College of Education and Human Development Kinesiology, Physical Education, and Athletic Training



5740 Lengyel Hall Orono, Maine 04469-5740 Tel: (207) 581-2466 Fax: (207) 581-1206 umaine.edu/edhd





Educational practices that are *equitable*, *meaningful*, and *relevant*

Athletic Training Graduate Student Handbook

2023-2024

Table of Contents

MASTER OF SCIENCE IN ATHLETIC TRAINING	4
Admissions	4
MISSION STATEMENT	5
PROGRAM AND STUDENT LEARNING OUTCOMES	5
RETENTION POLICY	
Course Offerings and Sequence	20
CLINICAL EDUCATION	21
University of Maine Athletic Training Program	22
Clinical Education Orientation Form	
Clinical Experiences	
Clinical Education Courses	23
Clinical Experience Rotations	24
Athletic Training Clinical Site Policies	
Athletic Training Student Responsibilities	
Athletic Training Facility Rules	
Daily Athletic Training Clinic Duties	
Relationships with Medical Staff	
Clinical Experience Standards and Guidelines	
Non-University of Maine Clinical Experience Site	27
GENERAL POLICIES AND PROCEDURES	28
Active Communicable Disease and Clinical Experiences	28
Blood Borne Pathogen Training and Clinical Experiences	28
Competitive Admissions	
Financial Aid	
Grade Policies	
Graduation	
Immunization Requirements	
Nondiscrimination Policy	
Prerequisite Coursework	
Confidentiality	
Dress Code	
Liability Insurance	
Probation	
Professionalism	
Supervised Clinical Experience and Observations	
	31
Therapeutic Modality Maintenance and Use	31
Technical Standards	
Transfer Student (Admissions Policy)	
Work-Study Policy and Procedures	
Academic Calendar & Catalog	33
Program Costs	33
Background Check	34
STUDENT EVALUATIONS	35
KPE 501 Student Evaluation	36
KPE 502 Student Evaluation	
KPE 601 Student Evaluation	50
KPE 602 Student Evaluation	57

Preceptor and Site Evaluation	6
OTHER IMPORTANT INFORMATION	
BOC STANDARDS OF PROFESSIONAL PRACTICE	70
NATA CODE OF ETHICS	
ATHLETIC TRAINING STUDENT HANDBOOK ACKNOWLEDGEMENT FORM	73

Master of Science in Athletic Training

The University of Maine Athletic Training Program is seeking accreditation by the Commission on Accreditation of Athletic Training Education. Graduate students who successfully complete this program graduate with a Master of Science in Athletic Training and will be eligible to apply to take the Board of Certification (BOC, Inc.) Athletic Training certification exam.



A C CR ED ITE D P R O

Competencies and Proficiencies Matrix

UMaine's Graduate Athletic Training curriculum is based on the 2011 Athletic Training Educational Competencies 5th edition created by the National Athletic Trainers' Association Professional Education Council (PEC) and the 2020 CAATE Curricular Content Standards. A Competency and Proficiency Matrix is available for anyone interested in viewing them. Contact the Athletic Training Program Director if you are interested.

Admissions

Admission into the Athletic Training Program is competitive. All incoming students must demonstrate completion of all prerequisite course work and completion of a degree from an accredited institution at the baccalaureate level. An exception to the requirement of a completed bachelor's degree will be granted to those students accepted as undergraduates into the accelerated 3+2 Program at the University of Maine (for further information, please contact the Athletic Training Program Director). Prerequisite coursework includes passing grades in courses in each of the following content areas: biology, nutrition, chemistry, biomechanics, physics, exercise physiology, psychology, and anatomy and physiology. Upon review of completed applications by the Athletic Training program faculty, eligible students are notified of their acceptance into the program. More information about the application guidelines can be found on page 26 and on the University of Maine Athletic Training website.

Classrooms, Labs, and Clinical Experiences

UMaine's Athletic Training Program consists of two parts: classroom learning and practical (hands-on) application. The <u>Wes Jordan Athletic Training Education Complex</u> allows students to learn concepts and theories in the classroom and immediately put them to practice in a lab setting. This progression prepares the Athletic Training Student to perform learned skills with patients under the direct supervision of trained preceptors. Clinical experiences are actual athletic training and allied health care experiences supervised by trained preceptors. The strength of UMaine's program lies in the diversity of preceptors and clinical experience settings including, but not limited to, NCAA Division I and Division III intercollegiate athletics, high school athletics, hospital and private practice clinics, physical therapy clinics, orthopedic rotations, and chiropractic clinics.

Mission Statement

The University of Maine Athletic Training Program prepares students to become athletic trainers by following a curriculum in line with National Athletic Trainers' Association Athletic Training Education Competencies, the Board of Certifications most current Role Delineation information, and the Commission for Accreditation of Athletic Training Education Standards. Students learn through clinical experiences in the community with a variety of healthcare providers and their patients enabling the student to have a diversity of experiences.

Program and Student Learning Outcomes

The University of Maine Athletic Training Program has developed five Program Level Outcomes that align with the National Athletic Trainers Association Domains of Practice.

- Program Outcome One: By the end of the program, athletic training students will be prepared to analyze and evaluate opportunities for injury prevention and wellness protection for active patients.
- ♦ **Program Outcome Two:** By the end of the program, athletic training students will be prepared to evaluate and diagnose injuries and pathologies in the clinical setting.
- ♦ **Program Outcome Three:** By the end of the program, athletic training students will be prepared to provide immediate first aid and emergent care.
- Program Outcome Four: By the end of the program, athletic training students will be prepared to provide treatment through therapeutic interventions, including rehabilitation and modalities.
- Program Outcome Five: By the end of the program, athletic training students will be prepared to demonstrate the importance of organization and professional health and wellbeing.

Student Learning Objectives

The University of Maine Athletic Training program has developed student learning objectives that align closely with the 2020 CAATE Curricular Standards. These objectives are as follows:

 Students will be able to identify specific social determinants of health and health care delivery strategies to account for health literacy for a variety of determinants.

- 2. Students will be able to identify various techniques to communicate effectively and appropriately with stakeholders involved in the care of individuals with athletic injuries.
- 3. Students will be able to identify elements of the ICF framework.
- 4. Students will be able to search, retrieve, and use information derived by online databases and internal data to drive informed decisions and provide decision support for simulated injury scenarios.
- 5. Students will understand expectations of professionalism and dispositional behaviors within the field of athletic training.
- Students will be able to outline elements of appropriate professional practice, including but not limited to, HIPAA, FERPA, Universal Precautions, and OSHA BBP Standards.
- 7. Students will be able to determine ways to advocate for the profession of athletic training.
- 8. Students will learn to complete common taping techniques, including but not limited to, closed basketweave ankle taping and wrist taping.
- 9. Students will be able to identify common elements of the Pre-Participation Physical Exam.
- 10. Students will be able to differentiate the quality/benefit of various ingested fluids before, during, and after physical activity.
- 11. Students will be able to explain various administrative duties related to the management of resources in the delivery of patient-centered health care.
- 12. Students will be able to identify health literacy strategies for patients in varying populations.
- 13. Students will differentiate qualities of effective and ineffective communication with patients, patients' social support, peers, supervisors, stakeholders, and other health care providers.
- 14. Students will complete the ICF framework in case study format and explain the contributing parts
- 15. Students will use literature to inform their practice.
- 16. Students will use data from their clinical practice or clinical site to make informed decisions about various domains of athletic training.

- 17. Students will uphold the ethical standards of the profession.
- 18. Students will examine local, state, and federal laws regarding the practice of athletic training and compare them.
- 19. Students will identify, evaluate, and manage patients with acute conditions, including but not limited to: cardiac compromise, respiratory compromise, environmental conditions, cervical spine injuries, traumatic brain injury, internal and external hemorrhage, fractures, dislocations, anaphylaxis, exertional sickling, rhabdomyolysis, hyponatremia, diabetes, drug overdose, wounds, testicular injury, and other musculoskeletal injuries.
- 20. Students will examine with intent to provide a diagnosis for patients with health conditions related to the following: cardiovascular system, endocrine system, gastrointestinal system, eyes, ears, nose, throat, mouth, teeth, genitourinary system, integumentary system, mental status, musculoskeletal system, neurological system, pain level, reproductive system, and respiratory system.
- 21. Students will evaluate a patient presenting with concussion symptoms and provide a diagnosis, treatment plan, and return to activity and learn plans.
- 22. Students will select appropriate prophylactic, assistive, and restrictive devices that may be any of the following: durable medical equipment, orthotic devices, or taping, splinting, padding, or casting.
- 23. Students will assess environmental conditions to make recommendations for starting, stopping, or modifying activity.
- 24. Students will decide which protective equipment is appropriate for activities and be able to fit and remove said equipment.
- 25. Students will document patient records in a patient-management or electronic medical record system using standard codes to maintain a record for the patient and health insurance.
- 26. Students will write policies and procedures on the prevention and response to medical emergencies.
- 27. Students will advocate for the health needs of patients at their clinical sites or local communities through a proposal for improvement.
- 28. Students will incorporate patient education into patient encounters.
- 29. Students will practice in collaboration with other health care providers in care planning and management.

- 30. Students will create a quality improvement plan related to their practice or the systems within their clinical experience site.
- 31. Students will create a professional development plan.
- 32. Students will develop a plan of care for each patient including sections such as, but not limited to assessment, outcome measures, patient goals and function, referrals, and discharge.
- 33. Students will identify diagnostic and laboratory tests appropriate for patients, including but not limited to imaging, blood work, urinalysis, and electrocardiogram.
- 34. Students will select and use interventions for patients in various places in the care plan (pre-op, post-op, nonsurgical) to support the agreed-upon care plan.
- 35. Students will use literature to create and implement an injury prevention program.
- 36. Students will create a comprehensive program to maximize sport performance specific to the patient's activity.
- 37. Students will identify evidence-based recommendations for fluid and nutrient intake before, during, and after activity and during recovery for various activities and environmental conditions.
- 38. Students will decide which protective equipment is appropriate for activities and be able to fit and remove said equipment.
- 39. Students will explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care.
- 40. Students will identify the normal ranges for vital signs (e.g., pulse, oxygen saturation, respiration, body temperature, skin color, skin temperature, blood pressure, PEARL, cranial nerve assessment) and adequately assess them.
- 41. Students will describe and apply basic life support/saving principles (e.g., CPR, AED use, EpiPen).
- 42. Students will describe and perform an emergency examination with appropriate elements, including scene, primary, and secondary surveys.
- 43. Students will recognize, evaluate, and apply first aid and emergency care skills for the following conditions, including but not limited to: cardiac compromise, respiratory compromise, environmental-related illness, spinal injury, traumatic

brain injury, fractures/dislocations, open wounds/severe bleeding, anaphylaxis, drug overdose, diabetic emergency, exertional sickling, rhabdomyolysis, hyponatremia, and musculoskeletal injuries including abdominothoracic and testicular injury.

