Please note the contents of this *Department of Athletic Training Student Handbook* may be changed as the department updates policies and procedures to comply with national accreditation standards, ever evolving campus policies and procedures, and for the purposes of providing clarity to students. Students should periodically revisit this handbook to ensure they remain current with policies and procedures.

The College of St. Scholastica admits qualified students from diverse cultural, geographical, economic, religious and racial backgrounds. Applications are evaluated based on information that demonstrates an ability to succeed both academically and socially at St. Scholastica.

The College of St. Scholastica is committed to fostering a learning environment that is culturally diverse and pluralistic. Informed by our Benedictine heritage and its values of community, hospitality, respect, stewardship and love of learning, we are compelled to be open to diverse points of view and not avoid dissent, while constantly being mindful of what it is to be an engaged community working for social justice. To do so recognizes human dignity, difference and equality that includes, but is not limited to: race, age, class, gender, sexual orientation, physical abilities/qualities, and ethnicity.

In our striving to be an inclusive community, we must engage in intellectual discourse and exchange if we hope to develop an understanding of our commonalities and differences, even if this discourse and exchange result in conflict and change. The challenge that lies before us as a community is to embody in our institutional life what it means to be truly committed to cultural diversity and pluralism.

The Athletic Training Program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The program has reapplied for re-accreditation and will have an on-site visit in 2015-16. CAATE is located at 6836 Austin Center Blvd., Suite 100 Austin, TX 78731–3193.

Phone number: 512-733-9700
Fax number: 512-733-9701
www.caate.net
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INTRODUCTION

This Department of Athletic Training Student Handbook has been prepared to provide Athletic Training Students (ATS) with important information about the profession of athletic training, the Department of Athletic Training (DAT), and the expectations of students who have been accepted into the Masters in Athletic Training program. The Department of Athletic Training Student Handbook should be reviewed thoroughly by all Athletic Training students, and students should use this manual to seek clarification for any questions or concerns.

The Athletic Training entry-level Master’s Program is one of the graduate programs at The College of St. Scholastica and is located in the School of Health Sciences. The Department of Athletic Training follows the policies and procedures of the Graduate Studies Handbook, which is incorporated in this student handbook and precedes more specific information about the Department of Athletic Training.

General information about The College of St. Scholastica policies and procedures are located in The College Student Handbook provided to each student in the fall of the year, and the current The College of St. Scholastica Graduate College Catalog located online. It is incumbent on you as a student to become familiar with those documents.

Your selection into the Department of Athletic Training is an indication of your outstanding academic abilities and personal characteristics. We are pleased to have you with us, and look forward to working and learning together. The faculty and staff extend our welcome and best wishes for an exciting and rewarding educational experience in the Department of Athletic Training.

You will find your life as a graduate athletic training student very challenging and demanding at times. You may question yourself, your future, and your choice of profession. Please try to remember that attention to detail is rewarded and all your hard work will pay off in the end. Best of luck to you in your journey.

Hal Strough, Ph.D., ATR, ATC
Department Chair
VISION

The preeminent program for students who seek an academically rigorous athletic training education that prepares them to be thoughtful, innovative, collaborative, and practice ready.

MISSION

Shaped by the Catholic Benedictine Heritage, the entry-level Master of Science in Athletic Training at The College of St. Scholastica prepares entry-level practitioners in athletic training capable of working collaboratively to care for diverse physically active populations.

DEPARTMENT PHILOSOPHY

Athletic Trainers are AMA (American Medical Association) recognized allied health care providers focusing on the physically active/athletic population. Under a physician’s direction, athletic trainers function in the five domains of practice including injury/illness prevention and wellness protection; clinical evaluation and diagnosis; immediate and emergency care; treatment and rehabilitation, and organizational and professional health and well-being. They work in settings ranging from high schools, colleges and universities, and professional teams to clinics, hospitals, and physician’s practices to industry, performing arts, military, and public safety.

The Department of Athletic Training faculty believes that a large segment of our population is motivated to engage in physical activity throughout the lifespan. It is recognized that physical abilities and the ability to be active varies across a continuum. What is more important, however, is that any disruption of a person’s ability to be active has ramifications within all dimensions of wellness and overall life satisfaction. Athletic trainers are positioned to play a critical role in prevention, restoring function, and providing assistance to those compromised by illness and injury.

The Master’s in Athletic Training is designed to provide students with a strong scientific foundation as well as an appreciation of the physical, psychological, and emotional demands encountered by physically active populations. The importance of taking an evidence based, interdisciplinary, and holistic approach in the treatment and referral of the physically active is stressed.

The philosophy is based on the belief that students as human beings learn and develop at multiple levels and different time frames. Furthermore, a variety of learning styles may be employed. Initially the student/learner strives to master new knowledge while faculty may utilize methods ranging including, but not limited to, lecture, demonstration, group exploration, and hands-on activities. It is believed that students must become active or participant learners in this process. Ultimately, the ability to transform understanding to clinical practice and outcomes through critical thinking and clinical decision making is paramount.

This clinical practice occurs throughout the duration of the program and is heavily emphasized during a practicum experience between the first and second year. A student’s level of function and autonomy should be consistent with that of an entry-level practitioner by their final semester in the program.

In addition to multiple learning approaches, students will be evaluated in a variety of ways consistent with their experiences. Such methods will include written exams, reports, case studies, presentations, and the completion of
Integration of Professional Behaviors (IPB) and Professional Development Units (PDU’s) requirements. In the laboratory and clinical setting students will be evaluated on skills and clinical integration proficiencies (the integration of multiple discrete skills into patient care outcomes). Finally, students will complete a capstone experience or master’s thesis as a culminating achievement. A plethora of allied health and medical professionals will be integrated throughout the curriculum to augment campus offerings and resources.

The integration of technology and evidence based practice is central to the St. Scholastica model. From the utilization of cadaver dissection experiences in the first semester to an on-going, multidisciplinary experience with electronic health records (EHR’s) students will be exposed to the latest technology. Furthermore, the variety of clinical experiences will be consistent with options available to entry-level practitioners and prepare students to interact with diverse populations both in terms of activity level and ethnic origin. At the heart of this effort is a collaboration with the Department of Intercollegiate Athletics and the athletic training staff on St. Scholastica’s campus.

These philosophies are consistent with the Benedictine heritage as well as the mission of the College and School of Health Sciences. Professional ethics and legally sound practice are other hallmarks and points of emphasis.

The Department of Athletic Training faculty believes Master’s level education represents the future of Athletic Training Education and the best model for the preparation of current students. The faculty is confident the program not only meets but exceeds CAATE (Commission on Accreditation of Athletic Training Education) accreditation requirements and serves as a national model for future evolution. The program is an intense and rigorous program of study running continuously for 23 months. This structure enhances both retention of knowledge and development of skills.

At the root of the department’s philosophy is its stated and functional congruence with the core values of the college:

- Love of Learning-through intense study, scientific inquiry, and reflection, a lifelong commitment to learning will be fostered.
- Respect-will be demonstrated through caring and compassion, interpersonal communication, and cultural sensitivity.
- Community-helping others, collaborative practice, and embracing diversity will be paramount.
- Hospitality-providing a welcoming and open environment.
- Stewardship-through careful deliberation, ongoing assessment, and scientific inquiry both human and material resources will be maximized.

**DEPARTMENT OUTCOMES**

1) Students will demonstrate comprehension of foundational knowledge and skills
   a. Students will demonstrate ability to prevent injuries
   b. Students will demonstrate ability to recognize and evaluate injuries
   c. Students will demonstrate ability to utilize therapeutic interventions in providing care to acute and chronic injuries
2) Students will demonstrate integration of advanced level knowledge and skills
   a. Students will demonstrate advanced level knowledge and application of skills
   b. Students will reflect on use of advanced knowledge and skills
3) Students will demonstrate effective communication with individuals, groups, and society. 
   a. Students will convey written information to appropriate constituents 
   b. Students will utilize verbal communication skills effectively 
   c. Students will effectively present information on a sports medicine related topic to a public group 

4) Students will demonstrate integration of Benedictine Values. 
   a. Students will participate in service to community groups 
   b. Students will demonstrate evidence of Love of Learning in Preparation for CEU’s 
   c. Students will reflect on all Benedictine values 

5) Students will demonstrate competence in clinical decision making 
   a. Students will successfully diagnose injuries 
   b. Students will implement appropriate treatment and referral decisions 
   c. Students will implement effective rehabilitation programs 

6) Students will demonstrate evidence of post-graduate preparedness. 
   a. Students will defend research poster project to faculty 
   b. Students will successfully complete the Board of Certification, Inc. exam 
   c. Students will achieve career placement 
   d. Students will master contemporary technology
PROFESSIONAL PREPARATION MODEL

CLINICAL APPLICATION & PRACTICE

GRADUATE PREPARATION

+ CORE VALUES AND FOUNDATIONAL BEHAVIORS

ACADEMIC FOUNDATION

DISCIPLINE SPECIFIC DEVELOPMENT

BROADER HEALTHCARE KNOWLEDGE
COURSE SEQUENCE (2016 Grads)

Summer I: Pre-Clinical Phase (10 Credits)
- ATR 5006 Athletic Training Learning Community (1)
- ATR 5007 Activity Injury Management and Terminology (2)
- ATR 5008 Introduction to Research and Statistics (1)
- ATR 5505 Kinesiology and Biomechanics (2)
- ATR 5510 Functional Anatomy (4)

Year I: Clinical Phase I (16/16 credits)
- ATR 6203 Professional Development I: Professional Communication (1)
- ATR 6002 Evaluation and Management: Lower Extremity and Lumbar Spine (3)
- ATR 6003 Foundations of Neuromuscular Function (2)
- ATR 6007 Clinical Applications of Movement Analysis (2)
- ATR 6009 Evaluation and Management: Emergent Conditions (3)
- ATR 6010 Conditioning and Rehabilitation I (3)
- ATR 6011 Career Development (0)
- ATR 6100 Beginning Clinical in Athletic Training (2)
- ATR 6204 Professional Development II: Screening, Diagnosis, and Treatment (1)
- ATR 6501 Evaluation and Management: Upper Extremity, Trunk, and Head (3)
- ATR 6502 Therapeutic Modalities (2)
- ATR 6509 Research Concepts and Proposal Development (2)
- ATR 6510 Conditioning and Rehabilitation II (3)
- ATR 6511 Biopsychosocial Issues and Interventions (2)
- ATR 6512 Healthcare Information Technology (1)
- ATR 6101 Intermediate Clinical in Athletic Training I (2)

Summer II: Clinical Phase II (3 Credits)
- ATR 6998 Athletic Training and Sports Medicine Practicum (0-3)*

Year II: Clinical Phase III (16/9-10 credits)
- ATR 7004 Evaluation and Management: General Medicine (3)
- ATR 7006 Leadership and Administration of Athletic Training (3)
- ATR 7008 Diagnostic and Orthopedic Applications (2)
- ATR 7009 Manual and Mechanical Interventions (2)
- ATR 7010 Nutritional and Pharmacological Interventions (2)
- ATR 7888 Master’s Thesis in Athletic Training (1) Or ATR 7980 Capstone Project in Athletic Training (1)*
- ATR 7100 Intermediate Clinical in Athletic Training II (2)
- ATR 7202 Professional Development III: Issues and Interventions (1)
- ATR 7504 Advanced Study and Techniques (1-4)*
- ATR 7505 Healthcare Entrepreneurship and Innovation (3)
- ATR 7508 Conditioning and Rehabilitation III (2)
- ATR 7101 Advanced Clinical in Athletic Training (2)
- ATR 7888 Master’s Thesis in Athletic Training (2) Or ATR 7980 Capstone Project in Athletic Training (1)
- ATR 6900 Continuing Enrollment (1)

Minimum 70 Credits
COURSE SEQUENCE (2017 Grads and beyond)

Summer I: Pre-Clinical Phase (10 Credits)
- ATR 5006 Athletic Training Learning Community (1)
- ATR 5007 Activity Injury Management and Terminology (2)
- ATR 5008 Introduction to Research and Statistics (1)
- ATR 5505 Kinesiology and Biomechanics (2)
- ATR 5510 Functional Anatomy (4)

