settings

Objectives:
Summer/Autumn:
1. Demonstrate an understanding of operational policies and procedures of an athletic training facility, clinic, or high school. This includes, but is not limited to opening and closing duties, cleaning, maintenance, preparing whirlpools and other modalities, administrative duties such as filing, and data entry
2. Develop a working knowledge and perform injury documentation, utilizing both paper and computerized systems
3. Modality set-up with parameters provided by preceptor or higher level professional athletic training student
4. Assist with the pre and post practice treatment of athletes
5. Initiate evaluation of injured athlete under the supervision of a preceptor (lower extremity injury)
6. Use appropriate medical terminology
7. Gain a working knowledge of emergency action plans (understand role, know telephone numbers, memorize procedures
8. Perform basic techniques of taping, wrapping, and bracing
9. Provide proper first aid to injured athletes
10. Adhere to OSHA standards and guidelines

Spring
1. Initiate evaluation of injured athlete under the supervision of a preceptor (upper extremity)
2. Evaluate and determine appropriate treatment of lower extremity injuries
3. Develop and implement rehabilitation programs under the supervision of a preceptor
4. Practice and event coverage with assigned preceptor
5. Gain a better understanding of general medical conditions through clinical observation
6. Maintain current CPR for the Professional Rescuer certification/HealthCare Provider
7. Collaborate and communicate effectively with pre-professional athletic training students, other professional athletic training students, and supervising preceptors

Year One Course Work:
ATEP 534 Athletic Training Techniques
ATEP 566 Therapeutic Modalities
ATEP 540 Clinical Practicum in Athletic Training I
ATEP 542 Assessment of the Lower Extremities
ATEP 569 Clinical Anatomy Lab
ATEP 541 Clinical Practicum in Athletic Training II
ATEP 544 Assessment of the Upper Extremities
ATEP 572 Therapeutic Exercise
HHP 523 Case Studies in Sport Psychology

**Second Year Master’s Athletic Training Student**

Students formally admitted into the Master’s Program

**Clinical Requirements:**
1. Completion of a minimum of 20 hours in a two week period or maximum of 60 hours in two weeks of clinical education
2. Clinical education opportunities at PT clinic/HS, medical facility, and collegiate setting (ATS will spend the length of an entire season with one clinical preceptor)

**Objectives: (in addition First Year objectives)**
1. To evaluate upper and lower extremity athletic injuries with confidence and to communicate those findings with the supervising preceptor and/or team physician
2. Initiate evaluation of spine/thorax injured athlete under the supervision of a preceptor
3. Initiate evaluation of general medical conditions under the supervision of a preceptor
4. To determine appropriate use and selection of modalities and with what parameters
5. To devise and implement preventative, conditioning, post-injury, and post-surgical rehabilitation programs
6. Mentoring of the pre-professional athletic training students as well as other professional athletic training students
7. Increase working knowledge in the conduction of the general medical assessment, as well as communicating and working with a diverse population
8. Collaborate with other pre-professional athletic training students, other professional athletic training students, and supervising preceptors
9. Gain a deeper understanding of administrative policies and procedures for a health care facility
10. Maintain current CPR for the Professional Rescuer/Health Care Provider certification
11. Increased responsibilities with practice and event coverage; play an active role in athlete’s care

Year Two Course Work:
ATEP 546 Assessment of the Thorax and Medical Conditions
ATEP 574 Manual Therapy Techniques
ATEP 550 Advanced Practicum in Athletic Training I
ATEP 551 Advanced Practicum in Athletic Training II
ATEP 578 Leadership in Athletic Training
AHAT 479 Topics in Sports Medicine

**General Medical Clinical Rotation Objectives:**

1. AT students will observe associated general medical (GM) conditions affecting systems other than the musculoskeletal system.
2. AT students will observe a variety of physical and psychological assessments and treatment approaches performed by various medical clinicians.
3. AT students will observe a variety of procedures and techniques utilized by clinicians to diagnose medical conditions.
4. Provide AT students the opportunity to observe and gain hands on experience with diagnostic tools/instruments (otoscope, stethoscope, etc) to identify abnormal medical conditions.
5. Students will gain an understanding of common acquired or congenital abnormalities, physical disabilities, and diseases affecting people who engage in physical activity throughout their life span (ex: diabetes, arthritis, etc)

**Hour Requirement:**

On average students will complete about 15-20 hours a week of clinical education. There will be variation in the number of hours the student will be in the assigned clinical rotation depending on the clinical preceptor to which the student is assigned and the demands of the sport. Some exceptions to the hour accumulation guidelines may be considered depending on the clinical rotation. Decisions are considered on an individual basis.

- Any concerns in obtaining sufficient clinical hours should be addressed with the Program/Clinical Director.
- The maximum requirement of clinical experience is 30 hours per week or 60 hours in a two week period. If students exceed the two week 60 hour maximum,
the Program/Clinical Director will notify them to reduce their clinical hours the following two weeks.

- The minimum hour requirement for students is 10 hours in a two week period (unless a student is specifically scheduled to be off)
- Students must have one day off in a 7 day period (CAATE guideline)
- During pre-season or winter-session, students may exceed the 30 hours per week guideline or 60 hours in a two week period; however students must have one day off in a 7 day period.

**Hour Logs:**

- Hours must be recorded online using EValue software. Hours must be verified by an appropriate clinical preceptor on a weekly basis.
- **Unsupervised time may not be included in the hours.** Travel time to an away event with a clinical preceptor may not be included in the clinical hour requirement.
- Students may also track hours on paper using the hour log for their personal records; however, all hours must be logged online.

**Clinical Site Visits:**

The Program and/or Clinical Directors will conduct at least one clinical site visit each year. The purpose of these visits is to observe the athletic training students in their clinical rotation and to facilitate effective communication with the preceptors. The Program and Clinical Directors will conduct meetings with the preceptors at the beginning and end of each academic year to obtain feedback on improving clinical education.

**Proof of Insurance Coverage:**

While participating in assigned clinical rotation with an established clinical education facility of the University of Montana, students will be covered by the blanket UM malpractice insurance. Students may want personal liability insurance in addition to the University’s insurance.

**Clinical Education Supervision:**

Preceptors must be physically present and have the ability to intervene on behalf of the athletic training student to provide on-going and consistent education. The preceptor must consistently interact with the athletic training student at the site of the clinical experience.

**Athletic Training Educational Competencies:**

The educational competencies matrix is online at ATrack. The entry-level athletic training competencies serve two purposes: (1) they define the common set of skills that
entry level athletic trainers should possess; and (2) they define the structure of athletic training clinical education as an outcomes-based qualitative system. Students should track the completion of competencies online.

**Athletic Training Educational Competencies Outcomes:**

The student will complete clinical integration proficiencies as outlined in their clinical course syllabi. These are based on didactic course experience and clinical instruction. The proficiencies should be met by the deadline given by the instructor. The preceptor may evaluate students during clinical practicum courses, during any lab setting in which there is time, or during any study session. The preceptor may also evaluate students at the clinical site. All clinical integration proficiencies must be practiced with a peer and successfully completed under preceptor/instructor observation prior to performing that skill on an athlete. Please be aware of the preceptor’s schedule and schedule appropriate times to complete proficiencies. Plan ahead!

The following terms are descriptions of the evaluation criteria for each clinical integration proficiency. Students are required to have a peer review each proficiency in the clinical setting before asking a preceptor to evaluate skills and knowledge.

**Clinical Integration Proficiency Grading Criteria:**

- **P** = Proficient/Passed
- **NP** = Not Proficient
- **NI** = Needs Improvement
- **NE** = Not Evaluated
- **IA** = Initial Assessment

**Evidence Based Medicine (EBM)**

**What is EBM?**
Integration of best research evidence with clinical expertise and patient values to make clinical decisions (Sackett, et al, 1996). The foremost reason for using EBM is to improve the care delivered to patients. EBM provides clinicians with tools for finding evidence and analyzing the quality of that evidence to make informed decisions about patient care. EBM promotes critical thinking in the clinician and requires open-mindedness to look for and try new methods scientifically supported by the literature.
How to practice EBM: 5 Steps for incorporating EBM into clinical practice

1. Define clinically relevant questions: clinical questions must be formulated in such a way that the search for answers will lead to helpful results. To pose a clear question, the clinician must include these four components: 1) patient population, 2) intervention/treatment, 3) a comparison group, and 4) outcome of interest.

2. Search for the best evidence: Establishing a set of criteria for article selection will ease the search (ie, only articles in the past 5 years); MEDLINE, PubMed, SPORTDiscus, Cochrane Library, Best Evidence, UptoDate, etc.

3. Critically Appraise the Evidence: This involves rating the quality of the article and applying statistical results to clinical practice. Examining likelihood ratios, numbers needed to treat, and confidence intervals are other ways of presenting clinically relevant significance rather than just the traditional P values for significance.

4. Applying the Evidence: Integrate the information discovered into practice.

5. Evaluate the Performance of EBM: Use critical thinking skills to determine if the outcome worked and if the process of EBM worked. As with any skill, this takes time and practice.


University of Montana Athletic Training Program
Social Media Policy

Athletic Training Students (ATS)

Public Media

Public media refers to technologies used to communicate messages (dissemination of fact, opinion, and entertainment) and whose mission is to serve or engage a public. Public media domains include print outlets (such as newspapers, books, magazines, posters, flyers, etc.), traditional public and commercial broadcasts (such as TV, radio, film), digital (such as the Internet, e-mail, social networks, podcasting, chatrooms and blogging), and any new platforms and distribution mechanisms to expand reach and engage audiences (listeners, users).

