

# **MSAT Handbook**

## **UVM Graduate Athletic Training Program**

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**2019-2020**

**University of Vermont  
College of Nursing and Health Sciences  
Department of Rehabilitation  
and Movement Science**

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## Personnel

### Primary Faculty/Preceptors:

*Kelly Tourville, MEd, ATC*  
*Kit Vreeland, EdD, MBA, ATC*  
*Alan Maynard, MEd, ATC*  
*Tim Tourville, PhD, ATC, CSCS*

Program Director/Clinical Education Coordinator  
Head Athletic Trainer: University of Vermont Club Sports  
Head Athletic Trainer: BFA Fairfax HS  
UVM Dept. of Orthopedics Research; College of Medicine

### Clinical Preceptors:

*Megan Allen, ATC*  
*Denise Alosa, MS, ATC*  
*Matt Bain, MS, ATC, PES*  
*Michele Bliss, MS, ATC*  
*Renee Breault, MS, ATC*  
*Peter Brown, EMT*  
*Rebecca Choquette, ATC*  
*Kayla Ciampa, ATC*  
*Morgan Collins, MS, ATC*  
*Joel Desautels, PT, ATC*  
*Andy Eames, DPT, ATC*  
*Dan Farnham, DPT, ATC*  
*Jorie Farnsworth, ATC*  
*Andy Fillion, ATC*  
*Lisa Hardy, MS, ATC*  
*Kelsey Higgins, ATC*  
*Abigail Keough, ATC*  
*Dan Kraucunas, ATC*  
*Leo Labonte, ATC, CSCS*  
*Melissa Laflin, DPT, ATC*  
*Michael Landsberg, ATC, CSCS*  
*Tony Lora, ATC*  
*Kristen O'Connell, MA, ATC*  
*Kyle Peckham, MS, ATC*  
*Eric Place, ATC, CSCS*  
*Neal Sand, MS, ATC, CSCS*  
*Eugene Santos, MS, ATC*  
*Allison Shepherd, MA, ATC*  
*Emily Snyder, ATC*  
*John Stawinski, MA, ATC, CSCS*  
*Maria Thibault, PT, ATC*  
*Meghan Yandow, ATC*  
*Travis Warmouth, MS, ATC, CSCS*  
*Lee Wiebe, DC, ATC*

Head Athletic Trainer: Milton HS, Long Trail PT  
Head Athletic Trainer: South Burlington High School  
Sr. Associate Athletic Trainer: University of Vermont  
Assistant Athletic Trainer: University of Vermont  
Head Athletic Trainer: Saint Michaels College  
Burlington Fire Department: Deputy Chief  
UVM Dept. of Orthopedics Research; College of Medicine  
Assistant Athletic Trainer: Saint Michaels College  
Assistant Athletic Trainer: University of Vermont  
Physical Therapist/Athletic Trainer/Owner: PT 360  
Physical Therapist/Athletic Trainer: PT 360  
Physical Therapist/Athletic Trainer: The EDGE PT  
Head Athletic Trainer: Mount Mansfield Union HS  
Athletic Trainer: Long Trail PT  
Assistant Athletic Trainer: University of Vermont  
Athletic Trainer: South Burlington High School/The EDGE PT  
Assistant Athletic Trainer: Saint Michaels College  
Head Athletic Trainer: Burlington High School  
Head Athletic Trainer: Essex High School  
Physical Therapist/Athletic Trainer: Fairfax Family PT  
Athletic Trainer: The Rehab GYM  
Athletic Trainer: UVM College of Medicine Dept. of Ortho.  
Sr. Associate Athletic Trainer: University of Vermont  
Head Athletic Trainer: Rice HS, The EDGE PT  
Athletic Trainer: The Rehab GYM  
Assistant Athletic Trainer: University of Vermont  
Assistant Athletic Trainer: University of Vermont  
Associate Athletic Trainer: University of Vermont  
Assistant Athletic Trainer: University of Vermont  
Athletic Trainer/Owner: Injury to Excellence  
Physical Therapist/Athletic Trainer/Owner: PT 360  
Athletic Trainer: PT 360, University of Vermont Club Sports  
Athletic Trainer: Injury and Health Management Solutions  
Chiropractor/Athletic Trainer/Owner: Performance Chiropractic

### University Support Staff:

*Dr. Patty Prelock*  
*Jeremy Sibold, EdD, ATC*  
*Tish Baldwin*  
*Lisa McClintock*

Dean: College of Nursing and Health Sciences  
Associate Dean: College of Nursing and Health Sciences  
Admin. Assistant: Dept. of Rehab. and Movement Science  
Admin. Assistant: Dept. of Rehab. and Movement Science

### Medical Support Staff:

*Matt Lunser, DO*

AT Program Medical Director, Team Physician, CHWB, UVM

# Welcome

The athletic training student is an extension of the certified athletic trainers both legally and in their performance of duties. Together they form a sports medicine team whose job it is to provide the necessary first contact with injured athletes. This sports medicine team is responsible for the prevention, treatment, and rehabilitation of athletic injuries. Being afforded the ability to gain experiences like these should be treated as fantastic opportunities. Do not forget that great opportunities come with great responsibility. The University of Vermont Athletic Training Program expects the athletic training student to make a commitment and become a dependable, responsible, skilled member of the staff. Students will be expected to diligently learn and assume responsibilities in a mature and professional manner.

For athletic teams to be successful at the University of Vermont and our off-campus clinical sites, everyone from the coaches, athletes, team managers, and the athletic trainers must be dedicated and enthusiastic. Athletic trainers must work as hard if not harder than the athletes and must be willing to deliver up to their potential in the clinic and during practices and games. Success as a staff is measured by the athletic training students' conduct among the coaches and athletes and the performance of the skills they have acquired.

The following policies and procedures have been developed to assist in making your education a rewarding and successful one.