- 44. Students will assess when and what type of transport, including immobilization techniques, is appropriate for an injured person and apply each (e.g., crutches, two-person carrying assist, spine board, splinting).
- 45. Students will describe neurocognitive tools (e.g., SCAT) used to evaluate patients for a concussion and perform an examination using such tools.
- 46. Students will evaluate an existing concussion policy against current best practice recommendations.
- 47. Students will recognize thermal, lightning, and other environmental emergencies and provide appropriate recommendations.
- 48. Students will monitor and evaluate environmental conditions and make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.
- 49. Students will select, fit, and remove protective equipment to minimize the risk of injury or re-injury.
- 50. Students will explain the basic principles associated with the use of protective equipment, including standards for the design, construction, fit, maintenance, and reconditioning of protective equipment.
- 51. Students will describe the purpose and components of strategies that promote prompt and effective response to emergency situations, including emergency action plans and the medical timeout.
- 52. Students will develop venue-specific emergency action plans to streamline response and management of medical emergencies and other critical incidents.
- 53. Students will educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, and performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.
- 54. Students will be able to integrate the ICF framework into lower extremity injury evaluations in the clinical setting.
- 55. Students will be able to demonstrate evaluation and management skills for

- assessment of acute lower extremity injuries.
- 56. Students will be able to demonstrate the ability to complete a simulated clinical evaluation of a lower extremity injury.
- 57. Students will be able to perform a simulated concussion assessment.
- 58. Students will be able to research and present information regarding strengths and weaknesses of electronic medical records systems.
- 59. Students will be able to articulate standard policies and procedures regarding traumatic brain injury management and return to play.
- 60. Students will be able to integrate the ICF framework into upper extremity injury evaluations in the clinical setting.
- 61. Students will be able to demonstrate evaluation and management skills for assessment of acute upper extremity injuries.
- 62. Students will be able to demonstrate the ability to complete a simulated clinical evaluation of an upper extremity injury.
- 63. Students will be able to research and present information regarding strengths and weaknesses of electronic medical records systems.
- 64. Students will be able to incorporate patient education techniques and self-care programs to engage patients and their families/friends to participation in their care and recovery via lab-based simulations.
- 65. Students will be able to identify concepts of Evidence Based Medicine that can be utilized to inform practice.
- 66. Students will be able to identify ways to utilize quality assurance systems to enhance patient care.
- 67. Students will identify the need for and ways to provide data privacy protection and data security while using electronic health records in treatment documentation.
- 68. Students will be able to develop a care plan for an injured simulated patient.
- 69. Students will be able to select therapeutic exercise, joint mobilization, and/or soft tissue techniques for given situations.
- 70. Students will be able to identify the elements associated with management and return to activity protocols associated with concussion or other brain

injury.

- 71. Students will be able to demonstrate understanding of injury risk and develop, implement, and assessment programming for injuries.
- 72. Students will be able to identify elements necessary to the development, implementation, and supervision of comprehensive programs to maximize sport performance for injured athletes.
- 73. Students will be able to measure and assess physiologic response to exercise and make recommendations associated with injury prevention and performance enhancement.
- 74. Students will be able to discuss various patient-file management systems for documentation of patient care.
- **75.** Students will be able to identify health care delivery strategies for use with specific patient populations.
- 76. Students will be able to integrate patient education and self-care into rehabilitation program design.
- 77. Students will be able to articulate the roles of other health care providers in the rehabilitation process.
- 78. Students will be capable of providing athletic training services in a manner that uses evidence to inform practice.
- 79. Students will be able to implement quality assurance into rehabilitation plans.
- 80. Students will utilize referenced data to augment a simulated plan of care for a given athletic injury.
- 81. Students will develop a plan for utilization of therapeutic modalities in the care plan for a theoretical patient.
- 82. Students will demonstrate the ability to understand and perform, when appropriate, necessary diagnostic and laboratory test.
- 83. Students will select soft tissue techniques to integrate into home care management plans.
- 84. Students will plan the management protocols associated with concussion or other brain injury.
- 85. Students will be able to identify instruments that measure and assess

- physiologic response to exercise and use these instruments to make recommendations associated with prevention, intervention, and performance enhancement.
- 86. Students will be able to address social determinants of health and self-care in rehabilitation program design.
- 87. Students will be able to integrate patient education and self-care into rehabilitation program design.
- 88. Students will demonstrate the use of evidence to inform decision making in rehabilitation program design.
- 89. Students will implement quality assurance into rehabilitation program design.
- 90. Students will utilize data to assess utility of rehabilitation program instruments for effectiveness.
- 91. Students will develop a plan for the utilization of therapeutic modalities in the plan of care for a simulated patient.
- 92. Students will be able to obtain the necessary and appropriate diagnostic tests to facilitate comprehensive treatment plans.
- 93. Students will demonstrate appropriate gait training and therapeutic modalities selection and usage.
- 94. Students will develop simulated plan of care programs for risk reduction of assigned injuries.
- 95. Students will develop comprehensive programs to maximize sport performance upon return to play following athletic injury/illness.
- 96. Students will utilize physiologic monitoring systems and translate data into effective clinical interventions as part of a simulated rehabilitation program.
- 97. Students will utilize a comprehensive patient-file management system from a clinical experience to demonstrate documentation of a patient care treatment plan.
- 98. Students will define evidence-based practice, including the tenets of best research evidence, clinical expertise, and patient values.
- 99. Students will describe the five steps of evidence-based practice.
- 100. Students will develop/create a clinical question using the PICO or PICOT

format.

- 101. Students will search online databases and retrieve literature/evidence pertaining to specific clinical questions to drive informed decisions.
- 102. Students will critically analyze and appraise literature related to their practice using an evidence grid, checklist, and/or selected framework.
- 103. Students will interpret measures of diagnostic accuracy.
- 104. Students will discuss how evidence-based practice promotes advocacy for patients and clients.
- 105. Students will define key quality improvement principles.
- 106. Students will identify an area needing system improvement and create an aim using the S.M.A.R.T. method.
- 107. Students will describe the Plan-Do-Study-Act cycle and its value in measuring changes within a system; apply the Plan-Do-Study-Act cycle to a system improvement initiative.
- 108. Students will develop a quality improvement project related to a healthcare system or personal advancement.
- 109. Students will describe moral, ethical, and cultural issues related to scientific inquiry.
- 110. Students will identify and describe the steps of the research process.
- 111. Students will understand quantitative, qualitative, and mixed methods approaches to research.
- 112. Students will identify types of research that are descriptive, exploratory, and explanatory in nature.
- 113. Students will describe how to formulate an answerable research question.
- 114. Students will describe methods of subject sampling and recruitment.
- 115. Students will discuss common threats to internal and external validity.
- 116. Students will explain concepts of validity, including but not limited to face, content, criterion, and construct validity.
- 117. Students will explain measures of reliability, including but not limited to test-

- retest, rater, and internal consistency.
- 118. Students will perform a critical analysis of a published research article.
- 119. Students will interpret the results of an original research study.
- 120. Students will evaluate which research design is suitable for different research questions within health care fields.
- 121. Students will examine local, state, and federal laws regarding the practice of athletic training and compare them.
- 122. Students will advocate for the profession by educating a potential practice setting about AT services.
- 123. Students will select and use interventions for patients in various places in the care plan (pre-op, post-op, nonsurgical) to support the agreed-upon care plan.
- 124. Students will identify strategies to mitigate the risk for long-term health conditions, including but not limited to: adrenal diseases, cardiovascular disease, diabetes, neurocognitive disease, obesity, and osteoarthritis.
- 125. Students will analyze and revise their clinical site's preparticipation exam procedures.
- 126. Students will describe the effects, participation consequences, and risks of misuse or abuse of various drugs.
- 127. Students will evaluate the use of biometric and physiological monitoring systems for use in prevention, clinical interventions, and performance enhancement.
- 128. Students will document patient records in a patient-management or electronic medical record system using standard codes to maintain a record for the patient and health insurance.
- 129. Students will discuss physician relationships and how to build them for directing and collaborating according to state statutes, rules, and regulations.
- 130. Students will evaluate a patient presenting with concussion symptoms and provide a diagnosis, treatment plan, and return to activity and learn plans.
- 131. Students will develop concussion and other brain related injury policies for their clinical site(s).
- 132. Students will uphold the ethical standards of the profession.

- 133. Students will describe pharmacological interventions for various conditions at an appropriate health literacy level.
- 134. Students will administer medications appropriately according to organizational, local, state, and federal laws.
- 135. Students will create behavioral health plans for patients.
- 136. Students will identify strategies to mitigate the risk for long-term health conditions, including but not limited to: adrenal diseases, cardiovascular disease, diabetes, neurocognitive disease, obesity, and osteoarthritis.
- 137. Students will describe the effects, participation consequences, and risks of misuse or abuse of various drugs.
- 138. Students will perform administrative duties related to the delivery of health care services, including but not limited to: strategic planning and assessment, managing a physical facility, managing finances, managing risks, navigating multipayor systems, and implementing a model of delivery.
- 139. Students will develop policies and procedures to guide the daily operation of athletic training services.
- 140. Students will write policies and procedures on the prevention and response to medical emergencies.
- 141. Students will create policies for identifying patients experiencing behavioral health conditions.
- 142. Students will be able to utilize health care delivery strategies for use with general medical conditions in active populations.
- 143. Students will be able to articulate the roles of other health care providers in the care of active patients.
- 144. Students will be able to outline elements of appropriate professional practice, including, but not limited to, HIPAA, FERPA, Universal Precautions, and OSHA BBP Standards.
- 145. Students will be able to present elements of a care plan for general medical conditions including, but not limited to, integumentary system, HEENT, and infectious disease.
- 146. Students will be able to evaluate and manage assessment of acute general medical conditions, including but not limited to: anaphylaxis, hemorrhage, and

diabetes.

- 147. Students will be able to evaluate general medical conditions.
- 148. Students will be able to identify necessary steps to perform or obtain appropriate diagnostic or laboratory tests.
- 149. Students will be able to identify appropriate pharmacological agents involved in the treatment of common general medical conditions found in active populations.
- 150. Students will be able to describe appropriate routes of administration for different medications.
- 151. Students will be able to develop strategies to mitigate risk for non-orthopedic conditions, including adrenal disease, CV disease, and diabetes.
- 152. Students will be able to demonstrate knowledge of the effects of misuse/abuse of pharmacological agents.
- 153. Students will be able to explain the role of a supervising physician in the athletic training setting.
- 154. Students will lead an advocacy effort related to the field of athletic training that is relevant to stakeholders in their clinical setting.
- 155. Students will engage in fruitful discussions with peers regarding relevant topics, which may include unique experiences in their clinical immersion.
- 156. Students will develop and implement specific policies and procedures (e.g., Mental Health Emergency Action Plan) for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.
- 157. Students will implement patient-oriented outcome measures in clinical practice and make plan-of-care decisions based on the information gathered.
- 158. Students will summarize pertinent information related to a patient case and effectively communicate case details to an audience of peers.
- 159. Students will retrieve/digest relevant literature and lead a discussion surrounding its use in and/or impact on athletic training clinical practice.
- 160. Students will communicate effectively and appropriately with relevant stakeholders regarding administrative practices that mitigate risk (e.g., preparticipation physical examination, policies, and procedures).

