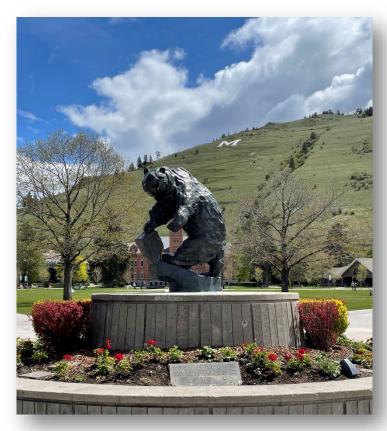


Athletic Training Program



University of Montana THLETIC TRAINING Rising Above

2023-2024

Preceptor Manual

Table of Contents

PERS	SONNEL	3
I.	PRECEPTOR EXPECTATIONS	4
II.	UM ATP CLINICAL EDUCATION	6
A.	. CLINICAL EDUCATION PLAN & OVERVIEW	6
В.		
C.	. CLINICAL EXPERIENCES OUTSIDE OF MISSOULA	7
D.	NON-ORTHOPEDIC/NON-SPORT CLINICAL EXPERIENCES	7
E.		
F.		
G.		
Η.		
I.		
J.		
K.	. EMERGENCY ACTION PLANS FOR CLINICAL SITES	13
L.		
М		
N.	. CLINICAL SITE VISITS	13
TTT	CLINICAL EDUCATION GLOSSARY OF TERMS	14
IV.	MASTERS IN ATHLETIC TRAINING PROGRAM INFORMATION	
Α.		
В.	•	
C.	•	
D.		
Ē.		
F.		
G.		
H.		
٧.		
Α.		
В.		
C.		
D.		
Ε.	•	
F.	. CLINICAL EDUCATION INFRACTION POLICY	32
VI.	CLINICAL EVALUATIONS	34
A.	. Preceptor Evaluations ATS	34
В.	. AT STUDENT EVALUATION OF PRECEPTOR	39
C.	. FACULTY EVALUATION OF CLINICAL SITE	43



Personnel

(CAATE Standard 41)

President Seth Bodnar

Provost Dr. Adrea Lawrence (Interim)

Dean COH Dr. Reed Humphrey Chair, School IPAT Dr. John Quindry

Medical Director Dr. Carla Fritz (CAATE Standard 49)

Athletic Training Faculty

Professor

Valerie Moody PhD, LAT, ATC, CSCS 406-243-2703 valerie.moody@umontana.edu

Mitch Willert MS, LAT, ATC Clinical Assistant Professor IPAT 608-287-4077 Mitchell.willert@umontana.edu

AT Faculty/Instructors

Nick Cromidas MEd, LAT, ATC Clinical Assistant Professor IPAT nick.cromidas@mso.umt.edu

Montanna Windham MSAT, LAT, ATC Charlie Palmer PhD Paul Capp MS, LAT, ATC, CSCS Taylor Purchio MAT, LAT, ATC

I. Preceptor Expectations

Preceptor Responsibilities: (CAATE Standard 46)

- 1. Supervise, instruct, and mentor athletic training students during clinical education in accordance with program policies and procedures.
- 2. Preceptors who are athletic trainers or physicians assess students' abilities to meet the curricular content standards

Preceptor Qualifications: (CAATE Standard 45)

- 1. Licensure as a health care provider, credentialed by the state in which they practice (where regulated)
- 2. BOC certification in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers
- 3. Receive planned and ongoing education for their role as a preceptor
- 4. Contemporary expertise (see Appendix C, pg. 37)

Expectations of the Preceptor:

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

- A current affiliation agreement with the clinical site must be on file with the Program Director/Coordinator of Clinical Education (Appendix C Pg 32) (CAATE Standard 22)
- Preceptors must complete preceptor training every two years (CAATE Standard 45)
- The following must be kept on file with the UM Athletic Training Program Director/Coordinator of Clinical Education and updated on **a yearly basis**:
 - o A current vita form A-1 (Appendix C, Pg 36)
 - NATA Membership number (if applicable)
 - A current copy of Montana Athletic Training License
 - Or applicable state credential to practice
 - A current copy of BOC card verifying that the preceptor is in good standing (for athletic trainers only)
 - Modality checks for modalities at clinical site (see Appendix B pg. 41 for specific information on this requirement)
 - List of equipment available to students (rehabilitation, modalities, emergency) (see Appendix C, pg. 39)
 - Emergency Action Plan for clinical site
- Preceptors must also comply with the following:
 - Assess and evaluate the knowledge, skills, and clinical competence of the athletic training student in clinical experience
 - Provide instruction and opportunities for the athletic training student to develop clinical, communication, and appropriate clinical decision-making skills during actual patient/client care
 - Completes and returns student evaluations by assigned dates
 - o Provide instruction and evaluation of curricular content standards as needed
 - Maintain open communication with the Program Director/Coordinator of Clinical Education on a regular basis
 - Notify the Program Director/Coordinator of Clinical Education of any changes to the clinical site, or preceptor's eligibility to serve as a preceptor
- **Failure to meet these expectations may result in removal of the athletic training student(s) from the clinical site.

Preceptors Certified Less than One Year

In some instances, a preceptor may be a newly certified athletic trainer (as is the case with graduate

assistants/interns) and have students assigned to him/her. In this instance, the Program Director/Coordinator of Clinical Education will coordinate a meeting with the new preceptor prior to the start of the clinical rotation, and at least once a semester to determine his/her progress as a preceptor. Additional mentorship by more experienced preceptors may be arranged if requested.

What is Contemporary Expertise?

Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

Clinical Education

Athletic Training Clinical Experiences

- Supervised by an AT or Physician
- Direct patient care
- Assess competencies and skills
- Clinical immersion experience (>4 weeks)

Simulation

- Guided experiences to replicate real-life situations
- Assess competencies and skills

Supplemental Clinical Experiences

- Supervised by healthcare provider (other than AT or physician)
- Direct/hands-on patient care

II. UM ATP Clinical Education

A. Clinical Education Plan & Overview

The clinical education portion of the athletic training curriculum is designed to provide comprehensive and progressive experiences in athletic training, with increasing levels of supervised, autonomous patient care under the direction of preceptors (**CAATE Standard 15**). The Coordinator of Clinical Education decides placement of students with preceptors. Students will be exposed to a variety of orthopedic and medical conditions throughout their clinical experiences. Athletic training students will gain experience with a wide variety of patients and clients, including (**CAATE Standard 17**):

- Patients/clients across the lifespan (pediatric, adolescent, adult)
- Patients/clients of different sexes
- Patients/clients with varied socioeconomic statuses
- Patients/clients of varying levels and types of physical activity and athletic ability
- Patients/clients involved in non-sport activities

During the first year of the professional program, students begin their clinical rotations with an immersive clinical experience during the pre-season/early fall. In addition, students are assigned to a variety of rotations, sometimes under the supervision of the same preceptor. These rotations are designed to provide a breadth of experiences in healthcare settings, with a variety of patients and preceptors. First-year athletic training students are expected to perform skills learned and evaluated in athletic training courses. At the conclusion of the athletic training student's first year, athletic training students are expected to perform most skills at the *advanced beginner* stage. Students have the ability to recognize how the situation/environment may impact actions. Students have experienced performing skills in a 'real' environment and recognize when the principles learned in class may be used during their clinical experiences. Students are evaluated by preceptors at the conclusion of each rotation (a minimum of twice per semester). Specific expectations for successful performance and progression are outlined in clinical practicum course syllabi.

During the second year of the professional program, athletic training students are assigned to two separate immersive experiences, one taking place in the fall and one in the spring semester. The remaining clinical experience time is allotted to additional rotations that may vary in length, including non-orthopedic, non-sport clinical experiences. At the conclusion of the second year, athletic training students are expected to perform skills at least at the *competent* stage. Second-year athletic training students are expected to synthesize knowledge and skills taught in the curriculum to provide competent, comprehensive patient care under increasing levels of autonomy. Students display the ability to adjust to novel situations, work with large amounts of information and identify what is most important, and deliberately plan actions to achieve a goal. Students are evaluated by preceptors at the conclusion of each rotation (a minimum of twice per semester). Specific expectations for successful performance and progression are outlined in clinical practicum course syllabi.

The criteria used in the placement of students include the qualifications of the preceptor, contemporary expertise of the preceptor, the commitment of the preceptors in teaching students, adequate athlete/patient resources for teaching, the presence of up-to-date equipment and resources, and finally the needs and goals of the athletic training student.

B. Clinical Experience Expectations

The following guidelines and expectations apply to all clinical rotations and experiences for the athletic training program:

 Clinical experience rotations may begin and/or end outside of the typical semester timeline. Fall semester clinical experiences run August 1 – December 31, and Spring semester clinical experiences run January 1 – end of semester. Students are expected to make themselves available based on the schedule they are assigned.