Year I: Clinical Phase I (16/16 credits)
- ATR 6203 Professional Development I: Professional Communication (1)
- ATR 6002 Evaluation and Management: Lower Extremity and Lumbar Spine (3)
- ATR 6003 Foundations of Neuromuscular Function (2)
- ATR 6007 Clinical Applications of Movement Analysis (2)
- ATR 6009 Evaluation and Management: Emergent Conditions (3)
- ATR 6010 Conditioning and Rehabilitation I (3)
- ATR 6100 Beginning Clinical in Athletic Training (2)
- ATR 6204 Professional Development II: Screening, Diagnosis, and Treatment (1)
- ATR 6501 Evaluation and Management: Upper Extremity, Trunk, and Head (3)
- ATR 6502 Therapeutic Modalities (2)
- ATR 6509 Research Concepts and Proposal Development (2)
- ATR 6510 Conditioning and Rehabilitation II (3)
- ATR 6511 Biopsychosocial Issues and Interventions (2)
- ATR 6512 Healthcare Information Technology (1)
- ATR 6101 Intermediate Clinical in Athletic Training I (2)

Summer II: Clinical Phase II (3-5 Credits)
- ATR 6750 Clinical Reasoning and Decision Making (1)
- ATR 6752 Pre-Season Clinical in Athletic Training (1)
- ATR 7888 Master’s Thesis in Athletic Training (1)

Year II: Clinical Phase III (15-16/10-11 credits)
- ATR 6011 Career Development (0)
- ATR 7004 Evaluation and Management: General Medicine (3)
- ATR 7006 Leadership and Administration of Athletic Training (3)
- ATR 7008 Diagnostic and Orthopedic Applications (2)
- ATR 7009 Manual and Mechanical Interventions (2)
- ATR 7010 Nutritional and Pharmacological Interventions (2)
- ATR 7888 Master’s Thesis in Athletic Training (1) Or ATR 7980 Capstone Project in Athletic Training (1)
- ATR 7100 Intermediate Clinical in Athletic Training II (2)
- ATR 7202 Professional Development III: Issues and Interventions (1)
- ATR 7504 Advanced Study and Techniques (1-4)*
- ATR 7505 Healthcare Entrepreneurship and Innovation (3)
- ATR 7508 Conditioning and Rehabilitation III (2)
- ATR 7101 Advanced Clinical in Athletic Training (2)
- ATR 7888 Master’s Thesis in Athletic Training (1) Or ATR 7980 Capstone Project in Athletic Training (1)
- ATR 6900 Continuing Enrollment (1)

Minimum 70 Credits

*can register for variable credit as needed
Electives

- ATR 6998 Athletic Training and Sports Medicine Practicum (1) (Summer II)
- ATR 6777 Topics in Athletic Training (1) (Summer II, Fall II, or Spring II)

**COURSE DESCRIPTIONS**

**ATR 5006 Athletic Training Learning Community – 1 cr**
An integrated experience designed to orient students to the athletic training profession as well as graduate student life and progress them successfully into the Master’s program. The course will include an initial orientation; weekly meetings to discuss progress and pertinent professional issues; and one-on-one and group activities to acclimate students to successful completion of graduate studies.

**ATR 5007 Activity Injury Management and Terminology – 2 cr**
An introduction to injury terminology, prevention and treatment strategies. Injury prevention principles and methods will be addressed including preventative taping, wrapping, and bracing; equipment selection and fitting; use of cryotherapy and thermotherapy; flexibility and warm-up; and assessment of inclement weather.

**ATR 5008 Introduction to Research and Statistics – 1 cr**
An introduction to research and statistics in the athletic training profession to provide a foundation for evidence based practice. The student will learn to access electronic databases; differentiate between research methodologies, understand basic statistical procedures, and begin to critically analyze experimental research. Students will be introduced to epidemiologic principles and measures as well as common patient outcome measures.

**ATR 5505 Kinesiology and Biomechanics-2 cr**
Provides students with the foundational knowledge for understanding normal human movement. Emphasis is placed on biomechanics, joint structure and function, and muscle activity throughout the human body in concert with topics covered in human anatomy. Students explore the interaction of various joints and movement through common activities of daily living.

**ATR 5510 Functional Anatomy-4 cr**
An advanced, regional, musculoskeletal anatomy course that emphasizes the study of functional relationships among musculature, nervous tissue, vascular, and skeletal components for the extremities and axial skeleton. Cadaver dissection laboratory experience is used to enhance understanding of three-dimensional anatomical relationships for specific body regions.

**ATR 6002 Evaluation and Management: Lower Extremity and Lumbar Spine-3 cr**
An in-depth study of injuries to the lower extremity and lumbar spine including mechanism/etioloogy, signs, symptoms, treatment, and management will be undertaken. Evaluation procedures will be presented, practiced, and evaluated. History, inspection/observation, palpation, assessment of motion, special testing, gait analysis, posture analysis, and functional assessment will be included.

**ATR 6003 Foundations of Neuromuscular Function-2 cr**
A study of neuroanatomical structures and functions, neuropathology underlying specific clinical conditions, and theories supporting clinical treatment. Central and peripheral nervous systems are addressed at macro and micro levels. Specific focus will be on proprioception, neuromuscular, sensory, and cranial nerve function.

**ATR 6007 Clinical Applications of Movement Analysis-2 cr**
Will explore injury prevention and risk management among active populations, as well as the assessment of musculoskeletal injuries from a biomechanical perspective. Students will investigate how physics principles can be applied to quantitatively and qualitatively assess movement of the human body. Biomechanical analysis will then be used to identify, explain, and address pathomechanics that result in decreased athletic performance or injury.
ATR 6009 Evaluation and Management: Emergent Conditions – 3 cr
An in depth study of medical emergencies and acute conditions in physical activity settings. Students will become prepared to respond to situations necessitating cardiopulmonary resuscitation, automated external defibrillation, and other life saving techniques. Students will implement treatment algorithms, patient stabilization, and transport methods.

ATR 6010 Conditioning and Rehabilitation I – 3 cr
An introduction to the theory and science underlying strength training, conditioning, and rehabilitation for physically active individuals with a focus on training and conditioning. Elements including phase of training; strength, and conditioning; and activity requirements will be stressed. Systems (cardiovascular, musculoskeletal) and bodily regions (knee, ankle, etc.) will be integrated. Lab activities will focus on strength training, conditioning, and assessment of associated variables.

ATR 6011 Career Development – 0 cr
A seminar designed to assist students in preparing materials for career searches and being prepared to successfully navigate the career search process. Materials including a cover letter, resume, and mock interview analysis will be created.

ATR 6203 Professional Development I: Professional Communication – 1 cr
First in a two course series designed to facilitate professional growth. The course will include documentation and communication and a multi-faceted developmental assessment of progression in identified foundational development areas. Students will be expected to exhibit beginning level behaviors in all areas for progression to the next level.

ATR 6204 Professional Development II: Screening, Diagnosis, and Treatment – 1 cr
Second in a three course series designed to facilitate professional growth. The course will include miscellaneous issues and interventions related to sports medicine and a multi-faceted developmental assessment of progression in identified foundational development areas. Students will be expected to exhibit beginning level behaviors in all areas and some intermediate behaviors for progression to the next level.

ATR 6501 Evaluation and Management: Upper Extremity, Trunk, and Head-3 cr
An in-depth study of injuries to the upper extremity, trunk, and head/c-spine including mechanism/etiology, signs, symptoms, treatment, and management will be undertaken. Evaluation procedures will be presented, reviewed, practiced, and evaluated. Students will be expected to successfully conduct a history, inspection/observation, palpation, assessment of motion, special testing, postural analysis, and functional assessment of the upper extremity, trunk, and head.

ATR 6502 Therapeutic Modalities-2 cr
A review of the underlying chemistry and physics followed by in-depth study of physiological effects, indications, contraindications, and techniques of application necessary to select and utilize common therapeutic modalities in the allied health care setting. Appropriate patient position and modality set-up/application for optimal therapeutic effect will be stressed.

ATR 6509 Research Concepts and Proposal Development – 2 cr
The student will be required to conceive a topic appropriate for study, conduct a brief literature review, and devise appropriate methodology to answer the question(s) of interest. Students will also learn appropriate research concepts to collect data, interpret statistics, devise projects, and critique non-experimental research. At the conclusion of the course students will have developed a thesis prospectus sufficiently detailed for IRB consideration and beginning a project utilizing AMA (American Medical Association) guidelines.

ATR 6510 Conditioning and Rehabilitation II – 3 cr
An introduction to the theory and science underlying strength training, conditioning, and rehabilitation for physically active individuals. Elements including phase of training and/or tissue healing/repair; indications/contraindications of rehabilitation, strength, and conditioning; and activity requirements will be stressed. Systems (cardiovascular, musculoskeletal) and bodily regions (knee, ankle, etc.) will be integrated.
ATR 6511 Biopsychosocial Issues and Interventions – 2 cr
An introduction to biopsychosocial issues impacting the physically active. The interaction between mind and body will be the primary focus. The student will identify the appropriate role of the athletic trainer and identify when circumstances warrant referral to other healthcare/mental health providers.

ATR 6512 Healthcare Information Technology – 1 cr
A study of health information technologies with potential utility in athletic training clinical settings. The student will be prepared to identify and utilize appropriate technology to facilitate patient care.

ATR 6750 Clinical Reasoning and Decision Making – 1 cr
A lab-intensive course serving as a capstone to an athletic training student’s first clinical year in the athletic training program. Intended to identify individual strengths and weakness in clinical skills and abilities prior to progression to the second clinical year. Emphasizes clinical decision-making and exploring rationale for clinical judgments in the areas of orthopedic diagnosis, emergency care, therapeutic interventions, and rehabilitation.

ATR 6752 Pre-Season Clinical in Athletic Training – 1 cr
The pre-season clinical experience for athletic training students entering their second-year in the athletic training program. Students will complete clinical skills in pre-season athletics patient settings under the supervision of an assigned preceptor during a concentrated period of time in August. Integration of all athletic training skills previously learned, clinical decision-making for orthopedic patient cases, and on-field assessment and emergency care will be the focus.

ATR 6777 Topics in Athletic Training – 1 cr
Courses will be offered on a rotating basis to provide students an option to meet the 1 credit elective requirement.

ATR 6998 Athletic Training and Sports Medicine Practicum-1-4 cr (2016 Grads)
This practicum is intended to give students a concentrated exposure to a setting of choice. Students are responsible for securing their placement in conjunction with program faculty. The experience will be customized to the needs and professional goals of the student. One pre-season exposure consisting of a minimum of one credit must be attained.

ATR 6998 Athletic Training and Sports Medicine Practicum – 1 cr (2017 Grads and Beyond)
An elective practicum experience intended to provide students a concentrated exposure to a clinical setting of choice. The experience will be customized to the needs and professional goals of the students. During the experience students will practice patient care skills previously instructed under the supervision of a clinical preceptor. Students may only complete this elective course once during the duration of their enrollment in the athletic training program.

ATR 7004 Evaluation and Management: General Medicine - 3 cr
A study of pathology and common disorders of the organ systems. Focus is on etiology, signs, symptoms, evaluation, and treatment of such disorders. Students will be exposed to the appropriate knowledge base and skills needed to perform basic assessments. The focus will be on differential diagnosis and making appropriate referral decisions to other healthcare providers as warranted. Screening and determination of a safe physical condition for activity will also be considered.

ATR 7006 Leadership and Administration of Athletic Training – 3 cr
An introduction to administrative and professional practices concerning operations and personnel as they apply specifically to the athletic training setting. Additional study of topics includes leadership, development of policies/procedures, employment issues, facility design and development, and legal concerns. The course will culminate in creation of an operations binder to be combined with the project produced in ATR 7505.

ATR 7008 Diagnostic and Orthopedic Applications – 2 cr
An overview of common diagnostic, office sports medical, and surgical preparation procedures. These procedures are typically found in clinical settings and are used to supplement traditional practices by athletic trainers. The knowledge base and skills addressed encompass those performed by orthopedic and surgical technicians.
ATR 7009 Manual and Mechanical Interventions – 2 cr
Theory, clinical and scientific rationale, and application of mechanical and manual therapy techniques to address dysfunction in the physically active population. Application of manual and mechanical therapy skills in clinical practice will be emphasized heavily with consideration for indications and contraindications.