- 161. Students will describe the importance of documentation in athletic training clinical practice and effectively document patient encounters in an electronic medical record (or similar) to manage health-related information and support decision-making.
- 162. Students will use medical classification systems, such as Current Procedural Codes, for reimbursement purposes.
- 163. Students will identify violations of ethical standards of the profession according to the NATA Code of Ethics and describe what it means to practice in an ethical manner.
- 164. Students will self-assess professional competence and develop/pursue a professional goal to achieve competence in a particular area of athletic training clinical practice.
- 165. Students will critically analyze policies and procedures that guide the delivery of athletic training services and make recommendations/revise accordingly to improve patient care.
- 166. Students will differentiate between different types of budgets and equipment/supplies, including capital, expendable, and non-expendable equipment/supplies.
- 167. Students will identify and describe leadership behaviors and characteristics athletic trainers should embody to advance the profession.
- 168. Students will summarize fundamentals of professional behavior and explain what it means to act professionally in the field of athletic training.
- 169. Students will understand athletic training regulation and practice acts that govern the practice of athletic training in every state.
- 170. Students will identify career goal(s) and successfully speak about professional competence and personal/professional attributes in a simulated environment.
- 171. Students will implement strategies that can resolve conflict when differences in opinion or perspective arise between athletic trainers and relevant stakeholders.

Recommended Plan of Study

1 st Semester 1 st Year	2 nd Semester 1 st Year			
KPE 500 - Foundations of AT	3 cr	KPE 501 – Clinical Experience I	3 cr	
KPE 511 - Acute & Emergency Care	4 cr	KPE 522 – Clinical Evaluation II	3 cr	
KPE 521 - Clinical Evaluation I	3 cr	KPE 531 – Therapeutic Interv I	3 cr	
KPE 551 - Research Methods for AH	3 cr	KPE 541 – EBP & QI	3 cr	

Summer between 1st & 2nd year:

May Term – KPE 502 – Clinical Experience II 3 cr

August Term – KPE 532 – Therapeutic Interventions II 3 cr

1st Semester 2nd Year	2 nd Semester 2 nd Year			
KPE 601 – Clinical Experience III	3 cr	KPE 602 - Clinical Exp IV (Imm)	6 cr	
KPE 533 – Therapeutic Interventions III KPE 641 – Gen Medicine & Pharma	4 cr 3 cr	KPE 661 – Current Topics KPE 681 – Leadership & Mgmt	3 cr 3 cr	
EHD 573 – Statistical Methods I	3 cr	EHD 699 – Thesis Advisement*	3 cr	

^{*} EHD 699 required for Thesis track students only

Retention Policy

Athletic Training Students (ATS) formally accepted into the Athletic Training Program are responsible for maintaining an academic standard consistent with the University of Maine College of Education and Human Development, the University of Maine School of Kinesiology, Physical Education, and Athletic Training, and the University of Maine Graduate School. Students progress according to the following criteria:

- Earn a minimum grade of B- for all Athletic Training courses
- Maintain an overall GPA of 3.0 or higher
- Successfully complete proficiencies and hours for each clinical education course
- Successfully complete annual Bloodborne Pathogen Training
- Maintain health updates if change in health status
- Maintain current CPR certification

If a student is unable to meet these requirements, that student will retake courses to achieve the required GPA and/or meet the minimum grade requirement for AT courses. Students that earn grades lower than a B on one or more courses in a semester will be placed on academic probation. Students that earn grades lower than a B on one or more courses while on academic probation may be dismissed from the program at the discretion of the Athletic Training faculty, Program Director, and School Director of Kinesiology, Physical Education, and Athletic Training. All outstanding work must be completed before the Program Director will endorse the ATS's BOC candidacy application.

This information is submitted to the Program Director and is maintained in the student's ATS Academic Portfolio.

The ATS will be unable to register for Athletic Training Courses if they fail to submit any of the following:

- Health update if change in health status
- Annual proof of attendance for Bloodborne Pathogen Training
- Current CPR certification

ATS progress is monitored by the Athletic Training Program Director at least two times per academic semester. This includes the following:

- a Mid-semester verbal report during advising meeting regarding current coursework
- a Mid-semester ATS Clinical Experience Evaluation and a mid-semester review of supervised hours by the Clinical Education Coordinator.

Students on probation are encouraged to meet more frequently (weekly or biweekly) with the Program Director or Clinical Education Coordinator to maintain communication of course progress. This is typically part of the contractual agreement for those on conditional acceptance. It is up to the student to initiate these meetings.

The student's academic and clinical education records are reviewed at the end of each academic semester. The ATS is then advised of the sequence of athletic training curriculum courses or repeat of prior courses as appropriate.

Course Offerings and Sequence

Following the 2 Year Course Sequence, please note that courses are typically offered only in the fall semester or only in the spring semester.

Didactic Courses: KPE 500 – Foundations of Athletic Training – 3 cr (fall)

KPE 511 – Acute and Emergency Care – 4 cr (fall)

KPE 521 – Clinical Evaluation I – 3 cr (fall) KPE 522 – Clinical Evaluation II – 3 cr (spring)

KPE 531 – Therapeutic Interventions I – 4 cr (spring) KPE 532 – Therapeutic Interventions II – 3 cr (summer) KPE 533 – Therapeutic Interventions III – 4 cr (fall)

KPE 541 – Evidence Based Practice & Quality Improvement – 3 cr (spring) KPE 551 – Research Methods for Allied Health Professionals – 3 cr (spring)

KPE 641 - General Medicine & Pharmacology - 3 cr (fall)

KPE 661 – Current Topics in Athletic Training Practice – 3 cr (spring) KPE 681 – Leadership & Management in Athletic Training – 3 cr (spring)

Clinical Courses: KPE 501 – Clinical Experience I – 3 cr (spring)

KPE 502 – Clinical Experience II – 3 cr (summer) KPE 601 – Clinical Experience III – 3 cr (fall)

KPE 602 – Clinical Experience IV (Immersion) – 3 cr (spring)

Clinical Education

In accordance with the CAATE 2020 Standards and expectations regarding clinical education, the UMaine MSAT Program provides a minimum and maximum number of hours per semester and credit hour. The University of Maine Graduate College does not have a specific policy relating credit hours to clinical hours for the graduate level student. The UMaine MSAT faculty have compared the clinical education experiences to those of students completing similar educational experiences, such as internships or student teaching. The faculty also compared hours policies from peer institutions with professional master's athletic training programs. The UMaine MSAT hour policy is as follows:

One academic credit of clinical education equates to 75-116 contact hours; a 3-credit course equates to 210-350 hours or roughly 15-25 hours per week. Most UMaine MSAT clinical education courses are 3 credits over 14 weeks of classes. The immersion clinical education experience is 6 credits over 14 weeks. One summer clinical education course will entail 3 credits over 3 weeks; for this course, the contact hour expectation is lowered due to time constraints.

Course	Credits (Term Length)	Hours (min-max) (Average 15-25 hours/week)
KPE 501	3 (14 weeks)	210 – 350
KPE 502	3 (3-4 weeks)	45 – 75
KPE 601	3 (14 weeks)	210 – 350
KPE 602 (Immersion)	6 (14 weeks)	450 - 600 (30-40 hrs/week)

AT students must be under the direct supervision of their preceptor at all times. Direct supervision means the preceptor must be physically present and able to immediately intervene when necessary. Hours logs will be submitted to the CEC on a bi-weekly basis to ensure scheduling is appropriate and hours requirements are being met. Schedules should always include one day off in seven for students.

The Athletic Training Student must complete Clinical Education courses over the course of a minimum of two academic years (4 semesters, including summer). Each Clinical Experience is associated with a Clinical Education course. Clinical Education courses have syllabi that include measurable and educational objectives and specific proficiencies that document learning over time.

The ATS will need to provide proof of background check. This will come at his/her own expense and costs between \$50 and \$100. The ATS will also need to maintain CPR/AED certification at his/her own expense. The average rate for this is between \$35 - \$50 with most recertifications costing between \$5 and \$20. Overall ancillary costs to the ATS will be \$100 - \$170 for both services.

AT students are required to receive an orientation to each clinical site. The Clinical Orientation sheet guides preceptors and students about what each student needs to know to learn safely.

University of Maine Athletic Training Program Clinical Education Orientation Form

In accordance with the 2020 CAATE Standards, specifically standard 29, the following form and items must be reviewed at the beginning of each clinical education assignment. The form must be returned to the Clinical Education Coordinator by the *end of the first week of class, unless otherwise discussed*.

Student Name:	
Preceptor Name:	
Clinical Site Location:	
Term:	
	iewed the Emergency Action Plan (EAP) for my assigned clinical site and le within the EAP.
Student initials:	Preceptor initials:
 I am awar equipment. 	e of the location, proper use, and maintenance of the emergency
Student initials:	Preceptor initials:
	nd the site's PPE requirements and the proper protocol to mitigate seases as listed in the student handbook.
Student initials:	Preceptor initials:
· I have bee	en given a tour of all facilities that may be used during this clinical rotation
Student initials:	Preceptor initials:
	en introduced to the documentation practices for this site, as well as my documenting patient evaluations and treatments.
Student initials:	Preceptor initials:
 I understa incidents. 	nd the BBP procedures and location of materials needed to manage
Student initials:	Preceptor initials:
· I have rev	iewed and understand the HIPAA/FERPA policy as it applies to this site.
Student initials:	Preceptor initials:

Clinical Experiences

Purpose

The athletic training clinical experience is designed to provide the ATS with hands-on experiences in real life situations that healthcare providers experience daily. The ATS will observe or/and participate in a variety of healthcare settings. The clinical experience is designed for the ATS to apply classroom knowledge to patient care.

Clinical Education Courses

KPE 501: Clinical Experience I

KPE 501 is designed to be the first course in the clinical rotation and support the integration of classroom learning to clinical application. The class will be structured based on prior prerequisites. It is the first in a sequential course series. The content of the course focuses on emergency care and lower extremity evaluation skills.

Offered in the fall semester.

Students accumulate 210-350 hours under the direct supervision of Athletic Training Program preceptors.

Prerequisites: KPE 500, KPE 511, KPE 521, KPE 551. Credit Hours: 3

KPE 502: Clinical Experience II

KPE 502 is designed to be the second course in the clinical rotation and support the integration of classroom learning to clinical application. The class will be structured based on the courses completed and passed previously. It is the second in a sequential course series. The content of the course focuses on lower extremity evaluation, quality improvement, therapeutic interventions, and evidence-based practice.

Offered in May term.

Students accumulate 45-75 hours under the direct supervision of Athletic Training Program preceptors.