## **Mission Statement**

*The mission of the University of Vermont MS in Athletic Training Program (hereafter MSAT) is to prepare and educate graduate students in the allied health profession of Athletic Training. By engaging students with the competencies and clinical proficiencies of the Commission on Accreditation of Athletic Training Education (CAATE) through professional integration of clinical behaviors and clinical decision-making, it is our mission to prepare high-quality, responsible, confident students to pass the Board of Certification (BOC) exam and to be prepared for employment as a Certified Athletic Trainer. It is also the mission of the UVM MSAT Program to conduct the preparation of athletic training students in a caring, respectful environment, keeping in mind that each student is an individual with unique talents and needs.*

### **Goals and Objectives**

#### **Goal 1:**

*To provide a highly interactive and individualized program of study to prepare competent, confident, and caring students consistent with their post graduate career plans.*

##### Objectives:

1. 90% or more of advisees “agree” or “strongly agree” on all items of Advising Survey
2. 95% of students receive “B: Meets Expectation” or better for all categories on their Student Clinical Evaluations
3. 100% of graduates report feeling prepared or very prepared regarding professional preparation on their Graduate Exit Survey

#### **Goal 2:**

*To provide a high-quality, diverse curriculum encompassing each of the five domains of athletic training practice as set forth by the Board Of Certification Role Delineation Study/Practice Analysis (RD/PA6).*

##### Objectives:

1. 100% of AT core courses receive a mean score of 3.5 or higher across all 3 prime indicators of teaching effectiveness on Course Evaluations
2. 95% of students meet academic requirements to remain in good standing in the program after Academic Progress Review
3. 80% of graduates report high or very high satisfaction regarding professional preparation on their Graduate Exit Survey
4. 100% of students/graduates pass BOC certification exam within 3 years

#### **Goal 3:**

*Provide highly collaborative and interprofessional education and clinical practice, and the opportunity to be exposed to or involved in research, to foster personal and professional growth of students.*

##### Objectives:

1. 90% of Preceptors receive a mean score of 4 or better on 5-point scale in all categories of the Preceptor Evaluation
2. 95% of Clinical Sites receive a mean score of 4 or better for all categories on the Clinical Site Evaluations
  - 2a. 80% of students interacted with health care professionals from other disciplines during their clinical experience as reflected on the Clinical Site Evaluation.
3. 90% of students report learning in an educational environment with students from other healthcare profession majors on their Graduate Exit Survey
4. 100% of students report having interacted with health care professionals from other disciplines while in a clinical setting on their Graduate Exit Survey
5. 75% of students report having engaged in research opportunities on the Graduate Exit Survey
6. 100% of graduates report they are prepared or very prepared regarding professional preparation on their Graduate Exit Survey

## **Personal Qualities of a Successful Graduate Athletic Training Student**

1. Demonstrating a sincere interest in being an Athletic Training Student.
2. Being friendly, sincere, polite, courteous, tactful, and helpful to all athletes, coaches, ATCs, and fellow athletic training students.
3. Understanding the importance of being **DEPENDABLE** and **RESPONSIBLE**. This means being on time, taking initiative, and taking your education seriously.
4. Understanding the importance of personal appearance. Wanting to be part of a staff of medical professionals means looking and acting the part at all times.
5. Recognizing that what occurs outside the athletic training room can have an effect on how you are perceived during your clinical experience and being proactive regarding the preservation of your image.
6. Not allowing personal problems to affect your clinical experience and knowing that if personal challenges arise, AT Program faculty and Preceptors will be there to help and provide guidance.
7. Knowing that if you have concerns or complaints, you can confide in your Preceptor. If need be, your Clinical Education Coordinator and Program Director will be employed to ensure the quality of your education and overall college experience.

## Academic Standards

1. All Athletic Training Students must maintain an overall cumulative GPA of 3.0.
  - a. A candidate for a graduate degree must complete the program with a minimum overall grade-point average of 3.00.
  
2. An ATS must “meet” or “exceed” all expectations to receive a grade of *Satisfactory (S)* in clinical experience courses. If the ATS does not meet expectations in any area, they will receive an *Unsatisfactory (U)*. The result of a student receiving a “U” in an Athletic Training clinical experience course will be a review of the student’s performance by the preceptor and the AT Program faculty. Reviews are done on a case-by-case basis and any action taken with regard to the ATS and their clinical progression will be determined and then communicated to them in a timely manner.
  
3. A second “U” in any AT clinical experience course will result in the student being discontinued from the program.
  - a. As per the UVM Graduate College Catalogue: Students whose academic progress is deemed unsatisfactory at any time may be dismissed from the Graduate College by the dean upon consultation with the student's department or program. In addition, students may be dismissed if they receive two grades or more below a B (3.00), or they receive a U (Unsatisfactory) or UP (Unsatisfactory Progress) in Thesis or Dissertation Research, Seminar or Clinical Practicum.
  
4. Professional Ethics and Academic Honesty
  - a. Graduate students are required to adhere to the highest standards of professionalism as students, researchers, and teachers. The university, in order to encourage a positive atmosphere in all phases of academic learning, teaching and research, has created specific guidelines and policies regarding academic honesty. Information may be found on the Center for Student Conduct (<http://www.uvm.edu/sconduct>) website.

