



Master of Science in Athletic Training

*Tradition, Excellence,
Innovation*

Student Policy and Procedure Manual 2021-2022

This policy manual provides information about policies and procedures for faculty, preceptors, and students in the MS in Athletic Training Program. We review and update the manual once every year. Information contained in this edition is considered current and applicable for the year following revision unless otherwise specified. The Athletic Training Program strives to publish accurate information. Since this publication is emailed to constituents once a year, and because policies and procedures are amended as warranted, posting of the most current manual can be located on the MSAT program website. <https://medicine.uiowa.edu/orthopedics/education/master-science-athletic-training> Notices of policy reminders and updates take place by email to all stakeholders.

Nondiscrimination Statement

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Director, Office of Equal Opportunity and Diversity, the University of Iowa, 202 Jessup Hall, Iowa City, IA 52242-1316, 319-335-0705 (voice), 319-335-0697 (TDD), diversity@uiowa.edu.

Table of Contents

Table of Contents	1
Section I: Program Directory	4
Faculty.....	4
Preceptors.....	4
University, Department, and Program Mission and Vision.....	9
Core Values.....	9
MSAT Program Learning Outcomes.....	9
MSAT Student Learning Outcomes.....	10
MSAT Program Description.....	10
Additional Financial Costs.....	11
Pre-AT + HHP: Exercise Science BA (U2G Program).....	12
MSAT Admissions Criteria.....	13
Eligibility for Admission to the MSAT.....	15
MSAT 2-Year Academic Plan.....	16
Academic Progression.....	17
Academic Probation Policy.....	17
Readmission Policy.....	17
Requirements for Completion of the Program.....	18
Programmatic Grading/Assessment Policy.....	18
Student Continuing Education Units Program.....	19
Student Records Policy.....	22
Program Expectations.....	22
Dress Code.....	24
Electronic Communication Policy.....	25
Student Conflict of Interest Policy.....	25
Program Background Checks.....	25
Liability Insurance.....	26
Social Media/Networking Policy.....	26
Appropriate Relationship Policy.....	27
Demerit Policy.....	27
Appeal of Disciplinary Action.....	29
Health Care & Immunizations Policy.....	29
Communicable/Infectious Disease Policy.....	30
Radiation Exposure Policy.....	32

Assumption of Risk	32
Student Employment Policy	32
Extra-Curricular Participation Policy	32
Confidentiality Policy	33
Section III: Graduate and Carver College of Medicine Policies	33
DEO Contact Information.....	33
Administrative/Curricular Home	33
Plan of Study.....	33
Final Examination.....	33
Graduate College Manual of Rules and Regulations.....	34
Academic Misconduct	34
Plagiarism	34
Understanding Sexual Harassment	35
Making a Suggestion or Complaint	35
Section IV: Clinical Education Policies.....	36
Clinical Education Guidelines	36
Clinical Education Requirements	36
Clinical Experience Evaluations	39
Clinical Skill Assessments.....	40
Record Management via ATrack	41
Preceptor Selection and Evaluation	41
Team Travel Policy.....	42
Occupational Safety Policy.....	44
Blood-Borne Pathogen Policy.....	44
Severe Weather Policy	45
Section V: Other Information	46
Athletic Training Terminology	46
National Athletic Trainers' Association Code of Ethics.....	49
Board of Certification Code of Professional Responsibility.....	50
Section VI: Appendices & Signature Forms.....	53
MSAT Signature Forms.....	53
A. Assumption of Risk	53
B. Communicable Disease Policy	54
C. First Responders/Conflict of Interest Agreement.....	54
D. Confidentiality Agreement	55

E. Photo Consent Form 56
F. Policy and Procedure Manual Agreement: 56

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Section II: Program Policies and Procedures

University, Department, and Program Mission and Vision

University of Iowa Mission

In pursuing its missions of teaching, research, and service, the University seeks to advance scholarly and creative endeavor through leading-edge research and artistic production; to use this research and creativity to enhance undergraduate, graduate, and professional education, health care, and other services provided to the people of Iowa, the nation, and the world; and to educate students for success and personal fulfillment in a diverse world.

Core Values

*In planning, setting priorities, and carrying out every aspect of its mission, the University of Iowa is guided by seven interdependent commitments:
Excellence, Learning, Community, Diversity, Integrity, Respect, Responsibility*

Carver College of Medicine Mission

Our mission is to inspire and educate world class health care providers and scientists for the people of Iowa and our global community.

Department of Orthopedics and Rehabilitation Mission

Improve the lives of people suffering from disease, deformities, and injuries of the spine and limbs.

MSAT Program Vision

Our vision is to be the program known for producing highly competent athletic training practitioners who are committed to continual learning and dedicated service to the diverse healthcare and safety needs of their patients.

MSAT Program Mission

Our mission is to blend high quality education together with exemplary clinical experiences creating a seamless environment where student growth and development are natural outcomes. We aspire to be the model for clinical education that promotes interprofessional collaboration that impacts the future of healthcare. We achieve our mission by maintaining Iowa traditions, striving for excellence through continuous improvement, and incorporating clinically relevant research to be innovative.

MSAT Program Learning Outcomes

1. The program will facilitate student knowledge and clinical skill development among diverse populations.
2. The program will maintain an 80% retention rate.

3. The program will facilitate direct engagement and learning approaches to healthcare that will add to successful professional development through inter-professional experiences.
4. The program will maintain a first-time pass rate on the BOC exam of 80%.
5. The program will publicly disseminate scholarship based on clinically relevant research in athletic training to enhance engagement and produce creative works to support learning.
6. The program will graduate students who demonstrate cognitive and psychomotor competence and clinical proficiency based on clinically relevant research in the following BOC Practice Analysis content areas:
 - a. Injury and Illness Prevention and Wellness Promotion
 - b. Examination, Assessment, and Diagnosis
 - c. Immediate and Emergency Care
 - d. Therapeutic Intervention
 - e. Healthcare Administration and Professional Responsibility

MSAT Student Learning Outcomes

Upon graduation, the student:

1. Will communicate effectively among healthcare providers, patients, and all other stakeholders in their delivery of healthcare. (PLO #1, #3, #5, #6)
2. Will practice with professionalism and integrity adhering to the Code of Ethics outlined by the NATA and the Code of Professional Responsibility by the BOC. (PLO #1, #3, #5, #6)
3. Will demonstrate cognitive and psychomotor competence and clinical proficiency based on clinically relevant research in the following BOC Practice Analysis content areas: (PLO #4, #6)
 - a. Injury and Illness Prevention and Wellness Promotion
 - b. Examination, Assessment, and Diagnosis
 - c. Immediate and Emergency Care
 - d. Therapeutic Intervention
 - e. Healthcare Administration and Professional Responsibility
4. Will demonstrate critical thinking to effectively solve problems in a variety of dynamic athletic training environments. (PLO #3, #4, #6)
5. Will demonstrate growth in cultural competence among healthcare providers, patients, and all other stakeholders in their delivery of healthcare. (PLO #1, #3, #6)
6. Will demonstrate a kaizen philosophy in their learning and professional practice. (PLO #1, #2, #3, #5, #6)

MSAT Program Description

Students who want to become certified athletic trainers may earn a single M.S. degree or pursue the combined degree program that includes a B.A. in Health and Human Physiology (exercise science track) and the M.S. in Athletic Training. See the B.A. in Health and Human Physiology (exercise science track) in the General Catalog.

