



**HEALTH SCIENCES**

**STUDENT  
POLICY & PROCEDURE  
MANUAL**

**FOREWORD TO THE  
COLLEGE OF NURSING AND HEALTH SCIENCES  
STUDENT POLICIES AND PROCEDURES MANUAL**

The policies and requirements of the College of Nursing and Health Sciences are constantly being reviewed and are subject to revision by the College. This is necessary in the light of developing technology and changes occurring in the nursing profession. Therefore, the policies and requirements as set out in the latest Student Handbook of the College of Nursing and Health Sciences will be applicable to all students, regardless of what the policies were on the date of entry into the College.

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### **MISSION**

In accordance with the mission of Piedmont University, the College of Nursing and Health Sciences is committed to providing the graduate with the foundations to integrate knowledge, skills, and values from the arts and sciences through the development of a reciprocal learning community. The health professional will provide or accommodate quality care with respect for the diversity of individuals, groups, and communities. The health professional, through engagement, personal growth, and ethical reasoning will be a responsible, global citizen who is a leader, upholding high standards while working collaborative through the inter-professional team.

### **VISION**

The College of Nursing and Health Sciences of Piedmont University shall be recognized as an excellent professional academic program. The arts & sciences are the foundation upon which the nursing and health sciences student's intellectual endeavors are built, contributing to the provision of holistic care, to clients that includes physical, psychosocial, spiritual and environmental care. The College of Nursing and Health Sciences is dedicated to respect for diversity and to community outreach.

### **FACULTY OFFICE HOURS**

Faculty will be responsible for posting and observing regular office hours during the week to provide time on a systematic basis for student conferences and consultation with colleagues, the Dean, and visitors.

A **Faculty Schedule** showing a minimum of ten hours per week should be placed on faculty office doors at the beginning of each term. A copy of the schedule is to be provided to the Administrative Assistant. If unable to meet the hours as posted, the Administrative Assistant is to be notified of the change.

### **Faculty Appointments**

Faculty will make every effort to provide timely response to emails or office phone messages received during posted office hours. Faculty may provide their personal phone numbers to students for emergency use related to clinical or preceptor experiences. Phone calls and/or texts to faculty are appropriate only in emergent situations related to clinical or preceptor experiences unless otherwise directed by faculty in the course syllabus.

### **Advisor Change**

All declared athletic training majors are advised by a faculty member from the ATP. A list of advisors/advisees and advisement folders will be maintained in the College of Nursing and Health Science office. If the student perceives a problem with the assigned advisor, the student should communicate this concern to the advisor and attempt to resolve the problem. If the problem is not resolved to the student's satisfaction, the student may request a change of advisor from the Dean of the College of Nursing and Health Sciences. Requests are granted within the limits of individual faculty advisee loads. The Dean will notify the student of the resolution to the request.

### **ADVISING**

Health Sciences Faculty are assigned student majors in the seven academic programs for academic advisement by the Registrar's office (applied health science, athletic training, cardiovascular technology, exercise and sport science, healthcare administration, sport and fitness administration, and health and human performance). Advisees should be seen at office hours throughout the term for academic concerns, and must meet with their advisor prior to the registration period for the upcoming semester. Should students be unable to come during office hours, an appointment with the advisor should be scheduled for another time.



An **Advising Appointment Sheet** should be posted on office doors or electronically in Starfish a minimum of one week prior to advisement. Students should be advised during the week scheduled for advisement as well as on registration days concerning course selections for ensuing terms, and the selections entered into the Student Planning "proposed schedule". The advisor should note carefully the following in the student's folder:

1. Transfer credit should be noted on the Curriculum Worksheet and a hard copy maintained in the student's file.
2. Faculty are required to use the **Curriculum Worksheet** to monitor a student's progression through general education and major courses--all advised courses should be noted on this sheet for semester to be taken and year.
3. **Advising Notes** forms may also be used, but are not mandatory if notes are maintained on the Curriculum Worksheet.
4. Copies of all schedules are maintained in the student's file.
5. Copies of all grade notification letters and certified mail receipts are maintained in the student's file.

Unanswered advising concerns may be clarified by the Associate Dean and/or Dean.

The advisor should complete the **Application for Graduation** with the student a minimum of 10 workdays prior to the Registrar's deadline; attach a copy of the **Curriculum Worksheet**, any required course substitution forms, and unofficial transcripts to the application. The student must provide proof that the graduation fees have been paid and Compass requirements met prior to it being submitted to the Associate Dean. The Associate Dean will audit the application and submit to the Dean a minimum of 5 workdays before the Registrar's deadline. The student is responsible for carrying the completed/signed application to the Registrar's office if the deadlines set above are not met.

Students should be referred to their advisor for academic program concerns.

The Counseling Center should be used for students' personal counseling needs

The **Curriculum Worksheet** and **Advising Notes** forms are available in the Student worker office.

### REQUEST TO TAKE AN OVERLOAD POLICY

Students desiring to take more than eighteen (18) semester hours in any given semester must make a formal request to do so. This request requires signatures of the student, advisor, and the Dean. The student must have a minimum 3.0 CGPA or greater to be allowed to take the overload. No student will be permitted to take greater than 21 hours.

During any advising session, the **Request to Take an Overload** form must be completed by the student for any request to take an overload greater than 18 semester hours. The form must be completed and forwarded to the Dean and VPAA for signatures. Pending approval, the VPAA will forward the form to the Registrar's office. *Request to Take an Overload* forms are located on the University website. Go to the Registrar's page and click on Printable Forms.

### CHANGE OF MAJOR POLICY

Students changing majors from other disciplines to any health science discipline should be advised as through a **prospective** student, and given an *Information Packet* of material. The student should fill out a **Declaration of Change of Major form** and acquire the appropriate signatures. A copy of this form should be given to the Administrative Assistant who will acquire a copy of the student's record from the Registrar's office.

Students changing majors from nursing to other disciplines should have the *Declaration of Major form* completed by the faculty member and given to the Administrative Assistant for copying for the student's folder and the Dean.

*Declaration of Major forms* are available on the University Portal Page ([portal.piedmont.edu](http://portal.piedmont.edu))  
**Go to Student Resources >Registrar>Printable Forms for Students & Faculty> Academic Level: Undergraduate> major Declaration or Change-Undergraduate**

### STUDENT EVALUATIONS OF FACULTY

Student evaluation of faculty teaching effectiveness in both classroom and clinical settings is to be done at the completion of courses each semester. Piedmont University distributes standard evaluations electronically. Program specific evaluations are distributed via E-Value. Students are encouraged to complete both types of electronic evaluations.

### FACULTY-STUDENT CONFERENCE

Many occasions arise that necessitate a conference between the faculty and a student. Such occasions include a student's failure of a test, inappropriate behavior in class or clinical, sleeping in class, constant tardiness to class or clinical, unprofessional behavior in class or clinical, or a student seeking help with test-taking skills, etc. At most conferences between faculty and students, especially those which have been requested by the faculty member, a *Conference Notes* form should be completed. This form requires complete information and a faculty member signature.

A copy of the completed form is to be placed in the student's file in the office of the Administrative Assistant, a copy is to be provided the Dean of the College of Nursing and Health Sciences and the faculty member retains a copy. Documentation of conferences is important! Remember "if you didn't document it, you didn't do it."

**Academic Policies**

### **Honor Pledge**

All students, by their enrollment at Piedmont University, commit to the Honor Pledge:

*The Piedmont University community emphasizes high ethical standards for its members. Accordingly, I promise to refrain from acts of academic dishonesty including plagiarism and to uphold the academic integrity Policy in all endeavors at Piedmont University.*

### **Academic Integrity Policy**

In accordance with the mission of Piedmont University, it is the responsibility of each member of the Piedmont community to promote an atmosphere of academic integrity and an understanding of intellectual honesty that adheres to the highest standards of professional conduct.

To protect intellectual and scholarly integrity, the University imposes strict penalties for academic dishonesty, which is defined as follows:

- **Cheating**
  - Intentionally using or attempting to use unauthorized materials, information or study aids in any academic exercise.
  - Unauthorized assistance of a person, other than the course faculty during an academic exercise. This includes text messaging, PDAs, phones etc. during exams.
  - Unauthorized viewing of another person's work during an academic exercise.
  - Unauthorized securing of all or part of an assignment or exam in advance of submission by the faculty.
- **Fabrication**
  - Intentional and unauthorized invention or falsification of any information or citation in an academic exercise or altering official University records, correspondence or documents.
- **Plagiarism**
  - Intentionally or knowingly representing the words or ideas of another as one's own in any academic exercise.
  - Includes, but is not limited to oral, written and graphical material; published and unpublished work; and material downloaded from the internet.
  - Included commercially prepared papers or reports.
- **Complicity**
  - Intentionally or knowingly helping or attempting to help another to commit an act of academic dishonesty.
- **Stealing**
  - Removing articles belonging to other students, faculty, Piedmont University or clinical facilities without appropriate permission.
- **Bribes/Favors/Threats**
  - Attempting to unfairly influence a course grade or the satisfaction of degree requirements is prohibited.

Students are expected to uphold the ethical standards of academics and the nursing profession. The University policy regarding academic irregularity is stated in the Piedmont University Catalog and Student Handbook and the Athletic Training Program Policies and procedures Manual. Specifics related to students and academic irregularity is delineated as follows:

*Students should be aware that sanctions are imposed in the athletic training profession because of the vital nature of health care as it affects the well being of clients. Because of the unique nature of the clinical experience in the athletic training program in relation to responsibility for client welfare, it is necessary for the College of Nursing and Health Sciences to expand upon the University's definition of academic irregularity. While the University relates violations of academic irregularity to traditional forms such as plagiarism or cheating, the College of Nursing and Health Science must also relate violations to unsafe, irresponsible, and nonprofessional behavior in the clinical setting.*

Academic irregularity in the clinical setting includes, but is not limited to, the failure to assume and/or maintain responsibility for assigned client(s) and the failure to report errors made in providing client care. Students, therefore, must:

1. Attend clinical experiences prepared to provide competent care and conform to ethical standards explicit in the NATA Code of Ethics and contained within the guidelines of the State of Georgia Practice Act for Athletic Trainers;
2. Provide safe client care during assigned clinical hours unless relieved by clinical preceptor;
3. Notify clinical preceptors immediately concerning any error they believe they have made or might have made in the clinical area so that attention may be given to the affected client(s);
4. Notify both faculty and the clinical preceptor immediately should leaving clinical responsibilities be necessary. Violation of this policy will constitute "abandonment" and may result in dismissal from the program.
5. Maintain patient confidentiality according to HIPPA standards at all times.

A first violation of the academic integrity and ethics policies can result in academic probation, dismissal from the program, and/or legal action. Faculty can impose one or more of the following sanctions for breeches in policy:

1. A lower grade or failing the project/paper/assignment/test.
2. A lower final grade in the affected course.
3. Failure of the course.
4. Exclusion from further participation in the course (including lab or clinical experiences).

### **REFERRAL FOR STUDENT ACADEMIC DEFICIENCY**

Students experiencing academic deficiency in a major course, difficulties with effective study habits or certain other problems affecting academic performance, are to be referred to a faculty member in the department with expertise in the area of deficiency. Faculty should complete a learning contract with the student.

The faculty member should first meet with the student performing below expectations to discuss their academic status. At this conference, the Faculty/Student Conference form should be completed. If the

meeting between faculty and student is related to understanding the course content, the faculty member should work with the student to improve the problem. Problems involving time management, study habits, test taking deficiencies, or related areas, however, are to be referred to the appropriate faculty member. Students with personal problems that are impacting their academic performance should be referred to the Academic Support Services Office. The referring faculty member should notify the director to discuss the impending referral.

Documentation of conferences with students related to their academic performance is to be placed in the student's folder.

### **Student Failure Due to Unsafe, Unethical or Uncivil Behavior Policy**

Patterns of *unsafe or unethical practice* may result in a clinical course failure at any time during the course. Examples include but are not limited to:

- Performing activities for which the student is not prepared or which are beyond the capabilities of the student.
- Performing activities which do not fall within the legal scope of professional athletic training practice.
- Failing to recognize and/or report and record one's own errors in patient care.
- Behaving in a disrespectful manner toward patients, faculty, other students, and/or other health team members, or failing to respect patients' rights and dignity.
- Lacking adequate theoretical knowledge in preparation for the provision of patient care.
- Failing to provide concise, inclusive, and timely written, electronic, and/or verbal communication.
- Using facility equipment/supplies for personal use, e.g. telephones, computers, etc.

Behaviors that are *potentially civil or criminal* should result in program dismissal at any time. Examples include but are not limited to:

- Performing immoral or indecent conduct of any nature, such as sexual molestation of patients or staff.
- Purposefully recording or reporting inaccurate data regarding patient assessments, athletic training interventions, and/or patient evaluations.
- Disclosing confidential or private information inappropriately, including violating HIPPA law.
- Attending clinical experiences while under the influence of alcohol or drugs, including prescription medication which may impair performance, or excessive lack of sleep.
- Negligence or harming the patient purposefully, including verbal or physical threats.
- Soliciting, borrowing, or removing property or money from a patient or patient's family, including asking for tips or gifts.
- Removing drugs, supplies, equipment, or medical records from the clinical setting.
- Abandoning the patient by leaving the clinical facility without notification.
- Refusing an assignment based on a patient's race, ethnicity, gender, sexual orientation, or religious preference.
- Using profanity or making inappropriate comments of sexual, racial, or otherwise offensive nature.

- Stealing tests and other curricular materials from faculty.
- Posting tests or purchasing test banks on the Internet, such as e-Bay or Amazon.
- Verbally or physically abusing faculty, students, or staff on or off campus property, including stalking or bullying.
- Stealing, destroying, or tampering with campus or clinical facility furniture, equipment, or property.
- Stealing, destroying, or tampering with personal property of students, faculty, or staff.

### **Tobacco Policy**

Piedmont University is a **TOBACCO FREE** campus. Smoking or the use of smokeless tobacco products (including e-cigarettes), therefore, is not allowed in any buildings or outside areas of the campus. Students that arrive in the classroom or clinical site with the odor of smoke will be sent home to change clothes/bathe.

As a representative of the Piedmont University Athletic Training Program, no smoking or use of smokeless tobacco products is allowed during clinical experiences either on or off campus.

### **Attendance**

#### Classroom and Laboratory Sessions:

Students are expected to attend all classroom, clinical, and laboratory sessions, be on time and be present the entire time. A roll sheet may be circulated to record attendance, and it is each student's responsibility to sign the roll sheet (if used) to be considered present. The health sciences faculty take attendance and punctuality very seriously. It is the student's responsibility to notify the instructor if absence or lateness is anticipated. All laboratory time is regulated by the course design and is found in each syllabus (see course syllabi for individual instructor policies). Students are encouraged to take care of personal business during off hours. Students are expected to attend all clinical/laboratory experiences and arrive on time to the designated place. Adherence to professional behavior is mandatory regarding clinical attendance.

#### Clinical Education Sites:

A clinical absence will result in a demerit being issued unless the instructor excuses the absence before the clinical occurs or there are extenuating circumstances. Any clinical absence must be reported to the appropriate faculty and/or preceptor at least 1 hour prior to the start of the clinical experience. All clinical absences must be made up. Instructors may require the student make up a clinical absence at times other than the regularly scheduled clinical days, including Saturday or Sunday. **A second unexcused absence from clinical hours will result in a second demerit being issued. Three cumulative demerits is grounds for dismissal from the athletic training program.**

### **Testing**

Students are expected to be present and on time for all scheduled tests and the final examination. However, should serious illness or an emergency situation necessitate absence, the course instructor must be notified prior to the time that the test is to be given. A make-up test will be given only if the reason for absence was a valid one, prior notification was given via telephone and email one hour prior to the exam and arrangements were made for the make-up at the time of notification. The make-up test must be taken within one (1) week of the missed test. At the discretion of the faculty or dean, a medical excuse may be required.

- Any personal belongings, cell phones, pagers, or textbooks will not be allowed on the desk during exams.
- Students may not leave the room during an exam without the explicit permission of the faculty and may not take any personal belongings with them.
- Once the first person has finished the exam and left the room, no latecomers will be permitted to begin the exam and will receive a zero for the exam.
- Failure to take the final exam as scheduled results in automatic failure of the course.
- All cell phones must be turned off and placed at the front of the room prior to starting the exam.

### **Employment and Intercollegiate Athletics Participation**

#### Outside Employment:

The Athletic Training and Cardiovascular Technology Programs' faculty and staff recognize the need for student employment. Students are allowed to work on and off campus. However, students must manage their time very effectively and must schedule outside work around their clinical experiences.

Neither licensed nor certified, students may not work as an athletic trainer/cardiovascular technologist until graduating from an accredited program and passing the respective examination. A student is acting outside ethical and legal boundaries if they are employed as an "Athletic Trainer/Cardiovascular Technologist" or fail to disclose their "student" status. Students in the program may not earn work study as an athletic training student; however, they are not prohibited from doing work study in other capacities on campus. Athletics staff and preceptors are also prohibited from providing monetary remuneration for activities completed during clinical experiences which fulfill a course requirement. However, students may be paid for experiences that fall outside of their assigned clinical rotation, so long as they follow state licensing regulations (i.e. being paid as grounds staff by the NCAA at a post-season tournament or being paid to coach sport skills in a clinic or camp). Students are also allowed to be paid for discipline related experiences completed as part of a formal internship, so long as they are properly supervised and the University maintains an active Affiliation Agreement with the site and preceptor.

It is the student's responsibility to always stay within both legal and ethical boundaries.

Due to program rigor, faculty recommend that students limit the hours they work to no more than 20 hours a week. Students' clinical education assignment scheduling takes priority over outside employment. If outside employment activities habitually interfere with clinical experiences or if the student is falling behind academically, he/she may be asked to choose between the program and the activity.



Extracurricular and Intercollegiate Athletics Participation:

The Athletic Training and Cardiovascular Programs' faculty and staff at Piedmont University encourage all students to be involved in university activities and events. This participation and involvement should not compromise the student's academic or clinical education.

Students wishing to pursue a degree in athletic training must realize the time demands that the profession and major involve and be willing to adjust their activities around athletic training. An ATS may participate in intercollegiate athletics while enrolled at Piedmont University. While the athlete is in their traditional competitive season, he/she is still expected to complete the clinical experience hours associated with the respective Practicum course, but the sport can be their primary focus. Once the in-season semester is completed, the ATS's primary focus will be with the athletic training program. All workouts, meetings, and sessions related to the sport will be secondary to athletic training. It should be noted that an ATS who participates in intercollegiate athletics may be required to be enrolled for additional time to meet all graduation requirements. This will be determined on an individual basis. Any student choosing to be an Athletic Training major and an intercollegiate athlete must discuss this plan with the Program Director and the respective coach before applying to the program. Each ATS who participates on an intercollegiate athletic team and their coach must sign the ATS Student-Athlete agreement form found in Appendix D.

If extracurricular activities habitually interfere with athletic training or if the student is falling behind academically or clinically due to these activities, he/she may be asked to choose between athletic training and the activity.

Cardiovascular Technology students may participate in intercollegiate athletics as well; however, the intense nature of the fourth year studies and clinical experiences render sports participation difficult (students should work closely with their coaches when making participation decisions). To ensure no miscommunication, student athletes and their coaches must sign an academic "contract" indicating they have been informed of these requirements each academic term, and that the only academic class absences allowed for athletics are related to game play and travel. All clinical experiences and academic labs missed for athletic participation must be made up outside of other regularly scheduled activities within the individual course time frame (which may include weekends).

### **Grievance**

**Academic:** Students in the College of Nursing and Health Sciences must adhere to the student regulations as outlined in the Piedmont University Catalog and Student Handbook and the Health Sciences Program Policies and Procedures Manual. Individual faculty members retain responsibility for evaluations and assignment of grades. The faculty member's judgment is final unless compelling evidence is presented. The student is obligated first to seek resolution to a problem with the involved faculty member. The ATP encourages students to seek appropriate open discussion and resolution to grievance.

If a satisfactory resolution cannot be reached, the student may appeal in writing within five business days to the Program Director/Associate Dean. If the student has a grievance against the Program Director, they can appeal to the Dean.

If a satisfactory resolution still cannot be reached, the student may appeal in writing within three days to the Vice President for Academic Affairs, (see Grade Appeals, Piedmont University Catalog.)

**Conduct:** Students in the College of Nursing and Health Sciences must conduct themselves in accordance with the code of behavior as outlined in the Piedmont University Student Handbook and this Policies and Procedures Manual. Disciplinary hearings may be held, sanctions imposed, and grievances filed according to the stated regulations, policies, and procedures for violations of the code of conduct.

### **Program Evaluation**

At the completion of courses, students will evaluate course, classroom, clinical, and electronic platforms online and via paper surveys. The online process will be part of the Piedmont University evaluation process. Faculty will use the student evaluations to plan for appropriate change. This online process will facilitate anonymity and confidentiality.

Constructive feedback will be considered for quality improvement.

### **Dress Code**

A professional appearance contributes significantly to student and staff success during clinical/internship experiences. General appearance should not be distracting in the work environment. This dress code applies primarily to Piedmont University; other standards may be imposed by specific clinical sites.

#### **This dress code applies to all classes, labs, and clinical classes:**

- Meticulous personal hygiene must be maintained. This includes properly trimmed/maintained facial hair.
- Rings, bracelets, watches, and other jewelry should be minimal and not interfere with skill practice
- No tight or excessively loose clothing; necklines and hemlines must be modest and not expose undergarments when leaning over or when practicing skills on lab tables.
- Shirts with buttons must be worn buttoned, except for top button and tucked in unless they are designed to be worn un-tucked.
- Skin must be covered at the midriff when performing skills (i.e. reaching arms overhead, backboarding, etc.).

- No cleavage, midriff, bra (including bra strap or bra colors seen through shirt), or underwear/boxers may show.
- Strapless shirts are prohibited.
- Shorts should be of modest length (e.g. should not be excessively tight and no “Daisy Dukes” or short shorts – shorts should have a minimum 4” inseam).
- No foul, demeaning, or derogatory language or gestures are to be used.
- Cell phones and other personal electronic devices are not permitted to be used during classes, labs, or other organized meetings unless approved by the instructor.
- Discrimination of any type will not be tolerated.
- The course instructor retains the right to dismiss any student from class for inappropriate clothing; this will be counted as an unexcused absence.

**This dress code applies to all clinical/internship sites** (clinical site includes travel with teams):

- Meticulous personal hygiene must be maintained. This includes properly trimmed/maintained facial hair.
- Tattoos or other body modifications must be covered per site policy (which will vary by site).
- Jewelry may not be worn in any visible piercing other than in the earlobes.
- Rings, bracelets, watches, and other jewelry should be minimal and not interfere with OSHA procedures. (i.e. wearing properly fitted disposable gloves)
- Skin must be covered at the midriff when working. (i.e. reaching arms overhead, backboarding, etc.)
- No cleavage, midriff, bra (including bra strap or bra colors seen through shirt), or underwear/boxers may show.
- No tight or excessively loose clothing; necklines and hemlines must be modest and not expose undergarments when leaning over.
- All clothing must be free of numbers, writing or screen-printed designs; small brand logos are permitted on plain t-shirts and polo shirts (general Piedmont University and Program specific attire are excluded from this rule and are permitted).
- Shirts with buttons must be worn buttoned, except for top button and tucked unless they are designed to be worn un-tucked.
- Strapless shirts are prohibited.
- Shorts should be of modest length and khaki, green, grey, black, stone, or blue in color (e.g. should not be excessively tight and no “Daisy Dukes” or short shorts – shorts should have a minimum 4” inseam).
- Jeans/denim are not permitted at any time.
- Open toed shoes or flip flops are not permitted
- Hats, visors, and sunglasses are only permitted for outdoor clinical settings as approved by the clinical supervisor.
- Students are permitted to wear outdoor gear appropriate for the weather conditions (i.e. rain gear, warm coats, gloves, etc.); these items should be clean and in good repair.
- Program ID’s worn as appropriate. (which will vary by site and program)
- No foul, demeaning, or derogatory language or gestures are to be used.
- No tobacco (smokeless or other) is to be used while at your clinical site.
- Use or possession of illegal drugs is prohibited at all times; random drug testing is permitted.
- Consumption of alcoholic beverages within 12 hours of a clinical experience or in your possession at the clinical site is prohibited.

- Cell phones and other personal electronic devices may not be used during clinical rotations without the permission of your clinical supervisor.
- Discrimination of any type will not be tolerated.
- The site supervisor retains the right to dismiss any student from clinical hours and/or their internship for inappropriate clothing, behavior, or excessive tardiness; this will be counted as an unexcused absence.

### **Cell Phone and Electronic Device Use**

Cell phone use is prohibited in the classroom, lab experiences, and clinical. In the classroom, cell phones are to be turned off and put away. In an emergency, your contact number should be the College of Nursing and Health Science at 706-776-0116 in Demorest or 706-354-4772 in Athens. You will be notified immediately upon receipt of an emergency call.

Cell phones are not to be out and available during any exam and cannot be used for any calculating purposes. Cell phones may be collected before class on exam days. Cell phones may be used only during “break” and lunchtime while in class, clinical, or lab. Students may only take pictures with cell phones during clinical experiences or labs with the express permission of the subject being photographed. These pictures can only be used for educational purposes unless otherwise denoted by the subject photographed. Posting, releasing, or otherwise sharing photographs without subject permission will result in immediate dismissal from the program.

Text messaging with electronic devices is not permitted in clinical settings. **Violation may result in immediate dismissal from the program and/or confiscation of the device. Electronic devices may be used in the classroom. However, if you are looking at anything not pertaining to classroom content, your device will be confiscated.**

Recording in class must first be approved by each individual professor.

### **Computer Printing Policy**

There are computer labs on the 3<sup>rd</sup> floor of Daniel Hall on the Demorest campus and on the 2<sup>nd</sup> floor of Lane Hall on the Athens campus and in both campus’ libraries. Students are able to work on the computers and save their work to their personal flash drives and use the WEPA pay-to-print service.

**Students are reminded to be extremely cautious about any patient information when using the computers. Any patient information found on the computers or in the printers is a HIPAA violation and will result in dismissal from the program.**

Printing of notes and other material are expected to be done on the student’s home computer as printing services are not available in the College of Nursing and Health Science. Paper is not provided (free) for students to use in open computer labs on campus.

### **Food and Drink Policy**

Beverages are permitted in spill proof containers in the classroom setting. Food should be kept to snacks (cookies, cake etc.) to be shared. The instructor should be consulted before food is brought into the classroom. An instructor may ask that food be removed from the classroom. Students are not to bring meals into the classroom. Again, students are responsible for cleaning the area of waste. In the clinical skills lab and computer laboratories, due to sensitivity of the equipment, no food or drink is allowed.

### **Personal Guests on Campus**

Due to potential liability issues, Piedmont University does not permit students to bring children or other individuals to the campus at any time except for purposes approved by the president or VPAA. This policy prohibits students from bringing children to the College of Nursing and Health Science, the classrooms, laboratories, or clinical education sites.

### **New Policy Notification**

On occasion, it becomes necessary to implement new policies during the academic year. If such an occasion arises, students will be given a copy of the policy and asked to sign a statement verifying that they have received a copy of the new policy. The signed statements are kept on file in the Program Documentation file. This is done to ensure that students are kept informed of any policy changes.

### **INCLEMENT WEATHER**

Should severe weather conditions occur during class hours, designated Administrative Assistants in various buildings will notify persons on campus of the need for evacuation and/or class dismissal. When classes are dismissed, radio stations **WCON (99.3 FM) Cornelia** and **WMJE (102.9FM) Clarkesville/Gainesville** and the Piedmont University website will provide current weather conditions and actions taken by the University. Dismissed classes will be made-up. See Piedmont University Faculty/Staff Handbook for further information. **On the Piedmont University Website under the Technology tab you can sign up for the Piedmont University Alert System to receive weather and emergency updates from campus on your cell phone. Alerts will also be sent to the University App (available for Apple and Android devices).** Should inclement weather necessitate canceling a clinical session because the instructor or students cannot safely negotiate the roadways, notification should occur as per the attendance policy. Make-up will occur during the weather days built into the schedule. All clinical courses should have one or two make-up days scheduled at the end of the semester of the missed clinical experience.

### **Clinical Policies**

### **Graduate Clinical Attendance**

Students are expected to attend all clinical/laboratory experiences and arrive on time to the designated place. Adherence to professional behavior is mandatory regarding clinical attendance.

For Athletic Training Practicum classes, graduate students should complete an average of 10-15hrs per week at their clinical site in each of the first two practicum courses (minimum of 8hrs per week) and approximately 30-40hrs per week in the second two courses (minimum of 16hrs per week). While students may occasionally exceed the upper range in one week, they are not to average over 20hrs/wk in any given month as a level B or C student. Similarly, level D students should not exceed >60hrs/wk in any given month. Graduate (B,C) students must complete a minimum of 150hrs in both ATRG5201 and ATRG5221, and (D) students must complete a minimum of 300hrs in both ATRG6301 and ATRG6321. All clinical hours must be logged and verified by the clinical preceptor in the e\*Value system. Once the semester or program minimums have been met (undergraduate or graduate), students are **NOT** released from his/her Preceptor and site. Excess hours earned in one semester do not “carry over” to the next term.

Students completing internships should expect to log an average of 5hrs/wk per credit hour with their community partner (i.e. a 2 credit internship requires completing 150hrs over the course of the 16-week semester or 10hrs/wk).

#### Clinical Absence (all levels and programs):

- See attendance policy on page 153

#### Clinical Tardiness (all levels and programs):

- See attendance policy on page 153

### Drug Screening

In compliance with contracts with clinical facilities and their accrediting bodies, all HSCS students must have a negative drug screen prior to placement at any off campus clinical facility. Students will be expected to sign the Drug Testing Consent Form and participate in scheduled testing before off campus clinical experiences. Test results will be kept in a confidential file in the Program Director's office. If a student tests positive for any drug (after review by the Medical Review Officer (MRO), the student shall be ineligible to participate in any clinical experience and will not be able to complete any clinical courses for the semester. The student may possibly be ineligible to continue in their program or in any program at Piedmont University.

In addition to routine pre-clinical screening, the College of Nursing and Health Science has the right to require a student to submit to testing for substance abuse at the student's expense when the Program has reasonable cause to believe the student is abusing a controlled substance. Reasonable cause may include, but not be limited to:

1. Observable phenomena, such as direct observation of drug or alcohol use or manifestations of being under the influence of drug or alcohol, such as, but not limited to, slurred speech, noticeable changes in grooming habits, impaired physical coordination, odor of alcohol, inappropriate comments or behaviors or pupillary changes.
2. Abnormal conduct or erratic behavior, absenteeism, tardiness, or deterioration in performance.
3. A report of drug use by a credible source.
4. Evidence of tampering with a drug test.
5. Information that the individual has caused or contributed to harm of self, visitors, other staff or patient while under the influence of drugs.
6. Evidence of involvement in the use, possession, sale, solicitation or transfer of drugs while in the nursing program.