- Students should contact their assigned preceptor <u>at least 2 weeks prior</u> to the scheduled start of a clinical rotation, to establish a report date and expectations for the clinical experience (**CAATE Standard 26G, I, J**).
- Students and preceptors should perform an orientation to the clinical site, and complete the Clinical Rotation Checklist, prior to the student providing patient care at the site. This must be submitted to the Coordinator of Clinical Education to keep on file prior to the start of patient care (CAATE Standard 29).
- Students may only provide patient care when supervised by a preceptor.
- Students should actively seek opportunities to apply and practice athletic training skills with patients. Students should only perform those skills that have been learned and evaluated in class.
 - Skills taught by a preceptor, but not yet formally taught and evaluated in class, must be evaluated by the preceptor and documented on the appropriate form on ATrack (CAATE Standard 15).
- There will be various events on campus and in the community that are outside of assigned clinical rotations. You may voluntarily sign up for these additional events as long as these hours are completed under direct supervision by a preceptor.
- Students should conduct themselves in a professional manner at all times during clinical experiences. Students are expected to follow all athletic training program policies, as well as any clinical site policies, at all times.
- Students completing off campus rotations need to carry a fanny/medical pack for practice and game coverage.
- Students must wear their program nametag at all times during clinical experiences (CAATE Standard 26A).

C. Clinical Experiences Outside of Missoula

Athletic training students may seek out clinical experiences that are outside of Missoula, or outside of Montana. These clinical experiences may be several weeks long or for the length of a full season. Immersive clinical experiences may also be arranged. Travel to sites is the responsibility of the student. (**CAATE Standard 24K**). Athletic training students who are interested in a clinical experience outside of what is listed above should work with the Coordinator of Clinical Education to establish communication with the prospective clinical site and preceptor(s). Students should begin this process *no later* than the end of the fall semester of the first year in the program. Prospective clinical sites must become formally affiliated with the University of Montana and meet all program requirements for clinical experience sites.

D. Non-orthopedic/Non-sport Clinical Experiences

All ATSs will complete rotations through the Curry Health Center (CHC) and a local medical facility with a variety of health care providers (i.e., MD, PA, NP, etc.). Additional non-orthopedic experience will be available to students in the Rhinehart Athletic Training Center on days when Dr. Fritz is seeing patients (typically Mondays and Thursdays).

These medical facilities provide students with experience in a non-orthopedic, non-sport healthcare setting (**CAATE Standard 18, 71**). Athletic training students are able to observe and gain hands-on experience with a variety of health care professionals. Students are expected to gain roughly 15-20 hours of clinical experience in this rotation. The Coordinator of Clinical Education will arrange the dates and times for these rotations at the start of each semester. These dates and times will be provided to both the preceptor as well as the student prior to the first week of classes. Required paperwork for these rotations will be completed prior to the start of the semester. Appropriate attire for this rotation includes dress pants and a collared shirt, as well as appropriate professional shoe wear for a clinic environment (closed-toe, no tennis shoes).

E. Clinical Education Objectives

First Year Master's Athletic Training Students

Clinical Requirements:

- 1. Completion of a minimum of 20 hours in a two-week period or maximum of 60 hours in two weeks during clinical education.
- 2. Completion of an immersion experience, in which students are to complete at least 100 hours over the span of a 4-week time period. There is no maximum number of hours each week during the immersive clinical experience. Students are not required to take 1 day off every 7 days. However, preceptors are encouraged to discuss expectations with their student(s) and provide time off as appropriate for the clinical experience.
- 3. Clinical education opportunities at high school/clinic, other healthcare facilities, and collegiate settings.

Objectives:

Preseason/Autumn:

At the conclusion of this semester, athletic training students will:

- 1. Implement and abide by standard operational policies of an athletic training facility or clinic.
- 2. Perform routine operational procedures of an athletic training facility or clinic. This includes, but is not limited to: opening and closing duties, cleaning, maintenance, preparing whirlpools and other modalities, administrative duties such as filing, and data entry.
- 3. Perform appropriate injury/illness and treatment documentation utilizing both paper and computerized systems.
- 4. Apply basic modality treatments with parameters provided by preceptor.
- 5. Assist with the pre- and post-practice treatment of patients and athletes.
- 6. Conduct a basic orthopedic evaluation that incorporates patient history, observation, palpation, range of motion, neurovascular, strength, and selective tissue testing.
- 7. Identify normal and pathologic findings during a clinical evaluation.
- 8. Describe and assist in appropriate immediate treatment and referral for patients.
- 9. Use appropriate medical terminology.
- 10. Understand and implement emergency action plans (EAPs), based on the setting and their role within the EAP.
- 11. Perform basic taping, wrapping, and bracing techniques.
- 12. Provide appropriate first aid and emergent care to injured patients under the supervision of a clinical preceptor.
- 13. Adhere to OSHA standards and guidelines.
- 14. Adhere to patient privacy and confidentiality standards, rules, and guidelines (including HIPAA, FERPA, and others as applicable).
- 15. Describe the importance of evaluating patient needs and outcomes as a routine part of patient care.

Spring:

At the conclusion of this semester, athletic training students will:

- 1. Identify potential hazards and factors that may place athletes and patients at increased risk of injury or illness during physical activity.
- 2. Perform an appropriate evaluation of a patient that is appropriate to the setting (onfield vs. sideline vs. in clinic).
- 3. Correlate examination findings to potential underlying pathology/ies.
- 4. Determine a plausible diagnosis/assessment, and appropriate differential diagnoses, based upon the results of an evaluation.
- 5. Implement appropriate immediate treatment(s) for a patient, based upon the results of an evaluation.
- 6. Make an appropriate referral decision, when warranted, to an appropriate healthcare provider.
- 7. Perform and document evaluations of patients with non-orthopedic medical conditions.

- 8. Recognize non-orthopedic conditions that warrant referral, and refer to the appropriate healthcare provider.
- 9. Develop rehabilitation programs under the supervision of a clinical preceptor.
- 10. Instruct patients to perform the rapeutic exercise in a safe manner with correct technique.
- 11. Select and apply appropriate therapeutic modality treatment(s) to meet patient needs and goals.
- 12. Describe the psychological and emotional impact of injury/illness on a patient.
- 13. Explore methods for evaluating patient needs, goals, and outcomes during patient care.
- 14. Adjust to challenging or novel environments while providing appropriate emergent care to injured patients under the supervision of a clinical preceptor.
- 15. Apply effective taping, bracing, and wrapping techniques based on the needs of the patient and the unique circumstances of the environment.
- 16. Utilize efficient and accurate documentation methods to communicate with other healthcare providers.
- 17. Describe and initiate effective methods of communication with patients, coaches, parents, and others as warranted.
- 18. Collaborate and communicate effectively with pre-professional athletic training students, other professional athletic training students, and supervising preceptors.

Year One Course Work:

Tear One course Work.	
Summer	
ATEP 534	Emergency Management in AT
ATEP 536	Foundations in AT
ATEP 537	Foundations of Research & EBP in AT
Fall	
ATEP 560	Clinical Immersion in AT I
ATEP 545	Sports Related Concussion
ATEP 581	Therapeutic Interventions I
ATEP 569	Clinical Anatomy Laboratory
ATEP 543	Orthopedic Assessment I
ATEP 540	Practicum in Athletic Training I
Spring	
ATEP 583	Therapeutic Interventions II
ATEP 547	Orthopedic Assessment II
ATEP 541	Practicum in Athletic Training II
HHP 523	Case Studies in Performance Psychology
ATEP 546	General Medical Assessment

Second Year Master's Athletic Training Student

Students formally admitted into the Master's Program

Clinical Requirements:

- 1. Completion of a minimum of 20 hours in a two-week period or maximum of 60 hours in two weeks of clinical education.
- 2. Completion of two separate immersive experiences. The first spanning over 10 weeks and comprising of a 300-hour minimum. The second spanning over 8 weeks and comprising of a 200-hour minimum. There is no maximum number of hours each week during the immersive clinical experience. Students are <u>not</u> required to take 1 day off every 7 days. However, preceptors are encouraged to discuss expectations with their student(s) and provide time off as appropriate for the clinical experience.
- 3. Completion of a clinical experience at a non-orthopedic/non-sport medical facility with a minimum of 15-20 hours completed.
- 4. Clinical education opportunities at high school/clinic, other healthcare facilities, and collegiate settings.

Objectives:

- 1. Develop and implement measures to decrease the risk of injury or illness during physical activity, based on identified hazards and risk factors.
- 2. Perform a concise, accurate orthopedic evaluation of a patient that adapts to the environment, setting, and needs of the patient.
- 3. Make a timely decision on return to activity status, activity restrictions, and need for referral to another healthcare provider.
- 4. Develop and adjust rehabilitation programs for patients with specific needs, including post-surgical patients with specific restrictions, patients with pre-existing or chronic illness, and pediatric or geriatric patients.
- 5. Develop and implement a comprehensive treatment and rehabilitation plan that addresses all aspects of patient recovery.
- 6. Use information from both clinical and patient outcome assessments to alter, advance, or discontinue treatments and rehabilitation activities.
- 7. Utilize a variety of techniques and tools during rehabilitation to meet patient goals.
- 3. Design and implement appropriate return-to-activity progressions for a variety of patients and activity levels.
- 4. Communicate the risk of re-injury, or injury to other structures, to patients as they resume physical activity.
- 5. Apply procedures to limit the spread of communicable and infectious illnesses to patients and others at high-risk (teammates, roommates, others as appropriate).
- 6. Recommend appropriate treatment, including over-the-counter medications, for non-orthopedic medical conditions and illnesses.
- 7. Utilize effective documentation methods and strategies that facilitate communication, insurance billing, and are legally defensible.
- 8. Describe methods and interventions to provide psychological and emotional support for patients and athletes.
- 9. Analyze and critique administrative policies and procedures for a health care facility.
- 10. Mentor first-year professional athletic training students and pre-professional athletic training students.
- 11. Collaborate with healthcare professionals and students to enhance patient care as part of an interdisciplinary team.

