

**MY PATIENT'S WELL-BEING IS MY FIRST PRIORITY.
I PROVIDE THOUGHTFUL, COMPASSIONATE
HEALTH CARE, ALWAYS RESPECTING THE
RIGHTS, WELFARE & DIGNITY OF OTHERS.**

**I AM AN
ATHLETIC
TRAINER**

**AS THE ADVOCATE FOR MY PATIENT'S BEST
MEDICAL INTEREST, I MAKE COMPETENT DECISIONS
BASED ON EVIDENCE-BASED PRACTICE.**

**I ACT WITH
INTEGRITY.**

**I FULLY UNDERSTAND
AND UPHOLD THE NATA
CODE OF ETHICS, PROVIDING
THE BEST
POSSIBLE
PATIENT CARE
AT ALL TIMES.**

**I COMPLY WITH THE
LAWS AND REGULATIONS
GOVERNING THE PRACTICE OF
ATHLETIC TRAINING,
AND I PLEDGE TO MAINTAIN
AND PROMOTE THE
HIGHEST QUALITY
OF HEALTH CARE.**

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**MASTER OF SCIENCE IN
ATHLETIC TRAINING**

2021-2022

**STUDENT
HANDBOOK**

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Program Overview

UWM Mission and Vision

To fulfill its mission as a major urban doctoral university and to meet the diverse needs of Wisconsin's largest metropolitan area, the University of Wisconsin–Milwaukee must provide a wide array of degree programs, a balanced program of applied and basic research, and a faculty who are active in public service.

The vision of the University of Wisconsin-Milwaukee is to be a top-tier research university that is the best place to learn and work for students, faculty and staff, and that is a leading driver for sustainable prosperity.

MSAT Program Mission

Working in a diverse metropolitan setting, we provide integrated learning, individualized clinical experiences, and research opportunities to develop a comprehensively prepared athletic trainer.

MSAT Program Values

Innovation: in teaching, research, and clinical practice

Curiosity: through growth mindset and life-long learning

Collaboration: in working together towards something bigger

Integrity: in everything we do

Total wellbeing: of our faculty, staff, students, and the people we serve

Evidence-based: an empirical, experiential, and patient centered approach

MSAT Program Goals

- 1) Develop a well-rounded athletic trainer who has comprehensive knowledge of the domains of athletic training practice and is a patient-centered, culturally competent healthcare provider. (See student learning objectives)
- 2) Recruit and support students from broad backgrounds and diverse populations through completion of the program and entry into the profession.
- 3) Educate students through a dynamic curriculum that emphasizes interprofessional education, patient centered care, and physical and mental health.
- 4) Provide a variety of high-quality clinical education experiences that reflect the student's professional goals.
- 5) Recruit and retain faculty and preceptors who are outstanding clinicians, educators, and/or researchers.
- 6) Advance the athletic training profession through the leadership and research of the faculty and students.

MSAT Student Learning Objectives

Upon completion of the MSAT program students will:

1. Demonstrate mastery of the domains of athletic training practice.
2. Work collaboratively as part of an interprofessional health care team.
3. Practice culturally competent and patient centered care
4. Engage in professional advocacy
5. Be prepared to engage in practice based research

Faculty and Staff

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Lori Woodburn, Program Associate	woodburn@uwm.edu		PAV 350

Accreditation Status

The University of Wisconsin-Milwaukee Athletic Training Program was awarded initial accreditation on April 10, 2003 by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The Master of Science in Athletic Training program is now accredited by the [Commission on Accreditation of Athletic Training Education \(CAATE\)](#). The program was approved for degree change in December 2016. The program was awarded 10 years of accreditation in February 2018, with the next Comprehensive Review scheduled for the 2027-2028 academic year.

The University of Wisconsin-Milwaukee is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The program has been placed on Probation as of February 11, 2020, by the CAATE, 6850 Austin Center Blvd., Suite 100, Austin, TX 78731-3101. The reason for the probation action

was non-compliance with Standard 11/6, first time passing rate on the Board of Certification (BOC) Exam.

The program is in compliance with Standard 6 as of June 1, 2021. The 3-year aggregate passing rate is 86%. Please refer to the [MS Athletic Training Program Outcomes page](#) for current BOC outcomes data for the MS Athletic Training program.

Professional Organizations: Strategic Alliance

The athletic training Strategic Alliance is composed of the 4 primary organizations committed to advancing the athletic training profession and to the delivery of quality health care to the public. The four member organizations are:

National Athletic Trainers' Association (NATA) (www.nata.org).

The mission of the National Athletic Trainers' Association is to represent, engage and foster the continued growth and development of the athletic training profession and athletic trainers as unique health care providers. Within the NATA are 11 districts organized by geographical location across the United States. Wisconsin is in District 11, and combined with district 4 makes up the Great Lakes Athletic Trainers' Association (GLATA, www.glata.org) The Wisconsin Athletic Trainers Association (WATA, www.watainc.org) works specifically to advocate for athletic trainers within the state of Wisconsin.

NATA Membership

The program requires all students to join the NATA and receive many benefits including scholarship opportunities, career information and networking, and reduced rates for professional conferences. As a member of the NATA you also become a member of GLATA and the WATA. The program will assist you with the costs of membership while you are a student. The NATA membership reimbursement policy is as follows:

1. You must pay out-of-pocket for the membership, and then you request reimbursement for a prorated amount based on what year you are in the program.
2. You must have a National Provider Identifier (NPI) number to be eligible for reimbursement. Getting an NPI number is free and is turned around quickly. Visit this website to apply.
 - a. <https://nppes.cms.hhs.gov/#/>
 - b. Send Lori Woodburn (woodburn@uwm.edu) a copy/screen shot of your name and NPI number once complete. We will file this for future reimbursements.
3. The reimbursement percentage is :
 - a. July 1, year 1: 100% of \$55.00 (or current rate)
 - b. January, year 1: 100% of \$75.00
 - c. January, year 2: 75% of \$75.00 = \$56.00
4. You must submit your receipt to Yeeilianna Hamilton (hamilttoy@uwm.edu) no later than 60 days after joining/renewing your membership.

Board of Certification (BOC)

“The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has a mutual recognition agreement with Ireland.”
(www.bocatc.org)

Commission on Accreditation of Athletic Training Education(CAATE)

The mission of the CAATE is “Defining, assessing, and continually improving AT Education.” The CAATE defines a set of standards that all athletic training programs must meet, including operational, safety, and curricular requirements. (www.caate.net)

NATA Research and Education Foundation

The vision of the NATA Foundation is “...to be the leader in supporting innovative research and educational opportunities to advance health care and inform policy for the benefit of the physically active populations.” The Foundation provides scholarship opportunities for students on an annual basis. The Foundation also supports athletic training research through the Free Communications program at the annual convention, and through student and professional research grants. (www.natafoundation.org)

Conference and Meeting Attendance

Students will be given information about upcoming professional conferences/meetings and will be expected to attend a minimum of one professional conference during their enrollment in the MSAT program. To prepare for meeting attendance, students should coordinate with their instructors prior to scheduling an absence to attend the conference. Students planning to attend conferences while on clinical affiliations MUST have approval from the course instructor prior to coordinating the absence with their clinical site. Each year the program will announce the amount available for reimbursement for registration for a professional conference.

Panther Athletic Training Students (PATS)

PATS is a University recognized organization at the University of Wisconsin-Milwaukee. PATS is committed to promoting and encouraging higher scholastic achievement and professional development in the study of athletic training. All MSAT students are in PATS. The positions of President, Vice-President, Secretary and Treasurer are elected in the Summer 1 semester. There are opportunities for students to fund raise and apply for grants through the student organization office at the University of Wisconsin-Milwaukee. These opportunities can provide financial support to students attending local or national conventions and symposiums.

In addition to profession growth activities, PATS also plan several group social activities for PATS members and their families (i.e. picnic, Brewer’s game). Furthermore, PATS is committed to giving back to the community and has participated in charity events coordinated through the Center for Community Based Learning, Leadership, and Research
(<https://uwm.edu/community/>).

State Licensure

In addition to BOC certification, certified athletic trainers must meet individual state licensing requirements in order to practice athletic training. Licensure requirements vary by state and certified athletic trainers must check with the specific state in which they practice. Licensure in the state of Wisconsin began in 2001. For complete details on the Wisconsin Licensure Act, visit the Wisconsin Athletic Trainers' Association web site at <http://www.watainc.org> or the State of Wisconsin Department of Regulation and Licensing (<http://dsps.wi.gov/Home>).

Integrated Movement Science and Athletic Training Research Laboratory

The Integrated Movement Science and Athletic Training Research Laboratory investigates problems in applied biomechanics, human performance and injury prevention. Dr Earl-Borhm, Dr Ericksen, and Prof. Reckelberg are all actively involved in ongoing research projects. MSAT students are encouraged to participate in any ongoing research projects of the faculty by participating as a volunteer in the study, or as a project assistant. Students may also participate in semester long research internships for elective credit or for Professional Development Units. Students who have an interested in advanced research training, such as a Doctoral degree, are encouraged to use their elective credits for a more robust learning experience. Other laboratories and faculty conducting research most related to athletic training are:

- Human Physiology and Sport Performance Laboratory
 - Kyle Ebersole, PhD, ATC
- Laboratory for Sport Psychology and Performance Excellence
 - Barbara Meyer, PhD, CMPC
 - Monna Arvinen-Barrow, PhD

Academic Policies and Procedures

Advising

Prospective Students

Prospective applicants who have questions about pursuing athletic training are encouraged to seek advising from the MSAT Program Director by scheduling an appointment (msat-info@uwm.edu). The College of Health Sciences Office of Student Affairs: 414-229-2758; <http://uwm.edu/healthsciences/students/> can also assist, particularly if there is a need to complete prerequisite courses at UWM.

It is possible for students earning a Bachelor of Science in Kinesiology degree from UWM to have met all of the prerequisite courses needed for a strong foundation on which to build their athletic training education. Up to 25% of slots per year are prioritized for highly qualified students holding a Bachelor of Science in Kinesiology degree from UWM.

Completed Baccalaureate Degree: Prospective applicants who have already completed a bachelor's degree and are interested in taking courses at UWM to satisfy MSAT program

prerequisites should apply for admission to UWM (<http://apply.wisconsin.edu>). On the application, applicants should identify their reason for applying as “Undergraduate courses as a visitor/guest student” and their “applying as” status as “Undergraduate non-degree student with a bachelor’s degree.” Applicants should apply as a second degree student *only* if they plan to complete a second bachelor’s degree. Questions regarding financial aid for non-degree students should be directed to Gayla Jenkins (jenkinsg@uwm.edu) in the UWM Department of Financial Aid.

Accelerated BS Kinesiology/MS Athletic Training

With the University of Wisconsin-Milwaukee (UWM) accelerated BS Kinesiology/MS Athletic Training Program, you will complete three years as an undergraduate student, then begin the MS Athletic Training (MSAT) Program as a graduate student. At the end of your fourth year (your first year in MSAT), your BS Kinesiology degree will be granted. After year two as a graduate student, you will earn your MS Athletic Training degree.

The Accelerated BS Kinesiology/MS Athletic Training has specific application and curriculum requirements. Please refer to the website for those details <https://uwm.edu/healthsciences/academics/accelerated-bachelors-kinesiology-masters-athletic-training/>

Undergraduate students who have declared an intent to pursue the accelerated BS Kinesiology/MS Athletic Training are advised by Torry Rufer, the BS Kinesiology Academic Advisor. Contact Torry at 414-229-2758 or tjruferr@uwm.edu.

Transfer Students

Due to the sequential and cumulative nature of the curriculum, transfer students must complete all of the Athletic Training Core courses at UWM. Acceptance of transfer credits is determined by the Program Director in consultation with the UWM Graduate School.

Current Students

Clinical Education

Students will meet with the Clinical Education Coordinator (CEC) once per semester to discuss progress in their current clinical education placement, as well as plan for future placements. While final decisions about clinical experience placements are made by the CEC, the student is encouraged to provide information on their interests and career goals, and any other information that maybe helpful in developing the clinical education plan. Please see “Clinical Education Requirements” section for more detailed information.

Faculty Mentor

Students will be assigned an athletic training faculty mentor when they begin the program. The purpose of this mentoring relationship is to provide the student with an individual source for academic planning, career goal development, and to assist with finding appropriate campus

support resources as needed. Students should take the initiative to schedule a mentoring meeting with their advisor as needed, but at least once per year.

Admissions Requirements

Application Deadline

To apply for the MSAT program you must apply through the Athletic Training Centralized Application Service (ATCAS) The program seeks to admit highly qualified students until the class has been filled (approximately 12-16 students per year).

It is possible for students earning a Bachelor of Science in Kinesiology degree from UWM to have met all of the prerequisite courses needed for a strong foundation on which to build their athletic training education. Up to 25% (4 out of 12) of slots per year are prioritized for highly qualified students holding a Bachelor of Science in Kinesiology degree from UWM.

Early Decision Cycle

Application deadline: November 1

Interview window: November 15 – December 1

Notification window: December 1-15

Rolling Admission

After November 1, applications will be evaluated on a rolling basis until the class is filled, but no later than March 1.

Admission Requirements

In addition to the Graduate School minimum qualifications, applications must meet the following pre-requisites to be eligible for admission to the program:

- 1) Completion of a Bachelor's degree from an accredited institution with an overall cumulative grade point average (GPA) of a 3.0 (on a 4.0 scale) at the time of application submission and graduation. Official transcripts must be submitted. Undergraduate degree must be completed by the time the applicant plans to begin in the MSAT program.
- 2) Completion of 10 prerequisite courses. A prerequisite GPA of 3.0 (on a 4.0 scale) is recommended.
- 3) Completion of 20 hours of observation of athletic training practice with a certified athletic trainer within 12 months of application submission. Observation hours can be paid or volunteer. The ["Observation Hours Instructions and Log"](#) can be found on the MSAT website.
- 4) Two letters of recommendation. One of the letters must come from an academic reference (preferably a faculty member as opposed to a graduate student instructor) and one from an athletic trainer with whom the applicant completed observation hours. The applicant generates the recommendation request from the ATCAS website once the application has been created.

- 5) GRE scores are optional. Those whose undergraduate GPA is below 2.75 must provide evidence of ability to succeed in graduate study, and taking the GRE is one of several options for providing this evidence. <https://uwm.edu/graduateschool/admission/>
- a) If GRE scores are being submitted, the General Test of the GRE taken within the last five years. Applicants are encouraged to complete the GRE approximately six months before the date of application submission, if not sooner. This timeframe allows an applicant to repeat the test to increase scores if desired. GRE scores can take up to 8 weeks to be delivered to UWM. Applicants are encouraged to prepare in advance for the test. Additional information (including preparation materials) is available on the GRE's website (link above). UWM's institutional GRE Code is **1473**.

Prerequisite Courses

Prerequisite Course	UWM Course Number (or equivalent)
Human Anatomy (with lab)*	Biological Sciences 202
Human Physiology (with lab)*	Biological Sciences 203
Chemistry I (with lab)	Chemistry 100 or 102
Biology	Biology 150
Physics I (with lab)	Physics 120 (lecture) and 121 (lab)
Biomechanics	Kinesiology 320
Exercise Physiology	Kinesiology 330
Introductory Nutrition	Biomedical Sciences 232 <i>or</i> Nutritional Sciences 235
Introductory Psychology (3 cr.)	Psychology 101
Statistics (3 cr.)	Kinesiology 270
<i>*Applicants must complete a 2-semester sequence of anatomy/physiology with lab. This can be a stand-alone anatomy course and a stand-alone physiology course or a 2-semester combined anatomy/physiology course.</i>	

Applicants currently enrolled in a prerequisite course may be granted conditional admission, pending successful completion of the course and meeting all prerequisite criteria. Preference will be given to applicants that have completed all prerequisite courses at the time of application submission. Students are encouraged to complete laboratory science prerequisites at a four-year institution of higher education instead of a two-year or technical school. The program *will* accept college credits that were granted retroactively to students who achieved appropriate scores on high school advanced placement (AP) tests; however, the program will not use those credits in the calculation of the prerequisite courses GPA for admission. Students can consult the following website to determine how UWM accepts AP scores: <http://uwhelp.wisconsin.edu/testing/ap/milwaukee.aspx>.

Prospective applicants are encouraged to calculate their GPA for prerequisite courses by utilizing this online GPA calculator: <https://www4.uwm.edu/DES/apps/gpacalculator/>.

Selection Criteria

The following criteria will be used to evaluate and select students for admission:

1. Academic Performance

- a. The cumulative GPA, transcripts, reasons statement, and GRE (if applicable) transcripts are used to determine the applicant's ability and potential to succeed in graduate study and the program.

2. Interview

- a. Competitive applicants will be offered an interview, which can be completed face-to-face or via video conference. This will last approximately 15-30 minutes and will be scheduled with the applicant during the interview window. The interview will be evaluated on the applicant's ability to:
 1. Ability to articulate cohesive and appropriate responses to questions
 2. Ability to reflect on personal attributes
 3. Ability to communicate clearly and professionally

3. Personal statement

The responsive essay will be evaluated for:

- a. The appropriateness of the response to the provided statement/question
- b. Demonstration of clear, concise, and organized thoughts
- c. Demonstration of error free grammar and writing style

4. Recommendations

- a. Strength of the recommendation to support the student's potential for success as a graduate student and future athletic trainer.

Technical Standards for Athletic Training Students

The MSAT program at the University of Wisconsin-Milwaukee is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The following technical standards establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as to meet the expectations of the program's accrediting agency—the Commission on Accreditation of Athletic Training Education (CAATE). Prior to admission, all students must meet the following technical standards. Students must complete a Technical Standards Self-Verification Form (Appendix A) as well as have the health care provider performing their physical exam verify the student meets the standards (Appendix B). In the event that a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program and/or may be dismissed from the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Athletic training students must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, and integrate concepts, to problem solve in the formulation of a basic assessment, and to make therapeutic judgments regarding physical deviations from the norm.

2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques and to accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate (oral and written) 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.