If a faculty member observes such behavior, and if such behavior is observed or validated by another faculty member or clinical agency staff member, the faculty member must excuse or remove the student from the educational or clinical setting immediately and contact the Program Director. Upon consultation with the Dean of the College of Nursing and Health Science, the Program Director will then determine if it is appropriate to test the student for substance abuse.

If a decision is made to test the student, the Dean will arrange to have the student tested immediately. Arrangements will be made for transportation; the student will not be allowed to drive to the testing facility. **The student's failure to consent to drug testing will result in immediate termination from their major program.**



### **Student Alcohol & Drug Policy**

Drug abuse is a problem throughout the United States. We, as allied health professionals, will at some time, be required to handle a situation involving drug or alcohol abuse. We should set good examples for our athletes by not condoning the use/abuse of drugs in what we say and do.

It is the policy of the Piedmont Athletic Health Sciences School that any student reporting to clinicals/internship or serving in an official capacity while under the influence of drugs and/or alcohol will immediately be suspended from the program and could face expulsion from the academic major. Health Science majors are a high profile group on campus and in the community. Abusing drugs and alcohol negatively affects our reputation on campus as well as the quality of work both clinically and academically.

The staff would like to help anyone that may have a problem with abusing drugs or alcohol. If a student has a problem and comes for help before a penalty has been issued for a violation, then a staff member will seek counseling assistance for the student at the student's expense and no disciplinary suspension will occur. All information disclosed by students seeking help will remain confidential. If a student seeks help after a penalty has been issued, the staff will oblige, but disciplinary action will still be issued. This action may include suspension or expulsion.

Every problem will be addressed on an individual basis. The faculty and staff will meet and decide as a group on actions taken against a student in regards to drug and alcohol related issues. This includes determining suspensions, treatment requirements for reinstatement into the program, conditions of reinstatement, and expulsion. The faculty and staff want to offer assistance to students with these problems in any way possible.

**\*\* Please note for Athletic Training Students that the NATA does not tolerate the abuse of drugs or alcohol among its membership. The demerit system implemented by the athletic training staff addresses the penalties for abusing drugs and alcohol. Each ATS will be required to sign a copy of the Alcohol and Drug Policy at the beginning of each school year stating that he/she fully understands the ramifications of a violation of the Alcohol and Drug Policy.\*\***

### **CPR for the Professional Rescuer (ECC) Requirement**

Students enrolled in clinical education practicum courses and/or CVTE alpha-designated courses must maintain current certification for Basic Life Support—for Health Care Providers. It is the student's responsibility to acquire this certification and maintain it at all times. Proof of certification for the duration of the semester is required for participation in all clinical experiences. Some internship sites may also require CPR certification as described above.

A basic life support certification program using American Heart Association or American Red Cross criteria is required. The student must attend re-certification classes to maintain certification. A photocopy of a current certification card must be provided for placement in the student's record at the College of Nursing and Health Science before the first clinical day. **Any student without certification or required proof will be unable to attend clinical until such requirements are met. Unexcused clinical absence(s) and lost points in the related clinical class will ensue.**

### **Health and Accident Insurance**

Students enrolled in clinical/internship courses must maintain personal health/accident insurance. Insurance may be obtained from the carrier of choice. The student is responsible for the cost of treatment of any accident or injury occurring while a student is in the College of Nursing and Health Sciences in both classroom and clinical experiences.

Proof of coverage must be presented before beginning a clinical experience and maintained throughout the program. A photocopy of the insurance card must be provided for placement in the student's record. **Any student without insurance or required proof will be unable to attend clinical until such requirements are met. Unexcused clinical absence(s) and lost points in the related clinical class will ensue.**

### **Professional Liability Insurance**

Students in a Health Science course that completes clinical/internship experiences must have professional liability insurance while functioning in the student role. All students at Piedmont University formally enrolled in the Health Sciences programs are provided \$2,000,000/\$5,000,000 professional liability coverage throughout enrollment in the program. This insurance covers students in the College of Nursing and Health Science for education-related clinical and internship experiences only while enrolled in the program and in good standing. No other activities beyond preceptor-supervised clinical experiences, academic internships, and approved preceptor-supervised externships with affiliated sites are covered. Additionally, coverage provided by Piedmont University ceases when not in good standing with the program and upon graduation.

### **Tuberculosis Testing (PPD)**

Students must have current tuberculosis (TB) testing (Two Step PPD or chest X-ray as appropriate) prior to admission to the Athletic Training and Cardiovascular Technology Programs. While enrolled, an annual PPD is required of those with a previous negative PPD test, and a chest x-ray is required for converters who experience signs and symptoms suggestive of tuberculosis. Testing may be done by the health care provider or health department of choice. Anyone testing positive for tuberculosis must receive treatment prior to either admission or continuation in athletic training courses. Testing serves to prevent latent TB infection from progressing to clinically active TB and reduces the risk of transmission of TB in the health care setting and the University. Proof of testing results is required for participation in all clinical practicums.

Upon admission to the athletic training or cardiovascular technology program, the student must have had within the previous 6 months either a negative Two Step PPD test or negative chest X-ray for previous converters and those with allergies. A photocopy of testing date and results must be provided for placement in the student's record at the College of Nursing and Health Science. If a student receives a positive test prior to entering the athletic training program, treatment must be received before beginning the program. Proof of treatment must be provided before enrolling in athletic training courses. If a student converts to a positive PPD while in the program, treatment must be received, and documentation of physician/clinic approval to continue in the program provided to the College of Nursing and Health Science. A student undergoing treatment must also provide written documentation of all chest X-ray results, recommended follow-up, and evidence of completion of indicated therapy.

**\*\*Some internship sites may require students in all majors to have this testing done.\*\***

**Students must provide yearly proof of a TB test. Any student without proof of a yearly TB test will be unable to attend clinical until such requirements are met. Unexcused clinical absence(s) and lost points in the related clinical class will ensue.**

### **Immunization Policy**

Students in the Athletic Training and Cardiovascular Technology Programs (and any others doing internships off campus) are required to be immunized against:

- Measles, Mumps, and Rubella (MMR),
- Tetanus, Diphtheria, and Pertussis (Tdap),
- Chickenpox (Varicella), and
- Hepatitis B (HBV)

prior to beginning clinical experiences. Students who have only a DTap vaccination from early childhood must receive the teen/adult Tdap booster prior to beginning clinicals. These vaccinations may be obtained from the health care provider or health department of choice. If you are unable to provide proof of current vaccination, you **must have a titer drawn to show adequate protection.**

Since the HBV vaccination consists of three (3) injections over six months (initial injection, a second administered thirty (30) days after the first, and the third administered six (6) months after the first injection), students not currently fully vaccinated must obtain at least two injections prior to athletic

training program admission. Proof of series completion is required **within three (3) months of admission**. A photocopy of the immunization card/record and a copy of the titer results must be provided for placement in the student's record at the College of Nursing and Health Sciences. Individual clinical sites may also require students receive Influenza (Flu), COVID-19, and/or Meningococcal (MCV4) vaccinations prior to attending clinicals. Students with bona fide medical exceptions to obtaining one or more of these additional vaccinations can provide appropriate documentation to the clinical agency.

**\*\*Some internship sites may require students in all majors to have this testing done.\*\***

**COVID-19:** At this time, the School of Health Sciences is not requiring students to receive a COVID-19 vaccination, but if you are placed at a clinical rotation or internship site that mandates vaccination, you will be removed from that site immediately. If you have been vaccinated, we ask that you are prepared to provide proof to your community partner.

**Any student without required proof of initial vaccination or series completion at the appropriate time will be unable to attend clinical until such requirements are met. Unexcused clinical absence(s) and lost points in the related clinical class will ensue. Students must produce documentation through immunization records and/or titers for immunizations requested by the College of Nursing and Health Science.**

### **Clinical Assignments and Rotations**

All preceptor site arrangements are done through the University. Students are not permitted to contact facilities and set up their own preceptorships. Failure to follow this policy will result in dismissal from the program or failure of the course. (***\*\*This does NOT include internships—students ARE expected to make contact with potential internship sites and supervisors before completing the internship paperwork.\*\****)

Athletic Training students are required to complete an ATS Contractual Agreement and Time Commitment Contract (Appendix B) at the beginning of each rotation (4-7 weeks in length). Each student must also have on file a background check, drug test, copies of his/her CPR certification cards, Hepatitis B vaccinations, liability insurance, and a signed copy of the Policy and Procedure manual agreement. All forms are required to be on file no later than five academic days after the start of each semester. The official date will be communicated by the Clinical Coordinator for the respective academic year. For each day the forms are late, one point per day will be deducted from the student's practicum course grade and the student will be removed from his/her clinical experience until the requirements are complete.

The completion of at least 900 hours (graduate) of clinical experience is required under the supervision of an Approved Clinical Preceptor. These hours may be completed in the Piedmont University athletic training facility with university athletic teams, at approved high schools, and at specific clinical sites. Clinical internships and externships may also be completed at off-campus locations under the direct supervision of an approved allied health care professional with whom the University maintains an active Affiliation Agreement. Students will receive clinical and supplemental experiences in the following

categories: equipment intensive sports, individual and dual sports, team sports, the athletic training clinic, primary care, and other allied healthcare settings.

For Athletic Training Practicum classes, graduate students should complete an average of 10-15hrs per week at their clinical site in each of the first two practicum courses (minimum of 8hrs per week) and approximately 30-40hrs per week in the second two courses (minimum of 16hrs per week). While students may occasionally exceed the upper range in one week, they are not to average over 20hrs/wk in any given month as a level B or C student. Similarly, level D students should not exceed >60hrs/wk in any given month. Graduate (B,C) students must complete a minimum of 150hrs in both ATRG5201 and ATRG5221, and (D) students must complete a minimum of 300hrs in both ATRG6301 and ATRG6321. All clinical hours must be logged and verified by the clinical preceptor in the e\*Value system. Once the semester or program minimums have been met (undergraduate or graduate), students are **NOT** released from his/her Preceptor and site. Excess hours earned in one semester do not “carry over” to the next term.

Students completing internships should expect to log an average of 5hrs/wk per credit hour with their community partner over the 15 week semester (i.e. a 2 credit internship requires completing 150hrs over the course of the 15-week semester or 10hrs/wk). All hours should be documented on paper and signed by the supervisor.

Athletic Training students are required to log clinical time in e\*Value; some sites, however, will require a paper record also be kept. If so, use their provided forms and have it/them signed by the supervising Preceptor. The use of paper logs is NOT a replacement for the electronic record—students must always use e\*Value. All hour logs (paper and electronic) must be verified by the site Preceptor no later than the 7<sup>th</sup> day of each month and submitted to the ATP via the associated course (students should plan to have their hours documented no later than the last day of the month to allow their Preceptor time to login and verify the record). Failure to submit the hour log by the 7<sup>th</sup> will result in the hours not being recorded toward either the semester or graduation minimums.

### **Summer clinical experiences**

Athletic Training students may earn a maximum of 200 total clinical hours (throughout the entire course of the program) during the summer break while admitted to the program. This opportunity is completely voluntary and the student **MUST** register for course credit (ATRG5499). Students must perform these hours with a BOC certified athletic trainer or Medical Doctor. Students wishing to obtain clinical experience hours during the summer break must have the experience pre-approved by the Director of Athletic Training Education or Clinical Education Coordinator and be registered for course credit (ATRG5499). The ATP must have a signed site affiliation agreement, site contact details, and supervisor details for the summer experience chosen (these must be provided to the Clinical Coordinator if not an existing site). This agreement must be turned into the Clinical Coordinator no later than April 1<sup>st</sup>. These hours must be logged in e\*Value, be verified/signed by the supervising individual, and submitted to the Clinical Coordinator no later than the 7<sup>th</sup> day of each month for the preceding four weeks. Please note that only program-approved Preceptors can verify skill mastery on the student’s Master Log; the Program Director and/or Clinical Coordinator will determine if preceptor training is viable for the experience.

The Clinical Coordinator must have the following items by April 1<sup>st</sup>

1. Contact information for supervising individual
2. Completed site affiliation agreement
3. A-1 form/Resume/Vita for the supervising individual
4. A copy of the supervising individual's BOC card (if applicable)
5. A copy of the supervising individual's state licensing credential (if applicable)
6. A copy of the site's most recent calibration record for all electrical equipment and therapeutic modalities (if applicable)
7. A copy of the site's EAP and BBP Policy

### **Identification Badge**

Students may be expected to wear their ID badges while in the clinical setting at sites which require them. Students without the appropriate ID badge will be sent home and receive an unexcused absence for the day. Display of an ID badge that belongs to anyone other than the student will result in immediate dismissal from the program for fraudulent identity. If the inappropriate ID badge belongs to another Piedmont University student, that student will also be dismissed.

### **Travel Procedures**

Students are responsible for their own transportation to all clinical and internship activities. These experiences will often be held in facilities within a 50-mile radius of Piedmont University. Students are expected to arrive for their clinical/internship, regardless of location, at or before the appointed time. Piedmont University does not provide any transportation to clinical/internship sites.

At times, a special clinical experience may be arranged for farther away than the above-mentioned mileage. The University of Nursing and Health Sciences may arrange transportation for students on those occasions. If the school provides special transportation, all students are required to ride.

#### Piedmont University:

Students are expected to use their personal transportation to clinical experiences that happen on-site at Piedmont University (although all are within walking distance of the main campus). These clinical hours should not be scheduled to interfere with academic responsibilities. When a staff ATC is required to travel with a Piedmont University athletic team to a match, the conference tournament, or other NCAA post-season play, students are permitted to travel for clinical experience. Students must use only University-provided transportation to away events, and follow all Athletics Department guidelines when on the road. Traveling to away events is a privilege, for which the staff ATC will determine if and which students are eligible. Away event participation does not negate students' academic responsibilities; all missed assignments/tests must be submitted before departure or other arrangements made with the individual faculty member.

#### Affiliated Schools:

Students are expected to use their personal transportation to clinical experiences that happen off-site at affiliated schools. These clinical hours should not be scheduled to interfere with academic responsibilities. When a staff ATC is required to travel with an affiliated local high school or preparatory school team to a match, the conference tournament, or other post-season play, students are permitted to travel for clinical experience. If the affiliated school provides transportation for the athletic training staff from its home location to the event, the student must use it. However, for events for which the school does not provide transportation, the student may use their own vehicle. Traveling to away events is a privilege, for which the staff ATC will determine if and which students are eligible. Away event participation does not negate students' academic responsibilities; all missed assignments/tests must be submitted before departure or other arrangements made with the individual faculty member.

#### Off-Campus Allied Health Clinical and Internship Sites:

Students are expected to use their personal transportation to clinical/internship experiences that happen off-site at affiliated allied health settings. These clinical hours should not be scheduled to interfere with academic responsibilities.

### **Communicable Disease Policy**

In order to protect the health and safety of the athletic training students and athletes this policy was designed according to the Centers for Disease Control (CDC) Guidelines for Infection Control in Health Care Personnel, 1998. For the full report go to <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf>.

Students can prevent/minimize exposure of communicable disease by:

- Maintaining good hygiene
- Frequent hand washing
- Covering the mouth and nose when coughing or sneezing

Any student who has been exposed to a communicable disease must report this exposure to their preceptor. Exposure to blood or other bodily fluids will be handled according to the site's blood borne pathogen plan.

Students should report a potential communicable disease to their immediate supervisor and the Coordinator of Clinical Education or Associate Dean as soon as possible. A list of common communicable diseases is found in Appendix C. Any students who misses more than two days of their clinical education or internship experience due to illness must be evaluated by a licensed health care provider (MD, DO, NP, PA-C). Any student evaluated by a licensed health care provider must provide a written note which includes the diagnosis and restrictions. This documentation will be placed in a sealed envelope and placed in the student's permanent file. If an extended time needs to be missed (> 4 days), a timeline for return to full participation is needed. A signed release from a licensed health care professional is required prior to resuming clinical experiences.

Blood-borne pathogens (BBP's) are disease-causing germs carried by blood and other body fluids and can cause disease in humans. Human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus are the most common blood-borne pathogens. BBP's are commonly spread by:

- Puncture wounds/needle sticks
- Splash to mucous membranes or other open areas of skin
- Sexual contact
- Mother to baby

#### HIV

HIV is the virus that causes AIDS. The average risk for healthcare workers after exposure to HIV is about 1 in 300. Some of the common symptoms include:

- Flu-like symptoms
- Fatigue
- Fever
- Swollen lymph nodes
- Diarrhea
- Night sweats

#### Hepatitis B Virus

The Hepatitis B virus can live up to 7 days at room temperature on an environmental surface in dried blood and is therefore one of the greatest risks to healthcare workers after exposure. It may cause severe illness, liver damage, and death. Some of the common symptoms include:

- Fatigue
- Nausea
- Jaundice
- Abdominal pain
- Abnormal liver tests
- Loss of appetite

#### Hepatitis C Virus

The Hepatitis C virus has recently been recognized as an important BBP in healthcare workers. It was previously known as non-A, non-B hepatitis. Some of the common symptoms include:

- Vague abdominal discomfort
- Nausea
- Vomiting
- Jaundice

#### Exposure Control Plan

See the information in Appendix H.



**Program Information**

**PLAN OF STUDY:**  
**Applied Health Science**

**Fitness and Coaching Track**

FIRST YEAR FALL		FIRST YEAR SPRING	
PDMT 1101 Intro to College Life	1	Art, Music or Theater requirement	3
ENG 1101 Rhetoric and Composition	3	ENG 1102 Literature and Composition	3
BIOL/BLAB 1101 General Biology 1 (pre-re for 2100)	4	HSCS 2202 Care and Prevention	3
HSCS 1101 Emergency Care Techniques	2	BIOL/BLAB 2100 Human Anat. & Physiology I	4
HSCS 1110 Introduction to Health Science	3	ANTH 1102, ANTH 2250, EDUC 4401, ENGL 2201, ENGL 2202, HIST 1111, HIST 1112, or RELG 1101	3
<b>Total Hours</b>	<b>13</b>	<b>Total Hours</b>	<b>16</b>

SECOND YEAR FALL		SECOND YEAR SPRING	
HSCS 2200 Introduction to Health Professions	3	HSCS 2210 Basic Nutrition	3
HSCS 2221 Kinesiology and Biomechanics	3	HSCS 2301 Health Promotion	3
HSCS 2220 Introduction to Health Process	3	BUSA 1210, PSYC 1101, or SOCI 1101	3
BIOL/BLAB 2110 Human Anatomy & Physiology II	4	HSCS 3321 Fitness Assessment and Prescription	3
HSCS 2321 Introduction to Coaching	3	BIOL/BLAB 2150 Medical Microbiology	4
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>16</b>

THIRD YEAR FALL		THIRD YEAR SPRING	
ENG Literature 2203-2222, PHIL 2201/2202, or RELG 2201/2254	3	PSYC 2290 Human Growth & Development	3
HSCS 3395 Cross-Cultural Health	3	HIST 2212 or POSC 1101	3
MATH 1300 Elementary Statistics	3	HSCS 3430 Athletic Administration	3
Foreign Language Requirement	3	Foreign Language Requirement	3
HSCS 3301 Exercise Physiology	4	HSCS 4301 Applied Exercise Physiology	3
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>15</b>

FOURTH YEAR FALL		FOURTH YEAR SPRING	
HSCS 4410 Research Methodology	3	HSCS 4499 Internship	2
HSCS 4411 Health Policy & Law	3	HSCS 3440 Sport Psychology	3
HSCS 4420 Exercise Prescription for Special Populations	3	HSCS 4450 Capstone	3
MCOM 1110 or BUSA 2000	3	MATH 1100 or 1113 or 2450	3
Elective	3	HSCS 4440 Sport Nutrition	3
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>14</b>
<b>Total Hours for Program</b>			<b>121</b>

## Integrative Health Track

FIRST YEAR FALL		FIRST YEAR SPRING	
PDMT 1101 Intro to College Life	1	MATH 1100 or 1113 or 2450	3
ENG 1101 Rhetoric and Composition	3	ENG 1102 Literature and Composition	3
ANTH 1102, ANTH 2250, EDUC 4401, ENGL 2201, ENGL 2202, HIST 1111, HIST 1112, or RELG 1101	3	HSCS 2202 Care and Prevention	3
BIOL/BLAB 1101 General Biology 1 (pre-re for 2100)	4	BIOL/BLAB 2100 Human Anat. & Physiology I	4
HSCS 1110 Introduction to Health Science	3	MCOM 1110 or BUSA 2000	3
<b>Total Hours</b>	<b>14</b>	<b>Total Hours</b>	<b>16</b>

SECOND YEAR FALL		SECOND YEAR SPRING	
HSCS 2200 Introduction to Health Professions	3	PSYC 1101 or SOCI 1101	3
HSCS 2221 Kinesiology and Biomechanics	3	HSCS 2301 Health Promotion	3
HIST 2212 or POSC 1101	3	HSCS 2210 Basic Nutrition	3
BIOL/BLAB 2110 Human Anatomy & Physiology II	4	HSCS 3321 Fitness Assessment and Prescription	3
HSCS 2220 Introduction to Health Process	3	BIOL/BLAB 2150 Medical Microbiology	4
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>16</b>

THIRD YEAR FALL		THIRD YEAR SPRING	
Foreign Language Requirement	3	Foreign Language Requirement	3
HSCS 3395 Cross-Cultural Health	3	ENG Literature 2203-2222, PHIL 2201/2202, or RELG 2201/2254	3
MATH 1300 Elementary Statistics	3	HSCS 1105 Medical Terminology	2
PSYC/SOCI restricted elective (2000-4000-level)	3	PSYC 2290 Human Growth & Development	3
HSCS 3301 Exercise Physiology	4	HSCS 4301 Applied Exercise Physiology	3
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>14</b>

FOURTH YEAR FALL		FOURTH YEAR SPRING	
HSCS 4410 Research Methodology	3	HSCS 3330 Healthcare Finance	3
BIOL/CHEM/PHYS lecture and lab elective	4-5	Art, Music or Theater requirement	3
HSCS 4411 Health Policy & Law	3	HSCS 4450 Capstone	3
HSCS 4420 Exercise Prescription for Special Populations	3	Elective	1-2
Elective	3	HSCS 1101 Emergency Care Techniques	2
<b>Total Hours</b>	<b>16-17</b>	<b>Total Hours</b>	<b>12-13</b>
<b>Total Hours for Program</b>			<b>121</b>

## Nutrition Track

FIRST YEAR FALL		FIRST YEAR SPRING	
PDMT 1101 Intro to College Life	1	Art, Music or Theater requirement	3
ENG 1101 Rhetoric and Composition	3	ENG 1102 Literature and Composition	3
BIOL/BLAB 1101 General Biology 1 (pre-re for 2100)	4	HSCS 2202 Care and Prevention	3
HSCS 1101 Emergency Care Techniques	2	BIOL/BLAB 2100 Human Anat. & Physiology I	4
HSCS 1110 Introduction to Health Science	3	ANTH 1102, ANTH 2250, EDUC 4401, ENGL 2201, ENGL 2202, HIST 1111, HIST 1112, or RELG 1101	3
<b>Total Hours</b>	<b>13</b>	<b>Total Hours</b>	<b>16</b>

SECOND YEAR FALL		SECOND YEAR SPRING	
HSCS 2200 Introduction to Health Professions	3	HSCS 2210 Basic Nutrition	3
HSCS 2221 Kinesiology and Biomechanics	3	HSCS 2301 Health Promotion	3
ENG Literature 2203-2222, PHIL 2201/2202, or RELG 2201/2254	3	HSCS 1105 Medical Terminology	2
BIOL/BLAB 2110 Human Anatomy & Physiology II	4	HSCS 3321 Fitness Assessment and Prescription	3
HSCS 2220 Introduction to Health Process	3	BIOL/BLAB 2150 Medical Microbiology	4
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>15</b>

THIRD YEAR FALL		THIRD YEAR SPRING	
BUSA 1210, PSYC 1101, or SOCI 1101	3	PSYC 2290 Human Growth & Development	3
HSCS 3331 Nutrition through the Lifespan	3	HIST 2212 or POSC 1101	3
MATH 1300 Elementary Statistics	3	HSCS 2270 Clinical Nutrition	3
Foreign Language Requirement	3	Foreign Language Requirement	3
HSCS 3301 Exercise Physiology	4	HSCS 4301 Applied Exercise Physiology	3
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>15</b>

FOURTH YEAR FALL		FOURTH YEAR SPRING	
HSCS 4410 Research Methodology	3	HSCS 4499 Internship	2
HSCS 4411 Health Policy & Law	3	HSCS 3440 Sport Psychology	3
HSCS 3395 Cross-Cultural Health	3	HSCS 4450 Capstone	3
MCOM 1110 or BUSA 2000	3	MATH 1100 or 1113 or 2450	3
Elective	3	HSCS 4440 Sport Nutrition	3
		Elective	1
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>15</b>
<b>Total Hours for Program</b>			<b>121</b>

**PLAN OF STUDY:**  
**Athletic Training with Exercise Science (Accelerated-Entry 3+2 Program)**

ATRG 3+2 Plan with EXSS Major

Year 1			
FRESHMAN FALL		FRESHMAN SPRING	
PDMT 1101 Intro to College Life	1	MATH 1300 Elementary Statistics	3
ENGL 1101 Rhetoric & Composition	3	ENGL 1102 Literature & Composition	3
HIST 1111/1112 or ANTH 1102/2250	3	HSCS 2202 Care and Prevention	3
BIOL/BLAB 1101 Intro to Biology	4	BIOL/BLAB 2100 Human A & P 1	4
HSCS 1110 Introduction to Health Science	3	MCOM 1110 or BUSA 2000	3
HIST 2212 or POSC 1101	3		
Total Hours	17	Total Hours	16
Year 2			
SOPHOMORE FALL		SOPHOMORE SPRING	
HSCS 2210 Basic Nutrition	3	BIOL/BLAB 2150 Medical Microbiology	4
BIOL/BLAB 2110 Human A & P II	4	HSCS 3321 Fitness Assessment & Prescription	3
PSYC 1101 or SOCI 1101 or BUSA 1210	3	Fine Arts Requirement	3
HSCS 2221 Kinesiology & Biomechanics	3	MATH 1113 Pre-Calculus or MATH 2450 Calculus	3-4
CHEM/CLAB 1101 Chemistry I	4	CHEM/CLAB 1102 Chemistry II	4
Total Hours	17	Total Hours	17-18
Year 3			
JUNIOR FALL		JUNIOR SPRING	
Foreign Language Requirement	3	Foreign Language Requirement	3
PSYC 2290 Human Growth and Development	3	HSCS 2301 Health Promotion	3
PHYS/PLAB 1110 or PHYS/PLAB 2110 General Physics I	4	HSCS 1101 Emergency Techniques	2
Humanities (ENGL, HIST, PHIL, RELG)	3	PHYS/PLAB 1120 or PHYS/PLAB 2120 General Physics II	4
HSCS 3301 Physiology of Exercise	4	HSCS 4301 App. Ex. Phys. or CHEM 4210 Biochem.	3
		HSCS 1105 Medical Terminology	2
Total Hours	17	Total Hours	17
Year 4			
SUMMER 1 (4 weeks) (Begin Graduate Phase)			
ATRG5120 Practical and Emergency Techniques			3
ATRG5125 Physical Assessment			3
<i>*Optional HSCS5440 Nutrition for Health Programming*</i>			3
Total Hours			6
Year 5			
SUMMER 2 (8 weeks)			
HSCS 6411 Assessing Healthcare Quality (online)			3
HSCS 5411 Current and Emerging Issues in Health Policy, Economics, and Advocacy (online)			3
<i>*Optional ATRG5499 Internship*</i>			1-3
Total Hours			6
Year 6			
GRADUATE FALL 1		GRADUATE SPRING 1	
HSCS 5410 Research Methods in Health Science	3	HSCS 5302 Pathology & Pharmacology	4
ATRG 5303 Eval I: Upper	3	ATRG 5323 Eval II: Lower	3
ATRG 5222 Therapeutic Modalities	4	ATRG 5322 Therapeutic Exercise	4
ATRG 5201 Practicum I	2,2	ATRG 5221 Practicum II	2, 2
Total Hours	14	Total Hours	15
Year 7			
SUMMER 3 (8 weeks)			
HSCS 6411 Assessing Healthcare Quality (online)			3
HSCS 5411 Current and Emerging Issues in Health Policy, Economics, and Advocacy (online)			3
<i>*Optional ATRG5499 Internship*</i>			1-3
Total Hours			6
Year 8			
GRADUATE FALL 2		GRADUATE SPRING 2	
ATRG 6301 Practicum III (immersive)	2, 4	ATRG 6321 Practicum IV (immersive)	2, 4
HSCS 5100 Epidemiology and Biostatistics	3	ATRG 6420 Senior Seminar	3
ATRG 6402 Organ/Administration	3	HSCS 5301 Hlth Prog. <i>or</i> HSCS 5340 Coach Behav.	3