Prerequisites: KPE 501. Credit Hours: 3

KPE 601 Clinical Experience III

KPE 601 is designed to be in the clinical rotation and classroom and support the integration of classroom learning to clinical application. The class will be structured based on the courses completed and passed in the fall semester. It is the third in a sequential course series. The content of the course focuses on therapeutic interventions, leadership, and organization.

Offered in the fall semester.

Students accumulate 210 - 350 hours under the direct supervision of Athletic Training Program preceptors.

Prerequisites: KPE 502. Credit Hours: 3

KPE 602 Clinical Experience IV (Immersion)

KPE 602 is designed to be in the clinical rotation and classroom and support the integration of the program's learning to clinical application. It is an immersion clinical course, meaning the student will spend most of their time in the clinical setting applying their knowledge and skills to prepare for entry to the profession. The class will be structured based on the courses completed and passed in the program, with an emphasis on those completed in the previous fall semester. It is the last in a sequential course series. The content of the course focuses on therapeutic interventions, ethics, general medical conditions, and athletic training administration and BOC Examination Prep.

Offered in the spring semester.

Students accumulate 450-600 hours under the direct supervision of Athletic Training Program preceptors.

Prerequisites: KPE 601 Credit Hours: 6

Clinical Experience Rotations

Each ATS is required to complete a minimum of 915 supervised clinical experience hours through clinical education courses.

KPE 501 Clinical Experience I 210-350 hours KPE 502 Clinical Experience II 45-75 hours KPE 601 Clinical Experience III 210-350 hours KPE 602 Clinical Experience IV – Immersion 450-600 hours

Second year students may volunteer to begin their KPE 601 clinical experience before the fall semester begins, working with preseason sports/preceptors while enrolled in KPE 532. This is not mandatory, but an opportunity to have a valuable experience and complete some of the clinical hours before fall semester classes begin. Students interested will meet with the Clinical Education Coordinator and Program Director during the previous spring semester to discuss this option.

Each ATS must experience patient care in sports populations and in general medical settings. Students will not be discriminated against based on sex, ethnicity, religious affiliation, or sexual orientation.

ATS students are responsible for keeping accurate and honest records of attendance on a biweekly basis. The preceptor responsible for each student will sign off on documented hours. ATSs must be allowed one day off per seven-day week. ATSs will present biweekly hours logs to the Clinical Education Coordinator for review to ensure compliance. Failure to adhere to clinical hour requirements may lead to programmatic probation and/or removal from the clinical experience. Students cannot receive any monetary remuneration during clinical experiences, excluding scholarships.

All ATSs must complete bloodborne pathogen training. Proof of successful completion must be provided (e.g., certification card, scored bloodborne pathogen exam, etc.) Failure to successfully complete this training will lead to postponed initiation of the ATSs' clinical experience and potential failure of affiliated coursework. ATSs are strongly encouraged to purchase professional liability insurance for protection against the unexpected.

Each clinical site will be required to describe how to differentiate between certified ATs and ATSs. The program's recommendation is to require ATSs to wear ID badges dictating their student status.

All ATSs must review the Technical Standards annually and report any changes. They must also review the Communicable Disease Policy and sign that annually.

Clinical experience assignments will be given to ATSs as soon as prerequisites are verified. This is completed by the Clinical Education Coordinator and/or Program Director. The mode of notification is typically by email.

Athletic Training Clinical Site Policies

The athletic training clinics are medical facilities. One of the attractions of working in this environment is the sometimes relaxed and casual atmosphere. Be very aware of this and do not allow the atmosphere to compromise your professional standards and work ethic.

Athletic Training Student Responsibilities

The athletic training students' responsibilities consist of the following:

- 1. Assist the preceptor with medical support.
- 2. Assist with daily record keeping, treatment logs, injury evaluations, etc.
- 3. Evaluation and treatment of patients (appropriate to skill and knowledge level) while under preceptor supervision. Obtain approval for all treatments from your preceptor.
- 4. Practice universal precautions and maintain excellent sanitary conditions in all procedures.
- 5. Assist the medical team in maintaining confidentiality. Respect the right of confidentiality of the patients and their medical conditions. This includes any form of social media. Follow HIPAA guidelines.
- 6. Perform daily athletic training room duties to include but not limited to cleaning, equipment upkeep, etc.
- 7. Schedule time and perform skills with a preceptor.

Athletic Training Facility Rules

The rules for athletic training students vary with differing clinical sites. All rules at a particular site should be observed at all times. In addition, the following general rules should be followed regardless of clinical site:

- 1. You should have no food or drink in the athletic training clinic. It is a healthcare facility.
- 2. No profanity in the athletic training clinic.
- 3. Adhere to your site's policies and procedures manual and clinical site dress codes.
- 4. Attendance is required and exceptions for valid obligations should be addressed with your preceptor and the Clinical Education Coordinator in advance.
- 5. All supplies and equipment are the property of your clinical site. Do not use materials without permission and never waste materials.
- 6. A professional and courteous demeanor is required while in the clinic.
- 7. Computers in the athletic training clinic at each site are for athletic training purposes only and students are not to be surfing the internet, checking email, Facebook, etc.
- 8. **Do not use your cell phones while on duty**. In case of an emergency, leave the facility to take care of the call.

Daily Athletic Training Clinic Duties

The daily athletic training clinic duties vary with each clinical site. All duties at a particular site should be maintained daily. Clerical and practice setup/takedown duties are never fun but are a standard part of athletic training in most settings. The following general duties are recommended for athletic training students at each site.

- 1. Always keep the athletic training clinic clean.
- 2. Keep athletic training kits stocked and ready for field use at any time.
- 3. Maintain complete injury reports and daily treatment forms.
- 4. Administer necessary first aid.
- Restock supplies.
- 6. Clean all machines, counters, and areas that receive general use.

- 7. Stock ice cups, ice bags, etc. as per each site.
- 8. Clean all coolers and store properly after each use.
- 9. Clean tables and rehab equipment.
- 10. Conduct adequate rehab programs to help prevent re-injury.

Relationships with Medical Staff

The athletic training student is to maintain a respectful and professional relationship with the medical staff at all times. This includes staff athletic trainers, athletic training students, students, physicians, EMT's, nurses, and any other support staff they should encounter. For the medical team to operate efficiently it is important that in the clinical setting the chain of command be followed.

Relationships beyond professional with any athletic training student, medical staff, coaching staff, athlete, patient, etc. is not allowed. Students who are involved in such relationships may be dismissed from the UMaine Athletic Training program.

- 1. There is no place in the athletic training clinic for personal relationships.
- 2. Athletes do not dictate their treatment.
- 3. Do not extend special privileges to individual patients. All patients should be treated equally, regardless of race, gender, sport, or team status.
- 4. Do not discuss injuries with patients regarding other patients.
- 5. Be careful of what you discuss with a patient regarding their injury without proper instruction from your preceptor.
- 6. All patients should be treated in a professional manner, even if they do not act in a respectful manner. Treat them and then discuss this with your preceptor.
- 7. Do not do things for patients against staff policy. NEVER COVER FOR A PATIENT.

Clinical Experience Standards and Guidelines

While it is sometimes difficult to balance clinical experiences with the rest of college life, it is important to learn how. The following standards will assist you with this challenge:

- You are required to complete approximately 10 40 clinical experience hours per week, dependent upon the specific experience and course you are in. Work with your preceptor to create a schedule that will enable you to stay within these boundaries.
- Clinical experiences are a large part of your academic coursework! Missed clinical experience time is considered an absence. Repeated unexcused absences will result in course failure.
- Being late to a clinical experience is considered an unexcused absence.
- It is perfectly appropriate to request "time off" when it is in your best academic interests. Professionally, you should have an alternate plan for your supervisor (i.e., a replacement, or taking time during slow times).
- It is also appropriate to take time for family obligations. Plan accordingly with your preceptor at the beginning of the semester so you can schedule these (i.e., family weddings, etc.).
- Activities including, but not limited to, outside jobs and fraternity and sorority functions
 are not to come in the way of your clinical experience. Plan accordingly with your
 preceptor. If you cannot fulfill a scheduled clinical experience session due to a conflict
 such as those listed above, it will count as an unexcused absence.
 - Bottom line Clinical Education courses are a top priority!
- Communicate with your preceptor. Let them know your needs both in the clinical experience and outside the clinical experience.

- If you are ill, please consult your preceptor to determine if you should work with patients that day. Refer to the "Active Communicable Disease Policy" for more information.
- If classes are canceled due to inclement weather, you are not to attend your clinical experience. It is a safety issue. UMaine cancels classes so that the campus is safe.

Non-University of Maine Clinical Experience Site

Typically, you will complete at least one aspect of your Clinical Experiences off campus. You will be expected to travel to this site for your experience. To ensure continuity of educational practices, your preceptor at each off-campus site has been trained and is familiar with the UMaine Athletic Training Program. They are committed to providing a positive learning environment for you. If you have any questions regarding this, please contact the Athletic Training Program Director or Clinical Education Coordinator.

General Policies and Procedures

Active Communicable Disease and Clinical Experiences

Athletic Training Students (ATS) with active communicable diseases are assessed on an individual basis. Consideration for allowing the ATS to proceed with patient contact is based on the safety of the Athletic Training Student and the patient. The student will be removed from such contacts until the student is no longer contagious.

Blood Borne Pathogen Training and Clinical Experiences

Each ATS is required to attend a minimum of one blood borne pathogen control education session each academic year. The program is organized by the Athletic Training Program Director and Clinical Education Coordinator. University of Maine blood borne pathogen guidelines will be taught for this education session. These include guidelines mandated by OSHA. Students assigned to Clinical Experiences off campus will be introduced to that site's Exposure Control plan.

No student will begin a clinical experience until successfully completing a blood borne pathogen training session approved by the Program Director. Each student must submit proof of successful completion from the instructor or by a signed certification card.

Competitive Admissions

Application to the graduate program is a competitive process. Review of applications for the following year cohort begins on February 1st, and priority is given to complete applications submitted by that time. Applicants must demonstrate successful completion of all prerequisite course work and completion of a degree at the baccalaureate level by the beginning of courses the following fall (an exception to the degree requirement is provided to undergraduate students participating in the accelerated 3+2 program). To be considered for admission, students must demonstrate an undergraduate grade point average of 2.50 on a 4.00 scale (or institutional equivalent). All prerequisite coursework should be completed with a grade of a C+ or better. Prospective students that do not meet minimum grade requirements in no more than one course, may be conditionally admitted to the program under probationary status. Students must demonstrate completion of laboratory components in the prerequisite courses of physics. chemistry, and anatomy & physiology. Students apply to the program through the University of Maine Graduate School application process (https://umaine.edu/graduate/apply/) and are required to submit undergraduate transcripts and a minimum of one letter of recommendation. To reduce potential systemic inequities, standardized test scores are not required. Faculty will review completed applications and decide upon acceptance. Accepted students will be notified by the University of Maine Graduate School.