ATR 7010 Nutritional and Pharmacological Interventions – 2 cr
An overview of nutritional and pharmaceutical approaches to enhanced performance, healing, and recovery in physically active populations. The overall focus will be on application to clinical practice. Students will perform basic nutritional assessment, interpret findings, and make suggestions for change.

ATR 7202 Professional Development III: Issues and Interventions – 1 cr
Third in a three course series designed to facilitate professional growth. The course will include issues related to populations across the lifespan in sports medicine and a multi-faceted developmental assessment of progression in identified foundational development areas. Students will be expected to exhibit intermediate behaviors for progression to the next level. Prerequisite: ATR 6204

ATR 7504 Advanced Techniques in Athletic Training – 1 cr
An introduction to advanced treatment approaches. Students will review appropriate theories and practice skills and techniques related to one or more of the athletic training practice domains. Topic areas will be offered on a rotating basis and typically include an emphasis on either evaluation, rehabilitation, or therapeutic modalities.

ATR 7505 Healthcare Entrepreneurship – 3 cr
An introduction to the US healthcare system and principles of demonstrating value in healthcare. Students will learn foundational principles, financial operations, and strategies to promote the provision of healthcare services. The course will culminate in students devising a business plan for a mock organization.

ATR 7508 Conditioning and Rehabilitation III – 2 cr
Culminating course in Conditioning and Rehabilitation. Elements of common orthopedic surgical procedures and implications for rehabilitation will be addressed. Periodization of training encompassing conditioning, rehabilitation, and post-surgical rehabilitation phases will be outlined. Students will develop a final comprehensive program encompassing all phases.

ATR 6100 Beginning Clinical in Athletic Training-2 cr
The first of two clinical experiences for first-year athletic training students. Students will complete competencies, proficiencies, and clinical experiences commensurate with their level in the program under an assigned Preceptor. Injury prevention will be the predominate focus of this experience.

ATR 6101 Intermediate Clinical in Athletic Training I-2 cr
The second of two clinical experiences for first-year athletic training students. Students will complete competencies, proficiencies, and clinical experiences commensurate with their level in the program under an assigned Preceptor. Lower extremity injury evaluation and athletic conditioning techniques will be the primary focus.

ATR 7100 Intermediate Clinical in Athletic Training II-2 cr
The first of two clinical experiences for second-year athletic training students. Students will complete competencies, proficiencies, and clinical experiences commensurate with their level in the program under an assigned Preceptor. Upper extremity injury evaluation, emergency care, therapeutic modalities, manual therapy, and rehabilitation techniques will be the primary focus.

ATR 7101 Advanced Clinical in Athletic Training-2 cr
The second of two clinical experiences for second-year athletic training students. Students will complete competencies, proficiencies, and clinical experiences commensurate with their level in the program under an assigned Preceptor. General medical assessment and integration of all athletic training skills previously learned within curriculum will be the focus.
**ATR 7888 Master’s Thesis in Athletic Training-3 cr**
The student will prepare a complete thesis project. The student will collect data then analyze and formulate data supported conclusions. They will then produce a manuscript and meet college requirements for a thesis. Students have the option of selecting 7888 or 7980. This option is best suited for those electing to focus on doctoral studies and a career as a researcher. Prerequisites: ATR 7002 and a completed, approved IRB application.

**ATR 7980 Capstone Project in Athletic Training-2 cr**
The student will complete a culminating evidence based project related to the field of athletic training. Options will include, but are not limited to, case studies, literature review, group research project, etc. Students have the option of selecting 7888 or 7980. This option is best suited for those electing to focus on a career in clinical practice.

**ATR 6900 Continuing Enrollment-0 cr**
Students with incomplete work at any level of the program will have to sign up for this course and pay a fee equivalent to a one credit course for the faculty’s responsibilities for the course.

### General Expectations of Students

1. **Schedule**—the program, and clinicals in particular, do not observe the traditional academic calendar in all cases. You should be prepared to attend activities on days that other students may have off. A general rule of thumb is, if your clinical assignment is active, then you should plan to be too.
2. **Attendance/Punctuality**—show up on time to all classroom and clinical activities. Anticipated absences should be addressed ahead of time. Absences of 2 or more days must be approved by the department chair. What you deem as excused may or may not be so in the eyes of faculty and preceptors.
3. **Initiative/Preparation**—be proactive in your preparation prior to classroom and clinical activities. Check email and Blackboard daily. Complete your work and print off any handouts by the beginning of class. Bring sufficient clothing, equipment, and supplies for varying conditions to your clinicals.
4. **Respect**—the faculty and your preceptors were in place before you and will be in place after you leave. Treat all people and settings with respect. Preceptors are not compensated for their contributions so do not act as though you are entitled to anything. Future students will also be placed in the clinical sites and it is important to uphold the relationships that are in place.
5. **Personal Management**—appropriate self-management is vital to your success. Getting sufficient rest, managing stress and time, proper nutrition, and maintaining a professional personal appearance are necessary to navigate the program. Avoiding substance misuse and abuse is imperative.
6. **Ethics**—maintaining confidentiality (in particular HIPAA), avoiding plagiarism, and generally doing what is right are expected at all times.
7. **Interpersonal interactions**—working effectively with faculty, preceptors, and peers.
8. **Technology**—should be used appropriately for the activity in progress. Use should be directed to enhancing learning and patient care. Non-academic, social use of technology in classroom and clinical settings should be avoided.
9. **Policies and Procedures**—any additional policies and procedures for the specific settings you are in should be followed.
10. **Progress**—consistent progress on IPB/PDU, clinical objectives, and all program requirements should be demonstrated.

### Additional Academic/Classroom Expectations

1. **Equal Access Statement**
   Students with disabilities, students who sustained injury in active military service, and students with chronic medical conditions are entitled to appropriate and reasonable auxiliary aids and accommodations through The Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. It is the student's responsibility to notify the Disability Resource Center as soon as possible to ensure that such accommodations are implemented.
in a timely fashion. For more information or to request academic accommodations, please contact The Disability Resource Center in Tower Hall 2126; by phone at (218) 723-6747, 218-625-4891; or via e-mail at disabilityresourcecenter@css.edu. Students should not anticipate accommodations, excuses for absences, etc. if these guidelines are not followed.

2. **Academic Dishonesty**
   The Department of Athletic Training will uphold College policy of no tolerance for all forms of academic dishonesty. In this regard, the program takes plagiarism seriously. All written work performed outside the classroom for which a grade is received will be a group’s or individual's original work for the current class, unless otherwise indicated by the instructor. It is subject to the definition of plagiarism under College policy. Plagiarism applies to published material, including, but not limited to internet based materials. A “cut and paste” from the published or unpublished works of other people, in print or electronic, must be identified and/or placed in quotations, with a full reference provided in proper (AMA) form. A series of short quotations from several different sources, if not clearly identified, constitutes as plagiarism. An unacknowledged long quotation from a single source also constitutes plagiarism. A citation must be made after each sentence of material not placed in quotations. Please note that merely changing a few words from another’s text, print or electronic, is not enough to prevent plagiarism. Students who violate these standards must be confronted and must accept the consequences of their actions. To learn more about The College of St. Scholastica’s Academic Honesty Policy visit: [http://www.css.edu/Academics/Office-of-Academic-Affairs/Academic-Honesty-Policy.html](http://www.css.edu/Academics/Office-of-Academic-Affairs/Academic-Honesty-Policy.html)

3. **Harassment**
   The College prohibits sexual or any other kind of harassment, intimidation or workplace violence, whether committed by or against a student, faculty member, staff member, vendor or visitor. Harassment has no place on the College campus or at any College-sponsored activity, whether based on a person’s race, sex, color, creed, religion, national/ethnic origin, age, handicap, sexual orientation or disabled veteran/Vietnam-era veteran status. Persons who think they have been harassed or threatened, or have knowledge of harassment or threatening behavior, are encouraged to contact a staff member listed at the following link: [http://www.css.edu/Administration/Health-and-Well-Being/Violence-Intervention-and-Prevention-Project/Know-Your-Options/Sexual-AssaultViolence-Policy.html](http://www.css.edu/Administration/Health-and-Well-Being/Violence-Intervention-and-Prevention-Project/Know-Your-Options/Sexual-AssaultViolence-Policy.html)

4. **Learning Management System**
   Courses will use the Blackboard system to supplement and enhance the face-to-face course. To access this course on the Blackboard server, visit: [https://courses.css.edu](https://courses.css.edu). The student’s login & password will remain the same as his/her CSS email account. Unless otherwise notified, assignments submitted through Blackboard must be in a MS Word document format. Technical Difficulties: Call the CSS Help Desk at 5911, Blackboard at 1-866-847-0564 or email: blackboardsupport@css.edu

5. **Lab Activities**
   Students are required to dress appropriately all for lab sessions. This will generally require being attired in t-shirt and shorts. Please bring all materials and other resources to supplement lab instruction and practice. Due to the nature of the program, health care, there will be laboratory and testing situations where specific attire is required. Individual instructors will provide you with the specifics of appropriate attire for these situations. A general rule of thumb is that the evaluation of a structure involves some component of observation/inspection while at the same time maintaining the “patient’s” modesty. Please make sure common supplies and equipment are returned to appropriate place(s) prior to leaving class and ensure your working space is left as you found it.

6. **Assignment Submission**
   Students will be expected to complete all assignments and projects on time based on the syllabus and due dates given by the instructor in class. Late work will not be accepted and will affect the student’s overall grade in the course. Students should expect additional assignments throughout the duration of courses to facilitate learning and comprehension. All written assignments should be consistent with AMA format. Please refer to the department Blackboard site for specific information. When submitting files electronically, please save the file using the following format: AssignmentTitle_LastName_FI.
Additional Clinical Expectations

1. Students will complete an orientation with the preceptor and return the orientation form to the Clinical Education Coordinator (CEC) before engaging in supervised clinical practice.
2. Students will create a schedule in conjunction with the preceptor and the CEC for supervised clinical practice in their assigned setting.
3. Students should not miss scheduled days/times unless extenuating circumstances exist. Absences in excess of one day should be discussed with the CEC.
4. Formal meetings between the student and preceptor should occur, at minimum, at the beginning (orientation), middle, and end of the experience.
5. All required written materials should be completed prior to the final meeting.
6. If difficulties arise, they should first be discussed between the student and preceptor. If a policy has been violated, the preceptor should provide no more than one verbal warning prior to notifying the CEC. If the difficulties cannot be resolved, the CEC should be included in any further discussions.
7. Compliance with all timelines, program policies, and procedures at all times is expected. All materials should be submitted to the Clinical Education Coordinator.
8. All incidents at clinical sites resulting in physical or mental harm should be reported to the preceptor at the site. If medical care is necessitated the student is responsible for any and all costs. The student should work with their healthcare provider and insurance companies accordingly.

DEPARTMENT REQUIREMENTS

1) Register for courses on time each semester.

2) Meet, on a regular basis, with athletic training faculty to discuss program progression.

3) Consistently Update IPB/Professional Development Form on Google Docs.

4) Report immediately any change of name, address, or telephone number to the Registrar’s Office and to the Athletic Training Department.

5) Complete all assigned orientation activities and required prerequisites.

6) Comply with all health requirements and Department, School and College policies.

7) Complete and submit the necessary medical, personal data and clinical evaluation forms as required by established timelines.

8) Complete annual state caregiver & federal criminal background checks. The state background checks will include both Minnesota, Wisconsin, and the student’s home state if different. Note: A felony or multiple misdemeanor convictions may affect a graduate's ability to sit for the BOC, Inc. certification examination or attain state licensure.

9) Provide the following health information to the Clinical Education Coordinator prior to attending any clinical:
   a. Provide results of required Mantoux. More than one per year is often required for individual clinical sites.
   b. Lab documentation of Varicella Titer results and/or vaccine or verbal history of disease.
   c. Lab documentation of Rubella Screen if documentation of vaccine does not exist.
   d. Lab documentation of Proof of Hepatitis B vaccines. A Titer is recommended to verify immunity.
   e. Documentation of immunizations for measles, mumps, tetanus.