The Master of Science in Athletic Training program (MSAT) requires 62 s.h. of coursework. The program provides a hybrid of two full years, including summers, of concentrated didactic and clinical experiences that lead to eligibility for the Board of Certification (BOC) examination. While in the program, students must maintain a cumulative graduate GPA of at least 3.00 and must earn a grade of C- or higher in all graduate coursework.

Additional Financial Costs

Programmatic tuition is ~\$600 per credit (*62 credits at \$600 is a total tuition of \$37,200*). Besides University tuition and fees, students will incur additional costs that may include:

1. Background Check: (\$55) Annual background checks are conducted on all students through CastleBranch. The cost is included in the AT:4000/AT:5000 course fee. Background check fees are not refundable if a student drops a course in which the fee is collected.
2. Immunizations: (based on student need) Covered by student medical insurance. Some clinical facilities or experiences (surgery observations) may require proof of immunizations or require additional immunizations beyond what was required for program admission. Students are responsible for the cost of any immunizations or laboratory studies.
3. Graduate College Application Admissions Fee: (\$60) If offered an interview.
4. Clothing: (based on student need) Appropriate athletic training clothing including slacks, shorts, appropriate shoes, or outdoor gear. In some instances, students are required to wear dress clothes as determined by the dress code of a particular clinical experience (basketball game days).
5. Travel: Students are responsible for vehicle, parking, travel expenses, gas to-and-from all clinical experiences.
6. Professional Membership: (\$80 annually) All students are **required** to become members of the National Athletic Trainers' Association (NATA) which has an annual fee.
7. ATrack Usage Fee: (\$45 annually) ATrack is used to manage and house administrative documents for the program including hours, student skill assessments, and student mid/end clinical experience evaluations.
8. Professional Meeting Attendance: Athletic training students are required to attend, at minimum, one professional meeting as described in the completion of program criteria. Costs of attending a professional conference vary by geographical location but involve travel, registration, housing, and food while at the meeting.
9. BOC Self-Assessment Examination: (\$35) All students are required to take and pass each domain of the BOC Self-Assessment Examination prior to being endorsed for the BOC.
10. BOC Examination: (\$330) All students **MUST** sit for the BOC examination during their final academic semester prior to graduation.
11. CPR Re-Certification: (\$10) Students are responsible for maintaining certification throughout their time in the program. Students must pay the card fees only.
12. Immersive Experience: Additionally, students may choose a semester-long immersive clinical experience that is at a distant location. Travel, housing, food, and other specific needs of the clinical experience are the responsibility of the student.
13. Textbooks: (Varied prices) Students must purchase and retain ALL required textbooks per course syllabus throughout the MSAT program.

Course fees are unique costs incurred by the student solely for the support of supplies and equipment needed to operate the specific course. Course fees may not be refundable if a student drops a course at a certain point prior to or during the semester the course is in session.

AT:3060	Advanced Human Anatomy for AT	\$500.00
AT:4000	Foundations of AT	\$165.00
AT:4075	Emergency Care Techniques	\$150.00
AT:5000	Pathology & Assessment -Non-Ortho Condition	\$200.00

Scholarships

All MSAT students who are in ‘good standing’ with the program will received a base scholarship each fall and spring semester. The amount provided varies depending on the number of students in the program and the available funding. Students who attend an immersive clinical experience outside the Iowa City/Cedar Rapids area are also eligible for additional funding. Contact the Program Director for more details about scholarships.

Pre-AT + HHP: Exercise Science BA (U2G Program)

BA in HHP (Pre-AT)	1st YEAR	2nd YEAR	3rd YEAR
FALL	Exploring AT 1 sh HHP:1010 (offered fall only)	Nutrition & Health 3 sh HHP:2310	Biomechanics of Sport and Physical 3 sh HHP:2350
	General Chemistry I 3 sh CHEM:1070	Elementary Statistics and Inference 3 sh STAT:1020	Applied Exercise Physiology 3 sh HHP:3400
	Physical Activity & Health 3 sh HHP:2200	Human Anatomy 3 sh HHP:1100	Sport & Exer Nutrition 3 sh HHP 4310
	Rhetoric 4 sh RHET:1030	Gen Ed 3 sh	World Lang 4-5 sh
	Elementary Psychology 3 sh PSY:1001	World Language 4-5 sh	Gen Ed 3 sh
	Success at Iowa 2 sh		
	16 sh	16-17 sh	16-17 sh
SPRING	General Chemistry II 3 sh CHEM:1080	Basic Physics 4 sh PHYS:1400	First Aid and CPR for AT 2 sh HHP:1200 (offered spring only)
	The Interpretation of Literature 3 sh ENGL:1200	Fundamentals of Human Physiology 3sh HHP:1300	Metabolic Exercise Testing and Prescription 4 sh HHP:4200
	Human Biology 4 sh BIOL 1140	Physical Activity Psychology 3 sh HHP:2500	Musculoskeletal Exer Testing/Prescription 4 sh. HHP:4210
	Public Health 3 sh CPH: 1400/1600/1800)	Gen Ed 3 sh	World Lang 4-5 sh
	Gen Ed 3 sh	World Lang 4-5 sh	APPLY TO THE MSAT BY FEB 1st
16 sh	17-18 sh	14-15 sh	
Summer		Med/Tech Term CLSA 3750:EXW 2 sh	See MSAT curriculum
		Couns for Related Prof RCE 4199:EXW 3 sh	
		5 sh	

MSAT Admissions Criteria

Admission to the Master of Science in Athletic Training program is competitive with a limited number of students admitted into each cohort. Applicants are expected to meet technical standards, pass a background check, and comply with health and safety standards including vaccination requirements. **Completion of the application does not guarantee admission to the Master of Science in AT program.**

To be considered for the Master of Science in Athletic Training program, applicants must:

- have completed a B.A. or B.S. degree at an accredited institution in the United States OR have completed the first three years of undergraduate work for the U2G combined program at the University of Iowa
- U2G students must complete 80 s.h. of undergraduate work with in the U2G program
- undergraduate transfer students need to have completed 30 s.h. at the University of Iowa
- have an undergraduate cumulative GPA of 3.00. (*U2G students are required to have an undergraduate GPA of 3.25*).
- submit the application to the Graduate College through the Athletic Training Centralized Application Service (ATCAS); set up a University of Iowa account, and pay the supplemental fee
- submit two letters of recommendation (1 medical professional, 1 academic professional)
- submit a resume
- submit a statement of purpose/career goals
- submit a Test of English as a Foreign Language (TOEFL) score, if English is not your native language, taken within the last 2 years. Only the IBT (Internet Based Test) form of the TOEFL will be accepted. We require a total score of 93 and a speaking score of 26 for entry into our program.
- have current CPR certification obtained within one year— Basic Life Support (BLS) or Professional Rescuer level and must be consistent with Board of Certification standards
- have current First-Aid certification obtained within one year
- submit a signed copy of the programs Technical Standards for Admission form
- complete a minimum of 50 hours of observation under a Certified Athletic Trainer complete **required** prerequisite coursework with a grade of C or higher in biology (prefer human), chemistry, physics, human anatomy, human physiology, exercise physiology, psychology, biomechanics/kinesiology, nutrition, and statistics. (Pre-requisite course equivalency will be determined by the Program Director on a case by case basis and must either be complete or in-progress when submitting your application.)
- additional **recommended** coursework in medical terminology, introductory coursework in AT, public health, motor learning, or additional psychology coursework.
- We accept community college coursework. We accept online coursework from accredited universities. AP/CLEP coursework may satisfy course requirements if listed on a college transcript.