**PLAN OF STUDY:**  
**Athletic Training with Applied Health Science (Accelerated-Entry 3+2 Program)**

**ATRG 3+2 Plan with APHS-IH Major**

Year 1			
FRESHMAN FALL		FRESHMAN SPRING	
PDMT 1101 Intro to College Life	1	MATH 1300 Elementary Statistics	3
ENGL 1101 Rhetoric & Composition	3	ENGL 1102 Literature & Composition	3
HIST 1111/1112 or ANTH 1102/2250	3	HSCS 2202 Care and Prevention	3
BIOL/BLAB 1101 Intro to Biology	4	BIOL/BLAB 2100 Human A & P 1	4
HSCS 1110 Introduction to Health Science	3	MCOM 1110 or BUSA 2000	3
HIST 2212 or POSC 1101	3		
Total Hours	17	Total Hours	16
Year 2			
SOPHOMORE FALL		SOPHOMORE SPRING	
HSCS 2200 Intro to Health Professions	3	BIOL/BLAB 2150 Medical Microbiology	4
BIOL/BLAB 2110 Human A & P II	4	HSCS 3321 Fitness Assessment & Prescription	3
PSYC 1101 or SOCI 1101 or BUSA 1210	3	Fine Arts Requirement	3
HSCS 2221 Kinesiology & Biomechanics	3	MATH 1113 Pre-Calculus or MATH 2450 Calculus	3-4
CHEM/CLAB 1101 Chemistry I	4	HSCS 2210 Basic Nutrition	3
Total Hours	17	Total Hours	16-17
Year 3			
JUNIOR FALL		JUNIOR SPRING	
Foreign Language Requirement	3	Foreign Language Requirement	3
PSYC 2290 Human Growth and Development	3	HSCS 2301 Health Promotion	3
PHYS/PLAB 1110 or PHYS/PLAB 2110 General Physics I	4	HSCS 1101 Emergency Techniques	2
Humanities (ENGL, HIST, PHIL, RELG)	3	HSCS 3330 Healthcare Finance	3
HSCS 3301 Physiology of Exercise	4	HSCS 4301 App. Ex. Phys.	3
		HSCS 1105 Medical Terminology	2
Total Hours	17	Total Hours	16
Year 4			
SUMMER 1 (4 weeks) (Begin Graduate Phase)			
ATRG5120 Practical and Emergency Techniques			3
ATRG5125 Physical Assessment			3
<i>*Optional HSCS5440 Nutrition for Health Programming*</i>			3
Total Hours			6
Year 5			
SUMMER 2 (8 weeks)			
HSCS 6411 Assessing Healthcare Quality (online)			3
HSCS 5411 Current and Emerging Issues in Health Policy, Economics, and Advocacy (online)			3
<i>*Optional ATRG5499 Internship*</i>			1-3
Total Hours			6
Year 6			
GRADUATE FALL 1		GRADUATE SPRING 1	
HSCS 5410 Research Methods in Health Science	3	HSCS 5302 Pathology & Pharmacology	4
ATRG 5303 Eval I: Upper	3	ATRG 5323 Eval II: Lower	3
ATRG 5222 Therapeutic Modalities	4	ATRG 5322 Therapeutic Exercise	4
ATRG 5201 Practicum I	2, 2	ATRG 5221 Practicum II	2, 2
Total Hours	14	Total Hours	15
Year 7			
SUMMER 3 (8 weeks)			
HSCS 6411 Assessing Healthcare Quality (online)			3
HSCS 5411 Current and Emerging Issues in Health Policy, Economics, and Advocacy (online)			3
<i>*Optional ATRG5499 Internship*</i>			1-3
Total Hours			6
Year 8			
GRADUATE FALL 2		GRADUATE SPRING 2	
ATRG 6301 Practicum III (immersive)	2, 4	ATRG 6321 Practicum IV (immersive)	2, 4
HSCS 5100 Epidemiology and Biostatistics	3	ATRG 6420 Senior Seminar	3
ATRG 6402 Organ/Administration	3	HSCS 5301 Hlth Prog. <i>or</i> HSCS 5340 Coach Behav.	3
<i>*Optional: HSCS 5420 Advanced Strength &amp; Cond.*</i>	3		
Total Hours	12	Total Hours	12

**PLAN OF STUDY:**  
**Athletic Training (Traditional-Entry 2yr Program)**

ATRG MSAT 2 Year Plan (Graduate Phase Only)

Year 1			
SUMMER 1 (6 weeks) (Begin Graduate Phase)			
ATRG5120 Practical and Emergency Techniques			3
ATRG5125 Physical Assessment			3
<i>*Optional HSCS5440 Nutrition for Health Programming*</i>			3
Total Required Hours			6
GRADUATE FALL 1			
HSCS 5410 Research Methods in Health Science	3	GRADUATE SPRING 1	
ATRG 5303 Eval I: Upper	3	HSCS 5302 Pathology & Pharmacology	4
ATRG 5222 Therapeutic Modalities	4	ATRG 5323 Eval II: Lower	3
ATRG 5201 Practicum I	2,2	ATRG 5322 Therapeutic Exercise	4
Total Required Hours		ATRG 5221 Practicum II	2, 2
		Total Hours	15
Year 2			
SUMMER 2 (8 weeks)			
HSCS 6411 Assessing Healthcare Quality (online)			3
HSCS 5411 Current and Emerging Issues in Health Policy, Economics, and Advocacy (online)			3
<i>*Optional ATRG5499 Internship*</i>			1-3
Total Required Hours			6
GRADUATE FALL 2			
ATRG 6301 Practicum III	2, 4	GRADUATE SPRING 2	
HSCS 5100 Epidemiology and Biostatistics	3	ATRG 6321 Practicum IV	2, 4
ATRG 6402 Organ/Administration	3	ATRG 6420 Senior Seminar	3
<i>*Optional HSCS5420 Advanced Strength &amp; Conditioning</i>	3	HSCS 5301 Hlth Prog. <i>or</i> HSCS 5340 Coach Behav.	3
Total Hours		Total Hours	12

**PLAN OF STUDY:**  
**Exercise and Sport Science**

FIRST YEAR FALL		FIRST YEAR SPRING	
PDMT 1101 Intro to College Life	1	MATH 1113 Pre-Calculus or MATH 2450 Calculus	3
ENG 1101 Rhetoric and Composition	3	ENG 1102 Literature and Composition	3
BIOL/BLAB 1101 General Biology 1 (pre-req for 2100)	4	BIOL/BLAB 2100 Human Anat. & Physiology I	4
HSCS 1110 Intro to Health Sciences	3	HSCS 2202 Care and Prevention	3
HSCS 1101 Emergency Care Techniques	2	Elective	3
<b>Total Hours</b>	<b>13</b>	<b>Total Hours</b>	<b>16</b>

SECOND YEAR FALL		SECOND YEAR SPRING	
CHEM/CLAB 1101 General Chemistry 1	4	CHEM/CLAB 1102 General Chemistry 2	4
HSCS 2221 Kinesiology and Biomechanics	3	HSCS 3321 Measurement and Evaluation	3
HSCS 2220 Introduction to Disease Process	3	HSCS 2301 Health Promotion	3
BIOL/BLAB 2110 Human Anatomy & Physiology II	4	BIOL/BLAB 2150 Medical Microbiology	4
ANTH 1102, ANTH 2250, EDUC 4401, ENGL 2201, ENGL 2202, HIST 1111, HIST 1112, or RELG 1101	3	HSCS 2210 Basic Nutrition	3
<b>Total Hours</b>	<b>17</b>	<b>Total Hours</b>	<b>17</b>

THIRD YEAR FALL		THIRD YEAR SPRING	
Foreign Language Requirement	3	Foreign Language Requirement	3
ENG Literature 2203-2222, PHIL 2201/2202, or RELG 2201/2254	3	MCOM 1110 or BUSA 2000	3
HSCS 4420 Exercise Prescription for Special Pops.	3	HSCS 4301 Applied Exercise Physiology or CHEM 4210 Biochemistry	3
HSCS 3301 Physiology of Exercise	4	Math 1300 Elementary Statistics	3-4
<i><b>OPTIONAL:</b> CHEM 2351 Organic Chemistry (only if taking CHEM4210)</i>		HSCS 1105 Medical Terminology	2
<b>Total Hours</b>	<b>13</b>	<b>Total Hours</b>	<b>14-15</b>

FOURTH YEAR FALL		FOURTH YEAR SPRING	
HSCS 4410 Research Methodology	3	PSYC 2290 Human Growth & Development	3
HSCS 4440 Sport Nutrition	3	HIST 2212 or POSC 1101	3
Art, Music or Theater requirement	3	BUSA 1210, PSY 1101 or SOCI 1101	3
Elective	2	HSCS 4450 Capstone	3
PHYS/PLAB 1110 or PHYS/PLAB 2110 General Physics 1	4	PHYS/PLAB 1120 or PHYS/PLAB 2120 General Physics 2	4
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>16</b>
		<b>Total Hours for Program</b>	<b>121</b>



**PLAN OF STUDY:**  
**Health and Human Performance**

Health and Human Performance

SUMMER 1 (4 weeks)			
HSCS5440 Nutrition for Health Programming or ATRG5120 Practical and Emergency Techniques			3
ATRG5125 Physical Assessment			3
<i>*Optional: Students can elect to take all three courses*</i>			3
Total Hours			6
FALL			
ATRG 6402 Organ/Administration	3	SPRING	
HSCS 5100 Epidemiology and Biostatistics	3	HSCS 5301 Impl. & Eval. of Health Programming	3
HSCS 5410 Research Methods in Health Science	3	HSCS 5302 Pathology & Pharmacology	4
HSCS 5420 Advanced Strength & Conditioning	3	HSCS 5340 Coaching Behavior Change	3
		HSCS 5499 Internship	2
Total Hours		12	Total Hours 12
SUMMER 2 (8 weeks)			
HSCS 6411 Assessing Healthcare Quality (online)			3
HSCS 5411 Current and Emerging Issues in Health Policy, Economics, and Advocacy (online)			3
Total Hours			6

**PLAN OF STUDY:**  
**Health Care Administration (Four-Year Plan)**

**Health System Management**

FIRST YEAR FALL		FIRST YEAR SPRING	
PDMT 1101 Intro to College Life	1	MATH 1100 or 1113 or 2450	3
ENGL 1101 Rhetoric and Composition	3	ENGL 1102 Literature and Composition	3
Foreign Language Requirement	3	Foreign Language Requirement	3
BIOL/BLAB 1101 General Biology 1 (pre-re for 2100)	4	BIOL/BLAB 2100 Human Anat. & Physiology I	4
HSCS 2200 Intro - Health Professions	3	BUSA 1210 Principles of Economics	3
<b>Total Hours</b>	<b>14</b>	<b>Total Hours</b>	<b>16</b>

SECOND YEAR FALL		SECOND YEAR SPRING	
HSCS 2220 Introduction to Health Process	3	PSYC 1101 or SOCI 1101	3
MCOM 1110 or BUSA 2000	3	HSCS 2301 Health Promotion	3
ACCT 2010 Accounting I	3	ACCT 2020 Accounting II	3
BIOL/BLAB 2110 Human Anatomy & Physiology II	4	ENG Literature 2203-2221, PHIL 2201/2202, HIST 1113, or RELG 2201/2254	3
HSCS 1105 Medical Terminology	2	BIOL/BLAB 2150 Medical Microbiology	4
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>16</b>

THIRD YEAR FALL		THIRD YEAR SPRING	
BUSA 2030 Info Systems	3	MATH 1300 Elementary Statistics	3
Art, Music or Theater requirement	3	HIST 2212 or POSC 1101	3
BUSA 2200 Marketing	3	HSCS 3330 Healthcare Finance	3
HSCS 3395 Cross-Cultural Health	3	BUSA 2700 Management	3
HSCS 2210 Basic Nutrition	3	ANTH 1102, ANTH 2250, EDUC 4401, ENGL 2201, ENGL 2202, HIST 1111, HIST 1112, or RELG 1101	3
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>15</b>

FOURTH YEAR FALL		FOURTH YEAR SPRING	
HSCS 4410 Research Methodology	3	PSYC 2290 Human Growth & Development	3
Elective	3	Elective	3
HSCS 4411 Health Policy & Law	3	HSCS 4450 Capstone	3
BUSA 4320 Human Resource Management	3	Elective	3
Elective	3	Elective	3
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>15</b>
<b>Total Hours for Program</b>			<b>121</b>

**PLAN OF STUDY:**  
**Health Care Administration (Four-Year Plan)**

**Medical Sales**

FIRST YEAR FALL		FIRST YEAR SPRING	
PDMT 1101 Intro to College Life	1	MATH 1100 or 1113 or 2450	3
ENGL 1101 Rhetoric and Composition	3	ENGL 1102 Literature and Composition	3
Foreign Language Requirement	3	Foreign Language Requirement	3
BIOL/BLAB 1101 General Biology 1 (pre-re for 2100)	4	BIOL/BLAB 2100 Human Anat. & Physiology I	4
HSCS 2200 Intro - Health Professions	3	BUSA 2210 Principles of Economics	3
<b>Total Hours</b>		<b>Total Hours</b>	<b>16</b>

SECOND YEAR FALL		SECOND YEAR SPRING	
HSCS 2220 Introduction to Health Process	3	PSYC 1101 or SOCI 1101	3
MCOM 1110 or BUSA 2000	3	HSCS 2301 Health Promotion	3
BUSA 2200 Marketing	3	BUSA 2700 Management	3
BIOL/BLAB 2110 Human Anatomy & Physiology II	4	ENG Literature 2203-2221, PHIL 2201/2202, HIST 1113, or RELG 2201/2254	3
HSCS 1105 Medical Terminology	2	BIOL/BLAB 2150 Medical Microbiology	4
<b>Total Hours</b>		<b>Total Hours</b>	<b>16</b>

THIRD YEAR FALL		THIRD YEAR SPRING	
BUSA 3700 Project Management	3	MATH 1300 Elementary Statistics	3
Art, Music or Theater requirement	3	HIST 2212 or POSC 1101	3
Elective	3	HSCS 3330 Healthcare Finance	3
HSCS 3395 Cross-Cultural Health	3	BUSA 3250 Consumer Behavior	3
HSCS 2210 Basic Nutrition	3	ANTH 1102, ANTH 2250, EDUC 4401, ENGL 2201, ENGL 2202, HIST 1111, HIST 1112, or RELG 1101	3
<b>Total Hours</b>		<b>Total Hours</b>	<b>16</b>

FOURTH YEAR FALL		FOURTH YEAR SPRING	
HSCS 4410 Research Methodology	3	PSYC 2290 Human Growth & Development	3
BUSA 3550 Leadership	3	BUSA 4250 Sales Management	3
HSCS 4411 Health Policy & Law	3	HSCS 4450 Capstone	3
Elective	3	Elective	3
Elective	3	Elective	3
<b>Total Hours</b>		<b>Total Hours</b>	<b>14</b>
<b>Total Hours for Program</b>			<b>121</b>

**PLAN OF STUDY:**  
**Sport and Fitness Administration**

Sales

FIRST YEAR FALL		FIRST YEAR SPRING	
PDMT 1101 Intro to College Life	1	Art, Music or Theater requirement	3
ENGL 1101 Rhetoric and Composition	3	ENGL 1102 Literature and Composition	3
Math 2100 Elementary Statistics	3	HSCS 2202 Care and Prevention	3
BIOL/BLAB 1101 General Biology 1 (pre-re for 2100)	4	BIOL/BLAB 2100 Human Anat. & Physiology I	4
HSCS 1110 Introduction to Health Science	3	MCOM 1110 or BUSA 2000	3
HSCS 1101 Emergency Care Techniques	2		
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>16</b>

SECOND YEAR FALL		SECOND YEAR SPRING	
Foreign Language Requirement	3	Foreign Language Requirement	3
BUSA 1210 Economics	3	HSCS 2301 Health Promotion	3
ACCT 2010 Accounting I	3	ACCT 2020 Accounting II	3
BIOL/BLAB 2110 Human Anatomy & Physiology II	4	BIOL/BLAB 2150 Medical Microbiology	4
BUSA 2200 Marketing	3	BUSA 2700 Management	3
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>16</b>

THIRD YEAR FALL		THIRD YEAR SPRING	
ANTH 1102, ANTH 2250, EDUC 4401, ENGL 2201, ENGL 2202, HIST 1111, HIST 1112, or RELG 1101	3	PSYC 2290 Human Growth & Development	3
BUSA 3700 Project Management	3	BUSA 3250 Consumer Behavior	3
HSCS 2210 Basic Nutrition	3	BUSA 3700 Project Management	3
Elective	3	Elective	3
PSYC 1101 or SOCI 1101	3	Elective	3
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>15</b>

FOURTH YEAR FALL		FOURTH YEAR SPRING	
HSCS 4410 Research Methodology	3	HSCS 4499 Internship	2
Elective	3	BUSA 4250 Sales Management	3
BUSA 3550 Leadership	3	HSCS 4450 Capstone	3
Elective	3	MATH 1100 or 1113 or 2450	3
HIST 2212 or POSC 1101	3	Elective	1
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>12</b>
		<b>Total Hours for Program</b>	<b>121</b>

**PLAN OF STUDY:**  
**Sport and Fitness Administration**

**Coaching**

FIRST YEAR FALL		FIRST YEAR SPRING	
PDMT 1101 Intro to College Life	1	Art, Music or Theater requirement	3
ENGL 1101 Rhetoric and Composition	3	ENGL 1102 Literature and Composition	3
Math 1300 Elementary Statistics	3	HSCS 2202 Care and Prevention	3
BIOL/BLAB 1101 General Biology 1 (pre-re for 2100)	4	BIOL/BLAB 2100 Human Anat. & Physiology I	4
HSCS 1110 Introduction to Health Science	3	MCOM 1110 or BUSA 2000	3
HSCS 1101 Emergency Care Techniques	2		
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>16</b>

SECOND YEAR FALL		SECOND YEAR SPRING	
Foreign Language Requirement	3	Foreign Language Requirement	3
BUSA 1210 Economics	3	HSCS 2301 Health Promotion	3
HSCS 2221 Kinesiology and Biomechanics	3	HSCS 3321 Fitness Assessment and Prescription	3
BIOL/BLAB 2110 Human Anatomy & Physiology II	4	BIOL/BLAB 2150 Medical Microbiology	4
BUSA 2200 Marketing	3	BUSA 2700 Management	3
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>16</b>

THIRD YEAR FALL		THIRD YEAR SPRING	
ANTH 1102, ANTH 2250, EDUC 4401, ENGL 2201, ENGL 2202, HIST 1111, HIST 1112, or RELG 1101	3	HSCS 3340 Sport Psychology	3
Elective	3	HSCS 3430 Athletic Administration	3
PSYC 1101 or SOCI 1101	3	Elective	3
HSCS 2321 Coaching	3	Elective	3
PSYC 1101 or SOCI 1101	3	PSYC 2290 Human Growth & Development	3
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>15</b>

FOURTH YEAR FALL		FOURTH YEAR SPRING	
HSCS 4410 Research Methodology	3	HSCS 4499 Internship	2
HSCS 2210 Basic Nutrition	3	HSCS 4440 Sport Nutrition	3
Elective	3	HSCS 4450 Capstone	3
Elective	3	MATH 1100 or 1113 or 2450	3
HIST 2212 or POSC 1101	3	Elective	1
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>12</b>
		<b>Total Hours for Program</b>	<b>121</b>

**PLAN OF STUDY:**  
**Sport and Fitness Administration**

**Sports Management**

FIRST YEAR FALL		FIRST YEAR SPRING	
PDMT 1101 Intro to College Life	1	Art, Music or Theater requirement	3
ENGL 1101 Rhetoric and Composition	3	ENGL 1102 Literature and Composition	3
Math 1300 Elementary Statistics	3	HSCS 2202 Care and Prevention	3
BIOL/BLAB 1101 General Biology 1 (pre-re for 2100)	4	BIOL/BLAB 2100 Human Anat. & Physiology I	4
HSCS 1110 Introduction to Health Science	3	MCOM 1110 or BUSA 2000	3
HSCS 1101 Emergency Care Techniques	2		
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>16</b>

SECOND YEAR FALL		SECOND YEAR SPRING	
Foreign Language Requirement	3	Foreign Language Requirement	3
BUSA 1210 Economics	3	HSCS 2301 Health Promotion	3
Elective	3	Elective	3
BIOL/BLAB 2110 Human Anatomy & Physiology II	4	BIOL/BLAB 2150 Medical Microbiology	4
BUSA 2200 Marketing	3	BUSA 2700 Management	3
<b>Total Hours</b>	<b>16</b>	<b>Total Hours</b>	<b>16</b>

THIRD YEAR FALL		THIRD YEAR SPRING	
ANTH 1102, ANTH 2250, EDUC 4401, ENGL 2201, ENGL 2202, HIST 1111, HIST 1112, or RELG 1101	3	HSCS 3340 Sport Psychology	3
BUSA 2210 Global Economics	3	BUSA 3340 Sport Economics	3
HSCS 2210 Basic Nutrition	3	Elective	3
ACCT 2010 Accounting I	3	ACCT 2020 Accounting II	3
BUSA 3700 Project Management	3	PSYC 2290 Human Growth & Development	3
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>15</b>

FOURTH YEAR FALL		FOURTH YEAR SPRING	
HSCS 4410 Research Methodology	3	HSCS 4499 Internship	2
Elective	3	Elective	3
HIST 2212 or POSC 1101	3	HSCS 4450 Capstone	3
BUSA 4120 Sports Marketing	3	MATH 1100 or 1113 or 2450	3
PSYC 1101 or SOCI1101	3	Elective	1
<b>Total Hours</b>	<b>15</b>	<b>Total Hours</b>	<b>12</b>
		<b>Total Hours for Program</b>	<b>121</b>

## STUDENT INTERNSHIP EVALUATIONS

All students are formally evaluated by their internship supervisor at both midterm and at the end of the internship experience.

Students should make appointments with the supervisor prior to the posted due dates to discuss their performance, and should be prepared to discuss their progress, or lack thereof, with the supervisor and provide revised goals and/or improvement strategies if necessary.

The supervisor will provide the student with a written evaluation of the experience at MIDTERM and at the END OF THE SEMESTER, including the student's strengths and weaknesses, using the *Internship Evaluation Tool*. Both student and supervisor signatures are required on the evaluation form. The original evaluation will be placed in the student's file in the office of the Administrative Assistant.

*Internship Evaluation* grades are part of the course grade in all internship courses.

## STUDENT INTERNSHIP EVALUATION FORM

Using the form below, please evaluate the student who interned with your organization, institution, or business. This evaluation will provide constructive feedback to the student and course instructor about the student's relative strengths and weaknesses as demonstrated in the internship, assess the student's participation at the internship site, and determine a portion of their final course grade.

Intern Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Internship Site : \_\_\_\_\_

Number of excused absences^: \_\_\_\_\_ Number of unexcused absences\*: \_\_\_\_\_  
Evaluation start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Evaluation end date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. What are the student's outstanding STRENGTHS?
2. In what areas does the student need IMPROVEMENT?
3. Additional comments:

**^Qualified excused absences include:** acute illness, family crisis, or approved institutional activity prevents the student from attending a scheduled internship activity (note: this does NOT include routine medical appointments unless of a special nature and only then with prior written notice and approval). Students have one week to provide appropriate documentation to excuse an absence.

\*Unexcused absences: all other absences from scheduled internship activities (note: the organization has the right to deny the student continuation of the internship at that site following **any** unexcused absence).



The supervisor should evaluate the intern as objectively as possible by circling the number in each range that best describes the intern's performance for that characteristic. If the quality in question is irrelevant to the work the student has been performing, please circle "N/A"						
	Excellent.....Poor					
Adaptability (ability to accommodate change and perform a variety of tasks)	5	4	3	2	1	N/A
Appropriate dress and behavior (observance of facility rules, policies, and procedures)	5	4	3	2	1	N/A
Attendance (attends on scheduled days)	5	4	3	2	1	N/A
Communication skills (written and verbal)	5	4	3	2	1	N/A
Interpersonal skills with peers, supervisors, and clients	5	4	3	2	1	N/A
Leadership	5	4	3	2	1	N/A
Punctuality (arrives on time)	5	4	3	2	1	N/A
Reliability / dependability (completes agreed-upon shift)	5	4	3	2	1	N/A
Responsiveness to criticism	5	4	3	2	1	N/A
Ability to learn (asks questions and demonstrates understanding or connection between coursework and real-world application)	5	4	3	2	1	N/A
Enthusiasm for the experience (positive attitude)	5	4	3	2	1	N/A
Grasp of subject / field (understanding of applicable standards and procedures)	5	4	3	2	1	N/A
Initiative (ability to follow through with tasks and responsibilities effectively, efficiently, and independently)	5	4	3	2	1	N/A
Judgment (ability to make appropriate work related decisions and stay within the confines of their training and role at the site)	5	4	3	2	1	N/A
Problem solving / critical thinking skills	5	4	3	2	1	N/A
Professionalism (demonstrates interest in issues and policies related to the field and willingness to do more than is required)	5	4	3	2	1	N/A
Quality of work (skills and accuracy)	5	4	3	2	1	N/A
Use of time (efficient/effective use of time to complete tasks)	5	4	3	2	1	N/A
Other skills unique to the position						
1.	5	4	3	2	1	N/A
2.	5	4	3	2	1	N/A
3.	5	4	3	2	1	N/A
<b>Overall Performance Rating</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Athletic Training Specific Information**

### Graduate Athletic Training Admission Requirements

All applicants must meet the Piedmont University general admission requirements as described in the Undergraduate and/or Graduate Catalog. Acceptance into the Athletic Training Program is competitive and not guaranteed; the exact number of students admitted is determined by graduation and attrition rates. All students must adhere to the program policies and procedures outlined in the university catalog, this Policy and Procedure Manual, and/or those distributed by program personnel. Formal application to the professional portion of the program is due January 15<sup>th</sup> of the year in which they wish to begin the graduate phase of the program. All students must have all prerequisite and general education courses complete prior to starting the first summer session at Piedmont. The necessary forms are available on the website and in the College of Nursing and Health Sciences main office.

There are two routes for program admission:

1. **Traditional entry:** students holding a bachelor's degree from an accredited institution and meet all prerequisite coursework can apply for the 2-year professional program
2. **3+2 accelerated entry:** undergraduate students who have complete a minimum of 90 undergraduate credits and all prerequisite courses can apply for accelerated entry into the two-year professional program (these 3+2 students will earn either a BS in Exercise and Sport Science or a BS in Applied Health Science and an MS in Athletic Training).

How and when to apply: Piedmont University uses the Athletic Training Centralized Application System ([ATCAS](#)) to manage all application information and documents. Prospective students should create an ATCAS profile and complete the online application using the hyperlink above no later than January 15<sup>th</sup> of the year in which they wish to begin the graduate phase of the program. All students must have all prerequisite and general education courses complete prior to starting the first summer session at Piedmont:

- Traditional entry students should apply in the last year of their baccalaureate program (for most students, this is the senior year prior to spring baccalaureate graduation).
- 3+2 accelerated entry students should apply in the year they will complete all general education and prerequisite classes (for most students, this is the third year).

Admission Criteria: Piedmont University uses a rolling admissions structure, but recommends that students submit all required information no later than **January 15**.

- Ability to meet the Technical Standards of Admission as documented by a licensed physician, nurse practitioner, or physician's assistant
- Current medical physical as documented by a licensed MD, PA, or NP within the last 12 months
- Admission to Piedmont University Graduate Studies
- Declare Athletic Training as a major
- Overall cumulative GPA of 2.80 and a GPA of 3.0 or better on all required prerequisite coursework (only grades of "C" or better are accepted)
- Personal Statement and professional CV/Resume
- Official transcripts from each University, university, or technical school attended. (Final official transcripts due before summer classes begin) Only courses from regionally accredited institutions and foreign institutions approved for semester abroad will be accepted for credit. Courses from regionally accredited technical Universities in the State of Georgia may be accepted pursuant to Articulation Agreements between Piedmont University and the specific technical University
- 35 clinical observation hours with a Certified Athletic Trainer (must be signed and include the individual's certification number)

- Copy of First Aid and CPR certification cards (must be valid through the start of summer courses)
- Copy of immunization records, including Tdap, MMR, Varicella, Hepatitis B, and a TB skin test (within 12 months)
- Two letters of recommendation (if already enrolled at Piedmont, one must be from a faculty or staff member)
- Successful interview (interviews are extended until the cohort is filled)
- Successful background check and drug screen (must use the University's chosen vendor for both; this requirement is done after completing the interview)

Prerequisite Courses: All students must have completed, or be currently enrolled in, the following courses when applying to the Athletic Training program (only grades of "C" or better will be accepted):

- Anatomy and Physiology I and II
- Chemistry with Lab
- Physics with Lab
- Exercise Physiology
- Basic Nutrition or Sport Nutrition
- Psychology
- Statistics

Provisional Admission and Transfer Policy (3+2 Track only): All students applying in their 3rd year from Piedmont University or transferring from an outside institution into the 3+2 track must have all General Education Core courses, all prerequisite courses, and a minimum of 90 credit hours completed by the end of the application semester.

Other important information regarding the application and admissions process:

- All students with complete applications will be granted an interview
- Interviewees will be ranked based on academic, personal, and professional qualifications and the top ranked applicants selected for program admission
- Final admission decisions will be made on the basis of academic, personal, and professional qualifications as evidenced by the student's application materials and interview responses.
- Students who are not admitted may elect to apply again the following year.

### **Graduate Acceptance into the Professional Phase of the Athletic Training Program**

Upon acceptance/admission into the Athletic Training program, Piedmont University will provide the following services to students in good academic and clinical standing:

- Professional Liability/Malpractice Insurance
- Proof of current First Aid and Emergency Cardiac Care (ECC) Certification (front and back of each card; which must be maintained while in the program)

Upon acceptance/admission into the Athletic Training program and prior to engaging in clinical experiences, students must provide the following at their expense:

- On-line access to e\*Value for documentation purposes (\$150/year billed to the student account)
- Successful background check with 10 Panel Drug Screening (approximately \$100) using the [www.advantagestudents.com](http://www.advantagestudents.com) service. Students who have patient contact in agencies regulated by the Joint Commission on the Accreditation of Hospitals and Health Care Organizations (JACHO) and public schools must have a background check. The fee associated with the background check is the student's responsibility. Instructions for completing this check are provided to applicants after a successful interview.
- NATA Student membership (annual dues)--\$50-\$123 based on state of residence (<https://www.nata.org/membership/about-membership/join-and-renew/dues>) (which must be maintained while in the program)
- Proof of current Health or Accident Insurance (front and back of each card; which must be maintained while in the program)
- Signed declaration of understanding and acceptance of all Program Policies and Procedures, including Statement of Confidentiality and HIPPA, as delineated in the Athletic Training Program Student Handbook
- Proof of a negative TB skin test within the past 12 months (this must be repeated every 12 months)—approximately \$15/year
- Clothing – approximately \$60-\$100 (Depends on items and the amount the student wishes to purchase)
- Transportation – Students are responsible for their own transportation to clinical site rotations. The cost is approximately \$200 per semester for those terms in which the student is participating in an off-campus clinical experience.

Depending upon the clinical experience placement, students may also be required to:

- Continuing background checks as required by clinical sites
- Submit additional site-specific paperwork, immunizations, or drug testing
- Submit or complete other site-specific training modules

Once admitted into the program, students must:

- If on the 3+2 track, completion of a minimum of 165 credit hours, of which all 65hrs in the professional phase of the program must be completed at Piedmont University;
- Complete all professional phase required courses and elective coursework with no more than one grade lower than a "B" (*one grade of "C" is allowed over the course of the program*).
- Earn a test average  $\geq 74\%$  in all professional phase courses with a ATRG and HSCS alpha-designators. All items identified on a course syllabus as falling in the "Test" grading category must average  $\geq 74\%$  to pass the course. While individual items within the category may be  $\leq 74\%$ , the simple mathematical average of all items must meet or exceed that threshold to pass the

course. If a student earns <74% on the test average, but passes the course (B or better), they will be placed on a one semester probationary period with an individualized remediation plan. If the student has already been afforded a probationary period previously, they will be removed from the program.

