Athletic Training Program

Professional Athletic Training Student Manual
(Revised January 2013)

Department of Health and Human Performance
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Introduction

Welcome to the University of Montana Athletic Training Program. We hope that this will be the beginning of a successful career in Athletic Training. Your success in this program depends largely on the effort you put forth in the classroom and in the clinical setting. Remember, you are preparing yourself for a career as an allied health professional.

Purpose

The purpose of this manual is to provide the athletic training student with guidelines and policies for academic and clinical experiences. Policies and procedures are provided to not only instruct the athletic training student in proper procedures but also to maintain consistency and assure the health and safety of student-athletes or other clients 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.

General Description of Program

The undergraduate Athletic Training Program is an accredited, limited access program designed to prepare students for a successful career as a qualified allied health care professional educated and experienced in the management of health care problems associated with sports participation. Selected admissions to the major are gained through completion of required criteria set forth by the Department of Health and Human Performance, in addition to the regular College of Education and Human Sciences, and university application processes. Successful completion of the major qualifies students for the Board of Certification (BOC) Examination.

Mission Statement

The mission of the University of Montana Undergraduate Athletic Training Education 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.
**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.

**Objectives**

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 Education 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 Education 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 Education Program will find ready employment in the field.

**Description of the Profession**

(CAATE Standards and Guidelines for the Athletic Trainer)

An Athletic Trainer is a qualified allied health care professional educated and experienced in the management of health care problems associated with physical activity. In cooperation with physicians and other health care personnel, the athletic trainer functions as an integral member of the health care team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics, and other health care settings. The athletic trainer functions in cooperation with medical personnel, athletic personnel, individuals involved in physical activity, parents, and guardians in the development and coordination of efficient and responsive athletic health care delivery systems.
ACCREDITATION

Athletic Training Programs are nationally accredited by the Commission on Accreditation of Athletic Training Education (CAATE). This accrediting body acts on matters related to education program development and establishing guidelines for professional competence. This committee establishes competencies that students must meet through their didactic learning process and clinical experiences. These competencies are categorized into nine content areas (domains) that comprise the role of the certified athletic trainer in the management of health care problems associated with sports participation. Through a combination of formal classroom instruction and clinical experience, the athletic trainer is prepared to apply a wide variety of specific health care skills and knowledge within each of the domains. The content areas are represented throughout the previously described curriculum and are as follows:

- Injury/ Illness Prevention and Wellness Protection
- Clinical Evaluation and Diagnosis
- Immediate and Emergency Care
- Treatment and Rehabilitation
- Organizational and Professional Health and Well-Being

The Athletic Training Program at UM received reaccreditation from CAATE in July 15, 2006. (www.caate.net)
For more information on CAATE, contact:

CAATE
2201 Double Creek Drive
Suite 5006
Round Rock, TX 78664

Phone: 512.733.9700
Fax: 512.733.9701

Lynn Caruthers
Administrative Director
email: caate@sbcglobal.net

Sheila Caruthers
Administrative Assistant
email: sheila.caate@sbcglobal.net
THE UNIVERSITY OF MONTANA
Bachelor of Science (BS) in Athletic Training, Major in Athletic Training

Athletic Training Education Program Requirements:

In order to be admitted to the Athletic Training major, students must participate in a selective admissions procedure. Enrollment in the program is limited and students can only enter during the spring session of each academic year. In addition to being admitted to the University of Montana, students must also apply directly to the Department of Health and Human Performance before October 1st for priority admission consideration into the Athletic Training Major.

1. Admission Criteria: Student’s must …
   a. Be admitted to the University of Montana
   b. Complete the pre-professional requirements and coursework
   c. Complete the University of Montana Writing Proficiency Assessment prior to application
   d. Meet the technical standards for admission or show potential for accomplished tasks.
   e. Achieve a minimum cumulative GPA of 2.75.
   f. Achieve a minimum grade of C in all required courses.
   g. Obtain criminal background check and fingerprints (see Program Director)
   h. Complete the General Education Requirements of the University (27 cr. Hrs.)
      - See the University General Education Requirements section of the catalog
      * Denotes prerequisite courses that complete General Education Requirements
   i. Complete the following courses or an equivalent with at least a “C”:

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRIT 101</td>
<td>Composition</td>
<td>3</td>
</tr>
<tr>
<td>CHMY 121N</td>
<td>General and Inorganic Chemistry</td>
<td>3</td>
</tr>
<tr>
<td>HHP 181</td>
<td>Foundations of HHP</td>
<td>3</td>
</tr>
<tr>
<td>HHP 184</td>
<td>Personal Health and Wellness</td>
<td>3</td>
</tr>
<tr>
<td>HHP 226</td>
<td>Basic Exercise Prescription</td>
<td>3</td>
</tr>
<tr>
<td>BIOM 250N</td>
<td>Elementary Medical Microbiology</td>
<td>3</td>
</tr>
<tr>
<td>COMM 111A</td>
<td>Intro to Public Speaking</td>
<td>3</td>
</tr>
<tr>
<td>CHMY 123N</td>
<td>Organic and Biological Chemistry</td>
<td>3</td>
</tr>
<tr>
<td>MATH 115</td>
<td>Probability and Linear Math</td>
<td>3</td>
</tr>
<tr>
<td>BIOH201/202N</td>
<td>Anatomy and Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>WRIT 222</td>
<td>Technical Writing</td>
<td>2</td>
</tr>
<tr>
<td>PSYX100S</td>
<td>Intro to Psychology</td>
<td>4</td>
</tr>
<tr>
<td>HHP 240</td>
<td>Prev and Care of Athletic Inj</td>
<td>2</td>
</tr>
<tr>
<td>HHP 241</td>
<td>Prev and Care of Athletic Inj Lab</td>
<td>1</td>
</tr>
</tbody>
</table>

   j. Submit a completed Athletic Training Application by October 1st
   k. Complete an interview by invitation.
   l. Obtain Hepatitis B vaccination/titer (or sign waiver), as well as TB test yearly
Retention Standards (Appendix A):

As a student associated with the Athletic Training Program you must . . .

- enroll as a full-time student (some exceptions allowed as approved by Program Director).
- become a student member of the NATA
- maintain a cumulative grade point average of 2.75 or higher.
- achieve a “C” or better in all Athletic Training Core 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.
- obtain Hepatitis B vaccination or sign a waiver prior to clinical experiences.
- obtain a Tuberculosis test prior to clinical experiences
- show proof of passing a medical physical exam from an approved physician.
- maintain CPR and First-aid certification.
- complete yearly blood borne pathogen training

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 do not complete the requirements will be placed on probation and must re-take the course. Failure to attain a “C” or better the second time will result in the student being dismissed from the program. Students must maintain a 2.75 overall or will be placed on probation in the program. Two consecutive semesters on probation may result in the student being dismissed from the program.