When utilizing any public media outlets, ATS are expected to conduct themselves responsibly as members of the AT Program, the Athletics Department, the College and the community.

Social Networks

Social network sites such as Facebook, Myspace, Friendstar, Xanga, Twitter and Bebo and other new digital platforms and distribution mechanisms facilitate students communicating with other students. Participation in such networks has both positive appeal and potentially negative consequences. It is important that ATS be aware of these consequences and exercise appropriate caution if they choose to participate. ATS are not restricted from using any on-line social network sites and digital platforms (such as the Internet, e-mail, podcasting, chatrooms, and blog sites). However, users must understand that any content they make public via on-line social
networks or digital platforms is expected to follow acceptable social behaviors and also to comply with federal government, the State of Montana, the University of Montana and the AT Program. Ignorance of these regulations does not excuse ATS from adhering to them.

Guidelines

The following guidelines are intended to provide the framework for ATS to conduct themselves safely and responsibly in an on-line environment. As an ATS at the University of Montana you should:

1. Be careful with how much and what kind of identifying information you post on on-line social network sites. Virtually anyone with an edu e-mail address can access your page. It is unwise to make available information such as full date of birth, social security number, address, residence hall room number, phone number, cell phone numbers, class schedules, bank account information, or details about your daily routine. All can facilitate identity theft or stalking.

2. Facebook and other sites provide numerous privacy settings for information contained in its pages; use these settings to protect private information.

3. Be aware that potential current and future employers often access information you place on on-line social network sites. You should think about any information you post on Facebook or similar directories potentially providing an image of you to a prospective employer. The information posted is considered public information. Protect yourself by maintaining a self-image that you can be proud of several years from now.

4. Be sure to not have a false sense of security about your rights to freedom of speech. Understand that freedom of speech is not unlimited. The on-line social network sites are not a place where you can say and do whatever you want without repercussions.

Prohibited Conduct

ATS are highly visible representatives of the college and are expected to uphold the values and responsibilities of the college while meeting all requirements set forth by the University of Montana and the AT Program. The AT Program prohibits malicious and reckless behavior when utilizing public media outlets. It is important that ATS recognize the power of public media domains and the potentially negative image that they can portray about student-athletes, coaches, the athletics program, and the college. The malicious use of on-line social networks or any public media domain shall not be tolerated and may result in disciplinary action. Such malicious uses include, but are not limited to:

1. Derogatory language and remarks about other ATS, athletes, coaches, athletics administrators or representatives of other universities or colleges; UM faculty or staff.
2. Demeaning statements about, or threats to, any third party.
3. Incriminating photos or statements depicting violence; hazing; sexual harassment; vandalism, stalking; underage drinking; selling, possessing, or using controlled substances; or any other inappropriate behaviors.
4. Creating a serious danger to the safety of another person or making a credible threat of serious physical or emotional injury to another person.
5. Indicating knowledge of an unreported felony theft or felony criminal damage to property.
6. Indicating knowledge of an unreported NCAA violation regardless if the violation was unintentional or intentional. If a ATS is found to be inappropriately using an on-line social network, he or she will be in direct violation of this policy and subject to the appropriate sanctions administered by the college or the AT Program.
I have read and understand the social media policy:

________________________________________
Printed Name

________________________________________
Signature

__________________________
Date
UM AT Program Graduate Faculty Expectations

Professionalism
- Represent yourself, our program, and our University in a professional, respectful manner
- Follow and support the NATA Code of Ethics, BOC Standards of Professional Practice, and CAATE Standards

Research
- To provide intellectual guidance and rigor on students’ educational programs and specific research projects
- To provide students with knowledge of the current opportunities in disciplinary and inter- or cross-disciplinary research
- To provide appropriate guidelines, including expected timetables, for completion of research projects, and to respect students’ research interests/goals and to assist students in pursuing/achieving them

Teaching and Mentoring
- To provide clear expectations to each student in the classroom and provide a course syllabi that meets CAATE standards
- To encourage and assist students in developing teaching/presentation skills
- To provide sound intellectual guidance on evidence based practice pertinent to the discipline/profession
- To evaluate student progress and performance in a timely, regular, and constructive fashion
- To serve, when requested, as an informed advisor and a professional mentor

Professional Development
- To encourage student participation in scholarly activities, including conference presentations, publications, professional networking, grant writing, and applying for copyrights and patents
- To prepare students to enter the job market with requisite professional skills, with an appropriate range of professional contacts, and with a realistic view of the current state of that market, both within and outside of the profession
- To avoid assignment of any duty or activity that is outside the graduate student’s academic responsibility or harmful to his or her timely completion of the degree

Community
- To be fair, impartial, and professional in all dealings with graduate students in accordance with university policies
- To create, in the classroom, laboratory, or clinical environment an ethos of collegiality so that learning takes place within a community of scholars
- To avoid all situations that could put yourself or students in positions of any conflicts of interest
Appendix A

Clinical Education Forms
THE UNIVERSITY OF MONTANA
ATHLETIC TRAINING EDUCATION PROGRAM
CLINICAL EDUCATION AFFILIATION AGREEMENT

This Agreement, made this ________day of ______________, 20__ by and between The University of Montana (hereinafter referred to as the Institution) ______________________ (herein referred to as Affiliate and Affiliate’s provider) shall govern the use of the Affiliate’s facilities by the student enrolled in the Institution’s Athletic Training Program (herein referred to as Program). The agreement is based on policies outlined below and may be revised as necessary by mutual agreement between the Institution’s Program and the Affiliate’s provider. Representatives from the Institution and the Affiliate’s provider will communicate prior to renewing the Agreement to evaluate the past experiences and identify utilization of clinical resources needed by the Institution for the next year, including a schedule.

The Institution and the Affiliate’s provider both being desirous of cooperating in a plan to furnish clinical educational experience for students in the athletic training education program, do mutually agree on the following:

Introduction:

1. The purpose of this agreement shall be to provide clinical education (e.g. learning) experiences to students enrolled in the education Program of the Institution.
2. Consideration for this agreement shall consist of the mutual promises contained herein, the parties agreeing that monetary compensation shall neither be expected nor received by either party.
3. The clinical education experience shall be provided in the Affiliate’s facility, located at: ______________________________________________________(herein referred to as Facility)
4. Although this is considered a clinical education experience, the Affiliate’s provider or Affiliate staff may chose to assess clinical competencies or proficiencies or rely on the Institution’s Program staff to assess these educational competencies and proficiencies.

The Institution and Program agree:

1. The Institution and Program shall warrant that each student assigned to care for patients is currently in good academic standing with a cumulative grade point average of not lower than 3.0 on a 4.0 scale.
2. The Institution and Program will assume responsibility for notifying students they must meet all legally permissible Affiliate requirements (i.e., technical standards agreement) as a condition for participating at Affiliate’s site. In addition, the Institution and the program will notify students they must submit to a name based and fingerprint based criminal background check pursuant to Board policy and for admittance into the Athletic Training Program (ATP). The cost of the background check shall be the responsibility of the Student. The Affiliate reserves the right to deny access to individuals who, in the sole discretion of the Affiliate, do not possess a satisfactory criminal history. The Director of the ATP will receive a copy of each student’s background check from certifiedbackground.com.
3. The Institution will assume full academic and administrative responsibility for the planning and execution of the Program, including, selection of students for clinical assignments. However, the Institution’s Program representative shall confer with the Affiliate personnel in advance of the Program’s planned schedule of student assignments to clinical education areas, including the dates of assignments, number of students assigned, and type of educational experience. This schedule will require the approval of the affiliated administrator.

4. All students engaged in clinical experiences will present proof of having received the Hepatitis B vaccine and tuberculosis skin testing. The Institution shall maintain individual records.

5. The Institution’s Program will assume the responsibility for verifying that all Affiliate clinical instructors must be certified by the National Athletic Trainers’ Association (NATA) or comparative certification/licensure of profession. All national and state licensure/certification numbers must be on file with the Institution.

6. The Institution’s Program shall direct students to comply with published policies and procedures of the Program and Affiliate, and ensure that students have received adequate information regarding hazardous communication and universal precautions prior to assignment to the Affiliate.

7. Students shall meet all affiliate uniform and dress code requirements while engaged in any program activity at affiliate’s site.

8. The Institution’s Program shall assure that each student is covered by professional liability insurance of at least $1,000,000 per occurrence by The University of Montana.

9. The Institution shall maintain state or national accreditation by the appropriate body.

10. The students of the Institution’s Program shall provide their own transportation to and from the Affiliate at said student’s expense.

11. Students of the Institution’s Program shall not be allowed to participate in clinical practice in any department in the health agency without prior consent of the liaison person and/or director of the Program.

12. Students of the Institution shall not be reimbursed for rendering services to patients during the course of the clinical education program governed by this agreement, but shall donate their services to the health agency for the privilege of learning.

13. HOLD HARMLESS AGREEMENT: To the extent allowed under Title 2, Chapter 9 of Montana Code Annotated, ______________ and U of M each, respectively, agree to be responsible for and indemnify the other party for the negligent and intentional acts of their respective employees, agents, representatives, divisions, and affiliates that arise out of or are related to the performance of the services under this Agreement.

The Affiliate and Affiliate’s Provider agrees:

1. The Affiliate’s provider is responsible for the quality of health care rendered to patients.

2. The Affiliate and Affiliate’s provider shall make its facilities and patient care situations available to the student of the institution’s Program for the purpose of education and learning.