Enrolled graduate students are eligible to purchase medical insurance at The College. This service may be initiated through the Students Accounts Office.)
10) Follow HIPAA regulations and maintain confidentiality related to client information.

11) Observe the rules and procedures of each assigned clinical site.

12) Upon completion of the academic and clinical requirements, follow BOC, Inc. and individual state procedures for certification and licensure.

13) Attaining and maintaining NATA membership early on is highly recommended.

**INTEGRATION OF PROFESSIONAL BEHAVIORS (IPB)/PROFESSIONAL DEVELOPMENT UNITS (PDU’S)**

Athletic Training professional education is a process that involves gaining new knowledge and developing or strengthening behaviors desired in professional practice. We believe successful professional education and continued professional development is dependent upon the interaction of knowledge and behaviors and, as such, believe that we have a responsibility to assist the student in recognizing and assessing her/his behavioral development. The program is designed to promote the development of reflective practitioners, who are professionals that regularly engage in reflection on action (retrospective analysis of behaviors) and reflection in action (concurrent analysis of behaviors while in a situation). Reflective practitioners also incorporate mindfulness into their daily practice to promote professionalism.

The athletic training faculty evaluate abilities or foundational behaviors identified as required for successful performance in the program and in clinical practice. Faculty believe that by monitoring the development of these behaviors, students are better positioned to achieve success in the academic and clinical environments. The professional behaviors are integrated into the program as follows:

- Students are expected to demonstrate actions that signal the appropriate development of these behaviors within and outside of the classroom and laboratory settings, including clinical rotation sites, clinical practicum sites, and meetings where the student is a recognized member of the CSS AT program.
- Students will perform on-going self-evaluation of their professional development through a portfolio process while in the program. Students will substantiate their evaluations with examples of desired behavior and/or examples of corrections of undesirable behavior.
- Throughout the program faculty will assess and evaluate student behaviors relative to the behaviors’ developmental stages. Assessments and evaluations are based on observations during individual class and lab sessions or at any time the student is participating in department functions (clinical rotations/practicums, off-campus lectures/labs, meetings, etc.) Exceptional behavior, whether positive or negative, will be documented in writing with a copy given to the student, the faculty member completing the documentation and the student's faculty advisor, and the department chair.
- Periodic formative reviews of the portfolio will be conducted by the student’s faculty advisor. The final summative review of the portfolio will be conducted by the program faculty at the end of the second semester of the second year in the program. The ultimate goal of the portfolio process is to determine the student’s readiness for clinical practice and, if indicated, make recommendations regarding goals for upcoming clinicals. Students will meet with their faculty advisor after each formative review to discuss the portfolio and to provide encouragement, guidance/feedback, and/or need for remediation if indicated.

The categories for evaluation include a combination of the Foundational Behaviors of Professional Practice as identified by the National Athletic Trainers’ Association and other attributes which department faculty have deemed to be essential to program success and professional development. The Foundational Behaviors are outlined below:

Athletic training education reform mandates that any student sitting for the BOC, Inc. exam must graduate from an accredited athletic training program. Therefore, after you graduate, what makes you any different or better than someone else applying for the same job?
As a student at St. Scholastica you should strive to be the best you can be because 1) you are a master’s student, 2) you are attending a Benedictine institution, and 3) you want to be the best clinician possible for the patients you serve. The purpose of the Professional Development Unit (PDU) Initiative is to:

- encourage students to pursue current and future development activities;
- ensure that students become involved and engaged in a variety of different experiences while at St. Scholastica;
- make students more marketable to prospective graduate schools and/or employers;
- allow students to become accustomed to participating in future professional development activities.

Please refer to the form for your cohort for specific requirements and guidelines. These are subject to periodic modification.

**FOUNDATIONAL BEHAVIORS OF PROFESSIONAL PRACTICE**

The foundational behaviors are outlined in the 5th edition of the NATA Educational Competencies. These basic behaviors permeate every aspect of professional practice and should be incorporated into instruction in every part of the educational program. The behaviors in this section comprise the application of the common values of the athletic training profession.

**Primacy of the Patient**

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

**Team Approach to Practice**

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

**Legal Practice**

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

**Ethical Practice**

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

**Advancing Knowledge**

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

Cultural Competence

• Demonstrate awareness of the impact that the cultural differences of patients’ attitudes and behaviors have on health care
• Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations
• Work respectfully and effectively with diverse populations and in a diverse work environment

Professionalism

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

**TRANSFER CREDITS**

Any credits that a student wishes to transfer in to meet program requirements will be evaluated on a case-by-case basis. Students should contact the Department Chair and be prepared to provide a course description and syllabus from the semester in which the course(s) were completed.

Students may transfer a maximum number of six semester graduate credits appropriate to the program, earned from a regionally accredited college or university, toward completion of their St. Scholastica degree. Exceptions to this policy for individual students may be made by individual departments. The transfer credit must have been completed no more than seven years prior to the date the St. Scholastica degree is completed. Forms to request transfer of credits can be obtained from the Office of Graduate Admissions. The College of St. Scholastica will consider transfer credits from students who:

- Submit a *Graduate Credit Transfer Application* form.
- Submit an official transcript sent directly from the regionally accredited institution.
- Submit the course syllabus, catalog or other pertinent descriptive information to determine equivalency of course content.
- Have earned a course grade of 3.0 or better.
- Completed the course not more than seven years prior to graduating from the St. Scholastica program.

Degree-seeking students planning to enroll in courses at another institution with the intent to transfer the credits to The College of St. Scholastica will need to send a written request and supporting course documentation to the program director prior to enrolling in the course. Written approval will be provided if the course is acceptable for transfer.

**RETENTION**

In order to remain in good standing and continue to progress through didactic and clinical coursework students must do the following:

1. Continue to demonstrate evidence of up-to-date health information/prerequisites (see specifics elsewhere in this handbook).
2. Maintain a 3.0 GPA.
3. Demonstrate appropriate academic, clinical, and behavioral progression while avoiding disciplinary infractions.

Further information on this may be obtained from the department chairperson and/or elsewhere in this program handbook. Students that fail to meet one or more of the aforementioned criteria may be placed on probationary status. A student must resolve outstanding deficiencies and be restored to regular status within one semester. A student may not graduate when on probationary status.

INCOMPLETE POLICY

1. An incomplete may be assigned by the instructor at his/her discretion at the end of a term.
2. Faculty and student must complete an Incomplete Contract Form. This form is available at http://resources.css.edu/Registrar/forms/incomplete_grade_contract.pdf
3. A limit will be placed on the length of time that “I” may stand on the student’s record: that limit, unless extended by the instructor, will be the fifth week of the subsequent term. “Incompletes” must be resolved before the student can officially graduate.

3. Procedure
   A. Faculty and student must complete the Incomplete Contract Form with the student outlining specific requirements to complete the “I” the required completion date and default grade. Both student and faculty member sign the form and submit to the campus site director.
   B. Campuses will keep a copy of the form in the student’s file.
   C. The Registrar will notify the instructor of outstanding “I” prior to week five of the subsequent term. Advisors will be copied.
   D. The instructor responds in one of two ways
      1) Requests an extension of the incomplete for the student.
      2) Enters a default grade (A-F) on the student’s transcript.

GRADUATION AND CERTIFICATION INFORMATION

Graduation Requirements

1. Minimum 3.0 GPA
2. Complete a minimum 70 credits
3. Complete 50 Practitioner Development Units
4. Complete an exit interview with the Dept. Chair

BOC, Inc. Certification Eligibility:

Eligibility to sit for the BOC, Inc. examination for athletic trainers is dependent upon the successful completion of all Athletic Training Department requirements, both academic and clinicals, and recommendation of the Athletic Training Department Chair. After the individual successfully completes the exam and graduates they will be recognized as a Certified Athletic Trainer (ATC). Most states require licensure to practice; however, state licenses are usually based on successful completion of an accredited athletic training education program and successfully completing the certification exam.

STOP OUT

A stop-out occurs when a graduate student decides not to enroll due to extenuating circumstances and does not wish to withdraw and forfeit the spot in the program. The student will need to complete a Graduate Stop-Out form with an intended date of return and submit it to the Department Chair who will advise the student regarding the completion date projection for the program. A graduate student, who has been granted admission into a program, enrolls in the program
and then stops-out for more than 12 months must re-apply to the program by the program application deadline date and meet all admission requirements. Due to the blend of academic and clinical requirements it is not recommended

**WITHDRAWL FROM THE COLLEGE**

Any student who withdraws from the College during the course of the academic year must fill out an *Official Withdrawal from College* form.

A student is legally registered until he/she files an official withdrawal or completes the course. Enrollment verification and refunds are based upon two documents:

- the official registration form and
- official withdrawal form.

A student who has left The College while in good standing may apply to reenter at any time, depending upon program availability, by following the designated readmission and registration procedures.

**GRADING**

Graduate programs may select to use the additional grading schema by including + (plus) or – (minus) to letter grades. The Department elects to use the additional grading scheme because faculty value the sensitivity of this scale in accurately reflecting students’ performance in courses. Consistent with and in addition to the Graduate Programs grade definitions listed above, the Department of Athletic Training employs the following grading scheme and definitions:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Honor Points</th>
<th>Percentage descriptions</th>
<th>AT Department Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>95-100% performance as outlined on syllabus in evaluation methods section</td>
<td>Evidence of skills, knowledge and/or behaviors exceeding expected entry level. Demonstration of depth of understanding and/or expertise with course content beyond that required for successful completion of the course.</td>
</tr>
<tr>
<td>A-</td>
<td>3.7</td>
<td>90-94.9%</td>
<td></td>
</tr>
<tr>
<td>B+</td>
<td>3.3</td>
<td>87 to 89.9%</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
<td>84 to 86.9%</td>
<td>Evidence of skills, knowledge and behaviors required for effective entry level practice of AT profession. Knowledge base consistent with professional standards.</td>
</tr>
<tr>
<td>B-</td>
<td>2.7</td>
<td>80 to 83.9%</td>
<td></td>
</tr>
<tr>
<td>C+</td>
<td>2.3</td>
<td>77 to 79.9%</td>
<td>Minimally acceptable completion of course requirements. Additional skills/knowledge/behaviors may be needed in some areas to meet minimal levels required for licensure and professional practice.</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
<td>73 to 76.9%</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>0</td>
<td>Any grade &lt;= 72.9%</td>
<td>Lack of successful completion of requirements for the course. Knowledge and/or skills and/or behaviors not consistent with ability required for successful professional practice.</td>
</tr>
<tr>
<td>P (Pass)</td>
<td>0</td>
<td>85%</td>
<td>Evidence of skills, knowledge and behaviors required for effective entry level practice of AT profession. Knowledge base consistent with professional standards. (This is the same as getting a B)</td>
</tr>
<tr>
<td>N/F (No Pass/Fail)</td>
<td>0</td>
<td>84.9% or below</td>
<td>Lack of successful completion of requirements for the course. Knowledge and/or skills and/or behaviors not</td>
</tr>
</tbody>
</table>
Students are expected to demonstrate evidence of progression in three areas: didactic (academic), clinical, and professional behavioral (both settings). Based on this premise, multiple methods of evaluation regarding student performance are used during the program to determine the student’s ability to progress through the program and readiness for clinical practice. Continual evaluation is based on the three domains of learning: cognitive (knowledge/theory), psychomotor (skills), and affective (attitude/value/behavior). It is the student’s responsibility to closely monitor his/her academic performance, supervised clinical practice, and professional behavioral development by engaging in reflection on action and reflection in action throughout the entire program. In situations warranting feedback from faculty, the student will be notified in writing of the concerns. Students may be placed on probation or dismissed from the program because of the inability to comply with academic requirements, clinical progression, professional behaviors, inability to meet essential functions of the program or a combination.

Students must take and successfully complete all courses according to the program’s curriculum sequence. Attainment of at least a B grade is desired in all academic courses in the athletic training program. A grade below C or an F in a P/F course constitutes a failure. In order to progress in the program, the student must maintain a minimum grade point average (GPA) of 3.0 in:

- each semester and term.
- each academic year while enrolled in the program.
- the program (cumulative GPA).