***Failure to meet or exceed any of these Standards will result in disciplinary action taken by the AT Program. Refer to Discipline Policy of the AT Program.***

## **Clinical Education Standards**

*While Preceptors are responsible for supervision of Athletic Training Students (ATS), most have a primary responsibility to provide excellent care for their patients and athletes. Student participation in providing this care is a unique opportunity and is a privilege, not a right. Understanding and adhering to the following policies will help ensure that athletic training student experiences are quality ones.*

### **Clinical Education Standards (Students)**

1. Policies and procedures for the Athletic Medicine Department, Center for Health & Well Being, UVM Athletics, and any assigned affiliated site are expected to be known and followed by each athletic training student. This includes following established dress code(s).
2. Universal Precautions and OSHA regulations will be followed for the treatment of open wounds and exposure to bodily fluids.
3. Each athletic training student is required to have five clinical experiences. Athletic training students are assigned to a Preceptor for each of these clinical experiences.
4. Goals and expectations are mutually agreed upon between the ATS and Preceptor prior to starting the clinical assignment. Students are expected to meet with their Preceptor on a regular basis to set and re-assess educational goals.
5. Clinical experiences are completed over a minimum of five academic semesters. Course credit is consistent with institutional policy or institutional practice. Courses include objective criteria for successful completion.
6. Athletic training students must be formally instructed and formally assessed on athletic training clinical skills as part of a required course prior to performing those skills on patients.
7. All treatment decisions, injury follow-up and physician referrals will be discussed with your Preceptor daily.
8. The Athletic Training Program is considered an academic choice and a professional preparation program, and therefore should be a priority along with academic courses. Students are expected to schedule personal activities and other outside job requirements around their athletic training assignment.
9. Unexcused tardiness and absenteeism will not be tolerated. If unavoidable circumstances arise, notifying your Preceptor in the form of a phone call is required and expected. If no notification is received, disciplinary action will be taken according to established policies.



10. Athletic training students are occasionally given the opportunity to travel with an ATC Preceptor for away events. ATCs are not required to travel with a team if s/he has an academic class conflict that cannot be excused or reasonably accommodated. The ATC is expected to notify his/her academic professor(s) to request approval and notify their preceptor of these types of conflicts at least one week in advance.
11. Due to the variable nature of many athletic training environments, AT students must realize and be willing to fully participate in expectations of clinical experiences to successfully progress through the MSAT program. Clinical hours may therefore be variable across hours of attendance each week, and may require attendance during the early mornings and/or late evenings, weekends, school vacations, and/or a variety of other combinations of schedules. Preparation prior to and after clinical hours is also a common expectation and students are expected to meet both clinical site and academic expectation during all clinical experiences.
12. Although clinical education is not mandatory during fall pre-season, spring post-season, holiday breaks, or spring recess, it is highly encouraged. The Director of Clinical Education will correspond with students prior to assigning their clinical experiences to determine the willingness of students to commit to experiences that fall outside the academic calendar. Since clinical placements often hinge on these types of commitments, students will be held to their commitment barring any extreme unforeseen circumstances.
13. Students are expected to tactfully enforce all rules of the athletic training facility(s) with their athletes/teams and maintain a clean, orderly athletic training facility.
14. Students are not allowed to receive any monetary remuneration during this education experience, excluding scholarships.
15. Athletic training students will keep an accurate record of all experience hours via ATrack. These hours must be approved by their Preceptor. ATCs should have their hours verified by their Preceptor on a weekly basis. The Preceptor has the right to refuse to sign off on hours that they deem to have not been submitted to them in a timely manner.
16. Students are expected to attend all meetings requested by the Athletic Medicine Staff and the Athletic Training Program. These meetings are mandatory unless otherwise stated or you are excused by the Program Director.
17. There are costs associated with being enrolled in the UVM MSAT Program. These include but are not limited to: lab fees, personal liability insurance, criminal background check, immunization maintenance, apparel to adhere to dress code(s), travel to and from off-campus clinical assignments within a 30-mile radius, and student membership fees for the National Athletic Trainers Association while in the program. Please see [\*Additional Program Costs\*](#), in a later section of this handbook, for the latest costs associated with being a clinical athletic training student.

18. Progression within and graduation from the MSAT Program are contingent upon the student satisfying retention and promotion requirements, which are located in the last sections of this handbook.
19. As part of providing high quality health care to patients, you must diligently protect the confidence of medical information. This includes any information about a patient's medical condition, the treatment of a condition, or any information which you may acquire in locker rooms, athletic training facilities, clinics, physician's offices, or otherwise which is considered to be non-public information. It is your responsibility to understand and adhere to any confidentiality policies of your clinical site. The unique opportunity you have to observe and participate as a health care professional for patients and athletes can and will be terminated if you violate this confidentiality.
20. The clinical experiences will be completed under the direct supervision of a qualified Preceptor in an appropriate clinical setting. The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student to provide on-going and consistent education. The Preceptor will consistently and physically interact with the athletic training student at the site of the clinical experience.
21. Because of an increased visibility in the intercollegiate, clinical, and high school settings, athletic training students are highly recognized and identified. This demands higher levels of professional conduct because the student is also held accountable for the codes of conduct at their specific facility (Athletic Medicine, The University of Vermont and affiliate sites). These facilities may also impose additional and more stringent codes of conduct violation sanctions. The AT Program will strictly support these sanctions.
22. As a requirement of acceptance and prior to beginning formal instruction in the MSAT, all students must complete and sign a statement of receipt and understanding of the MSAT program policies which are included in the MSAT Program Handbook. Students are informed of the policy that states that in order to perform a skill on a patient, they must first be instructed by either a professor, or preceptor. Similarly, Preceptors are informed of the same policy during the Preceptor Training and acknowledge receipt of this policy via the Annual Preceptor Training and Responsibility Commitment Form. In addition, through discussions with the CEC, it is made clear that it is acceptable for the preceptor to initiate instruction of skills and evaluate whether the student is prepared to perform the skills on patients.
23. **Clinical Mandatories:** Students are required to prove immunity to certain diseases. The Department of Rehabilitation and Movement Sciences administrative staff will collect immunization information from students prior to the start of their clinical experiences. The Clinical Education Coordinator will review and approve students

to begin clinical observation and experiences with regard to this standard. Refer to the CNHS Student Handbook for details about clinical mandatory requirements, including immunizations, HIPAA and OSHA trainings.