Academic Plan

The following is a sample course progression students may follow before applying for Athletic Training Program:

**FIRST YEAR – AUTUMN**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>WRIT 101</td>
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<td>HHP 181</td>
<td>Foundations of HHP</td>
<td>3</td>
</tr>
<tr>
<td>MATH 115</td>
<td>Probability and Linear Math</td>
<td>3</td>
</tr>
<tr>
<td>HHP 226</td>
<td>Basic Exercise Prescription</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credits** 15
FIRST YEAR – SPRING
BIOM 250N Elementary Medical Microbiology 3
COMM 111A Intro to Public Speaking 3
CHMY 123N Organic and Biological Chemistry 3
General Education Requirements 3
HHP 184 Personal Health and Wellness 3
Total Credits 15

SECOND YEAR - AUTUMN
BIOH201/202 Anatomy and Physiology I 4
WRIT 222 Technical Writing 2
PSYX 100S Intro to Psychology 4
HHP 240 Prev and Care of Athletic Inj 2
HHP 241 Prev and Care of Athletic Inj Lab 1
General Education Requirement 3
Total Credits 16

*Completion of the above sequence does not automatically admit students into the Athletic Training Education Program.

Athletic Training Professional Track Sequence

SECOND YEAR – SPRING
HHP 242 Clinical Observation in AT 1
BIOH211/212 Anatomy and Physiology II 4
PHAR 110N Use and Abuse of Drugs 3
General Education Requirements 6
Stats 216 Statistics 4
Total Credits 18

THIRD YEAR – AUTUMN
HHP 334 Techniques in AT (begins 1st week of Aug) 1
HHP 340 Practicum in Athletic Training I 3
HHP 342 Assessment LEXT 2
HHP 343 Assessment LEXT Lab 1
HHP 366 Therapeutic Modalities 2
HHP 367 Therapeutic Modalities Lab 1
HHP 368 Applied Anatomy and Kinesiology 3
HHP 369 Applied Anatomy and Kinesiology Lab 1
Total Credits 14

THIRD YEAR – SPRING
HHP 341 Practicum in Athletic Training II 3
HHP 344 Assessment UEXT 2
HHP 345 Assessment UEXT Lab 1
HHP 377 Physiology of Exercise 3
HHP 378 Physiology of Exercise Lab 1
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHP 372</td>
<td>Rehab of Athletic Injuries</td>
<td>2</td>
</tr>
<tr>
<td>HHP 373</td>
<td>Rehab of Athletic Injuries Lab</td>
<td>1</td>
</tr>
<tr>
<td>HHP 384</td>
<td>Motor Control &amp; Learning</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Credits</strong></td>
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<td><strong>16</strong></td>
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**FOURTH YEAR- AUTUMN**

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<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHP 334</td>
<td>Techniques in AT (begins 1st week of Aug)</td>
<td>1</td>
</tr>
<tr>
<td>HHP 475E</td>
<td>Legal &amp; Ethical Issues in Hlth &amp; Ex Prof</td>
<td>3</td>
</tr>
<tr>
<td>HHP 401</td>
<td>Ass Thorax/Spine Gen Med</td>
<td>2</td>
</tr>
<tr>
<td>HHP 402</td>
<td>Ass Thorax/Spine Gen Med Lab</td>
<td>1</td>
</tr>
<tr>
<td>HHP 411</td>
<td>Advanced Practicum Athletic Training I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>General education or elective</td>
<td>3</td>
</tr>
<tr>
<td>NUTR 411</td>
<td>Nutrition for Sport</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Credits</strong></td>
<td></td>
<td><strong>16</strong></td>
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</table>

**FOURTH YEAR- SPRING**

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<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>HHP 412</td>
<td>Advanced Practicum Athletic Training II</td>
<td>3</td>
</tr>
<tr>
<td>HHP 485</td>
<td>Theories Health Behavior Counseling</td>
<td>3</td>
</tr>
<tr>
<td>HHP 460</td>
<td>Biomechanics</td>
<td>3</td>
</tr>
<tr>
<td>HHP 478</td>
<td>Athletic Training Admin &amp; Policy</td>
<td>2</td>
</tr>
<tr>
<td>HHP 479</td>
<td>Sports Medicine</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Credits</strong></td>
<td></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

**Please Note:**

HHP 242, 334, 340, 341, 411, 412 each require clinical education at various sites. HHP 242 requires 100 hours of clinical education, HHP 334 requires 50, HHP 340 and 411 require 250, and HHP 341 and 412 require 200 hours, for a total of 1050 clinical education hours. 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.

Students must also be available nights and weekends for clinical assignments.

**Additional Costs Associated with Program**

There will be additional costs (above tuition and fees) for the clinical rotations. Costs may include, but are not limited to: Criminal Background Check ($27.25), Initial NATA Membership Fee ($60 approximately), Polo Shirts ($30), and Medical Pack/Kit ($30). Transportation is needed for all off-campus clinical sites. Each student will have a minimum of one off-campus site.

**Transfer Policy:**

Please note that all transfer students should meet with the Program Director to review application and program requirements. Transfer students must satisfy admissions criteria. Transfer credits and observation hours will be evaluated by the Program Director on an individual basis.
Part 1 - History and Rationale
The landmark Americans with Disabilities Act of 1990, P.L. 101-336 ("ADA" or “the Act”), enacted on July 26, 1990, provides comprehensive civil rights protections to qualified individuals with disabilities. The ADA was modeled after Section 504 of the Rehabilitation Act of 1973, which marked the beginning of equal opportunity for persons with disabilities. As amended, Section 504 "prohibits all programs or activities receiving federal financial assistance from discrimination against individuals with disabilities who are 'otherwise qualified' to participate in those programs.” With respect to post-secondary educational services, an "otherwise qualified” individual is a person with a disability “who meets the academic and technical standards requisite to admission or participation in the recipient’s education program or activity.”

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

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

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

Part 2 - Use of the Guidelines
The following Guidelines embody the physical, cognitive, and attitudinal abilities an Entry-Level Athletic Trainer must be able to demonstrate in order to function in a broad variety of clinical situations; and to render a wide spectrum of care to athletes and individuals engaged in physical activity. The Guidelines serve to recognize abilities essential to the development of these entry-Level abilities. Further, the Guidelines reflect the necessary and required skills and abilities identified for the Entry-Level Athletic Trainer as detailed in the NATA Athletic Training Educational Competencies and the BOC, Inc., Role Delineation Study.

Institutions and programs should use these Guidelines as a reference point in the development of specific requirements, “technical standards,” for admission to, and completion of, their educational program. Requirements should be objective, measurable, and should be applied to student admission to the program.

Institutions and programs should provide their students with the applicable technical standards in a timely fashion. This could be prior to admission to the institution (for those programs that admit students directly to the program) or soon after the student has entered the institution (for those programs that admit students through a secondary admission process).

While technical standards should be applied to student admission to the institution and/or program, some programs may, additionally, apply technical standards as the student moves through the program, and/or use technical standards as a measure of the student's attainment of criteria for graduation.
Entry-Level Athletic Training Programs must contact and work with their institution’s ADA Compliance Officer, Office of Affirmative Action, or appropriate institutional office in the development and implementation of technical standards specific to their institution. This document is only intended as a guide or reference point for the development and implementation of technical standards. The ADA Compliance Officer (or appropriate person) at your institution is a valuable resource in the development and implementation of technical standards. It is strongly encouraged that programs not develop and implement technical standards without this important advice and counsel.

THE UNIVERSITY OF MONTANA
ATHLETIC TRAINING EDUCATION PROGRAM
TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Program (ATP) at The University of Montana-Missoula is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the ATP establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program’s accrediting agency (Commission on Accreditation of Athletic Training Education (CAATE). All students admitted to the ATP must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the ATP must demonstrate:
1. The aptitude to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. Sufficient postural and neuromuscular control, sensory function, and ability to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively.
4. The ability to record the physical examination results and a treatment plan clearly and accurately;
5. The capacity to maintain composure and continue to function well during periods of high stress;
6. The perseverance, diligence and commitment to complete the athletic training program as outlined and sequenced;
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
9. The ability to meet the needs of current Commission on Accreditation of Athletic Training Education Programs (CAATE) academic competencies and proficiencies.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain reasonable accommodations, they can meet the standards.