A student receiving less than a C in a course that awards letter grades, an F in the case of a course identified as awarding a P/F grade, or who falls below a 3.0 semester/term, year, or cumulative GPA will be placed on academic probation. The student must achieve an overall GPA of 3.0 after completion of the next semester/term following the probationary status. Failure to do so may result in dismissal.

If a student is on probationary status, their ability to advance in the clinical sequence will be determined on an individual basis.

Students will normally follow the course sequence as previously outlined. If a student does not complete coursework and has received a grade of I or IP in any first year course the student may not be allowed to progress to the second year courses/clinical experiences. The student will then have to enroll in ATR 6900. The limit on enrolling in ATR 6900 is two consecutive terms (combination of summer term and next semester, or two consecutive semesters). If the coursework is not completed in this timeframe, the student may be dismissed from the program. If coursework is successfully completed, the student may be able to progress to second year experiences. However, because the student will be out of sequence, the student may not be able to graduate or participate in commencement with his/her classmates. Therefore, in order to assure timely completion of the program, students are strongly advised and encouraged to make sure all coursework is successfully completed ahead of clinical experiences.
Acquisition of competency, which is a combination of safety and proficiency skills application, is integral to success in the athletic training program and career. To evaluate and assess competency with skills, practical examinations are given in several courses and semester end examinations are administered. Skills learned and acquired in one course are utilized and applied in other courses throughout the curriculum. All practical examinations must be passed (signed off) to receive course credit and advance in clinical experiences.

Behavioral probationary status may be imposed at any time during the program and is not dependent upon the semester or term calendar. Behavioral probation is in effect the rest of the semester or term or subsequent semester/term (depending upon when it was imposed) with the decision to remove probation determined at the end of the semester or term during which it was in effect.

Consistent with the Graduate Programs’ policies at The College of St. Scholastica, a student may be placed on probation only once during the course of a program and must generally resolve deficiencies within one semester. Students may not graduate while on probationary status. Exceptions to this policy for individual students may be made with approval of the program faculty and the School Dean. Specific criteria for academic and behavioral progression are outlined below. Students who are placed on probation, who fail a course, or who are dismissed from the program and readmitted, may be out of program sequence, which could result in program completion and graduation being delayed.

**DISCIPLINARY PROCESS**

In general, the process will consist of

1. Verbal warning-the record of the verbal warning will be placed in a student’s file.

2. Written warning-a written warning will be provided after repeated verbal warnings or failure to act on formative feedback specific to that behavioral issue.

3. Probation-academic transgressions (i.e. failing a course, plagiarism, failing to maintain GPA) multiple written warnings and/or particularly egregious incidents may result in probation. Probationary status can only be applied for a maximum of one semester. Further transgressions following probation may result in dismissal. Students may not graduate while on probation.

4. Dismissal-egregious violations of program expectations and/or violations during or following probationary status may lead to dismissal.

NOTE: The department faculty reserve the right to skip levels should circumstances warrant.

**PROBATIONARY STATUS AND DISMISSAL FROM THE PROGRAM**

If a student is placed on probation for academic, clinical, or behavioral reasons as described above, the graduate program policies will be followed. These policies state:

During a probationary period:
- Standards must not be higher than those of other students in the program; however, students on probation may be monitored more frequently or more intensively than other students.
- Clear descriptions of the reasons for probation, and expectations for the future, will be laid out in a written communication (the contract); copies to the student, the faculty advisor, any other faculty members involved in coursework, and the Dept. Chair.
- Faculty involved must follow up with the student and with the Dept. Chair at regular intervals and give factual evidence of progress (example: weekly or bi-weekly grade reports or clinical evaluations).
- Probationary periods will not exceed one semester. At the conclusion of the semester issues must be satisfactorily resolved or the student will be dismissed.
• **NOTE:** A student on probationary status will not be cleared for graduation.

At the end of the probationary period:
- If the student has completed the probationary period satisfactorily, and has corrected all problems laid out in the probation agreement, the student is returned to regular status.

Dismissal procedure:

Consistent with graduate policies, a student may be placed on probation only once during the timeframe of the program. A second probation for either academic or behavioral reasons may result in dismissal. In cases of continued violations during a probationary period, unsatisfactory progress during a probationary period, or in cases of single but severe violations:
- Evidence (facts) will be presented to the Dept. Chair in writing by faculty with firsthand knowledge of the incidents that could lead to dismissal.
- After reviewing the facts, if the Dept. Chair feels dismissal is warranted, the Chair will present the information to the student.
- After reviewing any discrepancies with the student and the faculty involved, the Dept. Chair and another member of the program faculty will determine if dismissal is appropriate.
- If the decision is made to dismiss, exact reasons for dismissal will be determined and presented by the Dept. Chair to the student both orally and in written form.
- A student who has been dismissed may choose to file a grievance using the Grievance Procedure for Enrolled Students, beginning with the notification of the School Dean.

**DISMISSAL AND RE-ADMISSION TO THE PROGRAM**

Should a student be dismissed from the athletic training program, he/she may petition for re-admission by following these steps:

1. A student who has been dismissed from the program is not allowed to attend classes even if an appeals process has been initiated.

2. The student notifies the athletic training department chair in writing that he/she wishes to petition for re-admission within two calendar weeks of the dismissal decision. This document must include the following:
   - statements addressing and supporting why the student's petition should be considered.
   - the petition, which outlines proposed steps that will be taken to rectify or remediate deficiencies surrounding the reason(s) for dismissal.

3. A committee is formed to review the student's petition. The committee will consist of at least one athletic training core faculty member, the department chair, and one faculty member at large.

4. A meeting will be scheduled within two calendar weeks of receiving the student’s petition. At the meeting the committee and student will meet to discuss the events leading to the dismissal decision, the student’s petition, and proposed remediation plan. After this discussion, the committee will meet in closed session (without the student present) to formulate the final decision regarding the appeal. The committee’s decision may be to deny the appeal (the dismissal stands) or to grant the appeal, which would allow the student to return to the program with specific criteria for remaining and progressing in the program.

5. The decision of the committee will be verbally reviewed with the student immediately following the appeals meeting. Formal written notification from the department chair to the student will be completed within 2 academic days of the committee meeting:
   - If the student is satisfied with the committee’s decision to accept the petition and the criteria for remaining and progressing in the program, the student is allowed to return to the program on probationary status. In these cases, a contract will be drawn up between the department and student outlining the plan and steps necessary for re-admission. Both the department chair and the student will sign the contract. Once the student signs the contract, he/she will be allowed to progress in the program as a student on probationary status. Upon successful completion of the contract, the student may be reinstated into the
athletic training program as a student in good standing. If the student does not successfully complete the contract, the student will be dismissed from the program.

b. If the student is not satisfied with the committee's decision, the original dismissal stands. The student then may follow the Grievance Procedure for Enrolled Graduate Students, by appealing first to the Dean of the School of Health Science, then to the Vice President for Academic Affairs, then to the Graduate Council. The decision of the Graduate Council is binding. The procedure would halt at any point that satisfaction has been reached. Timeframe for appeals following this chain must be submitted within 30 calendar days of the adverse decision.

**GRIEVANCE PROCEDURE FOR ENROLLED STUDENTS**

The grievance procedure is a means for settling student-faculty and/or student-program complaints, including probation and dismissal questions. The grievance must be filed within 30 calendar days following the alleged problem that caused the complaint.

An attempt should be made to resolve the complaint at the immediate level of the student(s) and the faculty. If the complaint cannot be resolved at this level, the student contacts the Dept. Chair who arranges for a hearing before the program’s graduate faculty.

If the complaint cannot be resolved at this level, the student contacts the Dean of their School to initiate a formal grievance procedure. The Dean schedules a meeting with the student to hear the grievance. The Dean makes a decision on the appeal and informs the student in writing of his/her decision. If the student disagrees with the Dean’s decision, the student may appeal, in writing, to the Vice President for Academic Affairs. The Vice President schedules a meeting with the student to hear the grievance. The Vice President makes a decision on the appeal and informs the student in writing of his/her decision. If the student disagrees with the Vice President’s decision, the student may appeal to the Graduate Council. The Chair of the Council will appoint an appeals panel to hear the grievance according to the procedures herein. An appeal panel of the Graduate Council for the purposes of hearing a grievance shall be no fewer than five members of the Council with no more than three being either graduate program directors or members at large. The Graduate Council is the policy making body for graduate studies at The College of St. Scholastica, and the decision of the Appeal Panel is binding. The student is directed to seek the specific policies for timelines regarding each level of appeal by contacting the appropriate office (Dean, Vice President for Academic Affairs, Graduate Council).

Students are encouraged to follow the communication process outlined in the *Department of Athletic Training Student Handbook* as a first measure before a grievance is filed; however, students have a right to file grievances at any time. If the issue cannot be resolved at the immediate level (e.g., between the student and AT faculty member/staff involved), then the student should file a formal grievance with the department chair, who will arrange for a meeting before the athletic training department faculty.

If the grievance cannot be resolved at this level, the student should contact the Dean, School of Health Sciences. (See above)

If a student has a grievance with the program in athletic training, including but not limited to probation or dismissal, and which cannot be resolved at the department level the student should contact the Dean, School of Health Science.

**CONFIDENTIALITY POLICY**

Patients, medical staff, and employees have a legal right to privacy. All students on class, clinical, or volunteer experiences must exercise extreme caution and sensitivity with communicating or accessing information about patients and Hospital/Facility operations. Careless talk, repeating conversations with clients, inquiry in the system, repeating rumors or unauthorized access to records, and leaving client related information/records in sight of others can result in serious harm to patients, their families, the Hospital/Facility and its employees. Such communication and inquiry is limited to necessary disclosures required by individuals having a need to know.
The standards of facilities prohibits employees and others with access to protected information from releasing or accessing medical, financial, personal, or other information about the Facility, its patients or their families, medical staff, or its employees except when properly authorized. The release of all confidential information must meet all policy and legal requirements. Complete confidentiality is expected.

You have an ethical duty while in the Athletic Training program not to disclose and/or discuss any client, facility, or confidential information see or heard during any class, clinical, or volunteer experience with family, friends, or other acquaintances. This includes class, clinical, or lab activities.

Any violations of this policy will result in disciplinary and academic actions up to and including dismissal from the Department of Athletic Training and/or The College of St. Scholastica.

HEALTH AND COMMUNICABLE DISEASE POLICY

If a student is precluded or excused from clinical participation due to illness or seen by a health care provider due to the presence of some circumstance, they must be cleared prior to subsequent clinical participation. A good rule of thumb is to get a physician’s release if you are seen for any reason and/or miss one or more clinical days due to illness or injury. It must also be noted that the student is responsible for all costs and obligations associated with this process. This includes any injuries suffered while assigned to the clinical setting.

Athletic Training Students must provide the Clinical Education Coordinator with evidence of medical clearance signed by a health care provider prior to returning to clinical participation. If there are questions concerning the athletic training student’s status then they will be withheld until those questions are resolved. Again, the student will be responsible for documenting medical clearance prior to their return. If there is disagreement or difference of opinion as to the student’s status then the Medical Director of the program will have final approval prior to return to participation.

Athletic training students will, from time to time, have health issues that may place them at risk if exposed to contagious or infected student-athletes or patients. This list is not all inclusive, but serves as a guideline for some of the more common conditions that may require modification of a student’s participation.

- Skin Lesions: Impetigo (pyoderma), tinea corpora (ring worm), or HSV (Herpes viral infections). Students should examine suspected or confirmed skin lesions only with gloved hands.
- Respiratory or GI illnesses: Any individual (student-athlete or patient) with a significant cough, sneeze, or fever should be considered contagious. If a student-athlete or patient has vomiting and/or diarrhea, they should likewise be considered contagious. These illnesses may be spread by respiratory droplets associated with sneezing or coughing, or by hands if a respiratory or GI illness. Students should practice good hand washing habits to minimize self-inoculation.
- Blood or other bodily secretions: athletic training students should follow appropriate University and OSHA training/guidelines outlined elsewhere in dealing with blood borne pathogens including wearing gloves, masks, and, as needed, eye protection.
- Individual Risk: Some students may have individual risk factors for infectious circumstances such as low immune function, asplenia, immune suppressive therapy, corticosteroid usage, diabetes, heart disease, chronic lung disease or asthma, etc. Students with one or more of these conditions must be cleared in their physical examination or undergo an individual evaluation prior to interacting with student-athletes or other patients.
- Medical or orthopedic problems: Athletic Training Students with other medical or orthopedic problems should be cleared via their physical examination or otherwise consult their health care provider prior to clinical participation. For instance, asthma may be provoked by cold weather while lifting or doing an examination may exacerbate low back pain.