Year Two Course Work:

Summer	
ATEP 588	Health Care Administration & Leadership in AT
ATEP 585	Therapeutic Interventions III
Fall	
ATEP 590	Research
ATEP 561	Clinical Immersion in AT II
ATEP 550	Practicum in Athletic Training III
ATEP 594	Seminar in AT
ATEP 580	Pharmacology in Sports Medicine
Spring	
ATEP 562	Clinical Immersion III
ATEP 551	Practicum in Athletic Training IV
ATEP 599	Research Capstone in Athletic Training
ATEP 576	Performance & Tech in AT

F. Clinical Education Time Commitment and Expectations

On average students will complete about 15-20 hours a week of clinical education. There will be variation in the number of hours the student will be in the assigned clinical rotation depending on the preceptor to which the student is assigned and the demands of the clinical

site and rotation. Some exceptions to the hour accumulation guidelines may be considered depending on the clinical rotation and communication with the Coordinator of Clinical Education (**CAATE Standard 13**). Decisions are considered on an individual basis.

- Any concerns related to dedicated time (too much or too little) in clinical experiences should be addressed with the Coordinator of Clinical Education.
- The maximum requirement of clinical experience is 30 hours per week or 60 hours in a two-week period (exceptions exist with clinical immersive experiences). If students exceed the two-week 60 hours maximum, the Coordinator of Clinical Education will notify them to reduce their clinical hours the following week.
- The minimum hour requirement for students is 10 hours a week (unless a student is specifically scheduled to be off or if the student is in the clinical immersion experience).
- Students must have one day off in a 7-day period (unless they are in a clinical immersive experience)
- During the immersive clinical experiences, students will be expected to achieve at least the targeted minimum hours based off of the credit to hour ratio used for internships here at the University of Montana (~45 hours = 1 credit) (**CAATE Standard 12**). There is no maximum number of hours each week during the immersive clinical experience. While students are not required to take 1 day off every 7 days, preceptors are encouraged to discuss expectations with the students and provide time off as appropriate for the clinical experience.

First-year Master's Student Clinical Experience Hour Expectations



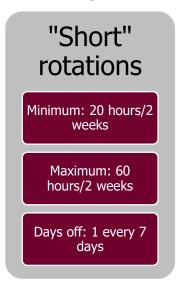




Second-year Master's Student Clinical Experience Hour Expectations







G. Clinical Experience Time Logs

- Time spent in clinical experiences must be recorded online using ATrack software. Time logged must be verified by an appropriate preceptor on a weekly basis.
- Students have a maximum of <u>2 weeks</u> to log hours. The Coordinator of Clinical Education must input clinical experience hours into ATrack after 2 weeks.
- **Unsupervised time may not be included in the time log**. Travel time to an event with a preceptor may not be included in the clinical experience time requirement.
- Students may also track hours on paper using the hour log for their personal records; however, all time must also be logged online in ATrack.
- The Coordinator of Clinical Education will audit clinical experience time logs every Monday at 8AM. Students should attempt to have hours fully up-to-date by this time.

H. Immersive Clinical Experience Guidelines

An 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 an accumulative of 22 total weeks throughout their time in the program. These 22 weeks will be broken into three separate experiences. One of which taking place during their first year (4 weeks; minimum of 100 hours) and two taking place during their second year (10 weeks; minimum of 300 hours, 8 weeks; minimum of 200 hours). There is no maximum number of hours each week during the immersive clinical experience. Students are not required to take 1 day off every 7 days. However, preceptors are encouraged to discuss expectations with their student(s) and provide time off as appropriate for the clinical experience. Specific dates will be determined by the clinical site and the Coordinator of Clinical Education. Preceptors should provide the students with opportunities to practice the "totality of care" provided by athletic trainers at the site, including evaluation, treatment, rehabilitation, emergency care, injury/illness preventative measures, administrative duties, communication with patients, parents, coaches and healthcare providers, and other duties as appropriate. (CAATE Standard 16)

I. Guidelines for Placement in Distance Clinical Experiences

When determining clinical placement of an athletic training student (ATS) when the clinical experiences may be outside of the immediate area surrounding Missoula (a "distance" clinical experience), the following guidelines are considered:

 A "distance" clinical experience is defined as any clinical experience where the ATS cannot access campus on a day-to-day basis from the clinical site.

Placement in a "distance" clinical experience is made based on the following:

- Request(s) of the ATS
- Academic standing of the ATS,
- The availability of the requested site,
- The site's ability to meet UMATP and CAATE standards,
- and at the discretion of the UMATP faculty.

Any student who is not in good academic standing within the UMATP would not be eligible for placement or participation in a "distance" clinical experience. This includes ATS placed on program probation for any reason.

- ATS who are on probation in their first year may not request any "distance" clinical experiences during the annual rotation request period (February-March).
 - If a student successfully completes all probationary criteria and returns to good standing at the end of the spring semester of their first year, they may become eligible for a "distance" clinical experience at the sole discretion of the AT faculty.
- If an ATS is placed on probation while participating in a "distance" clinical experience, they may be asked to end that clinical experience early to return to Missoula.

 Decisions about terminating any clinical experience early are made at the sole discretion of the AT faculty. (CAATE Standard 24K)

J. Nametags

Students are expected to wear nametags at all times during clinical rotations. Doing so helps patients differentiate students from credentialed providers. (**CAATE Standard 26A**)

K. Emergency Action Plans for Clinical Sites

All current clinical site emergency action plans are available to students on UM Box in a shared folder. This folder is accessible at all times to students. Students should review the EAP prior to the start of any clinical experience with their assigned preceptor. (**CAATE Standard 26K**)

L. Clinical Experience Evaluations

Students will be required to complete evaluations on preceptors and clinical sites. These evaluations are completed at the end of each rotation. Information obtained from these evaluations is utilized to make any necessary improvements or adjustments in the academic program. Summaries of these evaluations are also provided to preceptors and sites to provide feedback on the site and the efficacy of preceptorship.

The preceptor may also evaluate students at the clinical site. The preceptor may evaluate students during clinical practicum courses, during any lab/course setting in which there is time, or during any study session. All curricular content standards must be practiced with a peer and successfully completed under preceptor/instructor observation prior to performing that skill on a patient. The following terms are descriptions of the evaluation criteria for clinical content standards.

M. Curricular Content Standards Grading Criteria:

Development: ATS needed verbal cuing and physical assistance from preceptor. Constant preceptor support throughout tasks/evaluations/skills was needed in completing tasks. Inconsistent ability to recognize and treat the signs/symptoms and issues noted while performing the tasks/evaluations/skills. However, the ATS is progressing toward the standard while demonstrating partial skill acquisition and knowledge.

<u>Proficient</u>: ATS was able to handle situation better than average. Needed minimum guidance or prompting at times from preceptor in competing tasks/evaluations/skills. ATS was able to recognize and properly treat/handle situation as well as expected for current standard level of care.

Advanced: ATS successfully completes tasks/evaluations/ skills without Preceptor guidance or prompting. Completed tasks/evaluations/skills safely, consistently, and thoroughly. Completes necessary steps and in proper sequence. Demonstrates confidence in abilities. ATS exceeds the standard.

These forms are available and to be completed on ATrack by the dates set by the program.

N. Clinical Site Visits

UM ATP Faculty will perform clinical site visits at a minimum of one per academic year for each clinical site that has an assigned student. An evaluation form will be filled out upon completion. (appendix C: pg 31)

III. Clinical Education Glossary of Terms

Affiliation Agreement: A formal agreement between the program's institution and a facility where the program wants to send its students for course-related and required off-campus clinical education. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student.

Athletic training clinical experiences: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students' abilities to meet the curricular content standards. When direct client/patient care opportunities are not available, simulation may be used for this verification.

Clinical Education: A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences.

Contemporary Expertise: Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

Immersive clinical experience: A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.

Preceptor: Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be athletic trainers or physicians.

Professionalism: Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through delivery of patient-centered care, participation as a member of an interdisciplinary team, commitment to continuous quality improvement, ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.

Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.

Supplemental clinical experiences: Learning opportunities supervised by health care providers other than athletic trainers or physicians.

IV. Masters in Athletic Training Program Information

First Steps

Your first task is to inform the academic adviser of the School of Integrative Physiology & Athletic Training of your interest in the Athletic Training Degree. Many times, this step will be completed during an orientation meeting. However, if you are a transfer student or fail to go through the orientation procedure, it becomes your responsibility to confer with the academic adviser. The academic adviser will direct you to an athletic training mentor to schedule an appointment. We will provide you with the following information:

- Pre-requisite course requirements
- Curricular plan
- > Admission policies
- > Degree requirements

About our Athletic Training Program

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

Option 1: A five-year program in which students earn a Bachelor of Science Degree in Integrative Physiology and a Master's Degree in Athletic Training.