Course*	Minimum Credits	Other
Biology (prefer human biology)	3 credits	With or without lab
Chemistry	3 credits	With or without lab
Physics	3 credits	With or without lab
Human Anatomy	3 credits	May be taken combined with Human Physiology (2 semesters minimum if combined)
Human Physiology	3 credits	May be taken combined with Human Anatomy (2 semesters minimum if combined)
Exercise Physiology	3 credits	
Nutrition	3 credits	General or sport
Statistics	3 credits	
Psychology	3 credits	General Psychology is required, additional psychology coursework is recommended
Biomechanics/Kinesiology	3 credits	

**Pre-requisite courses must have grade of C or better.*

Applications are reviewed immediately upon submission and MUST be submitted by February 1 each year. Following the February 1st deadline, admission will be rolling. Coursework begins during the summer session, early June. A personal interview is also required. Applicants must meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations of the Graduate College.

<https://www.grad.uiowa.edu/academics/rules-and-deadlines/manual>

Eligibility for Admission to the MSAT

Applicants for the MSAT program will be scored using the following guidelines:

- **GPA in Required Courses** (40 points)
(4.00–3.70 = 40) (3.69–3.40 = 36) (3.39–3.10 = 32)
(3.09–2.80 = 26) (2.79–2.60 = 20) (2.59–2.00 = 10) (<1.99 = 0)
- **Cumulative GPA of 3.00** (30 points)
(4.00–3.80 = 30) (3.79–3.60 = 26) (3.59–3.40 = 22)
(3.39–3.20 = 18) (3.19–3.00 = 14) (<2.99 = 0)

**4 Point Rating Scale (where applicable): 1=poor, 2=fair, 3=good, 4=excellent*

- **Interview** (28 points)
 - Structured Questions (6 questions, 4 pts each)
 - Unstructured Conversation (4 points)
- **Writing Sample/Personal Statement/Additional Questions** (20 points)
 - Personal Statement Content: 6 pts
 - Clearly defines their purpose for earning a MSAT
 - 3 – Has a clear understanding of AT Profession
 - 2 – Has a basic understanding, lacks some details
 - 1 – Has no understanding of AT
 - Demonstrates an understanding of the profession and path to their goals
 - 3 – Clear goals, congruent with AT as degree
 - 2 – Mentioned goals, but provided minimal explanation of path
 - 1 – No indicated goals, not appropriate to AT degree
 - Question 1: 4 pts
 - Specifically, what interests you about the MSAT program at the University of Iowa?
 - Question 2: 4 pts
 - Provide one specific interaction with an AT or patient, from your **clinical observation hours**, that solidified your decision to become an Athletic Trainer.
 - Proper grammar, punctuation, spelling, and terminology 6 pts
- **Assessment of Program Fit (holistic candidate evaluation)** (20 points, 4 ea)
 - Communication
 - Professionalism
 - Maturity
 - Understanding of and interest in the profession of AT
 - Potential as a student and future AT
- **“Candidate Distinguishers” (if needed):**
 - Observation Hours/Setting variety
 - Letters of Recommendation/Evaluations
- Students must earn a minimum of 70% of total points to be considered for admission.

MSAT 2-Year Academic Plan

62 sh	1 st YEAR	2 nd YEAR
SUMMER	Advanced Anatomy for AT 4 sh <i>AT 3060</i>	Pathology and Assessment of Non-Orthopedic Conditions 3 sh <i>AT 5000</i>
	Foundations of AT Practice 3 sh <i>AT 4000</i>	Diagnostic Imaging and Lab Studies 1 sh <i>AT 5075</i>
	Medical Emergency Techniques 2 sh <i>AT 4075</i>	Pathophysiology and Pharmacology in Sports Medicine 2 sh <i>AT 5200</i>
	9 sh	6 sh
FALL	Clinical Experience I 3 sh <i>AT 4125</i>	Research in AT 2 sh (online) <i>AT 6100</i>
	Orthopedic Pathology and Clinical Examination I 4 sh <i>AT 4200</i>	Clinical Experience III 6 sh (online) <i>AT 6125</i>
	Therapeutic Interventions 2 sh <i>AT 4300</i>	Administration and Leadership 2 sh (online) <i>AT 6200</i>
	Rehabilitation Techniques 3 sh <i>AT 4400</i>	Seminar in AT 2 sh (online) <i>AT 6400</i>
	12 sh (BA in HHP granted to 3+2 students)	12 sh
SPRING	Orthopedic Pathology and Clinical Examination II 4 sh <i>AT 4250</i>	Applied Research in AT 2 sh <i>AT 6250</i>
	Nutrition for AT 2 sh (1 st half) <i>AT 4375</i>	Advanced Topics in AT 1 sh <i>AT 6450</i>
	Psychosocial recognition & referral 2 sh (2 nd half) <i>AT 6300</i>	
	Applied Rehabilitation Concepts 3 sh <i>AT 4450</i>	Clinical Experience IV 5 sh <i>AT 6525</i>
	Clinical Experience II 4 sh <i>AT 4525</i>	
	15 sh	8 sh

Academic Progression

In order to remain in “*good standing*” within the MSAT Program, the student must:

1. Maintain an overall cumulative GPA of 3.00. If a student’s GPA falls below 3.00 after completion of summer 1 and fall 1, they will be placed on academic probation for the following academic semester (see policy below).
2. Earn no less than a C- in ALL MSAT courses. Students must retake any course in which they do not receive the required minimum grade of C-. Due to course sequencing, this may delay a student from normal progression in the MSAT Program by one year.

Academic Probation Policy

If the criteria for academic progression are not maintained, the following actions will be taken:

1. The student will receive written notification from the Program Director concerning probationary status.
2. The student must meet with the Program Director to determine a course of action. The student must follow through with the course of action set by the Program Director to be considered for reinstatement to “*good standing*” within the program.
3. If the student has not achieved an overall cumulative GPA of 3.00 or higher by the end of the probationary period (1 academic semester), they will be dismissed from the program and will need to apply for readmission (see readmission policy for more information). Students will be considered for readmission at the last level of successful completion.
4. Students will not be authorized for the BOC exam if on academic probation (not in “*good standing*”) with the program during the 2nd year spring semester. If on academic probation during the last semester in the program, the student may be authorized to sit for the exam during the May/June exam window IF off academic probation.

Readmission Policy

The MSAT program considers dismissal from the program to be a formal process whereby the student discusses the procedures and circumstances of withdrawal with the Program Director. The student must either submit written intent to voluntarily withdraw OR sign a dismissal letter to be kept on file in the Program Director’s office.

Intent for reinstatement by any student who has withdrawn from the MSAT program within the previous two years must be received in writing in the Program Director’s office. Students who have been dismissed from, or have voluntarily withdrawn from, the program will be considered for readmission to the program once the following criteria have been met.