- Maintain a 3.0 cumulative GPA with no more than one course grade below “B”; students who fall below this mark will be placed on academic probation and be allowed one semester in which to improve their grades. During the academic probationary period, the student will be required to meet with the program director or clinical coordinator at regular intervals to gauge their progress.
- Demonstrate proficiency (≥74%) on the six level-specific Competency Exams; students who do not reach this target will be offered remediation before the next exam administration. The final level D exam is summative, and acts as a gatekeeper to graduation. Students will have a maximum of three opportunities to pass this final exam; failure to do so will result in failing the final practicum course and being advised into a different degree path.
- Demonstrate satisfactory performance during the clinical experiences (weighted/level-specific ≥74% on all evaluations); failure to meet this requirement will result in being placed on probation. If the student has already been afforded a probationary period previously, they will be removed from the program.
  - Weighted Expectations by Program Level:
    - A: 1.5-2.0
    - B1: 2
    - B2: 2.5
    - C1: 3
    - C2: 3.5
    - D: 4
- Complete all required skills and evaluations as documented in the Master Log on e\*Value; failure to meet this requirement will result in being placed on probation. If the student has already been afforded a probationary period previously, they will be removed from the program.
- Complete all required clinical hours (900hrs) as documented in the Practicum (required) and Internship (recommended) courses; failure to meet this requirement for any practicum course will result in being placed on probation. If the student has already been afforded a probationary period previously, they will be removed from the program.
- Participate in all on- and off-campus BOC exam preparation activities, including LMS study site quizzes and review sheets, Student SEATA, and an ACES workshop.
- Demonstrate satisfactory performance on the thesis project and presentation (≥74% on each)

### Graduate Student Classification

1. Level A (Summer 1):

a. **Summer:**

- i. This classification is for students who have been formally admitted into the program and are enrolled in ATRG5120 and ATRG5125.
- ii. Hours: complete a minimum of 25 taping lab hours during the semester (in addition to class meeting times). There are no clinical expectations/assignments associated with this level.
- iii. Proficiencies: Students must peer-check all skills for enrolled courses (all skills must be peer-checked before the student can approach a preceptor for final evaluation in subsequent semesters). Students will not perform any skill on a patient until they have been taught the skill didactically and been assessed by a preceptor.
- iv. Competency Exam: This exam will be taken at the end of the Summer-1 term. The results will be informative only, with no grade assigned to a course. The goal is to earn  $\geq 74\%$  overall, with formal remediation plans developed for students earning  $< 74\%$ .

2. Level B (Fall 1):

a. **Fall:**

- i. This classification is for students who have passed the first two Level A summer courses (ATRG5120 and 5125) and completed all associated proficiencies, and includes the first clinical practicum class (ATRG5201). These students are responsible directly to their preceptor and are expected to observe, learn, practice skills, and assist with general site tasks as able.
- ii. Hours: complete a minimum of 150 clinical experience hours during this semester under the direct supervision of a preceptor [average 10-15hrs/week and not to exceed 20hrs/wk average for the month].
- iii. Proficiencies: Students must peer-check and/or preceptor-master all skills for enrolled courses (all skills must be peer-checked before the student can approach a preceptor for final evaluation). Students will not perform any skill on a patient until they have been taught the skill didactically and assessed by a preceptor (including the use of any electrical modalities).
- iv. Competency Exam: This exam will be taken at both midterm and end-of-term in Fall-1. The scores will count as grades in the associated Practicum course (ATRG-5201), with the goal to earn  $> 74\%$  overall. Students who do not meet this target will work with an assigned faculty person for remediation before the next exam administration. Students will be paired with faculty based on identified areas of weakness and the instructor's area of expertise.

3. Level C (Spring 1 and Summer 2):

a. **Spring:**

- i. These students have completed ATRG5120, 5125, 5201, 5222, and 5303 and HSCS4410. These students are responsible directly to their preceptor as above in their second clinical practicum class (ATRG5221).

- ii. Hours: complete a minimum of 150 clinical experience hours during this semester under the direct supervision of a preceptor [average 10-15hrs/week and not to exceed 20hrs/wk average for the month].
- iii. Proficiencies: Students must peer-check and/or preceptor-master all skills for enrolled courses (all skills must be peer-checked before the student can approach a preceptor for final evaluation). Students will not perform any skill on a patient until they have been taught the skill didactically and assessed by a preceptor (including the use of any electrical modalities)
- iv. Competency Exam: This exam will be taken at both midterm and end-of-term in Spring-1. The scores will count as grades in the associated Practicum course (ATRG-5221), with the goal to earn  $\geq 74\%$  overall. Students who do not meet this target will work with an assigned faculty person for remediation before the next exam administration. Students will be paired with faculty based on identified areas of weakness and the instructor's area of expertise.

**b. Summer:**

- i. These students have completed ATRG5221, 5322, and 5323 and HSCS5302.
- ii. Hours: There are no clinical expectations/assignments or labs this term.
- iii. Proficiencies: There are no proficiencies to complete this term.
- iv. Competency Exam: There is no competency exam to complete this term.

**4. Level D (Fall 2 and Spring 2):**

**a. Fall:**

- i. These students have completed HSCS5411 and 6411. They have entered the immersive phase of the clinical program, and are responsible directly to their preceptor as above and for mentoring Level B and C students. They are in the third practicum course (ATRG6301).
- ii. Hours: complete a minimum of 300 clinical experience hours during this semester [average 30-40hrs/week and not to regularly exceed 40hrs/wk]
- iii. Proficiencies: Students must peer-check and/or preceptor-master all skills for enrolled courses (all skills must be peer-checked before the student can approach a preceptor for final evaluation). Students will not perform any skill on a patient until they have been taught the skill didactically and assessed by a preceptor (including the use of any electrical modalities)
- iv. Competency Exam: This exam is summative, and acts as a gate-keeper to graduation. It will be taken at the end of the term in Fall-2. The score will count as a grade in the associated Practicum course (ATRG6301), with the goal to earn  $> 74\%$  overall. Students who do not meet this target will work with an assigned faculty person for remediation before the next exam administration.

**b. Spring:**

- i. These students have completed ATRG6301 and 6402 and HSCS5100. They are in the second semester of the immersive phase of the clinical program, and are responsible directly to their preceptor as above and for mentoring Level C students. They are in the fourth and final practicum course (ATRG6321).
- ii. Hours: complete a minimum of 300 clinical experience hours during this semester [average 30-40hrs/week and not to regularly exceed 40hrs/wk]
- iii. Proficiencies: Students must peer-check and/or preceptor-master all skills for enrolled courses. Students at this level must also complete the Master Skills Log to meet graduation requirements and become eligible for the BOC examination.



- iv. Competency Exam: A second attempt to pass the Level D exam ( $\geq 74\%$ ) will be offered at midterm in Spring-2 to those who need it. If this attempt also falls below 74%, remediation will be arranged again, but since passing the competency exam is a course requirement, any student who does not pass the D-Exam at midterm Spring-2 will receive an incomplete in the associated Practicum course (ATRG6321). A final remediation and re-test will be completed in the subsequent summer or fall term (the student may choose based on University policy). Students who do not pass the D-Exam at that point will receive a failing grade in the associated Practicum course (ATRG6321) per College of Nursing and Health Science policy, and can either opt to audit courses in the summer and fall before re-registering for ATRG6321 the next spring or pursue a different degree path.

### **Graduate Program Progression**

In order for a student to progress through the program he/she must meet the following academic and clinical requirements.

#### Level A to Level B

Students at this level must maintain a 3.0 cumulative GPA (with no more than one cumulative course grade < "B"), complete all course requirements for ATRG5120 and 5125, and complete all assigned proficiencies assigned to those two courses.

#### Level B to Level C

To successfully progress from level B to level C standing, students must complete a minimum of 150 clinical experience hours during the Level B academic semester, peer-check/master all required course proficiencies as assigned, earn a 74% or better on the Level B competency examination, demonstrate satisfactory clinical performance ( $\geq 74\%$  on all evaluations), and earn a "B" or better and complete all required coursework in ATRG5201, 5303, and 5222 and HSCS5410. Failure to meet these requirements will result in the student being placed on academic probation and repeating any failed coursework before progressing. If the student has already been afforded a probationary period previously, they will be removed from the program. Students who earn a second grade of C in any required courses will not be allowed to progress in the program; they may petition to return to the program the following year. If any failed ATRG or HSCS courses in this level serve as prerequisites for the Level C required courses and need to be repeated, the student will be removed from their current cohort and placed with the following year's group (pending successful course repeats).

#### Level C to level D

To successfully progress from level C to level D standing, students must complete a minimum of 150 clinical experience hours during the Level C academic semester, peer-check/master all required course proficiencies as assigned, earn a 74% on the Level C competency examination, demonstrate satisfactory clinical performance ( $\geq 74\%$  on all evaluations), and earn a "B" or better and complete all required coursework in ATRG5221, 5322, and 5323 and HSCS5302. Failure to meet these requirements will result in the student being placed on academic probation and repeating any necessary coursework before progressing. If the student has already been afforded a probationary period previously, they will be removed from the program. Students who earn a second grade of C in any required courses will not be allowed to progress in the program; they may petition to return to the program the following year. If any failed ATRG or HSCS courses in this level serve as prerequisites for the Level D required courses and need to be repeated, the student will be removed from their current cohort and placed with the following year's group (pending successful course repeats).

#### Level D to graduation

To successfully progress from level D to graduate, students must complete a minimum of 600 clinical experience hours during the Level D academic year (and reach a cumulative 900hrs minimum), master all required course proficiencies as assigned (and submit a completed Master Skills Log), earn a 74% on the Level D competency and BOC practice examinations, earn a "B" or better in all required Level D coursework in ATRG6301, 6321, 6402, and 6420 and HSCS5100 and 5301/5340, demonstrate satisfactory clinical performance ( $\geq 74\%$  on all evaluations), and complete ALL major requirements. Failure to meet these requirements will result in the student being placed on academic probation and/or repeating any necessary coursework before graduating. If the student has already been afforded a probationary period previously, they will be removed from the program. Students who earn a second

grade of C in any required courses will not be allowed to progress in the program; they may petition the Dean and VPAA to return to the program in a future year or transition into the HLHP program. Please refer to the course catalog for additional Piedmont University graduation requirements. Students will apply to take the BOC examination in April (or later) of the year in which they graduate; only those on track to meet all Piedmont University and ATP requirements will be endorsed.

*\*Per graduate school policy, students may have one grade of "C" in their program\**

### **Student Leave of Absence Policy**

Due to restricted enrollment in the Athletic Training Program, ATs unable to maintain continuous progression must follow the Leave of Absence policy.

- The student must request permission in writing for a leave of absence from the ATP.
- Notification should be at earliest possible time.
- Any student who fails to apply for the ATP for a leave of absence will forfeit his or her space in the program and must reapply for admission.
- Permission for a leave of absence may be granted for one year. Students who have not demonstrated responsibility or potential for successfully completing the program will not be granted a Leave of Absence.
- Student Petition for Leave of Absence: Letter must be submitted to the Program Director no later than three (3) weeks after the start of the semester in which the student is requesting leave except in extenuating circumstances.
- If a Leave of Absence is approved, the student must consult with his or her advisor to revise the program plan.
- Only one leave of absence will be granted during enrollment in the ATP.
- Refunds of tuition are subject to rules and regulations of Piedmont University
- Returning students will be allowed to enroll in the ATRG, HSCS, and BIOL courses for which they were enrolled when taking the Leave of Absence upon readmission.

### **Graduate Program Requirements**

Upon successful admission into the Piedmont University ATP, each student will be granted the title of “Athletic Training Student” (ATS). Each ATS will be required to maintain an overall GPA of 3.0 and adequate clinical performance while working toward graduation requirements to remain active in the ATP. Each ATS is required to complete four semesters of clinical coursework. Failure to maintain a 3.0 cumulative GPA for one semester will result in a one-semester academic probation. Please refer to the course catalog for additional Piedmont University graduation requirements.

Students must earn a grade of “B” or better in all ATRG and HSCS alpha-designated coursework (a one course exception is allowed by the graduate school). Any deviation from the recommended course structure due to grade or personal issues may add an additional year to their course of study.

For Athletic Training Practicum classes, graduate students should complete an average of 10-15hrs per week at their clinical site in each of the first two practicum courses (8hrs/week minimum) and approximately 30-40hrs per week in the second two courses (16hrs/week minimum). While students may occasionally exceed these recommendations, they are not to average over 20hrs/wk in any given month as a level B or C student. Level D students should not exceed >60hrs/wk in any given month. Graduate (B,C) students must complete a minimum of 150hrs in ATRG5201 and ATRG5221, and (D) students must complete a minimum of 300hrs in ATRG6301 and ATRG6321. All clinical hours must be logged and verified by the clinical preceptor in the e\*Value system.

Students must complete all Course Skills Logs and the Master Skills Log (in e\*Value); skills are assigned to all ATRG and HSCS alpha-designated courses.

If on the 3+2 track, Students must complete a minimum of 165 credit hours, of which all 65hrs in the professional phase of the program must be completed at Piedmont University. Students must complete all professional phase required courses and elective coursework with no more than one grade lower than a “B”, maintain a cumulative GPA of at least 3.0, demonstrate satisfactory performance during the clinical experiences (≥74% on all evaluations), complete all required skills as documented in the Master Log on e\*Value, complete all required clinical hours (900hrs) as documented in the Practicum (required) and Internship (recommended) courses, and demonstrate satisfactory performance on the thesis project and presentation (≥74% on each). For more information on Piedmont University graduation requirements, please refer to your course catalog or see your advisor. In order for a student to graduate from the ATP and be BOC-eligible, he/she must complete all Piedmont University graduation requirements as stated in the Course Catalog, complete 900 clinical experience hours, pass the level D Competency Exam (≥74%), and complete the Master Skills Log.

Piedmont University makes every effort to provide reasonable and appropriate accommodations to students with disabilities. Accommodations must be coordinated through the Office of Disability Services. The office can be contacted at [disabilityservices@piedmont.edu](mailto:disabilityservices@piedmont.edu) or by phone at (706) 778-3000, ext. 1504. Students are responsible for providing accurate and current documentation of their disability and for making a written request to the Accommodations Administrator before receiving accommodations. Students with special needs (disabilities, problems, or any other factors that may affect their performance or that require special instructional strategies) should also make these needs known to the professor/instructor during the first class session.

### **Additional Student Costs**

1. Clothing – approximately \$60-\$100 (Depends on items and the amount the student wishes to purchase)
2. Access to e\*Value—approximately \$150/year
3. Background check– approximately \$60 (varies depending on residence)
4. 10-Panel Drug testing—approximately \$50
5. TB skin testing—approximately \$15 (yearly)
6. Transportation – Students are responsible for their own transportation to clinical site rotations. The cost is approximately \$200 per semester for those terms in which the student is participating in an off-campus clinical experience.
7. Class fees – No courses at Piedmont University have additional fees.
8. CPR-FA-AED certification fees—students will be provided with opportunities to complete CPR-BLS and first aid certification during class at no cost. They are required to recertify every two years. Failure to recertify in class will require students to seek a course in the local community at their own expense.

### **Oral/Practical Examinations**

After program admission, students will be evaluated using Mini (Pull-A-Card), Full, and Scenario-Based Oral/Practical Examinations. The purpose of these evaluations is to give students a structured opportunity for skill practice and development. Athletic training faculty and staff members will conduct these assessments in conjunction with required courses, where they will count as a test or quiz grade. O/P Exam dates will be announced at least two weeks in advance and sign-up sheets either placed outside the ATP offices or posted online through the University LMS. The area of evaluation chosen is based on the skills learned in the level-specific courses. Some examinations will be content of the student's choosing from a limited list, and others will be completely random draw (students will be informed of the format when sign-up sheets are posted).

- Level A: Complete Mini and Full O/P Exams
- Level B: Complete Mini and Full O/P Exams
- Level C: Complete Mini and Full O/P Exams
- Level D: Complete Full and Scenario-Based O/P Exams

While Mini O/P exams' content mirrors specific discrete skills and/or anatomy in a particular course, the Full and Scenario-Based O/Ps offer complete examination process integration and are listed below:

1. Ankle
2. Cervical Spine
3. Chest/abdomen
4. Elbow
5. General Medical
6. Head/Face
7. Hip and Pelvis
8. Knee
9. Lumbar spine
10. Shoulder
11. Wrist and hand

Students must Master all upper extremity evaluations (2, 3, 4, 6, 10, and 11) within one semester of taking ATRG5303 and all lower extremity and internal evaluations (1, 7, 8, and 9) within one semester of taking ATRG5323. The general medical evaluation must be Mastered within one term of completing ATRG5125. All Practice and Mastery expectations are stated on the Semester Skill Logs on eValue.

### Competency Examinations

Students in A, B, C, and D Levels are given a cumulative Competency Exams that are comprehensive of the material learned thus far and contains both written and oral/practical portions. The competency examination is designed to ensure that the ATSS are meeting minimal competency standards for progression. Students must earn an average 74% in order to progress to the next level (Levels B and C) or to graduate (Level D). Students who fail the A, B, or C competency exam will be afforded remediation. Those who fail the level D exam three times (after remediation) are removed from the program. Graduate students' exams are held during ATRG5125, 5201, 5221, 6301, and 6321.

- A Exam: This exam will be taken at the end of the Summer-1 term. The results will be informative only, with no grade assigned to a course. The goal is to earn  $\geq 74\%$  overall, with formal remediation plans developed for students earning  $< 74\%$ .
- B Exam: This exam will be taken at both midterm and end-of-term in Fall-1. The scores will count as grades in the associated Practicum course (ATRG-5201), with the goal to earn  $\geq 74\%$  overall. Students who do not meet this target will work with an assigned faculty person for remediation before the next exam administration. Students will be paired with faculty based on identified areas of weakness and the instructor's area of expertise.
- C Exam: This exam will be taken at both midterm and end-of-term in Spring-1. The scores will count as grades in the associated Practicum course (ATRG-5221), with the goal to earn  $\geq 74\%$  overall. Students who do not meet this target will work with an assigned faculty person for remediation before the next exam administration. Students will be paired with faculty based on identified areas of weakness and the instructor's area of expertise.
- D Exam: This exam is summative, and acts as a gate-keeper to graduation. It will be taken at the end of the term in Fall-2. The score will count as a grade in the associated Practicum course (ATRG6301), with the goal to earn  $\geq 74\%$  overall. Students who do not meet this target will work with an assigned faculty person for remediation before the next exam administration. A second attempt to pass ( $\geq 74\%$ ) will be offered at midterm in Spring-2. If this attempt also falls below 74%, remediation will be arranged again, but since passing the competency exam is a course requirement, any student who does not pass the D-Exam at midterm Spring-2 will receive an incomplete in the associated Practicum course (ATRG6321). A final remediation and re-test will be completed in the subsequent summer or fall term (the student may choose based on University policy). Students who do not pass the D-Exam at that point will receive a failing grade in the associated Practicum course (ATRG6321) per College of Nursing and Health Science policy, and can either opt to audit courses in the summer and fall before re-registering for ATRG6321 the next spring or pursue a different degree path.

### **STUDENT REMEDIATION OF PSYCHOMOTOR SKILLS: Athletic Training**

Faculty and preceptors should offer students with psychomotor skills deficiencies the opportunity to relearn the skill(s) using self-directed learning activities in the Skills Lab.

Resources that may assist the student in their remediation may include assigned readings from appropriate texts, workbooks, hospital procedure manuals, or other sources such as appropriate videos or computer assignments.

Extra time in the Skills Lab must be arranged in advance so as not to conflict with scheduled classes. The supervising faculty member or on-campus preceptor is responsible for obtaining and returning any equipment needed for the practice.

The student may practice unsupervised, with a peer, or under the direct supervision of faculty member or preceptor. The student is responsible for maintaining a neat, clean, and professional Lab while practicing, and will use care all times to avoid injuring themselves/others or damaging equipment. In addition, it is the student's responsibility to arrange additional skills demonstration/testing with the faculty member or preceptor to meet the clinical education expectations. If the student cannot perform the skill effectively, additional remediation may be required.

Documentation of satisfactory/unsatisfactory performance is recorded in the student's record via the semester and master logs on eValue.



**GUIDELINES FOR FACULTY/PRECEPTOR/STUDENT RESPONSIBILITIES:  
Athletic Training Courses and Clinical Experiences**

**FACULTY RESPONSIBILITIES:**

When supervising student didactic and clinical experiences, the faculty advisor will:

1. Meet with students prior to the clinical experience to discuss course objectives, course requirements, and the evaluation tools;
2. Ensure the Clinical Coordinator has received confirmation from the preceptor for the student named and experience date(s);
3. Be available to student and preceptor during the clinical experience (they are not physically present at the site, but can be reached via email and/or telephone);
4. Provide time for individual conferences with student;
5. Serve as a resource person for student, preceptor, and clinical agency;
6. Evaluate student's written assignments and clinical progress through classroom contact hours;
7. Review the preceptor's evaluation of the student's performance and the student's evaluation of the preceptor's performance in the eValue system;
8. Assume final responsibility for evaluating the student's performance, which includes performance grades given by the preceptor, completion of the required clinical proficiencies, and completion of minimum clinical hours;
9. Schedule a post clinical conference with the appropriate clinical agency personnel and preceptors to evaluate the clinical experience;
10. Send letter and certificate of appreciation to preceptor and agency.

**PRECEPTOR RESPONSIBILITIES:**

While serving as a preceptor for a student's clinical experience, the preceptor will:

1. Review the course requirements, objectives and evaluation tools with the responsible faculty;
2. Orient the student to the clinical area and document review the site EAP and BBP exposure plan;
3. Assist the student in selecting specific meaningful daily learning experiences;
4. Allow the student to observe the preceptor and ask questions when interacting with patients;
5. Provide guidance, direction, and appropriate teaching to student when practicing and testing clinical proficiencies, providing direct patient care (when allowed by the Site Agreement), and when interacting with peers at the clinical site;
6. Serve as a resource person in the clinical area;
7. Serve as a liaison between clinical agency and student;
8. Supervise the student at all times during the clinical experience (i.e., be available to immediately physically interact with the student and patient);
9. Notify student as quickly as feasible if/when the clinical schedule changes;
10. Review student's clinical objectives regarding the selected learning experiences with the student;
11. Provide the student and faculty advisor an ongoing evaluation of the student's clinical performance;

12. Document the student's skill progress and clinical hours through eValue and other formats as requested;
13. Meet with faculty advisor at conclusion of experience to evaluate learning experience;
14. Notify faculty advisor of any change(s), problems(s), or incidence(s) involving the student during the clinical experiences;
15. Complete the appropriate preceptor qualification forms and provide faculty advisor with a copy of current athletic training license and BOC card (additional forms may be necessary for the site as well).

STUDENT RESPONSIBILITIES:

When working with a clinical preceptor, the student will:

1. Review the course objectives and proficiencies for the clinical experience;
2. Maintain up-to-date semester and master logs both on paper and in eValue;
3. Plan for appropriate care of clients with assistance of preceptor;
4. Make appointment with faculty advisor for evaluation of clinical experience as requested;
5. Maintain open communications between preceptor and faculty advisor as to unusual circumstances (i.e. absence from clinical, illness, etc.);
6. Complete assignments on time;
7. Complete the minimum clinical hours in each practicum course (students are not excused from the experience when this minimum has been met, but must continue for the length of the semester);
8. Complete evaluation of the preceptor, clinical area, and practicum at the end of the clinical experience;
9. Neither work in clinical area if preceptor is not available nor perform skills on patients that they have not formally mastered with a preceptor;
10. Notify preceptor, agency, and faculty advisor if unable to attend clinical (see Piedmont University College of Nursing and Health Sciences Student Handbook).

**GUIDELINES FOR FACULTY/PRECEPTOR/STUDENT EVALUATION PROCEDURES:  
Athletic Training Courses and Clinical Experiences**

**FACULTY EVALUATIONS:**

All full- and part-time faculty will be evaluated in the following three ways:

1. The Piedmont University Office of Institutional Research will distribute, collect, and analyze teaching evaluations for all courses with ATRG and HSCS alpha-designators; this data is reviewed by the Dean of the College of Nursing and Health Sciences.
2. The Athletic Training Program Director will distribute, collect, and analyze teaching and course evaluations for all ATRG and HSCS alpha-designated courses in which CAATE competencies are evaluated.
3. For full-time faculty, the Associate Dean for Health Sciences will complete a yearly faculty evaluation summary letter which includes a review of all teaching and course evaluation data, service to the institution and community, and efforts toward continuing development and licensure maintenance. Part-time faculty review summaries are done on a standardized form and include teaching and course evaluation data and efforts toward licensure maintenance (if applicable).

**STUDENT EVALUATIONS:**

All Athletic Training students will be evaluated in the following four ways:

1. Students will complete traditional assignments (research papers, presentations, knowledge exams, etc.) in both didactic and practicum courses. Individual instructors are responsible for communicating the grading criteria for each. All Health Science programs will use a ten-point evaluation scale (A-F).
2. Students enrolled in practicum classes will be evaluated by their preceptor(s) at least twice each rotation and provided feedback to effect positive growth. Students must achieve a 70% on the Preceptor evaluations to progress to the next level in the program.
3. Students will complete Oral/Practical Evaluations in the A, B, C, and D semesters. These are assessed using both traditional scoring (complete/incomplete) and an evaluation rubric to determine areas of weakness for remediation. Students must achieve a score of 90% on each evaluation to indicate mastery.
4. Students will complete (A, B, C, and D) Competency Exams and a practice BOC exam (D). These exams are comprised of Written, Oral/Practical, and Simulation questions, and students must achieve a score of 74% on each section and overall to progress to the next level in the program.

### **Clinical Evaluations**

Students are evaluated at least twice during each clinical rotation for all Practicum and Internship classes (mid-rotation and end of the rotation) as part of their course grade. The student must review the evaluation on e\*Value with the preceptor within one week of its completion. Internship sites during the summer terms and Allied Health sites may use a printed version of the evaluation; when this is done, it must be signed by both the student and the preceptor and returned to the Clinical Coordinator. Completed evaluations are kept in the student's digital file. Students must earn a "C" (74%) or better on each evaluation. Those earning less than a "C" will be placed on probation until the next evaluation period (in the current term or the next term, as the case may be). Failure to improve the evaluation score to a "C" at the end of the probationary period will result in the student being removed from the program. They may choose to re-apply the following year or change their major. At the end of each clinical rotation, students complete an evaluation on e\*Value that summarizes their experience with the preceptor and site. Preceptors are given access to their score and blinded comments. This evaluation is used to ensure that students are receiving a quality experience.

**STUDENT EVALUATION OF PRECEPTORS:**
**Subject:**
**Evaluator:**
**Site:**
**Period:**
**Dates of Course/Rotation:**
**Course/Rotation:**
**Form:** Preceptor Evaluation

***Please answer the following questions regarding the AT clinical experience component of the course listed above. Some questions are mandatory (but we hope you will answer all questions). Your responses are anonymous and will only be used to improve future course offerings.***

**How would you rate your preceptor's participation in this clinical experience?**

*(Question 1 of 4 )*

	1	2	3	4	5
	Strongly Disagree				Strongly Agree
Communicates clinical experience requirements and expectations clearly and explicitly.	1.0	2.0	3.0	4.0	5.0
Clinical instructor is knowledgeable about anatomy, physiology, and exercise physiology.	1.0	2.0	3.0	4.0	5.0
Clinical instructor is knowledgeable about evaluation processes: history, inspection, palpation, neurological, functional, and special testing.	1.0	2.0	3.0	4.0	5.0
Clinical instructor is knowledgeable about therapeutic modalities.	1.0	2.0	3.0	4.0	5.0
Clinical instructor is knowledgeable about rehabilitation techniques.	1.0	2.0	3.0	4.0	5.0
Establishes rapport with students and encourages their participation in activities and discussions.	1.0	2.0	3.0	4.0	5.0
Fosters student responsibility, accountability, and self-direction.	1.0	2.0	3.0	4.0	5.0
Clinical instructor uses tact when addressing the student to make a correction or suggestion.	1.0	2.0	3.0	4.0	5.0
Clinical instructor sincerely cares about my learning as a student athletic trainer.	1.0	2.0	3.0	4.0	5.0
Clinical instructor is open to suggestions made by the student regarding athlete care.	1.0	2.0	3.0	4.0	5.0
Clinical instructor makes time to demonstrate and teach techniques.	1.0	2.0	3.0	4.0	5.0

The following scores will automatically be calculated:

*(Question 2 of 4 )*

Average Score:

Percentage Score:

**Please identify those aspects of the preceptor interaction that you found most useful or valuable for learning:** *(Question 3 of 4 - Mandatory )*

**What suggestions would you make to the preceptor to improve the clinical experience?** *(Question 4 of 4 - Mandatory )*

**PRECEPTOR EVALUATION OF STUDENTS: Milestones**

**Subject:**  
**Evaluator:**  
**Site:**  
**Period:**  
**Dates of Course/Rotation:**  
**Course/Rotation:** Evaluation Preview  
**Form:** Milestones End of Term

Grading Scale					
Not Observed	Level 1 Novice	Level 2 Advanced Beginner	Level 3 Competent	Level 4 Proficient	Level 5 Expert
No opportunity to observe the skill.	Early learner, needs and follows rules, foundational level of knowledge and skill, unable to respond to errors (critical deficiencies).	Able to apply foundational knowledge/skills to new situations, difficulty troubleshooting/self-correcting without guidance.	Demonstrates competence with moderate supervision and guidance, beginning decision-making based on gathering information and connecting ideas, actively seeks out advice, can troubleshoot on their own.	Demonstrates skill proficiency for minimal supervision, displays intuitive decision-making and formulating plans, can self-correct performance, ready for entry-level practice and the BOC exam (ready for unsupervised practice).	Recognizes patterns, continually takes initiative, conscious decision-making/planning based on data/situation analysis without guidance, source of knowledge for others, demonstrates skill of practicing AT (ready for advanced practice).