Option 2: A two-year Master's Degree in Athletic Training program designed for students who already have a baccalaureate degree.

Option 3: A three-year degree completion plan that allows students increased flexibility for pursuing a Master's Degree in Athletic Training.

Upon completion of the Master of Athletic Training Program, students will be eligible to sit for the Board of Certification (BOC) Exam.

*For students completing Option 1, both the Bachelor's degree and Master's degree will be officially awarded at the time of graduation.

A. Pre-AT Requirements

The following pre-requisite classes or their equivalents are required to be completed before the start of the Master's program with a grade of "C" or better:

- Kinesiology/Biomechanics
- Anatomy & Physiology I & II (both with labs)
- Exercise Physiology
- General Psychology
- Basic Nutrition
- Statistics
- Biology
- Chemistry
- Physics

Transfer Policy:

Please note that all transfer students should meet with the Program Director to review application and program requirements. Transfer students must satisfy admissions criteria. Transfer credits will be evaluated by the Program Director on an individual basis.

B. Admissions Requirements

- 1. Submit Athletic Training Student Application through ATCAS (found online at: https://atcas.liaisoncas.com) (pay application fee to ATCAS \$90)).
- 2. Students must have a minimum GPA of 3.0 for all college coursework (a GPA below 3.0 may be considered).
- 3. Completed pre-requisite courses with a grade of "C" or better (students may be enrolled in pre-requisite courses at time of application). Prerequisite coursework must be completed prior to the start of the professional program.
- 4. Official transcript(s) of all college coursework (submit to ATCAS).
- 5. Obtain a current official copy of all college course work. Students must complete or be in the process of completing required course work prior to application to the professional athletic training program.
- 6. Submit 2 professional letters of recommendation (submit to ATCAS).
 - i. All recommendations must be received by **before your application can be reviewed and scored.**
 - ii. Please do not request recommendations from personal friends. (At least one letter from a Certified Athletic Trainer or other healthcare professional who engages in routine clinical practice is strongly recommended.)
- 7. Application essay which should address your professional goals and desire for pursuing athletic training as a career. (submit to ATCAS)
- 8. Current resume (submit to ATCAS).
- 9. Program Interview- in person, videoconference, or by phone.
- 10. Submit secondary application to the University of Montana's Graduate School upon acceptance to AT program (https://gradapply.umt.edu/register/gradapply) (separate application fee from ATCAS \$60).

***Please note that the GRE requirement for admission has been removed for future application cycles (approved by Graduate Council September 2021).

C. Admissions Policies

Students who desire admission into the Master of Athletic Training Program must submit a formal application to ATCAS. Applications will open on August 1st and will be reviewed on a rolling basis until the cohort is filled.

Formal notification of admission to the Master's program will be made in writing.

Candidates who are NOT admitted to the program will also receive written notification of this decision. Students may be selected as alternates and if a vacancy should become available prior to summer semester, these students will be informed. Not all qualified candidates may be admitted to the Master's program due to limited enrollment in clinical experiences.

Provisional Acceptance Guidelines

Once students are provisionally accepted into the professional program, students must provide the following documentation to be considered for full admission:

- 1. Each student must complete and provide verification of a Hepatitis-B vaccination series and titer (or must sign a waiver) (students may be in process).
- 2. Technical Standards:

Each applicant must read and sign the "technical standards" document confirming that they understand and are able to comply with the established standards (included in the professional manual).

3. Completion of the agreement statement located in professional manual.

4. Criminal Background Check: the student will be required to contact the vendor (Castle Branch) to begin the online process. The cost will be approximately \$55. For international students the background check may cost up to and over \$150. Contact the Program Director for the necessary information.

Scoring of Applications

Application Review

Grade Point Average 20 points
Pre-Requisite GPA 10 points
Application Essay 20 points
Letters of Recommendation 20 points
Professional Development Points* 20 points

Interview 30 points

(CAATE Standard 24C, 24P, 28)

Observation Hours Recommended (NOT REQUIRED)

Observation hours are designed for the purpose of exposing students to the field of athletic training. They will provide you with insight to the day to day responsibilities of an athletic trainer and the type of medical care that they provide to their patients. Students completing observation hours **should not engage in patient care**. Although completion of observation hours is no longer an admissions requirement, we recommend you take time to fully explore the field prior to application.

D. Pre-requisite Course Evaluation

Name of	UM	Non-UM	General Course Description
Course	Students	student	
Kinesiology	KIN 322/323	Kinesiology course OR	Anatomy and kinesiology of the neuromusculoskeletal system and body cavities in relation to movement and
	322/323	biomechanics	function.
		course	Tunction.
Biomechanics	KIN 425	Kinesiology	Description and analysis of the fundamental principles of
Diomeenanies	1411 123	course OR	human movement. Includes quantitative study of the
		biomechanics	Newtonian mechanics governing biological motion and
		course	the roles of the musculoskeletal, nervous and cardio-
			vascular systems during human activity.
Anatomy &	BIOH	Human Anatomy	Comprehensive knowledge of human form and function
Physiology I	201/202	w/Lab	necessary for students preparing for health-related
with lab			professions. Emphasis on structure, function and
		Physiology w/Lab	homeostatic regulation of body systems with
			presentation of basic concepts in chemistry and
		OR 2 semesters	microbiology as they relate to human anatomy and
		combined	physiology. Covers tissues through nervous system.
Anatomy &	BIOH	Human Anatomy	Comprehensive knowledge of human form and function
Physiology II	211/212	w/Lab	necessary for students in health-related programs.
with lab			Emphasis on structure function and homeostatic
		Physiology w/Lab	regulation of body systems with presentation of basic
		00.0	concepts in chemistry and microbiology as they relate to
		OR 2 semesters	human anatomy and physiology. Covers endocrine
	LZTNI	combined	through reproductive systems.
Exercise	KIN	Exercise	Investigation of the physiological changes and the
Physiology	320/321	physiology course	significance of these changes as they occur during
			physical work, activity and exercise. Focus on basic
			energy, musculoskeletal, nervous, cardiovascular and respiratory systems as they relate to aerobic and
			anaerobic exercise. Emphasis will be placed on the
			response of these systems to both acute exercise, and
		1	response of these systems to both acute exercise, and

^{*}Includes observation hours, professional organization memberships, community service identified on resume

			the adaptations to chronic exercise.	
General Psychology	PSYX 100	General psychology, developmental psychology, lifespan psychology or sports psychology accepted	Introduction to the scientific study of behavior in humans and other animals.	
Basic Nutrition	NUTR 221	General nutrition or sport nutrition accepted	The principles of science as applied to current concepts and controversies in the field of human nutrition	
Statistics	STATS 216	Any introduction to basic statistics accepted	Introduction to major ideas of statistical inference. Emphasis is on statistical reasoning and uses of statistics.	
Chemistry	CHMY 121	General chemistry w/lab	First semester of an introduction to general, inorganic, organic and biological chemistry.	
Biology	BIOH 112	General biology w/lab	Explores the fundamentals of structure and function at basic cellular and tissue levels, in addition to the anatomy and physiology of the integumentary, musculoskeletal, and nervous systems	
Physics	PHSX 205/206	General Physics w/lab	Mechanics, sound, and heat. For non-physical science majors. This course satisfies the lecture portion of medical school requirements in general physics.	

Prerequisites are evaluated based on the criteria listed above. If you have questions about whether a course meets the criteria, please contact the Program Director. Prerequisite courses may still be in progress during the application process. Considerations for admissions are partially based on grades received in prerequisite courses, and therefore it is recommended that the majority of these courses be completed at the time of application. All prerequisites must be completed prior to starting the MAT program in the summer.