The athletic training program works with the [Accessibility Resource Center](#) to assist students if the student believes he/she will require accommodation to meet the technical standards. The Accessibility Resource Center will verify the student's disability and, in consultation with the department, identify the accommodation(s) that the department should provide to such student so that the student can meet the technical standards. This determination may include a review of whether the accommodations requested are reasonable, a review of whether the proposed accommodation would pose a direct threat to clinician/patient safety, and take into account the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

Matriculation Requirements

Accepting Admission

An acceptance form and place holding fee of \$300 is required to confirming your intention to attend UWM, and is due within 2 weeks of receiving your letter of offer. These fees are held in an account that directly benefits student by providing UWM apparel, professional membership dues, and conference registration. Payment is made directly to the Program, and can be sent to: Lori Woodburn, Pavilion 350, University of Wisconsin-Milwaukee, Milwaukee, WI 53201. This fee is not refundable should a student decide not to attend UWM.

Once admitted to the program, students must complete the following to matriculate (enroll) in the University and Program:

Criminal Background Check

The University is required to perform a criminal background check on students prior to beginning the program. Consistent with Wisconsin's Caregiver Background Law, individuals with certain convictions may be disqualified from working in hospitals and other health care or care

facilities. Such individuals may also be denied national certification and licensure. More information about the Caregiver Background Law is available at:
<http://www.dhs.wisconsin.gov/caregiver/index.htm>.

If you have a criminal conviction in your background it may affect your ability to work in certain facilities or obtain certification and licensure. The inability to be placed in facilities may affect your completion of clinical education requirements and thus degree completion. In addition, the existence of disqualifying convictions under the Caregiver Background Law may also affect your eligibility for certification and licensure, and/or your ability to gain employment in this field. It is the student's responsibility to notify the Program Director if an event occurs while in the program that may change the results of the criminal background check. You should contact the Program Director as soon as possible to discuss whether you should apply to the program or consider alternative programs.

Immunization Verification

Students must provide a document with proof of immunization dates for the following:

- Tetanus, diphtheria, pertussis (Tdap)
- Tetanus Booster (Td) (within last 10 yrs)
- Measles/Mumps/Rubella (MMR)
- Hepatitis B (HepB) (Or signed refusal)
- Varicella (Positive titer or OR varicella vaccine (VAR)
- Meningococcal (Recommended for students living in the dormitories, but not required)

There are some additional Immunizations and tests that will be required. These can be completed on campus at the Norris Health Center.

- **2 Step** TB Skin test (a "one step" TB test is NOT sufficient to meet this requirement) (required before July 1)
- 10 panel urine drug test (required before July 1)
- Influenza vaccine (required before October 15th)

Physical Examination

Prior to beginning the program students must provide proof of a physical examination being completed within the past year. One reason for the physical examination is to have a licensed and qualified health care provider verify that, to the best of his/her ability based on a routine physical examination, the student meets the Technical Standards for Athletic Training Students (with or without reasonable accommodation). The Technical Standards for Athletic Training Students-Healthcare Provider Verification form must be signed by the person who administered the physical exam within the last year. Students must have a physical examination completed annually (at the Norris Student Health Center or from a provider of choice). Any changes in health status that may affect the student's ability to meet the Technical Standards must be disclosed to the Program Director immediately.

Costs and Fees

Tuition is set by the University of Wisconsin Board of Regents and the state of Wisconsin Legislature. Current tuition and fee information can be found on the [UWM Tuition website](#). In addition to tuition, while students are taking courses on campus, students pay a segregated fee (seg fee). Segregated fees provide the student access to recreational activities, athletics, student health services, and other student services. Additional University policies related to tuition and fees, financial aid, refunds, etc can be found on the University Business and Financial Services website <https://uwm.edu/onestop/>

Additional expenses may be necessary for:

- Clothing that conforms to the Program’s Professional Appearance Expectations. A minimum of 2 shirts will be provided to each student at the beginning of the program.
- Computer/technology needs
 - It is required that all students have off-campus access to a computer with high-speed internet access with minimum capabilities to support web-based instruction (including a webcam and microphone) and to successfully complete assignments/projects for their courses during clinical affiliations. It is strongly encouraged that students purchase a laptop for use while in the program. For on-campus technology needs UWM maintains computer labs and printing services on campus for student needs.

Additional program fees are added to the student’s bill through the bursar’s office.

	Equipment or service provided	Fee	Repeated	Total Expense
Background check	Required for admission	\$53	n/a	\$53
Admissions place holding fee	Apparel, reimbursement for NATA membership dues, and conference registration	\$300	n/a	\$300
ATRRAIN 725 Gross Anatomical Kinesiology	Costs for cadaver specimens	\$90	n/a	\$90
ATRRAIN 785,786, 787,788 Clinical Education in Athletic Training	This fee is to provide the student with access to the “eValue” online clinical education management platform.	\$100	4 times	\$400
ATRRAIN 883 Capstone Clinical Education in Athletic Training	This fee is to provide the student with access to the “eValue” online clinical education management platform.	\$100	2	\$200

ATRAIN 521, 702, 704, 800, 744	Instructional technology fees associated with hybrid or online format courses	\$30	5	\$150
Cumulative expense across degree program				\$1193

Curriculum Description

The program will meet its goals, and therefore fulfill its mission, by providing a structured, tracked curriculum that contains coursework as well as community engaged opportunities for clinical education, research, and professional development. The curriculum consists of 71 credits to degree, and meets all of the Curricular Content Standards outlined in the [CAATE 2020 Professional Standards](#). When enrolled in the final semester of the program, students will be eligible to take the national certification exam, administered by the [Board of Certification](#), to become Certified Athletic Trainers.

Philosophies of evidence-based practice, integrated person-centered care, cultural competence, and clinical problem solving will be incorporated into all coursework. Having these themes threaded across the program concurrent with other content, teaches students to manage health conditions in a holistic and patient-centered manner. There are several courses that are inter-professional education courses with students from multiple professions learning about, from and with each other.

Students will take 3 ‘focused elective’ credits, providing the opportunity for a student to work on an independent study or research project. This research experience would serve the student who is considering continuing education at the doctoral level. Alternatively, a student may take a course that provides additional breadth or depth in a content area such as psychology, advanced exercise physiology, sports nutrition, or sport biomechanics.

Students will begin the clinical education placements during the first semester, and will continue these placements each semester of the program. In the final two semesters of the program, students will complete an immersive capstone clinical education placement. Clinical placements are guided by concurrent coursework, type of practice setting, injury risk level, and sociodemographic factors. All clinical education experiences will be strategically mapped to ensure that each student is exposed to as many of the above factors as possible.

College of Health Sciences
Department of Rehabilitation Sciences and Technology
Master of Science in Athletic Training
(71 credits)

SUMMER 1 (9 credits, 12 if elective taken)		Credits
ATRIN 725	Gross Anatomical Kinesiology	3
ATRIN 710	Prevention & Care of Emergent Medical Conditions in Athletic Training	4
ATRIN 701	Introduction to Clinical Education and Professional Development	1
ATRIN 785	Clinical Education in Athletic Training I	1
	<i>*Possible location of required elective course</i>	2
FALL 1 (16 credits)		
ATRIN 747	Clinical Exam and Diagnosis of the Lower Extremity in Athletic Training	3
ATRIN 757	Foundations of Therapeutic Interventions in Athletic Training	3
ATRIN 521	Pathoetiology of Tissue Injury	3
KIN 550	Psychological Aspects of Human Movement	3
ATRIN 702	Ethics in Healthcare	1
ATRIN 703	Foundations of Interprofessional Practice	1
ATRIN 786	Clinical Education in Athletic Training II	2
SPRING 1 (16 credits)		
ATRIN 748	Clinical Exam and Diagnosis of the Head and Spine in Athletic Training	3
ATRIN 758	Physical Agents	2
ATRIN 753	Medical Physiology II	3
KIN 551	Psychology of Injury/Illness/Disease: Implications and Strategies for Rehabilitation	3
ATRIN 705	Foundations of Clinical Research	3
ATRIN 787	Clinical Education in Athletic Training III	2

SUMMER 2 (11, 14 if elective taken)		
ATRIN 749	Clinical Exam and Diagnosis of the Upper Extremity in Athletic Training	3
ATRIN 759	Therapeutic Intervention for the Upper Extremity	2
ATRIN 708	Clinical Gait Analysis	3
ATRIN 788	Clinical Education in Athletic Training IV	3
	<i>*Possible location of required elective course</i>	2
FALL 2 (7, 10 if elective taken)		
ATRIN 704	Professionalism and Leadership in Healthcare	1
ATRIN 883	Capstone Clinical Education in Athletic Training (4-8 credits variable, totaling 12 over Fall and Spring)	6
ATRIN 800	Athletic Training Board of Certification Exam Preparation (elective)	1
	<i>*Possible location of required elective course</i>	2
SPRING 2 (9, 12 if elective taken)		
ATRIN 744	Healthcare Systems and Administration	3
ATRIN 883	Capstone Clinical Education in Athletic Training (4-8 credits variable, totaling 12 over Fall and Spring)	6
	<i>*Possible location of required elective course</i>	2

Academic Calendar

The academic calendar, important dates by term, and financial aid calendar can be found at the [OneStop Dates and Deadlines website](#). The annual program calendar including course and clinical experience start and end dates is distributed by the Program annually in April.

Assessment of Student Learning

The program has established a comprehensive assessment plan that includes regular assessment of 1) student learning, 2) quality instruction, and 3) program effectiveness. This information allows us to evaluate our objectives related to each program goal. Student learning is assessed in both the classroom/laboratory and clinical education settings.

Classroom/Laboratory Assessment

Student learning is assessed in an ongoing basis using multiple strategies including assignments, quizzes/exams, self-reflection, practical skills tests, real patient scenarios, preceptor evaluation, etc. The first level of assessing student knowledge and ability occurs in the classroom/laboratory setting via methods such as quizzes, exams, research papers and other projects or assignments. The initial delivery and evaluation of clinical competencies occurs within each AT Core Course and is performed by the course instructors/Preceptors. Each AT Core course includes laboratory sessions which are designed to provide further instruction, formal evaluation of clinical skill proficiency level, and opportunities for practical application of clinical skills. On a weekly basis, each student receives instruction, practice opportunities, and evaluation on a different clinical skill or skills. Clinical skill testing occurs throughout the semester in practical exam format that is conducted either: (a) orally in a one-to-one format between the student and Preceptor or (b) through written response assignments and/or tests when appropriate (i.e. pharmacology drug cards, timed lab stations). Specific evaluative criteria have been established for each clinical skill.

All clinical skills tests must be passed with a minimum score of 80% to be allowed to progress to the next level within the program. Students will be allowed to re-test or remediate up to three non-pass skill tests, and it is the decision of the instructor as to how the non-pass is handled. The score from the original skills test will be used in the calculation of the student's grade

Clinical Education Assessment

In the clinical education courses student learning and performance is assessed in four ways.

Clinical Integration Proficiencies (CIP)

During each clinical experience, a student is evaluated on their ability to integrate the skill competencies, clinical decision making, and professional behavior into a discriminatory thought process. That is, a student is evaluated in the context of direct patient care for the CIP in which s/he formulates correct clinical decisions (i.e. which special test to use, goniometer use for the ankle) and subsequently performs the entire clinical skill component (i.e. ROM assessment, neurological testing). If the circumstances of the clinical assignment are such that there is no opportunity to perform a clinical skill from the comprehensive set of related CIP, the Preceptor will create a "mock" exam to simulate an appropriate potential clinical situation. Preceptors will provide the student feedback using individual CIP evaluation forms on eValue (www.eValue.net). The student will also provide reflective comments on his/her performance on the CIP. Specific CIPs must be evaluated according to a student's level within the program, and these requirements are distributed to each student at the start of each semester in the course syllabus. (Appendix C: CIP Example) CIP schedule details are found within the clinical education course syllabi (atrain 785, 786, 787, 788)

All CIPs required for that semester must be passed with a minimum score of 80% to be allowed to progress to the next level within the program. Students should repeat CIPs until they pass each one with at least an 80% score no later than the final due date listed in the syllabus. A criteria

for progression to the next semester is that all of the required CIPs must be passed by the due date listed in the syllabus.

Clinical Performance Evaluations

At the beginning of the clinical experience the student and preceptor will have a conference to discuss clinical site expectations, expectations of the student/preceptor, goals for the semester, etc. Another conference will occur at mid-term, and at the end of the semester. These evaluations are designed such that the student completes a section based on self-reflection and evaluation, and the preceptor completes a section on student performance, strengths, and areas for improvement. All evaluation forms are reviewed by the Clinical Education Coordinator. The CEC will discuss any significant concerns regarding student performance or clinical integration proficiency level directly with the student, any relevant course

Evaluation Name	Completed by	Beginning of Rotation	Middle of Rotation	End of Rotation	Notes
Semester goals and objectives (Appendix D)	Student	Student completes	Modify as needed	Assess completion	Currently completed by student, preceptor does not have access. Results should be discussed at orientation meeting.
Clinical Site Expectations (Appendix E)	Student	Student completes	None	None	
Clinical Performance Assessment (Appendix F)	Student first, then preceptor evaluates student's performance	None	Student and preceptor complete	Student and preceptor complete	
Professional Behaviors Assessment (Appendix G)	Student first, then preceptor evaluates student performance	Student completes	None	Student and preceptor complete	
Preceptor Evaluation (Appendix H)	Student	None	None	Student completes	
Clinical Site Evaluation (Appendix I)	Student	None	None	Student completes	
Survey of Effective Clinical Educator Behaviors (Appendix J)	Student	Student completes for ideal clinical instructor	Student completes for current clinical instructor	Student completes for current clinical instructor	Results should be shared with preceptor and discussed

instructors/preceptors, and the Program Director. All evaluation instruments will be provided on eValue.

Cumulative Practical Exam

The Cumulative Practical Exam (CPE) (Appendix K) will occur at the end of the semester and will be a cumulative assessment of the skills and professional behaviors learned to date (current semester and previous semesters). The CPE must be passed with a minimum score of 80% to be allowed to progress to the next level within the program. Students will be allowed to re-test or remediate the CPE once. If the re-test or remediation does not result in a minimum score of 80% or better the student will not be allowed to progress to the next level within the program. The score from the original CPE will be used in the calculation of the student's grade.

Preceptors and Clinical Site Evaluation

At the midpoint and conclusion of each semester, the student completes an evaluation of the preceptor (Appendix I) and the clinical site (Appendix J). These evaluations are completed on eValue (www.e-value.net) and periodically reviewed by the Clinical Education Coordinator. Preceptors can access summary reports at the conclusion of each term, which preserve the anonymity of the student. Students should attempt to discuss any concerns they may have with regard to their clinical experience with their preceptors during their orientation, midterm, and final conferences. The Program Director and/or the Clinical Education Coordinator may follow up on any evaluations or specific comments that suggest a potential conflict or concern and appropriate corrective actions will be taken to eliminate the concern.

Professional Development Units (PDU)

The purpose of the Professional Development Unit (PDU) Program is to:

- Encourage students to pursue current and future professional development activities;
- Ensure that students become involved and engaged in a variety of different professional development experiences while matriculating through the AT Program;
- Make students more marketable to prospective graduate schools and/or employers;
- Allow students to become accustomed to seeking out professional development activities
 - In each of the following clinical education courses: ATRAIN 786, 787, and 883, each ATS must accumulate a total of at least **15** PDUs, approved by the appropriate supervisor (the best person to verify your activity, not necessarily your current preceptor).
- PDU activities and units are listed in Appendix M.

Retention and Progression Criteria

In order to be retained in good standing and progress to the following semester, students must meet all passing criteria mentioned in course syllabi as well as meet the benchmarks listed below:

- 1. Academic Performance**
 - a. Students must maintain a cumulative GPA of 3.0 or better per Graduate School policy
 - b. Students must earn a B- or better in all required clinical education courses (ATRAIN 785, 786, 787, 788, 883)
 - c. Students must earn a C or better in all required courses
- 2. Clinical Skills and Abilities**
 - a. Students must earn a B- or better in each of the Clinical Education courses (ATRAIN 785, 786, 787, 788, 883)
 - b. Students must earn a passing score ($\geq 80\%$) on the Cumulative Proficiency Exam (CPE). The CPE occurs at the end of each semester and is a cumulative assessment of clinical skills, decision making, and professional behavior and communication, and documentation. Students will be allowed to re-test or remediate the CPE once. A second non-passing attempt will lead to program suspension or dismissal.
- 3. Professional Behavior**
 - a. Students must demonstrate academic integrity and professional behavior and communication in courses and clinical education experiences. Conduct of concern will be reported to the Program Director. (Appendix M)

Retention and Progression Decisions

The MSAT core and associated faculty will meet at the conclusion of each academic term for student progression review. The core/associated faculty will review each student's achievements on the progression and retention benchmarks, and discuss professional behavior progress from both the academic and clinical education perspectives. The faculty will decide if professional behaviors are acceptable or not-acceptable. The Program Director will notify students of their academic standing via an email after this meeting.

Remediation

Students who demonstrate deficits in athletic training knowledge, skills, abilities, or professional behaviors that prevent their progression within the program will be offered an opportunity to remediate these deficits. The student must meet with the Program Director and/or Clinical Education Coordinator to discuss the deficits and reflect to identify potential barriers to success. An individualized remediation plan (Appendix N: Remediation Plan Form) will be developed with strategies for improved performance (i.e. tutoring, study habits, time management etc) and benchmarks that the student must meet in order to be allowed to progress in the program.

Students who require a remediation plan will be placed on probationary status and may experience a delay in graduation. Any student who fails to meet the requirements of the remediation plan will be dismissed from the program.

Repeating courses

Required courses may be repeated one time. Both will appear on the transcript and both grades are calculated into the cumulative GPA. Students may audit a course with the instructor's permission.

Dismissal

Any student may be dismissed from the MSAT program for failure to fulfill all expectations, obligations, and guidelines (academic, clinical, or professional behavior). Students are encouraged to review the associated documents and policies for further details. All violations of MSAT, Department, or University policy and procedure will be reviewed by the Program Director, who will consult with the program core faculty as necessary.

Graduation Criteria

Students should visit the Graduate School website to review the [Steps for Graduation](#) which includes applying for graduation early in the spring semester. The established graduation criteria include:

- Completion of 71 degree-credits for the M.S Athletic Training degree
- Cumulative GPA of 3.0

Academic Integrity

Ethics are fundamental to all university activities. Ethical behavior is crucial to maintaining the credibility and perceived value of our scholarship in the minds of our colleagues and the general public. To this end it is important that all scholars, from undergraduates to senior faculty, incorporate ethical standards, defensible behavior, and sound decision making in all of their academic endeavors.