**Prevention (Domain I)**

Prevention-1: Pre-Participation Risk Assessment (Question 1 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5
Not Observed	Lacks the medical, scientific, socioeconomic, or behavioral knowledge required to provide preventive care.	Possesses insufficient medical, scientific, socioeconomic, and behavioral knowledge to identify risk factors or	Possesses enough medical, scientific, socioeconomic, and behavioral knowledge required to identify risk factors and	Possesses the medical, scientific, socioeconomic, and behavioral knowledge required to identify risk factors and	Possesses the medical, scientific, socioeconomic, and behavioral knowledge required to identify risk factors and

			provide basic preventive care.		provide basic preventive care through preparticipation examination processes with supervision.		provide preventive care through preparticipation examination processes.		provide comprehensive preventive care for complex medical conditions, including through preparticipation examination processes.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Prevention-2: Injury Prevention (Question 2 of 126 - Mandatory )										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	
Not observed	Does not assume responsibility for patient management decisions related to preventative care.		Provides inconsistent preventative care by not recognizing risk factors or promoting the appropriate referral.		Provides consistent, basic preventive care, but does not recognize risk factors or promote appropriate referrals consistently.		Identifies risk factors and implements effective injury prevention strategies; seeks additional guidance and/or consultation when appropriate to reduce injury risk.		Recognizes and promotes clinical expertise in peers, and implements policy to ensure risk is reduced and patients are seen by appropriate members of the team	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Prevention-3: Risk Reduction (Question 3 of 126 - Mandatory )										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	
Not Observed	Fails to collect family, social, and behavioral history or understand recommendations for health maintenance and screening guidelines developed by various organizations.		Collects family, social, and behavioral history and understands recommendations for health maintenance and screening guidelines developed by various organizations.		Identifies the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention.		Explains health promotion, disease prevention, and injury risk reduction recommendations to patients with the goal of shared decision making, and partners with the patient and family to overcome barriers (risks, benefits, costs, and alternatives).		Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals. Tracks and monitors disease prevention and health	



promotion for the practice population.									
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Prevention-4: Preventive Health (Question 4 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Refuses to link individuals to personal preventive health measures when asked.		Understands the importance of personal preventive health measures, but does not know to whom to refer patients.		Links individuals to needed personal preventive health services including appropriate referrals and follow-ups when asked; does not initiate recommendations.		Applies primary, secondary, and tertiary preventive approaches to disease (adrenal, cardiovascular, diabetes, neurocognitive, obesity, and OA) prevention and health promotion for individuals or communities, with minimal supervision.		Applies primary, secondary, and tertiary preventive approaches to disease prevention and health promotion for the individuals and community.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Prevention-5: Health Promotion (Question 5 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Ignores how a community's public policy decisions affect individual and community health.		Inconsistently recognizes how a community's public policy decisions affect individual and community health.		Recognizes that athletic trainers can impact individual and community health, but in a limited way.		Recognizes that athletic trainers can impact individual and community health by conducting needs assessments and advocating for activities that promote health and access to healthcare.		Collaborates with other athletic training practices/systems, public health, and community-based organizations to educate the public, guide policies, and implement and evaluate community initiatives.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Prevention-5.1: Environmental Risk Reduction (Question 6 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>

Not Observed	Ignores potential environmental hazards that could contribute to illness or injury.	Inconsistently recognizes potential environmental hazards, but does not make recommendations to modify activities.	Recognizes potential environmental hazards, but does not make consistent recommendations to modify activities.	Evaluates potential environmental hazards and makes recommendations to start, stop, or modify activity to prevent illness or injury in a primary role.	Collaborates with others to create/modify policies governing when to start, stop, or modify activity when faced with environmental hazards.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

**Immediate Care (Domain III)**

## Immediate Care-7: Emergency Action Plan (Question 7 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Does not recognize abnormal vital signs or when a patient is critically ill or injured, and does not intervene, placing the patient at risk.	Performs a primary assessment on a critically-ill or injured patient and recognizes when a patient is unstable and requires immediate intervention; inconsistently implements the EAP.	Prioritizes initial stabilization actions in the resuscitation of a critically-ill or injured patient; reassesses patient after implementing the EAP.	Implements EAPs to manage and prioritize critically ill or injured patients and adapts management strategies to the situation, environment, and transport modality for time/life-critical conditions.	Participates in policy and EAP protocol development for the management of critically-ill or injured patients, selection of appropriate destination facility, and performs quality improvement efforts to improve the care to patients with time/life-critical conditions.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

## Immediate Care-8: Orthopedic (Question 8 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5
Not Observed	Uses inappropriate (orthopedic) urgent or emergent care management strategies which place patients at risk.	Participates in (orthopedic) urgent or emergency patient management being conducted by other appropriately	Uses gathered information to initiate (orthopedic) urgent or emergent patient management, and participates in additional care	Effectively manages common, non-complex (orthopedic) conditions requiring urgent or emergent care or referral	Effectively leads care for urgent or emergent complex (orthopedic) conditions requiring urgent or emergent care or referral

			qualified providers in a tertiary role.		in a secondary role.		in a primary role.		in a primary role with or without co-morbidities.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9: Non-Orthopedic (Question 9 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Uses inappropriate (non-orthopedic) urgent or emergent patient care management strategies which place patients at risk.		Participates in (non-orthopedic) urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.		Uses gathered information to initiate (non-orthopedic) urgent or emergent patient management, and participates in additional care in a secondary role.		Effectively manages common, non-complex (non-orthopedic) conditions requiring urgent or emergent care or referral in a primary role.		Effectively leads care for urgent or emergent complex (non-orthopedic) conditions requiring urgent or emergent care or referral in a primary role.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.1: Cardiac (Question 10 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Uses inappropriate cardiac compromise urgent or emergent patient care management strategies which place patients at risk.		Participates in cardiac compromise urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.		Uses gathered information to initiate cardiac compromise urgent or emergent patient management, and participates in additional care in a secondary role.		Effectively manages cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin) requiring urgent or emergent care or referral in a primary role.		Effectively leads care for urgent or emergent complex cardiac compromise conditions requiring urgent or emergent care or referral in a primary role.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.2: Respiratory (Question 11 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Uses inappropriate		Participates in respiratory		Uses gathered information to		Effectively manages		Effectively leads care for

	respiratory compromise urgent or emergent patient care management strategies which place patients at risk.	compromise urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.	initiate respiratory compromise urgent or emergent patient management, and participates in additional care in a secondary role.	respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators) requiring urgent or emergent care or referral in a primary role.	urgent or emergent complex respiratory compromise conditions requiring urgent or emergent care or referral in a primary role.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.3: Cervical Spine (Question 12 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Uses inappropriate cervical spine compromise urgent or emergent patient care management strategies which place patients at risk.	Participates in cervical spine compromise urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.	Uses gathered information to initiate cervical spine compromise urgent or emergent patient management, and participates in additional care in a secondary role.	Effectively manages cervical spine compromise requiring urgent or emergent care or referral in a primary role.	Effectively leads care for urgent or emergent complex cervical spine compromise conditions requiring urgent or emergent care or referral in a primary role.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.4: Traumatic Brain Injury (Question 13 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Uses inappropriate traumatic brain injury urgent or emergent patient care management strategies which place patients at risk.	Participates in traumatic brain injury urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.	Uses gathered information to initiate traumatic brain injury urgent or emergent patient management, and participates in additional care in a secondary role.	Effectively manages traumatic brain injury requiring urgent or emergent care or referral in a primary role.	Effectively leads care for urgent or emergent complex traumatic brain injuries requiring urgent or emergent care or referral in a primary role.				

	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.5: Hemorrhage (Question 14 of 126 - Mandatory )										
		<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed		Uses inappropriate internal or external hemorrhage urgent or emergent patient care management strategies which place patients at risk.		Participates in internal or external hemorrhage urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.		Uses gathered information to initiate internal or external hemorrhage urgent or emergent patient management, and participates in additional care in a secondary role.		Effectively manages internal or external hemorrhage (including use of a tourniquet or hemostatic agent) requiring urgent or emergent care or referral in a primary role.		Effectively leads care for urgent or emergent complex internal or external hemorrhage conditions requiring urgent or emergent care or referral in a primary role.
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.6: Fractures/Dislocations (Question 15 of 126 - Mandatory )										
		<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed		Uses inappropriate fracture or dislocation urgent or emergent patient care management strategies which place patients at risk.		Participates in fracture or dislocation urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.		Uses gathered information to initiate fracture or dislocation urgent or emergent patient management, and participates in additional care in a secondary role.		Effectively manages fractures or dislocations (including reduction of dislocation) requiring urgent or emergent care or referral in a primary role.		Effectively leads care for urgent or emergent complex fractures or dislocations requiring urgent or emergent care or referral in a primary role.
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.7: Anaphylaxis (Question 16 of 126 - Mandatory )										
		<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed		Uses inappropriate anaphylaxis urgent or emergent patient care management		Participates in anaphylaxis urgent or emergent patient management being conducted		Uses gathered information to initiate anaphylaxis urgent or emergent patient		Effectively manages anaphylaxis (including administering epinephrine using automated		Effectively leads care for urgent or emergent anaphylaxis conditions requiring

	strategies which place patients at risk.	by other appropriately qualified providers in a tertiary role.	management, and participates in additional care in a secondary role.	injection device) requiring urgent or emergent care or referral in a primary role.	urgent or emergent care or referral in a primary role.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.8: Sickling/Rhabdomyolysis/Hyponatremia (Question 17 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Uses inappropriate exertional sickling, rhabdomyolysis, or hyponatremia urgent or emergent patient care management strategies which place patients at risk.	Participates in exertional sickling, rhabdomyolysis, or hyponatremia urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.	Uses gathered information to initiate exertional sickling, rhabdomyolysis, or hyponatremia urgent or emergent patient management, and participates in additional care in a secondary role.	Effectively manages exertional sickling, rhabdomyolysis, or hyponatremia requiring urgent or emergent care or referral in a primary role.	Effectively leads care for urgent or emergent exertional sickling, rhabdomyolysis, or hyponatremia conditions requiring urgent or emergent care or referral in a primary role.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.9: Diabetes (Question 18 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Uses inappropriate diabetes urgent or emergent patient care management strategies which place patients at risk.	Participates in diabetes urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.	Uses gathered information to initiate diabetes urgent or emergent patient management, and participates in additional care in a secondary role.	Effectively manages diabetes (including use of a glucometer, administering glucagon, or insulin) requiring urgent or emergent care or referral in a primary role.	Effectively leads care for urgent or emergent diabetes conditions requiring urgent or emergent care or referral in a primary role.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.10: Drug Overdose (Question 19 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Uses inappropriate	Participates in drug overdose	Uses gathered information to	Effectively manages drug	Effectively leads care for				

	drug overdose urgent or emergent patient care management strategies which place patients at risk.	urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.	initiate drug overdose urgent or emergent patient management, and participates in additional care in a secondary role.	overdose (including administration of rescue medications such as naloxone) requiring urgent or emergent care or referral in a primary role.	urgent or emergent drug overdose conditions requiring urgent or emergent care or referral in a primary role.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.11: Wound Care (Question 20 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Uses inappropriate wound urgent or emergent patient care management strategies which place patients at risk.	Participates in wound urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.	Uses gathered information to initiate wound urgent or emergent patient management, and participates in additional care in a secondary role.	Effectively manages wounds (including care and closure) requiring urgent or emergent care or referral in a primary role.	Effectively leads care for urgent or emergent wound conditions requiring urgent or emergent care or referral in a primary role.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-9.12: Testicular Injury (Question 21 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Uses inappropriate testicular injury urgent or emergent patient care management strategies which place patients at risk.	Participates in testicular injury urgent or emergent patient management being conducted by other appropriately qualified providers in a tertiary role.	Uses gathered information to initiate testicular injury urgent or emergent patient management, and participates in additional care in a secondary role.	Effectively manages testicular injury requiring urgent or emergent care or referral in a primary role.	Effectively leads care for urgent or emergent testicular injury requiring urgent or emergent care or referral in a primary role.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Immediate Care-10: Behavioral Health (Question 22 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Uses inappropriate	Demonstrates adequate	Can initiate or recommend	Appropriately manages	Manages day-to- day				

(behavioral health) management strategies which place patients at further risk or in crisis.	knowledge of basic care plans for common (behavioral health) conditions, but does implement or participate in them.	appropriate management plans for urgent or emergent (behavioral health) care conditions, and participates in those management strategies in a secondary role.	common, non-complex behavioral health conditions requiring urgent or emergent care or referral in a primary role.	considerations for (behavioral health) patients, including demonstrating knowledge of psychotropic medication use, their interactions, and side effects.					
0	1	1.5	2	2.5	3	3.5	4	4.5	5

**Examination and Evaluation (Domain II)**

## Examination and Evaluation-11: Environmental Illness (Question 23 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to identify sources or routes of human exposure to environmental toxicants that may cause or influence illness.	Identifies general routes of human exposure to environmental, chemical, physical, and biological hazards, but is unsure what illnesses they may cause or influence.	Identifies common illnesses that may be caused or influenced by exposures to environmental, chemical, physical, or biological hazards; participates in an evaluation in a secondary role.	Evaluates potential health effects from exposure to environmental, chemical, physical, and biological hazards (including lightning, cold, and heat) requiring urgent or emergent care or referral in a primary role.	Educates other on methods to reduce adverse health effects due to environmental, chemical, physical, and biological hazards exposure.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

## Examination and Evaluation-12: Patient History (Question 24 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5
Not observed	Fails to perform or communicate history findings to confirm history during an emergent evaluation.	Does not perform an appropriately thorough history or misses key findings during an emergent evaluation.	Consistently performs and communicates a focused history which effectively addresses the chief complaint and urgent patient issues in	Acquires accurate patient histories in an efficient manner congruent with the evaluation urgency.	Identifies subtle or unusual history findings that inform the differential diagnosis during a prioritized and efficient



					an emergent situation.				evaluation of an emergent, complex patient.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-14: Physical Exam <i>(Question 25 of 126 - Mandatory )</i>									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Fails to perform a thorough physical exam to confirm history during a non-emergent evaluation.		Does not perform an appropriately thorough physical exam or misses key physical exam findings during a non-emergent evaluation.		Consistently performs appropriately thorough physical exams, including functional balance, gait, cognition, neurologic, or musculoskeletal assessments, during a non-emergent evaluation.		Performs thorough physical exams for patients across a spectrum of ages, impairments, and clinical settings that are efficient, hypothesis-driven, and targeted to the patient's complaints during a non-emergent evaluation.		Identifies subtle or unusual physical exam findings that inform the differential diagnosis during a prioritized and efficient evaluation of a non-emergent, complex patient.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-15.1: Endocrine <i>(Question 26 of 126 - Mandatory )</i>									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of an endocrine system examination during an evaluation.		Requires prompting or significant correction to perform an thorough endocrine system examination, including all necessary elements (e.g., medical, neurologic).		Identifies normal and pathologic endocrine system exam findings mostly accurately without feedback during an evaluation.		Accurately performs a relevant, comprehensive, and disorder-specific endocrine system assessment to determine the care plan or referral in a primary role.		Accurately identifies and correctly interprets subtle or atypical physical findings during an endocrine system evaluation.
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Examination and Evaluation-15.2: EENT (Question 27 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of an EENT examination during an evaluation.	Requires prompting or significant correction to perform an thorough EENT examination, including all necessary elements (e.g., medical, neurologic).	Identifies normal and pathologic EENT exam findings mostly accurately without feedback during an evaluation.	Accurately performs a relevant, comprehensive, and disorder-specific EENT assessment to determine the care plan or referral in a primary role.	Accurately identifies and correctly interprets subtle or atypical physical findings during an EENT evaluation.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-15.3: Gastrointestinal (Question 28 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of a gastrointestinal system examination during an evaluation.	Requires prompting or significant correction to perform an thorough gastrointestinal system examination, including all necessary elements (e.g., medical, neurologic).	Identifies normal and pathologic gastrointestinal system exam findings mostly accurately without feedback during an evaluation.	Accurately performs a relevant, comprehensive, and disorder-specific gastrointestinal system assessment to determine the care plan or referral in a primary role.	Accurately identifies and correctly interprets subtle or atypical physical findings during a gastrointestinal system evaluation.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-15.4: Genitourinary (Question 29 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of a genitourinary system examination during an evaluation.	Requires prompting or significant correction to perform an thorough genitourinary system examination, including all necessary	Identifies normal and pathologic genitourinary system exam findings mostly accurately without feedback during an evaluation.	Accurately performs a relevant, comprehensive, and disorder-specific genitourinary system assessment to determine the care plan or	Accurately identifies and correctly interprets subtle or atypical physical findings during a genitourinary system evaluation.				

		elements (e.g., medical, neurologic).				referral in a primary role.			
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-15.5: Integumentary (Question 30 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of an integumentary system examination during an evaluation.		Requires prompting or significant correction to perform an thorough integumentary system examination, including all necessary elements (e.g., medical, neurologic).		Identifies normal and pathologic integumentary system exam findings mostly accurately without feedback during an evaluation.		Accurately performs a relevant, comprehensive, and disorder-specific integumentary system assessment to determine the care plan or referral in a primary role.		Accurately identifies and correctly interprets subtle or atypical physical findings during an integumentary system evaluation.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-15.6: Mental Status (Question 31 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of a mental status examination during an evaluation.		Requires prompting or significant correction to perform an thorough mental status examination, including all necessary elements (e.g., medical, neurologic).		Identifies normal and pathologic mental status exam findings mostly accurately without feedback during an evaluation.		Accurately performs a relevant, comprehensive, and disorder-specific mental status assessment to determine the care plan or referral in a primary role.		Accurately identifies and correctly interprets subtle or atypical physical findings during a mental status evaluation.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-15.7: Musculoskeletal (Question 32 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Fails to seek feedback or guidance on the accuracy or		Requires prompting or significant correction to		Identifies normal and pathologic musculoskeletal system exam		Accurately performs a relevant, comprehensive,		Accurately identifies and correctly interprets subtle

	thoroughness of a musculoskeletal system examination during an evaluation.	perform an thorough musculoskeletal system examination, including all necessary elements (e.g., medical, neurologic).	findings mostly accurately without feedback during an evaluation.	and disorder-specific musculoskeletal system assessment to determine the care plan or referral in a primary role.	or atypical physical findings during a musculoskeletal system evaluation.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-15.8: Neurological (Question 33 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of a neurological system examination during an evaluation.	Requires prompting or significant correction to perform an thorough neurological system examination, including all necessary elements (e.g., medical, neurologic).	Identifies normal and pathologic neurological system exam findings mostly accurately without feedback during an evaluation.	Accurately performs a relevant, comprehensive, and disorder-specific neurological system assessment to determine the care plan or referral in a primary role.	Accurately identifies and correctly interprets subtle or atypical physical findings during a neurological system evaluation.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-15.9: Reproductive (Question 34 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of a reproductive system examination during an evaluation.	Requires prompting or significant correction to perform an thorough reproductive system examination, including all necessary elements (e.g., medical, neurologic).	Identifies normal and pathologic reproductive system exam findings mostly accurately without feedback during an evaluation.	Accurately performs a relevant, comprehensive, and disorder-specific reproductive system assessment to determine the care plan or referral in a primary role.	Accurately identifies and correctly interprets subtle or atypical physical findings during a reproductive system evaluation.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Examination and Evaluation-15.10: Respiratory (Question 35 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of a respiratory system examination during an evaluation.	Requires prompting or significant correction to perform an thorough respiratory system examination, including all necessary elements (e.g., medical, neurologic).	Identifies normal and pathologic respiratory system exam findings mostly accurately without feedback during an evaluation.	Accurately performs a relevant, comprehensive, and disorder-specific respiratory system assessment to determine the care plan or referral in a primary role.	Accurately identifies and correctly interprets subtle or atypical physical findings during an respiratory system evaluation.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Examination and Evaluation-15.11: Functional Task Assessment (Question 36 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of a functional task assessment during an evaluation.	Requires prompting or significant correction to perform an thorough functional task assessment, including all necessary elements.	Identifies normal and pathologic functional task assessment findings mostly accurately without feedback during an evaluation.	Accurately performs a relevant, comprehensive, and disorder-specific functional task assessment to determine the care plan or referral in a primary role.	Accurately identifies and correctly interprets subtle or atypical physical findings during an functional task assessment .				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Examination and Evaluation-15.12: Pain (Question 37 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of a pain examination during an evaluation.	Requires prompting or significant correction to perform an thorough pain examination, including all necessary elements (e.g., medical, neurologic).	Identifies normal and pathologic pain exam findings mostly accurately without feedback during an evaluation.	Accurately performs a relevant, comprehensive, and disorder-specific pain assessment to determine the care plan or referral in a primary role.	Accurately identifies and correctly interprets subtle or atypical physical findings during a pain evaluation.				

0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-15.13: Brain Injury (Question 38 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Fails to seek feedback or guidance on the accuracy or thoroughness of a brain injury examination during an evaluation.		Requires prompting or significant correction to perform an thorough brain injury examination, including all necessary elements (e.g., medical, neurologic).		Identifies normal and pathologic brain injury exam findings mostly accurately without feedback during an evaluation.		Accurately performs a relevant, comprehensive, and disorder-specific brain injury to determine the care plan or referral in a primary role.		Accurately identifies and correctly interprets subtle or atypical physical findings during a brain injury evaluation.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-17: Diagnostic Tests (Question 39 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Uncertain of which diagnostic studies are appropriate to evaluate common medical conditions.		Inconsistently identifies appropriate diagnostic studies and functional assessments to evaluate common medical conditions.		Consistently identifies and recommends appropriate diagnostic studies to evaluate common medical conditions.		Appropriately prioritizes the sequence and urgency of diagnostic testing to evaluate common medical conditions, including recognizing the need for and requesting imaging.		Interprets appropriate diagnostic studies to evaluate common medical conditions.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-20: Differential Diagnosis (Question 40 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Fails to develop an appropriate list of (orthopedic and non-orthopedic)		Identifies reasonable, but not always correct, diagnoses for common		Produces differential diagnoses for common (orthopedic and non-		Develops comprehensive (orthopedic and non-orthopedic) differential diagnoses,		Efficiently produces a focused and prioritized (orthopedic and non-orthopedic)

	differential diagnoses during an evaluation.	(orthopedic and non-orthopedic) conditions during an evaluation.	orthopedic) conditions during an evaluation.	including less common conditions, during an evaluation.	differential diagnoses across a spectrum of ages and impairments and for complex conditions.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-23: Behavioral Health (Question 41 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to recognize when an behavior health evaluation is appropriate, placing the patient at risk.	Performs a relevant patient history and a basic physical examination as part of an behavioral health evaluation with guidance.	Performs a mostly complete behavioral health evaluation, recognizing appropriate behavioral responses to life events and at-risk patient populations.	Consistently performs behavioral health evaluations and interprets their results to accurately identify common behavioral health conditions (suicidal ideation, depression, anxiety, psychosis, mania, eating disorder, and ADD) and identify the need for referral.	Consistently performs behavioral health evaluations which prioritize the urgency and sequencing of referral to evaluate complex conditions with or without co-morbidities and/or atypical presentations across the lifespan.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Examination and Evaluation-25: Pediatric (Question 42 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to recognize when an pediatric patient evaluation is appropriate, placing the	Performs a relevant patient history and a basic physical examination, including growth and developmental	Performs a mostly complete regional pediatric patient evaluation with appropriate diagnostic special tests, and recognizes normal and abnormal movement	Consistently performs thorough pediatric patient evaluations which consider	Consistently performs pediatric patient evaluations which prioritize the urgency and sequencing of diagnostic				

patient at risk.	milestones, as part of an pediatric patient evaluation with guidance.	patterns/structures and growth/development characteristics.	factors associated with growth plate location, age, gender, and disability. Also recognizes the need for radiographs with comparison views to evaluate physis injury and can interpret them accurately.	testing to evaluate complex conditions with or without co-morbidities and/or atypical presentations.					
0	1	1.5	2	2.5	3	3.5	4	4.5	5

**Decision**

Decision-26: Monitor and Re-Evaluate  
(Question 43 of 126 - Mandatory )

	Level 1		Level 2		Level 3		Level 4		Level 5	
Not Observed	Fails to monitor a patient's status or re-evaluate their condition to make appropriate emergent care decisions.		Recognizes the need to monitor and re-evaluate patients, but defers emergent care decisions to others.		Monitors and re-evaluates patients at inconsistent or inappropriate intervals; emergent care decisions are less than optimal, but do not place the patient at risk.		Monitors and re-evaluates patients at timely intervals; makes basic but appropriate and effective care and discharge decisions.		Considers additional diagnoses and changes treatment strategies appropriately when re-evaluating a complex patient.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	

Decision-27: EBP (Question 44 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5
Not Observed	Does not understand how to use pre-test probability and test performance characteristics to select diagnostic tests or procedures	Chooses not to use pre-test probability and test performance characteristics to select appropriate diagnostic tests or procedures.	Needs assistance using pre-test probability and test performance characteristics to select appropriate diagnostic tests or procedures.	Uses pre-test probability and test performance characteristics to select appropriate diagnostic tests or procedures.	Anticipates and accounts for pitfalls and biases when selecting and interpreting diagnostic tests and procedures.



(SnNOUT, SpPIN).										
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Decision-28: EBP (Question 45 of 126 - Mandatory)										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	
Not Observed	Unwilling or unable to interpret the strength of a research study to support or refute a differential diagnosis or treatment strategy.		Can categorize research study design, but is unclear how to use the information to support or refute a differential diagnosis or treatment strategy.		Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes when using information to support or refute a differential diagnosis or treatment strategy.		Critically appraises different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines when using information to support or refute a differential diagnosis or treatment strategy.		Identifies important clinical questions and information gaps when using information to support or refute a differential diagnosis or treatment strategy.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Decision-29: EBP (Question 46 of 126 - Mandatory)										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	
Not Observed	Chooses to ignore evidence, including published resources and information received from others, when making practice decisions.		Is unable to evaluate evidence in the depth necessary to make practice decisions.		Evaluates evidence-based point-of-care resources, but applies the findings inconsistently to their practice decisions.		Critically evaluates information received from others (colleagues, experts, sales representatives, patients) to consistently make evidence-based decisions in their practice.		Holds peers accountable to make evidence-based decisions in their clinical practice.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Decision-31: Biometric/Physiologic Data (Question 47 of 126 - Mandatory)										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	

Not Observed	Lacks foundational knowledge related to basic sports-related medical conditions pathophysiology or makes treatment decisions that place the patient at risk.	Demonstrates general knowledge of common sports-related medical conditions pathophysiology , but defers treatment decisions to others.	Uses knowledge of common sports-related medical conditions pathophysiology , their risk factors, and the diagnostic tests or biometric data used to evaluate them to make basic treatment decisions.	Chooses common diagnostic tests/procedures and/or biometric/physiologic data to evaluate sports-related medical conditions, their complications, and their role in return-to-activity and participation guidelines to consistently make treatment decisions and maximize performance.	Synthesizes and applies pathophysiology and diagnostic study and biometric data knowledge to make complex sports medicine-related illness treatment decisions, including the use of alternative therapies and their associated controversies.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Decision-32: Musculoskeletal (Question 48 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Lacks foundational knowledge related to basic sports-related musculoskeletal pathophysiology or makes treatment decisions that place the patient at risk.	Demonstrates general knowledge of common sports-related musculoskeletal pathophysiology, but defers treatment decisions to others.	Uses knowledge of common sports-related musculoskeletal injury pathophysiology and diagnostic testing to make basic treatment decisions.	Uses knowledge of common sports-related musculoskeletal injury pathophysiology and diagnostic testing, including how biomechanics applies to preventative strategies, to make operative and non-operative management decisions.	Synthesizes and applies musculoskeletal pathophysiology and diagnostic testing knowledge to make complex sports-medicine treatment decisions and prevention programs.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Decision-33: Behavioral Health (Question 49 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to intervene on	Does not recognize the	Recognizes the need to	Recognizes the need for and	Accurately identifies at-risk				

	behalf of an at-risk or in crisis (behavioral health) patient.	need to intervene on behalf of an at-risk or in crisis (behavioral health) patient.	intervene on behalf of an at-risk or in crisis (behavioral health) patient.	recommends appropriate (behavioral health) interventions.	populations and takes a leadership role in (behavioral health) interventions.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

**Decision-34: Cost Efficiency**  
(Question 50 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Ignores cost issues when providing athletic training services.	Possesses an incomplete understanding of or does not consider resource limitations affecting a patient population (e.g. screening tests, diagnostic tests, or therapeutic interventions).	Recognizes the costs associated with providing athletic training services, even when they aren't being billed for or reimbursed, but does not always choose the most cost-effective resource.	Incorporates cost-awareness principles into clinical decision-making to minimize costs associated with resource use, diagnostic tests, and therapeutic interventions for all patients.	Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

**Decision-35: Orthopedic RTP**  
(Question 51 of 126 - Mandatory )

	Level 1		Level 2		Level 3		Level 4		Level 5	
Not Observed	Fails to measure the end-results of care or makes inappropriate (orthopedic) return to play decisions that place the patient at risk.		Is unable to apply (orthopedic) return to play criteria, and defers decisions to others.		Inconsistently applies (orthopedic) return to play criteria, but decisions do not place the patient at risk.		Consistently applies safe (orthopedic) return to activity and participation criteria.		Care plan extends beyond safe (orthopedic) return to activity to maximize performance.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	

**Decision-35.1: Concussion Re-Evaluation/RTP** (Question 52 of 126 - Mandatory )

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
Not Observed	Fails to monitor a patient's status or re-evaluate their concussion or brain injury to	Recognizes the need to monitor and re-evaluate concussion or brain injury	Monitors and re-evaluates concussion or brain injury patients at inconsistent or	Monitors and re-evaluates concussion or brain injury patients at timely intervals;	Considers additional diagnoses and changes treatment strategies

	make appropriate emergent care decisions.	patients, but defers emergent care decisions to others.	inappropriate intervals; emergent care decisions are less than optimal, but do not place the patient at risk.	makes basic but appropriate and effective care and discharge decisions (including safe return to activity and participation criteria).	appropriately when making emergent care decisions for a complex concussion or brain injury patient.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

**Decision-36: Pediatric RTP**  
*(Question 53 of 126 - Mandatory )*

	Level 1		Level 2		Level 3		Level 4		Level 5	
Not Observed	Fails to measure the end-results of care or makes inappropriate (pediatric) return to play decisions that place the patient at risk.		Is unable to apply (pediatric) return to play criteria, and defers decisions to others.		Understands the implications of activity, overuse injury, and physis injury on recovery time, but inconsistently applies (pediatric) return to play criteria; decisions do not place the patient at risk.		Consistently applies safe (pediatric) return to activity and participation criteria.		Care plan extends beyond safe (pediatric) return to activity to maximize performance and long term health.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	

**Therapeutic Interventions (Domain IV)**

**Therapeutic Interventions-37: Tissue Healing/Physiology**  
*(Question 54 of 126 - Mandatory )*

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
Not Observed	Knowledge is limited to traditional athletic populations (e.g. college and secondary school aged) without appropriate understanding of patient needs across the lifespan.	Demonstrates knowledge of traditional athletic populations (e.g. college and secondary school aged) and patients across the lifespan.	Demonstrates knowledge of basic sciences and risk factors associated with injury, age, gender, and disability in athletic training patients of all ages.	Demonstrates both basic science and clinical knowledge of tissue healing and cellular physiology across the lifespan when selecting treatment options.	Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully incorporate basic and clinical science to diagnose and treat uncommon, ambiguous, and

	0	1	1.5	2	2.5	3	3.5	4	4.5	5
									complex conditions.	
Therapeutic Interventions-39: Treatment Choices (Question 55 of 126 - Mandatory )										
		<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed		Fails to identify patients' general care needs or implements the wrong treatment procedure which places patients at risk.		Can identify the indications, contraindications, required equipment, procedural techniques, and potential complications for a specific illness or injury. Participates in patient care in a tertiary role.		Initiates management plans and participates in the indicated patient care procedure(s) for a specific illness or injury in accordance with safety standards in a secondary role.		Effectively performs the indicated treatment procedure(s) in a primary role, taking steps to avoid potential complications and recognize the outcomes and/or complications in adult patients.		Successfully employs back-up strategies for patient management after a failed procedure or procedure not performed due to unforeseen challenges.
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-40: Corrective Exercise (Question 56 of 126 - Mandatory )										
		<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed		Attempts to perform procedures without sufficient technical skill or supervision or is unwilling to perform procedures when qualified and necessary for patient care.		Possesses insufficient technical skill for safe completion of common procedures.		Possesses basic technical skill to complete some common procedures in a secondary role.		Possesses basic technical skill to incorporate therapeutic and corrective exercise procedures into a care plan in a primary role.		Role models high level technical skill for others.
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-40.1: Joint Mobilization/Manipulation (Question 57 of 126 - Mandatory )										
		<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed		Attempts to perform procedures without sufficient technical skill or		Possesses insufficient technical skill for safe completion of common procedures.		Possesses basic technical skill to complete some common procedures in a secondary role.		Possesses basic technical skill to incorporate joint mobilization and manipulation procedures into a		Role models high level technical skill for others.

	supervision or is unwilling to perform procedures when qualified and necessary for patient care.					care plan in a primary role.				
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-40.2: Soft Tissue Techniques (Question 58 of 126 - Mandatory)										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	
Not Observed	Attempts to perform procedures without sufficient technical skill or supervision or is unwilling to perform procedures when qualified and necessary for patient care.		Possesses insufficient technical skill for safe completion of common procedures.		Possesses basic technical skill to complete some common procedures in a secondary role.		Possesses basic technical skill to incorporate soft tissue techniques into a care plan in a primary role.		Role models high level technical skill for others.	
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-40.3: Movement/Gait Training (Question 59 of 126 - Mandatory)										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	
Not Observed	Attempts to perform procedures without sufficient technical skill or supervision or is unwilling to perform procedures when qualified and necessary for patient care.		Possesses insufficient technical skill for safe completion of common procedures.		Possesses basic technical skill to complete some common procedures in a secondary role.		Possesses basic technical skill to incorporate movement/gait training into a care plan in a primary role.		Role models high level technical skill for others.	
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-40.4: Proprioception (Question 60 of 126 - Mandatory)										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	

Not Observed	Attempts to perform procedures without sufficient technical skill or supervision or is unwilling to perform procedures when qualified and necessary for patient care.	Possesses insufficient technical skill for safe completion of common procedures.	Possesses basic technical skill to complete some common procedures in a secondary role.	Possesses basic technical skill to incorporate proprioceptive/motor control activities into a care plan in a primary role.	Role models high level technical skill for others.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

## Therapeutic Interventions-40.5: Functional Training (Question 61 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Attempts to perform procedures without sufficient technical skill or supervision or is unwilling to perform procedures when qualified and necessary for patient care.	Possesses insufficient technical skill for safe completion of common procedures.	Possesses basic technical skill to complete some common procedures in a secondary role.	Possesses basic technical skill to incorporate task-specific functional training activities into a care plan in a primary role.	Role models high level technical skill for others.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

## Therapeutic Interventions-40.6: Modalities (Question 62 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5
Not Observed	Attempts to perform procedures without sufficient technical skill or supervision or is unwilling to perform procedures when qualified and necessary for patient care.	Possesses insufficient technical skill for safe completion of common procedures.	Possesses basic technical skill to complete some common procedures in a secondary role.	Possesses basic technical skill to incorporate therapeutic modality procedures into a care plan in a primary role.	Role models high level technical skill for others.