F. Five Year Plan

SAMPLE ACCELERATED FIVE YEAR ACADEMIC PLAN (CAATE Standard 24C)

		II.		sity of Montana - Four-Year Academic Pla	2	022 2024			
UNIVERSITY OF		Un	iver	•	in Z	023-2024			
WIONIANA		Duo At	dallari	Bachelor of Science - Integrative Physiole					
		Pre-Ai	miet	ic Training Concentration and Master's A	thie	tic Training			
		This	N 201 61	ample of a four year graduation plan for a degree in Pre-Athletic Trai	dalag	Concentration.			
				plan. Students should meet with an academic advisor prior to registra					
Year 1		Year 2		Year 3		Year 4		Year 5	
Fall	-	Fall	Н	Fall		Fall		Fall	
KIN 201 - Basic Exercise Prescription	3	Human Anatomy & Physiology I + Lab (BIOH 365/366 or BIOH 201/202N at Missoula College)	4	APPLY TO MAT Program (Portal opens August 1)		ATEP 540 - Practicum in Athletic Training I	3	ATEP 550 - Practicum in Athletic Training III	3
CHMY 121N - Intro to General Chemistry	4	AHAT 210/213 - Prev & Care of Ath Injuries + Lab	3	KIN 320/321 - Exercise Physiologyical (prereq.Asz	4	ATEP 581 - Therapeutic Interventions I	3	ATEP 561- Clinical Immersion II	6
*WRIT 101 - College Writing (last names A-L)	3	NUTR 221N - Basic Human Nutrition	3	HTH 475E - Legal Ethical Issues Hith Ex Professionals	3	ATEP 569 - Clinical Anatomy Lab	1	ATEP 590 - Research	2
BIOH 112 (Fall only) Human Form and Function I, OR BIOH 113 (Spring only) Human Form and Function II, OR	3	M 121 & (M 122: Spr) College Algebra OR M 151 - Precalculus (or M 162, or M171)	3	PHSX 205N/206N - College Physics I + Lab	5	ATEP 545- Sport Related Concussion	2	ATEP 594 - Seminar in AT	1
BIOS 160N - Principles of Living Systems		General Education Requirement (L, H, X or Y)	3	PHAR 110N - Use & Abuse of Drug	3	ATEP 543 - Orthopedic Assessment I	3	ATEP 580 - Pharmacology in Sports Medicine (online)	1
COLS 194 Curiosity and Life Design (elective seminar)	2			KIN 330 - Motor Learning&Control (FALL only, Prereq:A&P	3	ATEP 560- Clinical Immersion I	2		
	\rightarrow		\Box						
Credits		Credits			18	Credit	14	Credit	13
Spring	\rightarrow	Spring	$\overline{}$	Spring	_	Spring	_	Spring	_
KIN 205 - Foundations HHP	3	BIOH 370/371 Human Anatomy & Physiology II + Lab	4	KIN 447 - Analytic & Com Techniques OR AHAT 342/343 - Therapeutic Interventions/Lab (Upr WR(T)	4	ATEP 541 - Practicum in Athletic Training II	3	ATEP 551 - Practicum in Athletic Training IV	3
CHMY 123/124 - Intro to Organic & Biochemistry + Lab (prereq: CHMY 121)	6	Human Anatomy & Physiology II + Lab (BIOH 370/371 or BIOH 211/212N at Missoula College)	4	KIN 425 - Biomechanics (PREFERRED) OR	3	ATEP 547 - Orthopedic Assessment II	3	ATEP 599 - Research Capstone	2
*COMX 111A - Public Speaking	3	-WRIT 121 - Intro to Technical Writing OR WRIT 201 - College Writing II	3	KIN 322/323 - Kinesiology w/Lab (Both SPR only)	4	HHP 523 - Case Studies in Performance Psychology	3	ATEP 562- Clinical Immersion in AT III	4
PSYX 100S - Intro to Psychology	3	BIOM 250N - Microbiology for Health Sciences (SPR, SUM)	3	STAT 216 - Introduction to Statistics	3	ATEP 583 - Therapeutic Interventions II	3	ATEP 576 - Sport Performance & Tech in AT	3
BIOH 113 or BIOB 160 N (If Needed)	3	M 122 (If Needed) - College Trigonometry	ш	General Education Requirement (L, H, X or Y)	4	ATEP 546 - General Medical Assessment (Blended)	3		
		General Education Requirement (L, H, X or Y)	3	Upper Division Elective 03 or 04 credits	3				
		Elective	3	Upper Division Elective		Completion of Bachelor's Degree in Integrative Physiology with Pre- Athletic Training Concentration.			
Credits 1st year credits: 30	45	Credits 2nd year credits: 32	16	Credits 3rd year credits: 35 Total UG Credits: 97	17		15	Credit	12
Summer		Summer	10	Summer START MAT Program	17	Summer	10	Summer	
	\neg		П	ATEP 534 - Emergency Management in AT	3	ATEP 588 - Health Care Administration(Online)	3		
			П	ATEP 536 - Foundations of Health Care in AT (online)	2	ATEP 585 - Therapeutic Interventions III	3		
			П	ATEP 537- Foundations of Research & EBP in AT (online)	2				
Credits	0					Credits		Credits	
Total Credits	30	Total Credits	62	Total Credits	104	Total Credits	139	Total Credits	164
Notes:									Day 500
Notes: * If last names starts with A-L take WRIT 101, M-Z take COMX 11	1A							1 1	Rev 6/2
2023-2024 Catalog or higher: Either KIN 322/323 OR KIN 4		eplace one class with upper division elective							
"See catalog, Program Director, and Advising Office for mo									
"ATEP 540, 541, 550, 551, 560, 561, 562 each require clin	nical e	ducation at various sites. Hour commitments may vary per	class	(note: clinical rotation assignments and expectations do	lo rur	outside of the typical semester timeline).			

Program fee: There is an additional fee of \$1186/semester in addition to regular tuition and fees. This fee will help cover the cost of lab equipment, accreditation costs, adjunct teaching, and software. Other fees include criminal background check (\$55), vaccinations (\$50), NATA membership fee (\$70), ATCAS application fee (\$90), graduate school application fee (\$60), cadaver lab fee (\$414). Please Note:

ATEP 540, 541, 550, 551, 560, 561, 562 each requires clinical education at various sites. Hour commitments may vary per class (**note: these clinical rotation assignments and expectations do run outside of the typical semester timeline**). Students should be aware that this is a considerable time commitment and should plan accordingly. Students may be expected to accumulate more hours each semester in some rotations due to the demands of the particular rotation and may be placed on rotation outside the typical semester. Students must also be available nights and weekends for clinical assignments.

F. Two Year Plan

SAMPLE TWO -YEAR MASTER'S PROGRAM

S	ummer First Year Master's Athletic Training I	Program
ATEP 534	Emergency Management in AT	3 credits
ATEP 536	Foundations in AT (online)	2 credits
ATEP 537	Foundations of Research & EBP in AT (online)	2 credits
A	utumn First Year Master's Athletic Training F	Program
ATEP 560	Clinical Immersion in AT I (Hybrid)	2 credits
ATEP 545	Sports Related Concussion	2 credits
ATEP 569	Clinical Anatomy Laboratory	1 credit
ATEP 540	Practicum in Athletic Training I	3 credits
ATEP 543	Orthopedic Assessment I	3 credits
ATEP 581	Therapeutic Interventions I	3 credits
	Spring First Year Master's Athletic Training P	rogram
ATEP 547	Orthopedic Assessment II	3 credits
ATEP 583	Therapeutic Interventions II	3 credits
ATEP 541	Practicum in Athletic Training II	3 credits
HHP 523	Case Studies in Performance Psychology	3 credits
ATEP 546	General Medical Assessment (Hybrid)	3 credits
Sui	mmer Second Year Master's Athletic Training	
ATEP 588	Healthcare Administration & Leadership in	3 credits
	Athletic Training (Online)	
ATEP 585	Therapeutic Interventions III	3 credits
	tumn Second Year Master's Athletic Training	
ATEP 550	Practicum in Athletic Training III (Hybrid)	3 credits
ATEP 561	Clinical Immersion in AT II (Hybrid)	6 credits
ATEP 590	Research (Hybrid)	2 credits
ATEP 594	Seminar in Athletic Training (Hybrid)	1 credit
ATEP 580	Pharmacology in Sports Medicine (Online)	1 credit
	pring Second Year Master's Athletic Training	
ATEP 551	Practicum in Athletic Training IV (Hybrid)	3 credits
ATEP 599	Research Capstone in Athletic Training (Hybrid)	2 credits
ATEP 562	Clinical Immersion in AT III (Hybrid)	4 credits
ATEP 576	Performance & Tech in AT (Hybrid)	3 credits
		Total 67 credits

Program fee: There is an additional fee of \$1186/semester in addition to regular tuition and fees. This fee will help cover the cost of lab equipment, accreditation costs, adjunct teaching, and software. Other fees include criminal background check (\$55), vaccinations (\$50), NATA membership fee (\$70), ATCAS application fee (\$90), graduate school application fee (\$60), cadaver lab fee (\$414).

Please Note:

ATEP 540, 541, 550, 551, 560, 561, 562 each requires clinical education at various sites. Hour commitments may vary per class (**note: these clinical rotation assignments and expectations do run outside of the typical semester timeline**). Students should be aware that this is a considerable time commitment and should plan accordingly. Students may be expected to accumulate more hours each semester in some rotations due to the demands of the particular rotation and may be placed on rotation outside the typical semester. Students must also be available nights and weekends for clinical assignments.