The department of Health and Human Performance and the Athletic Training Program conforms to
the disability policies of The University of Montana. A student requiring assistance with the technical or physical portions of this course should contact the instructor or the Disability Services for Students (DSS) located in Lommasson Center 154, (406) 243-2243 (Voice/Text)

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

Signature of Applicant ______________________________      Date ____________________
Please Print Name        _____________________________

Clinical Education Glossary of Terms

Affiliation Agreement: formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Clinical Education: The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor.

Clinical Education Director: Individual who is responsible for managing and coordinating the clinical education program at the academic institution including facilitating clinical site and clinical preceptor development.

Clinical Educator: Includes all individuals who participate in providing student clinical education experiences in the clinical practice environment.

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

Collaboration: To work together, especially in the management of athlete/patient care.

Collaborative Learning: A teaching technique used with the adult learner to encourage joint problem solving and cooperation among students and the instructor. Students are actively involved in teaching each other.

Competence: Possessing the requisite knowledge, abilities, and qualities to be an athletic trainer.

Direct Supervision: Constant visual and auditory interaction between the student and the preceptor must be maintained.

Entry-level: The initial point of entry into the practice of athletic training characterized by successful completion of an accredited professional education program and the successful completion of the board of certification examination and subsequent state regulatory practice examination.

Learning over Time: Documented continuous process of skill acquisition, progression, and student reflection. This involves progression through the cognitive, psychomotor, and affective domains in different environments.
UMATEP 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 six educational courses totaling 14-15 credit hours (HHP 242, 334, 340, 341, 411, 412). Within each course, 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 Education 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 upper extremity, lower extremity, general medical conditions, and equipment intensive hours. Students will have opportunities to receive experience in high-risk and low-risk sports, as well as individual and team activities. Students will also experience athletic practices and competitive events in a variety of men and women’s sports. Most experiences occur in a traditional setting within the Rhinehart Athletic Training Center (RATC); however opportunities at affiliated sites include, but are not limited to, high schools and clinical settings.

All students are required to successfully complete the five-phase 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 Director and 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>Preceptor</th>
<th>Position</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dennis Murphy</td>
<td>Head Certified Athletic Trainer</td>
<td><a href="mailto:dennis.murphy@mso.umt.edu">dennis.murphy@mso.umt.edu</a></td>
</tr>
<tr>
<td>J.C. Weida</td>
<td>Associate Certified Athletic Trainer</td>
<td><a href="mailto:jc.weida@mso.umt.edu">jc.weida@mso.umt.edu</a></td>
</tr>
<tr>
<td>Karla Judge</td>
<td>Assistant 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>Assistant Certified Athletic Trainer</td>
<td><a href="mailto:drew.babcock@mso.umt.edu">drew.babcock@mso.umt.edu</a></td>
</tr>
<tr>
<td>Aaron MacInnes</td>
<td>Graduate Asst. ATC</td>
<td><a href="mailto:aaron.macinnes@mso.umt.edu">aaron.macinnes@mso.umt.edu</a></td>
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</tbody>
</table>
Level 1 athletic training students (L1ATS) will be assigned a preceptor(s) in the spring semester to gain experience in the RATC. Level 2 athletic training students (L2ATS) will be assigned a preceptor for a period of three to seven weeks. Each student will have the opportunity to work with several different preceptors throughout the year. During this time, students will complete hours at the RATC as set forth by their assigned preceptor and may have additional event coverage outside of their assigned clinical rotation as determined by their assigned preceptor.

Level 3 athletic training students (L3ATS) will be assigned a preceptor for the length of an in-season sport. During this time, students will complete hours at the RATC as set forth by the 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 not assigned by your preceptor as long as these hours are completed under direct supervision by a clinical preceptor.

**Physical Therapy Clinic**

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>E:Mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Botkin PT, ATC</td>
<td><a href="mailto:botkinpeakpt@yahoo.com">botkinpeakpt@yahoo.com</a></td>
<td>406-542-4702</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>
<tr>
<td>Nicole Roessing ATC</td>
<td><a href="mailto:Nicki.roessing@gmail.com">Nicki.roessing@gmail.com</a></td>
<td>720-670-7769</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>
</tr>
</tbody>
</table>

Athletic training students will be assigned to a preceptor for a period of three or four weeks during their first or second year in the ATP. This rotation will provide students with experience in a clinical and high school 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 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>406-829-5574</td>
</tr>
</tbody>
</table>

**High School**

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>E:Mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lindsey Ross, ATC</td>
<td><a href="mailto:lmross@mcps.k12.mt.us">lmross@mcps.k12.mt.us</a></td>
<td>240-5773</td>
</tr>
<tr>
<td>Tori Stahl, ATC</td>
<td><a href="mailto:tstahl@mcps.k12.mt.us">tstahl@mcps.k12.mt.us</a></td>
<td>728-2400 ext 8038</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>274-8363</td>
</tr>
<tr>
<td>Jessica Christensen, ATC</td>
<td><a href="mailto:christensen.atc@gmail.com">christensen.atc@gmail.com</a></td>
<td>207-2336</td>
</tr>
<tr>
<td>Shawn Ruff, ATC</td>
<td><a href="mailto:shawn_ruff@gfps.k12.mt.us">shawn_ruff@gfps.k12.mt.us</a></td>
<td></td>
</tr>
</tbody>
</table>
Athletic training students (L2ATS) will be assigned to Lindsey/Tori for a period of three weeks during their first year in the ATP. Other events with Danyel, Jessica, and Shawn 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 preceptor prior to the start of the rotation to review expectations throughout the rotation, dress code, policies/procedures, and to set schedules.

- **Note:** Students should not sign up for other events on campus while completing rotations off campus.
- **Students completing off campus rotations at a high school or other traditional settings, need to carry a fanny pack for practice and game coverage.**

### UM Western

<table>
<thead>
<tr>
<th>CI/ACI</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>683-7391</td>
</tr>
<tr>
<td>Sarah Cummings</td>
<td><a href="mailto:s_cummings@umwestern.edu">s_cummings@umwestern.edu</a></td>
<td>683-7391</td>
</tr>
<tr>
<td>Russ Richardson</td>
<td><a href="mailto:r_richardson@umwestern.edu">r_richardson@umwestern.edu</a></td>
<td>683-7391</td>
</tr>
</tbody>
</table>

Students may choose to gain additional experience in the pre-season and travel to UM Western. This rotation is arranged through the Clinical Director.

### Curry Health Center/Health Care Facility

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 each year. 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 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.