3. The Affiliate and Affiliate’s provider shall be responsible for and retain absolute control over the organization, administration, operation, and financing of its services.
4. The Affiliate and Affiliate’s provider will make available for students experience the clinical means for providing patient care, including but not limited to, necessary expendable equipment and supplies.

5. The number of students receiving clinical education experiences at the Affiliate will be determined by the Affiliate’s provider and approved by the Director of the Program.

6. The Affiliate and Affiliates provider shall have the right to deny access to or request removal from its facilities any student (1) whose performance is unsatisfactory; (2) whose personal characteristics or disregard for Affiliate regulation, policies, or procedures interfere with his/her performance or Affiliate operation; or (3) whose academic record with the Institution does not meet professional and Program requirements.

7. No reduction in staff (e.g., clinical instructors) shall be made by the Affiliate because of the presence of the Program’s students.

8. The Institution shall provide oversight of the Affiliate site and the Affiliate’s provider shall provide direct supervision and clinical instruction to the Program’s students that meet all accreditation standards.

9. The service or duties of all Program students in the Affiliate’s facilities are for the purpose of obtaining clinical education and experience, and are not for the purpose of furthering the business (i.e., workforce) or the Affiliate. The Program’s student’s clinical education hours should not exceed 30 hours per week or 60 hours in a two week period without prior permission from the Program Director.

10. There is no contract of hire, express or implied, or any employer-employee relationship between the Affiliate and any student involved in the Program.

11. The Affiliate and Affiliate’s provider shall provide the use of instructional and library resource materials as may be available. The students must get permission before taking any resources from the Facility.

12. The Institution and Program shall be informed regarding additional education programs and changes in clinical facilities, which may affect the Program. Where multiple educational programs exist, the Affiliate shall devise ways for coordination so that all programs may have maximum benefit of learning experiences.

13. HOLD HARMLESS AGREEMENT: To the extent allowed under Title 2, Chapter 9 of Montana Code Annotated, ________________ and U of M each, respectively, agree to be responsible for and indemnify the other party for the negligent and intentional acts of their respective employees, agents, representatives, divisions, and affiliates that arise out of or are related to the performance of the services under this Agreement.

Institution, Program, and Affiliate jointly agree:

1. The Affiliate’s provider and Institution’s Program liaison will meet only when the Programs students are receiving clinical education experience to assure systematic planning and the exchange of information regarding policy changes, problems, evaluation, and new developments,

2. The right is reserved to either party to formally ask to have included in the program of training and/or education any additional features that it may deem desirable. Both parties hereby agree to give reasonable consideration to any such requests.
3. The confidentiality of patient records and student records shall be maintained at all times in accordance with Affiliate’s confidentiality protocol.

4. The Institution’s Program shall provide a required orientation to the clinical education program and preceptor training for all involved Affiliate personnel and students (completion of preceptor training can be fulfilled face to face or online). The Affiliate’s provider will be responsible for providing orientation to students, as to the policies and procedures of the Affiliate. Such an orientation shall include, but not be limited to, cardiac arrest protocol, policies and procedures pertaining to the area of assignment, to fire and safety, infection control, universal precautions, and effective teaching and learning methods. The Affiliate and Affiliate’s provider shall have the right to require additional orientation as deemed necessary.

5. The maximum number of students from the Program assigned to the Affiliate’s provider during any instructional period shall be established by mutual agreement, and determined by the Facility in order to provide an adequate, variable and quality learning opportunities. The specific assignments will be governed by accreditation guidelines related to clinical ratios of clinical instructors and students.

6. Where areas of difference exist or occur in rules, regulations, or questions of student, clinical or medical practices, the Affiliate’s rules, regulations or practices shall prevail and such conflict shall be immediately referred to the Program and Affiliate’s provider for mutual resolution.

7. The Institution’s respective representative and the Affiliate’s provider will have a meeting only when the Programs students are receiving clinical education experience for the purpose of evaluation of the Institution’s Program, reviewing the Agreement, and thereupon advising the Affiliate’s Provider and Institution to whether or not the same should be renewed.

8. The Institution, Program, Affiliate, and Affiliate’s provider shall agree to comply with all applicable federal and state anti-discrimination laws, including but not limited to Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, Executive Order 11,246 and the related regulation to each. Each party assures that it will not discriminate against any individual including, but not limited to employees or applicants for employment and/or student because of race, religion, creed, color, sex, age, disability, veteran status or national origin or any other legally protected basis.

9. The parties also agree to take affirmative action to ensure that applicants are employed and that employees are treated during their employment without regard to their race, religion, creed, color, sex, disability, national origin or any other legally protected basis. Such action shall include, but not be limited to, the following; equipment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection available to employees and applicants for employment.

**Indemnification Agreement**

The University of Montana shall indemnify and hold harmless ________ and its agents from and against any and all claims, demands or actions (including attorney’s fees and fines) from damages to property, injury to persons, breach of patient confidentiality, HIPAA violations or other damages to persons or entities arising out of or resulting from the performance of this
AGREEMENT, provided such damage, injury, or breach is due to the error, omission or negligent act of the University or any of its employees or students. This holds harmless and indemnification shall survive any termination of this agreement.

Representatives from the Institution and Affiliate will communicate prior to renewing the Agreement to evaluate the past experiences and identify utilization of clinical resources needed by the Institution for the next year, including a schedule.

The undersigned being duly affirmed say the both parties entered into the above and foregoing agreement voluntarily on the date entered above.

Institution’s Program: 

Dr. Roberta Evans, Dean, PJW COEHS 
The University of Montana

Affiliate:

Valerie Moody PhD, ATC, LAT 
Director of the Athletic Training Program
VITA FORM A-1

Faculty/Staff Vitae Form
(Do not exceed 3 pages on any individual)

<table>
<thead>
<tr>
<th>Name (last, first, middle)</th>
<th>Employer</th>
<th>Title</th>
<th>Academic Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Education** (begin with baccalaureate or initial professional education and include postdoctoral training)

<table>
<thead>
<tr>
<th>Institution and Location</th>
<th>Degree</th>
<th>Graduation year</th>
<th>Field of study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOC Number or State Credential Number</th>
<th>Year of BOC Certification or State Credential</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Date of Preceptor Training  *Date of current CPR certification

(* If applicable)

**Work load:** % Teaching (Credits) % Research (Credits) % Supervision of students (Credits)

<table>
<thead>
<tr>
<th>% Administration (Credits)</th>
<th>%/Credits Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Continuing Education** – past 3 years:

<table>
<thead>
<tr>
<th>Conference name</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Professional Experience:** List in reverse chronological order previous employment experience.
| Research and Professional Activities: List in reverse chronological order all publications and presentations for the previous five years, or most representative if the 3-page limit presents a problem. |
THE UNIVERSITY OF MONTANA
Athletic Training Program
Clinical Education Infraction Notification

Part I: To be filled out by Clinical Preceptor

Date of Infraction: ______________

Name of Student: ___________________________

Type of Infraction
(Please check appropriate infraction and circle detailed type of infraction):

☐ Absence from clinical assignment / seminar / program meeting
☐ Repeated tardiness at clinical assignment / seminar / program meeting
☐ Attire
☐ Conduct
☐ 250 clinical hours / semester - Incomplete
☐ Self-evaluation form not turned in within one week of rotation completion
☐ Other; please explain ______________________________________________________________________

Please explain the above infraction in detail as appropriate.
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________

Signature of Clinical Preceptor __________________________ Date ________________

Part II: To be filled out by Clinical Director

Previous warning for similar incident?

☐ No
☐ Yes

Type of Previous Infraction______________________________________________Date________________
Clinical Preceptor Involved ______________________________________________

(continued on back side)
Part III: To be filled out by Clinical Director

INFRACTION REVIEW MEETING

Date: _________________________

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Action Taken:

☐ 3% Deduction off final grade from Clinical Course (540/541; 550/551)

☐ Repeated Offenses; Suspension from ATP as decided by Program Director

☐ Repeated Offense after suspension; Removal from ATP as decided by Program Director & Department Chair

Signature of Student

Date

Signature of Clinical Director

Date

Other Participants as Needed:

Signature of Clinical Preceptor

Date

Signature of Program Director

Date

Signature of Department Chair HHP

Date
Appendix B

Course Descriptions
Professional ATP Course Descriptions (Graduate)

**UG 479 Sports Medicine 2 cr.** Offered spring. Prereq., HHP 377 and HHP 368. The etiology and management of sports related injuries/illnesses. Includes: therapeutic use of drugs, pre-participation screening techniques, ergogenic aids, the aging athlete, the sports medicine team concept and current orthopedic treatments for sports injuries.

**G 534 Athletic Training Techniques 3 cr.** Prereq. Athletic Training Student, Integration into athletic training practice emphasizing risk management, emergency procedures, acute care and athlete care in the preseason.

**G 540 Clinical Practicum in Athletic Training II 3 cr.** Offered Fall. Prereq. Athletic Training Student. Assigned clinical experiences in a variety of Athletic Training Settings to meet CAATE accreditation clinical proficiencies.

**G 541 Clinical Practicum in Athletic Training II 3 cr.** Offered spring. Prereq., ATEP 540. Assigned clinical experiences in a variety of Athletic Training Settings to meet CAATE accreditation clinical proficiencies.