0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-40.7: Home Exercise (Question 63 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Attempts to perform procedures without sufficient technical skill or supervision or is unwilling to perform procedures when qualified and necessary for patient care.		Possesses insufficient technical skill for safe completion of common procedures.		Possesses basic technical skill to complete some common procedures in a secondary role.		Possesses basic technical skill to incorporate home exercise activities into a care plan in a primary role.		Role models high level technical skill for others.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-40.8: Cardiovascular Exercise (Question 64 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Attempts to perform procedures without sufficient technical skill or supervision or is unwilling to perform procedures when qualified and necessary for patient care.		Possesses insufficient technical skill for safe completion of common procedures.		Possesses basic technical skill to complete some common procedures in a secondary role.		Possesses basic technical skill to incorporate cardiovascular exercise activities into a care plan in a primary role.		Role models high level technical skill for others.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-40.9: Taping/Bracing/DME (Question 65 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Attempts to perform procedures without sufficient technical skill or supervision or is unwilling to		Possesses insufficient technical skill for safe completion of common procedures.		Possesses basic technical skill to complete some common procedures in a secondary role.		Possesses basic technical skill to select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials,		Role models high level technical skill for others.



	perform procedures when qualified and necessary for patient care.								and techniques (DME, orthotics, taping, padding, splinting, spine boarding, etc.) for incorporation into a care plan in a primary role.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Therapeutic Interventions-41: Orthopedic Care Plan (Question 66 of 126 - Mandatory )										
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>					
Not Observed	Care plans (orthopedic) are consistently inappropriate or inaccurate, placing the patient at risk.	Inconsistently develops an appropriate (orthopedic) care plan; needs significant supervision.	Consistently develops and implements appropriate (orthopedic) care plan with limited corrective feedback.	Appropriately modifies (orthopedic) care plans based on patient's clinical progress, outcome data, function/limitations/restrictions, and patient preferences.	Develops customized, prioritized (orthopedic) care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles.					
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Therapeutic Interventions-41.1: Non-Orthopedic Care Plans (Question 67 of 126 - Mandatory )										
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>					
Not Observed	Does not react to (non-orthopedic) situations that require urgent or emergent care and/or does not seek additional guidance when needed.	Inconsistently seeks (non-orthopedic) additional guidance when needed, placing the patient in some risk.	Seeks additional (non-orthopedic) guidance and/or consultation as appropriate for non-complex cases.	Appropriately modifies (non-orthopedic) care plans based on patient's clinical progress, consultation or outcome data, function/limitations/restrictions, and patient preferences.	Recognizes when (non-orthopedic) patient presentations deviate from common patterns and require complex decision-making, including referrals.					
0	1	1.5	2	2.5	3	3.5	4	4.5	5	

Therapeutic Interventions-41.2: Pediatric Care Plan  
 (Question 68 of 126 - Mandatory )

	Level 1		Level 2		Level 3		Level 4		Level 5	
Not Observed	Care plans (pediatric) are consistently inappropriate or inaccurate, placing the patient at risk.		Inconsistently develops an appropriate (pediatric) care plan; needs significant supervision.		Consistently develops and implements appropriate (pediatric) care plan with limited corrective feedback.		Appropriately modifies (pediatric) care plans based on patient's clinical progress, outcome data, function/limitations/restrictions, and patient and family/caregiver preferences.		Develops customized, prioritized (pediatric) care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	

 Therapeutic Interventions-42: Recognize Complications  
 (Question 69 of 126 - Mandatory )

	Level 1		Level 2		Level 3		Level 4		Level 5	
Not Observed	Does not react to treatment situations that require urgent or emergent care and/or does not seek additional guidance when needed.		Demonstrates knowledge of basic care plans only for common orthopaedic conditions.		Demonstrates basic knowledge of treatment options and possible complications of operative and non-operative management of orthopaedic conditions.		Recognizes complications or failure to progress when managing operative and non-operative conditions and adjusts care/referral accordingly.		Demonstrates knowledge of controversies in operative and non-operative management of orthopaedic conditions.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	

## Therapeutic Interventions-42.1: Concussion Complications (Question 70 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5
Not Observed	Does not react to treatment situations that require urgent or emergent care and/or does not seek additional	Demonstrates knowledge of basic care plans only for concussion or brain injury.	Demonstrates basic knowledge of treatment options and possible complications of concussion and brain injury.	Recognizes complications or failure to progress when managing concussion and adjusts care/referral accordingly.	Demonstrates knowledge of controversies in concussion and brain injury management.

guidance when needed.									
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-46: Behavioral Health Complications (Question 71 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Fails to recognize need for (behavioral health) treatment or fails to refer when appropriate.		Activates emergency action plan in a suspected behavioral health crisis.		Recognizes when referral is needed and differentiates treatment strategies between emergent and non-emergent situations.		Recognizes common treatment complications in behavioral health conditions.		Patient advocate who uses treatment strategies to maximize long-term health-related quality of life (HRQOL).
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-48: Efficiency (Question 72 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Cannot manage a single patient if there are distractions.		Manages a single patient amidst distractions.		Task switches between different patients, with some loss of efficiency.		Employs task switching in an efficient and timely manner in order to manage multiple patients.		Prioritize multiple, competing tasks in an efficient and timely manner in order to manage the ATR.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-50: Supervision (Question 73 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Is unwilling to participate in team or event medical coverage with supervision.		With direct supervision, participates in team and event medical coverage.		With direct supervision, manages common sports medicine problems and performs minor procedures in the athletic (training facility or event) environment.		With indirect supervision, manages common sports medicine problems and performs routine procedures in the athletic (training facility or event) environment.		Independently organizes team and event medical coverage, including directing and working collaboratively with a multidisciplinary team to treat and manage acute injuries, adverse clinical situations, and determine

return-to-participation.									
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Therapeutic Interventions-50.1: Medication Administration (Question 74 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Cannot safely administer medications or therapeutic agents.		Requires direct supervision when administering medications or other therapeutic agents to ensure patient safety and quality care.		Requires indirect supervision when administering medications or other therapeutic agents to ensure safety and quality care.		Administers medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority in a primary role.		Recognizes the need for referral for complex patients who may benefit from medication or therapeutic agents.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
<b>Diversity</b>									
Diversity-51: Cultural Understanding (Question 75 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Exhibits resistance to improving cultural competence related to patient interactions and decision making.		Fails to identify their own cultural framework that may impact patient interactions and decision-making.		Identifies own cultural framework that may impact patient interactions and decision-making.		Anticipates and develops a cultural understanding of patients' needs and desires; works in partnership with patients' and their families to meet those needs.		Role models cultural competence in patient interactions and advocates for the rights of vulnerable patients/patient populations.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Diversity-52: Social Determinants of Health (Question 76 of 126 - Mandatory )									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Fails to demonstrate appropriate compassion, respect, and		Consistently demonstrates compassion, respect, and empathy related		Displays consistent attitude and behaviors that convey		Recognizes and accounts for the patient's unique		Recognizes and addresses lack of patient-centeredness in colleagues/peers,

	empathy related to cultural, ethnic, gender identity, race, age, ability, and religious differences during patient/caregiver interactions.	to cultural, ethnic, gender identity, race, age, ability, and religious differences during patient/caregiver interactions.	acceptance of diverse individuals and groups, including diversity in ethnicity, gender, age, culture, race, religion, disability, sexual orientation, and gender identity during patient/caregiver interactions.	characteristics and needs, including identifying health inequities and social determinants of health and their impact on individual and family health, when choosing healthcare delivery strategies.	and role models professional interactions to negotiate differences related to a patient's unique characteristics or needs.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Diversity-53: Relationship Skills (Question 77 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers.	Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful.	Requires guidance or assistance to engage in therapeutic relationships with persons of different socioeconomic and/or cultural backgrounds.	Successfully establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds.	Models culturally competent therapeutic relationships with persons of diverse socioeconomic backgrounds.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Diversity-54: Considers Patient Characteristics (Question 78 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Has difficulty recognizing the impact of culture on health and health behaviors and is unwilling to modify care plan to account for patients' unique characteristics,	Recognizes impact of culture on health and health behaviors, but requires assistance to modify care plan to account for patients' unique characteristics,	Elicits cultural factors from patients and families that impact health and health behaviors when modifying care plans to account for patients' unique	Appropriately modifies care plan to account for patients' unique characteristics, needs, goals, beliefs, values, and cultural practices.	Demonstrates leadership and role models cultural competence when designing care plans which demonstrate respect for patients' unique characteristics,				

	needs, and goals.		needs, and goals.		characteristics, needs, and goals with partial success.				needs, goals, health disparities, and social determinants of health.	
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Diversity-55: Communication/Overcome Cultural Barriers (Question 79 of 126 - Mandatory )										
	Level 1		Level 2		Level 3		Level 4		Level 5	
Not Observed	Fails to recognize physical, cultural, psychological, and social barriers to communication.		Identifies physical, cultural, psychological, and social barriers to communication, but is often unsuccessful navigating them.		Inconsistently matches communication modality to patient needs, health literacy, and context to overcome physical, cultural, psychological, and social barriers.		Consistently uses verbal and non-verbal cues and communication skills to overcome physical, cultural, psychological, and social barriers during patient encounters.		Role models effective communication strategies that overcome barriers during patient encounters and with families, stakeholders, and the public.	
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Diversity-56: Displays Empathy (Question 80 of 126 - Mandatory )										
	Level 1		Level 2		Level 3		Level 4		Level 5	
Not Observed	Lacks empathy and compassion for patients and caregivers.		Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers.		Is available and responsive to needs and concerns of patients and caregivers to ensure safe and effective care.		Demonstrates empathy, compassion, and respect for patients, caregivers, and members of the interprofessional team to ensure safe and effective care in all situations.		Role models compassion, empathy and respect for patients, caregivers, and members of the interprofessional team to ensure safe and effective care in all situations.	
	0	1	1.5	2	2.5	3	3.5	4	4.5	5
Administration (Domain V)										
Administration-57: Responds to Patient Needs (Question 81 of 126 - Mandatory )										
	Level 1		Level 2		Level 3		Level 4		Level 5	

Not Observed	Sacrifices patient needs in favor of own self-interest and/or blatantly disregards respect for patient privacy and autonomy.	Inconsistently prioritizes patient needs or lacks consideration for patient privacy and autonomy.	Prioritizes patient needs while emphasizing patient privacy and autonomy in all interactions.	Demonstrates a responsiveness to patient needs that supersedes self-interest.	Role models and teaches others to maintain patient privacy and respect patient autonomy.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Administration-58: Organized Records (Question 82 of 126 - Mandatory)									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Health records are absent, disorganized, inaccurate, or missing significant portions of important clinical data.	Health records are organized and accurate, but also superficial, miss key data, or fail to communicate clinical reasoning.	Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning in a succinct, relevant, and patient specific way.	Health records are organized and complete from patient intake to discharge, documenting all patient interactions (H&P, Tx notes, referrals, and Dx summary) and capturing patient-rated outcomes.	Health records that are succinct, patient specific, accurate, and comprehensive serve as a primary means of data collection and aggregation for the ongoing assessment of quality of care.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Administration-59: Records Follow Guidelines (Question 83 of 126 - Mandatory)									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to recognize that completing written and electronic health records, which maintain patient privacy, in a timely manner is critical to quality care.	Written and electronic health records, which protect patient privacy, are mostly completed legibly and in a timely manner.	Written and electronic health records are basic, but also legible, protect patient privacy, and completed in a timely manner.	Written and electronic health records are legible, completed in a timely manner, and adhere to all state and federal guidelines and professional ethics.	Role models and teaches importance of maintaining organized, legible, and timely written and electronic health records which adhere to all state and federal guidelines.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Administration-60: Develop, Implement, Revise Operation Policies  
 (Question 84 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Inconsistent implementation of operational policies and procedures that puts patients at risk.	Inconsistent implementation of operational policies and procedures; requires direct supervision.	Consistent implementation of operational policies and procedures; requires indirect supervision.	Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services (model of delivery), including those which pertain to prevention, preparedness, and response to medical emergencies, medication tracking, physician referrals, and inventory management.	Advocates for clinical site leadership to formally engage in quality assurance and quality improvement activities to reduce medical error risk related to policies and procedures.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

## Administration-60.1: Concussion Policies (Question 85 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5
Not Observed	Inconsistent implementation of operational policies and procedures related to concussion/brain injury that puts patients at risk.	Inconsistent implementation of operational policies and procedures related to concussion/brain injury; requires direct supervision.	Consistent implementation of operational policies and procedures related to concussion/brain injury; requires indirect supervision.	Develops and implements specific policies and procedures for individuals who have sustained concussions or other brain injuries, including treatment and RTP protocols, educating stakeholders, mitigating risk factors, and use of	Advocates for clinical site leadership to formally engage in quality assurance and quality improvement activities to reduce medical error risk related to concussion/brain injury policies and procedures.



baseline testing.									
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Administration-60.2: Behavioral Health Policies (Question 86 of 126 - Mandatory)									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Inconsistent implementation of operational policies and procedures related to behavioral health that puts patients at risk.		Inconsistent implementation of operational policies and procedures related to behavioral health; requires direct supervision.		Consistent implementation of operational policies and procedures related to behavioral health; requires indirect supervision.		Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.		Advocates for clinical site leadership to formally engage in quality assurance and quality improvement activities to reduce medical error risk related to behavioral health policies and procedures.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Administration-61: Medical Errors (Question 87 of 126 - Mandatory)									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Does not understand that medical errors can vary widely across settings and between providers.		Ignores medical errors that affect patient health and safety in some situations, settings, and providers.		Recognizes medical errors when they occur in varied settings and situations, including those that do not have adverse patient outcomes.		Identifies various site-specific causes of common athletic training medical errors, and participates in setting-specific (strategic) improvement plans which promote patient safety.		Consistently engages in self-directed and practice improvement activities that seek to identify and address medical errors and patient safety in varied settings.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Administration-62: Outcome Data (Question 88 of 126 - Mandatory)									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>

Not Observed	Unable to identify quality gaps at the clinical site.	Begins to identify potential gaps in quality care at the clinical site.	Identifies potential gaps in quality care at the clinical site, and identifies potential contributing factors.	Compares the health care outcomes data at their clinical site to available benchmarks to assess the quality of care.	Performs multi-cycle quality improvement initiatives to improve health care quality at the clinical site.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Administration-63: Quality Improvement (Question 89 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Disregards own clinical performance data and demonstrates no inclination to participate in or even consider the results of quality improvement efforts.	Limited awareness of or desire to analyze own clinical performance data; only nominally participates in a quality improvement projects.	Analyzes own clinical performance data and identifies opportunities for and participates in quality improvement projects.	Analyzes own clinical performance data and actively works to improve performance by engaging in quality improvement activities.	Actively monitors clinical performance through various data sources and leads quality improvement projects.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Administration-64: Professionalism (Question 90 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Documents and reports clinical and administrative information dishonestly or fails to maintain patient confidentiality.	Documents and reports clinical and administrative information truthfully and maintains patient confidentiality.	Identifies dishonest or unprofessional clinical or administrative behavior and the appropriate reporting channels.	Completes administrative and clinical tasks in accordance with local practice or policy, and reports unprofessional behaviors using the appropriate procedures.	Helps implement organizational clinical and administrative policies to reinforce athletic training professionalism.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Administration-65: Service Delivery (Question 91 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Inconsistently performs administrative duties	Inconsistently performs administrative duties related to	Performs administrative duties related to physical, human,	Performs administrative duties related to physical, human,	Proactively performs administrative duties related to				

	related to the delivery of health care services, putting patients at risk	physical, human, and financial resource s management in the delivery of health care services.	and financial resource s management in the delivery of health care services in a secondary role.	and financial resource s management in the delivery of health care services in a primary role.	physical, human, and financial resource s management in the delivery of health care services.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Communication									
Communication-66: Collaborative Communication (Question 92 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Verbal/non-verbal behaviors disrupt effective collaboration with team members.	Resists collaborative team input and/or exhibits defensive verbal/non-verbal behaviors.	Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care.	Verbal, non-verbal and written communication consistently facilitates collaborative care.	Role models and teaches collaborative communication to the health care team, even in challenging settings, and with conflicting team member options.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Communication-67: Communication with Patients (Question 93 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Demonstrates disrespectful communication style with patients, families, stakeholders, or the public.	Inconsistently demonstrates a respectful communication style with patients, families, stakeholders, or the public.	Demonstrates a respectful communication style with patients, families, stakeholders, and the public in routine situations.	Demonstrates a respectful communication style with patients, families, stakeholders, and the public in both routine and challenging situations (difficult, life-altering, or negative information) in a primary role.	Role models a respectful communication style in both routine and challenging situations				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Communication-69: Patient Preferences  
 (Question 94 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Makes no attempt to engage patient in shared decision-making and ignores their preferences when designing care plans or in other actions.	Requires assistance facilitating care plan and other discussions with patients to mitigate difficult or ambiguous conversation or defers them to others.	Engages patients in care plan and other discussions and respects their preferences when offered, but does not actively solicit preferences.	Solicits and incorporates patient preferences into care plans and other therapeutic actions.	Role models effective communication and development of therapeutic relationships in both routine and challenging situations				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

 Communication-70: Patient Education (Orthopedic)  
 (Question 95 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Fails to educate patient regarding the nature of their (orthopedic) condition and care plan, and the long term consequences of both.	Participates in patient education regarding the nature of their (orthopedic) condition and corresponding care plan in a tertiary role.	Participates in patient education regarding their (orthopedic) condition and corresponding care plan in a secondary role	Educates patient and/or family/caregiver regarding their (orthopedic) condition and engages them in the corresponding care plan (including self-care activities) and recovery process in a primary role.	Educates others to improve their orthopaedic management knowledge and skills, and advocates for patients' long-term health-related quality of life.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

## Communication-70.1: Patient Education (Pharmacology) (Question 96 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5
Not Observed	Fails to educate patient regarding the nature of their (pharmacologic interventions) condition and care plan, and the long term consequences of both.	Participates in patient education regarding the nature of their (pharmacologic interventions) condition and corresponding care plan in a tertiary role.	Participates in patient education regarding their (pharmacologic) condition and corresponding care plan in a secondary role	Educates patient and/or family/caregiver about pharmacologic interventions and their indications, contraindications, dosing, interactions, and adverse reactions (prescribed, OTC,	Educates others to improve their pharmacologic intervention knowledge and skills, and advocates for patients' long-term health-related quality of life.

								and supplements) in a primary role.		
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Communication-71: Patient Education (Pediatric) <i>(Question 97 of 126 - Mandatory )</i>										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	
Not Observed	Fails to educate (pediatric) patient and family/caregiver of the nature of their condition, the care plan, and their long-term health consequences.		Participates in (pediatric) patient and family/caregiver education regarding the nature of their condition and corresponding care plan in a tertiary role.		Performs (pediatric) patient and family/caregiver education regarding their condition and corresponding care plan in a secondary role.		Educates patient and/or family/caregiver their (pediatric) condition and engages them in the corresponding care plan (including self-care activities) in a primary role.		Educates others to improve their pediatric patient management knowledge and skills, and advocates for patients' long-term health-related quality of life.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Communication-71.1: Patient Education (Nutrients and Fluids) <i>(Question 98 of 126 - Mandatory )</i>										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	
Not Observed	Fails to educate patient regarding the nature of their nutrient and fluid recommendation s) and care plan, and the long term consequences of both.		Participates in patient education regarding the nature of their (nutrient and fluid recommendation s) and corresponding care plan in a tertiary role.		Participates in patient education regarding their (nutrient and fluid recommendation s) and corresponding care plan in a secondary role.		Educates patient and/or family/caregiver on nutrient and fluid recommendation s before, during, and after activity and under stressful environmental conditions in a primary role.		Educates others to improve their nutrient and fluid recommendation s knowledge, and advocates for patients' long-term health-related quality of life.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	
Communication-71.2: Patient Education (Drugs and Alcohol) <i>(Question 99 of 126 - Mandatory )</i>										
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>	
Not Observed	Fails to educate patient regarding the nature of the risks of misuse and abuse of alcohol, tobacco,		Participates in patient education regarding the nature of the (risks of misuse		Participates in patient education regarding the (risks of misuse and abuse of		Educates patient and/or family/caregiver on the risks of misuse and abuse of alcohol, tobacco,		Educates others to improve their alcohol, tobacco, and PED, OTC, Rx,	

	and PED, OTC, Rx, and recreational drugs) and the long term consequences.	and abuse of alcohol, tobacco, and PED, OTC, Rx, and recreational drugs) in a tertiary role.	alcohol, tobacco, and PED, OTC, Rx, and recreational drugs) in a secondary role	and PED, OTC, Rx, and recreational drugs in a primary role.	and recreational drugs risks knowledge, and advocates for patients' long-term health-related quality of life.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Communication-72: Patient Education (Behavioral Health) (Question 100 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Provides inappropriate (behavioral health) patient education which place patients at further risk or in crisis.	Participates in (behavioral health) patient education being conducted by other appropriately qualified providers in a tertiary role.	Performs (behavioral health) patient education in a secondary role.	Educates patients and stakeholders of at-risk populations on prevention and long term consequences of behavioral health conditions and engages them in the corresponding care plan.	Educates others to improve their knowledge and skills in managing behavioral health conditions				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Communication-73: Team-Based Care (Question 101 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Refuses to recognize other interprofessional team members' contributions and ignores the importance of team-based care to ensure patient safety.	Understands that effective team-based care plays a role in patient safety, and can identify other team member roles, but does not recognize how/when to utilize them as resources.	Participates in team-based care, but utilizes some team members ineffectively or inefficiently.	Actively participates in team-based care, using team members effectively and efficiently.	Fosters team member integration and adherence to patient care protocols to maximize patient care and prevent medical errors.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

Communication-74: Responsive to Needs  
 (Question 102 of 126 - Mandatory )

	Level 1		Level 2		Level 3		Level 4		Level 5	
Not Observed	Non-responsive to patients', caregivers', interprofessional team members' concerns.		Inconsistently responsive to patients', caregivers', and interprofessional team members' concerns.		Consistently responsive to patients', caregivers', and interprofessional team members' concerns in routine situations.		Consistently responsive to patients', caregivers', and interprofessional team members' concerns in both routine and challenging situations.		Fosters collegiality that promotes optimal functioning by advocating for and responding to all patients', caregivers', and interprofessional team members' concerns.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5	

 Communication-75: Collaborative Decision Making  
 (Question 103 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Frustrates team members with inefficiency and errors.	Participates as a respectful team member, but frequently requires reminders to complete athletic training responsibilities.	Participates in team discussions when required and completes assigned tasks, but does not actively seek input from other team members.	Actively engages in team meetings and collaborative decision-making (performance is efficient and effective).	Viewed by other team members as a leader in the delivery of high quality care.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

 Communication-76: Proactive Communications  
 (Question 104 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5
Not Observed	Disregards need to communicate at times of transition and/or does not respond to other caregivers' requests for communication.	Inefficient communication regarding care transitions lead to unnecessary expense or patient risk (e.g. duplication of tests, reinjury).	Communication with future caregivers is present, but with lapses in pertinent or timely information.	Proactively communicates with past and future care givers describing the patient's function, impairment, limitations, and/or restrictions to facilitate	Anticipates future care providers' needs and takes appropriate steps to optimize patient safety, increase efficiency, and ensure high quality

						continuity of care.		patient outcomes.	
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Communication-77: Use of Technology <i>(Question 105 of 126 - Mandatory )</i>									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Ignores the ethical and legal implications of using technology to communicate/document in health care.		Recognizes the ethical and legal implications of using technology to communicate/document in health care, but is inconsistent in their application.		Ensures that clinical and administrative communications/documents are ethical, legal, timely, complete, and accurate.		Effectively and ethically uses technology in a manner which enhance communication/documentation and does not interfere with appropriate patient interactions.		Role models effective and ethical technology use to optimize communication, documentation, and patient care.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
<b>Professional Development (Domain V)</b>									
Professional Development-78: Prioritizes Responsibilities <i>(Question 106 of 126 - Mandatory )</i>									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Is unreliable in completing patient care responsibilities or assigned administrative tasks.		Completes most assigned tasks in a timely manner, but may need multiple reminders or other support.		Consistently attends to responsibilities and completes duties as required; asks for assistance when appropriate.		Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.		Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Professional Development-79: Ethical Behavior <i>(Question 107 of 126 - Mandatory )</i>									
	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Level 4</b>		<b>Level 5</b>
Not Observed	Does not adhere to basic ethical principles or		Has a basic understanding of ethical principles,		Adheres to ethical principles, formal policies, and procedures,		Demonstrates integrity, honesty, and accountability		Assists others in adhering to ethical principles and behaviors



	blatantly disregards formal policies or procedures.	formal policies, and procedures, and does not intentionally disregard them.	but inconsistently accepts accountability.	(ethics) to patients, society, and the profession, and is willing to assume professional responsibility regardless of the situation or consequences.	including integrity, honesty, and professional responsibility.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Professional Development-82: Self-Reflection (Question 108 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Unwilling to self-reflect upon one's practice or performance.	Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections.	Regularly self-reflects upon one's practice or performance and identifies areas to improve practice.	Regularly self-reflects upon one's practice or performance and demonstrates a willingness to advance their medical knowledge to maximize improvement.	Roles models self-reflective practice and monitoring practice improvement.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Professional Development-84: Leadership (Question 109 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Demonstrates lack of professionalism or places personal values ahead of professional values.	Defines professionalism and recognizes that conflicting personal and professional values can exist, but inconsistently recognizes these in themselves.	Recognizes own conflicting personal and professional values.	Recognizes that athletic trainers have an obligation to self-discipline and to self-regulate, and engages in self-initiated pursuit of excellence.	Demonstrates leadership and mentorship in applying shared standards and ethical principles, including the priority of responsiveness to patient needs above self-interest across the health care team.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
Professional Development-85: Legal Responsibility (Question 110 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				

Not Observed	Fails to exhibit appropriate honesty, integrity, and respect to patients and team members.	Knows the basic principles of medical ethics and demonstrates honesty, integrity, and respect to patients and team members, but exhibits them inconsistently.	Knows institutional and governmental regulations for the practice of athletic training and exhibits them consistently.	Embraces all aspects of professional responsibility and ethically practices athletic training to the full scope of their education and training, including requirements for physician direction/collaboration, mandatory reporting obligations, and HIPAA, FERPA, OSHA, and medication regulations.	Develops institutional and organizational strategies to protect and maintain these principles.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

**Professional Development-86: Professional Actions**  
(Question 111 of 126 - Mandatory )

	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Refuses to be accountable for professional actions.	Requires oversight for professional actions.	Begins to reflect on and correct personal professional conduct.	Identifies and responds appropriately to professional conduct lapses, both in themselves and among their peer group.	Provides professional conduct oversight for others.				
0	1	1.5	2	2.5	3	3.5	4	4.5	5

**Specific Skill Comments:** (Question 112 of 126 )

Grading Scale					
Not Observed	Unsatisfactory	Inconsistent	Effective	Highly Effective	Exceptional
No opportunity to observe the skill.	Rarely achieves expected performance level, requires frequent corrective action.	Inconsistently achieves expected performance level, requires occasional guidance/corrective action, needs improvement.	Consistently achieves expected performance level.	Consistently achieves and occasionally exceeds expected performance level.	Consistently exceeds expected performance level.