***Failure to act in accordance with any of these Clinical Education Standards will result in disciplinary action taken by the AT Program. Refer to Discipline Policy of the AT Program.***

### **Clinical Education Standards (Program)**

24. There must be regular planned communication between the AT Program and the Preceptor.
25. There will be opportunities for students to gain clinical experiences associated with a variety of different populations (gender, age, orthopedic/non-orthopedic conditions, etc.), varying levels of risk, protective equipment (to minimally include helmets and shoulder pads), and varying types of health care providers and settings that address the continuum of care that would prepare a student to function in a variety of settings and meet the domains of practice delineated for a certified athletic trainer in the profession.
26. Student clinical experiences are conducted in a way that allows the MSAT Program faculty/staff to regularly and frequently evaluate student progress and learning, as well as the effectiveness of the experience.
27. The students' clinical experience requirements will be carefully monitored. The length of clinical experiences should be consistent with other comparable academic programs requiring a clinical or supervised practice component. Such policies must be consistent with federal or state student work-study guidelines as applicable to the campus setting. Clinical experience hours are set as a minimum and maximum range for each semester per the Commission on Accreditation of Athletic Training Education (CAATE) standards. The acceptable range for a 2-credit course is: minimum 250 hours – maximum 350 hours. The acceptable range for a 1- credit course is: minimum 125 hours – maximum 175 hours. Any projected or realized substantial deviation from these targets should be reviewed by the Clinical Education Coordinator (CEC). Minimally, the CEC, student, and preceptor will meet and adjustments in expectations will occur if necessary.
28. Consideration will be given to allow students comparable relief (days off) from clinical experiences during the academic year as compared to other student academic and student activities offered by the institution (e.g., other health care programs, athletics, clubs). At minimum, students will receive one day off per 7-day period.

29. The number of students assigned to a Preceptor in the clinical experience component must be of a ratio that will ensure effective education and should not exceed a ratio of three clinical level students per Preceptor in the clinical setting.
30. Therapeutic equipment at each clinical site will be inspected, calibrated, and maintained according to manufacturers' guidelines.

## **Ethical Conduct Standards**

Certified Athletic Trainers, as with any group of medical professionals, must maintain the highest level of ethical conduct. The National Athletic Trainers' Association has adopted a code of ethics that certified athletic trainers are expected to abide by. The MSAT Program expects each athletic training student to adhere to these standards as well. ([NATA Code of Ethics](#)). The following policies cover specific ethical concerns and situations you may encounter during your clinical experience in the UVM MSAT Program.

1. Students are expected to represent the University of Vermont, the Athletic Training Program and clinical sites in a professional, responsible, respectful manner at all times.
2. As an athletic training student, you are considered an extension of the medical profession and as such your behavior and attitude must reflect that. You are expected to respect all coaches, athletes, physicians, administrators and other medical professionals regardless of your own personal feelings or opinions.
3. Confidentiality of all medical records and matters regarding athlete care will be maintained at all times. You will at no time discuss or reveal the nature or content of this information with anyone outside of appropriate medical staff (team physicians, staff ATC's, nurses, emergency personnel).
4. The UVM MSAT Program condemns the misuse and abuse of alcohol and other drugs that affect not only performance, but also endanger the safety and health of any student.
5. Discretion must be upheld when in social situations with athletes and teams. Relationships between ATs and the athletes/coaches they are working with must be strictly professional. Please remember that the mere perception that something more than a professional relationship is taking place will be detrimental to your clinical education as well as your reputation and be grounds for disciplinary action. Even dating other athletic training students can be risky business and should be avoided.
6. Treat all athletes equally. Never cover up for an athlete. Do not give special privileges to anyone.
7. Do not engage in or condone unsportsmanlike conduct.
8. Professional Integrity: Students whose professional integrity is deemed unsatisfactory at any time may be dismissed from the Graduate College by the dean upon consultation with the student's department or program. Breaches of professional integrity include, but are not limited to, violations described in the Misconduct in Research and Other Scholarly Activities policy, violation of the Code of Academic Integrity, and actions that violate the standards of professional practice in the discipline of study or in duties associated with an assistantship.

***Failure to act in accordance with any of these Ethical Conduct Standards will result in disciplinary action taken by the UVM MSAT Program. Refer to [Discipline Policy](#).***

## **Alcohol and Drug Policy**

The UVM MSAT Program condemns the misuse and abuse of alcohol and other drugs that affect not only performance, but also endanger the safety and health of any student. The University of Vermont provides services and programs for all students, faculty, and staff who need assistance confronting drug and/or alcohol abuse. Free and confidential assessments, referrals to on and off campus programs and a variety of support groups are available. A student who needs assistance for a personal problem concerning his/her own use, a friend's use, an athlete's use or a family member's use may approach an AT Program faculty member, preceptor, administrator, the university Counseling Center, or the Alcohol and Other Drug Education Program. All information will be held in the strictest of confidence.

### **MSAT Program Policy:**

1. At any University function on or off campus sponsored by a team, Department of Athletics or the Athletic Training Program, there shall be NO consumption of alcoholic beverages or use of recreational drugs.
2. Athletic training students are not to report to clinical experiences or represent the Athletic Training Program (at any site) under the influence of drugs and/or alcohol.
3. The use of drugs and/or alcohol during travel time with assigned athletic teams is forbidden at all times, regardless of legal age. While traveling with a team, the athletic trainer is responsible for the health and welfare of the athletes 24 hours a day. Consumption of alcohol or use of drugs may seriously impair the judgment of this responsible individual.

### **Policy Infractions:**

An infraction of this policy by an athletic training student will result in a hearing before the Program Director, academic advisor, and the student's current Preceptor, who will render a decision on the infraction. Due process will be followed in keeping with University policy regarding individuals' rights (see the Cat's Tale, University Judicial System).

Infractions:

1. First offense - Immediate removal from clinical experience and subsequent placement On Trial. *Refer to Discipline Policy of the MSAT Program*
  - a. *Students are encouraged to utilize counseling and treatment resources available through the University [Center for Health & Wellbeing](#).*
2. Second offense – Discontinuation from the MSAT Program.  
*Refer to Discipline Policy of the MSAT Program*

## **Discipline Policy of the MSAT Program**

Students in this program have the opportunity for a unique graduate experience that allows them to work and function in the profession in which they are studying from the beginning of their graduate education. The following policies regarding discipline are in place to help ensure the success of the program and the students who choose to be in it.