1. Program GPA and coursework grade requirements listed above are satisfied.
2. Student has addressed any outside conflicts that may have caused dismissal/withdrawal from the program.
3. Student may not be readmitted during the same semester of withdrawal but can request readmission at the equivalent semester of the following year. The point at which the student will be reinstated will be dependent on which courses have been satisfactorily completed.
4. Students will be readmitted to the program at the level they were dismissed/withdrew at the discretion of the Program Director.

Requirements for Completion of the Program

In order to receive the endorsement of the Program Director to sit for the BOC examination and graduation, students must meet the following program requirements:

1. Maintain appropriate academic progress throughout the program.
 - a. Overall GPA (3.00 or higher)
 - b. Course grade requirement (C- or better)
 - c. Students will not be authorized for the BOC exam if on academic probation (not in good standing) with the program during the year 2 spring semester. If on academic probation during the last semester in the program, the student will be authorized to sit for the exam once off academic probation.
2. Complete 100% of Clinical Skill Assessments with a score of 3 (competent) or higher prior to being endorsed by the Program Director for the BOC exam.
3. Pass EACH domain of the BOC Self-Assessment Examination with a score of 70% or higher. (retakes allowed). A score of 70% or higher must be attained on EACH domain prior to endorsement from the Program Director to sit for the BOC Examination. Students must provide evidence of test completion with domain scores. Students are responsible for the cost per attempt.
4. Sit for the BOC examination during the final semester prior to graduation. (Students must be in *good standing* with the program and show proof/receipt of BOC exam registration).
5. Complete ALL clinical experiences as assigned by the program to comply with CAATE (Standards 17 and 18).
6. At minimum, present your research project at an approved event/conference.
7. Complete the Student CEU Program.

The student should be aware that the Program Director reserves the right to remove the endorsement of a student or withhold graduation if they fail to maintain a passing grade in all classes listed as well as an overall GPA of 3.00. BOC Certification will be withheld by the BOC if the student does not meet all requirements for graduation.

Programmatic Grading/Assessment Policy

Grading:	92 – 100%	A	77 – 79%	C+
	90 – 91%	A-	72 – 76%	C
	87 – 89%	B+	70 – 71%	C-
	82 – 86%	B	< 70%	F
	80 – 81%	B-		

*All MSAT courses use the same grade scale listed above.

*Course grades are housed in ICON and transferred to MAUI at the end of the semester.

Program Assessment (Didactic):

*For skill/knowledge that are part of the CAATE Standards (see Educational Standard charts in each course syllabus), scores will be calculated using the chart below.

*Students must earn a minimum of 2 (Developing) to be considered ‘Pass’ on that standard. Scores below a 2 will require a re-test. Program assessment scores will be reviewed with students during their advising appointments. An action plan will be developed for remediation and a re-test will be scheduled with the appropriate course instructor.

*The original assessment score will be factored into the student’s course grade. Any re-test will not improve the original test score for the course grade and will only be used for program assessment purposes.

*Program assessment scores are housed in ATRACK under the Didactic Matrix for each student.

Program Assessment (Clinical):

*See the Clinical Experience Syllabi for specific assessment policies

*By the end of the student’s immersive clinical experience, you will be expected to score a 3 (Competent) or higher on all CAATE Standards.

*Students must earn a minimum of a 3 (Competent) or higher prior to being endorsed by the Program Director for the BOC exam.

Score	Descriptor	Definition
0		Student did not perform/articulate the component of the skill
1 1-25%	Beginner	Student’s skill performance demonstrates critical deficiencies that might endanger the health or wellbeing of the patient.
2 26-69%	Developing	Student is able to perform a skill but with some inaccuracies; intervention/correction is still needed.
3 70-89%	Competent	Student can perform the skills necessary for a situation autonomously with no intervention/correction needed.
4 90-100%	Proficient	Student performs skills autonomously and demonstrates the ability to clearly articulate the reasons for their decisions.

**University of Iowa
Student Continuing Education Units Program**

Purpose: The purpose of the student CEU program is to encourage and promote professional development behaviors that will be required upon entering the profession. In addition, this program supports the program philosophy of ‘Kaizen’ (continuous learning) and allows for a smooth transition into professional practice.

How the program works? Throughout the year, students may earn Continuing Education Units (CEU’s) by attending or being involved in a number of activities. Below is a list of approved activities and events by category. CEU values have been assigned to each event. Students will be required to obtain a predetermined number of CEU’s based on their year in the program. Students

may also request approval of additional activities/events not listed below, especially during immersive clinical experiences.

REQUIRED Continuing Education Units per year:

Year 1 Student 20 CEUs
 Year 2 Student 10 CEUs

**** 1 CEU is required covering a topic relevant to Diversity, Equity, and Inclusion**

Reporting your CEUs? Students will log their CEUs throughout the year using the “Student CEU Program Log” form on ATRACK. After attending an event, log your CEUs for approval by the PD. Once you have met the yearly CEU requirement or at the end of each spring semester, students must submit documentation of a complete CEU file. Your file will include a copy of your current CPR card, NATA membership, and complete CEU log. CEU files should be turned into the Program Director **no later than noon on the LAST DAY of classes spring semester.**

The Continuing Education Units program is a requirement of the MSAT program. If your CEU’s are not turned in or are incomplete by the due date, the demerit policy will be applied as follows:

Complete but turned in late: Mild infraction

Incomplete: Mild or Moderate infraction

Not turned in: Moderate or Severe infraction

Demerit assignment is on a case by case basis and determined by the AT program administration. See Demerit Policy for further information.

All questions and requests about CEUs should be directed to the Program Director.

Categories (Min/Max per Year)	Event or Activity	CEUs
Category A Approved Programming <i>Section 1: Sports Med conferences</i> (Min: 5 / Max: 12 CEUs)	<ul style="list-style-type: none"> Attend UI Sports Medicine conferences (Friday/Wednesday) 	1 CEU per hour of attendance
Category A Approved Programming <i>Section 2: State/district/national</i> (Min: 5 / Max: 12 CEUs)	<ul style="list-style-type: none"> Attend Athletico Learning Lab 	1 CEU
	<ul style="list-style-type: none"> Attend Hawkeye Symposium 	2 CEUs = one day 3 CEUs = 2 days
	<ul style="list-style-type: none"> Attending a professional conference 	3 CEUs = Local 5 CEUs = District 8 CEUs = National

Category B Professional Development/Webinar (Max: 8 CEUs)	<ul style="list-style-type: none"> • NATA CEU Credits (10 free) 	1 CEU each
	<ul style="list-style-type: none"> • Present Research Poster (Yr 2) 	3 CEUs
	<ul style="list-style-type: none"> • Prepare & submit a peer reviewed publication or conference presentation 	5 CEUs
	<ul style="list-style-type: none"> • Serve on a state, district, national committee 	3 CEUs per year
	<ul style="list-style-type: none"> • Professional development approved by faculty 	1 CEU each
Category C Additional Professional Experience/Event (Max: 5 CEUs)	<ul style="list-style-type: none"> • Assist with Sports Med Physicals • Assist with Athletico PRN events • Assist with ACL/shoulder screens • Assist with a large home event, i.e. BIG tournament/NCAA event* 	2 CEU per event
Diversity/Equity/Inclusion (Min: 1 CEU)	<ul style="list-style-type: none"> • Attend an event/webinar/training that presents any facet of DEI 	1 CEU each
Category D Certification/Membership	<ul style="list-style-type: none"> • Must provide a copy of your current CPR certification (BLS or Professional Rescuer) • Must provide a copy of your current NATA membership card 	NO CEU's will be awarded for Category D

***Note:** If you are assigned to a clinical rotation, you will not be permitted to work an event and collect CEU's instead of clinical hours. Example-If you are assigned to Track and Field during the BIG Track & Field Meet, you may not collect continuing education units for working that event.