**Curry Health Center Contact:** Susan Krahn 243-4330  
**Missoula Family Medical Contact:** Carol 728-3111  
**Montana Neurobehavioral Specialists Contact:** Maddy 327-3350
UMATEP CLINICAL EDUCATION PLAN OBJECTIVES

Pre-Professional Athletic Training Students
Students not yet formally admitted in the Professional Program
Observation hours completed required for application process

Clinical Requirements:
1. 35 hours of observation in the Rhinehart Athletic Training Center (RATC)
2. 35 hours of observation in clinic/high school setting

Objectives:
1. Gain a better understanding of the athletic training profession in a variety of settings through clinical observation
2. Demonstrate proficiency in first aid and CPR for the Professional Rescuer/HCP
3. Demonstrate a basic understanding of the proper handling of emergent situations
4. Understand OSHA policies and procedures for handling blood borne pathogens
5. Gain an understanding of operational policies and procedures of an athletic training facility, clinic, or high school
6. Become familiar with a variety of record keeping techniques, including Sports Injury Management Software
7. Communicate effectively with other pre-professional athletic training students, professional athletic training students, and supervising clinical preceptor.

Course work:
HHP 240 Prevention and Care of Athletic Injuries
HHP 241 Prevention and Care of Athletic Injuries Laboratory

Level 1 Athletic Training Students (L1ATS)
Students formally admitted into the Professional Program

Clinical Requirements:
1. Completion of 100 hours of clinical education spring semester
2. Clinical education at the RATC

Objective:
1. Gain a better understanding of the athletic training profession in a traditional setting through clinical education
2. Gain a working knowledge of emergency action plan at the RATC (understand role, know telephone numbers, memorize procedures)
3. Demonstrate an understanding of operational policies and procedures of an athletic training facility
4. To perform basic techniques of taping, wrapping, and bracing
5. Provide proper first aid to injured athletes
6. Adhere to OSHA standards and guidelines

Coursework:
HHP 242 Clinical Observation in Athletic Training

Level 2 Athletic Training Students (L2ATS)
Students formally admitted into the Professional Program

Clinical Requirements:
1. Completion of 250 hours in the fall and 200 hours in the spring of clinical education

Coursework:
2. Clinical education at high school, Curry Health Center, and RATC (rotations include four 7 week rotations, one of which includes a 3 week rotation at a high school followed by a week rotation at Curry Health Center)

**Objectives:** (in addition to L1ATS objectives)

**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

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

**Autumn Course Work:**
HHP 340    Athletic Training Practicum I
HHP 342    Assessment of the Lower Extremity
HHP 343    Assessment of the Lower Extremity Laboratory
HHP 366    Therapeutic Modalities
HHP 367    Therapeutic Modalities Laboratory
HHP 368    Applied Anatomy and Kinesiology
HHP 369    Applied Anatomy and Kinesiology Laboratory

**Spring Course Work:**
HHP 341    Athletic Training Practicum II
HHP 344    Assessment of the Upper Extremity
HHP 345    Assessment of the Upper Extremity Laboratory
HHP 372    Rehab of Athletic Injuries
HHP 373    Rehab of Athletic Injuries Lab

**Level 3 Athletic Training Student (L3ATS)**
Students formally admitted into the Professional Program

**Clinical Requirements:**
1. Completion of 250 hours in the fall and 200 hours in the spring of clinical education
2. Clinical education at PT clinic/HS, physicians office and RATC (rotations include one 14 week in season, senior rotation, and two 7 week rotations (a 4 week rotation at a PT clinic or HS and two weeks in general medical; the other 7 weeks is with a preceptor in the offseason)

Objectives: (in addition to L2ATS 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 first aid and 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

Course Work:
HHP 334 Techniques in AT
HHP 401 Assessment of Spine/Thorax and General Medical Conditions
HHP 402 Assessment of Spine/Thorax and General Medical Conditions Laboratory
HHP 411 Advanced Practicum in Athletic Training I
HHP 412 Advanced Practicum in Athletic Training II
HHP 478 Athletic Training Admin & Policy
HHP 479 Sports Medicine

General Medical Clinical Rotation Objectives (Level 2 and Level 3 ATS):
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:**

Students will be required to accumulate 1000 hours as part of the Clinical Education Plan. This averages out to 15-20 hours per week each semester. There will be variation in the number of hours the student will be in the assigned clinical rotation depending on the clinical instructor 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 Clinical Director.
- The maximum requirement of clinical experience is 25 hours per week or 50 hours in a two week period. If students exceed the two week -50 hour maximum, the Clinical Director will notify them to reduce their clinical hours the following two weeks.

**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. (Appendix A)

**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 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

**First Aid & CPR Certification:**
Current CPR & First Aid certification **must be maintained** throughout the entire program. Students will not be allowed to start a clinical assignment without these certifications. Please check due dates on certification to prevent lapses in certification. Re-certification classes are held a various times throughout the year. Students may use the American Red Cross, American Heart Association, or National Safety Council.

**Hepatitis B Vaccine:**
Students are required to have received the Hepatitis B vaccine or have signed a waiver refusing the vaccine prior to the completion of the first clinical assignment.

**Tuberculosis Test**
Students are required to have a yearly tuberculosis test completed. Level 1 students will have it completed upon acceptance into the professional program. The test will be repeated in August before their junior and senior year.

**Physical Examination:**
Students are required to have a copy of the physical examination verification form on file prior to beginning the Athletic Training Education Program. This will be completed by the Team Physician or the Medical Director. **If there is a change in your medical status while participating in the professional program, you must notify the Clinical Director and Medical Director immediately.**

**Proof of Insurance Coverage:**
Some of the facilities students may be assigned to require additional personal malpractice insurance. Please see the Program Director for information on purchasing insurance. 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 Universities insurance. The following websites provide additional information regarding professional liability insurance:

- [www.nata.org/student/files/marshliability.pdf](http://www.nata.org/student/files/marshliability.pdf)
- [www.hpso.com](http://www.hpso.com)
**Personal Appearance:**

People express themselves in many different ways, and the recent trends in body piercing, tattooing, and unique hairstyles certainly fall under self-expression. The professional staff enjoys the diverse backgrounds of the students in the program. However, because the Athletic Training Rooms and clinical sites are classified as medical facilities and Athletic Training Students are pursuing an education in a professional field, self-expression should be restricted while working with athletes and patients. All athletic training students must practice good hygiene. Hair should be kept neat and out of the way. Facial hair is discouraged but if it is a permanent (longer than 6 months) appearance feature it must be kept trimmed. Athletic Training students are expected to use discretion with make-up, perfume, cologne, and jewelry. No attention causing hairstyle or accessories may be worn. If students have any concerns, immediately contact an athletic training staff member or the Athletic Training Education Program Director. A student’s appearance not only represents his/her personal style but the University of Montana, its faculty, staff, physicians, donors, and alumni, as well as the athletic training profession.

- Tops should be athletic training shirts, University of Montana T-shirts, white or school colored shirts. Coaching shorts are acceptable during early fall and late spring. Open-toed shoes are not acceptable.
- Name tags should be worn at all times.
- **Clothing not acceptable:** tattered or faded blue jeans, overalls, workout sweats or gym shorts, skirts, shorts that are not mid-thigh length, tank tops or halter tops, form fitting or revealing tops, high heel sandals or clogs.

**Cellular Phones, Beepers, CD Players, Walkman’s, Etc.**

**Personal electronic equipment may not be used during class or clinical experiences.**

Please leave such devices at home. Lost items in the classroom or during clinical assignments are the responsibility of their owners.

**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 have auditory and visual interaction with the athletic training student at the site of the clinical experience.

**Clinical Experience Evaluations**

Students will be required to complete evaluations on preceptors and clinical sites. These evaluations are completed at the end of a rotation. In addition to this, each student will be required to complete a self-evaluation following each rotation. Information obtained from these evaluations is utilized to make any necessary improvements or adjustments in the academic program.
These forms are available and to be completed on EValue by the set dates.