**G 542 Assessment of the Lower Extremities 3 cr.** Offered autumn. Prereq., Admission into Athletic Training Education Program. The study and practice of techniques used when assessing athletic injuries to the lower extremities and lumbar spine.

**G 544 Assessment of the Upper Extremities 3 cr.** Offered spring. Prereq. ATEP 542. The study and practice of techniques used when assessing athletic injuries to the upper extremities, head and cervical spine.

**G 546 Assessment of the Thorax and Medical Conditions in the Athlete 3 cr.** Offered summer. Prereq., HHP 544. Recognition and assessment techniques of thorax, abdomen and general medical conditions in sports.

**G 550 Advanced Clinical Practicum in Athletic Training I 3 cr.** Offered spring. Prereq. ATEP 541 Assigned Advanced clinical experiences in a variety of Athletic Training Settings to meet CAATE accreditation clinical proficiencies.

**G 551 Advanced Clinical Practicum in Athletic Training II 3 cr.** Offered spring. Prereq. ATEP 550 Assigned Advanced clinical experiences in a variety of Athletic Training Settings to meet CAATE accreditation clinical proficiencies.

**G 566 Therapeutic Modalities 3 cr.** Offered autumn. Coreq., ATEP 542, 569 or consent of instr. Physiology, indications, contraindications, and the application of therapeutic modalities for athletic injuries.

**G 569 Clinical Anatomy Laboratory 1 cr.** Offered Fall. Prereq. ATEP Student. Clinical applications of anatomy in Athletic Training. Laboratory time for practical applications including
prosected cadavers, surface anatomy, osteology, radiology, functional analysis of movement, applied clinical anatomy and sports application.

**U 572 Therapeutic Exercise 3 cr.** Offered spring. Prereq., ATEP 566, Theories and application methods of comprehensive therapeutic exercise programs for athletic injuries. Substantial reading and writing component.

**G 574 Manual Therapy Techniques.** 3 cr. Offered spring. Pre-req., ATEP 572, Theories and application methods of comprehensive manual therapy for athletic injuries.

**G 578 Leadership Techniques in Athletic Training 3 cr.** Offered spring. Exploration of the aspects of athletic training leadership styles, organization and administration. Topics include program leadership, management, personnel management, insurance, risk management, ethics, and organization of pre-participation physical examinations, budget planning, equipment/inventory management and athletic training facility design.
Appendix C

Evaluations & Athletic Training Education Competencies 5th Edition
Preceptor Evaluation of an Athletic Training Student

Preceptor Name: (drop down selection)
Athletic Training Student Name: (drop down selection)
Clinical Assignment: (drop down clinical site/activity name)

Please indicate the athletic training student’s performance in each area below based on your experience with the student during his/ her clinical assignment under your supervision. Please refer to the following scale:

Preceptor Evaluation Rating:

Emerging: (E) Observations and evidence indicate that the knowledge, skills and behaviors are beginning to develop. The ATS does not appear to understand the underlying concepts. The needed prerequisites are in place for continued growth, yet the student needs to work on fundamental skills with the support of a mentor and clinical preceptor in order to improve.

Competent: (C) Observations and evidence indicate that knowledge, skills and behaviors have emerged but performance is limited in scope, consistency, and/or application. The ATS seems to understand the underlying concepts and attempts to implement the performance but skills are limited. The athletic training student needs the support of a mentor or clinical preceptor to improve.

Proficient: (P) Observations and evidence indicate that performances are at the level expected for entry-level certified athletic trainers. The ATS clearly understands the underlying concepts and implements the performance consistently. When problems arise, the ATS can articulate why they exist and use reflective strategies to improve. The ATS will need little guidance with this performance, but may gain from the continued support of a mentor or clinical preceptor.

<table>
<thead>
<tr>
<th>Part I. Personal Attributes</th>
<th>1 (E)</th>
<th>2</th>
<th>3 (C)</th>
<th>4</th>
<th>5 (P)</th>
<th>Unable to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works efficiently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctual/Prompt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dresses professionally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains appropriate personal appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliable/Dependable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organized/Manages time efficiently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adapts well to change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall work ethic/initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II. Interpersonal Communication Skills</th>
<th>1 (E)</th>
<th>2</th>
<th>3 (C)</th>
<th>4</th>
<th>5 (P)</th>
<th>Unable to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains rapport with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains professional relationship with athletes/patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains professional relationship with</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37
preceptor, coaches, and other personnel
Communicates regularly with preceptor
Demonstrates effective verbal communication
Expresses thoughts effectively and concisely in verbal and written forms
Uses appropriate medical terminology
Understands and follows directions
Offers positive encouragement to others
Utilizes appropriate body language

<table>
<thead>
<tr>
<th>Part III. Athletic Training Knowledge and Skill Integration</th>
<th>1 (E)</th>
<th>2</th>
<th>3 (C)</th>
<th>4</th>
<th>5 (P)</th>
<th>Unable to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands policies and procedures for handling environmental emergencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctly manages acute injury/illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows universal precautions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands emergency procedures and protocols</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes initiative to access equipment and supplies as needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to correctly apply and modify standard protective equipment and preventative taping as needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to correctly diagnose injury/illness after a thorough assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines parameters and correctly demonstrates application of therapeutic interventions according to patient treatment goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plans &amp; implements reconditioning programs specific to physical status of patient and suggests modifications as necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stays within competency level/understands limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part IV. Foundational Behaviors of Professional Practice</th>
<th>1 (E)</th>
<th>2</th>
<th>3 (C)</th>
<th>4</th>
<th>5 (P)</th>
<th>Unable to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains patient confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes patient in decision making process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ability to work well with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works respectfully and effectively with diverse populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates honesty and integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits compassion and empathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes sources of conflict that can impact the patient’s health; Advocates for needs of patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands duties within scope of practice for athletic trainers as well as other health care professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands ethical and legal considerations within scope of practice for athletic trainers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands the connection between continuing education and improvement of athletic training practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appreciates the value of research and scholarship in athletic training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrates evidence based medicine concepts into clinical practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Part VI. Commitment to Learning</strong></td>
<td>1 (E)</td>
<td>2</td>
<td>3 (C)</td>
<td>4</td>
<td>5 (P)</td>
<td>Unable to Observe</td>
</tr>
<tr>
<td>Reviews clinical expectations and goals with preceptor in a timely manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies problems and formulates questions appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verifies solutions to problems; accepts more than one answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offers own thoughts and ideas when appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self initiates practice of skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeks out/ reads AT literature, NATA position statements and/or additional related resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflects upon constructive feedback &amp; modifies behavior appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitors own progress and seeks out feedback from mentors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeks assistance from preceptor with proficiency development in a timely and appropriate manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall motivation to learn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments/Feedback:

Electronic verification of evaluation review with student and date:
**Athletic Training Student Evaluation of a Preceptor**

Preceptor Name: (drop down selection)  
Clinical Assignment: (drop down clinical site/activity name)

Please use the following rating scale to answer questions 6 - 30. Please include any additional comments or feedback related to these questions in the space provided below.

**Preceptor Evaluation Rating:**  
1= Does not meet performance expectations (unsatisfactory)  
2= Less than satisfactory performance (below average performance)  
3= Meets performance expectations (satisfactory performance)  
4= Meets and exceeds performance expectations (strong performance)  
5= Consistently exceeds performance expectations (outstanding performance)

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor clearly outlines clinical education expectations appropriate for your needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical experience provided an active, stimulating environment appropriate for your learning needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical experience was planned to meet your specific clinical goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor was available to help you complete clinical proficiencies and/or competencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical experience provided you with a variety of learning experiences/opportunities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor communicated high expectations which were challenging but appropriate for your level in the athletic training program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor practiced ethically and legally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor encouraged student-staff contact or communication and was readily available to answer questions related to your clinical education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor integrates evidence based medicine concepts into your clinical education experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor effectively organized your clinical education experiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor encouraged active learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor encouraged on-going practice of learned skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor facilitated integration of classroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theory with clinical practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor was enthusiastic about his/her role as a preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor encouraged collaboration among students to facilitate clinical learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor provided regular and prompt feedback regarding your performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with your preceptor was effective and positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor provided an adequate amount of time to complete assigned tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor showed respect for diverse talents and ways of learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor showed respect for diverse backgrounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor showed interest in professional associations and activities related to athletic training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor(s) were adequate in number to provide a good clinical experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrators and/or coaches were supportive of your clinical education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients/Athletes were supportive of your clinical education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was adequate space in the clinical environment for the treatment of patients/athletes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments/Feedback:
Athletic Training Student Evaluation of a General Medical Preceptor

Preceptor Name: (drop down selection)
Clinical Assignment: (drop down clinical site/activity name)

Please use the following rating scale to answer questions 6 - 30. Please include any additional comments or feedback related to these questions in the space provided below.