G. Three Year Plan

Sample Three Year Degree Plan

	Summer First Year Master's Athletic Training Pr	rogram
ATEP 534	Emergency Management in AT	3 credits
ATEP 536	Foundations in AT (online)	2 credits
ATEP 537	Foundations of Research & EBP in AT (online)	2 credits
	Autumn First Year Master's Athletic Training Pr	ogram
ATEP 569	Clinical Anatomy Laboratory	1 credit
ATEP 580	Pharmacology in Sports Medicine (Online)	1 credit
ATEP 543	Orthopedic Assessment I	3 credits
ATEP 581	Therapeutic Interventions I	3 credits
	Spring First Year Master's Athletic Training Pro	ogram
ATEP 547	Orthopedic Assessment II	3 credits
ATEP 583	Therapeutic Interventions II	3 credits
ATEP 546	General Medical Assessment (Hybrid)	3 credits
	Summer Second Year Master's Athletic Training I	Program
	No Summer Class Work	
	Autumn Second Year Master's Athletic Training F	
ATEP 560	Clinical Immersion in AT I (Hybrid)	2 credits
ATEP 545	Sports Related Concussion	2 credits
ATEP 540	Practicum in Athletic Training I	3 credits
ATEP 594	Seminar in Athletic Training (Hybrid)	1 credit
	Spring Second Year Master's Athletic Training P	
ATEP 541	Practicum in Athletic Training II	3 credits
ATEP 576	Performance & Tech in AT (Hybrid)	3 credits
HHP 523	Case Studies in Performance Psychology	3 credits
	Summer Third Year Master's Athletic Training P	
ATEP 588	Healthcare Administration & Leadership in Athletic Training (Online)	3 credits
ATEP 585	Therapeutic Interventions III	3 credits
	Autumn Third Year Master's Athletic Training Pr	rogram
ATEP 561	Clinical Immersion in AT II (Hybrid)	6 credits
ATEP 590	Research (Hybrid)	2 credits
ATEP 550	Practicum in Athletic Training III (Hybrid)	3 credits
	Spring Third Year Master's Athletic Training Pro	
ATEP 551	Practicum in Athletic Training IV (Hybrid)	3 credits
ATEP 599	Research Capstone in Athletic Training (Hybrid)	2 credits
ATEP 562	Clinical Immersion in AT III (Hybrid)	4 credits
		Total 67 credits

Program fee: There is an additional fee of \$1186/semester in addition to regular tuition and fees. This fee will help cover the cost of lab equipment, accreditation costs, adjunct teaching, and software. Other fees include criminal background check (\$55), vaccinations (\$50), NATA membership fee (\$70), ATCAS application fee (\$90), graduate school application fee (\$60), cadaver lab fee (\$414).

Please Note:

ATEP 540, 541, 550, 551, 560, 561, 562 each requires clinical education at various sites. Hour commitments may vary per class (note: these clinical rotation assignments and expectations do run outside of the typical semester timeline). Students should be aware that this is a considerable time commitment and should plan accordingly. Students may be expected to accumulate more hours each semester in some rotations due to the demands of the particular rotation and may be placed on rotation outside the typical semester. Students must also be available nights and weekends for clinical assignments.

(CAATE Standard 24C)

H. Masters Requirements (Agreement Statement)

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

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

Students proceed through the program in cohorts and are required to complete all the required courses each semester with a grade of "C" or better. Students who fail to meet the retention criteria will be placed on probation in the Athletic Training Program for a maximum of two semesters. This may limit progress of course sequencing and clinical assignments. If standards are not met by the end of the probationary period, the student will be dismissed from the Athletic Training Program. Students who are placed on probation may require a remediation plan as deemed appropriate by the Program Director.

(CAATE Standard 24G)

V. Clinical Education Forms

A. Sample Affiliation Agreement

THE UNIVERSITY OF MONTANA ATHLETIC TRAINING PROGRAM CLINICAL EDUCATION AFFILIATION AGREEMENT

This Agreement, made thisth day of, 202_ by and between The Univ	ersity of Montana
(hereinafter referred to as the Institution) and	(herein referred to as
Affiliate and Affiliate's provider) shall govern the use of the Affiliate's	facilities by the student
enrolled in the Institution's Athletic Training Program (herein referred	to as Program). The
agreement is based on policies outlined below and may be revised as n	ecessary by mutual
agreement between the Institution's Program and the Affiliate's provid	er. Representatives from
the Institution and the Affiliate's provider will communicate prior to re	newing the Agreement to
evaluate the past experiences and identify utilization of clinical resource	es needed by the
Institution for the next year, including a schedule.	

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

Introduction:

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

The Institution and Program agree:

- 1. The Institution and Program shall warrant that each student assigned to care for patients is currently in good academic standing with a cumulative grade point average of not lower than 3.0 on a 4.0 scale.
- 2. The Institution and Program will assume responsibility for notifying students they must meet all legally permissible Affiliate requirements (i.e., technical standards agreement) as a condition for participating at Affiliate's site. In addition, the Institution and the program will notify students they must submit to a name based and fingerprint based criminal background check pursuant to Board policy and for admittance into the Athletic Training Program (ATP). The cost of the background check shall be the responsibility of the Student. The Affiliate reserves the right to deny access to individuals who, in the sole discretion of the Affiliate, do not possess a satisfactory criminal history. The Director of the ATP will receive a copy of each student's background check from certifiedbackground.com.

- 3. The Institution will assume full academic and administrative responsibility for the planning and execution of the Program, including, selection of students for clinical assignments. However, the Institution's Program representative shall confer with the Affiliate personnel in advance of the Program's planned schedule of student assignments to clinical education areas, including the dates of assignments, number of students assigned, and type of educational experience. This schedule will require the approval of the affiliated administrator.
- 4. All students engaged in clinical experiences will present proof of having received the Hepatitis B vaccine and tuberculosis skin testing. The Institution shall maintain individual records.
- 5. The Institution's Program will assume the responsibility for verifying that all Affiliate clinical instructors must be certified by the National Athletic Trainers' Association (NATA) or comparative certification/licensure of profession. All national and state licensure/certification numbers must be on file with the Institution.
- 6. The Institution's Program shall direct students to comply with published policies and procedures of the Program and Affiliate, and ensure that students have received adequate information regarding hazardous communication and universal precautions prior to assignment to the Affiliate.
- 7. Students shall meet all affiliate uniform and dress code requirements while engaged in any program activity at affiliate's site.
- 8. The Institution's Program shall assure that each student is covered by professional liability insurance of at least \$1,000,000 per occurrence by The University of Montana.
- 9. The Institution shall maintain state or national accreditation by the appropriate body.
- 10. The students of the Institution's Program shall provide their own transportation to and from the Affiliate at said student's expense.
- 11. Students of the Institution's Program shall not be allowed to participate in clinical practice in any department in the health agency without prior consent of the liaison person and/or director of the Program.
- 12. Students of the Institution shall not be reimbursed for rendering services to patients during the course of the clinical education program governed by this agreement, but shall donate their services to the health agency for the privilege of learning.

The Affiliate and Affiliate's Provider agrees:

- 1. The Affiliate's provider is responsible for the quality of health care rendered to patients.
- 2. The Affiliate and Affiliate's provider shall make its facilities and patient care situations available to the student of the institution's Program for the purpose of education and learning.
- 3. The Affiliate and Affiliate's provider shall be responsible for and retain absolute control over the organization, administration, operation, and financing of its services.
- 4. The Affiliate and Affiliate's provider will make available for students experience the clinical means for providing patient care, including but not limited to, necessary expendable equipment and supplies.
- 5. The number of students receiving clinical education experiences at the Affiliate will be determined by the Affiliate's provider and approved by the Director of the Program.

- 6. The Affiliate and Affiliates provider shall have the right to deny access to or request removal from its facilities any student (1) whose performance is unsatisfactory; (2) whose personal characteristics or disregard for Affiliate regulation, policies, or procedures interfere with his/her performance or Affiliate operation; or (3) whose academic record with the Institution does not meet professional and Program requirements.
- 7. No reduction in staff (e.g., clinical instructors) shall be made by the Affiliate because of the presence of the Program's students.
- 8. The Institution shall provide oversight of the Affiliate site and the Affiliate's provider shall provide direct supervision and clinical instruction to the Program's students that meet all accreditation standards.
- 9. The service or duties of all Program students in the Affiliate's facilities are for the purpose of obtaining clinical education and experience, and are not for the purpose of furthering the business (i.e., workforce) or the Affiliate. The Program's student's clinical education hours should not exceed the hour requirements outlined in the current student handbook.
- 10. There is no contract of hire, express or implied, or any employer-employee relationship between the Affiliate and any student involved in the Program.
- 11. The Affiliate and Affiliate's provider shall provide the use of instructional and library resource materials as may be available. The students must get permission before taking any resources from the Facility.
- 12. The Institution and Program shall be informed regarding additional education programs and changes in clinical facilities, which may affect the Program. Where multiple educational programs exist, the Affiliate shall devise ways for coordination so that all programs may have maximum benefit of learning experiences.