Financial Aid

Financial aid may be available to students. Further information, including information about scholarship and assistantships can be found at the following web page: https://umaine.edu/stuaid/students/graduate-students/.

Grade Policies

Students are expected to earn grades of B or better in all graduate courses in the program. Students that earn a grade of B- or less may be placed on academic probation and dismissed from the program if more low grades are earned. Students that score grades of C+ or lower on core athletic training courses will have to retake the courses and earn a higher grade to complete the program.

Graduation

Students must complete all aspects of the curriculum before being approved to graduate. This includes all coursework and clinical experiences, including the immersive experience. Students that enroll in the thesis track option will be expected to complete and defend a piece of original research to a committee of at least three professionals, at least two of which must be faculty members at the University of Maine. Students are encouraged to work with their academic advisors to ensure all academic requirements are met in order to be eligible to graduate.

Immunization Requirements

The University of Maine System (consistent with Maine law) requires all students to be immunized against certain diseases and submit official immunization records prior to attending classes or participating in university activities. Copies of immunization records will be submitted by students as part of KPE 500 and stored in student portfolios. Students MUST have copies of their immunizations on hand prior to beginning clinical experiences. More information about university requirements can be found at the following web page: https://studentrecords.umaine.edu/policies/immunizations/.

Nondiscrimination Policy

The University of Maine is an equal opportunity/affirmative action institution. In complying with the letter and spirit of applicable laws and pursuing its own goals of diversity, the University of Maine System does not discriminate on the grounds of race, color, religion, sex, sexual orientation, transgender status, gender, gender identity or expression, ethnicity, national origin, citizenship status, familial status, ancestry, age, disability – physical or mental, genetic information, or veterans or military status in employment, education, and all other programs and activities. The university provides reasonable accommodations to qualified individuals with disabilities upon request. The following person has been designated to handle inquiries regarding non-discrimination policies: Director of Equal Opportunity, 101 Boudreau Hall, University of Maine, Orono, ME 04467-5754. Ph: 207-581-1226, TTY 711 (Maine Relay System). More information is available at the following webpage: https://umaine.edu/eo/.

Prerequisite Coursework

All students must submit proof of completion of prerequisite coursework before beginning graduate work in the athletic training program at the University of Maine. Coursework must be completed with a minimum grade of C+ in each of the following areas:

Biology Human Nutrition

Chemistry Biomechanics & Kinesiology

Physics Exercise Physiology
Psychology Anatomy & Physiology

Confidentiality

All athletic training students must adhere to the following Confidentiality Statement and to HIPAA Privacy rules. Students will undergo annual HIPAA and FERPA training through the College of Education and Human Development.

As a healthcare professional, it is the law that you withhold any information which you acquire either professionally or socially that is considered "professionally confidential." This includes any information you hear in athletic training clinics, physicians' offices, locker rooms, or other. Information regarding an athlete's medical condition, treatment of this medical condition, or any other patient information that is not considered public information is not to be discussed with anyone other than your immediate supervisor. Please adhere to this policy as a breach of confidentiality will lead to dismissal from any further clinical education opportunities.

Dress Code

Students not meeting the dress code for an assigned clinical experience will be asked to leave the clinical site for the day and a formal written complaint will be sent to the Program Director and Clinical Education Coordinator. It will be noted in the student's academic file. Multiple infractions may lead to probation and/or dismissal from the Athletic Training Program.

Inclement Weather

If classes are canceled due to inclement weather, athletic training students are **not** to attend clinical experiences. Remember, clinical experience is a class and classes are canceled to keep you safe by staying off the roads and sidewalks.

Liability Insurance

The Athletic Training Students and Sports Medicine Staff of the University of Maine are covered with malpractice liability insurance through General Star Indemnity under the Excess Policy. A copy of this information is available upon request. Students are covered only when enrolled in Clinical Skills classes and those classes are in session.

Probation

Probation is a time for the Athletic Training Student to improve grades and/or behavior in order to stay in the Athletic Training Program. Probation is typically a one semester period when the student works toward a goal(s) established by the ATS and the Program Director. If the student does not meet such goals, s/he may be dismissed from the program. A student can be placed on probation at the discretion of the Program Director for violation of clinical experience policies and/or failure to maintain course grades of B or better in all UMaine graduate courses. Failure to successfully satisfy requirements for removal of probationary status within the probationary period may lead to dismissal.

Professionalism

A preceptor may feel an ATS is not presenting himself/herself within the scope of ATS professionalism. This could include language, personal presentation, or emotional intellect, but is not limited to those. The preceptor must document the activity and meet with both the ATS and Program Director or Clinical Education Coordinator. If all parties feel the ATS acted/spoke inappropriately, s/he will be put on probation and a formal written complaint will be filed in the student's academic file. Two professionalism infractions may lead to dismissal from the Athletic Training Program. Should the unprofessional behavior be deemed particularly egregious, for example, risking the health and safety of a patient, the student may be removed from the clinical experience and/or dismissed from the program immediately.

Supervised Clinical Experience and Observations

Direct supervision means the preceptor is available to immediately intervene if needed. An athletic training student in noncompliance of the Direct Supervision Standard will be warned one time and a written complaint will be filed in their academic file. If found in noncompliance again, the athletic training student will be dismissed from the Athletic Training Program.

Student and Faculty Grievance Policy and Procedures

University of Maine faculty can access procedures for processing a grievance via the University of Maine's Human Resources web page (http://umaine.edu/hr/files/2012/07/afumcba1.pdf).

Students can access procedures for processing grievances via the University of Maine's Student Handbook web page (http://umaine.edu/handbook/policies-regulations/student-administrative-appeal-policy/).

Therapeutic Modality Maintenance and Use

All therapeutic modalities used in didactic and clinical courses and those used at clinical experience sites will be calibrated and maintained according to the manufacturer's guidelines. Documentation of calibration and maintenance will be stored within the AT program's records and available upon request. Records will include all modalities in Lengyel Hall and those present at clinical sites.

Athletic Training Students shall not use electrotherapeutic modalities during Clinical Experiences prior to completing KPE 531: Therapeutic Interventions I. Therapeutic modalities include but are not limited to electrotherapy stimulation, ultrasound, LASER, manual therapies, and mechanical traction.

Students found using therapeutic modalities without completing the appropriate coursework will be given a warning and a formal written complaint will go in their academic file. If found using therapeutic modalities after that warning the student will be dismissed from the Athletic Training Program.

Technical Standards

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

University of Maine athletic training students must demonstrate:

1. The intellectual capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.

- 2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.
- 3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
- 4. The ability to record the physical examination results and a treatment plan clearly and accurately.
- 5. The capacity to maintain composure and continue to function well during periods of high stress.
- 6. The perseverance, diligence, and commitment to complete the athletic training education program as outlined and sequenced.
- 7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
- 8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
- 9. Students must maintain personal appearance and hygiene conducive to classroom and clinic settings.
- 10. Students must annually complete OSHA- regulated Bloodborne Pathogen Exposure Training and complete the Hepatitis B Vaccine series or have a written denial on file.
- 11. Students must annually pass a cardiopulmonary resuscitation course at the health professional level.
- 12. Students must maintain class standards for course completion throughout the curriculum.

Typical skills needed to complete the technical standards:

- 1. Students typically sit for 2-10 hours daily in the classroom.
- 2. Students stand for 1-2 hours daily at clinical assignments and must be able to ambulate 10 yards at 2 miles per hour indoor or outdoor over rough terrain.
- 3. Students frequently lift less than 10 pounds and occasionally lift between 10-20 pounds overhead.
- 4. Students occasionally carry up to 25-30 pounds while walking up to 10-20 feet.

- 5. Students frequently exert 25 pounds of push/pull forces to objects up to 50 feet.
- 6. Students frequently twist, bend, stoop and kneel on the floor for up to 15 minutes.
- 7. Students frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.
- Students frequently stand and walk while providing support to a patient.
- 9. Students frequently coordinate verbal and manual activities with gross motor activities.
- 10. Students use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat injured athletes.
- 11. Students often work within an electrical field.
- 12. Students often will need to have 20/40 visions to correctly see activities across the field, court, or mat.
- 13. Students frequently need basic neurological function to perceive hot, cold, change in contour of surface/body part, and to maintain 10 pounds of grip strength for 30 seconds.
- 14. Students need to possess the ability to make and execute quick, appropriate, and accurate decisions in a stressful environment.

Transfer Student (Admissions Policy)

Students transferring into the University of Maine Athletic Training Program must meet all admission requirements. Students must complete all clinical courses at the University of Maine, including all courses in the clinical sequence. Equivalent transfer course submissions will be reviewed by University of Maine Student Records for acceptance. Transfer courses must meet ALL associated outcomes and standards for their University of Maine course to be accepted.

Work-Study Policy and Procedures

Athletic Training Students who qualify for federal work-study are encouraged to utilize this funding. They cannot receive work study funds while in a clinical experience associated with a clinical education course. Athletic training students are reminded that neither work-study nor outside employment are to interfere with educational commitments. The Office of Student Employment is responsible for disseminating the University of Maine's Work Study Policy.

Academic Calendar & Catalog

The Athletic Training program follows the academic calendar of the University of Maine. Courses are offered in the Fall, Spring, and Summer terms. More information can be found at the following web page: http://catalog.umaine.edu/content.php?catoid=89&navoid=3892.

Program Costs

Tuition information for the University of Maine Graduate School can be found at the following web link: https://umaine.edu/stuaid/estimating-costs-to-attend-graduate-students/

Students may also incur additional costs that are required for programmatic completion, including a one-time charge of \$90 for use of the A-Track educational documentation system. The ATS will need to provide proof of background check. This will come at their own expense and costs between \$50 and \$100. The ATS will also need to maintain CPR/AED certification at their own expense. The average rate for this is between \$35 - \$50 with most recertifications costing between \$5 and \$20. Overall ancillary costs to the ATS will be \$100 - \$170 for both services.

Additionally, students may expect added costs for textbooks, clothing to satisfy professional expectations at clinical experience sites, and transportation to off-campus clinical experience sites. The average cost varies between \$150-200 per semester but may be higher.

Background Check

As part of KPE 500, students will complete fingerprinting and background checks. This is a requirement that must be completed prior to beginning clinical experiences in KPE 501. Athletic Training Students may be placed in public schools, which require CHRC background checks per the Maine Department of Education. Students that do not complete or pass background checks will not be allowed to begin clinical coursework during the second semester in the program.

Student Evaluations

All students will be evaluated using the following criteria and scale. The scale below is provided for your information and <u>can be accessed here</u> if you need to return to it during the survey. This scale is based on the <u>AT Milestones Project Levels</u> and describes a beginning learner, an intermediate learner, and a graduating learner. There are also places for critical deficiencies and inability to observe.

Critically Deficient: The student displays a lack of knowledge, awareness, and skill development that requires attention immediately. This will not typically be seen; first-year, first-semester students should not be displaying a critically deficient skill level.