**Preceptor Evaluation Rating:**
1= Does not meet performance expectations (unsatisfactory)
2= Less than satisfactory performance (below average performance)
3= Meets performance expectations (satisfactory performance)
4= Meets and exceeds performance expectations (strong performance)
5= Consistently exceeds performance expectations (outstanding performance)

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor clearly outlines clinical education expectations appropriate for your needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical experience provided an active, stimulating environment appropriate for your learning needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical experience was planned to meet your specific clinical goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor understood your educational level and needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical experience provided you with a variety of learning experiences/opportunities with a variety of patients/populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical experience exposed you to a variety of general medical conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor practiced ethically and legally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor encouraged active learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor was enthusiastic about his/her role as a preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with your preceptor was effective and positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments/Feedback:
# Table of Contents

**Preface**  
2

**Foundational Behaviors of Professional Practice**  
3

**Introduction**  
4  
Summary of Major Changes Included in 5th Edition  
5  
Comparison of the Role Delineation Study/Practice Analysis, 6th Ed, and the Competencies

**Project Team Members**  
7

**Foundational Behaviors of Professional Practice**  
9

**Content Areas**  
11  
Evidence-Based Practice

13  
Prevention and Health Promotion

17  
Clinical Examination and Diagnosis

20  
Acute Care of Injury and Illness

23  
Therapeutic Interventions

27  
Psychosocial Strategies and Referral

29  
Healthcare Administration

31  
Professional Development and Responsibility

**Clinical Integration Proficiencies**  
32
Preface

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

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

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

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

- NATA Executive Committee for Education, December 2010
Introduction

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

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

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

All facets of the educational programs must incorporate current knowledge and skills that represent best practice. Programs must select such content following careful review of the research literature and consideration of the needs for today’s entry-level practitioner. Because the knowledge within a profession is dynamic, information regarding current best practice is fluid and requires on-going examination and reflection.
SUMMARY OF MAJOR CHANGES INCLUDED IN 5TH EDITION

- The 12 content areas of the previous edition have been reorganized into 8 to eliminate redundancies and better reflect current practice.
  - The pathology content area was eliminated, and these competencies are addressed throughout other content areas.
  - The risk management/prevention and nutritional considerations content areas were combined to form the new Prevention and Health Promotion (PHP) content area. This change was made to reflect the current emphasis on prevention and wellness across health care and the lifespan.
  - The orthopedic clinical exam/diagnosis and medical conditions/disabilities content areas were combined to form the Clinical Examination and Diagnosis (CE) content area. This change was made to emphasize that athletic trainers use one standard clinical examination model that changes based on the findings and needs of the patient.
  - The therapeutic modalities, conditioning and rehabilitative exercise and pharmacology content areas were combined to form one content area that incorporates all aspects of Therapeutic Interventions (TI).
  - A new content area was added to provide students with the basic knowledge and skills related to Evidence-Based Practice (EBP). The importance of using EBP concepts and principles to improve patient outcomes is being emphasized throughout the health care system and is reflected within this new content area.
- The Acute Care (AC) content area has been substantially revised to reflect contemporary practice.
  - The addition of skill in assessing rectal temperature, oxygen saturation, blood glucose levels, and use of a nebulizer and oropharyngeal and nasopharyngeal airways reflects recommendations of NATA position statements that are published or in development.
- The content areas now integrate knowledge and skills, instead of separate sections for cognitive and psychomotor competencies. The action verb used in each competency statement identifies the expected outcome. In some places, knowledge is the expectation and not skill acquisition. For example, acute care competency #9 (AC-9) requires that athletic training students be knowledgeable about the various types of airway adjuncts including oropharyngeal airways (OPA), nasopharyngeal airways (NPO) and supraglottic airways. However, the accompanying skill competency AC-10 does not require skill acquisition in the use of the supraglottic airways.
- The Clinical Integration Proficiencies (CIP), which are ideally assessed in the context of real patient care, have been removed from the individual content areas and reorganized into a separate section. This reorganization reflects clinical practice and demonstrates the global nature of the Proficiencies. For example, rather than just assessing students’ ability to examine a real patient in a real clinical setting, the new CIPs require that students
demonstrate the ability to examine and diagnose a patient, provide appropriate acute/emergent care, plan and implement appropriate therapeutic interventions, and make decisions pertaining to safe return to participation. This approach to student assessment better reflects the comprehensive nature of real patient care.

COMPARISON OF THE ROLE DELINEATION STUDY/PRACTICE ANALYSIS, 6TH ED AND THE COMPETENCIES

The Role Delineation Study/Practice Analysis, 6th ed (RDS/PA) of the Board of Certification serves as the blueprint for the certification examination. As such, the Competencies must include all tasks (and related knowledge and skills) included in the RDS/PA. Working with the BOC, we compared the RDS/PA with this version of the Competencies and can confidently state that the content of the RDS /PA is incorporated in this version.
## 5th Edition Competencies – Project Team Members

### Professional Education Council:
Lou Fincher, EdD, ATC - Chair
David W. Carr, PhD, ATC; Ron Courson, ATC, PT, NREMT; Jolene Henning, EdD, ATC;
Marsha Grant-Ford, PhD, ATC; Luzita Vela, PhD, ATC; Alice Wilcoxson, PhD, ATC, PT

### Risk Management & Injury Prevention
Team Leader: Lou Fincher
- Doug Casa, PhD, ATC, FACSM
  - *University of Connecticut*
- Paula Maxwell, PhD, ATC
  - *James Madison University*

### Orthopedic Clinical Assessment & Diagnosis
Team Leader: Jolene Henning
- Sara Brown, MS, ATC
  - *Boston University*
- Wes Robinson, ATC
  - *University of Maryland*
- Jim Schilling, PhD, ATC, CSCS
  - *University of Southern Maine*
- Chad Starkey, PhD, ATC
  - *Ohio University*

### Medical Conditions & Disabilities
Team Leader: David Carr
- Micki Cuppett, EdD, ATC
  - *University of South Florida*
- Randy Cohen, ATC, DPT
  - *University of Arizona*
- Doug Gregory, MD, FAAP
  - *Suffolk, VA*
- Katie Walsh, EdD, ATC
  - *East Carolina University*

### Acute Care of Injuries & Illnesses
Team Leader: Ron Courson
- Dean Crowell, MA, ATC, NREMT-B
  - *Athens Ortho Clinic*
- Gianluca Del Rossi, PhD, ATC
  - *University of South Florida*
- Michael Dillon, ATC
  - *University of Georgia*
- Jim Ellis, MD
  - *Greenville, SC*
- Francis Feid, Med, MS, ATC, CRNA
  - *Pittsburgh, PA*
- Kevin Guskiewicz, PhD, ATC
  - *UNC-Chapel Hill*
- Glen Henry, MS, NREMT-P

### Therapeutic Modalities / Conditioning & Rehabilitative Exercise
Team Leaders: Luzita Vela & Marsha Grant Ford
- Craig Denegar, PhD, ATC, PT
  - *University of Connecticut*
- Lennart Johns, PhD, ATC
  - *Quinnipiac University*
- Ken Knight, PhD, ATC, FACSM
  - *Brigham Young University*
- Sayers John Miller, PhD, ATC, PT
  - *Pennsylvania State University*
- Mark Merrick, PhD, ATC
  - *Ohio State University*
- Cindy Trowbridge, PhD, ATC, LAT
  - *University of Texas – Arlington*
- Craig Voll, ATC

### Pharmacology
Team Leader: David Carr
- Micki Cuppett, EdD, ATC
  - *University of South Florida*
- Doug Gregory, MD, FAAP
  - *Suffolk, VA*
- Joel Houglum, PhD
  - *South Dakota State University*
- Greg Keuter, ATC
  - *SportPharm*
- Diedre Leaver Dunn, PhD, ATC
  - *University of Alabama*
<table>
<thead>
<tr>
<th>Athens Technical College</th>
<th>Purdue University</th>
<th>Health Care Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>MaryBeth Horodyski, EdD, ATC</td>
<td></td>
<td>Team Leader: Jolene Henning</td>
</tr>
<tr>
<td>University of Florida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim Kyle, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morgantown, WV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robb Rehberg, PhD, ATC, NREMT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>William Paterson University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erik Swartz, PhD, ATC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of New Hampshire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial Intervention &amp; Referral</td>
<td>Nutritional Aspects of Injuries &amp; Illnesses</td>
<td>Health Care Administration</td>
</tr>
<tr>
<td>Team Leader: Alice Wilcoxson</td>
<td>Team Leader: Alice Wilcoxson</td>
<td>Team Leader: Jolene Henning</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Megan D. Granquist, PhD, ATC</td>
<td>Leslie Bonci, RD, MPH, LDN</td>
<td>Kathy Dieringer, EdD, ATC</td>
</tr>
<tr>
<td>University of La Verne</td>
<td>University of Pittsburgh</td>
<td>Sports Med, Denton</td>
</tr>
<tr>
<td>J. Jordan Hamson-Utley, PhD, ATC</td>
<td>Tina Bonci, ATC</td>
<td>Linda Mazzoli, MS, ATC, PTA</td>
</tr>
<tr>
<td>Weber State University</td>
<td>University of Texas</td>
<td>Cooper Bone &amp; Joint Institute</td>
</tr>
<tr>
<td>Laura J. Kenow, MS, ATC</td>
<td>Rachel Clark, RD, CSSD</td>
<td>Rich Ray, EdD, ATC</td>
</tr>
<tr>
<td>Linfield College</td>
<td>Purdue University</td>
<td>Hope College</td>
</tr>
<tr>
<td>Diane Wiese-Bjornstal</td>
<td>Paula Sammarone Turocy, EdD, ATC</td>
<td>James Shipp, MA, ATC</td>
</tr>
<tr>
<td>University of Minnesota</td>
<td>Duquesne University</td>
<td>Towson University</td>
</tr>
<tr>
<td></td>
<td>Dawn Weatherwax-Fall, RD, CSSD, LD, ATC, CSCS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sports Nutrition 2Go!</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ingrid Skoog, RD, CSSD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oregon State University</td>
<td></td>
</tr>
<tr>
<td>Professional Development</td>
<td>Professional Development</td>
<td>Professional Development</td>
</tr>
<tr>
<td>Team Leader: Marsha Grant-Ford</td>
<td>Team Leader: Luzita Vela</td>
<td>Team Leader: Marsha Grant-Ford</td>
</tr>
<tr>
<td>Bill Biddington, EdD, ATC</td>
<td>Evidence-Based Practice</td>
<td>Professional Development</td>
</tr>
<tr>
<td>California University of</td>
<td>Team Leader: Luzita Vela</td>
<td>Professional Development</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td></td>
<td>Team Leader: Marsha Grant-Ford</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Craig Denegar, PhD, ATC, PT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>University of Connecticut</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Todd Evans, PhD, ATC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

**Evidence-Based Practice (EBP)**

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

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

All items listed in parentheses (eg) are intended to serve as examples and are not all encompassing or the only way to satisfy the competency.