Institution, Program, and Affiliate jointly agree:

- 1. The Affiliate's provider and Institution's Program liaison will meet only when the Programs students are receiving clinical education experience to assure systematic planning and the exchange of information regarding policy changes, problems, evaluation, and new developments.
- 2. The right is reserved to either party to formally ask to have included in the program of training and/or education any additional features that it may deem desirable. Both parties hereby agree to give reasonable consideration to any such requests.
- 3. The confidentiality of patient records and student records shall be maintained at all times in accordance with Affiliate's confidentiality protocol.
- 4. The Institution's Program shall provide a required orientation to the clinical education program and preceptor training for all involved Affiliate personnel and students (completion of preceptor training can be fulfilled face to face or online). The Affiliate's provider will be responsible for providing orientation to students, as to the policies and procedures of the Affiliate. Such an orientation shall include, but not be limited to, cardiac arrest protocol, policies and procedures pertaining to the area of assignment, to fire and safety, infection control, universal precautions, and effective teaching and learning methods. The Affiliate and Affiliate's provider shall have the right to require additional orientation as deemed necessary.
- 5. The maximum number of students from the Program assigned to the Affiliate's provider during any instructional period shall be established by mutual agreement and determined by the Facility in order to provide an adequate, variable and quality

- learning opportunities. The specific assignments will be governed by accreditation guidelines related to clinical ratios of clinical instructors and students
- 6. Where areas of difference exist or occur in rules, regulations, or questions of student, clinical or medical practices, the Affiliate's rules, regulations or practices shall prevail and such conflict shall be immediately referred to the Program and Affiliate's provider for mutual resolution.
- 7. The Institution's respective representative and the Affiliate's provider will have a meeting only when the Program's students are receiving clinical education experience for the purpose of evaluation of the Institution's Program, reviewing the Agreement, and thereupon advising the Affiliate's Provider and Institution to whether or not the same should be renewed.
- 8. The Institution, Program, Affiliate, and Affiliate's provider shall agree to comply with all applicable federal and state anti-discrimination laws, including but not limited to Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, Executive Order 11,246 and the related regulation to each. Each party assures that it will not discriminate against any individual including, but not limited to employees or applicants for employment and/or student because of race, religion, creed, color, sex, age, disability, veteran status or national origin or any other legally protected basis.

Liability

Each party hereto agrees to be responsible and assume liability for its own wrongful or negligent acts or omissions, or those of its officers, agents or employees to the full extent required by law.

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

The undersigned being duly affirmed say the both parties entered into the above and foregoing agreement voluntarily on the date entered above. This agreement supersedes all prior agreements between the Institution and the Affiliate.

Institution's Program:		Affiliate:	
Office of the Provost The University of Montana	Date	(Signing Authority from Affiliate)	Date
Valerie Moody PhD, ATC, LAT Director, Athletic Training Program	Date		

B. Preceptor Vitae Form

VITA FORM A-1 Faculty/Staff Vitae Form

(Do not exceed 2 pages)

Last Name	First Name	Mi	ddle In	itial	Credentials
Email Address					
Work Phone #					
Mobile Phone #					
Which phone would yo	l Julika students to use	to contact w	0112 	work	mobile
Current Employer	like students to use	to contact y	ou:	WOIK	
Employer's Address					
Lilipioyei 3 Address					
Employment Position					
Position within Athletic	Preceptor				
Training Program	1 1000ptoi				
Academic Rank	n/a				
Education (begin with most recordential) Institution	cent education and include Location	all professional Degree	Year	n leading to	a degree <u>or</u> professional Field of study
BOC Certification Numbe (*Attach a copy of current BOC State Credential Type(s)		Month and			Certification
(e.g. LAT, RN, MD or indicate not (Provide information on all state or Type:	applicable in your state) edentials)	Number:			(-)
Type:		Number:			
Type:		Number:			
.,,,,,		Trainio or.			
Preceptor Training (date of recent training)	most * NATA Memb	ership Num	ber	NPI Num	ber
* If applicable) emographic Information: (Ir CAATE Annual Report.) ex (please select):	Male	le ☐ ☐	Transg	_	equired for us to repor
☐ Do not know/do not wish ears of professional experie		whole numb	oer):		

Professional Experience: List in reverse chronological order (most recent first) Athletic Training and related employment experience for the past <u>five years</u> only.

Contemporary Expertise Table Standards 37, 39, 42, 45								
Name								
Role in the Program			Academic Year					
Definition of Contemporary Expertise: Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's roll within the athletic training program should be directly related to the person's contemporary expertise.								
Indicate Area of Athletic Training of Expertise								
Date of Activity	Activity Category (select from the drop down menu)	Describe in detail the nature of the (e.g. if a specific course/CEU activity: pro						
March 1, 2014	Training/Course/CEU activity	Musculoskeletal Pain and Dysfunction, Was	shington DC, John Smith, PhD was p	oresenter				

C. Calibration and Electrical Safety Checks

Equipment Calibration

Per CAATE standards, any piece of therapeutic equipment that is recommended, by the manufacturer, to receive annual calibration and inspection must receive that service. Typically, items that require annual calibration and inspection include (but are not limited to):

- Electrical stimulation units (that plug into a wall outlet)
- Ultrasound/combo units
- Diathermy
- Low-Level LASER or light therapy (that plug into a wall outlet)
- Hydrocollators
- Mechanical traction devices/tables

Clinical sites should obtain these calibrations and safety inspections annually. These must be performed by a qualified technician, and documented appropriately. The minimum documentation required, for each unit, is:

- Name/Model of each unit calibrated/inspected
- Date of the calibration/inspection
- Result of the calibration/inspection (i.e., passed/did not pass)
- Name and contact information for the technician

Clinical sites must provide this documentation, and ensure that all units have been calibrated/inspected, **at least two weeks** before a student is on-site. Calibrations/inspections must be kept current for as long as students are assigned to the clinical site.

If you have any questions about these requirements, or if you wish to see examples of proper documentation, please notify either Valerie (valerie.moody@umontana.edu) or Mitch (Mitchell.willert@umontana.edu).

D. Therapeutic Equipment Table

Therapeutic Equipment Ta	Die		Cita Name		
			Site Name:		
			Academic Year:		
Please complete the following table for all the Therapeutic Equipment (List each piece of therapeutic equipment individually)	Manufacturer Guidelines for This Piece of Equipment	Calibrated (yes or no)	Safety Check (yes or no)	Date of Calibration or Safety Check	If equipment was not calibrated or safety checked, please indicate why.
- Total Additionary /	Piece of Equipment			Salety Check	(Select from drop down)
			1		
			-		
				-	
			+		

E. Athletic Training Student/Preceptor Clinical Worksheet

Preceptors and Students: Please review the following items *PRIOR to any patient care by the AT student*, and initial once these items are completed. These items will assist you both in your initial orientation, and should provide the framework for a successful clinical experience. AT student *must submit this worksheet to the CCE before* the student participates in any patient care.

Student Initials	Preceptor Initials	
		We have conducted an initial orientation to the clinical site.
		We have reviewed the clinical site's Emergency Action Plan(s), and the AT Student has <u>immediate access</u> to the EAP for each site in case of an emergency.
		We have practiced the clinical site's Emergency Action Plan(s) with the AT Student(s) and preceptor(s).
		We have reviewed the Blood-borne pathogen, and Communicable and infectious disease, policies for the clinical site. Student understands what to do in case of BBP exposure, and expectations regarding communication and absences due to illness.
		We have reviewed the documentation policies and procedures for the site. Students understand their role in appropriate documentation and maintenance of patient files.
		We have reviewed patient privacy and confidentiality procedures and expectations, including HIPAA/FERPA and other applicable regulations.
		We have reviewed the clinical site's Policies and Procedures, including dress code, building access, and other policies that differ from the UM ATP Student Handbook.
		There is a clear method for patients to differentiate AT students from practitioners (nametags, shirts, etc.) that is used at all times.
		We have discussed the AT Student's academic schedule, including any possible conflicts between class & clinical hours.
		We have discussed the skills and curricular content standards that will be evaluated during the semester.
		We have discussed the goals and expectations for the AT Student during the clinical experience.
		completed the above items before any patient/client encounters have schedule and goals for the course of the rotation.
Preceptor Signature:		Date:
Student Signature: _		Date:
Coard of Clinical Ed	l Signatura	Data

F. Clinical Education Infraction Policy Part I: To be filled out by Preceptor

Date of Infraction:						
Name of Student:						
Type of Infraction (Please check appropriate infraction and circle detailed type of infraction	ion):					
Absence from clinical assignment / seminar / program meeting Repeated tardiness at clinical assignment / seminar / program meeting Attire Conduct Violation of Clinical Experience hours expectations Preceptor evaluation form not turned in within one week of rotation completion Other; please explain:						
Please explain the above infraction in detail as appropriate.						
Signature of Preceptor Da	ate					
Part II: To be filled out by Coordinator of Clinical Edu	ucation					
Previous warning for similar incident?						
☐ No ☐ Yes						
Type of Previous Infraction Preceptor Involved	Date					
(continued on back side)						

Part III: To be filled out by Coordinator of Clinical Education

INFRACTION REVIEW MEETING

Date	::							
Com	ments:							
Actic	on Taken: Warning							
	3% Deduction off final grade from Clinical Course	(540/541; 550/551)						
	Repeated Offenses; Suspension from ATP as decided by Program Director							
	Repeated Offense after suspension; Removal from ATP as decided by Program Director & Department Chair							
	Other:							
Signa	ature of Student	Date						
Signa	ature of Coordinator of Clinical Education	Date						
Oth	er Participants (as needed):							
Signa	ture of Preceptor	Date						
Signa	ture of Program Director	Date						
Signa	ture of Chair. School of IPAT	Date						

VI. Clinical Evaluations

A. Preceptor Evaluations ATS

Clinical Preceptor Evaluation of AT Student

* Clinical Preceptor Name	
Select a user.	,
* ATS evaluated (Name)	
Select a user.	-
* Clinical Assignment	
Select a event.	3

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

CP Evaluation Rating:

<u>Development (D)</u>: ATS needed verbal cuing and physical assistance from preceptor. Constant preceptor support throughout tasks/evaluations/skills was needed in completing tasks. Inconsistent ability to recognize and treat the signs/symptoms and issues noted while performing the tasks/evaluations/skills. However, the ATS is progressing toward the standard while demonstrating partial skill acquisition and knowledge.