Conditions placing a student-athlete or patient at risk

- Skin Lesions: an athletic training student with a small area of Tinea Corpora, HSV, or impetigo (that is not draining) that is able to cover the area and isolate from contact with other individuals may care for student-
athletes/patients without restrictions. If there is a question the student must refrain from clinical involvement until being evaluated and cleared by a health care provider.

- Respiratory Illnesses: An athletic training student who is febrile (has a fever) should be considered contagious and is excluded from contact with student-athletes/patients until the fever is gone for 24 hours and the individual feels well enough. The student must exercise extra care in terms of hand washing during the illness to prevent spread of the virus.

- Strep Throat: The athletic training student would be considered contagious for 24 hours after beginning antibiotic therapy. The student generally may return to participation after 24 hours.

- Conjunctivitis: Any significant purulent eye drainage should be considered contagious and the athletic training student must not have contact with the student-athletes/patients until the infection has been evaluated, treated, and the discharge has significantly diminished.

- GI Illness: Vomiting and Diarrhea typically have a viral origin. They can be spread by both saliva and stool. If vomiting has stopped for 24 hours and the diarrhea has subsided, and if the athletic training student uses exquisite hand washing, then return to participation would be allowed. If bloody diarrhea, high fever, severe abdominal cramps, or persistent diarrhea over seven days occurs, then the student must be evaluated by a health care provider prior to return to participation.

- Blood Borne Pathogens: If an athletic training student has a chronic blood borne pathogen such as HIV, HBV, or HCV, participation with student-athletes and patients is permitted. The student should observe universal precautions and consider self-exclusion when an open wound is present.

- Other illnesses or conditions: If the athletic training student has any other possible transmissible diseases/conditions then he/she must consult with a health care provider.

**BLOODBORNE PATHOGENS POLICY**

The Department’s role in ensuring compliance with OSHA guidelines is to provide a baseline education for dealing with blood borne pathogens via universal precautions and instructing in proper technique for wound management. Students are expected to then follow the specific parameters of the site(s) in which they are placed. The specific process is as follows:

**Application**

This program applies to all students enrolled in the Athletic Training Program’s Clinical phase of their educational requirements.

**Program review**

The Department Chair will review this program and procedures annually and whenever necessary due to changes in compliance standards.

**Accessibility**

A copy of this program can be accessed through the Department Chair, Departmental Student Handbook, or CSS MS in Athletic Training web site for ease of accessibility for all students.

**Introduction**

The Program is committed to providing a safe and healthy learning environment. To that end, a Bloodborne Pathogen Exposure Control Program (ECP) has been developed to protect students against potential exposure to bloodborne pathogens in accordance with federal and national accepted standards. The ECP includes:

- Clinical site information
- Background information
- Determination of exposure
- Implementation of universal precautions
- Use of engineering and work practice controls
- Handling emergencies involving exposure
- Hepatitis B vaccination
Clinical Sites
This Program assures that students will be educated and follow the Clinical site’s Bloodborne Pathogen policy and procedures during their initial orientation to the site. This is documented on the orientation form. The department will also provide the clinical site a copy of the college’s ECP.

Background
Certain pathogenic microorganisms found in the blood of individuals can be transmitted to other individuals by blood or other body fluids. Healthcare workers whose occupational duties expose them to blood and to other potentially infectious materials are at risk of contracting any one of these bloodborne pathogens. Hepatitis B, Hepatitis C, and HIV are three of the most significant of these diseases.

Determination of Exposure
The Occupational Safety and Health Administration (OSHA) defines occupational exposure as any reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of specified duties. Tasks and procedures that have occupational exposure to blood or other potentially infectious materials include, but are not limited to:

- All invasive procedures
- Handling instruments during patient procedures
- Instrument clean-up and disinfection
- Handling and cleaning contaminated laundry
- Wound care
- Handling contaminated items
- Assisting doctor or other provider with patient procedures

Universal Precautions
The Program will take every measure to inform students the use of the universal precautions approach to infection control. All human blood and other potentially infectious body fluids will be treated as though known to be infectious for HBV, HCV and HIV and other bloodborne pathogens.

Engineering and Work Practice Controls
The objective of engineering controls and work practice controls is to reduce or minimize exposure to bloodborne pathogens. The difference between the two types of controls is that one isolates or removes the hazard from the workplace, while the other reduces the risk of exposure by altering how tasks are performed.

The following engineering controls and work practices are utilized at each clinical site. It is imperative that students and preceptors utilize these techniques and observe these rules.

- Hand washing
- Gloves
- Bio hazardous waste disposal
- Bio hazardous labeling
- Housekeeping

Students receive formal training in bloodborne pathogens and universal precautions prior to beginning assigned clinical rotations.
Handling Emergencies Involving Exposure

- Isolate area where spill occurred and place hazard sign in front of spill or have a qualified individual stay at the spill site to warn others
- Put on, at minimum, gloves,
- When appropriate, also don mask, eyewear, and a fluid proof gown
- Apply an absorbent material to absorb the fluid
- Place the absorbed material and all disposable clean-up items in a labeled biohazard container
- Clean area where spill occurred with soap and water and then a disinfectant
- Remove and dispose of disposable personal protective equipment and clean and disinfect non-disposable items
- Wash hands with soap and water

Sharps and contaminated broken glass or other sharp materials must be placed in a labeled biohazard container. These items are never to be picked up by hand, even when wearing gloves. Always use forceps or scoop and brush.

Note: Follow all procedures established by the clinical site and report all accident/spills to the clinical site supervisor.

Emergencies Involving Patient Care

Unexpected bleeding; CPR; rescue breathing; airway obstruction; etc.
- The patient must be cared for immediately in these situations
- Always use a protective barrier to prevent contact with body fluids
- If treatment results in blood or other body fluids contaminating any area of student’s skin, eyes, or mucous membranes, the affected areas are to be flushed with water and/or to be washed with soap and water
- If blood or other body fluids come in contact with clothing, the contaminated clothing is to be placed in a biohazard bag and either be properly laundered or disposed of.
- Wash all affected skin areas with soap and water

Note: Students will receive specific instruction in wound care during ATR 6009 Eval and Mgmt.

Hepatitis B Vaccination

Students must submit evidence of immunization to HBV prior to beginning the clinical phase of the program.

Post-Exposure Evaluation

An exposure incident is defined as a specific incident where contact with blood or other potentially infectious materials, including saliva, come in contact with eye, mouth, other mucous membranes, or non-intact skin.

- A student who experiences an exposure should first clean the area thoroughly.
- The exposed student should then report the exposure to the Preceptor and the Department Chair
- The exposed student will be referred to a health care provider of their choosing for follow up care.
- Once reported, the student will complete a “Student Blood Borne Pathogen Exposure Reporting Form”. Copies of the form will be sent to the Dean of Health Sciences, Student Health Services, Safety and Security Manager, and the Vice President of Finance.
Recordkeeping
The Department Chair will be responsible for maintaining all students’ records pertaining to this program.

**STUDENT WORK POLICY**

There are currently no paid positions for students in The College of St. Scholastica Department of Athletic Training (academic program) or in the Athletic Department for assisting the athletic training staff. Any paid opportunities that might arise related to athletic training (i.e. first aider for a camp) are not under the purview of the CSS Department of Athletic Training. Students should be aware of employment policies for any such entities they choose to work for as well as any regulatory guidelines (licensure, registration, etc.) of the state(s) in which they are employed when providing those services. Students may not receive compensation (payment) for any clinical/practicum/internship activities. They may receive a scholarship, meals, housing, and travel expenses.

**LIABILITY COVERAGE**

Students are covered by the College policy when they are under the auspices of their preceptor. All activities that are appropriate and within the boundaries of the educational experience are covered. If a student chooses to “moonlight” and/or operate outside the clinical education parameters they place themselves at risk of legal action without the benefit of coverage. Each student is recommended to consider his/her own individual need for personal liability insurance.

**ATTIRE/APPEARANCE POLICY**

Athletic Training has been previously recognized by the American Medical Association as an allied health care profession. The term “profession” suggests that we should be professional at all times with respect to dress and appearance. As a result, the following policies will be in effect:

1) **Overall Appearance**: all students should be neat and well groomed. Males can have well-trimmed facial hair but should otherwise be clean-shaven. Hair should be worn in a conservative (style and color) manner so that it remains out of the student’s face while he/she is performing daily tasks. Make-up, cologne, etc. should be basic and unscented. Jewelry should be kept to a minimum to avoid compromising safety while performing tasks. Students will be asked to remove and/or cover jewelry or other adornments (i.e. tattoos) that compromise clinical education and/or professional presentation. Body piercings in excess of two per ear are prohibited. Artificial fingernails are also prohibited due to CECC requirements.

2) **Hats**: CSS Athletic Training, “team issue,” or name brand (Nike, Reebok, etc.) hats are permissible for outdoor events. Please refrain from wearing other hats and wearing hats indoors.

3) **Classroom Attire**: should be effective for the activity. For daily classroom activities there are no particular requirements (see #2 above) and wearing some type of footwear. If a guest presenter is coming then #6 below should be referenced. In regards to laboratory experiences, in general students should wear clothing that facilitates sufficient freedom of movement without being too loose or tight. Students should also be prepared to expose body regions as needed to facilitate activities including, but not limited to, taping, wrapping, bracing, anatomical palpation, and joint evaluation. Students that have short term concerns (i.e. temporary skin conditions, etc.) should address them with the course instructor. Students with longer term concerns (religious, cultural norms, etc.) should discuss potential accommodations with the department chair, ideally before the start of class(es) that may be effected.

4) **Daily Athletic Training Attire**: is typically most effective in collegiate and high school settings. It may consist of:
   a: CSS “Athletic Training” shirt (t-shirt, collared shirt, (unhooded) sweatshirt, etc.)
   b: Khakis/Docker Style, wind pants, or shorts comprised of the aforementioned material are permissible.
- Clothing should provide sufficient freedom of movement without being too loose or tight.
- Pants should be equipped with pockets to carry needed supplies.
- Shirts should be equipped with sleeves and tucked in at all times.
- Clothing should be of sufficient length to cover the “midriff” area, and should fit such that anatomy (e.g. cleavage) is not excessively revealed. This includes during work tasks where bending, reaching, etc. might otherwise cause anatomical regions to be revealed.

5) **Athletic Event Attire:** should be effective for the setting in which the clinical experience is occurring. Athletic Training apparel should be worn at all times for events unless the weather demands heavier clothing for an outdoor event. In those situations, the guidelines presented in item #3 should still be observed. When traveling with or representing specific teams, please meet their dress requirements if they are stricter than our standard.

6) **Interactions with Professionals:** Students should meet the standard of dress casual in non-clinical encounters with medical professionals (classes, conferences, meetings, symposia, guest speakers, etc.).

7) **Shoes:** closed toed athletic, walking, or casual footwear should be worn for daily use. Casual or dress shoes are the norm for indoor events. Sport sandals, flip-flops or other open-toed footwear should be avoided. Socks should be worn at all times.

8) **Off-campus experiences:** Students on rotations in hospitals, clinics, and industrial settings should wear an athletic training polo or other button down shirt with a collar. Khaki/Docker style pants should be considered the norm. If a facility has a higher standard then the student is expected to follow it. Students going to colleges or high schools should aspire to the same standards with two exceptions. One, program t-shirts may be included in the dress selection. Two, wind pants may also be worn. If the facility issues you clothing then you may wear that as well. If you are in a facility that observes “casual Fridays” then the minimum program dress standard should be observed.

9) Articles of clothing that identify you as a representative of the CSS Athletic Training or athletic program should not be worn to bars, parties, and other events which might in any way reflect poorly on you, the college, and anything.