### **On Trial**

An athletic training student may be placed On Trial for:

1. Failure to maintain MSAT Program Academic Retention and Promotion requirements
2. Failure to follow or meet established MSAT Program Policy and Standards

It is the decision of the MSAT Program faculty to place a student On Trial.

A student on trial may be ineligible to begin or continue with a clinical assignment. The student will receive rationale in writing for why they are on trial.

Students have the right to appeal their status to the MSAT program director. In this case, a committee will be formed which includes but is not limited to: the program director, clinical education coordinator, student's academic advisor, and the student's current Preceptor. The committee will make the final decision regarding the student's status in the MSAT Program.

Students placed On Trial will then develop a plan in collaboration with program faculty to address the reason(s) for their On Trial status.

Any student who is on trial and subsequently does not meet program standards will be discontinued from the AT major. (see below)

### **Discontinued from MSAT Program**

An athletic training student may be Discontinued from the MSAT Program for:

1. Repeated failure to meet MSAT Program Academic Retention and Promotion requirements.
2. Repeated failure to follow or meet established MSAT Program Policy and Standards
3. Failure to remedy existing On Trial deficiencies within allotted time
4. Failure to meet University academic standards

Students will be notified in writing of the findings and decision regarding their Discontinued status. Students have the right to appeal their status to the MSAT program director. In this case, a committee will be formed which includes but is not limited to: the program director, clinical education coordinator, and the student's academic advisor. Appeals may be brought forward on the following grounds: (1) procedural error; (2) error of fact; (3) perception of bias. Letters of appeal must state clearly and precisely the basis for appeal and provide supporting evidence of infringement of the student's rights

The Graduate College is ultimately responsible for grievances regarding policies and procedures related to graduate education. A grievance properly begins within the student's department by an appeal to a program director. If this does not resolve the grievance, the student can present the grievance in writing to the Associate Dean of CNHS, and thereafter to the Dean of the Graduate College. Grievances must state clearly and precisely the basis for appeal and provide supporting evidence that a student's rights have been jeopardized. The Graduate College Dean may recommend that the grievance be reviewed by the Graduate College Executive Committee. The Graduate College Dean is the final arbiter of Graduate College regulations. Specifically excluded from the appeals process are grievances that contest grades on grounds other than due process, or grading that is arbitrary and capricious. (Graduate College Rights and Responsibilities Policy, found in the Graduate College Catalogue)

In certain instances, such as failure to meet University academic standards, other policies may be enforced in addition to or in lieu of AT Program policy. To read the full CNHS policy on low academic performance, see the [CNHS Student Handbook](#). To read the full [Graduate College policy on low academic performance](#), see the [UVM Graduate College Catalogue](#).



## **AT Program Dress Code**

All Athletic Training students are expected to display a neat, clean, professional appearance at all times. Failure to do so will result in immediate removal from the clinic or site and will result in disciplinary action. During your clinical experience, you are representing yourself, your Preceptor, and the University of Vermont. Please present yourself in a manner consistent with this high level of responsibility.

### **General Rules:**

1. If you look in the mirror before leaving for your clinical assignment and you are not sure if you look professional or not, you probably don't.
2. Your MSAT Program attire is only to be worn during your clinical experiences.
3. Excessive ear and/or facial piercings are unacceptable. Tongue rings are unacceptable.
4. Your UVM MSAT Program nametag is to be worn at all times.
5. Your shirt must be tucked in at all times.
6. For men, being clean-shaven is preferred but neatly trimmed beards are acceptable.

### **Clinic and Practice Attire:**

1. UVM MSAT Program embroidered shirt is required.
2. Khaki slacks are optimal. Shorts of modest length and fit are also acceptable. Jeans are not allowed.
3. Closed-toed shoes must be worn at all times. Sandals or flip-flops are unacceptable.
4. UVM MSAT Program Nametag.
5. Hats may be allowed during outdoor practices/games but must be approved by your preceptor.
6. Exceptions to the dress code may be made due to weather.
  - \* Your Preceptor may allow t-shirts during extreme heat in the fall pre-season.
  - \* Rain or cold weather gear need not necessarily be MSAT Program issue.

### **Game Attire:**

Your Preceptor will indicate to you what attire is expected. This should be discussed at the initial meeting with the student's Preceptor. In most cases, the UVM colored shirt worn with khaki pants is preferred or the clinical site's school colors. Certain indoor sports may require more formal attire for event coverage. If in doubt... ask your Preceptor.

### **Travel Attire:**

- When traveling with a team, the ATS is expected to abide by the dress code established by the coach/team.

## **Communicable Disease Policy**

The Center for CDC provides guidelines for the reporting of communicable disease within health care facilities. These regulations are designed to provide for awareness, prevention, and reporting of diseases in order that appropriate control measures may be instituted to interrupt the transmission of disease. If a student becomes ill, he/she should report to a medical practitioner for evaluation. If the student is determined to have a communicable disease as delineated below, the medical practitioner will determine the amount of time the student shall remain out of contact with others to prevent transmission. The student will notify his/her clinical instructor and academic clinical coordinator as soon as possible. Prior to resuming clinical experiences, a signed release from a medical practitioner is required and must be presented to the Preceptor and academic clinical education coordinator.

Additionally, students may, from time to time, have other illness such as colds and flu which may be contagious and place others at risk. Students are encouraged to use good judgment in determining whether to absent themselves from activities with others, including staff, clients, and patients. The Preceptor and academic clinical coordinator should be notified in the case of absence from such conditions.