<u>Proficient (P)</u>: ATS was able to handle situation better than average. Needed minimum guidance or prompting at times from preceptor in competing tasks/evaluations/skills. ATS was able to recognize and properly treat/handle situation as well as expected for current standard level of care.

<u>Advanced (A)</u>: ATS successfully completes tasks/evaluations/ skills without Preceptor guidance or prompting. Completed tasks/evaluations/skills safely, consistently, and thoroughly. Completes necessary steps and in proper sequence. Demonstrates confidence in abilities. ATS exceeds the standard.

I. Personal Attributes	6 (D)	7 –	8 (P)	9	10	(A)	Not a	ble to	observe	
Works efficiently										
Positive Attitude										
Punctual / Prompt										
Maintains professional personal appearance										
Reliable / Dependable										
Organized/ Manages Time Efficiently										
Adapts well to change										
Overall Work Ethic / Initiative										
II. Interpersonal Communication Skills				6 (D)	7-	8 (P)	9-	10 (A)	Not able to observe	
Maintains rapport with others										
Maintains professional relationship with Preceptor, athletes/patients and other personnel	coache	s,								
Communicates effectively and appropriately with c family members, coaches, administrators, other he professionals, consumers, payors, policy makers, a	alth care	9								
Use medical classification systems (including Inter Classification of Disease codes) and terminology (i Procedural Terminology)			nt							
Understands and follows directions										
Offers positive encouragement to others										
Utilizes appropriate body language										

IV. Commitment to Learning	6 (D)	7-	8 (P)	9 –	10 (A)	Not able to observe			
Reviews clinical expectations and goals with Preceptor in a timely manner									
Identifies problems and formulates questions appropriately									
Verifies solutions to problems; accepts more than one answer									
Self initiates practice of skills									
Search, retrieve, and use information derived from online databases and internal databases for clinical decision support									
Use data to drive informed decisions									
Reflects upon constructive feedback & modifies behavior appropriately									
Monitors own progress and seeks out feedback from mentors									
Seeks assistance from Preceptor with proficiency development in timely and appropriate manner									
Overall motivation to learn									
* Please describe the STRENGTHS of this student. Be as specific and detailed as possible.									
* Please describe areas for this student to IMPROVE. Be constructive, an	d as s	pecific	as po	ossible	э.				

/1/ZUZ1 Preview Form

III. Foundational Behaviors of Professional Practice	6 (D)	<u>7</u> –	8 (P)	9 –	10 (A)	Not able to observe
Maintain data privacy, protection, and data security	Ē					
Includes patient in decision making process						
Demonstrates ability to work respectfully and effectively with diverse populations						
Demonstrates honesty and integrity						
Exhibits compassion and empathy						
Recognizes sources of conflict that can impact the patient's health						
Understands the connection between continuing education and improvement of athletic training practice						
Advocate for the health needs of clients, patients, communities, and populations						
Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making						
Practice in a manner that is congruent with the ethical standards of the profession						
Establish a working relationship with a directing or collaborating physician						

IV. Commitment to Learning	6 (D)	7-	8 (P)	9 –	10 (A)	Not able to observe			
Reviews clinical expectations and goals with Preceptor in a timely manner									
Identifies problems and formulates questions appropriately									
Verifies solutions to problems; accepts more than one answer									
Self initiates practice of skills									
Search, retrieve, and use information derived from online databases and internal databases for clinical decision support									
Use data to drive informed decisions									
Reflects upon constructive feedback & modifies behavior appropriately									
Monitors own progress and seeks out feedback from mentors									
Seeks assistance from Preceptor with proficiency development in timely and appropriate manner									
Overall motivation to learn									
* Please describe the STRENGTHS of this student. Be as specific and detailed as possible.									
# Diagraphic and forthis students in 1990/F Diagraphic	al a								
* Please describe areas for this student to IMPROVE. Be constructive, an	d as s	pecific	as po	ossible	2.				

B. AT Student Evaluation of Preceptor

1. Most Recent Clinical Preceptor (CP)

for your learning needs.

Please answer the following questions honestly and accurately regarding your <u>most recent</u> clinical education experience (rotation). Information obtained from this survey will not be associated with your name in any way. It is used for on-going program evaluation in order to make continued improvements of the ATP. Thank you in advance for your time providing constructive feedback.

Select a user.								
* 2. Clinical Assignment/Site								
Select a event.						▼		
* 3. Within the ATP, I am a:								
b. Second Year								
Student Evaluation of Preceptor: Please use the following rating scale to answer questions 4 - 30. Please include any additional comments or feedback related to these questions in the space provided below. Not applicable Strongly Disagree (does not meet performance expectations) Disagree (less than satisfactory performance) Neutral (meets performance expectations) Agree (meets and exceeds performance expectations) Strongly Agree (consistently exceeds performance expectations)								
* Evaluation	Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		
4. Preceptor clearly outlines clinical education expectations appropriate for your needs.								
5. Clinical education experience provided an active, stimulating environment appropriate								

6. Clinical education experience was planned to meet your specific clinical goals.			
7. Preceptor was available to help you complete clinical proficiencies and/or competencies.			
8. Clinical education experience provided you with a variety of learning experiences/opportunities.			
9. Preceptor communicated high expectations which were challenging but appropriate for your level in the athletic training program.			
10. Preceptor practiced ethically and legally.			
11. Preceptor encouraged students €"staff contact or communication and was readily available to answer questions related to your clinical education experience.			
12. Preceptor integrates evidence based medicine concepts into your clinical education experience.			
13. Preceptor effectively organized your clinical education experience.			
14. Preceptor encouraged active learning.			
15. Preceptor encouraged on-going practice of learned skills.			
16. Preceptor reinforced and facilitated integration of classroom theory with clinical practice.			
17. Preceptor was enthusiastic about his/her role as a preceptor.			

* Evaluation	Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
18. Preceptor encouraged cooperation and collaboration among students to facilitate clinical learning.						
19. Preceptor provided regular and prompt feedback regarding your performance.						
20. Communication with your preceptor was effective and positive.						
21. Preceptor provided an adequate amount of time to complete assigned tasks.						
22. Preceptor showed respect for diverse talents and ways of learning.						
23. Preceptor showed respect for diverse backgrounds.						
24. Preceptor showed interest in professional associations and activities related to athletic training.						
25. Preceptor(s) interact with athletic training student(s) professionally.						
26. Preceptor(s) were adequate in number to provide a good clinical education experience.						
27. Administrators (e.g., athletic directors) and / or coaches were supportive of your clinical education experience.						
28. Patients / Athletes were supportive of your clinical education experience.						
29. There was adequate space in the clinical environment for the treatment of athletes / patients.						

30. The equipment and supplies of the clinical education setting were adequate for meeting goals/objectives of clinical rotation.						
Please provide written feedback for the previou	us questions ((4-30).				
* 31. Please provide the current STRENGTHS of detailed as possible.	of this clinica	l preceptor	and site. E	Be specifi	c and as	
* 32. Please provide specific areas for IMPROV constructive and detailed.	EMENT in t	his clinical	preceptor	and site.	Ве	//
						//

C. Faculty Evaluation of Clinical Site

Faculty Evaluation of						
* Clinical						
Select a						•
* Evaluation Date						
Faculty Evaluation of Clinical Site: Please use the Please include any additional comments or feedbelow. Not applicable Strongly Disagree (does not meet performance Disagree (less than satisfactory performance) Neutral (meets performance expectations) Agree (meets and exceeds performance expectations) Strongly Agree (consistently exceeds performance)	expectations	to these qu		-		d
* Evaluation	Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Clinical education experience provided an active, stimulating environment appropriate for learning needs.						
2. The clinical education setting has a variety of learning experiences available to the student(s).						
3. The equipment and supplies of the clinical education setting were adequate for meeting goals/objectives of clinical rotation.						

4. Clinical education experiences reinforce the information learned by the athletic training student(s) in the classroom.				
5. Preceptor(s) promote discussion with athletic training student(s).				
6. Preceptor(s) interact with athletic training student(s) professionally.				
7. Clinical education setting provided student with opportunity to see many injuries and situations				
8. Preceptor(s) provided adequate direct supervision of athletic training student(s).				
9. Students have access to and use of appropriate blood-borne pathogen barriers and control measures				
10. Students have access to sanitation precautions, including ability to clean hands before and after patient encounters				
* 9. Comments and specific recommendations * 10. Any change in signatory authority or person	nnel at site?			

* 11. Any new equipment at site?
* 12. Any broken equipment at site?
Select one or more
Please explain any "yes" answers to questions 10-12 here.
* Faculty Evaluator
Select one or more