[Academic Integrity](#) means honesty concerning all aspects of academic work. Students are encouraged to consult with faculty to develop:

- Correct procedures for citing sources of information, words and ideas.
- Ways to properly credit collaborative work with project team or study group members.
- Strategies for planning and preparing for exams, papers, projects and presentations.
- Alternative procedures for quiz/exam conditions in classroom environment where cheating has been observed.

Misconduct

There are several kinds of misconduct within the university that may result in charges requiring formal procedures to investigate and resolve. Different units on campus may be involved, depending on the nature of the misconduct. Graduate students and graduate faculty are encouraged to seek information and assistance from the appropriate office.

Academic Misconduct

The Dean of the Graduate School supports and upholds rigorous standards of [academic integrity](#) related to graduate education. The sanctions imposed by the university in response to academic dishonesty can range from reprimands to expulsion. If a student is charged with academic misconduct, there are specific procedures, including the right of appeal, which must be followed by UWM. Graduate students may request [information](#) and direct appeals to the Office of the Dean of the Graduate School.

Discriminatory Conduct or Harassment

UWM is committed to protecting the dignity and social inclusion of all individuals in our community. Any harassment or discrimination based on gender, race, religion, ethnicity, age, disability, or sexual orientation is prohibited. The [Office of Equity/Diversity Services](#) can assist all students, staff and faculty with concerns and formal complaints about any type of harassment, violence or discrimination. The EDS website provides specific information about [sexual harassment](#) and the University's [Discriminatory Conduct Policy](#) in compliance with federal law prohibiting any form of sex-based misconduct.

Non-Academic Misconduct

The [Office of the Dean of Students](#) is responsible to uphold university codes of conduct that are not directly related to academic affairs, but nevertheless are required to ensure a positive, safe and healthy environment on campus. The DOS website provides information about expectations for the behavior of students, on and off campus. The Dean of Students administers cases related to [non-academic misconduct](#) involving graduate students.

Complaint and Grievance Procedures

The Office of the Dean of Students encourages members of the campus community to share their concerns directly with the individual or unit of concern. In many cases, a remedy can be achieved by taking this step. However, if a satisfactory outcome is not achieved, the complaint can be brought

to the supervisor or department chair. UWM has several formal processes to address concerns, grievances, appeals, and complaints. The [Dean of Students Complaints and Grievances website](#) describes these in detail.

Appeals

Appeals of academic decisions proceed through a three-step procedure beginning in the student’s program or department and ending with the dean of the Graduate School. A graduate student who chooses to appeal an academic decision (e.g., grades, scholastic standing, and graduation decision) initiates the appeal with the appropriate authority within the department or program in which the decision was made. As dean of the school administering graduate programs, the dean of the Graduate School is the final authority on appeals of academic decisions. An appeal to the dean of the Graduate School is the third and final step in the appeal procedure and is made only after the first two steps in the appeals procedure have failed to produce a result that the student considers satisfactory. In pursuing an appeal, the student must observe the following sequence:

	Grade or Course Appeal	Program Appeal
<u>Step 1</u>	Course instructor	MSAT program core faculty via the Program Director. Students will prepare their appeal with their assigned faculty advisor
<u>Step 2</u>	MSAT program core faculty via the Program Director	Associate Dean in the College of Health Sciences.
<u>Step 3</u>	Associate Dean in the College of Health Sciences.	Associate Dean of the Graduate School
<u>Final step (for grade appeals only)</u>	Associate Dean of the Graduate School	

A complete review of the steps of the appeal as outlined by the Graduate School is found at: <http://uwm.edu/graduateschool/appeals-exceptions/>. A summary is presented below:

- **Step 1:** The student appeals to the faculty member or faculty/staff body responsible for making the initial decision within 30 working days of the action that prompted the appeal. This appeal must be made in writing with substantiating reasons for the appeal. If requested by the student, the faculty member or body must provide the student with a written statement of the reason for an adverse decision.
- **Step 2:** If the step 1 decision is not in the student’s favor, the student may, within 10 working days from the date the Step 1 decision is communicated to the student, appeal to the body designated by the graduate faculty of the student’s program to hear appeals. This appeal must be in writing with substantiating reason given for

the appeal. In the event that any of the members of the body hearing the Step 2 appeal were involved in rendering the Step 1 decision being appealed, they must be replaced for the purpose of hearing the Step 2 appeal. Substitute members will be chosen by the program using established program appeal procedures. If necessary, the dean of the school or college in which the program is located may be asked to appoint replacement members of the committee.

- If the Step 1 decision that is being appealed was handled by the committee for hearing appeals in the program, the Step 2 appeal should be made to the appropriate appeals committee of the school or college. If such a committee does not exist, the dean of the school or college should appoint an ad hoc committee to handle the appeal.
- **Step 3:** If the Step 2 decision is negative, the student may, within 10 working days from the date of notification of that decision, appeal to the appropriate person identified in the above table. The student must provide information on the reason for the appeal, substantial evidence in support of the appeal, and the solution sought. All documentation must be forwarded to the Graduate School's associate dean for academic programs. The associate dean reviews the case and forwards the appeal with a recommendation to the dean of the Graduate School.

In appeals dealing with academic matters which fall within the purview of the faculty, the dean of the Graduate School will respect the faculty decision.

For further explanation of student appeals procedure, please see Student Academic Disciplinary Procedures <http://www.legis.state.wi.us/rsb/code/uws/uws014.pdf>.

1. "Graduate Student" is defined as any student in the Master of Science in Athletic Training Program and is registered as a graduate student at the University of Wisconsin-Milwaukee.
2. "Appropriate Authority Within the Department Faculty Body" and "Graduate Faculty of the Program Concerned" are defined as the core faculty of the athletic training program present at the meeting during which an appeal is heard; there is no separate appeals body. Core faculty of the athletic training program are those faculty hired with primary teaching responsibility in the MSAT program and are identified as core or associated faculty in the faculty listing at the front of the student manual.

In order that the core faculty of the MSAT program may make an informed and impartial ruling in the appeals process (see above), the following procedures will be followed:

1. Appeals must be made in writing and submitted to the MSAT Program Director (or to the Department Chair of Rehabilitation Sciences and Technology, if the Program Director is directly involved) and must include the following:
 - a. A description of the action that prompted the appeal.
 - b. The rationale for claiming that the action was inappropriate.
 - c. The specific remedy sought.
 - d. A rationale explaining why the remedy sought is appropriate.

2. The appeals meeting will have both evidentiary and deliberation portions:
 - a. Students may be accompanied by counsel of their choice and may present witnesses and evidence in support of their appeals during the evidentiary portion.
 - b. The evidentiary portion can be closed where the provisions of Wisconsin Statutes 19.85 (1) (f) are met and an appropriate closed session motion is passed.
 - c. The deliberation portion of the meeting will be totally confidential if a closed session motion is passed either under Sec. 19.85 (1) (a) or Sec. 19.85 (1) (f) Wisconsin Statutes, and no one other than fully qualified MSAT Core Faculty or Associated members of the Department will be present during that time. The faculty member(s) directly involved in the matter will not vote on the final motion.
3. The MSAT Core Faculty's action will be determined by a majority vote of the members present and voting. The vote will be by a show of hands and recorded in the regular committee minutes.
4. Student appeal will be placed on the agenda of the next regular Program Faculty Meeting. Special meetings to hear student appeals will be scheduled when a majority of those present and voting at a regular meeting of the MSAT Program Faculty votes to do so.

Professional Behavior

Code of Conduct

As an athletic training student, you will be expected to conduct yourself in accordance with the following Code of Conduct (Appendix N) which is informed by the:

- CHS Honor Code (Appendix O)
- NATA Code of Ethics (Appendix P)
- BOC Standards of Professional Practice (Appendix Q).

This Code of Conduct has been written to make all athletic training students aware of the principles of ethical behavior that should be followed while a student in the athletic training program at the University of Wisconsin-Milwaukee (UWM). You will be required to sign the Code of Conduct annually. Violation of any of the following principles may result in sanctions from a written reprimand to immediate dismissal from the program

As a student in the Master of Science in Athletic Training Program, I attest that:

1. _____ I have read and will uphold and promote the tenets of the CHS Honor Code, a framework for moral, ethical, and professional behavior for all members of the College of Health Sciences.
2. _____ I will conduct myself in accordance with the National Athletic Trainers' Association (NATA) Code of Ethics. I have read and will uphold these expectations for ethical and professional behavior.
3. _____ I will conduct myself in accordance with the Board of Certification (BOC) Standards of Professional Practice. I have read and will uphold these expectations for ethical and professional behavior.
4. _____ I will uphold the academic integrity expectations of the University of Wisconsin Milwaukee
5. _____ I have read and understand all policies and expectations outlined in the MSAT Student Handbook. This includes (but is not limited to):
 - i. Academic integrity
 - ii. Professional appearance, communication, and behavior
 - iii. Clinical education expectations established by the program and by the preceptor
 - iv. Patient confidentiality
 - v. Liability protection
 - vi. Infections/Communicable disease and blood borne pathogens
 - vii. Promotion and retention criteria and benchmarks
6. _____ I will represent myself as an "Athletic Training Student" at all times, and not misrepresent in any manner my skills, training or professional credentials as that of a Certified Athletic Trainer.
7. _____ I will represent myself, the MSAT program, UWM and the athletic training profession in a positive, professional manner at all times. Incidents of questionable behavior (e.g. unethical, illegal, dishonest) shall be reported to the Program Director.

My signature below constitutes my pledge that I have read and will follow the UWM MSAT Student Code of Conduct. I understand that there will no tolerance towards academic misconduct or discriminatory, illegal, unethical or unprofessional behavior. A breach of any of this policy, or any described herein, is grounds for academic sanctions and/or program dismissal.

Signature

Date

Professional Appearance Expectations

One way to promote professionalism is through wearing appropriate clothing. What you wear will, in part, determine the level of professionalism and respect directed towards you from student-athletes, patients, coaches, team physicians, and anyone else involved with the program. Further, in your role as an athletic training student you will be physically active when working with student-athletes and patients (e.g., bending, squatting, reaching). Thus, it is imperative that you choose appropriate clothing that allows for comfortable movement, yet eliminates the potential for compromising your professional appearance.

Classroom/Lecture attire: Appropriate, modest, and clean attire is required for classroom activities. Students are expected to dress in professional attire when guest lecturers or patients/clients are present or at instructor's request. Ripped, torn or frayed clothing is not allowed. Clothing that is high-cut including shorts and T-shirts (both in total length and sleeve length) is not allowed.

Lab attire: Students are required to dress so that other students may observe movement of extremities and the spine while offering appropriate coverage of the body. For women, a tank top, sports bra or halter top and shorts are appropriate attire. For men tee shirts and shorts are appropriate. Men should expect to remove shirts when the upper body is being studied. This allows for observation and palpation of the upper extremities, as well as the cervical and thoracic spine. Students should anticipate the need to disrobe and expose body parts as a component of professional instruction. Modesty in all lab experiences is expected and privacy will be maintained.

Professional attire: Students are expected to dress in professional attire when guest lecturers or patients/clients are present or at the discretion of the instructor. Professional dress includes slacks or trousers and a collared shirt or blouse that covers the upper arms (i.e. no sleeveless shirts/blouses). Shirts must be tucked in, and must be long enough so that when bending or reaching upward, no skin is exposed (abdomen or back/buttocks). Please note that denim, fleece sweatpants, lycra, spandex, or any other tight-fitting clothing is not appropriate for professional attire. The student is expected to wear name badge when dressed in professional attire.

Clinical experience attire:

The professional appearance expectations of the MSAT program are expected to be followed at all times, including at all clinical education sites. There may be different expectations of specific clinical sites, therefore students should consult with his/her assigned preceptor to verify the dress expectations specific to your clinical experience. The program provides each student with new polo shirts and/or t-shirts that should be worn during all clinical experiences. Your name tag should be worn at all times (unless otherwise instructed by the preceptor) to identify you as an "athletic training student". At no time should you misrepresent yourself by using the term "athletic trainer". Thus, a student should always have appropriate clothing available to wear that clearly identifies you as an athletic training student. *If your preceptor and/or any other member of the program faculty believes your clothing does not meet the dress code expectations you will be asked to change into appropriate clothing or asked to leave the facility.*

- Clothing: Slacks or trousers and a collared shirt or blouse that covers the upper arms (i.e. no sleeveless shirts/blouses). Shirts must be long enough so that, when bending or reaching upward, no skin is exposed over the torso (abdomen or back/buttocks). Please note that denim, fleece sweatpants, lycra, spandex, or any other tight-fitting clothing is not appropriate for professional attire. Dresses and skirts are often unsuitable as they restrict movement. Clothing with logos (other than that of the clinical site or UWM) are not allowed. Forward facing hats are only allowed at an outside venue if they are plain or have a UWM or clinical site logo. Backward facing hats are not allowed. Students assigned to outside experiences or events should dress for the weather and attempt to wear coats, hats, etc. that have a UWM logo. Students traveling with a team should verify the travel dress code expectations with their preceptor, and follow them accordingly.
- Jewelry, body piercing and tattoos: It is not appropriate for students to wear excessive jewelry. Body piercing, other than 2 pairs of earrings worn in ear lobes only, is not allowed while in the clinical setting. Thus all other piercing should be removed prior to arrival at the clinical setting. Earrings, if worn, must be studs. All tattoos must be covered and not visible.
- Nails/hair: Nails will need to be kept short, and no fake finger nails may be worn. This is to promote hygiene during professional contacts with patients. Hair must be of a natural color, neat and pulled back, as appropriate. Hair should not touch clients during therapy services.
- Makeup/perfume/cologne: The professional dress code includes professional and modest makeup design. It is in your patient's best interest for you to refrain from wearing perfume or cologne. Students must use deodorant.
- Shoes: Closed toed shoes, with low/no heels are required during all clinical experiences. Tennis shoes that are neat and clean may be worn during clinical experiences only upon prior approval by the preceptor of the clinical facility.
- Name tags: Name tags will be required as part of the professional dress code. Each student is required to wear their name tag during all clinical experiences.

Professional Behavior Expectations

Students will be expected to demonstrate a minimum expectation of professional behavior from the first day of the program. Professional behavior assessment is a part of clinical education overall assessment each semester. Expectations are based on the following

Primacy of the Patient

Recognize sources of conflict of interest that can impact the client's/patient's health.

Know and apply the commonly accepted standards for patient confidentiality.

Provide the best healthcare available for the client/patient.

Advocate for the needs of the client/patient.

Team Approach to Practice

Recognize the unique skills and abilities of other healthcare professionals.

Understand the scope of practice of other healthcare professionals.

Execute duties within the identified scope of practice for athletic trainers.

Include the patient (and family, where appropriate) in the decision-making process.

Work with others in effecting positive patient outcomes.

Legal Practice

Practice athletic training in a legally competent manner.

Identify and conform to the laws that govern athletic training.

Understand the consequences of violating the laws that govern athletic training.

Ethical Practice

Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.

Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice*.

Comply with other codes of ethics, as applicable.

Advancing Knowledge

Critically examine the body of knowledge in athletic training and related fields.

Use evidence-based practice as a foundation for the delivery of care.

Appreciate the connection between continuing education and the improvement of athletic training practice.

Promote the value of research and scholarship in athletic training.

Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

Cultural Competence

Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.

Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.

Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism

Advocate for the profession.

Demonstrate honesty and integrity.

Exhibit compassion and empathy.

Demonstrate effective interpersonal communication skills.

Clinical Education

Description of Clinical Experiences

The purpose of clinical education is to provide the student with the opportunity to practice and refine their clinical and decision making skills in the context of direct patient care. During the athletic training clinical experience placement, students are supervised by a licensed athletic trainer or physician who is has training as a clinical education preceptor. Students may also be complete additional clinical experiences in which they are supervised by other healthcare professions (i.e. RN or DPT). The role of the athletic training student (ATS) is to function as a health care professional by utilizing knowledge and applying clinical skills within the student's scope of practice and under the direct supervision of an

athletic trainer/preceptor. Exact details of any experience will be established in advance by communication among the student, preceptor, and the Clinical Education Coordinator . The ATS is also encouraged to attend and experience as many opportunities at the clinical site as possible, whether or not they are required. Of particular interest are opportunities where patients or activities that not presently not offered through the UWM varsity athletics program (i.e. hockey, wrestling, football, softball, industrial, performing arts, physician office). It is important for the ATS to remember that he/she is a representative of UWM during all clinical education experiences and related travel. Therefore, the student is expected to represent UWM appropriately and professionally at all times as described in the Code of Conduct and Foundational Behaviors of Professional Practice guidelines.

Students commit an average of 10-20 hours per week to clinical education for the first four semesters in the program. Students will begin the athletic training clinical experiences during their first semester, and will continue these for each semester of the program. The final two semesters will include capstone athletic clinical education experiences. Students should commit an average of 30+ hours per week during their capstone placements. Athletic training clinical education experiences are guided by concurrent coursework, type of practice setting (i.e., collegiate, high school, clinical, professional sports, industrial), injury risk level, and sociodemographic factors (i.e., gender, age, urban/suburban/rural). All athletic training clinical experiences will be strategically mapped to ensure that each student is exposed to as many of the above factors as possible.

During the first summer term in the program, the student is assigned to a preceptor at a high school or college. This is an immersive experience over a 3 week period in which the student will experience pre-season activities.

During the program all students will complete at least two clinical education experiences on campus at UWM, or off-campus at a high school, college, hospital, clinic, or other organization in the greater Milwaukee area. The student will be expected to travel to these sites a number of times per week to work with the preceptor and the patients/athletes utilizing the services provided by the facility. These sites may include sports medicine or family practice clinics, urgent care or emergency department settings, outpatient/inpatient rehabilitation clinics, high school athletics, college athletics, professional teams, and/or industrial rehabilitation settings. The off-campus clinical experiences require that the ATS have reliable off-campus transportation. Some of the sites are accessible via the Milwaukee County Transit System. *Accommodations for students without personal vehicles can be made after discussion with the Clinical Education Coordinator.*

For specific descriptions of each clinical education experience, including topical focus, requirements, and evaluation see the course syllabi (ATRAIN 785,786,787,788)

Non-Discrimination Statement

Athletic training clinical experiences and other clinical education experiences are educational in nature. All clinical sites must be non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis.

Costs and Travel

Monetary remuneration from the clinical site is prohibited, with the exclusion of scholarships. There may be additional outside costs (i.e. room and board) associated with remote clinical placements, students should expect this and make plans accordingly.