Student Records Policy

The MSAT Program is committed to the privacy and security of our students. The MSAT Program Student Records Policy complies with the Family Educational Rights and Privacy Act of 1974 (FERPA), sometimes called the Buckley Amendment, which establishes students' rights and institutions' responsibilities regarding the privacy of education records. It provides guidelines for maintaining the confidentiality of education records and monitoring the release of information from those records. All program faculty and Preceptors are HIPAA and FERPA trained.

All student products, academic standing records, photographs, application materials, contact information, evaluations, and other official records kept in the Program Office or available to faculty and preceptors must comply with FERPA rights and restrictions. FERPA Privacy information can be accessed at the University website:

<http://www.registrar.uiowa.edu/facultystaff/ferpaprivacyinformation/tabid/77/default.aspx>

While a student is in the program, all records are either stored on secure, password protected faculty computers or locked in office file cabinets. Students may request to see their records at any point during the program. All student records (paper or electronic) are archived in the Program Office for seven years after a student graduates from the program. Following the archive period, all records are either permanently deleted or shredded.

Program Expectations

The following guidelines delineate the role and expectations of a student as they progress through the program. As a student in the UI MSAT Program, you are expected to conduct yourself in accordance with these guidelines during any didactic and clinical experience, on or off campus. We strive for a reputation that prepares students to become exceptional certified athletic trainers and for promoting the profession of athletic training in a positive manner.

To build a quality program, it is important that students excel both academically and clinically.

1. You are expected to attend all of your classes. Each faculty member sets their attendance policy and provides details through their course syllabus.
 - a. You cannot gain the knowledge base necessary to perform clinical skills without attending, paying attention, and studying hard outside of class time.
 - b. Class attendance and academic progress will be monitored throughout the academic year.
 - c. If you are struggling in a class, it is important that you speak to the instructor and seek extra help early in the semester.
2. Each student must maintain current certification in CPR for the PR/BLS. The Athletic Training Program offers CPR updates as needed or students can contact their local American Red Cross/American Heart Association chapter. Please provide a copy of your current CPR card to the PD/CCE as you receive them.
3. Completing all health and immunizations requirements and forms, in order to be compliant with both university and clinical site requirements, and in order to participate in any clinical experience. This includes any additional tests or examinations that may be required by a specific clinical site to which a student is assigned, including background checks, influenza vaccinations, etc.

4. Students must maintain NATA membership throughout their time in the program. Please provide a copy of your current NATA card to the PD as you renew them.
5. Students will need to provide their own transportation to all clinical experiences. You are responsible for all costs incurred during your travel off-campus, including parking and gas. Students who drive to their clinical experiences must have a valid driver's license and insurance. There is an assumption of risk by you and the other people in your vehicle if you carpool and an accident occurs. The University will not reimburse the owner or driver for damages to the vehicle or other personal property in the vehicle. The university is not liable for any injuries incurred while traveling to and from clinical experiences. Students' must adhere to all UI background check driving restrictions.
6. You must always **conduct yourself as a professional**. One of the most significant components of professional development is the relationships that are fostered between athletic training students and those with whom they regularly interact including, but not limited to, affiliate medical providers, AT faculty, clinical supervisors, fellow students, coaching staff, and patients. This policy applies to all students affiliated with the MSAT program.

Students are expected to progress from awareness and understanding, to demonstrating, mastering and integrating the following Professional Behaviors and Responsibilities with the above-mentioned people and abide by the NATA Code of Ethics and BOC Standards of Practice. The following are required for successful progression through the MSAT program.

- a. **Respect:** Students are expected to treat each other, the faculty, and professional staff, as well as patients with respect. Students should also respect the AT lab, clinical sites and equipment provided for learning. Equipment is not for use without permission, especially outside of class/clinical experience time. *Follow the 3 R's: Respect for self, Respect for others, Responsibility for your actions*
- b. **Professionalism:** Students are expected to maintain appropriate hygiene, dress, and demeanor, following the program dress code. Students should refrain from using their cell phones during clinical experiences, unless authorized by your Preceptor.
- c. **Collaboration:** Students are expected to demonstrate a willingness and ability to work together with students, faculty, staff, and patients. If there is a conflict, it should be dealt with privately and professionally. Avoid bringing personal problems to the classroom or clinical settings. Individuals associated with the AT Program (students, faculty, and Preceptors) should not speak poorly of each other or of the program.
- d. **Reverence for Learning:** Students are expected to demonstrate reverence for knowledge, experience, and being prepared for academic and clinical opportunities. Students should be on time, ready and willing to learn. *"If you are on time, you are late"*. Tardiness is unacceptable and often demonstrates a lack of respect for others. Please plan appropriately to be on time to all courses, meetings, and clinical experiences. While emergencies happen, it is the student's responsibility to communicate appropriately with the course instructor or Preceptor to notify a late arrival.
- e. **Emotional Maturity:** Students are expected to exhibit appropriate social behavior in the classroom and at clinical sites, and during all other activities where you are representing the MSAT program and profession.
- f. **Flexibility:** Students should be willing to accept and adapt to change. Students should have the flexibility to function effectively under stress, adapting to changing

- environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical setting.
- g. **Communication Skills:** Students are expected to demonstrate social awareness and communication skills (including written, verbal, and nonverbal) necessary for establishing rapport with affiliate medical providers, AT faculty, clinical supervisors, fellow students, coaching staff, and patients.
 - h. **Honesty and Integrity:** Students are expected to demonstrate moral excellence and trustworthiness in all their actions.

Dress Code

The MSAT Program at UI is committed to preparing you for a future in allied healthcare. Part of this commitment involves professionalism. Professionalism is comprised of many factors, one of which is professional attire. Remember that you are representing the University of Iowa and the profession of Athletic Training to the public and other healthcare professionals!

The dress code for the MSAT Program is mandatory and must be followed at all times during your clinical experience. Appropriate dress should also be adhered to during AT core classes and Friday morning conferences. ALL program administration and Preceptors associated with the AT Program have the authority to enforce this policy by any means they see fit. The PD and Assistant AD of Sports Med/Sports Performance have final say in dress code matters. Faculty or Preceptors may ask you to go home and change clothes or employ the demerit policy as needed. Any clothing ordered by student group will be reviewed by the faculty/staff for approval prior to being worn during clinical experiences. **In addition, no clothing with the logos of Iowa Sports Medicine or Iowa Athletic Training may be worn to inappropriate settings outside of clinical experiences.** If you have questions about your specific situation due to medical, religious, or ethnic issues, please discuss with the PD or assigned Preceptor.