**Professional Development: Demonstrates initiative, efficiency, and resourcefulness.**



	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Unsatisfactory	Inconsistent	Effective	Highly Effective	Exceptional				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
<b>Professional Development: Has the ability to receive constructive criticism.</b> (Question 120 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Unsatisfactory	Inconsistent	Effective	Highly Effective	Exceptional				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
<b>Professional Development: Is dependable and can be relied upon.</b> (Question 121 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Unsatisfactory	Inconsistent	Effective	Highly Effective	Exceptional				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
<b>Decision: Shows flexibility and/or creativity in a variety of situations.</b> (Question 122 of 126 - Mandatory )									
	Level 1	Level 2	Level 3	Level 4	Level 5				
Not Observed	Unsatisfactory	Inconsistent	Effective	Highly Effective	Exceptional				
0	1	1.5	2	2.5	3	3.5	4	4.5	5
<b>Specific Attribute Comments:</b> (Question 123 of 126 )									
<input type="text"/>									
<b>Overall Strengths:</b> (Question 124 of 126 )									
<input type="text"/>									
<b>Suggestions for Areas Noted as Weaknesses:</b> (Question 125 of 126 )									
<input type="text"/>									
(Question 126 of 126 )									
<b>The following scores will automatically be calculated:</b>									
Average Skill Score questions 1-111		<input type="text"/>							
Average Attribute Score questions 113-122		<input type="text"/>							
Average Score:		<input type="text"/>							

<b>Percentage Score:</b>	<input type="text"/>

**PRECEPTOR EVALUATION OF STUDENTS: Athletic Training Medical Rotations**

<b>Subject:</b> <b>Evaluator:</b> <b>Site:</b> <b>Period:</b> <b>Dates of Course/Rotation:</b> <b>Course/Rotation:</b> Evaluation Preview <b>Form:</b> Student Clinical Evaluation: General Medical Rotations						
Grading Scale						
5- Exceptional	Consistently exceeds expected performance level					
4- Highly Effective	Consistently achieves and occasionally exceeds expected performance level					
3 - Effective	Consistently achieves expected performance level					
2 - Inconsistent	Inconsistently achieves expected performance level, requires occasional guidance/corrective action, needs improvement					
1 - Unsatisfactory	Rarely achieves expected performance level, requires frequent corrective action					
0	Not Observed					
(Question 1 of 6 - Mandatory )						
<b>Skills:</b>	Exceptional	Highly Effective	Effective	Inconsistent	Unsatisfactory	Not Observed
	5	4	3	2	1	0
Adheres to OSHA pathogen procedures	5.0	4.0	3.0	2.0	1.0	0
Demonstrates a knowledge of basic anatomy	5.0	4.0	3.0	2.0	1.0	0
Demonstrates an accepting and respectful attitude toward others, regardless of differences	5.0	4.0	3.0	2.0	1.0	0
Demonstrates appropriate history taking skills	5.0	4.0	3.0	2.0	1.0	0
Demonstrates appropriate inspection and palpation skills	5.0	4.0	3.0	2.0	1.0	0
Demonstrates commitment to professional growth; is dedicated to continued improvement	5.0	4.0	3.0	2.0	1.0	0

Demonstrates effective and professional communication strategies with all members of the sports medicine team	5.0	4.0	3.0	2.0	1.0	0
Demonstrates initiative, efficiency, and resourcefulness	5.0	4.0	3.0	2.0	1.0	0
Demonstrates organization, preparation, and planning	5.0	4.0	3.0	2.0	1.0	0
Demonstrates professional interactions with patients	5.0	4.0	3.0	2.0	1.0	0
Demonstrates the ability to analyze and think critically	5.0	4.0	3.0	2.0	1.0	0
Demonstrates use of mature and reasoned judgment in decision making	5.0	4.0	3.0	2.0	1.0	0
Displays sincerity, fairness, and integrity in all situations	5.0	4.0	3.0	2.0	1.0	0
Exhibits effective interpersonal skills with a wide variety of people	5.0	4.0	3.0	2.0	1.0	0
Exhibits self-confidence	5.0	4.0	3.0	2.0	1.0	0
Exhibits tact and cultural sensitivity in communication	5.0	4.0	3.0	2.0	1.0	0
Follows athletic training clinic or other facility procedures	5.0	4.0	3.0	2.0	1.0	0
Has a positive attitude and enthusiasm for the work/site.	5.0	4.0	3.0	2.0	1.0	0
Has neat appearance (personal grooming, dress, etc.)	5.0	4.0	3.0	2.0	1.0	0
Has the ability to receive constructive criticism	5.0	4.0	3.0	2.0	1.0	0
Maintains appropriate ethical conduct and medical record privacy	5.0	4.0	3.0	2.0	1.0	0
Maintains clean, neat work area	5.0	4.0	3.0	2.0	1.0	0
Recognition of general medical illnesses/conditions	5.0	4.0	3.0	2.0	1.0	0

Shows effective communication with sports medicine team, athletics personnel, and families	5.0	4.0	3.0	2.0	1.0	0
Seeks appropriate evidence/research to make informed decisions	5.0	4.0	3.0	2.0	1.0	0
Shows flexibility and/or creativity in a variety of situations	5.0	4.0	3.0	2.0	1.0	0
Uses appropriate documentation skills (SOAP, HOPS, POMR, etc.)	5.0	4.0	3.0	2.0	1.0	0

The following scores will automatically be calculated:

(Question 2 of 6 )

Average Score:

Percentage Score:

Specific Skill Comments: (Question 3 of 6 )

Overall Strengths of ATS: (Question 4 of 6 )

Suggestions for Areas Noted as Weaknesses: (Question 5 of 6 )

Specific Attribute Comments: (Question 6 of 6 )



**COURSE EVALUATION:**

**Subject:**  
**Evaluator:**  
**Site:**  
**Period:**  
**Dates of Course/Rotation:**  
**Course/Rotation:**  
**Form:** Course Evaluation

*Please answer the following questions regarding the AT/EXSS course listed above. Your responses are anonymous and will only be used to improve future course offerings.*

**How would you rate your participation in this course?**

(Question 1 of 6 )

	1	2	3	4	5
	Hardly Any				Very Much
How much effort did you put into the course?	1.0	2.0	3.0	4.0	5.0
How would you rate your level of skill/knowledge at the beginning of the course?	1.0	2.0	3.0	4.0	5.0
How would you rate your level of skill/knowledge at the end of the course?	1.0	2.0	3.0	4.0	5.0

(Question 2 of 6 )

	1	2	3	4	5
	Fail				A or A+
What grade do you expect to earn in the course?	1.0	2.0	3.0	4.0	5.0

**How would you rate the course itself?**

(Question 3 of 6 )

	1	2	3	4	5
	Strongly Disagree				Strongly Agree
The course requirements were clearly delineated in the syllabus and/or discussion.	1.0	2.0	3.0	4.0	5.0
The in-class or lab activities supported skill development and mastery.	1.0	2.0	3.0	4.0	5.0
The in-class or lab activities supported the underlying theory and other information presented during lectures and discussion.	1.0	2.0	3.0	4.0	5.0

The course content was at an appropriate level (neither too difficult nor too easy) and met the course objectives.	1.0	2.0	3.0	4.0	5.0
The course was relevant to professional athletic training and/or exercise and sport science preparation.	1.0	2.0	3.0	4.0	5.0
The learning activities (i.e. assigned readings, projects, computer activities) supported practicing and/or mastering the course content.	1.0	2.0	3.0	4.0	5.0
The resources available outside of class (library, computer labs, Moodle, LRC, lab equipment) were adequate for meeting course objectives.	1.0	2.0	3.0	4.0	5.0
The textbook(s) was/were appropriate for the course.	1.0	2.0	3.0	4.0	5.0
The time/hours allocated to the course were sufficient to master the content.	1.0	2.0	3.0	4.0	5.0

The following scores will automatically be calculated:

(Question 4 of 6 )

Average Score:

Percentage Score:

**Please identify those aspects of the course that you found most useful or valuable for learning:** (Question 5 of 6 - Mandatory )

**What suggestions would you make to improve the course?** (Question 6 of 6 - Mandatory )

**CLINICAL SITE EVALUATION:**

**Subject:**

**Evaluator:**

**Site:**

**Period:**

**Dates of Course/Rotation:**

**Course/Rotation:**

**Form:** Program Site Evaluation

*(Question 1 of 7 )*

**Number of (A)Cis**

**Number of ATSS**

**Number of Patients**

*(Question 2 of 7 )*

Equipment:	# of Units	In good repair?			Calibration Date
		Yes	No	N/A	
Ultrasound	<input type="text"/>	2.0	1.0	0	<input type="text"/>
E-Stimulation	<input type="text"/>	2.0	1.0	0	<input type="text"/>
Biofeedback	<input type="text"/>	2.0	1.0	0	<input type="text"/>
Whirlpool	<input type="text"/>	2.0	1.0	0	<input type="text"/>
Ice Machine	<input type="text"/>	2.0	1.0	0	<input type="text"/>
Hydrocollator	<input type="text"/>	2.0	1.0	0	<input type="text"/>
Bicycle	<input type="text"/>	2.0	1.0	0	<input type="text"/>
Stair Climber	<input type="text"/>	2.0	1.0	0	<input type="text"/>
Treadmill	<input type="text"/>	2.0	1.0	0	<input type="text"/>

*(Question 3 of 7 )*

General workspace:	In general:			Comments
	Yes	No	N/A	
Neat/Tidy	2.0	1.0	0	<input type="text"/>

Clean/Sanitary	2.0	1.0	0	<input type="text"/>
Professional Atmosphere	2.0	1.0	0	<input type="text"/>

(Question 4 of 7)

Documentation:	In general:			Comments
	Yes	No	N/A	
Forms Available	2.0	1.0	0	<input type="text"/>
Treatment Logs Used	2.0	1.0	0	<input type="text"/>
Med. Tracking Logs Used	2.0	1.0	0	<input type="text"/>
Pt Records Accessible	2.0	1.0	0	<input type="text"/>
Treatment Notes Accessible	2.0	1.0	0	<input type="text"/>

(Question 5 of 7)

Biohazardous Material:	In general:			Comments
	Yes	No	N/A	
Gloves Easily Accessible	2.0	1.0	0	<input type="text"/>
Sharps Container Accessible	2.0	1.0	0	<input type="text"/>
Appropriate Sharps Storage	2.0	1.0	0	<input type="text"/>
Surface Cleaner Accessible	2.0	1.0	0	<input type="text"/>
Hand Cleaner Accessible	2.0	1.0	0	<input type="text"/>
Laundry Area Clean	2.0	1.0	0	<input type="text"/>

(Question 6 of 7)

ATS Supervision:	In general:			Comments
	Yes	No	N/A	
When Taping	2.0	1.0	0	<input type="text"/>
When Using Modalities	2.0	1.0	0	<input type="text"/>
When Doing Rehabilitation	2.0	1.0	0	<input type="text"/>
When Giving Other Treatments	2.0	1.0	0	<input type="text"/>
Professional ATS/ATS Interactions	2.0	1.0	0	<input type="text"/>
Professional (A)CI/ATS Interactions	2.0	1.0	0	<input type="text"/>

**Overall Comments** (Question 7 of 7)

--

**CLINICAL EXPERIENCE EVALUATION:**
**Subject:**
**Evaluator:**
**Site:**
**Period:**
**Dates of Course/Rotation:**
**Course/Rotation:**
**Form:** Clinical Experience Evaluation

***Please answer the following questions regarding the AT clinical experience component of the course listed above. Some questions are mandatory (but we hope you will answer all questions). Your responses are anonymous and will only be used to improve future course offerings.***

**How would you rate your participation in this clinical experience?**

(Question 1 of 6 )

	1	2	3	4	5
	Hardly Any				Very Much
How much effort did you put into the clinical experience?	1.0	2.0	3.0	4.0	5.0
How would you rate your level of skill/knowledge at the beginning of the clinical experience?	1.0	2.0	3.0	4.0	5.0
How would you rate your level of skill/knowledge at the end of the clinical experience?	1.0	2.0	3.0	4.0	5.0

(Question 2 of 6 )

	1	2	3	4	5
	Fail				A or A+
What grade do you expect to earn from your preceptor in this clinical experience?	1.0	2.0	3.0	4.0	5.0

**How would you rate the clinical experience itself?**

(Question 3 of 6 )

	1	2	3	4	5
	Strongly Disagree				Strongly Agree
The clinical experience expectations were clearly communicated.	1.0	2.0	3.0	4.0	5.0
The clinical experience expectations were at an appropriate level (neither too difficult nor too easy) for my stage of learning.	1.0	2.0	3.0	4.0	5.0

Opportunities were given to practice <u>previously learned</u> skills on patients.	1.0	2.0	3.0	4.0	5.0
Opportunities were given to learn or practice <u>new</u> skills on peers or patients.	1.0	2.0	3.0	4.0	5.0
The clinical experience was relevant to professional athletic training preparation.	1.0	2.0	3.0	4.0	5.0
The resources available at the clinical site were adequate to meet expectations.	1.0	2.0	3.0	4.0	5.0

The following scores will automatically be calculated:

(Question 4 of 6 )

Average Score:

Percentage Score:

**Please identify those aspects of the clinical experience that you found most useful or valuable for learning:** (Question 5 of 6 - Mandatory )

**What suggestions would you make to improve the clinical experience?** (Question 6 of 6 - Mandatory )

## GRADING POLICY FOR DIDACTIC AND PRACTICUM COURSES

Students **MUST earn 80% average overall** in all didactic athletic training courses to pass the course, regardless of the grades earned on other course activities, such as projects, papers, etc. (*Note: students may have one grade of "C" over the course of the curriculum. Students who earn a second grade of C in any required courses may petition the VPAA to return to the program in a future year.*) In courses with formal oral/practical exams, those must also be passed with a **minimum score of 80%** (note that each oral/practical evaluation must be mastered at 90% before graduation).

Students must earn  $\geq 74\%$  average on all items identified on a course syllabus as falling in the "Test" grading category to pass the course. While individual items within the category may be  $< 74\%$ , the simple mathematical average of all items must meet or exceed that threshold to pass the course. If a student earns  $< 74\%$  on the test average, but passes the course, they will be placed on a one semester probationary period with an individualized remediation plan. If the student has already been afforded a probationary period previously, they will be removed from the program.

Students are assessed on a five-point sliding scale based on demonstrated competence in practicum courses, ranging from novice (1) to expert (5). Student grades are calculated based on their expected level of competence in the given semester, with A=1.5-2.0, B1=2.0, B2=2.5, C1=3.0, C2=3.5, and D=4.0 (scores of 5 are reserved for students demonstrating skill levels commensurate with practicing ATs). For example, if a level C1 student earns a 2.87 average (where a score of 3 is the expectation), this calculates to a 96% average. **All students must earn a  $\geq 74\%$  average overall** in all practicum athletic training courses to pass the course.



### **STUDENT CLINICAL EVALUATIONS:**

Students are responsible for scheduling time during the semester with their clinical preceptor to test the clinical skills assigned to their practicum course. The preceptor will evaluate and provide feedback for these attempts. All clinical skill testing must be tracked on the semester log, master log, and in eValue.

All students are also formally evaluated by their clinical preceptor at both midterm and at the end of the clinical rotation.

Students should make appointments with the clinical instructor prior to the posted due dates to discuss their performance, and should be prepared to discuss their progress, or lack thereof, with the preceptor and provide revised goals and/or improvement strategies if necessary.

The preceptor will provide the student with a written evaluation of the clinical experience at MIDTERM and at the END OF THE ROTATION, including the student's strengths and weaknesses, using the *Clinical Evaluation Tool*. Both student and preceptor signatures are required on the evaluation form. The original evaluation will be placed in the student's file in the office of the Administrative Assistant.

*Clinical Evaluation* grades are part of the course grade in all practicum courses.

### Professional Conduct and Demerit Policy

Professional conduct contributes significantly to student and staff success during athletic training experiences. Therefore, limiting distracting behaviors in the work environment is important. This demerit policy applies to all Piedmont University clinical education sites and students in Levels A, B, C, and D.

Faculty and Clinical Preceptors must issue a minimum of one warning for an infraction before citing the student with a demerit. They should use the warning as an opportunity for discussion with the student on ways to prevent the same infraction from happening again. However, once a formal warning has been given on an infraction, the next cited occurrence incurs a demerit. Demerit totals are cumulative throughout the program and do not “reset” yearly. If a student earns 3 demerits, they will be removed from the program immediately (they will be allowed to remain in their didactic courses, but will be withdrawn from their current Practicum course and removed from clinical education immediately. Students wishing to appeal to have their expulsion transmuted to a one year probation can meet with the Dean and Program Director. If the appeal is successful, the student will be removed from their current cohort and placed with the following year’s group. This will add an extra year to their plan of study.

The infractions for issuing of demerits are listed below:

- Violation of Dress Code
- Tardiness
- Inappropriate use of telephone (texting, etc.) during clinical experience hours
- Unprofessional Behavior (Cussing, PDA, poor attitude)
- Unexcused absence from meeting, treatments, clinical experience hours
- Unexcused absence from game/practice
- Insubordination (at preceptor discretion)
- Breach of medical confidentiality
- NATA Code of Ethics Violation
- Lying, Cheating, or Stealing
- NATA Code of Professional Practice Violation
- Sexual Harassment
- Alcohol and Drug Violations
- Dispensing Medication Inappropriately\*

*\*Be aware that handing over the counter (OTC) medications can be a complicated matter in athletics. Thanks to our working relationship with our team physicians, Piedmont University ATSs are allowed to dispense single-dose OTC medication to athletes under the direct supervision of their preceptor. Before dispensing the OTC medication to the athlete, the ATS must check with the staff athletic trainer. When medication is dispensed to an athlete, the ATS should always record the athlete’s name, medication, and dose on the tracking log and record the information in the athlete’s file. The ATS should always ask the athlete if they are currently taking medication or if they are allergic to any medication before giving any OTC medication to them. Also, it is the duty of the ATS to properly inform the athlete about the medication and how it is to be taken.*

### Confidentiality

Students enrolled in the Athletic Training Program must hold in confidence all client/patient related information and only release it to the person who owns it, those faculty, staff, or administration who have need to know (HIPPA), and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Act of 1974 (FERPA). Instruction on confidentiality within the allied health care setting will be given in the initial athletic training course, and students will be asked to sign a Confidentiality Statement (see copy below) prior to beginning observation hours to meet program admission requirements. Copies of this statement will also be signed yearly while in the program. In short, you may not release information to anyone regarding a patient. This includes their health or participation status, copying or reproducing any reports, or passing unauthorized information by telephone. Failure to protect any client's right to confidential treatment may result in a failing course grade, dismissal from the Athletic Training Program, and civil liability for a breach of confidentiality.

#### CONFIDENTIALITY STATEMENT

In accordance with the Law (Official Code of Georgia, Annotated, Sections 37-3, 37-4, 37-7 and HIPAA) every patient's right to confidential treatment must be protected.

As a student and/or provider of care, I understand that the patient's right to privacy must be protected and treatment must remain confidential. While providing care, I may become knowledgeable of certain patient related information. This information may include patient identity, information related to a patient's treatment, diagnosis, or to other services received.

I understand that at all times I am restricted from discussing any information pertaining to a patient with anyone other than PC athletic training faculty, clinical preceptors, or site personnel directly responsible for the patient's care. I understand this includes other students outside of post conference. Personally identifying information is any information which is readily used to identify a particular patient including but not limited to: name, address, sport, diagnosis, Social Security number, physical description, names of family members, and photographs. I further understand that if I do discuss patient information I subject myself to civil liability and may be subject to a failing course grade and dismissal from Piedmont University Athletic Training Program.

I understand that I am not to post any patient information on social networking sites or journaling/blogs, such as, but not limited to, Facebook, MySpace, or any other such sites. Patient information includes identifying information but also includes disease information, pictures, treatment information or any clinical or other information. If such information is found to be posted to such a website the result will be immediate dismissal from the program.

Student Name: (print) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Athletic Training Facility Etiquette**

- Athletic Training Facilities
  - Follow Dress Code as stated in the Dress Code Section
  - Make sure you have good communication with your preceptor; ask questions when appropriate and provide responses when asked.
  - Mentor other students and accept mentoring from others.
  - Proper Phone Answering:
    - (Specific Athletic Training facility) this is (your name) , how may I help you?
  - Cell phones turned off or silenced
  - No lounging or lying on tables. Homework can only be done when there are no patients present and all other work has been completed and with preceptor permission.
  - Follow all OSHA standards
  - Be responsible and be on TIME.
- Traveling
  - Follow Dress Code as stated in the Dress Code Section
  - Be on time to leave for game
  - Make sure you have good communication with coaches and your preceptor; ask questions when appropriate and provide responses when asked.
  - Have necessary supplies and make sure kit is well stocked
  - Cell phones off/silenced during games and only used for emergencies
  - Follow all team policies.
  - Follow individual school's athletic training facility policies and procedures
  - Be courteous with other athletic trainers.
- Within The Major
  - Follow Dress Code as stated in the Dress Code Section
  - Remember you are representing PCAT at all times outside of class and practices
  - Mentor other students and accept mentoring from others.
  - Be professional at all outside events (conferences, meetings, etc.)
  - Be respectful and courteous to fellow ATs and ATCs
  - Maintain confidentiality of all patients at all times.
- Coaches
  - Be respectful and courteous to all coaches (head and assistants).
  - Develop a good, professional relationship with coaches from the beginning of your rotation.
  - Communicate well with the coaches about the health of patients and keep them informed of the progress of injured patients as directed by your preceptor.
  - Be on time and be responsible at all home/away games and at each practice.
  - Learn the rules/likes/dislikes of your coaches during games and practices and be respectful and follow those rules.
- Allied Health Professionals
  - Follow Dress Code as stated in the Dress Code Section
  - Be respectful and courteous to all personnel (allied health professionals, support staff, etc.).
  - Develop a good, professional relationship with personnel from the beginning of your rotation.
  - Communicate well with all staff; ask questions when appropriate and provide responses when asked.
  - Be on time and be responsible for all scheduled experiences
  - Learn the rules/likes/dislikes of the site personnel and be respectful and follow those rules.

## **Professional Memberships**

Membership in professional organizations instills a sense of professionalism in the student, provides certain rights and benefits, and also increases the possibility of being awarded a scholarship.

### National Athletic Trainers' Association (NATA)

Each student enrolled in the ATP is expected to become a member of the NATA when applying to the program. As a student in District 9, you will pay a fee of \$80/year. A membership will result in a savings on the fee required to sit for the National Athletic Trainers' Association Board of Certification (BOC) examination. Membership in the NATA also entitles the student to compete for academic scholarships, receive discounts to professional meetings, monthly copies of NATA News, reasonably priced personal and professional liability insurance, and free use of the Placement Vacancy Service.

### District 9 Southeast-Atlantic Athletic Trainers' Association (SEATA)

The following states are part of the SEATA: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, Tennessee, Puerto Rico, and the Virgin Islands. Dues for SEATA are usually due with the annual NATA dues.

### Georgia Athletic Trainers' Association (GATA)

It is also recommended, but not required, that athletic training students become members of our state athletic trainers' association. The fee is also minimal and fluctuates year to year. Non-certified student membership is currently \$20/year. Other membership categories are as follows:

- GBAT licensed/NATABOC Certified - \$40 Open to all athletic trainers practicing in Georgia, certified by NATABOC, and licensed by Georgia Board of Athletic Trainers
- Licensed/Certified Retired - \$25 Athletic Trainers who were certified by NATABOC and/or licensed by the Georgia Board prior to retirement. These members are no longer actively in practice.
- Licensed/Certified Student - \$25 Open to all students enrolled full-time in a Georgia University or university who are also certified by the NATABOC and licensed by the Georgia Board of Athletic Trainers.
- Associate - \$40 Open to all licensed healthcare providers (physicians, PA, NP, PT, OT, RN, etc) who are not athletic trainers. Also open to athletic trainers not currently residing or working in Georgia yet still desire membership in GATA.
- Non-certified/licensed Student - \$20 Open to all University/University or High school students who desire GATA membership prior to certification/licensure as an athletic trainer in Georgia. Members at this level are not eligible to earn continuing education units (CEUs) at the annual meeting.

### Board of Certification (BOC) Certification Requirements

The BOC was incorporated in 1989 to provide a certification program for entry-level athletic trainers and recertification standards for certified athletic trainers. The purpose of this entry-level certification program is to establish standards for entry into the profession of athletic training. Additionally, the BOC has established the continuing education requirements that a certified athletic trainer must satisfy in order to maintain current status as a BOC certified athletic trainer.

The Board of Certification reviews the requirements for certification eligibility and standards for continuing education annually. Additionally, the Board reviews and revises the certification examination in accordance with the test specifications of the BOC Role Delineation Study that is reviewed and revised every five years. The Board of Certification uses a criterion-referenced passing point for the anchor form of the examination. Each new examination version is equated to the anchor version to ensure that candidates are not rewarded or penalized for taking different versions of the examination.

In order to obtain certification as an athletic trainer, a candidate must satisfy curriculum requirements used to meet eligibility standards (i.e. graduate from a CAATE-accredited program) and pass a national certification examination.

- Candidates must successfully complete an professional-level athletic training program accredited by CAATE, in no fewer than two academic years.
- The ATS must have a high school diploma to begin accumulating supervised athletic training experience hours that are to be used to meet requirements for BOC certification.
- Proof of graduation (an official transcript) at the baccalaureate level from an accredited University or university located in the United States of America.
- Proof of current certification in Emergency Cardiac care (ECC). ECC certification must include the following: adult and pediatric CPR, airway obstruction, 2nd rescuer CPR, AED and barrier devices. ECC certification must be current at the time of application.
- Endorsement of the certification application by the accredited curriculum program director.
- *Please note: If any of these BASIC REQUIREMENTS are not fulfilled at the time of application, the application will be returned to the applicant (NO EXCEPTIONS).*

The BOC does not discriminate against any individual on the basis of religion, gender, ethnic background, or physical disability.

### **What Every Athletic Trainer Should Know**

*The following information comes directly from the NATA website. As the NATA is the governing association for the Athletic Training Profession, Athletic Trainers of all levels (student through certified) should strive to live by these fundamentals:*

Most athletic trainers work in environments where physical contact, competition, and pressure for opportunities are intense, and where failure often has quick consequences for athletes and those who work with them. The potential for sexual harassment is high in environments such as these.

Sexual harassment is not just a problem for its victims. Anyone responsible for workplace decisions or employee supervision is responsible for understanding and preventing sexual harassment and may be held liable for failing to do so. Sexual harassment includes much more than most people think.

**What is Sexual Harassment?**

Sexual Harassment is any form of unwelcome conduct based on a victim's gender. There are two basic types. Most people understand the first type, *quid pro quo*, in which the victim is promised some kind of benefit or threatened with some kind of harm in exchange for sexual favors. Sexual favors include requests for dates and social events as well as requests for any kind of sexual touching.

The second type of harassment, hostile environment harassment, is more commonly alleged and does not require any threat or promise of benefit: sexual harassment occurs if a harasser by his or her conduct or failure to act creates or allows a hostile, offensive or intimidating environment. An environment may be hostile even if no touching occurs; jokes, pictures, innuendo, comments about a person's body or appearance, sexual remarks about others, gestures and looks, and even more subtle collections of practices may create one.

**What responsibility does an athletic trainer have for sexual harassment?**

If an athletic trainer is an employer, is a manager of employees, or is a person responsible for workplace policies, he or she has a variety of responsibilities to attempt to prevent sexual harassment and to deal properly with it when it happens. These responsibilities have been growing rapidly in recent years and athletic trainers are cautioned to stay well informed of their legal responsibilities.

An employer could be liable for sexual harassment of the *quid pro quo* type even if it had no knowledge of the harassment, and even if the victim did not object and suffered no harm.

An employer may be liable for hostile environment harassment if it knew of the harassment, took insufficient action to stop it, or had no effective means in place for reporting, investigating or remedying the harassment (with no adverse consequences for the victim).

An employer is generally responsible for trying to prevent and police harassment against employees from any source, not just from other employees. This means that employees must be protected against harassment from athletes, coaches, fans, customers, vendors, doctors, athletic trainers and others, to the extent possible.

Courts increasingly determine whether harassment against women occurred based on whether a reasonable woman (not a reasonable man) might feel threatened or harassed.

**What can a victim do?**

A person can be a victim of sexual harassment if she or he is the target of the harassment, if she or he is harmed because someone else is a target (for example, if someone else gets preferred treatment), or if she or he works in a sexually hostile environment.

Appropriate actions will vary greatly with the situation and governing laws and policies. A person may feel victimized or ill-treated and not legally be a victim of sexual harassment; so (1) becoming informed, (2) keeping proper records, and (3) acting calmly are generally prudent.

Employers are legally expected to have and publish investigation and protection procedures for victims. The law requires that employers (1) act promptly, (2) take all complaints seriously, (3) document the investigation, (4) conduct all interviews privately and confidentially, and (5) prevent avoidable harm to the victim. Many employers make available same-gender representation and alternative reporting channels. Victims should investigate their internal options.

Victims often have a variety of legal courses of action in addition to internal procedures including breach of contract, workman's compensation claims, common law tort actions, state and federal statutory claims, and EEOC or other regulatory agency actions. Expert advice, not just the impassioned views of friends and relatives, should be sought. Keeping proper records increases a victim's options and chances of positive resolution. Non-legal resolutions should be analyzed as well.

Where does the NATA stand?

Sexual harassment violates the NATA's Code of Ethics and can be grounds for sanctions, including termination of membership.

NATA Code of Ethics

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

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

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

Principle 4: Members shall maintain and promote high standards in the promotion of services.