### **Communicable Diseases sited by the CDC:**

- Bloodborne pathogens
- Conjunctivitis
- Cytomegalovirus
- Diphtheria
- Gastrointestinal infections, acute
- Hepatitis A
- Herpes simplex
- Measles
- Meningococcal disease
- Mumps
- Parovirus
- Pertussis
- Poliomyelitis
- Rabies
- Rubella
- Scabies and pediculosis
- Staphylococcus aureus infection and carriage
- Streptococcus infection
- Tuberculosis

## **Blood-borne Pathogen Training, Policy, and Procedures**

UVM Athletic Training Students are required to complete an annual online training regarding infection control prior to participating in clinical education experiences including observation only sites. *Additional training may be required at affiliated clinical sites.*

The training sessions will include but not be limited to the following:

1. The purposes and objectives of the Occupational Safety and Health Administration (OSHA) and how they apply to athletic training programs.
2. The epidemiology, signs, symptoms, and modes of transmission of communicable diseases.
3. The program's exposure control plan.
4. The types and locations of protective equipment and the proper techniques to use, handle, remove, and dispose of this equipment.
5. The proper procedures students must follow after a potential exposure. This includes post-exposure evaluations, documentation of the incident, and the proper chain of command used to investigate the occupational exposure.
6. The proper signs, labels, and color-coding required for bio-hazardous materials including information on regulated disposal and storage of all materials.

## **Standard Operating Procedures**

The following operating procedures are intended to assist the MSAT students, Preceptors, and supervising certified athletic training faculty at UVM and affiliated clinical sites in making decisions concerning the use of personal protective equipment (PPE). No single standard operating procedure can encompass all emergency situations. If there is ever a doubt, the AT student must elect to use maximal rather than minimal PPE. Personal protective equipment is any specialized clothing or equipment worn for protection against potential hazards and is categorized as a form of standard precaution intended to reduce the risk of transmission of microorganisms with the potential to cause infection in a healthcare setting. Types of PPE include gloves, masks, eye protection, gowns, surgical caps, shoe covers. PPE must be used when there is any contact between an employee and any non-intact skin, human blood, or human secretion other than sweat.

### **I. Gloves and other PPE:**

1. Athletic training students will wear disposable latex gloves during patient care when there is a potential for contact with blood, body fluids, non-intact skin, or other infectious materials. Gloves will be provided for each student and must be carried at all times. Students are required to notify their preceptor if they are allergic to latex and accommodations will be made.
2. Disposable gloves will not be re-used and must be properly disposed of in a hazardous materials container or receptacle. If a glove is ripped or torn, remove the glove and replace it with a new one.
3. Gloves must be changed between patients in a multiple injury incident.
4. Avoid handling personal items such as pens while wearing gloves.
5. Contaminated gloves and/or other PPE must be removed immediately to avoid cross contamination. Hands are to be sanitized immediately before putting on clean gloves.

### **II. Sharps Container and Contaminated Needles**

1. Gloves are to be worn when handling any sharps materials.
2. Contaminated needles, scalpels, or other sharp objects will be placed in the sharps container immediately after use. Keep the sharps container upright at all times and do not reach into the container at any time.
3. Contaminated needles will not be re-capped, bent, or broken. If there is an extenuating circumstance where the needle needs to be recapped, notify your supervising certified athletic trainer immediately. Your supervisor will take over the procedure by using a one-handed or mechanical technique if they deem re-capping necessary. At no time are students to re-cap a needle.
4. Contaminated gloves or wound dressings are not to be disposed of in the sharps container. These items are to be placed in properly labeled bio-hazardous waste receptacles (e.g., bags, covered containers).

## **Infectious Materials Considerations**

### **I. Respiratory and Cardiac Emergencies**

1. A one-way CPR resuscitator mask will be provided to every student through AT 355 Emergency Medical Response for AT during their first semester in the AT program. It is to be carried by the student at all times during all clinical assignments.
2. Disposable one-way face shields and gloves will be the minimum required protective equipment used by the student while providing care during respiratory and cardiac emergencies. Direct mouth-to-mouth contact is neither recommended nor required.

## **II. Injury Scene Operations**

1. Blood and bodily fluids will be considered potentially infectious. Isolation procedures will be used for all patient contact.
2. Students should limit air borne exposure through splashing and spraying of potentially infectious materials
3. When communicable disease exposure is probable and to limit the risk of exposure, the minimum number of personnel will be used to complete the task.
4. Students will sanitize their hands after removing protective equipment, patient care, and sanitizing equipment.
5. Eating, drinking, smoking, or handling contact lenses while in the training room or at the scene of an athletic emergency is strictly prohibited.
6. Operators will properly remove and store their protective equipment before starting and operating their vehicle (e.g., van, car, golf cart).
7. Upon arriving at the receiving emergency medical facility, all contaminated materials will be placed in the appropriate containers. If equipment cannot be left or is not disposable, it is to be placed in a leak-proof container and taken to the training room for decontamination.
8. Upon returning to the athletic training facility, all contaminated protective equipment will be either replaced or sanitized as required by protocol.
9. Disinfection will be performed with either an approved broad-spectrum cleaning agent or with a 1:10 bleach: water solution (mixed for no longer than 24 hours).

## **III. Post-exposure Evaluation and Follow-up**

1. Any athletic training student exposed to potentially infectious material will cease work immediately and sanitize themselves as required by athletic training facility protocol. Ask your supervising certified athletic trainer for assistance.
2. Any athletic training student exposed to potentially infectious material will immediately report the exposure to their supervising certified athletic trainer/preceptor. The supervising certified athletic trainer will document the incident on their infectious disease exposure report form and submit a copy to the Program Director. This report must include contact information of the host and recipient.
3. The student will then be referred to the Center for Health and Wellbeing for exposure follow-up within forty-eight (48) hours of the exposure incident. Confidential determinations of HIV and HBV will be made by an attending physician and with the consent of the host and recipient. Post-exposure counseling is recommended.
4. All records will be filed at the Center for Health and Wellbeing and held strictly confidential.