Appropriate Attire Includes:

1. Pants/slacks: must be loose fitting, no skinny pants, no spandex/leggings
2. Shorts/Capris (shorts need to be mid-thigh and loose fitting)
3. Athletic training polo shirts
4. Long or short sleeved collared shirts or collared with buttons (clavicle exposure only)
5. Dress clothes may be required for some clinical settings (game days/physician's clinic)
6. Closed toed shoes only (all the time), no open heel shoes
7. Name tags MUST be worn at all times during clinical experiences designating you as a student (above the waist)
8. Neatly groomed at all times. Avoid excessive piercings, excessive make-up, perfume, facial hair (Some sites may require you to remove piercings or shave facial hair)

Inappropriate Attire Includes:

1. Clothing considered unprofessional by faculty or Preceptors
2. Yoga pants/leggings will NOT be allowed as "pants"
3. No hats, caps, or head protection shall be worn indoors

Electronic Communication Policy

University policy specifies that students are responsible for all official correspondences sent to their University of Iowa e-mail address (@uiowa.edu). Faculty and students should use this account for correspondences ([Operations Manual, III.15.2](#), k.11). This is the email address the PD/CCE will utilize for sending out program reminders and updates. Please refrain from using non-UI email accounts such as Hotmail, Gmail, Yahoo, etc. Emails sent via personal email accounts will not be responded to by faculty or program administration. If you send an email after 4:00pm, do not expect a response until the next day. Emails sent Friday-Sunday may not be dealt with until the following Monday. Text messaging with preceptors and faculty is at the discretion of each professional.

Student Conflict of Interest Policy

1. Students enrolled in the MSAT Program at UI are not to serve as first responders or other credentialed professional (EMT, CSCS, PT, etc.) while fulfilling their clinical experiences responsibilities.
2. The MSAT Program at UI does not recognize student experiences that are not conducted under the supervision of an UI trained Preceptor or that occur at locations that are not AT Program Affiliated Site.
3. At no time should an Athletic Training Student serve as a Certified Athletic Trainer or practice without being Registered/Licensed to practice in Iowa or other states.
4. If an outside entity hires an Athletic Training Student to serve as a first responder or other credentialed professional, the programs blanket malpractice insurance policy does not cover the student.
5. It is the responsibility of the student to either obtain personal malpractice insurance coverage or to ensure that liability coverage is provided by the hiring agency for services provided outside of clinical experience.
6. Athletic Training Students hired as first responders or other credentialed professional are not to call or refer to themselves as an Athletic Trainer, Student Athletic Trainer, Athletic Training Student, ATS, SAT, AT, ATC, or Certified Athletic Trainer, nor are you allowed to wear UI AT Program attire.

Students found to have violated any points above will be immediately dismissed from the program.

Program Background Checks

Background checks are required for the MSAT Program especially while working with minors at local high schools, for general medical sites, and athletic training clinic experiences. Background checks are conducted annually through CastleBranch, Inc. The records are housed on the CastleBranch portal and can be accessed by the PD, CCE, and the student. An ATS who is convicted of any crime (with the exception of petty misdemeanors, misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs), or who becomes subject to any university disciplinary actions, may not be allowed to complete clinical experiences as assigned. Students unable to complete their clinicals due to findings/hits on their background check may be dismissed from the program due to their inability to complete clinical experience courses and thus the requirements for graduation or certification by the BOC. Students are responsible for any sanctions that are the result of background check violations, including driving restrictions and other infractions. Failure to comply with background check sanctions are grounds for removal from the

program. Background check fees are collected within the summer course fees and are non-refundable for any reason.

Liability Insurance

The MSAT Program at UI provides a blanket liability insurance policy for students during assigned clinical experiences only. According to the University policy, while pursuing experiences and engaging in activities for clinical experience courses under the direction of University of Iowa trained Preceptor or ATs at clinical experiences with a set affiliation agreement, students are considered a volunteer. Volunteers are considered employees while acting within the scope of their authorized duties. Students must be enrolled in a Clinical Experience course to be covered by the policy. You are only covered under the university policy while under the direct supervision of your Preceptor during official clinical assignments. Using learned skills while **not** at your clinical experience or under the supervision of a Preceptor, is at your own risk and is considered practicing without a license. Thus, it is highly recommended that **ALL** students purchase personal malpractice liability insurance each year while in the AT Program. *ProLiability* or *HPSO.com* are options for professional liability policies. Please see their websites for cost.

Social Media/Networking Policy

The MSAT Program will not tolerate inappropriate use of social media. This is considered unprofessional behavior and will be subject to the Demerit Policy. Use of social media must comply with the UI Social Media Policy. Students should be aware that the program administration, potential employers, residency programs, and scholarship committees, commonly use these sites to monitor and screen candidates. Students are highly discouraged from friending patients or communicating with patients (especially minors) over social media. Ultimately, you have sole responsibility of what you post and what is on your social media pages. Violations are subject to the Demerit Policy or removal from the program.

The following guidelines should be followed by ALL students:

1. No comments/posts of racial or sexist nature.
2. No offensive or inappropriate pictures should be posted. Examples of offensive or inappropriate pictures include, but are not limited to, alcohol, illegal drugs, and sexual innuendos. Students should **never** post pictures while dressed in any AT apparel without programmatic consent. This including the programmatic social media pages.
3. No offensive or inappropriate comments should be posted. This includes derogatory, inflammatory, or coercive comments made towards members of the UI MSAT Program, faculty, preceptors, other students or opponents.
4. No negative reference to being an athletic training student at the University of Iowa should be posted.
5. No information related to the health or playing status of any athlete or patient from UI or any clinical sites utilized by the MSAT Program should be posted. This also includes posting derogatory, inflammatory, or coercive comments made towards coaches, teams, or patients.
6. It is not advised or appropriate to ‘friend/follow’ patients/athletes, especially minors, on social media.

Appropriate Relationship Policy

Athletic trainers dating athletes/classmates/GAs can lead to compromising situations and is, therefore, highly discouraged. If, however, a situation arises where a student is dating an athlete, this relationship should not become evident in the athletic training facility. The Director of Sports Medicine and the Coordinator of Clinical Education/Program Director must be made aware of such relationship immediately so that appropriate actions can be taken to avoid potentially contentious circumstances. (Students may be amicably moved to a different clinical site if the situation dictates). Under NO circumstance should the relationship manifest itself (i.e. physical, verbal, emotional) while in the athletic training facility, at clinical sites, while traveling with the team, or while otherwise engaged in AT-related activities with the team. Failure to comply with this policy may lead to demerits or dismissal from the program.

Demerit Policy

Students not adhering the University of Iowa MSAT Program Policies and Procedures can and will be assessed demerits based on the infraction by either program faculty and/or Preceptors. Demerit Notices serve as a tool for documenting inappropriate behavior and subsequent discussions regarding the behavior. Demerit Notice Forms will be maintained in the students permanent file located in the AT Program office.