Travel related expenses to/from clinical education sites are the responsibility of the student. The Program attempts to place students at clinical education sites that are within a reasonable distance from where the student is living. However, expenses related to a vehicle, maintenance, and fuel will be necessary at some point in the program. For the clinical capstone experience, students may choose a placement outside of the Milwaukee area. Travel and living expenses during the capstone experience are the responsibility of the student.

Assigning Clinical Experiences

Athletic training clinical experiences are assigned by the Coordinator of Clinical Education (CEC) and are based upon the identified clinical education goals, strengths, needed improvements, and schedule of each student. The CEC will meet with each student individually to discuss the student's goals and clinical experience preferences at the start of each semester. The CEC will take into account the student's individual preferences, however the CEC and MSAT faculty have the final authority in assigning the student's clinical placement. If students have specific placement desires and wish to investigate a unique clinical placement on their own, this should be done in close communication with the CEC.

When applying for clinical experiences, particularly capstone placements, students should be in close communication with the CEC throughout the entire process, and should not accept any offer without the approval from the CEC. Failure to follow these procedures and communicate in a timely and professional way may result in loss of a particular clinical placement opportunity.

This process allows the program to accommodate the individual student-needs while ensuring that each student participates in an appropriate, yet diverse set of supervised clinical experiences. The emphasis of each clinical rotation will directly correspond to the semester-specific set of educational competencies and clinical proficiencies presented in the concurrent academic courses. Students may request a particular preceptor or clinical site, but those requests are not guaranteed to be honored and the CEC and MSAT faculty have the final authority where a student will be placed.

Immersive Capstone Clinical Experience

The capstone experience is intended to be the culmination of the student's professional and academic activities to nurture the student's growth, and begin the transition into the role of an entry level professional. The student will be exposed to a range of professional experiences that will encourage the growth of their clinical confidence and promote a broader understanding of the art and science of athletic training. This experience is immersive in nature, as few other courses are being taken concurrently. There is an increased expectation of advanced engagement into all aspects of the clinical site, and the time commitment is accordingly higher. During the capstone placements, students should

expect to be at the clinical site for the same amount of hours as their preceptor. This allows for a complete experience to help prepare the student for employment as an athletic trainer. Capstone placements may occur at UWM, a site in the greater Milwaukee area or at a distance from Milwaukee if agreed upon by the student and Clinical Education Coordinator.

While enrolled in their capstone placement, students will be required to participate in an online learning environment. Such topics as BOC exam preparation, review of previously taught material, and discussions of student’s individual clinical experiences will be covered. Students will be expected to participate in video conference calls throughout the Fall year 2 and Spring year 2 semesters. At the end of the Fall year 2 and Spring year 2 semesters of the capstone course, students are expected to return to the UWM campus for face-to-face activities, including (but not limited to) mock interviews, an on campus research symposium, program exit interview and an end of the year celebration.

Timeline for Preparation for Capstone Clinical Placements	
Fall Year 1	
September	Students begin working on resume and cover letter to prepare for applying for capstone placements in Spring year 1
October 1 st	First draft of resume and cover letter due in ATRAIN 786
October 15 th	Initial list of clinical sites for Fall year 2 capstone placement due to CEC
November 1 st	Final draft of Resume and Cover Letter due in ATRAIN 786
Spring Year 1	
January	Refine resume and cover letter to fit specific applications of desired placements
1 st 8 weeks of semester	Meet with CEC to decide which experiences you will apply for
March 1	Final list of clinical sites for Fall year 2 capstone placement due to CEC
Applicable due dates	Submit applications and communicate with CEC about any offers received
April - June	CEC will work with the clinical site to complete associated affiliation agreement paperwork and preceptor trainings prior to the start of the clinical rotation

Supplemental Clinical Experience

The growth of our community-based clinical affiliates has provided a number of clinical opportunities to augment a student’s education. These supplemental experiences are disseminated to the students through electronic postings. Examples of recent supplemental clinical education include:

- Shadowing a team physician and/or orthopedic surgeon during surgical procedures, hospital rounds or patient appointments
- Assisting a licensed athletic trainer with athletic training coverage for local sporting events sponsored by independent organizations such as USA Volleyball and National Youth Soccer Tournaments

- Assisting a licensed athletic trainer providing coverage for mass participation sporting events, such as marathons, 5K races, triathlons, rugby tournaments, etc.

Supervision of Clinical Experience

All required clinical education experiences must occur under the direct supervision of a healthcare professional. At no time may a student replace professional athletic training staff or medical personnel.

A. Direct Supervision

1. The preceptor must be physically present and have the ability to intervene on behalf of the ATS and/or the patient, to provide on-going and consistent education.
2. ATS should provide services to patients only when directly supervised by the appropriate preceptor. ATS should only travel with athletic teams when their preceptor directly supervises them.
3. The preceptor will plan, direct, and advise the clinical experience. Preceptors should allow students the appropriate freedom to engage in critical thinking and decision-making in a suitable, supervised environment.
4. When directly supervised, the ATS may perform any clinical task/skill, provided they have received the appropriate education and evaluation in that task/skill at that point in the curriculum.
5. All clinical experiences required as part of the program must include direct supervision.

B. Unsupervised/First responder

1. Any clinical opportunity not meeting the definition of direct supervision.
2. If a student is unsupervised, they can no longer function as an ATS, and therefore the skills that they are able to perform revert back to any other credential that they may have (first aid/CPR Pro certification, etc.).
3. UWM agrees with the position of the CAATE, and does not support students acting as “first responders” or similar responsibilities for any outside events. Students may not act as “athletic training students” or perform any actions or duties that are associated with athletic training. The rationale for our position is that the line between a first-responder role and an athletic training student role can be very blurry, and the novice athletic training student may have difficulty differentiating between roles, and may feel pressured to act on behalf of a patient. This leaves the both the student and the program open to liability and violation of accreditation or practice act standards. Students pursuing additional first responder opportunities on their own do so at their own liability. A formal position description for what duties will, and will not be performed is strongly recommended, as well as private professional liability insurance.

C. Service Learning

1. Activities outside of any other program requirements (e.g., Special Olympics, State Games, other Professional Development Unit (PDU) activities). If athletic training skills are performed, they must be directly supervised by an appropriate Preceptor.

Clinical Experience Expectations

Site Orientation

Prior to the start of each clinical assignment, you are expected to schedule a meeting you're your preceptor to discuss and review your goals and objectives (Appendix E: Semester Goals and Objectives) and expectations of both you and your preceptor. You must complete all clinical site onboarding training that includes becoming familiar with site policies that include, but are not limited to:

- Communicable/infectious disease protection and exposure procedures
- Site specific sanitation precautions
- Site specific emergency action plan, and policies/procedures/expectations of the clinical site.
- Radiation exposure procedures (as applicable)
- Expectations of preceptor to student and student to preceptor

Communication

You are expected to utilize professional verbal, non-verbal, and written communication with all peers, preceptors, faculty, staff, patients, any anyone else you engage with in a professional capacity at all times. You should establish with all course instructors and preceptors what their preferred method of communication is, as well as a back-up form of communication. If you determine that you will be unable to attend a class or a previously scheduled clinical assignment, you will be expected to contact the course instructor or supervising athletic trainer/preceptor according to your agreed upon communication method(s) immediately.

Absences and Requests for Time-Off

Students are expected to be in attendance during the hours arranged with their preceptor. If a student will not be in attendance at the clinical site due to illness or religious observation, s/he must notify the preceptor and/or Clinical Education Coordinator. No other form of absence will be excused.

Arrangements to make up for time off should be made between the preceptor and the student, with intervention by the Clinical Education Coordinator as needed. Students are expected to be at the clinical site, ready to work promptly at the beginning of the work shift. Student absences from the clinical site without notification of the Clinical Education Coordinator may result in a failing grade for the course. Students must log their hours at the clinical site through the eValue portal. <https://www.e-value.net/login.cfm> If you need time-off for an approved absence from your clinical assignment, you must request that in advance to your supervising preceptor.

Absences from Class

Specific attendance policies for each academic course will be announced on the first day of class, and listed in the appropriate course syllabus. In general, however, frequent absences from class will be reflected in examination performance. You should communicate any anticipated absence to the instructor in writing as soon as possible. If you will miss class due to a travel commitment with your clinical assignment, you need to ask for instructor permission by indicating the dates you wish to be absent in advance. You should make arrangements to obtain course information, complete assignments, and re-schedule quizzes/exams as allowable. *Travel commitments for clinical experience may not qualify as excused from all instructors.*

“Down Time”

There will be times in which your clinical site is “quiet”. That is, there may be no injuries to treat or rehabilitate, all teams are at practice, and/or patients fail to show for appointments. You may be enticed to relax and talk with your fellow students. Although there are times for relaxing and talking, down time provides you with an opportunity to complete a number of projects or work on clinical skills, review course topics, and/or clinical integration proficiencies. Take advantage of this time. You will find that “down time” can present very valuable learning opportunities. When “down time” does occur, work on one or more of the following:

- Complete any progress notes, new evaluations, and treatments that are not finished
- Document injuries, illnesses, and treatments as outlined by the clinical site, if applicable
- Work on clinical integration proficiencies (evaluations, taping, injury recognition, etc.)
- Review an athletic training textbook, research article, or other resource
- Clean – check schedule and work on your assigned area or anything that needs attention
- Find other way to help in the athletic training facility such as helping another athletic trainer
- Work on anything else **pertaining to athletic training**

Clinical Education Investment of Time

The Clinical Education Coordinator will assign you to a clinical education site for a specific period of time. It is possible that you will be placed at two or more different sites during the term. Each clinical education course has specific goals that you need to meet over the semester, and the time required to complete these goals varies from term to term. The minimum hour requirements for each clinical education course is listed below. No more than 300 clinical hours may be accrued during a single 15 week semester in which students are concurrently taking classes (20 hours/week) (ATRRAIN 786, 787, 788). ATRRAIN 785 and ATRRAIN 883 are immersive experiences in which there is no maximum amount of hours per week that the student can accumulate and the student should expect to be at the clinical site the same amount of time as the preceptor. Students are required to record all clinical experience hours accrued in the “Time Tracking” option on eValue (www.e-value.net). The supervising Preceptor must approve all hours on a regular basis. Failure to appropriately log clinical hours will adversely affect your clinical course grade. Refer to the course syllabus (ATRRAIN 785,786,787,788) for specific policies and expectations.

During ATRRAIN 883, students must have at least 1 day off within a 7 day period.

Course	Credits	Length	Minimum Hour Requirement	Content focus	Practice setting options
ATRRAIN 785 Level 1	1	3-4 weeks	70-90 hours Avg. 25-30 hrs/week	Emergency care, environmental, pre-participation exam	Collegiate
ATRRAIN 786 Level 2	2	15 weeks	225 hours Avg. 15 hrs/week	Clinical exam of lower extremity injuries, rehabilitation interprofessionalism	Collegiate or secondary school

ATRAIN 787 Level 3	2	15 weeks	225 hours Avg. 15 hrs/week	Clinical exam of head, spine, pelvis; rehabilitation modalities; general medical, psychosocial	Collegiate or secondary school
ATRAIN 788 Level 4	3	9 weeks	180 hours Avg. 20 hrs/week	Clinical exam of the upper extremity, rehabilitation, gait analysis	Hospital, physician's office, clinic, urgent care, emergency department
ATRAIN 883 Level 5	6 Repeated once for a total of 12 credits	15 weeks	450 hours Avg. 30-40 hrs/week	All Content	Collegiate, secondary school, hospital, physician's office, clinic, industrial, performing arts, military
ATRAIN 883 Level 6	6	15 weeks	450 hours Avg. 30 -40 hrs/week	All Content	Collegiate, secondary school, hospital, physician's office, clinic, industrial, performing arts, military

Clinical Experience Paperwork

The CAATE requires all athletic training programs to document aspects of each clinical site and we are required to have certification and licensure information for all preceptors. This paperwork includes, but is not limited, to the following:

For Clinical Site:

Completed Therapeutic Equipment Table

Completed Emergency Action Plan Table

Copy of Emergency Action Plans for all venues at site*

Copy of Blood Borne Pathogen Policy*

Copy of Therapeutic Equipment Calibration/Maintenance/Safety Check

*Please also ensure that the EAP and BBP policy are visibly posted in the athletic training facility.

For Preceptor:

Date of most recent preceptor training

Copy of BOC card

Copy of state licensure

NPI Number

To support the students' learning about compliance with regulatory body regulations (i.e. CAATE, JCAHO) students are expected to gather the required information each semester. Copies of the tables that need to be completed will be available to the students online. This paperwork should be submitting with the students respective clinical education class (ATRAIN 785,786,787,788,883) by October 15th in the fall semester and March 15th in the spring semester. If there are multiple students placed at one clinical site, the students may work together to gather the materials, however each student should submit the same materials individually to receive graded credit in their class.

Policies and Procedures

Emergency Cardiac Care Requirements

Students will be responsible for maintaining their Emergency Cardiac Care (ECC) certification. An ECC certification course must have included adult CPR, pediatric CPR, second rescuer CPR, AED, airway obstruction, barrier devices. A list of acceptable certifications can be found at this website: (<http://www.bocatc.org/ats/maintain-certification/emergency-cardiac-care>) The costs for initial certification and re-certification vary by provider.

Communicable Disease Policy

The University of Wisconsin-Milwaukee ensures that all employees and students with occupational/educational exposure to human bloodborne pathogens or other potentially infectious materials are protected from contracting infectious disease through implementation of a bloodborne pathogens exposure control plan. The purpose of this policy is to ensure the welfare of the students enrolled within this department and major as well as those patients you may come in contact with during your clinical experiences. It is designed to provide athletic training students, preceptors, and athletic training faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers (www.cdc.gov) and University Safety and Assurances.

Communicable Diseases- A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects).

Blood borne pathogens- A bloodborne pathogen is a pathogenic microorganism present in human blood that can cause disease in humans

Communicable Diseases Cited by the CDC:

Bloodborne Pathogens	Conjunctivitis	Cytomegalovirus infections
Diarrheal diseases	Diphtheria	Enteroviral infections
Hepatitis viruses	Herpes simplex	Human immunodeficiency virus (HIV)
Measles	Meningococcal infections	Mumps
Pediculosis	Pertussis	Rubella
Scabies	Streptococcal infection	Tuberculosis
Varicella Zoster	Viral respiratory infections	COVID-19

Guidelines for Prevention of Exposure and Infection

- Students must successfully complete *annual* bloodborne pathogens training prior to initiating formal clinical experiences. This will be completed in June of each year of the program.
- Students are required to use proper hand washing techniques and practice good hygiene at all times.
- Students are required to use Universal Precautions at all times. Personal protective equipment is available at all clinical sites.
- Patient care should not be performed when the athletic training student has active signs or symptoms of a communicable disease.
- The Hepatitis B vaccine is strongly encouraged for all students prior to initiating formal clinical experiences. Students must submit a signed declination form if they choose not to be immunized.

Guidelines for Managing Potential Infection

- Any student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her preceptor **immediately** and to the Clinical Education Coordinator. *(See detailed post exposure plan below)*
- Any student, who demonstrates signs or symptoms of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease **immediately** to his/her preceptor and remove him/herself from further exposure to peers, colleagues or patients.
- The student is responsible for keeping the Clinical Education Coordinator informed of his/her conditions that require extended care and/or missed class/clinical time. The student may be required to provide written documentation from a physician to return to class and/or clinical site.
- If a student feels ill enough to miss ANY class or clinical experience that student should notify the appropriate instructor or supervising preceptor **immediately**. Any absence must be supported with written documentation from a physician.

Post Exposure Evaluation and Follow-up

A potential exposure has occurred when one of the following has happened:

- Contact of human blood or other potentially infectious materials with mucous membranes (eyes, nose, mouth)
- Contact of human blood or other potentially infectious materials with non-intact skin.
- Puncture or break of skin with a sharp object (e.g., needle) contaminated with human blood or other potentially infectious materials.
- Any student who believes they have experienced an exposure incident should follow these procedures:
- Squeeze the puncture or open area to induce bleeding. Cleanse the wound thoroughly with soap and water.
- If a mucous membrane (eyes, nose or mouth) or eye exposure occurs: Irrigate the affected area immediately with copious amounts of water or normal saline for at least 3 minutes.

- Report the incident to your preceptor and the Clinical Education Coordinator immediately.
- Immediately seek medical treatment at the Norris Health Center if on campus, or at an emergency room

The following must be provided to the treating physician:

- A copy of the Final Rule [Exposure to Bloodborne Pathogens, Federal Register, Subpart Z of 29 CFR part 1910.1030](#);
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
- You should inform the emergency room intake personnel or treating physician that the charges are to be filed under State of Wisconsin Workers' Compensation.

Follow-Up

- Students should notify their health insurance carriers of their academic activities involving bloodborne pathogenic materials. Neither UWM departments nor the Norris Health Center can assure students that they will fund post-exposure follow up procedures should the student become exposed to bloodborne pathogens.

Any breach of the Communicable Disease Policy will result in disciplinary action outlined in the Student Handbook which will be determined by the Program Director and the Clinical Education Coordinator.

Patient/Client Privacy Protection

Health Insurance Portability and Accountability Act (HIPAA)

Students will learn about protected health information and the Health Insurance Portability and Accountability Act (HIPAA) in ATRAIN 701 Intro to Clinical Education.

In addition, students will sign the Health Information Confidentiality Policy (Appendix R) annually.

As health care personnel, we have an obligation to maintain patient confidentiality and privacy. Unauthorized disclosure of health information contained in the medical record (hard copy) or in the student health clinical software system (electronic form) not only breaches a patient's trust in our facility, but also can lead to serious legal consequences. To prevent such situations from occurring, the following policy shall be followed concerning patients' health information.

Family Educational Rights Protection Act (FERPA)

Students will learn about protected educational record information under the Family Educational Rights Protection Act (FERPA) in ATRAIN 701 Intro to Clinical Education.

Health and Accident Insurance

Health and accident insurance is NOT provided for you by the University of Wisconsin-Milwaukee or by the agency in which you are placed as part of your clinical rotation, for fieldwork, field-training, or to meet internship requirements. It is advisable that you maintain 1) appropriate personal health insurance and 2) adequate auto insurance coverage for your vehicle as you may be required to travel between sites.