**Professional Development:**

Several opportunities exist to become involved in the profession as an allied health care provider. Students have the opportunity to join national organizations, attend state, district, and national meetings, in addition to applying for professional scholarships. It is required that students join the National Athletic Trainers’ Association (NATA). By doing so, students will receive news updates monthly, a quarterly research journal, reduced rates for meeting attendance, and a reduced rate for the BOC examination.

**Recommended Organizations for Student Affiliation:**

National Athletic Trainers’ Association:  [www.nata.org](http://www.nata.org)

American College of Sports Medicine:  [www.acsm.org](http://www.acsm.org)

National Strength and Conditioning Association:  [www.nsca-lift.org](http://www.nsca-lift.org)

**Scholarship Information**

National Athletic Trainers’ Association- Undergraduate and Graduate (members only)  
[www.natafoundation.org](http://www.natafoundation.org)

Northwest Athletic Trainers’ Association- Undergraduate and Graduate  
[http://nwata.net/scholarship.htm](http://nwata.net/scholarship.htm)

Big Sky Conference Officials Scholarship- see Clinical Director for information
Athletic Training Students and Relationships Issues

**Clinical Preceptors**

Athletic Training Students will be supervised by their Clinical Preceptors at all times while in the clinical setting. They are encouraged to discuss educational, clinical, and personal issues with their Clinical Preceptors whenever an appropriate time presents itself.

**Team Physician/Allied Health Care Professionals**

Athletic Training Students will have the opportunity to meet and work with the Team Physicians and their designees. The physicians will act as medical advisors to the athletic training staff regarding prevention of injuries, care of injuries, and post injury/surgery rehabilitation. The physicians have absolute authority in determining the physical well being of a student athlete who wishes to participate in intercollegiate athletics at the University of Montana. They also will conduct, with assistance of other medical specialists, the pre-season physicals of all UM intercollegiate athletes. Students will learn a great deal by observing and listening to these health care professionals as they evaluate athletes afflicted with various injuries and conditions. Students are also encouraged to ask questions at the appropriate times.

The University of Montana will utilize a consulting medical specialist whenever deemed necessary. These specialists will be utilized under the referral of the team physician.

**Coaches**

Possessing the ability to “work and play well with others” is a crucial part of being a team member. Athletic trainers and coaches have the common goal of placing the best team on the field in order to provide the best opportunity to win. Frustrating situations sometimes occur, but for the most part, these can be minimized by effective communication and constant follow-up. Athletic Training Students, under the supervision of their Clinical Preceptors, will be called upon to communicate with coaches concerning injuries to their athletes. To earn the coaches’ respect and trust, it is important to be thorough, concise, and professional at all times.

**Athletes**

Treat all athletes with integrity, respect, and courtesy, and expect the same from them. Strive to combine friendliness and concern with professionalism. Confidence and respect will be gained by exhibiting a basic knowledge of athletic injuries and proficiency in athletic training skills. In time, Athletic Training Students will gradually learn the attitudes, temperaments, and peculiarities of individual athletes, and will learn to use this insight to foster a professional relationship with them. Athletic Training Students should encourage athletes to adhere to all of the rules and regulations pertaining to them while in the Athletic Training Room. Any dating or socializing with the athletes is strongly discouraged and looked upon as an unprofessional behavior.
NATA Code of Professional Practice

1. Athletic Trainer should neither practice nor condone discrimination on the basis of race, color, sex, religion, or national origin.

2. Athletic Trainer should not condone, engage in, or defend unsportsmanlike conduct or practices.

3. Athletic Trainer should provide care on the basis of the needs of the individual athlete. They should not discriminate on the basis of athletic ability.

4. Athletic Trainer should strive to achieve the highest level of competence. They should use only those techniques and preparations which they are qualified and authorized to administer.

5. Athletic Trainer should recognize the need for continuing education to remain proficient in their practice. They should be willing to consider new procedures within guidelines that assure safety.

6. Athletic Trainer should recognize that person problems and conflicts might occur which may interfere with professional effectiveness. Accordingly, they should refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to an athlete or colleague.

7. Athletic Trainer should use care to be truthful and not misleading when stating their education, training, and experience.
Professionalism

The Athletic Training Room is a medical facility and must function as such. One of the attractions to working in the traditional athletic training environment is the sometimes relaxed and casual atmosphere. In this atmosphere, it is very important to be acutely aware of what is being said and who might be listening. An athlete’s medical file is personal and confidential, and the information contained in it cannot be given out without the express written consent of the athlete. To do so is against the law. One way to prevent inadvertent slips and mistakes in judgment is to always represent the University of Montana Athletic Training Education Program and yourself in a positive and professional manner. Athletic Training Students who adhere to the following rules will develop professionalism:

1. Perform your responsibilities in a mature and professional manner.
2. Always remember that you are representing the University of Montana Athletic Training Education Program.
3. Be aware of your skill level and your limitations. Only perform those treatments for which you have been evaluated by a clinical instructor and deemed proficient.
4. Consult your preceptor prior to administering any treatments on athletes.
5. The medical care of athletes is your first priority.
6. Use the proper channels to answer questions and for procedural advice. (Communicate with your preceptor)
7. Respect the right of confidentiality of the athletes and their medical conditions.
8. Assist the Professional Staff with the daily functions of the athletic training clinic.
9. Assist the Professional Staff in maintaining accurate treatment logs and other medical records.
10. Assist the Professional Staff in maintaining confidentiality.
11. Complete assigned tasks in an appropriate and timely manner.
12. Take accurate phone messages that indicate who called, the time and date of the call.
13. Practice universal precautions and maintain excellent sanitary conditions in all procedures.
15. Grant special privileges to no one. All athletes are equals.
16. There will be no excuse for tardiness.
17. Have a working knowledge of the appropriate Emergency Action Plan.
18. Treat the athletic training facility and equipment with respect and care.
19. Apply appropriate tapings, wrappings, and bandages as instructed.
20. Complete Injury Report Forms for all new injuries and log treatments as rendered.
21. Follow rehabilitation protocols on the athletes chart as instructed.
22. Enter SOAP notes in SIMS as instructed.
23. Communicate with preceptors regarding new injuries.
24. Be prepared to assist with the care of an injured athlete who is brought in for first aid.
25. When answering the phone, use the phrase, “UM Athletic Training. This is {NAME}. How may I help you?”
26. When traveling with a sport team, you must abide by the athletic code. *No alcohol, drugs, or unacceptable conduct at any time.*
27. When you have free time in the athletic training clinic, use it to discuss relevant topics in sports medicine, or practice athletic training skills on each other.
28. Maintain and stock tables, drawers and counters with the proper items whenever necessary.

**Evidence Based Medicine (EBM)**

**What is it?**
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, SPORT Discus, 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 Trainers’ Student Association (UMATSA)
The University of Montana
Athletic Training Students’ Association
- Constitution -

I. Name
   a. The name of this organization shall be the University of Montana Athletic Training Students’ Association (UMATSA).
   b. This organization will be affiliated with the University of Montana Athletic Training Education Program.

II. Purpose
   a. The UM Athletic Training Education Program is designed to prepare students for a successful career as a qualified allied health care professional, educated and experienced in the management of health care problems associated with sports participation.
   b. UMATSA is dedicated to provide opportunities for ongoing professional development and interaction with other health professionals for athletic training students.
   c. UMATSA is committed to mentoring pre-professional athletic training students.
   d. UMATSA is dedicated to work with other athletic training professionals and allied health care providers in supporting licensure efforts in the state of Montana.