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



### **Clinical Education Guidelines for Athletic Training Students**

- Supervision:
  - The preceptor must be physically present and have the ability to intervene under the direct supervision of the ATS to provide on-going and consistent education.
  - The preceptor must consistently and physically interact with the ATS at the site of the clinical experience. Students who find themselves unsupervised must remove themselves from the clinical site immediately and contact the Clinical Education Coordinator.
  - Preceptors are required to have constant visual and auditory interaction between themselves and the athletic training student (ATS) to provide direct supervision in the context of patient care. They must be available on-site to physically intervene in an emergency situation, create an educational experience, and to plan, direct, and advise the student's clinical experience. At no time should the ATS be left unsupervised to act without the physical presence of a certified athletic trainer or appropriate clinical supervisor.
  - The preceptor must also accept all ATS assigned to their facility or sport without discrimination, assign them responsibilities commensurate with their education and experience as delineated in the NATA Competencies in Athletic Training, and enhance their educational experience by reviewing and critiquing the competencies assigned to their academic level for progress and mastery.
  - Furthermore, the preceptor should encourage critical thinking and assist the ATS in setting and obtaining personal goals throughout the clinical rotation.
  
- Clinical Skill Practice:
  - While being directly supervised by a preceptor, an ATS may provide all athletic training skills that have been presented in either a previous or concurrent academic course and/or successfully evaluated in the Didactic and Lab Manual. Students may also write progress notes recording actions of care (regardless of academic level). However, ATs may neither practice a skill that has not been successfully evaluated, nor initiate, change, or progress a rehabilitation plan, use electrical or ultrasound modalities, conduct an injury evaluation, or make return to play decisions when not directly supervised.
  - Athletic training students must maintain current certifications in First Aid and CPR-BLS with AED and personal professional liability insurance. The initial basic life support certification is offered the first summer term, with recertification in spring-2. (The AT Program Director and one faculty are approved American Red Cross instructors). Students can also contact their local American Red Cross Chapter for additional certification opportunities. Application of emergency CPR/AED and life-saving first aid techniques are the only skills an ATS is allowed to perform unsupervised.
  
- Clinical Hours:
  - Graduate (B,C) students must complete an average of 10-15hrs per week (8hrs/week minimum) at their clinical site in each of the associated practicum courses (a minimum of 150hrs each). Graduate students (D) complete 30-40hrs/wk (16hrs/week minimum) in each of the associated practicum courses (a minimum of 300hrs each).
  - While there is no maximum number of hours a student can complete, year 1 students are advised, that while they may occasionally exceed 20hrs in one week, they are not to average over 20hrs/wk in any given month. Year 2 students may occasionally exceed 40hrs in one week, but should not average over 60hrs/wk in any given month.

- All clinical hours and skill practice/mastery must be logged and verified by the clinical preceptor in the e\*Value system. Once the semester or program minimums have been met (150 or 300 as appropriate for the specific course), students are **NOT** released from his/her Preceptor and site. Students must be active clinically every week of the academic term.
- All students must have a minimum of one day off from their clinical site each week (2 days off is recommended).
- At no time should the ATS be left unsupervised to act without the physical presence of a certified athletic trainer or clinical preceptor. Students who find themselves unsupervised must remove themselves from the clinical site immediately and contact the Clinical Education Coordinator.
- If a student exceeds the weekly average hours in any given month, the CEC contacts both them and their preceptor to determine the circumstances and reiterate the policy. If the policy is violated a second time during a single clinical experience, the student is removed from the clinical site until a formal, limited schedule can be arranged (the CEC, student, and preceptor are included in this discussion). If an appropriate schedule cannot be determined or agreed upon, the student will be moved to a more suitable site/preceptor for the remainder of the clinical experience.

**Health and Human Performance**

## **Admission Criteria**

### How to apply:

Piedmont University uses an online Application System to manage all application information and documents. Prospective students should complete the online application no later than April 15th of the year in which they wish to begin the program. All students must have all prerequisite courses and a Bachelor's degree complete prior to starting the first summer session at Piedmont.

### Admission Criteria:

Acceptance into the Health and Human Performance Program is open to all students who meet the following criteria:

- Admission to Piedmont University
- Declare Health and Human Performance as a major
- "C" or better on all required prerequisite coursework
- Completed application, cover letter, and professional resume (due April 15th)
- Official transcripts from each University, university, or technical school attended. (*Final official transcripts due before summer classes begin*) Only courses from regionally accredited institutions and foreign institutions approved for semester abroad will be accepted for credit. Courses from regionally accredited technical Universities in the State of Georgia may be accepted pursuant to Articulation Agreements between Piedmont University and the specific technical University.
- Copy of immunization records, including Tdap, MMR, Varicella, Hepatitis B and a TB skin test (within 12 months)
- Overall cumulative minimum GPA of 2.8
- Two letters of recommendation (if already enrolled at Piedmont, one must be from a faculty or staff member)
- Successful background check and drug screen (must be completed prior to participating in the Internship)

### Prerequisite Courses:

Prospective students must have completed, or be currently enrolled in, the following prerequisite courses when applying to the Health and Human Performance program (only grades of "C" or better will be accepted):

- Anatomy and Physiology (two course sequence; 6-8cr)
- Kinesiology or Biomechanics (3-4cr)
- Basic Nutrition or Sport Nutrition (3cr)
- Fitness assessment, exercise prescription, strength and conditioning, or similar (3cr)
- General psychology, anthropology, or sociology (3cr)
- Statistical methods or biostatistics (3cr)

### Recommended Courses:

The following courses are recommended, but not required for program admission:

- Introduction to health science, exercise science, athletic training, physical education, or similar (3cr)
- Exercise physiology (3-4cr)
- Health Policy and Law or similar (3cr)
- Developmental or abnormal psychology (3cr)
- Sport Psychology (3cr)
- Health Promotion (3cr)

### Travel Requirements

Students in the Health and Human Performance program must complete an internship with a community partner in and around the Demorest area. While students choose the internship site, some agencies may be outside the immediate campus area (up to 45-minute drive time). It is the student's responsibility to arrange transportation to internship responsibilities while in the program.

#### Health Form and Immunizations

As part of the application process, students must submit proof of a recent physical examination and record of immunizations that includes proof of HBV inoculation and a negative two-step TB skin test within the last 12 months. Some internship sites may require other immunizations at any point in the curriculum, and it will be the student's responsibility to provide documentation as required.

#### Required Transcripts

Current Piedmont University students must provide official transcripts with their application showing both the prerequisite courses completed, those in progress, and GPA. Applicants who have attended or are attending another university must provide official transcripts from all universities for all semesters attended. Transfer students' transcripts and application process will be determined on a case-by-case basis.

#### CPR and AED Certification

While not required for admission, students are encouraged to have current CPR-AED and first aid certification. Students enrolled in ATRG5120 will have an opportunity to become certified during the first summer session.

## **Appendices**

**A: Policy and Procedure Manual Informed Agreement Statement**

This is to certify that I have read the Piedmont University HSCS Policy and Procedure manual. I am fully aware of the requirements and expectations as set forth in this manual. I understand that failure to abide by the rules and regulations set forth in this document may result in me being placed on probation or dismissed from the Piedmont University ATP. By signing below, I have indicated my agreement and understanding of these policies regarding probation and dismissal.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By initialing below, I certify that I understand these policies and their implementation.

Initials	Specific Policy
	Confidentiality: HIPPA and FERPA
	Program Progression Requirements and Student Leave of Absence
	Additional Program Costs (clothing, e*Value, travel, etc.)
	Academic Integrity, Attendance, and Competency Exam Expectations
	Outside Employment and Intercollegiate Athletics Participation
	Dress Code and Cell Phone/Electronic Device Use Expectations
	Student Alcohol and Drug Policy (including testing with cause)
	Health Insurance, Immunizations, and PPD Requirements
	Clinical Experience and Evaluations Policies (including hours submission expectations)
	Professional Conduct, Etiquette, and Membership Expectations
	Demerit Policy
	Communicable Disease Policy, Exposure Control Plan, and Site BBP Protocols

**Piedmont University**  
**B: Athletic Training Student Clinical Orientation and Contractual Agreement**

ATS Name:		ATS Signature:	
PCPT Name:		PCPT Signature:	
Site:		Term:	

I accept this contract with the understating that I am representing the Piedmont University Athletic Training Program (ATP) at all times. In accepting the terms of this agreement, I understand that being an athletic training student is a commitment which is preparing me to become a certified athletic trainer. I understand that I will be closely supervised and evaluated. Furthermore, I understand that my evaluation will become part of my record and my performance will partially determine my grade and continuance in the program. I understand that I will also have the opportunity to evaluate my preceptor and clinical site.

My responsibilities, under the direct supervision of my preceptor, include the skills below based on completed proficiencies and may change as the semester progresses:

- Clinical Skill Practice:
  - While being directly supervised by a preceptor, an ATS may provide all athletic training skills that have been presented in either a previous or concurrent academic course and/or successfully evaluated in the Didactic and Lab Manual. Students may also write progress notes recording actions of care (regardless of academic level). However, ATSs may neither practice a skill that has not been successfully evaluated, nor initiate, change, or progress a rehabilitation plan, use electrical or ultrasound modalities, conduct an injury evaluation, or make return to play decisions when not directly supervised.
  - Athletic training students must maintain current certifications in First Aid and BLS with AED and personal professional liability insurance. The initial basic life support certification is offered the first summer term, with bi-annual updates occurring in the spring semester. Students can also contact their local American Red Cross or American Heart Association Chapter for additional certification opportunities. Application of emergency CPR/AED and life-saving first aid techniques are the only skills an ATS is allowed to perform unsupervised.
- Clinical Hours:
  - Graduate students should complete an average of 10-15hrs per week at their clinical site in each of the first two practicum courses and approximately 30-40hrs per week in the second two courses. While students may occasionally exceed 20hrs in one week, they are not to average over 20hrs/wk in any given month as a level B or C student. Level D students should not exceed >60hrs/wk in any given week. All clinical hours must be logged and verified by the clinical preceptor in the e\*Value system. Graduate (B,C) students must complete a minimum of 150hrs in ATRG5201 and ATRG5221. Graduate (D) students must complete a minimum of 300hrs in ATRG6301 and ATRG6321.
  - All clinical hours and skill practice/mastery must be logged and verified by the clinical preceptor in the e\*Value system. Once the semester or program minimums have been met (150 or 300 as appropriate for the specific course), students are **NOT** released from his/her Preceptor and site. Students must be active clinically every week of the academic term.



- All students must have a minimum of one day off from their clinical site each week (2 days off is recommended).
- At no time should the ATS be left unsupervised to act without the physical presence of a certified athletic trainer or clinical preceptor. Students who find themselves unsupervised must remove themselves from the clinical site immediately and contact the Clinical Education Coordinator.
- If a student exceeds the weekly average hours in any given month, the CEC contacts both them and their preceptor to determine the circumstances and reiterate the policy. If the policy is violated a second time during a single clinical experience, the student is removed from the clinical site until a formal, limited schedule can be arranged (the CEC, student, and preceptor are included in this discussion). If an appropriate schedule cannot be determined or agreed upon, the student will be moved to a more suitable site/preceptor for the remainder of the clinical experience.

I have read the Piedmont University Policy and Procedures Manual and agree to abide by these rules and regulations. I agree to complete at least the minimum clinical hours in the assigned clinical setting over the course of the entire rotation. In doing so, I will fulfill my duties to the best of my ability.

**Tentative daily schedule.**

Below is a tentative schedule that I will complete my clinical experience hours. I understand that this schedule will change based on changes to the practice and game schedule. My weekly commitment is as follows:

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

The five goals I have for this clinical experience are:

- 1.
- 2.
- 3.
- 4.
- 5.

Three expectations I have for my Preceptor are:

- 1.
- 2.
- 3.

Three expectations my Preceptor has for me are:

- 1.
- 2.
- 3.

**To be completed by the Preceptor.**

All preceptors are expected to hold an Orientation Session to explain and review the information listed below with the Athletic Training Students assigned to them.

Date Completed	
	Review Emergency Action Plan (EAP): emergency phone numbers, location of EAP, and communications to initiate EAP. This should be posted and/or available at each site.
	Review all OSHA regulations and facility procedures regarding BBP, locations of biohazard containers, and hand washing facilities at the site.
	Determine the ways in which it is best for the clinical instructor and the student to make contact in case of illness, postponed or cancelled events, etc. Email addresses, cell phone numbers, home numbers should be exchanged when appropriate.
	Review the dress code. At no time should the student's mid-drift, low back or chest be exposed.
	Select a clinical rotation schedule that will assure the student meets the hours requirement.
	Make introductions to the appropriate personnel (athletic director, coaches, players, colleagues, support staff, etc.)
	Review clinical skills and proficiencies assigned for the specific courses in which the student is enrolled.
	Review meaning of direct supervision and implications on student involvement.

**C: List of Communicable Diseases**

(CDC - <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf>)

1. Conjunctivitis
2. Diarrhea
3. Diphtheria
4. Enteroviral infections
5. Hepatitis A
6. Hepatitis B
7. Hepatitis C
8. Herpes simplex
9. Human immunodeficiency virus
10. Measles
11. Meningococcal infections
12. Mumps
13. Pediculosis
14. Pertussis
15. Rubella
16. Scabies
17. Streptococcal infection
18. Tuberculosis
19. Varicella (chickenpox)
20. Zoster
21. Viral Respiratory infections (including COVID-19)

## D: ATS Student-Athlete Agreement Form

### Background

A number of students interested in the Piedmont University Athletic Training Program also have an interest in participating on an intercollegiate athletic team. The Athletic Training major has a significant clinical component which requires student commitment during afternoons, evenings, and on weekends. Time conflicts between sport demands and clinical requirements can occur. The athletic training faculty is committed to encouraging students and assisting them in taking advantage of the co-curricular opportunities on campus. In order to fulfill the requirements of the athletic training program, and have quality clinical experiences to enable the student to become a skilled health care professional, the following guidelines have been designed.

### Guidelines

1. Due to the time constraints imposed by the athletic training program, students admitted to the program are strongly encouraged to reduce their participation in other time-intensive activities and programs.
2. The athletic training student's primary responsibility during his/her intercollegiate athletic team's traditional season will be participation with the intercollegiate team. He/she must complete the clinical experience hours required for the respective Practicum course (*150hrs per course in ATRG5201 and ATRG5221 and 300hrs per course in ATRG6301 and ATRG6321*).
3. The athletic training student's primary responsibility during his/her intercollegiate team's traditional offseason will be his/her athletic training clinical experience assignment/hours. All workouts, meetings, and sessions related to the intercollegiate sport will be secondary to athletic training clinicals. There are no restrictions on sport participation on off-days from clinicals.
4. Athletic training students who participate in intercollegiate athletics must, like all students, fulfill all the didactic and clinical program requirements before they graduate (*including the minimum hours per week and total hours expectations*).
5. Reaching the minimum clinical experience hours does not mean the end of the clinical experience rotation. Athletic training students must complete the entire clinical experience to which they have been assigned.
6. Some athletic training students/student-athletes may need to remain at Piedmont University for an additional semester to ensure they have received the clinical experience necessary to graduate and sit for the BOC certification examination. This will be determined on an individual basis.
7. All students must complete two 7-week non-immersive clinical rotations in each of the fall and spring ATRG5201 and ATRG5221 Practicum courses (*four non-immersive clinical rotations total*).
  - a. All students must complete a minimum of 8 clinical hours per week for each of the 15 weeks in the term **AND** complete a minimum of 150 clinical hours each semester in ATRG5201 and ATRG5221 (*students should average 10+ hours per week to meet the minimum course requirements*).
8. All students must complete two 7-week clinical rotations in each of the fall and spring ATRG6301 and ATRG6321 Practicum courses, of which two 4-week blocks within two 7-week rotations must be immersive and meet the CAATE expectation of "totality". Additionally, one of the four 7-week rotations this year will be Medical, split equally between a primary care site and an orthopedic care site with the program Medical Director).
  - a. All students must complete a minimum of 16 clinical hours per week for each of the 15 weeks in the term **AND** complete a minimum of 300 clinical hours each semester in

- ATRG6301 and ATRG6321 (*students should average 20+ hours per week to meet the minimum course requirement*).
- b. Of the two required immersive clinical rotations, one must be with a preceptor assigned to either Football or Men's Lacrosse. All students will be given the option to choose which equipment immersive sport they want to do (FB or MLAX); athletes may choose to do this either in or out of their traditional competition season. (*Note: it may be possible to arrange an immersive experience with ice hockey as a third option, but this cannot be guaranteed.*)
  - c. Students may choose to complete both immersive clinical rotations in one term (both in fall or spring) or can do one in each term. However, immersive rotations cannot be with the same patient population (*students must have two different immersive experiences*).
  - d. During the two 4-week immersive clinical blocks, students will only be allowed to attend synchronous class/lab between 8am-10am on weekdays. Outside of this short academic block, they will be at their clinical site for the same schedule as their preceptor (days and clock hours); they will not be allowed to attend synchronous class/lab, athletics practices/competitions, or work except when their preceptor is off (students' off/free time is theirs to use as they will). [*CAATE Standard 16: An athletic training immersive clinical experience is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students must participate in the day-to-day and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-week period).*]
9. All students will also complete "Medical" clinical rotations with allied health professionals in the community concurrent with their enrollment in ATRG5201, ATRG5221, ATRG6301, and ATRG6321.
- a. All students will attend at least two clinical sessions at Grace Gate per semester (*minimum of eight before graduation*).
  - b. All students must complete a minimum of 16 clinical hours in each of two 2-week EMS rotations in ATRG5201 and ATRG5221 (8hrs per week) in both the fall and spring terms. These rotations will be scheduled concurrently with their 7-week rotations described above and can be done around athletics participation.
  - c. All students must complete a minimum of 56 clinical hours at each of their two medical rotations in ATRG6301 or ATRG6321 (112hrs total; 16hrs per week at both the primary care site and the orthopedic care site over the 7-week block). These rotations can be partially scheduled around athletics participation, but some overlap is possible (*there are four 7-week blocks possible over the course of the year, of which 1 will be used for the two medical rotations*).

*Clinical Rotation Information is on the next page.*

I certify that I have read the Piedmont University ATS/Student-athlete agreement and am fully aware of the requirements, including those of the immersive clinical experience and minimum weekly and semester clinical hours expectations. I understand that if I fall behind academically or clinically due to participating in both these activities, I may have to choose between the two. If I have questions or need clarification, I will contact both the ATRG Program Director and my Coach.

By signing below, I have indicated my agreement and understanding of these policies.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Intercollegiate Coach Name (Please print)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**E: Student Immersive Declaration**
**Year One:**

Students must complete a minimum of 8hrs clinical hours per week for each of the 15 weeks in the term and 150hrs for the term to meet the course requirements in both ATRG5201 and ATRG5221. All year students must also attend at least two clinical sessions at Grace Gate per semester (minimum of eight before graduation) and complete a minimum of 16 clinical hours in each of two 2-week EMS rotations (8hrs per week) in both the fall and spring terms. These rotations will be scheduled concurrently with the 7-week clinical rotations and can be done around athletics participation.

Name:  
Sport:  
Academic Year:

Fall	Rotation	In-Season	Athlete Initials	Coach Initials
Clinical 1	Site: Preceptor: Dates:	<input type="checkbox"/> Yes  <input type="checkbox"/> No		
Clinical 2	Site: Preceptor: Dates:			
EMS	Dates:			

Spring	Rotation	In-Season	Athlete Initials	Coach Initials
Clinical 1	Site: Preceptor: Dates:	<input type="checkbox"/> Yes  <input type="checkbox"/> No		
Clinical 2	Site: Preceptor: Dates:			
EMS	Dates:			

**Year Two:**

All students must complete a minimum of 16 clinical hours per week for each of the 15 weeks (divided into two 7-week rotation) and a minimum of 300 hours for the term to meet the course requirements for both ATRG6301 and ATRG6321. During the two declared 4-week immersive clinical blocks, students will only be allowed to attend synchronous class/lab between 8am-10am on weekdays. Outside of this short academic block, they will be at their clinical site for the same schedule as their preceptor (days and clock hours); they will not be allowed to attend synchronous class/lab, athletics practices/competitions, or work except when their preceptor is off. Student-athletes may choose to do their immersive clinical experiences either in or out of their traditional competition season. All year 2 students must also attend at least two clinical sessions at Grace Gate per semester (minimum of eight before graduation) and complete a minimum of 56 clinical hours in each of two Medical rotations (primary care and orthopedics) in one 7-week block (112hrs total).

Name:  
Sport:  
Academic Year:

Fall	Rotation	In-Season	Immersive	Athlete Initials	Coach Initials
Clinical 1	Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
	Preceptor:	<input type="checkbox"/> No	<input type="checkbox"/> No		
Clinical 2	Full Rotation Dates:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
	Immersive Only Dates:	<input type="checkbox"/> No	<input type="checkbox"/> No		

Spring	Rotation	In-Season	Immersive	Athlete Initials	Coach Initials
Clinical 1	Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
	Preceptor:	<input type="checkbox"/> No	<input type="checkbox"/> No		
Clinical 2	Full Rotation Dates:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
	Immersive Only Dates:	<input type="checkbox"/> No	<input type="checkbox"/> No		



## **F: CONFIDENTIALITY STATEMENT**

In accordance with the Law (Official Code of Georgia, Annotated, Sections 37-3, 37-4, 37-7, HIPAA, and FERPA) every patient's right to confidential treatment must be protected.

As a student and/or provider of care, I understand that the patient's right to privacy must be protected and treatment must remain confidential. While providing care, I may become knowledgeable of certain patient related information. This information may include patient identity, information related to a patient's treatment, diagnosis, or to other services received.

I understand that at all times I am restricted from discussing any information pertaining to a patient with anyone other than PC athletic training faculty, clinical preceptors, or site personnel directly responsible for the patient's care. I understand this includes other students outside of post conference. Personally identifying information is any information which is readily used to identify a particular patient including but not limited to: name, address, sport, diagnosis, Social Security number, physical description, names of family members, and photographs. I further understand that if I do discuss patient information I subject myself to civil liability and may be subject to a failing course grade and dismissal from Piedmont University Athletic Training Program.

I understand that I am not to post any patient information on social networking sites or journaling/blogs, such as, but not limited to, Facebook, MySpace, or any other such sites. Patient information includes identifying information but also includes disease information, pictures, treatment information or any clinical or other information. If such information is found to be posted to such a website the result will be immediate dismissal from the program.

Student Name: (print) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### G: Verification of Student Program Qualifications

These documents are verified by the Program Director and/or Clinical Education Coordinator and recorded in the e\*Value system. (All forms and photocopies must be turned in no later than 5 academic days after the start of each semester).

Document	A	B	C	D
Background Check	<input type="checkbox"/>			
Drug Test	<input type="checkbox"/>			
Proof of Immunizations	<input type="checkbox"/>			
Technical Standards (Initial)	<input type="checkbox"/>			
First Aid Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR/AED Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATA Membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy and Procedure manual agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Health/Accident Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Athlete Agreement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Immersive Declaration	<input type="checkbox"/>			
TB Skin Test	<input type="checkbox"/>			
Technical Standards (Annual)			<input type="checkbox"/>	<input type="checkbox"/>
E*Value Registration			<input type="checkbox"/>	<input type="checkbox"/>
Clinical Contract (Signed)			<input type="checkbox"/>	<input type="checkbox"/>
Goals set			<input type="checkbox"/>	<input type="checkbox"/>
Site orientation completed			<input type="checkbox"/>	<input type="checkbox"/>

## **H: Exposure Control Plan**

### **POLICY**

The Piedmont University Athletic Training Facility is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

#### This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

### **PROGRAM ADMINISTRATION**

- The Piedmont University Athletic Training Staff is responsible for implementation of the ECP. The Head Athletic Trainer will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Piedmont University Athletic Training Facility (706) 778-3000 ext.1009.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- The Piedmont University Athletic Training Staff will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Head Athletic Trainer will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact
- location/phone number: Piedmont University Athletic Training Facility (706) 778-3000 ext.1009.
- The Piedmont University Athletic Training Staff will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA
- records are maintained. Contact location/phone number: Piedmont University Athletic Training Facility (706) 778-3000 ext.1009.

- The Piedmont University Athletic Training Staff will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
- Contact location/phone number: Piedmont University Athletic Training Facility (706) 778-3000 ext.1009.

## **EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications at our establishment in which all employees/students may have occupational exposure:

### Job Title Department/Location:

- Athletic Trainer – Athletic Training Facility / Playing Field
- Athletic Training Student – Athletic Training Facility / Playing Field
- Coach - Athletic Training Facility / Playing Field
- Athletic Training Work Study Student - Athletic Training Facility / Playing Field

## **METHODS OF IMPLEMENTATION AND CONTROL**

### **Universal Precautions**

All employees/students will utilize universal precautions.

### **Exposure Control Plan**

Employees and students covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees / students can review this plan at any time during their work shifts by contacting a Piedmont University Athletic Training Staff Member. If requested, we will provide an employee / student with a copy of the ECP free of charge and within 15 days of the request. The Head Athletic Trainer is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee / student positions with occupational exposure.

### **Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

Sharps disposal containers are inspected and maintained or replaced by the Piedmont University Athletic Training staff yearly or whenever necessary to prevent overfilling. This facility identifies the need for changes in engineering controls and work practices through Review of OSHA Records and employee / student needs or ideas. We evaluate new procedures and new products regularly. Both front-line workers and management officials are involved in this process through discussion about best practice. The Head Athletic Trainer is responsible for ensuring that these recommendations are implemented.

### **Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Piedmont University Athletic Training Staff.

The types of PPE available to employees are as follows:

- Gloves
- Eye Protection
- Medical Masks
- Antibacterial Hand Sanitizer

PPE is located in the athletic training facility and in kits used for athletic events and may be obtained through a Piedmont University Staff Athletic Trainer upon request.

All employees using PPE must observe the following precautions:

- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in the biohazard waste bin or in a biohazard waste bag that is carried in all kits.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

### **Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in the Piedmont University Athletic Training Facility.

### **Laundry**

The following contaminated articles may be laundered:

- Towels
- Uniforms

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry: Gloves

### **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact the Head Athletic Trainer at the following number: 336-414-6966. An immediately available confidential medical evaluation and follow-up will be conducted by a physician of the person's choosing or one can be set up through the Head Athletic Trainer. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

The Head Athletic Trainer ensures that health care professional(s) responsible for employee's / students post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. The Head Athletic Trainer ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual are blood test
- relevant employee medical records, including vaccination status
- provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

## **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The Head Athletic Trainer will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident

- procedure being performed when the incident occurred
- employee's training
- The Head Athletic Trainer will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, the Head Athletic Trainer will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## **EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens will receive initial and annual training.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session

## **RECORDKEEPING**

### **Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the athletic training facility.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training

- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to The Head Athletic Trainer.

### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records." The Head Athletic Trainer is responsible for maintenance of the required medical records. These confidential records are kept in the office of the head Athletic Trainer for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to:

Piedmont University  
c/o Head Athletic Trainer  
PO Box 10  
Demorest, GA 30535

### **OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 *CFR* 1904). This determination and the recording activities are done by The Head Athletic Trainer.

### **Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.



**I: Verification of Ability to Continue in the Program**

By signing below, I certify that I (*choose one*) ☐ can **or** ☐ cannot continue to meet the Technical Standards as described in my program application. I understand that it is my responsibility to declare any changes to my health, physical, mental, and/or academic status and provide appropriate documentation to justify (*choose one*) ☐ addition **or** ☐ removal of academic or clinical accommodations, and that failure to do so may result in me being placed on probation or dismissed from the Piedmont University ATP. Furthermore, I agree with and understand these policies regarding probation and dismissal.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **J: Athletic Training Program Technical Standards for Admission**

The Athletic Training Program at Piedmont University is a rigorous and intense program placing specific requirements and demands on the students in the program. Each student admitted to the program must meet the technical standards established by the program's accrediting agency (CAATE) to verify they possess the essential qualities considered necessary to achieve the knowledge, skills, and competencies of an entry-level athletic trainer.

**Compliance with the technical standards does not guarantee eligibility for the BOC certification exam.**

Candidates for selection to the Athletic Training Program must demonstrate:

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

Athletic training program candidates are required to verify they understand and can meet these technical standards either with or without certain accommodations. The Academic Resource Center/Disability Support Services will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, the University will verify that the standards can be met with reasonable accommodation; this includes a review of whether the accommodations requested would jeopardize clinician/patient safety or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.



### K: FERPA: Know Your Student Rights

**Piedmont University will not release any information about you to anyone but you. Please make sure your parents, spouse, family, and friends understand that if they have questions about your records, they must ask you and not the University.**

Piedmont University complies fully with The Family Educational Rights and Privacy Act of 1974 (FERPA), which was designed to protect the privacy of educational records. FERPA affords students certain rights with respect to their education records. They are:

- The right to inspect and review information contained in the student's education records.
- The right to request the amendment of the student's education records that the student believes is inaccurate.
- The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by Georgia Northwestern Technical University to comply with the requirements of FERPA.

**Confidentiality of Records:** Before information in any student file can be released to anyone, the student must give prior written consent except in those instances stated below:

- To instructors and administrators for legitimate educational purposes and for routine administrative and statistical purposes.
- To accrediting organizations to carry out their functions (directory information only).
- To appropriate parties to protect the health and safety of students or other individuals in emergencies with the understanding that only information essential to the emergency situation will be released.
- To allow the school director to authorize the release of directory information as defined by the University under privacy legislation.
- To allow the school director or someone designated by that official to release information from the student's file, if the inquirer has a court order.

**Treatment of Records After Graduation or Withdrawal:** When students withdraw or graduate from Piedmont, their records shall continue to be subject to provisions of this code. Questions concerning FERPA should be referred to the Registrar's Office.

### **L: Equipment Calibration and Maintenance**

All equipment used in learning environments where students are involved in real or simulated client/patient care (including teaching laboratories) must meet manufacturer guidelines for calibration and maintenance. All sites with equipment requiring calibration and/or safety inspections must submit an annual report documenting the “pass” status to the Clinical Education Coordinator. Students are not allowed to attend clinical education experiences or use teaching laboratories where equipment is present which fails to meet this standard.

Excluding true emergency use of first aid and CPR/AED materials, therapeutic modality and other equipment requiring calibration and/or safety inspections may only be used by Athletic Training Students who are under the direct supervision of an Athletic Trainer, Physical Therapist, Physician, or EMT. Students are required to follow all site-specific regulations regarding the use, maintenance, and recording of equipment use, as explained to them by their preceptor during the clinical education site orientation. Lastly, students who believe equipment is unsafe should report their concerns to their preceptor and Clinical Education Coordinator immediately and NOT use it.