**KNOWLEDGE AND SKILLS**

**EBP-1.** Define evidence-based practice as it relates to athletic training clinical practice.

**EBP-2.** Explain the role of evidence in the clinical decision making process.

**EBP-3.** Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.

**EBP-4.** Describe a systematic approach (eg, five step approach) to create and answer a clinical question through review and application of existing research.

**EBP-5.** Develop a relevant clinical question using a pre-defined question format (eg, PICO= Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes).

**EBP-6.** Describe and contrast research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.

**EBP-7.** Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (eg, Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.
EBP-8. Describe the differences between narrative reviews, systematic reviews, and meta-analyses.

EBP-9. Use standard criteria or developed scales (eg, Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.

EBP-10. Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.
EBP-11. Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).

EBP-12. Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).

EBP-13. Understand the methods of assessing patient status and progress (eg, global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.

EBP-14. Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.
Prevention and Health Promotion (PHP)

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

KNOWLEDGE AND SKILLS

General Prevention Principles

PHP-1. Describe the concepts (eg, case definitions, incidence versus prevalence, exposure assessment, rates) and uses of injury and illness surveillance relevant to athletic training.

PHP-2. Identify and describe measures used to monitor injury prevention strategies (eg, injury rates and risks, relative risks, odds ratios, risk differences, numbers needed to treat/harm).

PHP-3. Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.

PHP-4. Explain how the effectiveness of a prevention strategy can be assessed using clinical outcomes, surveillance, or evaluation data.

PHP-5. Explain the precautions and risk factors associated with physical activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.

PHP-6. Summarize the epidemiology data related to the risk of injury and illness associated with participation in physical activity.

Prevention Strategies and Procedures

PHP-7. Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.

PHP-8. Identify the necessary components to include in a preparticipation physical examination as recommended by contemporary guidelines (eg, American Heart Association, American Academy of Pediatrics Council on Sports Medicine & Fitness).

PHP-9. Explain the role of the preparticipation physical exam in identifying conditions that might predispose the athlete to injury or illness.

PHP-10. Explain the principles of the body’s thermoregulatory mechanisms as they relate to heat gain and heat loss.

PHP-11. Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (eg, sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).
**PHP-12.** Summarize current practice guidelines related to physical activity during extreme weather conditions (eg, heat, cold, lightning, wind).

**PHP-13.** Obtain and interpret environmental data (web bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions regarding the scheduling, type, and duration of physical activity.

**PHP-14.** Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual’s ability to participate in physical activity in a hot, humid environment.

**PHP-15.** Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.

**PHP-16.** Use a peak-flow meter to monitor a patient’s asthma symptoms, determine participation status, and make referral decisions.

**PHP-17.** Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to:

- **PHP-17a.** Cardiac arrhythmia or arrest
- **PHP-17b.** Asthma
- **PHP-17c.** Traumatic brain injury
- **PHP-17d.** Exertional heat stroke
- **PHP-17e.** Hyponatremia
- **PHP-17f.** Exertional sickling
- **PHP-17g.** Anaphylactic shock
- **PHP-17h.** Cervical spine injury
- **PHP-17i.** Lightning strike

**PHP-18.** Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.

**PHP-19.** Instruct clients/patients in the basic principles of ergodynamics and their relationship to the prevention of illness and injury.
Protective Equipment and Prophylactic Procedures

**PHP-20.** Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.

**PHP-21.** Summarize the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints.

**PHP-22.** Fit standard protective equipment following manufacturers’ guidelines.

**PHP-23.** Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.

Fitness/Wellness

**PHP-24.** Summarize the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.

**PHP-25.** Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.

**PHP-26.** Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.

**PHP-27.** Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.

**PHP-28.** Administer and interpret fitness tests to assess a client’s/patient’s physical status and readiness for physical activity.

**PHP-29.** Explain the basic concepts and practice of fitness and wellness screening.

**PHP-30.** Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.

**PHP-31.** Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
General Nutrition Concepts

PHP-32. Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.

PHP-33. Educate clients/patients on the importance of healthy eating, regular exercise, and general preventative strategies for improving or maintaining health and quality of life.

PHP-34. Describe contemporary nutritional intake recommendations and explain how these recommendations can be used in performing a basic dietary analysis and providing appropriate general dietary recommendations.

PHP-35. Describe the proper intake, sources of, and effects of micro- and macronutrients on performance, health, and disease.

PHP-36. Describe current guidelines for proper hydration and explain the consequences of improper fluid/electrolyte replacement.

PHP-37. Identify, analyze, and utilize the essential components of food labels to determine the content, quality, and appropriateness of food products.

PHP-38. Describe nutritional principles that apply to tissue growth and repair.

PHP-39. Describe changes in dietary requirements that occur as a result of changes in an individual’s health, age, and activity level.

PHP-40. Explain the physiologic principles and time factors associated with the design and planning of pre-activity and recovery meals/snacks and hydration practices.

PHP-41. Identify the foods and fluids that are most appropriate for pre-activity, activity, and recovery meals/snacks.

Weight Management and Body Composition

PHP-42. Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient.

PHP-43. Describe the principles and methods of body composition assessment to assess a client’s/patient’s health status and to monitor changes related to weight management, strength training, injury, disordered eating, menstrual status, and/or bone density status.

PHP-44. Assess body composition by validated techniques.

PHP-45. Describe contemporary weight management methods and strategies needed to support activities of daily life and physical activity.
Disordered Eating and Eating Disorders

**PHP-46.** Identify and describe the signs, symptoms, physiological, and psychological responses of clients/patients with disordered eating or eating disorders.

**PHP-47.** Describe the method of appropriate management and referral for clients/patients with disordered eating or eating disorders in a manner consistent with current practice guidelines.

Performance Enhancing and Recreational Supplements and Drugs

**PHP-48.** Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used dietary supplements, performance enhancing drugs, and recreational drugs.

**PHP-49.** Identify which therapeutic drugs, supplements, and performance-enhancing substances are banned by sport and/or workplace organizations in order to properly advise clients/patients about possible disqualification and other consequences.
Clinical Examination and Diagnosis (CE)

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

The competencies identified in this section should be considered in the context of the competencies identified in other domains. For example, the knowledge and skills associated with acute care and therapeutic interventions, while applicable for this domain, are not repeated here.

The clinical examination process is comprehensive and may include a review of the systems and regions identified below based on the patient’s relevant history and examination findings. Consideration must also be given to the patient’s behavioral and cognitive status and history; competencies addressing this content area are included elsewhere.

SYSTEMS AND REGIONS

a. Musculoskeletal
b. Integumentary
c. Neurological
d. Cardiovascular
e. Endocrine
f. Pulmonary
g. Gastrointestinal
h. Hepatobiliary
i. Immune
j. Renal and urogenital
k. The face, including maxillofacial region and mouth
l. Eye, ear, nose, and throat

KNOWLEDGE AND SKILLS

CE-1. Describe the normal structures and interrelated functions of the body systems.

CE-2. Describe the normal anatomical, systemic, and physiological changes associated with the lifespan.
CE-3. Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activity in pediatric, adolescent, adult, and aging populations.

CE-4. Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics.

CE-5. Describe the influence of pathomechanics on function.

CE-6. Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.

CE-7. Identify the patient’s participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient’s life.

CE-8. Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.


CE-10. Explain diagnostic accuracy concepts including reliability, sensitivity, specificity, likelihood ratios, prediction values, and pre-test and post-test probabilities in the selection and interpretation of physical examination and diagnostic procedures.

CE-11. Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.

CE-12. Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures.

CE-13. Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient’s perceived pain, and the history and course of the present condition.

CE-14. Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient's treatment/rehabilitation program, and make modifications to the patient's program as needed.

CE-15. Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.

CE-16. Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.
CE-17. Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.

CE-18. Incorporate the concept of differential diagnosis into the examination process.

CE-19. Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient’s current status.

CE-20. Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:

CE-20a. history taking

CE-20b. inspection/observation

CE-20c. palpation

CE-20d. functional assessment

CE-20e. selective tissue testing techniques / special tests

CE-20f. neurological assessments (sensory, motor, reflexes, balance, cognitive function)

CE-20g. respiratory assessments (auscultation, percussion, respirations, peak-flow)

CE-20h. circulatory assessments (pulse, blood pressure, auscultation)

CE-20i. abdominal assessments (percussion, palpation, auscultation)

CE-20j. other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)

CE-21. Assess and interpret findings from a physical examination that is based on the patient’s clinical presentation. This exam can include:

CE-21a. Assessment of posture, gait, and movement patterns

CE-21b. Palpation

CE-21c. Muscle function assessment

CE-21d. Assessment of quantity and quality of osteokinematic joint motion

CE-21e. Capsular and ligamentous stress testing

CE-21f. Joint play (arthrokinematics)

CE-21g. Selective tissue examination techniques / special tests
CE-21h. Neurologic function (sensory, motor, reflexes, balance, cognition)

CE-21i. Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate)

CE-21j. Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow)

CE-21k. Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)

CE-21l. Genitourinary function (urinalysis)

CE-21m. Ocular function (vision, ophthalmoscope)

CE-21n. Function of the ear, nose, and throat (including otoscopic evaluation)

CE-21o. Dermatological assessment

CE-21p. Other assessments (glucometer, temperature)

CE-22. Determine when the findings of an examination warrant referral of the patient.