III. Membership
   a. Only students currently enrolled (first year or second year athletic training students) in the UM Athletic Training Education Program will be active voting members. These members will be granted voting privileges for all meetings and functions.
   b. Each pre-professional program athletic training class (freshman and sophomore) will have a class representative that will function as an active voting member of the UMATSA. The class representative will meet with his/her respective class prior to voting. A minimum of 10 members from each class should be present in order for the class representative’s vote to be considered valid.
   c. Other students not enrolled in the UM Athletic Training Education Program will be considered active non-voting members. These members will not be granted voting privileges, but may still attend all meetings and functions.
   d. Active membership or voting privileges will be revoked for: any athletic training student removed from the UM Athletic Training Education Program or inactivity based on the digression of the executive board and advisor. Active membership may also be revoked for any non-voting member by a quorum vote.

IV. Duties of the University of Montana Athletic Training Students’ Association
   a. Representing the UM Athletic Training Education Program
   b. Attending university, community, state, regional, and national functions to promote the UM Athletic Training Education Program
   c. Developing community relationships to promote the UM Athletic Training Education Program
   d. Providing community service to promote the UM Athletic Training Education Program
e. Developing fundraising efforts for members of the community
f. Developing fundraising efforts for UMATSA
g. Developing strategies to encourage participation in UMATSA and the UM Athletic training education program
h. Mentoring of pre-professional athletic training students

V. Elected Officers
   a. President
      i. Eligible to run as a second year athletic training student
      ii. Preside over and conduct all officers and UMATSA meetings
      iii. Oversee all voting matters and proceedings
      iv. Appoint and oversee organizational functions
      v. Maintain communication with membership
      vi. Develop fundraising efforts for community and UMATSA
      vii. Serve as primary university liaison
   b. Vice-President
      i. Eligible to run as a first year athletic training student (the exception is for the 2007-2008 school year, in which two vice presidents will be elected- a second year athletic training student in addition to a first year athletic training student)
      ii. Attend all officers meetings
      iii. Attend all UMATSA meetings
      iv. Assist the President with all duties
      v. Preside over meetings in President’s absence
      vi. Develop community service efforts
      vii. Develop and plan UMATSA social functions with Treasurer
   c. Secretary
      i. Eligible to run as either a first year or second year athletic training student
      ii. Attend all officers meetings
      iii. Attend all UMATSA meetings
      iv. Document and make public all minutes from meetings
      v. Document and make public attendance for all meetings and functions
      vi. Update and maintain UMATSA web site with assistance of faculty representative
      vii. Maintain communication with UM Athletic Training Education Program Alumni by working with Athletic Training Education Program Clerical Staff
      viii. Document all UMATSA events for historical perspective
   d. Treasurer
      i. Eligible to run as either a first year or second year athletic training student
      ii. Attend all officers meetings
      iii. Attend all UMATSA meetings
      iv. Document all UMATSA finances
      v. Disperse UMATSA funds upon approval of UMATSA officers and faculty representative
      vi. Provide semester budgets to UMATSA officers and faculty representative
      vii. Provide yearly budgets to UMATSA membership
viii. Develop and plan UMATSA social functions with Vice President
ix. Develop fundraising efforts for community and UMATSA with President
e. Class Representatives (One representative per freshman and sophomore pre-professional athletic training class)
   i. Attend all officers meetings
   ii. Attend all UMATSA meetings
   iii. Act as voting members for respective class
   iv. Assist UMATSA officers with assigned duties
   v. Provide monthly updates to respective class

VI. Voting and Nominations
   a. Officers
      i. Nominations for new officers will be held the last week of March each year
      ii. Each nomination must receive second nomination to be upheld
      iii. If any member is nominated for more than one position, he or she must decline all but one position
      iv. All nominations must be closed prior to voting
   b. Class representatives
      i. Nominations for new class representatives will be held the second week of September each year.
      ii. Each nomination must receive second nomination to be upheld
      iii. All nominations must be closed prior to voting
   c. Voting
      i. Voting for officers and class representatives will include ballots once nominations are closed
      ii. All ballots will be tabulated by the President, Vice-President, and faculty representative

VII. Meetings
   a. All officers will meet bi-weekly
   b. UMATSA will meet monthly
      i. All meetings will be conducted by Robert’s Rules of Order
         1. The President and Vice-President will be required to receive training, if not aware of these rules.
         2. The faculty representative will ensure all motions and procedures are conducted properly
      ii. Minutes from all meetings will be recorded by the Secretary
   c. All meetings will include a written or electronic agenda.
   d. Additional meetings may be scheduled if the need arises

VIII. Membership Dues
   a. There will be an annual membership fee of $20.00.

IX. Accounting
   a. All UMATSA money shall be placed in a general ASUM account to be monitored by the Treasurer and faculty representative
b. These funds shall be used for general operating expenditures or individual expenses in support of UMATSA, upon approval of UMATSA officers and the faculty representative.

X. Anti-Hazing Clause
a. This organization prohibits its members, both individually and collectively, from committing any acts of hazing as defined herein:
   i. “Hazing” means any action which recklessly or intentionally endangers the mental or physical health or safety of a student for the purpose of initiation or admission into or affiliation with this organization.
   ii. Such terms shall include, but are not limited to, any brutality of physical nature, such as whipping, beating, branding, forced calisthenics, exposure to elements, forced consumption of any food, liquor, drug, or other forced activity which adversely affects the mental health or dignity of the individual to extreme mental stress, such as sleep deprivation, forced exclusion from social contact, forced conduct which could result in extreme embarrassment or any other activity which could adversely affect the mental health or dignity of the individual.

b. For the purpose of this section any activity as described above upon which the initiation or admission into or affiliation with this organization is directly or indirectly conditioned shall be presumed to be a “forced activity,” the willingness of an individual to participate in such activity notwithstanding.

XI. Officer, Class Representative Removal and Member Termination
a. Any officer or class representative may be removed by a 2/3 vote of active voting members.
   i. Replacement of any officer may be elected by a majority vote.
   ii. Officer or representative removal will not terminate association membership

b. Any member will be terminated from membership in UMATSA upon removal from the UM Athletic Training Education Program.

c. Any member may also be terminated from UMATSA membership by a 2/3 vote of active voting members

XII. Ratification and Amendment of Constitution
a. Final copies of the UMATSA Constitution will be provided to all active voting members of the organization. With a majority vote from active voting members, the constitution will be adopted.

b. Suggested amendments to the current UMATSA Constitution may be made the first week of April each year by participating members. With a majority vote from active voting members, the amendments will be adopted.
Appendix A

Clinical Education Forms
AGREEMENT STATEMENT  
For Admission to the Athletic Training Education Program

As a student in the Athletic Training Education Program at the University of Montana, I agree to the following retention standards.

I will:

- Enroll as a full-time student (unless approved by Program Director).
- Become a student member of the NATA
- Maintain a cumulative grade point average of 2.75 or higher.
- Maintain a “C” or better in all Athletic Training Core 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.
- Obtain Hepatitis B vaccination or sign a waiver prior to clinical experiences.
- Obtain TB Test on a yearly basis
- Show proof of passing a medical physical examination from an approved physician and being able to meet the technical standards for the program. If I cannot meet the technical standards, without accommodation, I will contact Services for Students with Disabilities.
- Maintain CPR and First-aid certification.