Liability Insurance

As a student enrolled at a UW-System campus, you represent the University and the state of Wisconsin in the performance of your duties as part of your professional training placements and you are protected under the State of Wisconsin program of Self-Insurance for Liability Protection. If a liability action should arise from the performance of your responsibilities as assigned as part of your clinical education placement, protection for that action would be provided by statute and, if need be, you would be defended by the State of Wisconsin Attorney General's Office. This coverage is meant to include only those situations in which you are performing duties related to the professional training placement. In cases where you are employed by the agency in which you are placed (i.e. a paid internship), and the employment is part of your University learning experience leading toward a degree or a certification, the University does not provide liability coverage to you for acts or omissions which may lead to suit. Students are required to sign the Statement of Liability Coverage annually (Appendix S)

The UWM Risk Management Office encourages all students to carry personal insurance policies that provide protection in the event of a personal injury and/or damage to or theft of personal possessions. Neither UWM's College of Health Sciences nor the state of Wisconsin provides such coverage to you. It is recommended that you do NOT transport clients, patients, agency staff, or students in your personal car.

Labor Disputes

UWM depends on agencies outside the University for training and enhancing the student experience. When work or appropriate supervisor stoppage occurs in an agency in which a student is placed, it is Department policy that the student's welfare and education be placed above all else. In the event of a labor action/dispute that results in a cooperating supervisor not being available to directly supervise a student, it is the Department supervisor's responsibility to act on behalf of the student and temporarily remove the student from that placement pending the resolution of the labor action/dispute. Students are not allowed to replace staff. If the labor dispute/job action should continue for an extended period of time, the University will at that point review alternatives for the student involved and likely work to identify a suitable alternative site.

Occupational Health and Safety: Blood Borne Pathogens

Universal precautions (treating all blood and bodily fluids as potentially infectious) should be practiced in all patient care, or mock patient care settings. At minimum, this includes wearing gloves when blood or a bodily fluid is present, but can also include face mask, eye protection, and a gown.

Infectious diseases such as AIDS and Hepatitis B can be transmitted from one person to another in blood and other body fluids, through mucous membranes (eyes, nose and mouth), and skin abrasions (cuts, scratches, scrapes, and rashes).

In the athletic arena, the greatest risk comes from blood and any fluid visibly contaminated with blood, such as saliva of an individual who has a cut in his or her mouth.

General Principles

- Treat all bleeding injuries, no matter how minor, while wearing gloves
- Never touch an athlete's mouth guard without gloves
- Never clean up blood without wearing protective gloves and clothing
- Immediately wash with soap and water any area of the body that has come into contact with another person's blood or other body fluids. Report this contact to the Norris Health Center. Follow their protocol for exposure.
- Never share shaving utensils
- Never share drinking containers or dip drinking containers into drink fluids
- Never share towels or another player's clothing or equipment

Prevention

- If in doubt, do not touch a person or items without protection
- Disinfect all contaminated laundry, towels and equipment or dispose of it in a properly labeled biohazard bag
- Dispose of all contaminated bandages in a properly labeled biohazard bag
- Wear gloves when handling all dirty laundry

Sharps Bins

- These are the small, red, hard plastic containers that sit on counters or are affixed to walls
- Put only sharp objects in sharps bins, no gauze, gloves or paper
- Do not reuse scalpels; dispose of in sharps bin

Biohazard Bins

- These are the large, red containers fitted with biohazard bags
- Used to dispose of anything that is not sharp that has been exposed to body fluids

Utensils

- Once utensils (scissors, tweezers) are exposed to any contamination they should be placed in a small biohazard bag and placed by the sterilization unit
- They will be periodically sterilized by the staff and then returned to the storage containers for use

OSHA Blood-Borne Pathogen Training

OSHA blood-borne pathogen education is conducted once a year in June. All students will be required to complete an online training program provided by the Department of University Safety & Assurances at UWM. <https://uwm.edu/safety-health/bbp-ra/> Each student signs a form showing completion of the training, and the form is maintained within his/her student file.

On-Campus Clinical Site Universal Precautions Protocol

All on-campus clinical sites follow the OSHA Universal Precautions procedures. OSHA manuals are located in the staff offices at each facility and are accessible to students. Supplies are available at each facility and include sharps containers, large item disposal bins with biohazard bags, non-sterile latex and non-latex gloves, and blood/body fluid spill clean up kits. The Universal Precautions materials are located in the taping/wound care area of each facility and are maintained by the athletic training staff. Disposal of biohazard material is arranged with the Department of University Safety & Assurances on campus, which has regular collection intervals and may be called for special collections as required. Requirements for proper disposal of biohazard material include rubber banding any bags and closing the attached lids on all sharps containers. You are encouraged to visit UWM's Department of University Safety & Assurances' website at <http://uwm.edu/safety-and-assurances/> for additional details as well as the online training program.

Off-Campus Clinical Site Universal Precautions Protocol

The State of Wisconsin has a uniform OSHA Universal Precautions Protocol for all public institutions. Thus, many of the off-campus clinical affiliates operate under the same protocol with regard to Universal Precautions. Furthermore, the Wisconsin Interscholastic Athletic Association requires that all high schools belonging to the association implement and utilize Universal Precautions. Methods for blood borne pathogen training vary across clinical sites and may include videos, workbooks and/or online training. Most sites utilize similar methods for handling blood borne pathogens (biohazard bag, sharps bin, etc.) as utilized on-campus at the University of Wisconsin-Milwaukee. Clinical sites generally have OSHA manuals centrally located at each institution and/or within the clinical site (i.e. athletic training room). Students are required to discuss the site-specific OSHA policies and procedures with their off-campus preceptor at the start of their clinical rotation.

APPENDICES

APPENDIX A: SELF-VERIFICATION OF TECHNICAL STANDARDS

The Athletic Training Program at the University of Wisconsin-Milwaukee is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The following technical standards establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as to meet the expectations of the program's accrediting agency—the Commission on Accreditation of Athletic Training Education (CAATE). Prior to admission, all students must meet the following technical standards. In the event that a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program and/or may be dismissed from the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Athletic training students must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, and integrate concepts, to problem solve in the formulation of a basic assessment, and to make therapeutic judgments regarding physical deviations from the norm.
2. *Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques and to accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.*
3. The ability to communicate (oral and written) 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.

The Athletic Training program works with the Student Accessibility Center to assist students if the student believes he/she will require accommodation to meet the technical standards. The Student Accessibility Center will verify the student's disability and, in consultation with the department, identify the accommodation(s) that the department should provide to such student so that the student can meet the technical standards. This determination may include a review of whether the accommodations requested are reasonable, a review of whether the proposed accommodation would pose a direct threat to clinician/patient safety, and take into account the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards of admission listed above, and I believe to the best of my knowledge that I meet each of these standards with or without reasonable accommodation. I understand that if I am unable to meet these standards, I will not be admitted into the program and/or may be dismissed from the program. If I believe I will require reasonable accommodation to meet each of these standards, I understand that it is my responsibility to contact the Student Accessibility Center to determine what accommodations may be reasonable.

Printed Name of Student

Date

Signature of Student

APPENDIX B: PHYSICAL EXAMINATION AND IMMUNIZATION VERIFICATION FORM

Dear Healthcare Provider,

_____ (*insert student name*) will be entering the graduate Master of Science in Athletic Training program at the University of Wisconsin-Milwaukee this May. This healthcare professional program is rigorous and intense, and places specific requirements and demands on the students enrolled in the program. The following technical standards establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as to meet the expectations of the program's accrediting agency—the Commission on Accreditation of Athletic Training Education (CAATE). Prior to admission, all students must meet the following technical standards. In the event that a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program and/or may be dismissed from the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Athletic training students must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, and integrate concepts, to problem solve in the formulation of a basic assessment, and to make therapeutic judgments regarding physical deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques and to accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate (oral and written) 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.

The Athletic Training program works with the [Accessibility Resource Center \(ARC\)](#) to assist students if the student believes he/she will require accommodation to meet the technical standards. The [ARC](#) will verify the student's disability and, in consultation with the department, identify the accommodation(s) that the department should provide to such student so that the student can meet the technical standards. This determination may include a review of whether the accommodations requested are reasonable, a review of whether the proposed accommodation would pose a direct threat to

clinician/patient safety, and take into account the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

PROVIDER VERIFICATION

I certify that I have read and understand the technical standards of admission, and I believe to the best of my knowledge based on the student’s medical history and a routine physical examination that the student meets each of these standards with or without reasonable accommodation.

Should the student contact the Accessibility Resource Center to request accommodation review?

YES / NO

Health care provider (MD, DO, NP, PA)

signature _____

Student Name _____

Date of physical examination: _____

Immunizations required prior to arrival on campus

	YES	NO	Date of Administration
NOTE: If documentation (i.e. copy of childhood immunization records or a signed note from physician and/or nurse) verifying immunizations is not provided, then titers must be obtained. Enclose a copy of the laboratory results.			
Tetanus, diphtheria, pertussis (Tdap)			Dose 1:
Tetanus Booster (Td) (within last 10 yrs)			
Measles/Mumps/Rubella (MMR)			Dose 1: Dose 2:
Hepatitis B (HepB) (Or signed refusal)			Dose 1: Dose 2: Dose 3:
Varicella (Positive titer or OR varicella vaccine (VAR)			Dose 1: Dose 2:
Meningococcal (Recommended for students living in the dormitories, but not required)			

There are some additional Immunizations and tests that will be required. These can be completed on campus at the Norris Health Center, prices for each test are listed below.

1. 2 Step TB Skin test* (required before July 1) \$10
2. 10 panel urine drug test (required before July 1) \$33
3. Influenza vaccine* (required before October 15th) \$10
4. COVID-19 vaccine

*Required annually

Examiner Comments:

Are there any accommodations this student may need?

YES / NO

Health care provider (MD, DO, NP, PA) printed name _____

Health care provider (MD, DO, NP, PA) signature _____

This form must be returned before the first day of class to:

Lori Woodburn
Pavilion 350
Department of Kinesiology
University of Wisconsin-Milwaukee
Milwaukee, WI 53201-0413

APPENDIX C: CLINICAL INTEGRATION PROFICIENCY EXAMPLE

NAME:

DATE:

Describe the scenario in which the eval took place:

Location eval took place: _____ Type of injury: CHRONIC or ACUTE (circle) MOCK or ACTUAL (circle)

Time of injury eval (circle): pre-practice/event during practice/event post-practice/event Body Area: _____

CRITERIA	SCORE	
GENERAL PRE-EXAMINATION	NA 0 1 2 3 4 5	COMMENTS
<input type="checkbox"/> Introduced him/herself and built rapport <input type="checkbox"/> Obtained consent <input type="checkbox"/> Washed hands to prevent disease transmission <input type="checkbox"/> Verified the patient name, chief complaint, injured area		
SUBJECTIVE	NA 0 1 2 3 4 5	COMMENTS
<input type="checkbox"/> Chief complaint <input type="checkbox"/> Social history (activity level, occupation, overall health, household) <input type="checkbox"/> Mechanism of injury History of the present injury <input type="checkbox"/> When did it occur? <input type="checkbox"/> Progression of symptoms: better/same/worse since onset <input type="checkbox"/> Pain level, most painful/pain free times <input type="checkbox"/> Functional ability/level <input type="checkbox"/> Job/work/sport activity levels <input type="checkbox"/> What intervention has the patient done to treat injury Other pertinent injury/medical information <input type="checkbox"/> Injured involved/uninvolved previously <input type="checkbox"/> Pertinent non-injury medical issues <input type="checkbox"/> Pertinent congenital risk factors <input type="checkbox"/> ATS asked follow-up questions based on patient responses <input type="checkbox"/> ATS was aware of non-verbal communication and cues		
OBSERVATION	NA 0 1 2 3 4 5	COMMENTS
<input type="checkbox"/> Deformity <input type="checkbox"/> Swelling/Effusion <input type="checkbox"/> Ecchymosis <input type="checkbox"/> Alignment in all planes <input type="checkbox"/> Scars/skin quality/breaks in skin <input type="checkbox"/> Compares bilaterally		
PALPATION	NA 0 1 2 3 4 5	COMMENTS

<ul style="list-style-type: none"> <input type="checkbox"/> Purposefully palpates relevant bony areas <input type="checkbox"/> Purposefully palpates relevant soft tissue <input type="checkbox"/> Assesses for warmth and swelling <input type="checkbox"/> assess for painful areas <input type="checkbox"/> Compares bilaterally 		
EXAMINATION OF MOVEMENT	NA 0 1 2 3 4 5	COMMENTS
<p>AROM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Instructs patient to perform appropriate movements in correct body position <p>PROM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Performs appropriate movement in the correct body position <input type="checkbox"/> Takes joint to end range and applies over pressure to assess end feel <input type="checkbox"/> Notes pain within motion <input type="checkbox"/> Compares bilaterally 		
MMT (ISOMETRIC, CONCENTRIC, ECCENTRIC)	NA 0 1 2 3 4 5	COMMENTS
<ul style="list-style-type: none"> <input type="checkbox"/> Chooses an appropriate test based on patient findings <input type="checkbox"/> Positions the patient appropriately <input type="checkbox"/> Positions the joint to be assessed in the appropriate position <input type="checkbox"/> Positions hands for appropriate stabilization to prevent unwanted movements <input type="checkbox"/> Applies the force to the joint in the appropriate direction <input type="checkbox"/> Applies appropriate amount of force <input type="checkbox"/> Compares bilaterally <input type="checkbox"/> Notes pain within motion <input type="checkbox"/> Grades motions 		
NEUROLOGICAL TESTING	NA 0 1 2 3 4 5	COMMENTS
<ul style="list-style-type: none"> <input type="checkbox"/> Assesses relevant dermatomes <input type="checkbox"/> Assesses relevant myotomes <input type="checkbox"/> Assesses relevant reflexes <input type="checkbox"/> Assess sensation <input type="checkbox"/> Compares bilaterally 		
SPECIAL TESTS/JOINT INTEGRITY/JOINT STRESS	NA 0 1 2 3 4 5	COMMENTS

<ul style="list-style-type: none"> <input type="checkbox"/> Chooses appropriate tests based on scenario <input type="checkbox"/> Positions patient appropriately <input type="checkbox"/> Positions hands for appropriate stabilization <input type="checkbox"/> Applies appropriate amount of force <input type="checkbox"/> Appropriately performs the special test <input type="checkbox"/> Describes a positive/negative test finding <input type="checkbox"/> Identifies structure(s) being tested <input type="checkbox"/> Compares bilaterally <input type="checkbox"/> Performs only those tests that may benefit clinical decision making for scenario 		
FUNCTIONAL TESTING	NA 0 1 2 3 4 5	COMMENTS
<ul style="list-style-type: none"> <input type="checkbox"/> Assesses ADL's <input type="checkbox"/> Assesses work related tasks <input type="checkbox"/> Assesses exercise/sport related tasks <input type="checkbox"/> Assesses walking/running gait <input type="checkbox"/> Performs only those tests that my benefit clinical decision making for scenario 		
DIAGNOSIS	NA 0 1 2 3 4 5	COMMENTS
<ul style="list-style-type: none"> <input type="checkbox"/> Diagnosis is based on examination findings <input type="checkbox"/> Diagnosis is accurate 		
PLAN OF CARE	NA 0 1 2 3 4 5	COMMENTS
<ul style="list-style-type: none"> <input type="checkbox"/> Developed an immediate plan appropriate to the scenario <input type="checkbox"/> Plan includes activity limitations if necessary <input type="checkbox"/> Developed a progressive plan appropriate to the scenario 		
DOCUMENTATION	NA 0 1 2 3 4 5	COMMENTS
<ul style="list-style-type: none"> <input type="checkbox"/> Legibly and completely documented the examination <input type="checkbox"/> Entered the examination into the medical records system 		
PSYCHOLOGICAL FACTORS	NA 0 1 2 3 4 5	COMMENTS
<ul style="list-style-type: none"> <input type="checkbox"/> Displays positive listening skills <input type="checkbox"/> Proper patient education of injury <input type="checkbox"/> Communication to counter worrying thoughts <input type="checkbox"/> Effective communication to patient if referral is necessary 		
OVERALL (Performance of Evaluation)		
Professional patient communication (verbal and non-verbal)	NA 0 1 2 3 4 5	COMMENTS

Efficiency of evaluation (flow, minimal extraneous tests or repositioning)	NA 0 1 2 3 4 5	COMMENTS
Clinical reasoning and decision making (ruled in/out from differential diagnosis list)	NA 0 1 2 3 4 5	COMMENTS
Patient-centered (Inquires about and utilizes information about patient's values, desires, and goals to inform decision making)	NA 0 1 2 3 4 5	COMMENTS
Total Score	/85	

ATS: What skills or components were you most comfortable with?

ATS: What skills or components were you least comfortable with? What do you need to improve?

ATS: How did you feel about your ability/knowledge level?

Scoring Key

Preceptor Comments (required):

- 5 – Completed all parts with high proficiency
- 4 – Completed all parts with moderate proficiency
- 3 – Minor errors and/or omissions that **did not** compromise patient safety
- 2 – Significant errors and/or omissions that **did not** compromise patient safety
- 1 – Significant errors and/or omissions that **did** compromise patient safety
- 0 – Did not attempt
- NA – Not applicable

____/50 PASS (80%=40/50) REDO Print Preceptor Name:

Preceptor Signature: _____

APPENDIX D: SEMESTER GOALS AND OBJECTIVES

SEMESTER GOALS AND OBJECTIVES

(Example webform from eValue)

Identify 4 goals (1 academic, 1 clinical skill, 1 personal health & wellbeing, and 1 professional behavior) you have set for the upcoming semester. For each goal, list 2 objectives (specific techniques you will use to achieve goals). After filling out this form review it with your Preceptor and have them sign it.