CE-23. Describe current setting-specific (e.g., high school, college) and activity-specific rules and guidelines for managing injuries and illnesses.
Acute Care of Injuries and Illnesses (AC)

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

The competencies identified in this section should be considered in the context of the competencies identified in other domains. For example, the knowledge and skills associated with the process of examination and documentation, while applicable for this domain, are not repeated here. Likewise, the knowledge and skills associated with the administrative and risk management aspects of planning for an emergency injury/illness situation are not repeated here.

KNOWLEDGE AND SKILLS

Planning

AC-1. Explain the legal, moral, and ethical parameters that define the athletic trainer's scope of acute and emergency care.

AC-2. Differentiate the roles and responsibilities of the athletic trainer from other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.

AC-3. Describe the hospital trauma level system and its role in the transportation decision-making process.

Examination

AC-4. Demonstrate the ability to perform scene, primary, and secondary surveys.

AC-5. Obtain a medical history appropriate for the patient’s ability to respond.

AC-6. When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient’s status.

AC-7. Differentiate between normal and abnormal physical findings (eg, pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology.

Immediate Emergent Management

AC-8. Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete’s injured body part.
AC-9. Differentiate the types of airway adjuncts (oropharyngeal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airway in adult respiratory and/or cardiac arrest.

AC-10. Establish and maintain an airway, including the use of oro- and nasopharyngeal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment.

AC-11. Determine when suction for airway maintenance is indicated and use according to accepted practice protocols.

AC-12. Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols.

AC-13. Utilize an automated external defibrillator (AED) according to current accepted practice protocols.


AC-15. Utilize a bag valve and pocket mask on a child and adult using supplemental oxygen.

AC-16. Explain the indications, application, and treatment parameters for supplemental oxygen administration for emergency situations.

AC-17. Administer supplemental oxygen with adjuncts (e.g., non-rebreather mask, nasal cannula).

AC-18. Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making.

AC-19. Explain the proper procedures for managing external hemorrhage (e.g., direct pressure, pressure points, tourniquets) and the rationale for use of each.

AC-20. Select and use the appropriate procedure for managing external hemorrhage.

AC-21. Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.

AC-22. Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.

AC-23. Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.


AC-25. Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.
AC-26. Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient’s injury.

AC-27. Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.


AC-30. Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.

AC-31. Assist the patient in the use of a nebulizer treatment for an asthmatic attack.

AC-32. Determine when use of a metered-dose inhaler is warranted based on a patient’s condition.

AC-33. Instruct a patient in the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.

AC-34. Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.

AC-35. Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted based on a patient’s condition.

AC-36. Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:

AC-36a. sudden cardiac arrest

AC-36b. brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture

AC-36c. cervical, thoracic, and lumbar spine trauma

AC-36d. heat illness including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia

AC-36e. exertional sickling associated with sickle cell trait

AC-36f. rhabdomyolysis

AC-36g. internal hemorrhage

AC-36h. diabetic emergencies including hypoglycemia and ketoacidosis

AC-36i. asthma attacks
AC-36j. systemic allergic reaction, including anaphylactic shock
AC-36k. epileptic and non-epileptic seizures
AC-36l. shock
AC-36m. hypothermia, frostbite
AC-36n. toxic drug overdoses
AC-36o. local allergic reaction

Immediate Musculoskeletal Management
AC-37. Select and apply appropriate splinting material to stabilize an injured body area.
AC-38. Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.
AC-39. Select and implement the appropriate ambulatory aid based on the patient’s injury and activity and participation restrictions.

Transportation
AC-40. Determine the proper transportation technique based on the patient’s condition and findings of the immediate examination.
AC-41. Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.
AC-42. Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.

Education
AC-43. Instruct the patient in home care and self-treatment plans for acute conditions.
Therapeutic Interventions (TI)

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

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

The competencies identified in this section should be considered in the context of the competencies identified in other content areas. For example, the knowledge and skills associated with the process of examination and documentation, while applicable for this content area, are not included here.

Therapeutic interventions include:

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

69
- therapeutic ultrasound
- diathermy
- therapeutic low-level laser and light therapy
- mechanical modalities
  - traction
  - intermittent compression
  - continuous passive motion
  - massage
- biofeedback
- Therapeutic medications (as guided by applicable state and federal law)
KNOWLEDGE AND SKILLS

Physical Rehabilitation and Therapeutic Modalities

TI-1. Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.

TI-2. Compare and contrast contemporary theories of pain perception and pain modulation.

TI-3. Differentiate between palliative and primary pain-control interventions.

TI-4. Analyze the impact of immobilization, inactivity, and mobilization on the body systems (eg, cardiovascular, pulmonary, musculoskeletal) and injury response.

TI-5. Compare and contrast the variations in the physiological response to injury and healing across the lifespan.

TI-6. Describe common surgical techniques, including interpretation of operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.

TI-7. Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

TI-8. Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.

TI-9. Describe the laws of physics that (1) underlay the application of thermal, mechanical, electromagnetic, and acoustic energy to the body and (2) form the foundation for the development of therapeutic interventions (eg, stress-strain, leverage, thermodynamics, energy transmission and attenuation, electricity).

TI-10. Integrate self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans.

TI-11. Design therapeutic interventions to meet specified treatment goals.

TI-11a. Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.

TI-11b. Position and prepare the patient for various therapeutic interventions.

TI-11c. Describe the expected effects and potential adverse reactions to the patient.

TI-11d. Instruct the patient how to correctly perform rehabilitative exercises.
TI-11e. Apply the intervention, using parameters appropriate to the intended outcome.

TI-11f. Reassess the patient to determine the immediate impact of the intervention.

TI-12. Use the results of on-going clinical examinations to determine when a therapeutic intervention should be progressed, regressed or discontinued.

TI-13. Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including therapeutic massage, myofascial techniques, and muscle energy techniques.

TI-14. Describe the use of joint mobilization in pain reduction and restoration of joint mobility.

TI-15. Perform joint mobilization techniques as indicated by examination findings.

TI-16. Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.

TI-17. Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.

TI-18. Explain the relationship between posture, biomechanics, and ergodynamics and the need to address these components in a therapeutic intervention.

TI-19. Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.

TI-20. Inspect therapeutic equipment and the treatment environment for potential safety hazards.

Therapeutic Medications

TI-21. Explain the federal, state, and local laws, regulations and procedures for the proper storage, disposal, transportation, dispensing (administering where appropriate), and documentation associated with commonly used prescription and nonprescription medications.

TI-22. Identify and use appropriate pharmaceutical terminology for management of medications, inventory control, and reporting of pharmacological agents commonly used in an athletic training facility.

TI-23. Use an electronic drug resource to locate and identify indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications.
TI-24. Explain the major concepts of pharmacokinetics and the influence that exercise might have on these processes.

TI-25. Explain the concepts related to bioavailability, half-life, and bioequivalence (including the relationship between generic and brand name drugs) and their relevance to the patient, the choice of medication, and the dosing schedule.

TI-26. Explain the pharmacodynamic principles of receptor theory, dose-response relationship, placebo effect, potency, and drug interactions as they relate to the mechanism of drug action and therapeutic effectiveness.

TI-27. Describe the common routes used to administer medications and their advantages and disadvantages.

TI-28. Properly assist and/or instruct the patient in the proper use, cleaning, and storage of drugs commonly delivered by metered dose inhalers, nebulizers, insulin pumps, or other parenteral routes as prescribed by the physician.

TI-29. Describe how common pharmacological agents influence pain and healing and their influence on various therapeutic interventions.
TI-30. Explain the general therapeutic strategy, including drug categories used for treatment, desired treatment outcomes, and typical duration of treatment, for the following common diseases and conditions: asthma, diabetes, hypertension, infections, depression, GERD, allergies, pain, inflammation, and the common cold.

TI-31. Optimize therapeutic outcomes by communicating with patients and/or appropriate healthcare professionals regarding compliance issues, drug interactions, adverse drug reactions, and sub-optimal therapy.
Psychosocial Strategies and Referral (PS)

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

KNOWLEDGE AND SKILLS

Theoretical Background

**PS-1.** Describe the basic principles of personality traits, trait anxiety, locus of control, intrinsic and extrinsic motivation, and patient and social environment interactions as they affect patient interactions.

**PS-2.** Explain the theoretical background of psychological and emotional responses to injury and forced inactivity (eg, cognitive appraisal model, stress response model).

**PS-3.** Describe how psychosocial considerations affect clinical decision-making related to return to activity or participation (eg, motivation, confidence).

**PS-4.** Summarize and demonstrate the basic processes of effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved in the healthcare of the patient.

**PS-5.** Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to effect behavioral change.

Psychosocial Strategies

**PS-6.** Explain the importance of educating patients, parents/guardians, and others regarding the condition in order to enhance the psychological and emotional well-being of the patient.