## **Additional Program Costs**

There are costs associated with being enrolled in the UVM MSAT Program that are in addition to typical university costs such as tuition, room, board, and books. We believe it is important to be up front and as accurate as possible with regard to these additional costs. They include but are not limited to: lab fees, personal liability insurance, immunization maintenance, apparel to adhere to dress code(s), student membership fees for the National Athletic Trainers Association while in the program, and travel to and from off-campus clinical assignments within a 30-mile radius.

### **The approximate costs for these are:**

- Personal liability insurance: \$30/year for two years
- Immunization maintenance: \$0-\$250 (Depending on personal health insurance; for a majority of students, their insurance covers most if not all of the immunizations.)
- Apparel: \$50-\$250
- NATA student membership: ~\$85/year for two years
- Travel: Distances range from 0-30 miles; therefore, travel costs vary accordingly.
  - Only some affiliated sites are outside the service of free public transportation. Prior to a student being assigned to one of those sites, the Clinical Education Coordinator will assist the student in finding a means to get to the off-site location.
- Students completing the UVM MSAT Program will be eligible to sit for the BOC exam to become a Certified Athletic Trainer (ATC). The fees for the exam are: Application Fee (one time, non-refundable) \$35, First Time BOC Exam Fee: \$300

## Personnel Responsibilities

### I. Athletic Training Student (ATS) Descriptions

#### Observation Student during AT 358 clinical hours

This student is a pre-clinical athletic training student. They are currently enrolled in Fundamentals of Athletic Training (AT 368). All observations will be carried out under the direct supervision of a preceptor.

#### **Observation student responsibilities:**

1. Observe various team practices and games during the semester as assigned.
2. Observe team practice/game preparation, treatments, and clinic maintenance.
3. Observe and become familiar with the policies and procedures of UVM Athletic Medicine and the AT Program.
4. Report to the Head Team or Clinic athletic training students and preceptor.
5. Complete competency skill sheets.
6. Report at designated times to practice, games, and clinical assignments.
7. Be responsible for completing required hours and assignments.
8. Demonstrate respect for athletes, patients, and members of the AT Program (students, preceptor, staff, and faculty).
9. Review and commit to knowing the Emergency procedure for your assigned area.
10. Be inquisitive, enthusiastic, and have fun!

#### Assistant ATS – Team/HS/Collegiate setting

This clinical student is in their first year of study, enrolled in AT 369 or AT 370, and is assigned to a Preceptor and designated as the **Assistant ATS** for the corresponding team(s). This student maintains a status of satisfactory standing in the AT Program. This student is to assist the **Head ATS** and Preceptor, and is responsible for the healthcare of this team(s) under the direct supervision of the Preceptor.

#### **Assistant ATS responsibilities:**

1. Report to the Head ATS and Preceptor of that team.
2. Assist the *Head ATS* in the care, treatment and rehabilitation of injured athletes of that team.
3. Prepare for and attend home practices and home games. Additional opportunities may be available to accompany the preceptor to away athletic competitions with their assigned sport.
4. Assist the Head ATS with all necessary documentation.
5. Report all reported and/or observed injuries to the Preceptor
6. Assist the Head ATS with other duties reasonably assigned by their Preceptor.
7. Review and commit to knowing the site Emergency procedures.

8. Communicate regularly with the Head ATS and Preceptor regarding team matters.
9. Complete clinical proficiencies.
10. Report at designated times to practice, games, and clinical assignments.
11. Be responsible for completing required hours and assignments.
12. Demonstrate respect for athletes, patients, and members of the AT Program (students, Preceptor, staff, and faculty).
13. Meet weekly with Preceptor for educational goal setting
14. Be inquisitive, enthusiastic, and have fun!

### **Head ATS – Team/HS/Collegiate setting**

This clinical student is in their second year of study, enrolled in AT 371, AT 372, or AT 373, and is assigned to a Preceptor and designated as the **Head ATS** for the corresponding team(s). This student is responsible for the healthcare of this team(s) under the direct supervision of the Preceptor.

#### **Head ATS responsibilities:**

1. Report to Preceptor on all matters concerning the team to which they are assigned
2. Share the following responsibilities with and under the guidance of the Preceptor.
  - a. Prepare for and attend physicals, team physician's orthopedic examinations, practices and contests.
  - b. Prevent and treat athletic injuries for assigned team (pre-, in-, and post-season).
  - c. Complete necessary documentation on athletes in a timely fashion.
  - d. Communicate with team physician regarding athletes when necessary.
3. Serve in the role of educator and mentor for athletic training students assigned to same team and Preceptor.
4. Assist staff and athletic training students to maintain a neat and orderly allied health environment (clinical facilities, practice site, medical kit, etc).
5. Report at designated times to practice, games, and clinical assignments.
6. Be responsible for completing required hours and assignments.
7. Demonstrate respect for athletes, patients, and members of the AT Program (students, Preceptor staff, and faculty).
8. Serve as host athletic training student to your team's contest opponents.
  - a. Introduce yourself to visiting ATC
  - b. Review emergency procedures
  - c. Identify location and procedures of physician. Perform half time and post-contest courtesy check with visiting ATC.
9. Meet weekly with Preceptor for educational goal setting
10. Be inquisitive, enthusiastic, and have fun!



### **Assistant ATS– Clinic/Other setting**

This clinical student is in their first year of study, enrolled in AT 369 or AT 370, and is assigned as an **Assistant ATS** to a Preceptor in an orthopedic or other professional health care clinical setting. This student has been accepted into the AT Program and maintains a status of satisfactory standing in the AT Program. This student is to assist the **Head ATS** and Preceptor, and is responsible for the healthcare of clinical patients and function of the clinic under the direct supervision of the clinic Preceptor.