Beginning Learner: Observations and evidence indicate that the knowledge, skills, and behaviors are beginning to develop. The student shows little understanding of the concepts related to the topic. The knowledge and skills are known but the student requires more work on the fundamental skills with the preceptor's support in order to continue growing. Typically seen in younger students just being exposed or applying knowledge and skills.

Intermediate Learner: Observations and evidence indicate that knowledge, skills, and behaviors have emerged but performance is limited in scope, consistency, and/or application. The student is showing more understanding of the concepts listed, but the application is limited and requires direction from the preceptor to complete. This is the level expected from an average student who has been exposed to the content in previous courses. Most first-year students may be here by the end of their first year. Second-year students may be in the higher aspects of this range, depending on the skill and the individual. Gaining Competence is the bridge between intermediate and competent.

Competent/Graduating Learner: Typically described as ready for unsupervised practice. This is appropriate for our higher-level learners who have progressed through the clinical course series. Observations and evidence indicate that performances are at the level expected for entry-level certified athletic trainers. The student is able to communicate their knowledge and apply it consistently with little input from the preceptor. When faced with a challenge, the student can describe the situation and how to improve either the situation itself or their skills.

KPE 501 Student Evaluation

Students will differentiate qualities of effective and ineffective communication with patients, patients' social support, peers, supervisors, stakeholders, and other health care providers.

Please rate the student's respect for and ability to work collaboratively with the following stakeholders:

Respect may mean how they interact with each person and their role, the ability to communicate effectively, appropriate level of interaction, and/or their willingness to engage with each role.

	Frequen tly rude; causes discomf ort or distrust (criticall y deficient)	Observ es commo n courtesi es (beg. learner)	Conscientio us, polite, engaged with the person (intermediat e learner)	Shows improvem ent in respect and collab. with the person (Gaining comp.)	Very conscientious of others; always polite (Competent/ graduating learner)	Unabl e to eval.
Patients						
	U	O	O	O	O	O
Peers	0	0	0	0	0	0
Supervisors/ Preceptors	0	0	0	0	0	0
Other collaborating health care providers	0	0	0	0	0	0

Students will use data from their clinical practice or clinical site to make informed decisions about various domains of athletic training.

Please rate the student's ability in the following areas:

	Criticall y deficie nt	Knows basics on information; needs more encouragem ent to engage than not (beginning learner)	Solid background in the area, applies skills more often than not with little encouragem ent (intermediate learner)	Able to demonstrat e the integration of the skill well (gaining competenc y)	Demonstrates confidence in the skill/knowledge, needs no encouragement or direction for use in clinical practice (competent/gradua ting learner)	Unable to evaluat e
Knowledg e of anatomy and pathologie s	0	0	0	0	0	0

Students will identify, evaluate, and manage patients with acute conditions, including but not limited to: cardiac compromise, respiratory compromise, environmental conditions, cervical spine injuries, traumatic brain injury, internal and external hemorrhage, fractures, dislocations, anaphylaxis, exertional sickling, rhabdomyolysis, hyponatremia, diabetes, drug overdose, wounds, testicular injury, and other musculoskeletal injuries.

Please rate the student on the following:

	Critical ly Deficie nt	Displays basic knowledge of conditions or manageme nt of them (beginning learner)	Able to identify and manage basic EAP protocols on own until AT arrives (intermedia te learner)	Able to identify and manage most conditions with help from the AT; able to clearly articulate EAP and their role (gaining competenc e)	Able to ID and manage conditions within EAP protocols on own with little input from AT (graduating/compet ent learner)	Unable to eval.
Recognition of emergent cardiac conditions	0	0	0	0	0	0
Recognition of environmental emergencies	0	0	0	0	0	0

Recognition of respiratory emergencies	0	0	0	0	0	0
Management of emergent conditions	0	0	0	0	0	0
Knowledge of site-specific EAP	0	0	0	0	0	0

Students will uphold the ethical standards of the profession.

Athletic trainers must practice in compliance with the BOC Standards of Practice, as well as institutional, local, state, and federal laws, regulations, rules, and guidelines.

Please rate the student's compliance with the following:

	Criticall y deficie nt	Frequent inability to uphold the expectatio ns (beginning learner)	Occasional inability to uphold the expectation s; has basic understanding of the expectation s (intermediat e learner)	General understandi ng of the implications of rules, regulations, and guidelines on clinical practice (gaining competence)	Full ability and understanding of the practice implications of the various rules, regulations, and guidelines (competent/graduat ing learner)	Unable to evaluate
BOC Standards of Practice	0	0	0	0	0	0
Institutional regulations	0	0	0	0	0	0
State of Maine laws	0	0	0	0	0	0

Please rate the student's compliance with FERPA and HIPAA policies and regulations.

	Inability to follow HIPAA and FERPA guideline s regardin g patient informati on (critically deficient)	Recurren t violations of patient privacy in various settings (beginnin g learner)	Few violations of patient privacy (intermedia te learner)	Rare violations of patient privacy (gaining competenc e)	No violations of HIPAA and FERPA regulations (competent/graduat ing learner)	Unable to evaluate
--	--	---	---	--	--	--------------------------

Students will examine with intent to provide a diagnosis for patients with health conditions related to the following: cardiovascular system, endocrine system, gastrointestinal system, eyes, ears, nose, throat, mouth, teeth, genitourinary system, integumentary system, mental status, neurological system, pain level, reproductive system, and respiratory system.

Criticall y deficien t	Able to identify common general medical condition s and emergen t condition s (beginnin g	Able to identify and provide immediate treatment and plan for conditions related to: (intermediate learner)	Able to identify, diagnose, and provide immediate treatment/pl an for conditions (gaining competenc e)	Able to diagnose, treat, plan, and respond appropriately to conditions (competent/gradu ating learner)	Unable to evaluat e
	g learner)	learner)			

Cardiovascu lar system

Endocrine system

GI

ENT/Face

Genitourinar y system

Integumenta ry System

Mental status

Neurological system

Reproductiv e system

Respi	ratory
sys	tem
Pain	level

Students will evaluate a patient presenting with concussion symptoms and provide a diagnosis, treatment plan, and return to activity and learn plans.

Please rate the student on the following evaluation skills

	Criticall y deficien t	Knows basics on information; needs more encouragem ent to engage than not (beginning learner)	Solid background, understandi ng, and application of knowledge (intermediat e learner)	Able to demonstra te with confidence the use of the skills in an appropriat e manner (gaining competenc e)	Competent/Gradua ting learner	Unable to evaluat e
Concussio n identificati on	0	0	0	0	0	0
Cranial nerve assessme nt	0	0	0	0	0	0
SCAT-5 (or similar concussio n assessme nt tool) Use	0	0	0	0	0	0

Students will select appropriate prophylactic, assistive, and restrictive devices that may be any of the following: durable medical equipment, orthotic devices, or taping, splinting, padding, or casting.

	Critical ly deficie nt	Able to identify devices and their uses; demonstra tes common uses (beginning learner)	Moves beyond the basic devices and applicatio ns; shows critical thinking in use of device during treatment & RTA (intermedi ate learner)	Applies device(s) appropriat ely during care plan and treatment; able to creatively think about to use and when (gaining competen ce)	Uses devices and techniques appropriately and with evidence-based practice thought process behind decision-making; includes patient in process (competent/gradu ating learner)	Unabl e to evalua te
Durable Medical Equipment						
Orthotic Devices						
Taping/Splinting/Pa dding						
Casting						

Students will document patient records in a patient-management or electronic medical record system using standard codes to maintain a record for the patient and health insurance.

	Criticall y deficient	Able to document basic informatio n; major details lacking (beginning learner)	Most detail present; some questions remain about evaluation, or treatment (intermedia te learner)	Documentati on includes all relevant information, including ICD-10 codes where applicable; (gaining competence)	All relevant information included; clear thought process and care provided detailed and evident (competent/gradua ting learner)	Unable to evaluat e
Student demonstrate d:						

Please rate the st	udent's over	all performan	ce this semeste	r	
	Critically deficient	Beginning Learner	Intermediate Learner	Gaining Competence	Competent/Graduatin g Learner
Student's performance	0	0	0	0	0

KPE 502 Student Evaluation

Students will uphold the ethical standards of the profession.

Athletic trainers must practice in compliance with the BOC Standards of Practice, as well as institutional, local, state, and federal laws, regulations, rules, and guidelines.

Please rate the student's compliance with the following:

	Criticall y deficie nt	Frequent inability to uphold the expectatio ns (beginning learner)	Occasional inability to uphold the expectation s; has basic understanding of the expectation s (intermediat e learner)	General understandi ng of the implications of rules, regulations, and guidelines on clinical practice (gaining competence)	Full ability and understanding of the practice implications of the various rules, regulations, and guidelines (competent/graduat ing learner)	Unable to evaluate
BOC Standards of Practice	0	0	0	0	0	0
Institutional regulations	0	0	0	0	0	0
State of Maine laws	0	0	0	0	0	0

Please rate the student's compliance with FERPA and HIPAA policies and regulations.

	Inability to follow HIPAA and FERPA guideline s regardin g patient informati on (critically deficient)	Recurren t violations of patient privacy in various settings (beginnin g learner)	Few violations of patient privacy (intermedia te learner)	Rare violations of patient privacy (gaining competenc e)	No violations of HIPAA and FERPA regulations (competent/graduat ing learner)	Unable to evaluate
Student demonstrate d:	0	0	0	0	0	0

Students will collaborate with patients to form an evidence-based treatment plan for an injury.

Please rate the student's ability in the following areas:

ICF Model Resources: NATA Blog, NATA Resources including infographic and template

Criticall Knows Solid Able to Demonstrates Unable

	Criticall y deficie nt.	Knows basics on information; needs more encouragem ent to engage than not (beginning learner)	Solid background in area, applies skills more often than not with little encouragem ent (int. learner)	Able to demonstr ate the integration of the skill well (gaining competen cy)	Demonstrates confidence in the skill/knowledge, needs no encouragement or direction for use in clinical practice (competent/gradu ating learner)	Unable to eval.
Patient Education	0	0	0	0	0	0
Knowledg e of upper extremity anatomy and pathologie s	0	0	0	0	0	0

Use of the ICF Model in evaluation and injury manag.	0
--	---

Students will examine with intent to provide a diagnosis for patients with health conditions related to the following: cardiovascular system, endocrine system, gastrointestinal system, eyes, ears, nose, throat, mouth, teeth, genitourinary system, integumentary system, mental status, <u>musculoskeletal system</u>, neurological system, pain level, reproductive system, and respiratory system.

Please rate the student on the following evaluation skills

	Critical ly deficie nt	Knows basics on information; needs more encouragem ent to engage than not (beginning learner)	Solid background , understandi ng, and application of knowledge (intermediat e learner)	Able to demonstr ate the skills in an appropriat e manner with confidenc e (gain. Com.)	Competent/Gradu ating learner	Unable evalua te
Upper Extremity Palpation	0	0	0	0	0	0
Upper Extremity ROM	0	0	0	0	0	0
Upper Extremity selective tissue testing	0	0	0	0	0	0
Acute Upper Extremity injury managem ent	0	0	0	0	0	0

Students will document patient records in a patient-management or electronic medical record system using standard codes to maintain a record for the patient and health insurance.