**PS-7.** Describe the psychological techniques (eg, goal setting, imagery, positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.

**PS-8.** Describe psychological interventions (eg, goal setting, motivational techniques) that are used to facilitate a patient's physical, psychological, and return to activity needs.

**PS-9.** Describe the psychosocial factors that affect persistent pain sensation and perception (eg, emotional state, locus of control, psychodynamic issues, sociocultural factors, personal values and beliefs) and identify multidisciplinary approaches for assisting patients with persistent pain.
**PS-10.** Explain the impact of sociocultural issues that influence the nature and quality of healthcare received (e.g., cultural competence, access to appropriate healthcare providers, uninsured/underinsured patients, insurance) and formulate and implement strategies to maximize client/patient outcomes.
Mental Health and Referral

PS-11. Describe the role of various mental healthcare providers (eg, psychiatrists, psychologists, counselors, social workers) that may comprise a mental health referral network.

PS-12. Identify and refer clients/patients in need of mental healthcare.

PS-13. Identify and describe the basic signs and symptoms of mental health disorders (eg, psychosis, neurosis; sub-clinical mood disturbances (eg, depression, anxiety); and personal/social conflict (eg, adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.

PS-14. Describe the psychological and sociocultural factors associated with common eating disorders.

PS-15. Identify the symptoms and clinical signs of substance misuse/abuse, the psychological and sociocultural factors associated with such misuse/abuse, its impact on an individual’s health and physical performance, and the need for proper referral to a healthcare professional.

PS-16. Formulate a referral for an individual with a suspected mental health or substance abuse problem.

PS-17. Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.

PS-18. Provide appropriate education regarding the condition and plan of care to the patient and appropriately discuss with others as needed and as appropriate to protect patient privacy.
Healthcare Administration (HA)

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

KNOWLEDGE AND SKILLS

HA-1. Describe the role of the athletic trainer and the delivery of athletic training services within the context of the broader healthcare system.

HA-2. Describe the impact of organizational structure on the daily operations of a healthcare facility.

HA-3. Describe the role of strategic planning as a means to assess and promote organizational improvement.

HA-4. Describe the conceptual components of developing and implementing a basic business plan.

HA-5. Describe basic healthcare facility design for a safe and efficient clinical practice setting.

HA-6. Explain components of the budgeting process including: purchasing, requisition, bidding, request for proposal, inventory, profit and loss ratios, budget balancing, and return on investments.

HA-7. Assess the value of the services provided by an athletic trainer (eg, return on investment).

HA-8. Develop operational and capital budgets based on a supply inventory and needs assessment; including capital equipment, salaries and benefits, trending analysis, facility cost, and common expenses.

HA-9. Identify the components that comprise a comprehensive medical record.

HA-10. Identify and explain the statutes that regulate the privacy and security of medical records.

HA-11. Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.

HA-12. Use a comprehensive patient-file management system for appropriate chart documentation, risk management, outcomes, and billing.


HA-14. Describe principles of recruiting, selecting, hiring, and evaluating employees.
HA-15. Identify principles of recruiting, selecting, employing, and contracting with physicians and other medical and healthcare personnel in the deployment of healthcare services.

HA-16. Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases, and discuss how they apply to the practicing of athletic training.

HA-17. Identify key regulatory agencies that impact healthcare facilities, and describe their function in the regulation and overall delivery of healthcare.

HA-18. Describe the basic legal principles that apply to an athletic trainer’s responsibilities.

HA-19. Identify components of a risk management plan to include security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.

HA-20. Create a risk management plan and develop associated policies and procedures to guide the operation of athletic training services within a healthcare facility to include issues related to security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.

HA-21. Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.

HA-22. Develop specific plans of care for common potential emergent conditions (eg, asthma attack, diabetic emergency).

HA-23. Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities’ rules, guidelines, and/or recommendations.

HA-24. Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.

HA-25. Describe common health insurance models, insurance contract negotiation, and the common benefits and exclusions identified within these models.

HA-26. Describe the criteria for selection, common features, specifications, and required documentation needed for secondary, excess accident, and catastrophic health insurance.

HA-27. Describe the concepts and procedures for revenue generation and reimbursement.

HA-28. Understand the role of and use diagnostic and procedural codes when documenting patient care.

HA-29. Explain typical administrative policies and procedures that govern first aid and emergency care.
HA-30. Describe the role and functions of various healthcare providers and protocols that govern the referral of patients to these professionals.
Professional Development and Responsibility (PD)

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

KNOWLEDGE AND SKILLS

PD-1. Summarize the athletic training profession’s history and development and how current athletic training practice has been influenced by its past.

PD-2. Describe the role and function of the National Athletic Trainers’ Association and its influence on the profession.

PD-3. Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.

PD-4. Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.

PD-5. Access, analyze, and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the NATA Athletic Training Educational Competencies, the BOC Standards of Professional Practice, the NATA Code of Ethics, and the BOC Role Delineation Study/Practice Analysis.

PD-6. Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.

PD-7. Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.

PD-8. Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.

PD-9. Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.

PD-10. Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public).
**PD-11.** Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.

**PD-12.** Identify mechanisms by which athletic trainers influence state and federal healthcare regulation.
Clinical Integration Proficiencies (CIP)

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

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

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

PREVENTION & HEALTH PROMOTION

CIP-1. Administer testing procedures to obtain baseline data regarding a client’s/patient’s level of general health (including nutritional habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient. This will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur, and explaining the role of exercise in maintaining overall health and the prevention of diseases. Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change. Refer to other medical and health professionals when appropriate.

CIP-2. Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.

CIP-3. Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making the appropriate recommendations for individual safety and activity status.
**CLINICAL ASSESSMENT & DIAGNOSIS / ACUTE CARE / THERAPEUTIC INTERVENTION**

**CIP-4.** Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient’s goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

**CIP-5.** Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.

**CIP-6.** Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care (eg, CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).

**PSYCHOSOCIAL STRATEGIES AND REFERRAL**

**CIP-7.** Select and integrate appropriate psychosocial techniques into a patient’s treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk, and/or relaxation.

**CIP-8.** Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic
trainer’s role of informed patient advocate in a manner consistent with current practice guidelines.
HEALTHCARE ADMINISTRATION

CIP-9. Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statues that regulate privacy of medical records. This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.
CAATE NEWSLETTER TO PROGRAM ADMINISTRATORS (2011)
DIRECT SUPERVISION OF STUDENTS POLICY
Over the past few years, there have been many reported instances of athletic training students providing patient care unsupervised, whether traveling with athletic teams or providing medical coverage at practices and games. Please see the joint statement (below) released by the CAATE, the NATA and the BOC concerning supervision of athletic training students.

Strategic Alliance Statement on Athletic Training Student Supervision
The leadership of the Strategic Alliance, which includes the Commission on Accreditation of Athletic Training Education (CAATE), the National Athletic Trainers’ Association (NATA), and the Board of Certification, Inc. (BOC), has concluded that it is both appropriate and necessary to issue this formal statement to remind institutions, supervisors and students that athletic training students should provide services to patients only when directly supervised by the appropriate personnel. This includes athletic training students who travel with athletic teams.

According to the 2008 Standards for the Accreditation of Entry-Level Athletic Training Education Programs, “an approved clinical instructor or clinical instructor must be physically present and have the ability to intervene on behalf of the athletic training student to provide ongoing and consistent education.”

The Strategic Alliance has a vested interest in student supervision, an issue that transcends educational programs and impacts the profession of athletic training as a whole. The CAATE is involved from an educational standpoint, the BOC is involved from the regulatory perspective, and the NATA is concerned about issues affecting the athletic training profession.

Athletic training services should be provided only by BOC-certified or otherwise regulated personnel or by students under the direct supervision of such personnel. Athletic training students should only travel with teams when directly supervised at all times by appropriately credentialed athletic trainers. The practice of an unsupervised student providing athletic training services replaces licensed athletic training staff with unregulated personnel. This is illegal in most states, and the practice is contrary to the safety and welfare of patients. Additionally, it is not in the best interests of the profession and therefore cannot be supported by the Strategic Alliance.

The direct supervision of athletic training students is in the best interest of the institutions, supervisors, students, and patients. It is required under the CAATE education standards. As stated above, the standards stipulate a clinical preceptor must be physically present and able to interact with an athletic training student at the site of the clinical experience.

87
The Strategic Alliance acknowledges that critical thinking and independent clinical decision-making are at the heart of good clinical supervision. Direct supervision does not preclude students’ ability to learn and exercise those key skills. Clinical instructors and supervisors should allow students the appropriate freedom to engage in critical thinking and decision-making in a suitable environment. Above all, supervision by an instructor or supervisor must be adequate to ensure that each patient receives competent and quality care and to ensure compliance with the relevant state practice act. Failure to provide adequate supervision could expose the institution and regulated professionals to liability.

The Strategic Alliance is evaluating clinical education from several perspectives and is developing additional models and tools. This collective effort will assist athletic training students and classroom and clinical instructors.

We encourage program personnel to pass this information along to all clinical instructors who supervise the athletic training students at their institution. The CAATE will be offering numerous workshops and open forums throughout 2012 in order to assist program administrators with techniques and tools to ensure quality education and compliance with the Standards. These informational sessions will be held at district meetings, the SEATA Educator’s Conference and the NATA National Symposium. The dates/times will be on the CAATE website as well as in the CAATE newsletters.

Respectfully,
Micki Cuppett, EdD,
ATC President
Micki@caate.net