Academic Goal

Objective a

Objective b

Objective c

Clinical Skill Goal

Objective a

Objective b

Objective c

Personal Health and Wellbeing Goal

Objective a

Objective b

Objective c

Professional Behavior Goal

Objective a

Objective b

Objective c

The student and I have met and reviewed his/her goals for the semester

Preceptor signature _____

APPENDIX E: CLINICAL SITE EXPECTATIONS

**University of Wisconsin-Milwaukee
MS Athletic Training Program
Clinical Site Expectations**

I have met with my preceptor and discussed all of the following expectations, policies and procedures for this clinical education placement. I understand that fulfillment of these expectations will be evaluated on the Clinical Performance Assessment, and **failure to meet these expectation may result in a grade reduction.**

Students clinical education experiences at their clinical site should fall within the following guidelines

Course	Length of placement	Minimum hour requirement	Content focus	Practice setting options
ATRIN 785 (Summer Yr1)	3 weeks	70-90 hours Avg. 30 hrs/week	Emergency care, environmental, pre-participation exam	Secondary school
ATRIN 786 (Fall Yr1)	15 weeks	225 hours Avg. 15 hrs/week	Clinical exam of lower extremity injuries, rehabilitation interprofessionalism	Collegiate or secondary school
ATRIN 787 (Spring Yr1)	15 weeks	225 hours Avg. 15 hrs/week	Clinical exam of head, spine, pelvis; rehabilitation modalities; general medical, psychosocial	Collegiate or secondary school
ATRIN 788 (Summer Yr2)	9 weeks	180 hours Avg. 20 hrs/week	Clinical exam of the upper extremity, rehabilitation, gait analysis	Hospital, physician's office, clinic, urgent care, emergency department, physical therapy clinic
ATRIN 883 (Fall and Spring, Year 2)	15 weeks	450 hours Avg. 30 -40 hrs/week	All Content	Collegiate, secondary school, hospital, physician's office, clinic, industrial, performing arts, military, professional sports

(Question 3 of 7 - Mandatory-student)

I will average _____ hours per week	<input type="text"/>
-------------------------------------	----------------------

Write your weekly schedule for clinical education that you and your preceptor have agreed on

(Question 2 of 7 - Mandatory-student)

(Question 4 of 7 - Mandatory-student)

I have access to, and have read the policies, procedures, and rules of the clinical site	<input type="checkbox"/>
I have received site specific training and learned the clinical site Emergency Action Plan (EAP)	<input type="checkbox"/>
I have reviewed and will adhere to dress code, as provided by the clinical site	<input type="checkbox"/>
I will demonstrate the qualities listed in the Foundational Behaviors of Prof. Practice/NATA Code of Ethics	<input type="checkbox"/>
I will demonstrates progress towards goals and objectives, established at the beginning of the semester	<input type="checkbox"/>
I understanding appropriate clinical skill boundaries (for my level) and will not engage in clinical skills beyond those boundaries.	<input type="checkbox"/>
I will demonstrate a level of clinical competence appropriate for my level (Students and Preceptor should review previous coursework completed to determine appropriate skill level)	<input type="checkbox"/>
I will demonstrates appropriate communication skills (Preceptor, patient, other ATS, administration, etc.	<input type="checkbox"/>

I will make appropriate progress on completing Clinical Integration Proficiency evaluations >80%	
I will maintain appropriate documentation, utilizing appropriate medical terminology, considering patient sensitive information and confidentiality	
I will maintain accurate documentation of clinical hours	

If applicable, I will utilize clinical experiences for peer mentoring, skill acquisition, and skill development.	
If applicable, I will demonstrate leadership and serves as a mentor to other ATS.	

Write in any preceptor or site specific expectations that you have discussed

(Question 6 of 7)

Preceptor/Site Specific Expectations (write in unique expectations)	<input type="text"/>
---	----------------------

Preceptors: check the following statement if you have met with the student, and this report accurately reflects what you and the student have agreed upon. If you haven't met, and/or do not agree with the expectations, reassign to the student

(Question 7 of 7 - Mandatory , Question to be answered by Grader)

I confirm that these expectations have been reviewed with the student	<input type="text"/>
---	----------------------

APPENDIX F: CLINICAL PERFORMANCE ASSESSMENT

Clinical Performance Assessment

(This is a paper version of the assessment that is completed online via eValue)

Athletic Training Student Instructions

You should complete the entire evaluation and then route it to your preceptor who will also assess your clinical performance. You will then schedule a 15-20 minute meeting with your preceptor to discuss the outcomes. The purpose of this brief meeting is to provide you with an opportunity to receive feedback from your preceptor regarding your clinical performance and discuss any concerns you or your preceptor may have regarding your clinical assignment or areas in which you would like additional assistance. After your face-to-face review meeting with the student, route the evaluation to the Clinical Education Coordinator.

Preceptor Instructions

Please review the completed evaluation and complete the preceptor portion based on your experiences with this student. Adding comments liberally to provide feedback based on your observations is extremely helpful. Your signature serves as confirmation that you agree with the information on this evaluation.

Evaluate instructions: questions 1-7 are for the student only.

1. Please provide a brief summary any Preceptor/Site Specific Expectations that were established at the beginning of the clinical assignment. Write a short reflection on your progress toward meeting these expectations.
2. Describe the schedule that was agreed upon by the student and preceptor (Mandatory Student)

Clinical Site Schedule	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Average weekly hours	

3. On average, how many clinical hours did you accrue per week? (Mandatory Student)

Selection	Option
	0-5
	5-8

	8-10
	10-12
	12-15
	>15/wk

4. Are you currently working outside of school? (Mandatory Student)

Selection	Option
	Yes
	No

5. If yes above (Mandatory Student)

How many hours per week?

6. Use the following scale to rate your overall personal stress level. (Mandatory Student)

1=Lower than normal/expected 3=Normal/Expected 5=Significantly higher than normal/expected

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

7. Please expand on your response: What is causing your stress level to be lower/higher than expected? What helps you manage stress? What else can you do to assist in stress management? (Mandatory student)

8. In order to reach the learning goals for the clinical education experience, the number of clinical hours that the ATS accrued is: (Mandatory Student AND Preceptor)

Selection	Option
	Not Enough
	Just Right
	Too Many

9. Please rate how often the ATS displays these **Professional Behaviors** (Mandatory Student and Preceptor)

Please rate the following items:		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
	Primary of the Patient- putting the patient's needs first	0	1.0	2.0	3.0	4.0	5.0
	Cultural competence	0	1.0	2.0	3.0	4.0	5.0

	Professionalism/Responsibility/Accountability (including professional appearance)	0	1.0	2.0	3.0	4.0	5.0
	Legal and ethical practice	0	1.0	2.0	3.0	4.0	5.0
	Advancing knowledge and skills (uses clinical hours effectively, studies materials, practices skills, etc)	0	1.0	2.0	3.0	4.0	5.0
	Self-reflection/use of constructive feedback	0	1.0	2.0	3.0	4.0	5.0
	Communication and interpersonal skills (Preceptor, patient, ATS, administration, etc)	0	1.0	2.0	3.0	4.0	5.0
	Critical thinking and problem solving	0	1.0	2.0	3.0	4.0	5.0
	Teamwork, conflict resolution, interprofessional practice	0	1.0	2.0	3.0	4.0	5.0
	Effective use of time and resources	0	1.0	2.0	3.0	4.0	5.0

10. If scored at 3 or below from above, please provide suggestions as to how to improve: (Mandatory student and preceptor)

11. Please rate the following on the ATS's clinical skill development (Mandatory student and preceptor)

Please rate the following items:		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	ATS demonstrates understanding of appropriate clinical skill boundaries	0	1.0	2.0	3.0	4.0	5.0
2.	ATS demonstrates progress towards completing Clinical Proficiency evaluations, scoring >80%	0	1.0	2.0	3.0	4.0	5.0
3.	ATS maintained consistent progress on skill progression	0	1.0	2.0	3.0	4.0	5.0
4.	ATS maintained appropriate documentation, using appropriate medical terminology, considers patient sensitive information and confidentially	0	1.0	2.0	3.0	4.0	5.0
5.	ATS uses clinical experiences for peer practice, peer mentoring (if applicable)	0	1.0	2.0	3.0	4.0	5.0

12. If scored at 3 or below from above, please provide suggestions as to how to improve: (Question 15 of 38)

Please rate your skill proficiency in the following areas . Depending on your level within the program you may have some items that you haven't had instruction in yet. For these, mark "0-unable to assess". Use the definitions below to inform your responses:

0 – Unable to Assess

1 – Beginning Performance- reflects an unacceptable skill level and indicates that the student has not demonstrated a comprehensive understanding of the fundamental knowledge that informs the skill and was unable to perform the skill without continuous guidance.

2 – Advanced beginner

3 – Intermediate- reflects an acceptable skill level and indicates that the student demonstrated a comprehensive understanding of the fundamental cognitive knowledge base which informs the skill, but required continuous guidance to perform the skill.

4 – Advanced intermediate

5 – Entry-level- reflects an entry level competence skill level roughly equal to that of an entry level certified/licensed athletic trainer. The student demonstrated an understanding of the fundamental knowledge base, which informs the clinical skill and was able to act independently to perform the skill correctly.

6 – Beyond entry-level

14 Evidence Based Practice	0 – unable to assess	1 – beginning performance	2 – advanced beginner	3 - intermediate	4 – advanced intermediate	5 – entry level	6 – beyond entry level
	0	1	2	3	4	5	6
15. Prevention & Health Promotion	0 – unable to assess	1 – beginning performance	2 – advanced beginner	3 - intermediate	4 – advanced intermediate	5 – entry level	6 – beyond entry level
<i>a. Apply taping, wrapping, bracing, and customized appliances to prevent, manage, or rehabilitate injury</i>	0	1	2	3	4	5	6
16. Clinical Exam & Diagnosis	0 – unable to assess	1 – beginning performance	2 – advanced beginner	3 - intermediate	4 – advanced intermediate	5 – entry level	6 – beyond entry level
<i>a. Take and interpret a thorough medical history</i>	0	1	2	3	4	5	6
<i>b. Perform a thorough physical exam including palpation,</i>	0	1	2	3	4	5	6

<i>neurological, and special tests</i>							
<i>c. Perform isometric, isokinetic, and isotonic manual muscle tests</i>	0	1	2	3	4	5	6
<i>d. Use clinical reasoning and decision making to determine a diagnosis and management plan</i>	0	1	2	3	4	5	6
<i>e. Perform thorough hip evaluation</i>	0	1	2	3	4	5	6
<i>f. Perform thorough knee evaluation</i>	0	1	2	3	4	5	6
<i>g. Perform thorough lower leg, ankle and foot evaluation</i>	0	1	2	3	4	5	6
<i>h. Perform thorough shoulder evaluation</i>	0	1	2	3	4	5	6
<i>i. Perform thorough elbow evaluation</i>	0	1	2	3	4	5	6
<i>j. Perform thorough forearm, wrist and hand evaluation</i>	0	1	2	3	4	5	6
<i>k. Perform thorough head and face evaluation</i>	0	1	2	3	4	5	6
<i>l. Perform thorough cervical spine evaluation</i>	0	1	2	3	4	5	6
<i>m. Perform thorough thoracic and lumbar spine evaluation</i>	0	1	2	3	4	5	6
<i>n. Assess common postural abnormalities and gait</i>	0	1	2	3	4	5	6

17. Acute Care of Injury & Illness	0 – unable to assess	1 – beginning performance	2 – advanced beginner	3 - intermediate	4 – advanced intermediate	5 – entry level	6 – beyond entry level
<i>a. Implement acute injury care skills and techniques</i>	0	1	2	3	4	5	6
<i>b. Initiate and follow emergency procedures/emergency care plan</i>	0	1	2	3	4	5	6
<i>c. Assess, manage, and prevent injuries and illnesses as a result of environmental factors (ie heat, cold, lightening, air quality, temperature, wind, humidity, etc)</i>	0	1	2	3	4	5	6

18. Therapeutic Intervention	0 – unable to assess	1 – beginning performance	2 – advanced beginner	3 - intermediate	4 – advanced intermediate	5 – entry level	6 – beyond entry level
<i>a. Performing testing of strength and conditioning fundamentals (ie strength, power, flexibility, agility, endurance, etc)</i>	0	1	2	3	4	5	6
<i>b. Clearly instruct and perform basic strength and conditioning exercises.</i>	0	1	2	3	4	5	6
<i>c. Appropriately implement and adapt common therapeutic exercises to a variety of sports, athletes and rehabilitation needs</i>	0	1	2	3	4	5	6
<i>d. Identify the indications and contraindications for various modalities (ie cryo/thermos-therapy, electrotherapy, ultrasound, traction,</i>	0	1	2	3	4	5	6

<i>intermittent compression, massage, laser, joint mobilizations, etc)</i>							
<i>e. Ability to set up and correctly administer therapeutic modalities (ie cryo/thermotherapy, electrotherapy, ultrasound, traction, intermittent compression, massage, laser, joint mobilizations, etc)</i>	0	1	2	3	4	5	6
<i>f. Identify the indications and contraindications of commonly used prescription and over the counter medications in athletic training</i>	0	1	2	3	4	5	6

19. Psychosocial Strategies & Referral	0 – unable to assess	1 – beginning performance	2 – advanced beginner	3 - intermediate	4 – advanced intermediate	5 – entry level	6 – beyond entry level
<i>a. Effectively counsel athletes and laymen on the fundamentals of proper nutrition and hydrations</i>	0	1	2	3	4	5	6
<i>b. Demonstrate effective interpersonal and cross cultural communication as it relates to patient care</i>	0	1	2	3	4	5	6
<i>c. Identify and refer clients/patients in need of mental healthcare</i>	0	1	2	3	4	5	6
<i>d. Identify the symptoms and</i>	0	1	2	3	4	5	6

<i>clinical signs of mental health disorders, and personal/social conflict that may indicate the need for referral to a mental health professional</i>							
<i>e. Identify the symptoms and clinical signs of disordered eating or eating disorders that may indicate the need for referral to a mental health professional</i>	0	1	2	3	4	5	6
<i>f. Identify the symptoms and clinical signs of substance misuse/abuse that may indicate the need for referral to a mental health professional</i>	0	1	2	3	4	5	6
20. Healthcare Administration	0 – unable to assess	1 – beginning performance	2 – advanced beginner	3 - intermediate	4 – advanced intermediate	5 – entry level	6 – beyond entry level
<i>a. Understand and perform fundamental organizational and administrative tasks inherent to athletic training</i>	0	1	2	3	4	5	6
	0	1	2	3	4	5	6

STUDENT ONLY

21. To the best of your knowledge, your current semester GPA could be described as the following: (mandatory student)

Selection	Option
	Below 2.5 (C or lower)

	2.5-2.74 (C+, B-)
	2.75-2.99 (B-, B)
	3.0-3.49 (B, B+)
	3.5-4.0 (A-, A)

22. Identify all courses (and the grade) in which your current grade is a C or lower (and any course that you are worried about). Over the course of the semester, what could have been done to improve these grades?

(mandatory student)

23. Rate your overall performance as compared to your expectations relative to your level of knowledge and experience (mandatory Student)

Poor	Below Average	Average	Above Average	Excellent
1	2	3	4	5

24. Overall, are you satisfied with your clinical placement? (mandatory Student)

Selection	Option
	Yes
	No

25. Please provide any general comments and feedback (strengths, weaknesses, etc) (mandatory student)

PRECEPTOR ONLY

26. Preceptors, rate this ATS's overall performance as compared to your expectations relative to the student's level of knowledge and experience

Poor	Below Average	Average	Above Average	Excellent
1	2	3	4	5

27. Preceptors, please provide any additional comments, questions, concerns, and/or suggestions that the Program should be aware of regarding this student and/or clinical experience in general.

APPENDIX G: PROFESSIONAL BEHAVIORS ASSESSMENT

2/17/2016

E*Value

Professional Behavior Assessment (Example webform from eValue)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity:
Form: Professional Behaviors Assessment - Final

Primacy of the Patient/Cultural Competence		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	Recognizes sources of conflict of interest that can impact the client's/patient's health.	0	1.0	2.0	3.0	4.0	5.0
2.	Knows and applies the commonly accepted standards for patient confidentiality.	0	1.0	2.0	3.0	4.0	5.0
3.	Provides the best healthcare available for the client/patient.	0	1.0	2.0	3.0	4.0	5.0
4.	Advocates for the needs of the client/patient.	0	1.0	2.0	3.0	4.0	5.0
5.	Demonstrates awareness of the impact patients' cultural differences have on their attitudes/behaviors toward healthcare.	0	1.0	2.0	3.0	4.0	5.0
6.	Demonstrates knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.	0	1.0	2.0	3.0	4.0	5.0
7.	Works respectfully and effectively with diverse populations and in a diverse work environment.	0	1.0	2.0	3.0	4.0	5.0

Professionalism/Responsibility/Accountability		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	Advocates for the profession	0	1.0	2.0	3.0	4.0	5.0
2.	Demonstrates honesty and integrity	0	1.0	2.0	3.0	4.0	5.0
3.	Exhibits compassion and empathy	0	1.0	2.0	3.0	4.0	5.0
4.	Projects professional image	0	1.0	2.0	3.0	4.0	5.0
5.	Demonstrates punctuality	0	1.0	2.0	3.0	4.0	5.0

<https://www.e-value.net/index.cfm?al=1>

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6.	Assumes responsibility for actions	0	1.0	2.0	3.0	4.0	5.0
7.	Follows through on commitments	0	1.0	2.0	3.0	4.0	5.0
8.	Articulates limitations and readiness to learn	0	1.0	2.0	3.0	4.0	5.0
9.	Abides by all policies of academic program and clinical facility	0	1.0	2.0	3.0	4.0	5.0

Legal and Ethical Practice		Unable to Assess	Yes	No
1.	Practices athletic training in a legally competent manner.	0	1.0	0
2.	Identifies and conforms to the laws that govern athletic training, and understand the consequences of violations.	0	1.0	0
3.	Complies with the NATA's Code of Ethics and the BOC's Standards of Professional Practice, and understand the consequences of violations.	0	1.0	0
4.	Complies with other codes of ethics, as applicable.	0	1.0	0
5.	Provides a safe and secure environment for patients.	0	1.0	0

Advancing Knowledge		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	Critically examines the body of knowledge in athletic training and related fields	0	1.0	2.0	3.0	4.0	5.0
2.	Uses evidence-based practice as a foundation for the delivery of care	0	1.0	2.0	3.0	4.0	5.0
3.	Appreciates the connection between continuing education and the improvement of athletic training practice	0	1.0	2.0	3.0	4.0	5.0
4.	Promotes the value of research and scholarship in athletic training	0	1.0	2.0	3.0	4.0	5.0
5.	Disseminates new knowledge in athletic training to athletic trainers, clients/patients, healthcare professionals, and others	0	1.0	2.0	3.0	4.0	5.0
6.	Identifies own learning needs based on previous experiences	0	1.0	2.0	3.0	4.0	5.0
7.	Welcomes and/or seeks new learning opportunities	0	1.0	2.0	3.0	4.0	5.0