	Critically deficient	Able to document basic information; major details lacking (beginning learner)	Most detail present; some questions remain about evaluation, or treatment (intermediat e learner)	Documentatio n includes all relevant information, including ICD- 10 codes where applicable; (gaining competence)	All relevant information included; clear thought process and care provided detailed and evident (competent/graduat ing learner)	Unable to evaluate
Student demonstrated :						

Students will incorporate patient education into patient encounters.

Please rate the student's ability in the following areas:

	Criticall y deficien t	Knows basics on information; needs more encouragem ent to engage than not (beginning learner)	Solid background in the area; understandi ng and application of knowledge (intermediat e learner)	Able to demonstra te with confidence the use of the skills an appropriat e manner (gaining competenc e)	Competent/Gradu ating Learner	Unable to evaluat e
Patient Educatio n	0	0	0	0	0	0

Students will practice in collaboration with other health care providers in care planning and management

Please rate the student's respect for and ability to work collaboratively with the following stakeholders:

	Frequent ly rude; causes discomfo rt or distrust (critically deficient)	Observe s common courtesie s (beginnin g learner)	Conscientio us, polite, engaged with the person (intermediat e learner)	Shows improvem ent in respect and collaborati on with the person (Gaining competenc e)	Very conscientious of others; always polite (Competent/gradu ating learner)	Unable to evaluat e
Patients	0	0	0	0	0	0
Peers	0	0	0	0	0	0
Supervisor s/ Preceptors	0	0	0	0	0	0
Other collaborati ng health care providers	0	0	0	0	0	0

Students will develop a plan of care for each patient including sections such as, but not limited to: assessment, outcome measures, patient goals and function, referrals, and discharge.

	Criticall y Deficien t	Includes some of the following in care plans and documentati on but is vague or absent (beginning learner)	Occasional ly includes elements of each at points during the care plan (intermedi ate learner)	More indepth aspects are present; clinical reasoning for use is clear and evident (gaining competenc e)	Student includes in care plan and documentation; use and purpose is clear and documented; method in place documenting/clea ring patient (competent/gradu ating learner)	Unable to evaluat e
Assessme nt						
Outcome Measures						
Patient Goals						
Function						
Referrals						
Discharge						

Please rate the student's overall performance this semester

	Critically deficient	Beginning Learner	Intermediate Learner	Gaining Competence	Competent/Graduatin g Learner
Student's performance	0	0	0	0	0

KPE 601 Student Evaluation

Students will uphold the ethical standards of the profession.

Athletic trainers must practice in compliance with the BOC Standards of Practice, as well as institutional, local, state, and federal laws, regulations, rules, and guidelines.

Please rate the student's compliance with the following:

	Criticall y deficie nt	Frequent inability to uphold the expectatio ns (beginning learner)	Occasional inability to uphold the expectation s; has basic understanding of the expectation s (intermediat e learner)	General understandi ng of the implications of rules, regulations, and guidelines on clinical practice (gaining competence)	Full ability and understanding of the practice implications of the various rules, regulations, and guidelines (competent/graduat ing learner)	Unable to eval.
BOC Standards of Practice	0	0	0	0	0	0
Institutional regulations	0	0	0	0	0	0
State of Maine laws	0	0	0	0	0	0

Please rate the student's compliance with FERPA and HIPAA policies and regulations.

	Inability to follow HIPAA and FERPA guideline s regardin g patient informati on (critically deficient)	Recurren t violations of patient privacy in various settings (beginnin g learner)	Few violations of patient privacy (intermedia te learner)	Rare violations of patient privacy (gaining competenc e)	No violations of HIPAA and FERPA regulations (competent/graduat ing learner)	Unable to evaluate
Student demonstrate d:	0	0	0	0	0	0

Students will examine with intent to provide a diagnosis for patients with health conditions related to the following: cardiovascular system, endocrine system, gastrointestinal system, eyes, ears, nose, throat, mouth, teeth, genitourinary system, integumentary system, mental status, <u>musculoskeletal system</u>, neurological system, pain level, reproductive system, and respiratory system.

Please rate the student on the following evaluation skills

	Critical Deficie nt	Knows basics on information; needs more encourag. to engage than not (beginning learner)	Solid background , understandi ng, and application of knowledge (intermediat e learner)	Able to demonstr ate with confidenc e the use of the skills in an appropriat e manner (gaining comp.)	Competent/ Graduating learner	Unabl e to eval.
Lower extremity Palpation	0	0	0	0	0	0
Lower extremity ROM	0	0	0	0	0	0

Lower extremity selective tissue testing	0	0	0	0	0	0
Acute lower extremity injury managem ent	0	0	0	0	0	0
Assessme nt of injury risk programmi ng	0	0	0	0	0	0

Students will select and use interventions for patients in various places in the care plan (pre-op, post-op, nonsurgical) to support the agreed-upon care plan.

	Critical ly deficie nt	Able to identify what elements of a care plan are appropria te for each kind of interv. (beginnin g learner)	Demonstra te ability to select appropriat e therapeutic interventio ns for the overall care plan at the appropriat e times (intermedia te learner)	Selects, incorporates, and educates on the use and appropriaten ess of each intervention at each point in time (gaining competence)	Able to clearly reason why and when certain interventions are appropriate to each case; able to select and integrate interventions based on collaboration, clinical reasoning, etc. (competent/graduating learner)	Unabl e to evalua te
Pre-op						
Post-op						
Nonsurgi cal						

Students will document patient records in a patient-management or electronic medical record system using standard codes to maintain a record for the patient and health insurance.

Please rate the student's ability in the following areas:

	Critical ly deficie nt	Knows basics on information; needs more encouragem ent to engage than not (beginning learner)	Solid background in the area, applies skills more often than not with little encouragem ent (intermediat e learner)	Able to demonstr ate the integratio n of the skill well (gaining comp.)	Demonstrates confidence in the skill/knowledge, needs no encouragement or direction for use in clinical practice (competent/gradu ating learner)	Unable to eval.
Document s patient encounter s, evaluation s, treatments in the site- specific patient-file managem ent system	0	0	0	0	0	0

Students will evaluate a patient presenting with concussion symptoms and provide a diagnosis, treatment plan, and return to activity and learn plans.

Please rate the student on the following evaluation skills:

Criticall y deficie nt	Knows basics on information; needs more encouragem ent to engage than not (beginning learner)	Solid background , understandi ng, and application of knowledge (intermediat e learner)	Able to demonstra te with confidenc e the use of the skills in an appropriat e manner (gaining competen ce)	Competent/Gradu ating learner	Unable to eval.
---------------------------------	---	---	---	----------------------------------	--------------------

Concussi on identificati on	0	0	0	0	0	0
Cranial nerve assessme nt	0	0	0	0	0	0
SCAT-5 (or similar concussio n assessme nt tool) Use	0	0	0	0	0	0
RTA Plan	0	0	0	0	0	0
RTL Plan	0	0	0	0	0	0
	1					

Students will incorporate interventions in the clinic and at home that support the patient's goals, including but not limited to: therapeutic and corrective exercise, joint mobilization and manipulation, soft tissue techniques, movement training, motor control and proprioceptive techniques, task-specific functional training, therapeutic modalities, home care management, and cardiovascular training.

Please rate the student's ability on the following therapeutic modalities concepts and skills:

Critical	Knows	Solid	Able to	Demonstrates	Unabl
ly	basics on	background	plan and	clear ability to	e to
deficie	information;	,	implement	decide and	evalua
nt	needs more	understandi	care plans	implement	te
	encouragem	ng, and	with some	therapeutic	
	ent to	application	guidance	modalities in	
	engage than	of	and	treatment plans	
	not	knowledge	consultati	as needed, and	
	(beginning	(intermediat	on	consult as needed	
	learner)	e learner)	(gaining	(competent/gradu	
			competen	ating learner)	
			ce)		

Treatme nt choice	0	0	0	0	0	0
Evidence -based clinical reasonin g	0	0	0	0	0	0
Appropri ate patient educatio n on modalitie s	0	0	0	0	0	0
Appropri ate and correct applicatio n	0	0	0	0	O	0

Please rate the student's ability on their knowledge of the following therapeutic modalities:

	Critical ly deficie nt	Knows basics on information; needs more encourag. to engage than not (beginning learner)	Solid background , understandi ng, and application of knowledge (intermediat e learner)	Able to plan and implement care plans with some guidance and consultati on (gaining comp.)	Demonstrates clear ability to decide and implement therapeutic modalities in treatment plans as needed, and consult as needed (competent/ graduating learner)	Unabl e to eval.
Electro- therapy	0	0	0	0	0	0

Manual Therapies (including massage, MET, mobilizatio ns, etc.)	0	0	0	0	0	0
Therapeuti c Ultrasound	0	0	0	0	0	0
LASER/Lo w Level Laser Therapy (LLLT)	0	0	0	0	0	0
Others as available or in class	0	0	0	0	0	0

Please rate the student's overall performance this semester

	Critically deficient	Beginning Learner	Intermediate Learner	Gaining Competence	Competent/Graduatin g Learner
Student's performance	0	0	0	0	0

KPE 602 Student Evaluation

Students will uphold the ethical standards of the profession.

Athletic trainers must practice in compliance with the BOC Standards of Practice, as well as institutional, local, state, and federal laws, regulations, rules, and guidelines.

Please rate the student's compliance with the following:

	Criticall y deficie nt	Frequent inability to uphold the expectatio ns (beginning learner)	Occasional inability to uphold the expectation s; has basic understanding of the expectation s (intermediat e learner)	General understandi ng of the implications of rules, regulations, and guidelines on clinical practice (gaining competence)	Full ability and understanding of the practice implications of the various rules, regulations, and guidelines (competent/graduat ing learner)	Unable to evaluate
BOC Standards of Practice	0	0	0	0	0	0
Institutional regulations	0	0	0	0	0	0
State of Maine laws	0	0	0	0	0	0

Please rate the student's compliance with FERPA and HIPAA policies and regulations.

	Inability to follow HIPAA and FERPA guideline s regardin g patient informati on (critically deficient)	Recurren t violations of patient privacy in various settings (beginnin g learner)	Few violations of patient privacy (intermedia te learner)	Rare violations of patient privacy (gaining competenc e)	No violations of HIPAA and FERPA regulations (competent/graduat ing learner)	Unable to evaluate
Student demonstrate d:	0	0	0	0	0	0

Students will uphold the ethical standards of the profession.

Athletic trainers must practice in compliance with the BOC Standards of Practice, as well as institutional, local, state, and federal laws, regulations, rules, and guidelines.