#### **Assistant ATS– Clinic responsibilities:**

1. Report to the Head ATS and Preceptor on all matters concerning the clinic.
2. Assist in the daily maintenance duties.
3. Provide service to walk-in athletes including first aid and initial evaluations.
4. Assist other athletic trainers with treatments and preparation.
5. Review the Emergency procedure for your assigned area.
6. Complete clinical proficiencies.
7. Report at designated times to practice, games, and clinical assignments.
8. Be responsible for completing required hours and assignments.
9. Demonstrate respect for athletes, patients, and members of the AT Program (students, Preceptor, staff, and faculty).
10. Meet weekly with Preceptor for educational goal setting
11. Be inquisitive, enthusiastic, and have fun!

### **Head ATS – Clinic/Other setting**

This clinical student is in their second year of study, enrolled in AT 371, AT 372, or AT 373, and is assigned to a Preceptor in an orthopedic or other professional health care clinical setting as the **Head ATS**. This student shares the responsibility for the functioning of an orthopedic clinical setting under the direct supervision of an assigned Preceptor.

#### **Head ATS– Clinic responsibilities:**

1. Report to the Preceptor on all matters concerning the clinic.
2. Assist in the daily maintenance duties.
3. Provide service to athletes/patients including first aid and initial evaluations.
4. Assist other athletic trainers with treatments and preparation.
5. Review the Emergency procedure for your assigned area.
6. Report at designated times to practice, games, and clinical assignments.
7. Be responsible for completing required hours and assignments.
8. Demonstrate respect for athletes, patients, and members of the AT Program (students, Preceptor, staff, and faculty).
9. Serve in the role of educator and mentor for athletic training students assigned to same team and Preceptor
10. Meet weekly with Preceptor for educational goal setting
11. Be inquisitive, enthusiastic, and have fun!

## **II. Responsibilities of Preceptors:**

The MSAT Program Preceptors are all in good standing with the BOC and licensed Certified Athletic Trainers in the State of Vermont. They are specifically designated as MSAT Program Preceptors on all accreditation documentation with CAATE. Because of this designation, they are the only ATCs that are responsible for the direct supervision of the MSAT Program students during their clinical assignments *CAATE Standards* dictate a Preceptor must:

1. Supervise students during clinical education;
2. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
3. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
4. Provide assessment of athletic training students clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
5. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.

It is the responsibility of each Preceptor to guide students through the practical application of the MSAT Program clinical proficiencies (*Athletic Training Educational Competencies 5th ed.*). The Preceptor is expected to provide the students exposure to a wide range of injuries, treatments, and rehabilitation progression methodologies. This is achieved by assigning students specific competency-based duties over a continuum of three academic years. The Preceptor and ATS should cooperatively create semester goals. With the assistance of all the Preceptors, the goal of building a synergy between the clinical and didactic educational settings can be met. This ultimately culminates with each student possessing the skills and knowledge necessary to complete the requirements to sit for the BOC examination. Some additional roles of the Preceptors are:

1. Recommend ATS clinical assignments
2. Validate ATS clinical hours via ATrack
3. Review progression of course content as it relates to the clinical setting
4. Review ATS log of completed clinical proficiencies via ATrack
5. Assess and initiate application of completed clinical proficiencies in the clinical setting
6. Involve students as pre-professionals by assisting them with autonomous responsibilities.

## **III. Responsibilities of MS Athletic Training Program Faculty: MSAT Program Faculty responsibilities**

The MSAT Program Faculty and Staff are comprised of the professors and instructors of the required core courses. They are responsible for didactic instruction, checking clinical competencies, assisting with academic advising, and career counseling

for athletic training students. This is a cooperative process that involves communication between the student, faculty, staff, and approved clinical instructors.

It is the responsibility of the MSAT Program faculty and staff to present the *Athletic Training Educational Competencies for Health Care of the Physically Active 5<sup>th</sup> ed.* This provides students a knowledge base for practical clinical application. The duty of assessing these clinical proficiencies is shared by the MSAT Program faculty and Preceptors. This ultimately culminates with each student possessing the skills and knowledge necessary to complete the requirements to sit for the BOC examination.

#### **IV. Responsibilities of the Program Director:**

The Program Director is responsible for the overall operation of the Athletic Training Program:

- a. Maintain MSAT Program to meet *CAATE Standards*
- b. Assessment (self, MSAT Program faculty and staff, Preceptors, students, MSAT Program)
- c. Assessing clinical competencies and proficiencies
- d. Teaching/instruction
- e. Admission of students into MSAT Program
- f. MSAT Program budget
- g. Student advising and discipline
- h. Monitor students yearly progress toward completion of the MSAT Program
- i. Maintaining close communication with UVM Athletic Medicine Staff

## **Admission, Retention and Promotion Requirements**

### **Requirements Prior to Beginning Clinical Observation and Practice:**

\_\_\_\_\_ Be certified in American Red Cross Basic Life Support for the Healthcare Provider

\_\_\_\_\_ Complete AT Program file including Health Clearance and Immunization

Requirements

### **Retention Requirements following each semester:**

\_\_\_\_\_ Cumulative GPA: minimum of 3.0/4.0

Clinical Experience Hours:

\_\_\_\_\_ Actual hours \_\_\_\_\_ (250-350 for Fall/Spring; 125-175 for Summer)

Clinical Assignment:

AT Medical Setting(s) \_\_\_\_\_

OR Sport/Site: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Clinical Skill Acquisition:

\_\_\_\_\_ Complete clinical skill proficiency sheets respective to didactic and laboratory coursework

\_\_\_\_\_ Complete Clinical Integrated Proficiencies respective to clinical experience course

\_\_\_\_\_ Satisfactory completion of Clinical Experience in AT

\_\_\_\_\_ Current student NATA member

\_\_\_\_\_ NPI number

\_\_\_\_\_ Recommendation for continuation by preceptor

\_\_\_\_\_ Complete self-evaluation and Preceptor evaluation

\_\_\_\_\_ Maintain status at university and AT Program member in good standing

\_\_\_\_\_ Correspondence with Clinical Education Coordinator regarding assignment for following year