I understand that I will be expected to complete at least 100-250 hours of clinical experience each semester and that many of these hours may be during evening and weekends. I also understand that I may be asked to complete clinical experiences during times that school is not in session if my team is participating at that time.

Student's 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 be required to attend mandatory study sessions or other remediation as deemed appropriate by the Program Director.

I, ________________________, agree to the above terms and contingent on UM admission policies, intend to enroll into the Athletic Training Education Program for the 2012--2013 entrance period.

________________________________________
Printed Name

________________________________________
Student Signature  Date
### THE UNIVERSITY OF MONTANA ATEP
### CAATE SUPERVISED ATHLETIC TRAINING CLINICAL EXPERIENCE RECORD

**NAME____________________________ NATA MEMBERSHIP NUMBER__________________________**

**MONTH______________ YEAR____________**

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I certify that the above is correct for the dates indicated.

__________________________
Student’s Signature

__________________________
Rhinehart assigned hrs

__________________________
Date

Total hours: This semester + =

Clinical Experiences: **UE** = upper extremity  **GM** = general medical  **RATC**=

**LE** = lower extremity **EI** = equipment intensive

Evaluation: **S** = satisfactory  **U** = unsatisfactory
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:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
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Action Taken:

- Warning
- Deduction of 3% off final grade in Athletic Training Practicum Course (242, 334, 340/341; 411/412)
- Repeated Offenses; Suspension from ATEP as decided by Program Director
- Repeated Offense after suspension; Removal from ATEP as decided by Program Director & Department Chair

<table>
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<td>Signature of Clinical Director</td>
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Other Participants as Needed:

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<td>Signature of Program Director</td>
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<td>Signature of Department Chair HHP</td>
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University of Montana
Athletic Training Program

Photo Release

I, [print name] ______________________, hereby grant permission to the University of Montana’s Athletic Training Program to take and use photographs, videos, and/or digital images of me for use in the promotion of the program or community materials. These materials might include printed or electronic publications, websites, or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me.

________________________________________
Printed Name

________________________________________
Signature

_______________________________
Date
Communicable Disease Policy and Blood Borne Pathogen Policies and Procedures

Purpose
The purpose of this document is to create a plan to control any potential exposures of infectious diseases to students and staff in the athletic training education program.

Policy/Procedure
Vaccinations/Immunization Records:
1. All students are required to have completed or be in the process of completing Hepatitis B vaccinations prior to the start of your application to the professional program.
2. All students will have a TB test conducted on a yearly basis beginning August prior to their third year and repeated in August of their final fourth year.
3. All other vaccinations as required by the University for admittance to the school should be kept on file at Curry Health Center. Copies may be kept on file with your ATP physical exam.

Student with a Communicable Disease or Suspected Communicable Disease:
1. Students who report for their clinical rotation with severe respiratory infection, diarrhea, fever, sore throat, or skin lesion should report to their assigned preceptor immediately.
   a. If the condition is deemed to be a potential communicable disease the student will be dismissed from their clinical rotation for that day.
   b. The Preceptor/supervisor may suggest follow-up care with Curry Health Center or personal physician for treatment and care.
   c. The Clinical Director must be notified.
2. Students should communicate with their preceptor or physician to determine if it is safe to return to their clinical rotation without infecting others.

BBP/Infection Control

What are bloodborne pathogens?
Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens. Workers in many occupations, including first aid team members, housekeeping personnel in some industries, nurses and other healthcare personnel may be at risk of exposure to bloodborne pathogens.

Athletic Participation
Decisions regarding the participation of athletes infected with bloodborne pathogens in athletic competitions should be made on an individual basis, following
the standard or appropriate procedures generally followed with respect to health related participation questions and taking into account only those facets that are directly relevant to the health and rights of the athlete, the other participants in the competition, and the other constituencies with interests in the competition, the athletic program, the athletes, and the sponsoring schools or organizations.

The following are examples of factors that are appropriate in many settings to the decision-making process:

1. The current health of the athlete;
2. The nature and intensity of the athlete’s training;
3. The physiological effects of the athletic competition;
4. The potential risks of infection being transmitted;
5. The desires of the athletes; and
6. The administrative and legal needs of the competitive program.

**Education of the Physically Active**

In a rapidly changing medical, social, and legal environment, educational information concerning bloodborne pathogens is of particular importance. The athletic trainer should play a role with respect to the creation and dissemination of educational information that is appropriate to and particularized with respect to that athletic trainer’s position and responsibilities.

Athletic trainers who are responsible for developing educational programs with respect to blood borne pathogens should provide appropriate information concerning:

1. The risk of transmission or infection during competition;
2. The risk of transmission or infection generally;
3. The availability of HIV testing; and
4. The availability of HBV testing and vaccinations.

Athletic trainers who have educational program responsibility should extend educational efforts to include those, such as athlete’s families and communities, who are directly or indirectly affected by the presence of bloodborne pathogens in athletic competitions.

All education activities should, of course, be limited to those within the athletic trainers’ scope of practice and competence, be within their job descriptions or other relevant roles, and be undertaken with the cooperation and/or consent of appropriate personnel, such as team physicians, coaches, athletic directors, school or institutional counsel, and school and community leaders.

**The Athletic Trainer and Bloodborne Pathogens at Athletic Events**

The risk of bloodborne pathogen transmission at athletic events is directly associated with contact with blood or other body fluids. Athletic trainers who have responsibility for overseeing events at which such contact is possible should use
appropriate preventative measures and be prepared to administer appropriate
treatment, consistent with the requirements and restrictions of their jobs and local,
state, and federal law. In most cases, these measures will include:

1. Pre-event care and covering of existing wounds, cuts, and abrasions;
2. Provisions of the necessary, or usually, equipment and supplies for
   compliance with universal precautions, including, for example, latex gloves,
   biohazard containers, disinfectants, bleach solutions, antiseptics, and sharps
   containers.
3. Early recognition and control of bleeding athlete, including measures such
   as appropriate cleaning and covering procedures, or changing of blood
   saturated clothes;
4. Requiring all athletes to report all wounds immediately;
5. Insistence that universal precautions guidelines be followed at all times in
   the management of acute blood exposure;
6. Appropriate cleaning and disposal policies and producers for contaminated
   areas or equipment;
7. Appropriate policies with respect to the delivery of life-saving techniques
   in the absence of protective equipment;
8. Post-event management including, as appropriate, re-evaluation, coverage
   of wounds, cuts, and abrasions; and
9. Appropriate policy development, including incorporation, with necessary
   legal and administrative assistance, of existing OSHA and other legal
   guidelines and conference or school rules and regulations.

Students in any academic, research or occupational program at The
University of Montana-Missoula at risk for Bloodborne pathogen exposure
are required to present documentation of serologic evidence of immunity
(either by vaccination or previous infection and demonstrated by positive
titer) to hepatitis B (HBV). Students who cannot meet this requirement,
for personal or health reasons, must have their case reviewed by the
Institutional Biohazard Committee (IBC) on an individual basis. Final
approval or waiver must be granted in writing, prior to their first potential
exposure to human blood or other potentially infectious materials.
Records of the waiver or approval shall be kept in the students file within
the department.