Please rate the student's compliance with the following

	Critical ly deficie nt	Frequent inability to uphold the expectatio ns (beginnin g learner)	Occasional inability to uphold the expectation s; has basic understanding of the expectation s (intermedia te learner)	General understandi ng of the implications of rules, regulations, and guidelines on clinical practice (gaining competenc e)	Full ability and understanding of the practice implications of the various rules, regulations, and guidelines (competent/gradu ating learner)	Unabl e to evalua te
BOC Standard s of Practice	0	0	0	0	0	0

Institution al regulatio ns	0	0	0	0	0	0
State of Maine laws	0	0	0	0	0	0
Please rate	the student' Inability to follow HIPAA and FERPA guideline s regardin g patient informati on (critically deficient)	s compliar Recurre nt violation s of patient privacy in various settings (beginni ng learner)	ree with FEF Few violations of patient privacy (intermedi ate learner)	RPA and HIP Rare violations of patient privacy (gaining competen ce)	PAA policies and reg No violations of HIPAA and FERPA regulations (competent/gradu ating learner)	gulations. Unabl e to evalua te
Student demonstrat ed:	0	0	0	0	0	0

Students will administer medications appropriately according to organizational, local, state, and federal laws.

Critical ly Deficie nt	Unable to identify medicatio ns or appropria te policies pertainin g to them (beginnin g learner)	Understan ds some of the regulation s and policies; able to ID some medicatio ns ATs work with commonly (intermedi ate learner)	Demonstrat es understand ing and critical thinking in regards to medication s and application of policy, law, and regulation (gaining competenc e)	Can clearly defend, explain, and uphold the relevant policy, law, and regulations; able to ID and manage administrativ e requirements surrounding medications (competent/g	Unab le to eval.
			€)	rad. learner)	

Organizational Regulation/Polici es

Local Regulations/Poli cies/ Laws

State & Federal Law

Identification of medications

Students will perform administrative duties related to the delivery of health care services, including but not limited to: strategic planning and assessment, managing a physical facility, managing finances, managing risks, navigating multipayor systems, and implementing a model of delivery.

Critical ly deficie nt	Unable to demonstrat e basic understand ing of the concepts and administrati	Able to identify basic elements of concept; can discuss	Demonstrat es some aspects of concept; the full implementat ion of concept has	Student demonstrates critical thinking regarding concept and is able articulate how and when it should be implemented; can	Unabl e to evalua te
	ve tasks (beginning learner)	how it looks, but cannot demonstra te (intermedi ate learner)	some mistakes or forgotten elements (gaining competence	participate in conversation and planning (competent/gradu ating leaner)	

Strategic Planning & Assessm ent

Manage a physical facility

Manage finances

Manage Risks

Navigate multipayo r system

Implemen t a model of delivery

Students will use data from their clinical practice or clinical site to make informed decisions about various domains of athletic training.

Please rate the student's ability in the following areas:

110000100	Critical ly deficie nt	Knows basics on information; needs more encouragem ent to engage than not (beginning learner)	Solid backgroun d in the area; understand ing and application of knowledge (intermedia te learner)	Able to demonstr ate with confidenc e the use of the skills an appropriat e manner (gaining competen ce)	Competent/Gradu ating Learner	Unabl e to evalua te
Injury Preventi on	0	0	0	0	0	0
Patient Educatio n	0	0	0	0	0	0
Knowled ge of anatomy and pathologi es	0	0	0	0	0	0

Please rate the student in the following areas:

	Critical ly deficie nt	Unable to consisten tly discuss and apply AT related knowledg e and experienc es in treatment and care planning; requires regular promptin g (beginnin g learner)	Understand s AT responsibiliti es; participates in choosing and applying therapeutic intervention s (intermediat e learner)	Discusses potential assessme nt and treatment plans with preceptor effectively (gaining competen ce)	Competent/Gradu ating Learner	Unabl e to eval.
Ability to combine AT-related education, skills, and experienc es	0	0	0	0	0	0
Willingnes s to apply this knowledg e in choosing and applying therapeuti c interventio ns	0	0	0	0	0	0

Students will identify, evaluate, and manage patients with acute conditions, including but not limited to: cardiac compromise, respiratory compromise, environmental conditions, cervical spine injuries, traumatic brain injury, internal and external hemorrhage, fractures, dislocations, anaphylaxis, exertional sickling, rhabdomyolysis, hyponatremia, diabetes, drug overdose, wounds, testicular injury, and other musculoskeletal injuries.

Please rate the student's knowledge of first aid and emergency care:

	Critical ly deficie nt	Some deficiencie s in knowledge base; demonstra tes the basic skills and application (beginning learner)	Understan ds the emergent responses , skills, and knowledge ; still some knowledge to be acquired (intermedi ate learner)	Understan ds the situations and appropriat e measures and skills for them without much guidance (gaining competen ce)	Completely understands first aid and emergency situation content (competent/gradu ating learner)	Unabl e to evalua te
Recognitio n of emergent situations	0	0	0	0	0	0
Ability to provide or describe care for conditions such as exertion sickling, anaphylax is, dislocation s, fractures, and other emergent conditions	0	0	0	0	0	0
Use of EAP (simulated or real)	0	0	0	0	0	0

Students will examine with intent to provide a diagnosis for patients with health conditions related to the following: cardiovascular system, endocrine system, gastrointestinal system, eyes, ears, nose, throat, mouth, teeth, genitourinary system, integumentary system, mental status, neurological system, pain level, reproductive system, and respiratory system.

	Criticall y deficien t	Able to identify common general medical condition s and emergen t condition s (beginnin g learner)	Able to identify and provide immediate treatment and plan for conditions related to: (intermediate learner)	Able to identify, diagnose, and provide immediate treatment/pl an for conditions (gaining competenc e)	Able to diagnose, treat, plan, and respond appropriately to conditions (competent/gradu ating learner)	Unable to evaluat e
Cardiovascu lar system						
Endocrine system						
GI						
ENT/Face						
Genitourinar y system						
Integumenta ry System						
Mental status						
Neurological system						

Reproductiv e system

Respiratory system

Pain level	

Please rate the student's overall performance this semester

	Critically deficient	Beginning Learner	Intermediate Learner	Gaining Competence	Competent/Graduatin g Learner
Student's performance	0	0	0	0	0

Preceptor and Site Evaluation

Please note: All questions have a display logic assigned to them. When a student selects "Strongly disagree" or "Disagree," they will be prompted to enter evidence supporting their choice. The comment boxes are not included in this copy of the evaluation.

- 1. Student Name
- 2. Student Email

forward.

- 3. Choose your preceptor
- 4. Please select your clinical site:

Teaching

Rate your preceptor on the following statements Strongly Strongly Disagree Neutral Agree disagree agree Went above and beyond their responsibilities of helping me achieve my learning objectives Was very responsive and helpful to my learning objectives My preceptor included me in clinical decision making and/or included me in treatment plans for patients My preceptor displayed enthusiasm for being a preceptor. My preceptor promoted clinical discussion regarding classroom work and clinical cases. My preceptor encouraged me to ask questions. My preceptor clearly helped me understand and outline my clinical education needs moving

Feedback

Rate your preceptor on the following statements

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My preceptor provided appropriate feedback. My preceptor gave me	0	0	0	\bigcirc	\circ
timely feedback that allowed me to use it.	0	\bigcirc	0	0	\bigcirc
My preceptor delivered feedback that was respectful, tactful, and in a safe environment. My preceptor provided	0	0	0	0	0
feedback related to my clinical performance and I was able to use it to improve.	0	0	0	0	0

Professionalism: Rate your preceptor on the following statements

, , ,	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My preceptor modeled and used current skills, techniques, and protocols in their clinical practice.	0	\circ	\circ	\circ	\circ
My preceptor knew when to ask for help. My preceptor often followed up	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
on an acknowledged gap in their skills or knowledge.	0	\bigcirc	\bigcirc	\bigcirc	\circ
My preceptor created an active, stimulating learning environment. My preceptor practiced	0	\circ	\bigcirc	\circ	\circ
according to state and national legal and ethical expectations.	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc

My preceptor used evid practice to guide the			\bigcirc		\circ		
My preceptor allowed th							
new skills.	an and far						
My preceptor has a rediverse talents and back	•						
My preceptor is respect	•						
health care providers.			\bigcirc	\bigcirc	\bigcirc		
My preceptor is respected by the							
patients.							
My preceptor is respected by the AT students.				\bigcirc	\bigcirc		
My preceptor is personally and professionally motivated.					\bigcirc		
My preceptor documente	d evaluation	,					
treatments, and p					_		
communication in a ti appropriate manner ir	•		\bigcirc				
record keeping pro							
Clinical Site Evaluation							
Omnoai Oile Evaluation							
Please rate your clinical si		owing:					
Please rate your clinical si	Strongly	owing: Disagree	Neutral	Agree	Strongly agree		
This site provided an		•	Neutral	Agree	Strongly agree		
This site provided an appropriate learning	Strongly	•	Neutral	Agree			
This site provided an appropriate learning environment.	Strongly	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an	Strongly	•	Neutral	Agree			
appropriate learning environment. I was given an orientation to the	Strongly	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an	Strongly	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were	Strongly	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were clearly explained at the	Strongly	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were	Strongly	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were clearly explained at the beginning of the rotation.	Strongly disagree	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were clearly explained at the beginning of the rotation. The patients you saw we	Strongly disagree	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were clearly explained at the beginning of the rotation. The patients you saw we appropriate for your	Strongly disagree	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were clearly explained at the beginning of the rotation. The patients you saw we	Strongly disagree	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were clearly explained at the beginning of the rotation. The patients you saw we appropriate for your learning experience. The University of Maine AT program should	Strongly disagree	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were clearly explained at the beginning of the rotation. The patients you saw we appropriate for your learning experience. The University of Maine AT program should continue using this site for	Strongly disagree	•	Neutral	Agree			
This site provided an appropriate learning environment. I was given an orientation to the clinical education site. Policies and procedures were clearly explained at the beginning of the rotation. The patients you saw we appropriate for your learning experience. The University of Maine AT program should	Strongly disagree	•	Neutral	Agree			

Other Important Information

BOC Standards of Professional Practice

Effective January 2022, The Board of Certification has updated the Standards of Professional Practice. Information regarding the standards can be accessed at the following web URL:

https://bocatc.org/athletic-trainers/maintain-certification/standards-of-professional-practice/standards-of-professional-practice

NATA Code of Ethics

- 1. Members Shall Practice with Compassion, Respecting the Rights, Welfare, 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 welfare 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 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 welfare 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.

Updated and BOD approved June, 2016

Athletic Training Student Handbook Acknowledgement Form

Name (printed):	Course:
I affirm that I h Athletic Training Student Handbook for the 2	ave received a copy of the University of Maine 2023-2024 academic year.
I have received annual Bloodborne Pathoge on the date of	en training, administered by,
•	es as described in the handbook and will follow all by the University of Maine for students in clinical
requirements regarding relief hours and schemester.	described in the handbook and will follow all eduled clinical contact hours per week and will lead to probation and potential removal from the
Name:	
Date:	
Cianatura	