Self-Reflection/Use of Constructive Feedback		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	Demonstrates active listening skills	0	1.0	2.0	3.0	4.0	5.0
2.	Assesses own performance	0	1.0	2.0	3.0	4.0	5.0
3.	Actively seeks feedback from appropriate sources	0	1.0	2.0	3.0	4.0	5.0
4.	Demonstrates receptive behavior and positive attitude toward feedback	0	1.0	2.0	3.0	4.0	5.0
5.	Incorporates specific feedback into behaviors	0	1.0	2.0	3.0	4.0	5.0
6.	Maintains two-way communication without defensiveness	0	1.0	2.0	3.0	4.0	5.0

Communication/Interpersonal Skills		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting	0	1.0	2.0	3.0	4.0	5.0
2.	Recognizes impact of non-verbal communication in self and others	0	1.0	2.0	3.0	4.0	5.0
3.	Recognizes the verbal and non-verbal characteristics that portray confidence	0	1.0	2.0	3.0	4.0	5.0
4.	Utilizes electronic communication appropriately	0	1.0	2.0	3.0	4.0	5.0
5.	Maintains professional demeanor in all interactions	0	1.0	2.0	3.0	4.0	5.0
6.	Demonstrates interest in patients as individuals	0	1.0	2.0	3.0	4.0	5.0
7.	Communicates with others in a respectful and confident manner	0	1.0	2.0	3.0	4.0	5.0
8.	Respects differences in personality, lifestyle and learning styles during interactions with all persons	0	1.0	2.0	3.0	4.0	5.0
9.	Maintains confidentiality in all interactions	0	1.0	2.0	3.0	4.0	5.0
10.	Recognizes the emotions and bias that one brings to all professional interactions	0	1.0	2.0	3.0	4.0	5.0
11.	Demonstrates active listening skills	0	1.0	2.0	3.0	4.0	5.0
12.	Maintains two-way communication without defensiveness	0	1.0	2.0	3.0	4.0	5.0

Critical Thinking/Problem Solving		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	Raises relevant questions, considers all available information	0	1.0	2.0	3.0	4.0	5.0
2.	Articulates ideas	0	1.0	2.0	3.0	4.0	5.0
3.	Understands the scientific method	0	1.0	2.0	3.0	4.0	5.0
4.	States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)	0	1.0	2.0	3.0	4.0	5.0
5.	Recognizes holes in knowledge base	0	1.0	2.0	3.0	4.0	5.0
6.	Demonstrates acceptance of limited knowledge and experience in knowledge base	0	1.0	2.0	3.0	4.0	5.0
7.	Recognizes problems, and states problems clearly	0	1.0	2.0	3.0	4.0	5.0
8.	Describes known solutions to problems, and identifies resources needed to develop solutions	0	1.0	2.0	3.0	4.0	5.0
9.	Uses technology to search for and locate resources	0	1.0	2.0	3.0	4.0	5.0
10.	Identifies possible solutions and probable outcomes	0	1.0	2.0	3.0	4.0	5.0

Team Approach to Practice		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	Recognizes the unique skills and abilities of other healthcare professionals.	0	1.0	2.0	3.0	4.0	5.0
2.	Understands the scope of practice of other healthcare professionals.	0	1.0	2.0	3.0	4.0	5.0
3.	Executes duties within the identified scope of practice for athletic trainers.	0	1.0	2.0	3.0	4.0	5.0
4.	Includes the patient (and family, where appropriate) in the decision-making process.	0	1.0	2.0	3.0	4.0	5.0
5.	Works with others in effecting positive patient outcomes.	0	1.0	2.0	3.0	4.0	5.0

Effective Use of Time/Resources		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	Comes prepared for the day's activities/responsibilities	0	1.0	2.0	3.0	4.0	5.0
2.	Identifies resource limitations (i.e. information, time, experience)	0	1.0	2.0	3.0	4.0	5.0
3.	Determines when and how much help/assistance is needed	0	1.0	2.0	3.0	4.0	5.0
4.	Verbalizes productivity standards and identifies barriers to meeting productivity standards	0	1.0	2.0	3.0	4.0	5.0
5.	Self-identifies and initiates learning opportunities during unscheduled time	0	1.0	2.0	3.0	4.0	5.0
6.	Assesses own performance and actively seeks feedback from appropriate sources	0	1.0	2.0	3.0	4.0	5.0
7.	Demonstrates receptive behavior and positive attitude toward feedback	0	1.0	2.0	3.0	4.0	5.0
8.	Incorporates specific feedback into behaviors	0	1.0	2.0	3.0	4.0	5.0

Stress Management		Unable to Assess	Never	Rarely	Sometimes	Very Often	Always
1.	Recognizes own stressors	0	1.0	2.0	3.0	4.0	5.0
2.	Recognizes distress or problems in others	0	1.0	2.0	3.0	4.0	5.0
3.	Seeks assistance as needed	0	1.0	2.0	3.0	4.0	5.0
4.	Maintains professional demeanor in all situations	0	1.0	2.0	3.0	4.0	5.0

Overall Point Total _____ /

APPENDIX H: PRECEPTOR EVALUATION

University of Wisconsin-Milwaukee

MS Athletic Training Program

Preceptor Evaluation (Example from eValue)

(Question 1 of 13 - Mandatory)

PROFESSIONALISM		Rarely		Sometimes		Regularly	NA
1.	My PRECEPTOR is well respected by their supervisor(s).	1.0	2.0	3.0	4.0	5.0	0
2.	My PRECEPTOR demonstrates self-respect.	1.0	2.0	3.0	4.0	5.0	0
3.	My PRECEPTOR anticipates respect from others.	1.0	2.0	3.0	4.0	5.0	0
4.	My PRECEPTOR is a positive professional role model for students.	1.0	2.0	3.0	4.0	5.0	0
5.	My PRECEPTOR demonstrates self-confidence as a professional.	1.0	2.0	3.0	4.0	5.0	0
6.	My PRECEPTOR cares about student learning in the clinical setting.	1.0	2.0	3.0	4.0	5.0	0
7.	My PRECEPTOR verbally and actively promotes the Athletic Training profession.	1.0	2.0	3.0	4.0	5.0	0
8.	My PRECEPTOR assists students in understanding their professional responsibility.	1.0	2.0	3.0	4.0	5.0	0
9.	My PRECEPTOR demonstrates Evidence-Based Practice (EBP), using evidence to guide their clinical decisions.	1.0	2.0	3.0	4.0	5.0	0

(Question 2 of 13 - Mandatory)

LEADERSHIP CHARACTERISTICS		Rarely		Sometimes		Regularly	NA
1.	My PRECEPTOR seeks out challenging opportunities that test his/her skills.	1.0	2.0	3.0	4.0	5.0	0
2.	My PRECEPTOR is in control of Athletic Training situations.	1.0	2.0	3.0	4.0	5.0	0
3.	My PRECEPTOR has made his/her employment position (environment) better over time.	1.0	2.0	3.0	4.0	5.0	0
4.	My PRECEPTOR has a vision or goal for his/her own professional growth.	1.0	2.0	3.0	4.0	5.0	0
5.	My PRECEPTOR puts others' (patients/athletes, ATS, co-workers, supervisors) needs before their own needs.	1.0	2.0	3.0	4.0	5.0	0
6.	My PRECEPTOR demonstrates leadership characteristics.	1.0	2.0	3.0	4.0	5.0	0

COMMUNICATION SKILLS		Rarely		Sometimes		Regularly	NA
1.	My PRECEPTOR provides feedback to students in a timely manner.	1.0	2.0	3.0	4.0	5.0	0
2.	My PRECEPTOR actively promotes clinical discussion with students.	1.0	2.0	3.0	4.0	5.0	0
3.	My PRECEPTOR corrects students tactfully in an appropriate place/time.	1.0	2.0	3.0	4.0	5.0	0
4.	My PRECEPTOR provides a clear orientation during the first day(s) of the clinical experience.	1.0	2.0	3.0	4.0	5.0	0
5.	My PRECEPTOR provides on-going communication regarding student expectations.	1.0	2.0	3.0	4.0	5.0	0
6.	My PRECEPTOR deals with conflict in a mature/professional manner.	1.0	2.0	3.0	4.0	5.0	0
7.	My PRECEPTOR encourages students to ask questions.	1.0	2.0	3.0	4.0	5.0	0

5.	My PRECEPTOR dresses professionally.	1.0	2.0	3.0	4.0	5.0	0
6.	My PRECEPTOR encourages athletic training students to dress professionally.	1.0	2.0	3.0	4.0	5.0	0
7.	My PRECEPTOR encourages athletic training students to project a positive professional demeanor to the public.	1.0	2.0	3.0	4.0	5.0	0
8.	My PRECEPTOR is open to new ideas and opportunities.	1.0	2.0	3.0	4.0	5.0	0
9.	My PRECEPTOR is excited about the direction the profession of Athletic Training is headed.	1.0	2.0	3.0	4.0	5.0	0
10.	My PRECEPTOR demonstrates passion for his/her work to athletic training students.	1.0	2.0	3.0	4.0	5.0	0
11.	My PRECEPTOR assists students in the day-to-day "clean-up" activities.	1.0	2.0	3.0	4.0	5.0	0
12.	My PRECEPTOR challenges athletic training students clinically.	1.0	2.0	3.0	4.0	5.0	0
13.	My PRECEPTOR respects athletic training students.	1.0	2.0	3.0	4.0	5.0	0

On average, how many contact hours per week did your PRECEPTOR spend with you for educational instruction (formal or informal, could include discussing information, informal teaching, conversing, interacting, mentoring, etc). (Question 6 of 13 - Mandatory)

Please list up to three weaknesses of the PRECEPTOR, and provide constructive recommendations as to how those may be improved. (Question 7 of 13)

The program should continue to use this preceptor. (Question 8 of 13 - Mandatory)

Selection	Option
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

GENERAL COMMENTS	
Please provide constructive suggestions as to how to improve this clinical experience.	<input style="width: 100%; height: 40px;" type="text"/>
What do you consider to be the strengths of the ATEP?	<input style="width: 100%; height: 40px;" type="text"/>
What do you consider to be the weaknesses of the ATEP? Please provide constructive suggestions for improving on these weaknesses.	<input style="width: 100%; height: 40px;" type="text"/>

APPENDIX I: CLINICAL SITE EVALUATION

		Rarely		Sometimes		Regularly	NA
1.	The Clinical Site provided me with a stimulating learning environment.	1.0	2.0	3.0	4.0	5.0	0
2.	The Clinical Site provided supplies and equipment that were adequate to meet the demands and expectations placed on me.	1.0	2.0	3.0	4.0	5.0	0
3.	The Clinical Site provided me with appropriate challenges.	1.0	2.0	3.0	4.0	5.0	0
4.	The protocols and procedures of the clinical site were explained to me adequately and in sufficient time to implement them effectively.	1.0	2.0	3.0	4.0	5.0	0
5.	Proper OSHA guidelines in the management of blood, bodily fluids, and medical waste were used at the Clinical Site.	1.0	2.0	3.0	4.0	5.0	0
6.	The Clinical Site provided a positive learning experience for me.	1.0	2.0	3.0	4.0	5.0	0
7.	The Clinical Site provided a wide spectrum of learning opportunities.	1.0	2.0	3.0	4.0	5.0	0

Please list up to three strengths of the Clinical Site. *(Question 10 of 13 - Mandatory)*

Please list up to three weaknesses of the Clinical Site, and provide constructive recommendations as to how those may be improved. *(Question 11 of 13 - Mandatory)*

GENERAL COMMENTS	
Please provide constructive suggestions as to how to improve this clinical experience.	<div style="border: 1px solid black; height: 25px;"></div>
What do you consider to be the strengths of the program?	<div style="border: 1px solid black; height: 25px;"></div>
What do you consider to be the weaknesses of the ATEP? Please provide constructive suggestions for improving on these weaknesses.	<div style="border: 1px solid black; height: 25px;"></div>

APPENDIX J: SURVEY OF EFFECTIVE CLINICAL EDUCATOR BEHAVIORS

DIRECTIONS:

For the following statements, mark each on a scale from 1 to 5 (1 = 'never' to 5 = 'very often') indicating how often your *current* and an *ideal* clinical instructor/supervisor demonstrates the behavior. Circle the number that corresponds to your answer for your *current* clinical instructor in the left-hand column AND an *ideal* clinical instructor in the right-hand column (you will have two responses for each behavior statement). If you do not have a current clinical instructor, leave the left-hand column blank.

<i>Current Clinical Instructor</i>					Survey of Effective Clinical Educator Behaviors	<i>Ideal Clinical Instructor</i>				
1 Never	2 Rarely	3 Some- times	4 Fairly Often	5 Very Often		1 Never	2 Rarely	3 Some- times	4 Fairly Often	5 Very Often
1	2	3	4	5	Provides a clear, concise explanation of the material.	1	2	3	4	5
1	2	3	4	5	Uses relevant verbal examples to clarify my understanding.	1	2	3	4	5
1	2	3	4	5	Demonstrates a variety of clinical skills for my benefit.	1	2	3	4	5
1	2	3	4	5	Bridges classroom knowledge to the clinical site and patient care.	1	2	3	4	5
1	2	3	4	5	Provides the time and materials for skill practice.	1	2	3	4	5
1	2	3	4	5	Encourages me to participate in clinical activities and patient care up to my ability level.	1	2	3	4	5
1	2	3	4	5	Refers me to educational aids (posters, books, journals, etc.) to encourage independent problem solving.	1	2	3	4	5
1	2	3	4	5	Watches me practice my clinical skills and interact with patients.	1	2	3	4	5
1	2	3	4	5	Offers praise for a job well done.	1	2	3	4	5
1	2	3	4	5	Gives immediate and specific feedback that helps me improve my skills.	1	2	3	4	5
1	2	3	4	5	Gives fair, non-judgmental performance evaluations.	1	2	3	4	5
1	2	3	4	5	Provides time to discuss performance evaluations and opportunities for improvement.	1	2	3	4	5
1	2	3	4	5	Asks simple questions that require only recall of memorized facts.	1	2	3	4	5
1	2	3	4	5	Asks complex or difficult questions that make me think critically (ie. analyze, evaluate, or problem solve the situation).	1	2	3	4	5

Survey of Effective Clinical Educator Behaviors

<i>Current Clinical Instructor</i>					Survey of Effective Clinical Educator Behaviors	<i>Ideal Clinical Instructor</i>				
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5	Actively plans or structures the overall clinical experience.	1	2	3	4	5
1	2	3	4	5	Participates in or leads discussions on thought-provoking, relevant topics.	1	2	3	4	5
1	2	3	4	5	Refrains from engaging in conversations that are unrelated to the clinical experience, my education, or patient care.	1	2	3	4	5
1	2	3	4	5	Actively supervises my clinical practice (ie. has constant auditory and visual contact myself and my patients).	1	2	3	4	5
1	2	3	4	5	Takes an active role in organizing slow time in the clinical setting to promote learning and prevent boredom.	1	2	3	4	5
1	2	3	4	5	Answers questions honestly and intelligently when asked.	1	2	3	4	5

APPENDIX K: CUMULATIVE PRACTICAL EXAM

Cumulative Practical Examination

Name _____ Start time _____ End time _____

Scale descriptions

N/A

- 0- Did not attempt
- 1- Significant errors and/or omissions that **compromised patient safety**
- 2- Significant errors and/or omissions that **did not** compromise patient safety
- 3- Minor errors and/or omissions that **did not** compromise patient safety
- 4- Completed all parts with moderate proficiency
- 5- Completed all parts with high proficiency

GENERAL PRE-EXAMINATION	na	0	1	2	3	4	5
Introduced him/herself and built rapport							
Obtained consent							
Washed hands to prevent disease transmission							
Verified the patient name, chief complaint, injured area							
Comments:							
SUBJECTIVE	na	0	1	2	3	4	5
Chief complaint							
Social history (activity level, occupation, overall health, household)							
Mechanism of injury							
History of the present injury							
When did it occur?							
Pain level							
Better/worse/same since onset							
Aggravates/Alleviates							
Limitations of function: ADL/work/school/exercise/sport							
Interventions since onset							
Previous injury history							
Review of systems							
Pertinent medical history, congenital risk factors							
ATS asked follow up questions based on responses							
ATS was aware of non-verbal communication and cues							
Comments:							

OBSERVATION	na	0	1	2	3	4	5
Swelling/effusion							
Ecchymosis							
Deformity							
Alignment: Frontal plane (anterior and posterior)							
Alignment: Sagittal plane							
Alignment: frontal plane							
Skin quality/scars/wounds							
Compares bilaterally							
Comments:							
PALPATION	na	0	1	2	3	4	5
Purposefully palpates relevant bony areas							
Purposefully palpates relevant soft tissue							
Assesses for warmth and swelling							
Assess for painful areas							
Compares bilaterally							
Comments:							
EXAMINATION OF MOVEMENT	na	0	1	2	3	4	5
AROM Instructs the patient to perform the appropriate movement in the correct body position							
PROM Performs the appropriate movement in the correct body position Takes the joint to end range and applies over pressure to assess end feel							
Performs the assessment bilaterally							
Comments:							
MUSCLE TESTING (ISOMETRIC, CONCENTRIC, ECCENTRIC)	na	0	1	2	3	4	5
Chooses an appropriate test based on patient findings							
Positions the patient appropriately							
Positions the joint to be assessed in the appropriate position							
Positions hands for appropriate stabilization to prevent unwanted movements							
Applies the force to the joint in the appropriate direction							
Applies appropriate amount of force							
Performs the assessment bilaterally (or verbalizes)							
Notes pain with motion							
Notes muscle performance score (3/5, 5/5, etc)							
Comments:							

NEUROLOGICAL TESTING	na	0	1	2	3	4	5
Assesses relevant dermatomes							
Assesses <i>relevant myotomes</i>							
Assesses <i>relevant reflexes</i>							
Assess sensation							
Comments:							

SPECIAL TESTS/JOINT INTEGRITY/JOINT STRESS	na	0	1	2	3	4	5
Chooses appropriate tests based upon the scenario provided							
Positions the patient appropriately							
Positions hands for appropriate stabilization to prevent unwanted movements							
Applies the force to the joint in the appropriate direction							
Applies appropriate amount of force							
Appropriately performs the special test							
Describes a positive/negative test finding							
Identifies structure(s) being tested							
Performs the assessment bilaterally (or verbalizes)							
Performs only those tests that may be benefit clinical decision making for this case							
Comments:							

FUNCTIONAL TESTING	na	0	1	2	3	4	5
Assesses ADL's							
Assesses work related tasks							
Assesses exercise/sport related tasks							
Assesses walking/running gait							
Performs only those tests that may be benefit clinical decision making for this case							
Comments:							

DIAGNOSIS	na	0	1	2	3	4	5
Diagnosis was accurate and based on examination findings							

PLAN OF CARE	na	0	1	2	3	4	5
---------------------	----	---	---	---	---	---	---

Developed an immediate plan of care appropriate to the case (including activity limitations)	
Developed a progressive plan of care appropriate to the case	
Comments:	

DOCUMENTATION	na 0 1 2 3 4 5
Legibly and completely documented the examination	
Entered the examination into the medical records system	
Comments:	

OVERALL PERFORMANCE	
Professional patient communication (verbal and non-verbal)	na 0 1 2 3 4 5
Efficiency of evaluation (flow, minimal extraneous tests or repositioning)	na 0 1 2 3 4 5
Clinical reasoning and decision making (ruled in/out from differential diagnosis list)	na 0 1 2 3 4 5
Patient-centered (Inquires about and utilizes information about patients' values, desires, and goals to inform decision making)	na 0 1 2 3 4 5

TOTAL _____ / 80

Passing = 80% of total score

PASS

NON-PASS
Remediate

NON-PASS
Retake

Tester
Name _____ Signature _____

Tester
Name _____ Signature _____

APPENDIX L: PROFESSIONAL DEVELOPMENT UNIT INFORMATION

Professional Development Unit (PDU) Program

The purpose of the Professional Development Unit (PDU) Program is to:

- Encourage students to pursue current and future professional development activities;
- Ensure that students become involved and engaged in a variety of different professional development experiences while matriculating through the MSAT program;
- Make students more marketable to prospective graduate schools and/or employers;
- Allow students to become accustomed to seeking out professional development activities.