Reprimand Procedures

1. A Demerit Notice Form must be completed within 48 hours of a violation and be given directly to the Program Director (PD) by the faculty or preceptor.
2. The PD will discuss the details of the situation with the Preceptor/faculty.
3. The PD will then meet with the student to discuss their representation of the situation.
4. The PD, in conjunction with the Coordinator of Clinical Education, will make a final decision on the matter, including the number of demerits to be assessed and the corresponding repercussions, and inform the student of the decision.
5. Students will be required to sign the demerit form, indicating an understanding of and acceptance of the demerits and corresponding sanctions.
6. If demerits are assessed for issues with substance abuse, students will be provided additional information and referral to the available University student support services.
7. If a student feels he/she has been treated unfairly in this process, he/she can submit an appeal in writing to the PD within 2 days of the decision. The PD will then follow the appeals process outlined below.
8. Once a student has accumulated 8 demerits within their permanent file, a meeting will be arranged between the student and ATP administration to assess the students ability/desire to progress in the academic program and develop a plan to assure the student remain on task to graduate.
9. Violations will be ranked:
 - a. Minor infractions – up to 3 demerits may be given
 - b. Moderate infractions – 4 to 8 demerits may be given
 - c. Severe infractions – 9 to 16 demerits may be given

Minor Infractions (This list may not be all inclusive)

Dress code violation
Tardiness
Unprofessional behavior (Cussing, cell phones, attitude, etc....)
Inappropriate use of professional terminology
Unexcused absence from mandatory meeting
Unexcused absence from clinical experience assignment (practices)
Insubordination (at Preceptor/faculty discretion)
Inappropriate use of social media
Representing the program/profession/faculty/staff poorly

Moderate Infractions (This list may not be all inclusive)

Unexcused absence from clinical experience assignment (games)
Insubordination (at Preceptor/faculty discretion)
Minor breach of medical confidentiality
NATA Code of Ethics violation
Academic Misconduct (Lying, Cheating, Stealing, Plagiarism)
BOC Code of Professional Practice Violation
Inappropriate use of social media
Inappropriate relations
Alcohol/Drug indiscretions
Representing the program/profession/faculty/staff poorly

Severe Infractions (This list may not be all inclusive)

Harassment
Alcohol/Drug infractions of a legal nature or while at clinical experience/conferences
Academic Misconduct (Lying, Cheating, Stealing, Plagiarism)
NATA Code of Ethics Violation
BOC Code of Professional Practice Violation
Major Breach of medical confidentiality
Inappropriate use of social media
Inappropriate relations
Representing the program/profession/faculty/staff poorly
Background check violations

The following disciplinary actions will be taken based on the number of demerits the ATS has received during their 2 years in the program. Students should be aware that these penalties are cumulative and that the actions will be repeated in each level if the student continues to receive demerits.

Level	Total number of Demerits	Disciplinary Action
I	1 - 3	<ul style="list-style-type: none"> ● No disciplinary action, form added to permanent file
II	4 – 8	<ul style="list-style-type: none"> ● Disciplinary actions assigned by PD/CCE. ● Reduction of clinical experience hours by ½ for 30 academic calendar days* and no travel allowed. Applied to subsequent clinical experience.
III	9 – 15	<ul style="list-style-type: none"> ● Disciplinary actions assigned by PD/CCE. ● Reduction of clinical experience hours by ½ for 60 academic calendar days* and no travel allowed. Applied to subsequent clinical experience. ● Year 1 students, will not be able to select an immersive clinical experience but will be assigned to the standard series of clinical experiences by the CCE.
IV	16	<ul style="list-style-type: none"> ● Expulsion from program

* Reduction of clinical experience hours may lead to a reduction in the student’s Clinical Experience Course grade and could result in not meeting the minimum grade requirement necessary for AT coursework. This may lead to a student not progressing to the next clinical level and could require repetition of a course.

Appeal of Disciplinary Action

Students may appeal their disciplinary actions by contacting the Program Director in writing within 48 hours after the student has been notified of their disciplinary sanctions. The Program Director will confer with the ORTHO DEO, or the Graduate College if necessary, on the matter. The DEO and PD will hear the student’s appeal and investigate the matter. The Program Director will notify the student of the decision in writing. If the student issue involves the PD, the ORTHO DEO will hear the student’s appeal and determine a resolution to the issue. The DEO will notify the student and the Program Director of their decision in writing. Questions involving judgment of performance will not be reviewed beyond the departmental level. If, however, the student feels there has been unfairness or some procedural irregularity concerning dismissal, the student may pursue a grievance according to the Academic Grievance Procedure (AGP) established by the Graduate College. The AGP is available in the Graduate College. The student should consult with the Graduate College prior to initiating an academic grievance.

Health Care & Immunizations Policy

Medical Insurance: There are inherent risks involved while attending clinical experience and taking care of patients. For this reason, all Carver College of Medicine students are required to maintain health insurance (or an equivalent alternative care plan) sufficient to satisfy minimum standards of coverage. Athletic training students are to have either their own health/medical insurance or may purchase one through the university. <http://hr.uiowa.edu/benefits/health-insurance-undergraduate>

Physical Examination: All students are required to present evidence of an initial physical examination prior to the beginning of the first clinical experience placement. Physical Examinations

are required in order to determine health clearance for any limitations that would interfere in contact with patients and to determine a student's ability to continue to meet the technical standards of the program. Forms used to complete initial physical examination are obtained from the Program Office. Students may use their personal physician or the UI Student Health Service to complete the initial physical examination requirement, but all forms including a medical history must be on file at the Student Health Service/Program Office on campus. All costs associated with physical examination are the responsibility of the student.

Immunizations: Athletic training students are required to provide proof of current immunizations or immunity including: Measles, mumps & rubella (MMR), rubeola, diphtheria, Hepatitis B, tetanus, and proof of immunity to chicken pox (varicella) by receiving two doses of the vaccine or having had the disease. Additionally, all students must present evidence of tuberculin skin test (Mantoux 5TU/PPD intradermally only – the Tine Test is not acceptable) each year, or a documented previously positive test. Immunizations are the student's personal responsibility. Students are also highly encouraged to obtain a yearly influenza vaccination and Covid-19 vaccination. Some clinical sites may restrict student observation without proof of vaccinations. Students who are not vaccinated may be restricted from certain clinical experiences. The program and students must follow vaccination guidelines from CDC, IDPH, the University/clinical site and any public health agency that a clinical site is located.

Technical Standards: Upon admission, athletic training students are required to review and sign the Technical Standards document verifying that they are able to meet the demands of the athletic training profession. Students not able to meet the technical standards for the athletic training program may contact Student Disabilities Services (SDS) to determine if special accommodations can be provided. Students will be asked to review the Technical Standards form annually and must update their Technical Standards form at any point if changes in the student's needs occur.

Communicable/Infectious Disease Policy

The following policy and procedures are designed to address appropriate notification and control of communicable diseases. This policy is designed to minimize risk to students, patients, the UI campus community, and surrounding communities.

Any student that is diagnosed with having a communicable disease must notify the Program Director (PD) immediately. Once notified, the PD and the University Health Services** will follow the UI protocol for campus communicable disease outbreaks. Information provided by the student will be directed to the appropriate officials. The student's name will remain confidential when reporting the incident.

Students who acquire a communicable disease while engaging in clinical experiences are required to follow the guidelines given by his/her physician and the recommendations of the UI Student Health Services. Students must notify their Preceptor, PD, and the Coordinator of Clinical Education (CCE) immediately.

Students may not participate in clinical experiences or MSAT courses while they are affected by a communicable disease which may pose a threat to those they come into contact with. Students may return to clinical experiences or class once they are cleared by their treating physician, and they have notified the UI Student Health Services, PD and CCE they have been cleared by their physician

to return. **In general, students must be fever-free for 48 hours prior to returning to their clinical experience.** See Appendix.