As an athletic training student, you should not have to be reminded about dress and appearance. Working in the athletic training profession is a privilege, not a right. Your appearance is a direct reflection on you as an individual and CSS. Two questions you should ask yourself before starting your day 1) Does my clothing accentuate anatomical contours in a particularly revealing manner? 2) Do I “look good” in the clothes I am wearing? If you answer either question with a yes you should probably change what you are wearing.

**ATHLETIC TRAINING CLINICAL EXPERIENCES**

Clinical experiences provide opportunities for Athletic Training students to integrate cognitive content, psychomotor skills, foundational behaviors and clinical decision-making into structured and supervised patient encounters. Students should use this opportunity to practice and develop patient care skills while approaching patient care in a holistic fashion. Clinical experiences are intended to bridge the knowledge and skills learned in the academic environment with real world practice as a clinician.

**PREREQUISITE REQUIREMENTS**

*NOTE: Some clinical sites may have additional requirements. If there are additional health requirements, students will be notified.

**Policy on Health Requirements**
All health requirements must be completed and up-to-date, with documentation on file with the Clinical Education Coordinator, prior to the start of the athletic training program.

Rationale: All health requirements must be completed in order for students to participate in any clinical experiences. This policy is based on requirements from the clinical sites and to protect the health of the patients/clients students work with.

- All new students are required to provide written documentation of having attained immunizations and/or titers prior to the start of athletic training orientation.
- For all AT students, up-to-date health information and requirements must be completed and documentation must be on file with the Clinical Education Coordinator prior to participating in any student clinical experiences.
- Failure to comply will jeopardize the student’s ability to participate in relevant AT courses, to complete clinical experiences, and may affect their ability to complete the program. Potentially, students may not be able to complete the program on time due to the resulting delays in participating in the clinical experiences.
- Students are responsible for the cost of meeting all health requirements. The costs of some services are included in the Student Health Services fee that is paid to the College, or may be available at a reduced rate. Most of the health services, immunizations and/or titers are available through Student Health Services at The College of St. Scholastica. Students are responsible for checking on the availability and cost of services.
- Students may decide to obtain health services through their own health care provider and their own health insurance plan. In this case, students are responsible for determining their coverage for services.
- Students are responsible for obtaining and paying for any additional health requirements if mandated by an assigned clinical sites.

Specific Health Requirements

1. TECHNICAL STANDARDS: Must be signed prior to each semester (summers included).

2. MANTOUX(TB): All AT students are required to obtain TB testing within the previous 12 months. A Mantoux test must be completed prior to the initial academic year or 2 of the two-step skin tests may be obtained. Written evidence of the results must be provided to the Clinical Education Coordinator. A positive result will mean the student needs to obtain a chest x-ray. (NOTE: Some clinical sites require additional mantoux tests or that the mantoux be done within 30 to 60 days of the start date, or may have other criteria and therefore additional testing may be required prior to the second academic year.)

3. HepB SERIES: The series of three HepB vaccines is required (or a signed waiver must be on file with the Clinical Education Coordinator). The HepB titer is strongly recommended following completion of the series to verify immunity. If a student does not have sufficient immunity, additional vaccines may be necessary.

4. MMR: Students born on or after January 1, 1957 must have written evidence of two doses of live measles vaccine after the first birthday. Students born before January 1, 1957 must provide documentation of physician diagnosed measles.

5. DTP/Tdap/Tetanus: Students must provide written evidence of the date and lab evidence of their last vaccine. Students will be required to receive a booster vaccine after 10 years post vaccine or last booster.

6. VARICELLA (Chicken Pox): ALL students, regardless of whether they had chicken pox, must either obtain and provide documentation of a Varicella titer or the Varicella Zoster vaccine (a series of 2 vaccines) or provide a self-reported history of having acquired chickenpox as a child.

*NOTE: Some clinical sites may require additional health information. If there are additional health requirements, students will be notified.

Additional Requirement for Clinical Participation
1. A federal background clearance check upon entering the program.

2. An annual background clearance check specific to Wisconsin and Minnesota.

3. In addition to the aforementioned Background Clearance Checks, any student who is not a MN or WI resident will complete a Background Clearance for the student’s home state and other states in which the student has resided. Students are responsible for the additional costs.

4. Hospital Orientation - All AT students are required to complete the corresponding Student Self-Learning Packet for any hospital and/or clinic setting they may be placed during an academic year. Clinical sites require students to have training in Universal Precautions, Infection Control procedures, HIPAA regulations, patient confidentiality and other areas of hospital safety procedures prior to arriving for their clinical experiences and to provide documentation of such training.

5. HIPAA Tutorial – Students must annually complete the HIPAA tutorial and obtain a passing score on the test by the assigned date in the summer orientation course.

6. CPR/AED Certification – MUST be current throughout both the academic and clinical portions of the AT Program. The required certification is the “CPR/AED FOR THE PROFESSIONAL RESCUER” or “AHA equivalent” course. A copy of both sides of your current card (including signatures) or the electronic PDF certificate must be provided to the Clinical Education Coordinator. Initial Training will occur during the summer orientation for those that are not currently certified. Additional emergency training will be provided in ATR 6009 Emergent Conditions.

7. Health insurance coverage – It is the policy of CSS, the AT program and clinical sites that students be covered by a personal health insurance policy during both the academic and clinical portions of the program. Students must provide evidence of coverage, including the current policy number, to the Clinical Education Coordinator. Students can purchase a group plan through the College.

8. Liability insurance - Coverage is provided by The College of St. Scholastica during the time the student is engaged in any clinical experience. Should a student desire or need to obtain additional insurance, they should seek out their own professional liability policy.

CLINICAL EDUCATION AT THE COLLEGE OF ST. SCHOLASTICA

The clinical experience is vital for allowing students to translate their knowledge and clinical skills to clinical practice. Students will accrue 8 credits consisting of clinical experiences in the St. Scholastica athletic department and around the greater Duluth/Superior area. **Students should attain a minimum of 80 contact hours per credit in their clinical experiences and no more than 320 hours in a semester.** The plan is as follows:

- Orientation to clinical practice as part of ATR 6100
  - Approximately two week rotation prior to start of first semester on CSS campus to prepare for clinical assignments, etc.
  - Students should learn the daily routine of the CSS ATR, where equipment and supplies are located, policies and procedures, and administrative responsibilities.
  - Students will begin taping and other injury prevention activities (stretching, equipment fitting, etc.) within the clinical setting, having learned those skills during summer session coursework.

- Four two-credit clinical courses that include clinical experience activities with both genders in each of the following areas:
  - Lower extremity
  - Upper extremity
  - Equipment intensive
Year One Clinical Experiences

<table>
<thead>
<tr>
<th></th>
<th>1st 8-wk Experience</th>
<th>2nd 8-wk Experience</th>
<th>3rd 8-wk Experience</th>
<th>4th 8-wk Experience</th>
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</thead>
<tbody>
<tr>
<td><strong>Approximate Dates</strong></td>
<td>Wk after Labor Day – final wk of Oct.</td>
<td>1st wk of Nov. – Christmas break</td>
<td>3rd wk of Jan. – Mid-March</td>
<td>Mid-March – Mid-May</td>
</tr>
<tr>
<td><strong>2-Week Clinical Sports Medicine Rotation</strong></td>
<td>This smaller 2-wk experience will be embedded within one of the four 8-wk experiences for the students. The intent is for it to include experiences in the orthopedic, sports medicine, or therapy clinic.</td>
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Year Two Clinical Experiences

<table>
<thead>
<tr>
<th></th>
<th>Fall Semester</th>
<th>Winter Break Elective</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approximate Dates</strong></td>
<td>Day after Labor Day – Christmas Break</td>
<td>During Christmas Break according to team schedule</td>
<td>Day after MLK Holiday – Mid-May</td>
</tr>
<tr>
<td><strong>General Medical Rotation</strong></td>
<td>This smaller experience (approximately 2-weeks) will be embedded into the traditional academic year. The intent is for it to include experiences with a physician, physician assistant, paramedic, or nurse practitioner in either a family practice, internal medicine, ambulance service, or urgent care clinic.</td>
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**CLINICAL SITE SELECTION AND ASSIGNMENT**

The Department Chair and Clinical Education Coordinator have the final authority to determine the location and nature of any and all clinical assignments. Selections will be based on perceived best fit(s), ensuring CAATE requirements are met, student goals and needs, and, to the extent possible, individual student interests. There is no guarantee that specific requests can be granted. All student placements must be taken into account when student(s) submit requests. Students may submit requests to the Clinical Education Coordinator.

**CLINICAL EXPECTATIONS**

All Athletic Training Students are assigned to specific Preceptors on-campus and in affiliated sites in order to complete required clinical experiences as dictated by program policy and CAATE Standards. Students are required to register for a clinical education course and to demonstrate punctuality and participate actively in all level appropriate clinical activities planned and implemented by their instructor/supervisor. AT NO TIME SHOULD A STUDENT PERFORM DUTIES AT A CLINICAL SITE IN THE ABSENCE OF THEIR ASSIGNED PRECEPTOR.

Students are responsible for coordinating a schedule with their preceptor both for attendance and to meet the learning objectives for the experience. Students will have one day off from clinical experiences within every seven days. Students should not be scheduled for hours “just in case something might happen” and/or to do the preceptor’s job.

During any clinical experiences, the CAATE (Commission on Accreditation of Athletic Training Education) standard for student supervision is to be followed at all times. This requires that the student perform any and all clinical responsibilities, as determined by clinical course objectives and completion of competencies, within a distance sufficient for auditory and visual contact by the supervising preceptor. The preceptor must be close enough to intervene on behalf of the student and ensure a minimization and correction of patient care/clinical practice errors. Non-human means of interaction/communication (two-way radios, cell phones, etc.) do not suffice. At no time should an preceptor require or coerce the student to perform tasks outside of or beyond this requirement. There are no required activities in lieu of this policy within the program and only hours accrued under supervised clinical practice should be documented and used to fulfill clinical experience requirements.

Clinical Activities Documentation
The Clinical Activities Form provides the means for students to document their clinical experiences. The form should be kept in the personal binder/folder on site and submitted to the Clinical Education Coordinator at appropriate times. It is vital that clinical activities are properly documented to facilitate appropriate progression through and completion of the clinical portion of the program and ensure eligibility for licensure/registration in some states. In order to accomplish both objectives the student should abide by the following guidelines:

1) Record your hours, time in/out, pt. contacts and other requested information on your Clinical Activities Form on a daily basis.
2) Have your preceptor sign your form on a bi-weekly basis.
3) Submit the form according to the established schedule.

In order to properly document your hours on the form please do the following.

1) Record all information on a daily basis as needed. Use the abbreviations that best define the experience you completed for each day.
   a) If your experience includes treatment, practice, or event time with a team/high school, label your time with the appropriate school and/or sport abbreviations. If you are at a clinic-based experience, please label your time as CLINIC or GEN MED.
   b) In the box write in the appropriate abbreviation(s) and the number of hours to the closest quarter hour (.25, .50, or .75).
   c) Discuss interesting cases, your evolution as a professional, and identify three things learned.

It is important for you to note that not every hour that you spend in a clinical experience should be recorded. In order for your hours to count, you must have supervision that consists of daily personal/verbal contact with your preceptor. The preceptor must be “on-site.”

Here are some additional guidelines that must be adhered to:

- Hours not spent under the direct supervision of a preceptor do not count and should not be recorded. You should not be left unsupervised while participating in a clinical experience.
- Hours spent traveling (riding bus, lodging, etc.) do not count.

Ultimately, the “clinical hours” you are required to obtain constitute a portion of your overall educational experience. You are not and should not be the person who is solely responsible for “coverage” in lieu of a staff certified athletic trainer. You will, however, be given increasing responsibility consistent with your level of clinical skills proficiency. At no time should you be placed in a situation that requires you to perform clinical skills you have not yet learned and mastered. Furthermore, the supervision requirement is in some sense a mutual process. It is our responsibility to oversee your learning progression and performance of skills.

Communication

Students need to maintain communication with the department and their respective preceptor at all times. If the student is going to miss one day they should communicate with their on-site preceptor. Absences extending beyond one consecutive day must be cleared with the Clinical Education Coordinator. The student should be advised that any excuses are at the discretion of the preceptor and/or director accordingly and what the student deems as an appropriate excuse may not be viewed as such. NOTE: Students should not initiate contact with any Preceptor/site prior to being instructed to do so by the Clinical Education Coordinator. Such actions could damage the College’s relationship with a site and the ability to place students in the future.