During each semester, each student must accumulate a certain number of Professional Development Units (PDUs), approved by the appropriate supervisor (the best person to verify your activity, not necessarily your current Preceptor). Acceptable activities are listed on the next page. Please pay close attention to the various categories and the maximum amounts of PDUs available from each category. Please also note that students are not able to “double dip” – PDUs are not available for any AT Program requirement (hours, assignments, etc.). Similar to CEU requirements for BOC credentialed professionals, progress should be continuously made toward the required PDUs, to avoid the need to “cram” for activities at the end of the semester. **Appropriate verification materials (*certificate of attendance, name badge, supervisor letter, copy of conference program/indication of how many hours you attended, verification of membership etc.*) should be submitted on the respective class Canvas site within 1 week of the date you completed the PDU.**

ATRAIN 785- No PDUs required

ATRAIN 786- minimum of 15 required (Completion window is May 15th-Fall study day)

ATRAIN 787- minimum of 15 required (Completion window is Dec 15th- Spring study day)

ATRAIN 788- No PDUs required

ATRAIN 883 Fall- minimum of 15 required (Completion window is May 15th-Fall study day)

ATRAIN 883 Spring- minimum of 15 required (Completion window is Dec 15th- Spring study day)

Students will have access to all of the required PDU forms on the E-Value homepage.

Category A (maximum of 10 PDUs/semester)

Professional Conferences/Seminars/Workshops

(Available PDU's will be equal to the CEUs available for Certified Athletic Trainers – 1 PDU/hour. Students should only claim hours actually spent attending conference/seminar/workshop.)

- Attending NATA, GLATA, WATA, ACSM, NSCA Conventions
- Completing BOC approved webinars (must include a summary/critical abstract)
- Attending other (must be approved) athletic training related conferences/seminars, etc.

Category B (maximum of 10 PDUs/semester)

Professional Association Involvement

- Member of ACSM/NSCA/NASM **(1 PDU per year of membership)**
- Professional Association Committee Involvement.) **(3 PDUs)**

Category C (maximum of 10 PDUs/semester)

Supplemental Clinical Experiences **(0.5 PDUs/hour unless noted)**

- AT related clinical experience (in addition to AT Program clinical assignment; must be supervised by a UWM Preceptor at a UWM affiliated clinical site). Please note, additional clinical experiences outside of these requirements eliminate the experience from being eligible for PDUs, and are not affiliated with the AT Program, which removes the University's liability protection.
- Surgery observation (other than required), EMS ride along, etc. **(1 PDU/hour)**
- *If you would like to consider activities that are outside of current UWM clinical site affiliations, and/or with non-UWM Preceptors, please discuss this with Dr. Ericksen prior to completing any activity. Students are not eligible for claiming PDUs for unsupervised activities.

Category D (maximum of 10 PDUs/semester)

Assistance with AT Program - on or off-campus courses, workshops, exams, tutoring, etc.

(1 PDU for 1st hour, 0.5 PDUs/hour after that)

- Assisting as a model or an examiner for a practical exam (other than required)
- Coordinating and leading study/tutoring sessions for AT related courses
- Guest speaking (career day, field work, etc)

Category E (maximum of 10 PDUs/semester)

Research Involvement

- Completing the CITI Human Subjects Research Modules **(6 PDUs)**

- Completion of the research foundation modules (library orientation and data analysis) **(4 PDU)**
- Serving as a research participant, as approved by project primary investigator **(0.5 PDUs/hour)**
- Serving as a research assistant, as approved by project primary investigator **(1 PDU/hour)**
- Case study/original research projects accepted for presentation (poster, etc.) and/or publication (JAT, ATT, etc) at NATA, GLATA, WATA, or other AT related conference. **(7 PDUs)**

Category F (maximum of 5 PDUs/semester)

Community Service / Personal Health and Wellbeing -

- Participating in any community wellness activity (i.e. run/walk, intramural or club sports) **(1 PDU)**
- Being a member of an exercise/fitness facility **(0.5 PDU)**
- Completing an online course related to personal wellbeing (i.e. healthy lifestyle, smoking cessation, work-life balance, stress management) **(1 PDU/hour)**
- Volunteering for a community service activity/organization **(1 PDU/hour)**

PDU values subject to change with notice

APPENDIX M: CONDUCT REPORT

Student Conduct Report

Student Name _____ Today's date _____

Faculty or Preceptor filing report _____

This report is being filed to recognize: Excellent conduct Conduct of concern

Conduct Description

Location: _____ Date: _____

Describe the conduct that was observed:

If conduct of concern:

What immediate actions were taken by the staff?

What was the response of the student?

Where there any additional actions taken by the staff?

Do you feel there is a need for further follow-up to address this concern? If so, please describe.

Faculty/Preceptor Signature _____

Keep a copy of this form, and return the original to Dr. Earl-Boehm.

APPENDIX N: REMEDIATION PLAN FORM

Date _____

In order to be retained in good standing and progress to the following semester, students must meet all passing criteria mentioned in course syllabi as well as meet the retention and progression benchmarks listed below:

_____ has not met the following benchmark:

1. Academic Performance

- Students must maintain a cumulative GPA of 3.0 or better per Graduate School policy
- Students must earn a B- or better in all required clinical education courses (ATRIN 785, 786, 787, 788, 883)
- Students must earn a C or better in all required courses

2. Clinical Skills and Abilities

- Students must earn a B- or better in each of the Clinical Education courses (ATRIN 785, 786, 787, 788, 883)
- Students must earn a passing score (≥80%) on the Cumulative Proficiency Exam (CPE). The CPE occurs at the end of each semester and is a cumulative assessment of clinical skills, decision making, and professional behavior and communication, and documentation. Students will be allowed to re-test or remediate the CPE once. A second non-passing attempt will lead to program suspension or dismissal.

3. Professional Behavior

- Students must demonstrate professional behavior and communication in courses and clinical education experiences.

Plan to remediate deficiencies:

Consequences if remediation plan is not achieved:

Student Signature

Date

Program Director Signature

Date

Clinical Education Coordinator Signature

Date

APPENDIX O: STUDENT CODE OF CONDUCT

As a student in the Master of Science in Athletic Training Program, I attest that:

1. _____ I have read and will uphold and promote the tenets of the CHS Honor Code, a framework for moral, ethical, and professional behavior for all members of the College of Health Sciences.
2. _____ I will conduct myself in accordance with the National Athletic Trainers' Association (NATA) Code of Ethics. I have read and will uphold these expectations for ethical and professional behavior.
3. _____ I will conduct myself in accordance with the Board of Certification (BOC) Standards of Professional Practice. I have read and will uphold these expectations for ethical and professional behavior.
4. _____ I will uphold the academic integrity expectations of the University of Wisconsin Milwaukee
5. _____ I have read and understand all policies and expectations outlined in the MSAT Student Handbook. This includes (but is not limited to):
 - i. Academic integrity
 - ii. Professional appearance, communication, and behavior
 - iii. Clinical education expectations established by the program and by the preceptor
 - iv. Patient confidentiality
 - v. Liability protection
 - vi. Infections/Communicable disease and blood borne pathogens
 - vii. Promotion and retention criteria and benchmarks
6. _____ I will represent myself as an "Athletic Training Student" at all times, and not misrepresent in any manner my skills, training or professional credentials as that of a Certified Athletic Trainer.
7. _____ I will represent myself, the MSAT program, UWM and the athletic training profession in a positive, professional manner at all times. Incidents of questionable behavior (e.g. unethical, illegal, dishonest) shall be reported to the Program Director.

My signature below constitutes my pledge that I have read and will follow the UWM MSAT Student Code of Conduct. I understand that there will no tolerance towards academic misconduct or discriminatory, illegal, unethical or unprofessional behavior. A breach of any of this policy, or any described herein, is grounds for academic sanctions and/or program dismissal.

Signature

Date



The Honor Code provides a framework for moral, ethical, and professional behavior for all members of the College of Health Sciences, including students, faculty, and staff. With all members of the College committed to upholding and promoting the tenets of the Honor Code, we will continue to work and learn in a supportive and stimulating environment. Commitment to this Honor Code supports the mission of the College of Health Sciences to prepare future health professionals, and conduct nationally recognized research in the health sciences.

honor code

As a member of the University of Wisconsin–Milwaukee, College of Health Sciences community of scholars and professionals, I will abide by the following tenets of this honor code:

I will demonstrate respect for the dignity of others by:

- Understanding and respecting that social and cultural differences exist among students, classmates, and colleagues.
- Respecting others expectations of confidentiality and privacy.
- Not engaging in intimidating, harassing, violent, or discriminating behavior or language.

I will demonstrate respect for the rights and property of others by:

- Actively working to promote a positive learning, work, and research environment.
- Allowing other individuals to express their opinions, even if they are different from my own.
- Not committing theft, vandalism, destruction, or desecration of another's physical or intellectual property.

I will take responsibility for my learning, teaching, research, and service by:

- Demonstrating enthusiasm and being prepared for classes, labs, meetings, and other activities.
- Being prompt in completing duties and assignments, and punctual in attending classes, labs, meetings, and other activities.
- Communicating promptly and making suitable arrangements if a scheduled conflict arises.
- Contributing equitably in discussion and group work.
- Providing fair and constructive feedback when asked to evaluate others.

I will practice personal, professional, and academic integrity by:

- Being reliable, honest, and ethical.
- Following through on commitments.
- Avoiding bias and conflicts of interest.
- Adhering to the policies and procedures of organizations with which I am involved.
- Not misrepresenting or falsifying information and/or actions, including acts of plagiarism.
- Not engaging in self-destructive behavior, such as misuse of alcohol, drugs, or tobacco, that would compromise my learning, teaching, research, and service.

I will follow the Professional Codes of Ethics relevant to my profession by:

- Knowing and upholding the Professional Codes of Ethics that is set forth by my professional governing body.
- Upholding the ethical standards set forth by the professional and governing bodies associated with the performance and dissemination of research.
- Knowing and upholding relevant local, state, and federal laws and regulations.

Adopted by the College of Health Sciences on 05/04/07.

APPENDIX Q: NATA CODE OF ETHICS

Preamble

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

1. MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS

1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

2. MEMBERS SHALL COMPLY WITH THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF ATHLETIC TRAINING, NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS

2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.

2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.

2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.

2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.

2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

3. MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES

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

3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

4. MEMBERS SHALL NOT ENGAGE IN CONDUCT THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT'S HEALTH AND WELL-BEING.

4.1. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2. All NATA members, whether current or past, shall not use the NATA logo or AT logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3. Members shall not place financial gain above the patient's well-being and shall not participate in any arrangement that exploits the patient.

4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

II. Code of Professional Responsibility ||

Preamble

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The "Professional Practice and Discipline Guidelines and Procedures" may be accessed via the BOC website, BOCATC.org.

Code

1

Patient Care Responsibilities

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, gender identity, or any other characteristic protected by law
- 1.2 Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from health care providers or athletic training students who are, impaired or engaged in illegal or unethical practice
- 1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies
- 1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law
 - 1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values
- 1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain
- 1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient
- 1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan
 - 1.7.1 Does not make unsupported claims about the safety or efficacy of treatment

Code

2

Competency

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence
- 2.2 Complies with the most current BOC recertification policies and requirements

Code

3

Professional Responsibility

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards
- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties
- 3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services
- 3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training
 - 3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.6 Does not guarantee the results of any athletic training service
- 3.7 Complies with all BOC exam eligibility requirements

- 3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful
- 3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials without proper authorization
- 3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event
- 3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by themselves and/or by another Athletic Trainer that is related to the practice of athletic training
- 3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by themselves or by another Athletic Trainer that is related to athletic training
- 3.13 Complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to mandatory reporting when identified as a "mandatory reporter" or "responsible employee"
- 3.14 Cooperates with BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information
- 3.15 Complies with all confidentiality and disclosure requirements of the BOC and existing law
- 3.16 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization
- 3.17 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the "BOC Professional Practice and Discipline Guidelines and Procedures"
- 3.18 Fulfills financial obligations for all BOC billable goods and services provided

Research

The Athletic Trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
- 4.2 Protects the human rights and well-being of research participants
- 4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or health care delivery

Social Responsibility

The Athletic Trainer or applicant:

- 5.1 Strives to serve the profession and the community in a manner that benefits society at large
- 5.2 Advocates for appropriate health care to address societal health needs and goals

Business Practices

The Athletic Trainer or applicant:

- 6.1 Does not participate in deceptive or fraudulent business practices
- 6.2 Seeks remuneration only for those services rendered or supervised by an AT; does not charge for services not rendered
- 6.3 Maintains adequate and customary professional liability insurance
- 6.4 Acknowledges and mitigates conflicts of interest
 - 6.2.1 Provides documentation to support recorded charges
 - 6.2.2 Ensures all fees are commensurate with services rendered

APPENDIX S: CONFIDENTIALITY AGREEMENT

HEALTH INFORMATION CONFIDENTIALITY POLICY

As health care personnel, we have an obligation to maintain patient confidentiality and privacy. Unauthorized disclosure of health information contained in the medical record (hard copy) or in the student health clinical software system (electronic form) not only breaches a patient's trust in our facility, but also can lead to serious legal consequences. To prevent such situations from occurring, the following policy shall be followed concerning patients' health information.

1. Patient health information shall always be treated as confidential material.
2. No one is to read patient medical records except to the extent required by employee duties and responsibilities.
3. Staff should discuss patients ONLY to facilitate patient care and ONLY when privacy of the discussion is assured.
4. Valid written patient consent must be received before patient health information is released.
5. Verbal patient consent is acceptable in an emergency.
6. When a patient signs a valid written consent to release mental health information, the therapist and/or psychiatrist will review that information prior to release and, if warranted, consult with the patient.
7. Release of patient health information without patient consent must receive prior approval by the Health Information Supervisor and/or the Department Director or Medical Director.
8. All requests for release of patient health information must be routed to the Health Information Supervisor or designee for processing and database input.
9. Patient health information shall not be released via telephone without a signed authorization.
An authorized provider shall only release patient information in the following exceptions:
 - a. *To inform a patient of lab, radiology, other diagnostic testing or screening results.*
 - b. *To provide a brief medical history when the patient is being treated elsewhere in an emergency.*
 - c. *To transfer a prescription to an outside pharmacy.*
 - d. *When you are in doubt about a request for patient health information, refer the request to the Health Information Supervisor.*
10. Medical records are never to be given directly to patients or relatives.
11. Patients are not to transport medical records from one location to another within Norris Health Center.
12. Medical records may not be removed from Norris Health Center except by court order.
13. Medical records must be returned to the Records Office at the close of each working day.

I have read and understood the Health Information Confidentiality Policy. I understand its meaning and agree that in the performance of my duties as an employee / consultant of the Norris Health Center at the University of Wisconsin-Milwaukee, I will hold the medical record, the information contained within and any health information I hear in confidence. I also understand that a violation of the confidentiality of the medical record and its contents may result in disciplinary action.

Signature of Employee / Consultant

Date

Print Employee / Consultant Name

rev. 4/18/02, 3/4/02

APPENDIX T: STATEMENT OF LIABILITY COVERAGE

Statement of Liability Coverage

Dear Athletic Training Student:

As a student participating in the Master of Science in Athletic Training Program (ATP), the department will assign you to a field placement as part of your program preparation for a degree from the College of Health Sciences.

Your responsibilities will generally include those listed in the Student_Handbook section entitled Clinical Rotation Responsibilities and Requirements, and such other responsibilities as are normally associated with this program or which may be agreed upon by you and your clinical rotation supervisor. It is expected that your participation will continue for the duration of your enrollment in the MS-AT program while at UWM. The beginning date of your assignment will be communicated to you and will become part of this agreement. Any changes in our expectations will be communicated to you in writing.

The State of Wisconsin under Statute s.895.46(1) provides liability protection for its officers and employees when acting within the scope of their employment, and extends this protection to agents of the State where there is a written agreement before you begin participation in the program in order to be accorded agent status with its liability protection. Students in good standing within the MS-AT program, when placed in clinical rotations, are considered to be agents of the University of Wisconsin System.

In cases in which a student is employed by the cooperating agency (i.e. a paid internship) and the employment is part of the student's university learning experience leading toward a degree or a certification, the State of Wisconsin (University) does not provide liability coverage to the student for acts or omissions which may lead to suit.

If you have any questions, please contact Jennifer Earl-Boehm, PAV 367, jearl@uwm.edu, 414-229-3227.

Sincerely,

Jennifer Earl-Boehm, PhD, ATC

Director, Master of Science in Athletic Training

I have read and understand the above information and agree to participation in the program.