PROCEDURE:

1. Students who are unable to meet the requirements of documentation of
   immunity, for personal or health reasons must provide written
   documentation of the reasons, which preclude immunization, for review
   by the Institutional Biohazard Committee. Requires for review by the IBC
   must be made by the student early enough to allow resolution prior to the
   student’s first potential exposure to human blood or other potentially
   infectious materials.

2. Students who have received the HBV immunization series and remain
   serologically negative are strongly encouraged to be re-vaccinated. Per
the Montana Department of Health and Environmental Sciences, a second complete series of HBV vaccine is recommended if anti-HBs are less than 10 mlU/ml following the immunization series. If the student remains negative after the second series, the student should be identified as a “non-responder”. Upon designation as a non-responder, the student will be informed that they may be at high risk of contracting HBV, what the potential health effects include and encouraged to initiate another series of HBV vaccine. They will need to acknowledge that this non-responder procedure has been followed in writing.

3. Students are required to present, prior to their first potential exposure to human blood or other potentially infectious materials:
   a. Documentation of serologic immunity (>10mlU/ml) or
   b. Documentation of immunization series with plan for final titer and re-vaccination or booster as indicated (see #2 above) or
   c. Documentation of completed review by the Institutional Biosafety Committee (IBC) and signed by the IBC Chairperson with statement of exemption from immunization requirement and waiver form signed by the student.

Students will not be allowed in areas or settings, which may present their first potential exposure to human blood or other potentially infectious materials without this documentation.

4. Antibody titers must be repeated every four years. If the titer is less than 10 mlU/ml a booster must be given.

EXPOSURES:
If a student has an exposure (i.e., eye, mouth, mucous membrane, non-intact skin, or potential contact with blood or potentially infectious materials) in a setting sponsored by The University, the individual department sponsoring the activity shall provide the post exposure testing for student and source individual at the department’s expense. Testing and counseling shall be done at the Curry Health Center whenever possible. Records of the exposure and follow-up shall be kept in the student’s file at the Curry Health Center.

TRAINING:
Students training shall be done on a yearly basis. The training shall include the requirements of the Bloodborne Pathogen Standard, universal precautions and The University of Montana-Missoula policy. This training is done online at http://www.umt.edu/research/complianceinfo/IBC/BBP.aspx. Once training is complete each student will complete the quiz and turn in to the Clinical Director for scoring. A scored copy will be returned to the student and another copy of this training will remain on file in the athletic training education program offices.
Hepatitis B Information

Hepatitis B virus (HBV) has long been recognized as a pathogen capable of causing a wide spectrum of infections, ranging from asymptomatic seroconversion, subacute, illness with nonspecific symptoms (nausea, fatigue), clinical hepatitis with jaundice, chronic hepatitis, to fulminant fatal hepatitis.

HBV and human immunodeficiency virus (HIV) are transmitted through blood and certain body fluids. Because the transmission of HIV is considerably less efficient than HBV, the risk of HIV infection to employees who must handle blood and other potentially infectious materials is less than for HBV infection. (HIV results in fewer seroconvertors following exposure incidents).

Occupational transmission of HBV has been shown to occur via contact with blood or body fluids such as wound exudates, semen, cervical/vaginal secretions, pleural/pericardial/peritoneal fluids, saliva (dental procedures) and pathological specimens (unfixed tissues/organs). Non-occupational transmission can occur by sharing or reusing unsterilized needles and syringes, mucous membrane exposure to blood or body fluids, and homosexual and heterosexual activity. HBV can survive in the dried state for one week or longer and percutaneous contact with contaminated inanimate objects may transit infection. HBV is not transmitted by the fecal oral route.

300,000 persons are infected with Hepatitis B each year in the United States. 50,000 become ill and jaundiced while 10,000 are hospitalized. Annually, 250 people die from Hepatitis B infection. Health officials estimated that 750,000 to 100,000 carriers of the virus live in this country. Chronic carries often have no symptoms and can be identified only by having a blood test. Hepatitis B infection is a major cause of acute and chronic hepatitis cirrhosis and primary liver cancer that is 12-300 times higher than that of other persons. An estimated 4,000 persons die each year from Hepatitis B related cirrhosis and more than 800 die from Hepatitis B related liver cancer.

There is no specific treatment and no known cure for Hepatitis B. Therapy is directed toward relieving symptoms and making the patient more comfortable. While most patients recover, Hepatitis B can be very serious and even fatal.

OSHA now recommends that employees with reasonable anticipated occupational exposure, regardless of how often the exposure may occur be vaccinated for Hepatitis B.
**UMATP Guidelines for Prevention and Management of Communicable Diseases:**

1. Every student must be properly vaccinated with documentation on file (TB and Hep B)

2. **Every student** must complete Bloodborne Pathogen training on a yearly basis (prior to observation or clinical experience). To Complete Bloodborne Pathogen Training, please visit the following website and read through the presentation: [http://www.umt.edu/research/complianceinfo/IBC/BBP.aspx](http://www.umt.edu/research/complianceinfo/IBC/BBP.aspx). After students read through the presentation, the BBP Quiz on this webpage should be completed and turned into the Clinical Director/Program Director via email or to McGill 238 for scoring (valerie.moody@umontana.edu).

3. Students must use Universal Precautions and good hygiene at all times.

4. If there has been potential exposure to a communicable disease or BBP, the student must immediately notify the Preceptor and Clinical Director and the exposure incident form should be completed.

5. If a student becomes ill, students are encouraged to self-isolate and to seek medical treatment from either Curry Health Center or personal physician. In some cases, documentation may be required for return to clinical rotations.

6. Students should communicate medical absences from clinical rotations to the Clinical Director and their respective Preceptor as soon as possible.
Appendix B

Professional Practice Forms
The Code of Ethics of the National Athletic Trainers' Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

PRINCIPLE 1:
Members shall respect the rights, welfare and dignity of all individuals.

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted or required by law.

PRINCIPLE 2:
Members shall comply with the laws and regulations governing the practice of athletic training.

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

2.2 Members shall be familiar with and adhere to all National Athletic Trainers' Association guidelines and ethical standards.

2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.

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

PRINCIPLE 3:
Members shall accept responsibility for the exercise of sound judgment.

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

3.2 Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

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

PRINCIPLE 4:
Members shall maintain and promote high standards in the provision of services.

4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.
4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

PRINCIPLE 5:
Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

5.1 The private conduct of the member is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.

5.2 Members of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

Reporting of Ethics Violations
Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA's Executive Director or Chair of the Ethics Committee. Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee.

An individual may report information on the condition that the individual's name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to: NATA Ethics Investigations, 2952 Stemmons Fwy, Dallas, TX 75247-6196.
Appendix C

UMAESA Forms
Name: ___________________________  Birthday: ___________________________

Mailing address: ___________________________________________________________

____________________________________

____________________________________

Email address: ____________________________________________________________

Phone #(s): ______________________________________________________________

Signature: ___________________________  Date: ___________________________

By signing this I, ___________________________, understand that my $20 membership fee goes towards a club shirt and membership card. I also agree to uphold the standard set forth as a UM Athletic Training member and Sports Medicine member. Lastly, I agree to help out any way possible (donations of time, money, ideas and attendance).

Office Use Only

Sign & date below:

I received my membership card: ______________________________________________

I received my membership shirt: ______________________________________________

Paid: $__________  Method of payment: _______________________

Received membership card: Y or N  Received membership shirt: Y or N

Officer initial and date: ____________  Officer initial and date: ____________