Conflicts of Interest

Students should be mindful of entering into relationships that could create a conflict of interest between themselves and those they encounter while engaged in clinical experiences. These types of relationships could include, but are not limited to: family, social, or romantic relationships, monetary transactions, and exchanging of goods. While it is preferred that students avoid these conflicts of interest completely, if one develops during a student’s enrollment both the program director and Clinical Education Coordinator should be notified immediately. Be advised that a conflict of interest may result in alteration of a student’s clinical placement and/or additional ramifications.
**Dress and Conduct**

*Please refer to guidelines as stated elsewhere in this document.*

**Evaluation**

The preceptor, clinical site, and student are all evaluated during each clinical experience. The Preceptor is required to evaluate themselves and the student. The student is required to evaluate the instructor and site. Students should obtain the appropriate form(s) two weeks in advance of the due date from the Clinical Education Coordinator. The Clinical Education Coordinator will be evaluated by both the student and the Preceptor on a semester basis.

**Other Clinical Issues**

**Application of Clinical Skills**

Students may only utilize clinical skills they have been instructed and tested to use. You may learn skills and practice them on one another but may not apply them clinically until you have been formally evaluated. This is different from a learning moment. An example of a learning moment would be performing a Lachman’s under supervision. The student could be shown and perform a Lachman’s prior to completing the class. They could not, however, conduct a full knee exam.

**Attendance**

Please refer the attendance policy elsewhere in this document.

**Clinical Experience Policy**

All Athletic Training Students are assigned to specific Preceptors on-campus and in affiliated sites in order to complete required clinical experiences as dictated by program policy and CAATE Standards and Guidelines. Students are required to register for a clinical education course and to demonstrate punctuality and participate actively in all level appropriate clinical activities planned and implemented by their instructor/supervisor. **AT NO TIME SHOULD A STUDENT PERFORM DUTIES AT A CLINICAL SITE IN THE ABSENCE OF THEIR ASSIGNED PRECEPTOR.**

Students are responsible for working with their on-site preceptor and the Clinical Education Coordinator to formulate a sufficient schedule for meeting the objectives of the experience and individual needs of the student. Students should be allowed one day per week off from clinical experiences if they so desire. Students should not be scheduled for hours “just in case something might happen” and/or to do the preceptor’s job.

During any assigned clinical experiences, the CAATE (Commission on Accreditation of Athletic Training Education) standard for student supervision is to be followed at all times. This requires that the student perform any and all clinical responsibilities, as determined by clinical course objectives and completion of competencies, within a distance sufficient for auditory and visual contact by the supervising preceptor. The preceptor-must be close enough to intervene on behalf of the student and ensure a minimization and correction of patient care/clinical practice errors. Non-human means of interaction/communication (two-way radios, cell phones, etc.) do not suffice. At no time should an preceptor require or coerce the student to perform tasks outside of or beyond this requirement. There are no required activities in lieu of this policy within the program and only hours accrued under supervised clinical practice should be documented and used to fulfill clinical experience requirements.

**Communication**
Students need to maintain communication with the department and their respective preceptor at all times. If the student is going to miss one day they should communicate with their on-site preceptor. Absences extending beyond one consecutive day must be cleared with the Clinical Education Coordinator. The student should be advised that any excuses are at the discretion of the preceptor and/or director accordingly and what the student deems as an appropriate excuse may not be viewed as such. NOTE: Students should not initiate contact with any Preceptor/site prior to being instructed to do so by the Clinical Education Coordinator. Such actions could damage the College’s relationship with a site and the ability to place students in the future.

Conflicts of Interest

Students should be mindful of entering into relationships that could create a conflict of interest between themselves and those they encounter while engaged in clinical experiences. These types of relationships could include, but are not limited to: family, social, or romantic relationships, monetary transactions, and exchanging of goods. While it is preferred that students avoid these conflicts of interest completely, if one develops during a student’s enrollment both the program director and Clinical Education Coordinator should be notified immediately. Be advised that a conflict of interest may result in alteration of a student’s clinical placement and/or additional ramifications.

Dress and Conduct

Please refer to guidelines as stated elsewhere in this document.

Evaluation

The preceptor, clinical site, and student are all evaluated during each clinical experience. The Preceptor is required to evaluate themselves and the student. The student is required to evaluate the preceptor and site. Students should obtain the appropriate form(s) two weeks in advance of the due date from the Clinical Education Coordinator. The Clinical Education Coordinator will be evaluated by both the student and the Preceptor on a semester basis.

Financial Aid

Students are advised to meet with the One Stop office in Tower to discuss financial aid options. They should reasonably anticipate expenses for books, clothing, laboratory fees, transportation, etc. in addition to the typical expenses of living.

Grading

Students will be graded on a pass/fail basis. The following factors will be considered in the final grade:

- Mid-term and final evaluations from Preceptor(s)
- Clinical activities requirement
- Clinical Experience Journals
- Clinical proficiencies-to be completed between class and clinical placement

Please refer to clinical course syllabi for specific weighting and other information.

Hours

Students should attain a minimum of 80-contact hours per credit in their clinical experience(s) and no more than 320-contact hours in a semester.

Housing
Students are expected to make their own arrangements for housing throughout their duration in the program. Given the number of students and number of sites in the surrounding area it is likely that the student will need to secure temporary housing elsewhere for their Practicum.

**Illness/Injury**

If you should suffer an injury while participating in a clinical experience, laboratory, or class, please notify the department chair, Clinical Education Coordinator, and preceptor as soon as possible. An incident report will need to be completed. Please refer to the Communicable Disease Policy elsewhere in this document for additional information.

**Nametags**

Nametags are required for all experiences and should be ordered from the bookstore in advance of the first clinical experience. Nametags are required as part of the clinical experience attire policy. The bookstore charges $15 per nametag and the student is responsible for both initial cost and replacement cost if the nametag is lost.

**Problems**

Any problems that may arise should first be discussed with the involved party. If the problem is with the preceptor/site, it should first be discussed at that level. Then, if the problem cannot be resolved, the student should discuss the situation with the Clinical Education Coordinator.

**Proficiencies Completion**

Students should have their proficiencies packet available at all times in the clinical classes and supervised clinical experience. They should make every attempt to complete some during their clinical experience so “real-time” (actual patient care) conditions are reflected and the preceptor can provide a more candid assessment of the student’s strengths and challenges.

**Scheduling**

The student must be enrolled in a clinical course to accrue clinical education experiences. They are required to collaborate with their preceptor(s) and Clinical Education Coordinator to devise a schedule of sufficient time to ensure the student meets stated goals and objectives as well as addressing individual needs. Clinical time should be balanced in light of other obligations that students may have, academic requirements, and practice time needed to integrate into clinical practice.

### Associated Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>Students will be responsible for all health insurance costs. They will also be responsible for any costs accrued as a result of illness/injury during their duration in the program.</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Students are responsible for the costs of any required immunizations and additional lab fees to determine immunity. Mantoux (TB) must be completed on a yearly basis.</td>
</tr>
<tr>
<td>Practicum Site(s)</td>
<td>Students are responsible for any costs associated with securing and completing the Practicum experience.</td>
</tr>
<tr>
<td>Liability Insurance</td>
<td>CSS provides liability coverage as long as students are operating under the auspices of the Department</td>
</tr>
</tbody>
</table>
Membership(s) and Conference Attendance

Students are responsible for membership fees and costs for conference attendance. Participation in SATS (Saints Athletic Training Society) may help defray some costs.

Textbooks and Course Fees

Average $500-$600 for textbooks per semester and $1300-course fees over two years

Transportation

Students are responsible for all transportation costs to and from clinical sites including fuel. Car pooling and/or traveling with the preceptor may be options in some cases. Travel could be as much as an hour round trip in select cases.

### COURSE FEES

<table>
<thead>
<tr>
<th>Course</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5006</td>
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</tr>
<tr>
<td>5007</td>
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<tr>
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</tr>
<tr>
<td>7888/7980</td>
<td>$60.00</td>
</tr>
</tbody>
</table>

### FORMS

The forms listed below are given to students as needed. Copies can be obtained from the Department Chair.

**Immunization Form**-this must be completed in conjunction with personnel at the student health ctr. Students must provide original documentation of all immunizations. Evidence of completion must be forwarded to the Clinical Education Coordinator.

**Technical Standards**-this form must be completed prior to beginning the program. Both the student and healthcare provider must sign the form verifying that the student is capable of meeting the technical standards without accommodation. Should the student require accommodation they should contact the campus disability services coordinator and notify the department chair. This form should be filed with the Department Chair.

**Emergency and Personal Information Form**-this form must completed and kept on file with the Clinical Education Coordinator. It is the student’s responsibility to inform the Clinical Education Coordinator of changes as they occur.
Health Insurance Form—students are required to carry health insurance at all times. This form as well as front and back copies of the insurance card should be kept on file with the Clinical Education Coordinator at all times. It is the student’s responsibility to inform the Clinical Education Coordinator of changes as they occur. If a student is still under their parent’s insurance they should inquire about changes anytime a parental job transition occurs.

Photo Release Form—this form should be signed by the student. Periodically the college or its representative may take photos for marketing and advertising purposes. The pictures may appear on the web and/or in printed publications.

Release of Medical Information Form—when arranging clinical placements the Clinical Education Coordinator must provide clinical sites with verification of immunizations, currency of physical examination, and related health records. Students should complete this form and give it to the Clinical Education Coordinator in advance of receiving a clinical placement.

Advising Form—is used by the student’s advisor and kept in their personal file.

Student Expectations Contract—the student must read the handbook and sign the form verifying their awareness of departmental policies and pledge to remain in compliance.

Clinical Site Orientation Form—this form should be completed prior to the student beginning their clinical assignment. The Preceptor should address each item on the form with the student during the orientation. The form must be turned in to the Clinical Education Coordinator.

Clinical Activities Log—the student should log all activities (hours, activities, patient loads, etc.) taking place during their clinical experience. Both the student and Preceptor must sign the form when completed. The form should be submitted to the Clinical Education Coordinator on the schedule established for the clinical course in which the student is enrolled.

Incident Report Form—the student is required to complete this form if an incident of any kind occurs during a classroom or clinical activity (injury, blood borne exposure, etc.). The form should be signed by the student and a witness if possible. It should be submitted to the department chair in a timely fashion following the incident.

Student Goals & Self Evaluation Form—the student should complete the goals portion of this form in preparation for a new clinical experience and share with the Preceptor in their first meeting. The self-evaluation portion of the form should be completed a week prior to their exit meeting and brought in for discussion. Following the exit meeting it should be returned to the Clinical Education Coordinator to be placed in the student’s clinical file.

Clinical Evaluation Form—the Preceptor will access this form from Blackboard and complete prior to the exit meeting. The Preceptor and student should sign a paper copy of the form during the meeting and an electronic copy should be submitted to the Clinical Education Coordinator.

Clinic Evaluation Form—the student should distribute this for to the preceptor for any clinic or hospital based experience in the Twin Ports prior to the exit meeting experience. The Preceptor and student should sign a paper copy of the form during the meeting and an electronic copy should be submitted to the Clinical Education Coordinator.

Practitioner Development Unit Recording Form—students should use this form to record practitioner development units (PDU’s). The forms should be returned to the department chair as soon as possible after completion.

Preceptor Evaluation Form—this form should be completed by the student prior to the exit meeting. It should be electronically submitted to the Clinical Education Coordinator at the conclusion of an experience.

Clinical Education Coordinator Evaluation Form—this form is used by the student and the Preceptor to evaluate the Clinical Education Coordinator and the interaction with the clinical site. It should be forwarded to the department chair.

Affiliated Site Evaluation Form—the student should fill this out prior to the exit meeting for each site clinical site placed at and electronically submitted to the Clinical Education Coordinator.
Program Evaluation Form— the student should complete this form at the conclusion of the academic year in question.

Ideas and content for this handbook were adopted from the following sources:

- CSS Occupational Therapy Handbook
- CSS Physical Therapy Policies
- CSS Graduate Studies Handbook