The following is a list of common communicable diseases. [This list is not all inclusive:](#)

Diseases mitigates by vaccination

Diphtheria

Influenza

Measles

Mumps

Pertussis

Rubella

Sexually transmitted diseases

Chlamydia infections

Gonococcal infections

Syphilis

Viral hepatitis

Hepatitis A

Hepatitis B

Hepatitis C

Food- and water-borne diseases and diseases of environmental origin

Botulism

Cryptosporidiosis

Giardiasis

Infection with Enterohaemorrhagic E.coli

Leptospirosis

Listeriosis

Salmonellosis

Trichinosis

Air-borne diseases

Meningococcal disease

Pneumococcal infections

Tuberculosis

Covid

Zoonoses

Brucellosis

Echinococcosis

Serious imported diseases

Cholera

Malaria

SPECIAL HEALTH ISSUES

Nosocomial infections

Antimicrobial resistance

****If the student is placed at an off-campus clinical experience, the PD and assigned Preceptor will coordinate with the appropriate personnel at the local institution to ensure community safety.**

Radiation Exposure Policy

While in the AT Program, there is potential risk for students to be exposed to radiation. Exposure may occur in athletic training facilities that have access to fluoroscopy or other imaging tools or while a student is observing in the operating room or emergency department. All students have access to lead vests upon request as well as radiation monitoring tools. Risk can also be minimized by ensuring 6 feet of distance from an imaging unit while in operation. Consultation will occur with the Medical Director if you have additional concerns about radiation exposure.

Assumption of Risk

In signing the Assumption of Risk Form (Appendix), I understand that while I am participating in clinical experiences as part of my education in Athletic Training, there is an inherent risk of injury or exposure to illness. I understand that such an injury/illness can range from a minor to a major injury/illness. Participation in clinical experiences could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, or other chronic disabling conditions. Any student who becomes injured or ill, or believes they may be injured/ill as a result of participating in required clinical experience activities, should immediately notify the Preceptor and Coordinator of Clinical Education who will assist in completing appropriate University accident forms.

Student Employment Policy

The MSAT Program at the University of Iowa does not prohibit students from holding outside jobs. Students choosing to work outside their clinical experiences are **required to work around the schedule of their clinical assignment.** Students need to be aware that the MSAT Program is a very time intensive educational program. If a student's job is interfering with their performance in either classroom or clinical experiences, it is the student's responsibility to address the problem.

Employment and all other extracurricular opportunities must fall outside of the ATS's clinical experience assignment. If an ATS misses or leaves a clinical experience early due to employment conflicts, this will be reflected in an ATS's clinical experience performance evaluation and therefore his or her overall grade in the corresponding course will be negatively affected.

Extra-Curricular Participation Policy

Once admitted to the MSAT program, students are required to complete a specific sequence of 4 semesters of clinical experiences. U2G students are permitted to participate in varsity sports and other extra-curricular activities during their undergraduate years **ONLY** with the understanding that completing the curriculum sequence and clinical experience requirements in the following 2 years is not possible while participation in sports, band, cheer squads, etc. Students wishing to participate in varsity sports for all four eligibility years will not be allowed to continue in the MS portion of the U2G program and must apply to the MSAT once they have earned their BS/BA degree. Please see the Program Director for proper advisement and to learn more about which route to an AT degree is appropriate.

Confidentiality Policy

All students should adhere to Principle 1.3 of the NATA Code of Ethics as it pertains to confidentiality. This applies to all information being learned via classroom and clinical experience. Athletic training students have access to private information, including medical and personal information. All of this information is to be considered confidential and remains the private rights of the individual being treated. Any communication to outside parties (parents, media, professional scouts, and public) should be left to a staff certified athletic trainer. Any discussion of patient-related healthcare outside the respective clinical experience should only occur within relevant AT courses (i.e. class time) and should not contain any identifying information (name/sport). Any use of privileged information that includes potential identifiers requires the patient's written consent. All ATS's must sign the confidentiality agreement (Appendix D; p55) annually at the beginning of each academic year. Violation of this policy is subject to the program's demerit policy and may be grounds for removal from the program. Students also undergo annual HIPAA training.

Section III: Graduate and Carver College of Medicine Policies

DEO Contact Information

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Administrative/Curricular Home

The MSAT program is housed administratively in the Graduate College but houses its curriculum in the Carver College of Medicine/Department of Orthopedics and Rehabilitation and thus must abide by the respective governing policies. Please see the Program Director for guidance on policy concerns.

Plan of Study

The applicant for a master's degree must file a Plan of Study approved by the PD and the departmental executive with the Graduate College within the session in which the degree is to be granted and by the deadline date printed in the Graduate College academic calendar. If the session in which a student takes his/her final exam is earlier than the session in which the degree is to be granted, the Plan of Study must be filed prior to the administration of the student's final examination. The plan shall meet the requirements for the degree approved by the graduate faculty.

Final Examination

The current MSAT program is offered as a Non-Thesis MS degree. The program curriculum, followed by the Board of Certification (BOC), serves to meet the requirements for the Graduate College Final Examination. In the future, when the Thesis option is available, the program will follow the standard Graduate College protocol for Final Examinations.

Graduate College Manual of Rules and Regulations

Please see the following website for all Graduate College Policies and Procedures.

<https://www.grad.uiowa.edu/academics/rules-and-deadlines/manual>

Academic Misconduct

Questions of academic dishonesty arising within the colleges of Medicine, Law, Pharmacy, Dentistry, Public Health, and the Graduate College are treated on an individual basis.

In the Graduate College, the questions are handled at the departmental level. If the departmental decision is appealed, the dean may appoint an appeals committee of faculty and students from a slate of nominees prepared by the Graduate Council and the Graduate Student Senate to recommend an appropriate course of action. The Graduate College policy on plagiarism is posted in Section IV.F on the Manual at <https://www.grad.uiowa.edu/manual-part-1-section-iv-academic-standing-probation-and-dismissal#1.4.F>.

Students in professional graduate colleges should inquire at the office of their respective dean for further information. If the student disagrees with the decision made by the Dean, the student may request a review by the Provost.

Plagiarism

The Online Oxford English Dictionary defines "plagiarize" as follows, "to take and use as one's own (the thoughts, writings, or inventions of another person); to copy (literary work or ideas) improperly or without acknowledgement; (occas.) to pass off as one's own thoughts or work of (another)." In practice, the exact definition of "plagiarize" or "plagiarism" is dependent upon the unique attributes of the creative work of a particular discipline. Thus, it is understood that different academic disciplines and cultures may have different interpretations as to the actual actions which constitute plagiarism. With this in mind, the Graduate College will operate in the following manner when a program or department discovers an act or acts of plagiarism on the part of a graduate student.

1. If the faculty members of a program or department determine that the transgression is not major, or else feel that there is a misunderstanding of the acts which constitute plagiarism, the program or department may wish to work with the student so as to prevent future occurrences of plagiarism on the part of that student. Written notification of the offense and the remediation for the offense must be sent to the Graduate College for inclusion in the student's file.
2. If the faculty members of a program or department discover an act (or acts) of plagiarism that is (are) sufficiently egregious that expulsion from the program is warranted, the student will be terminated from his or her graduate program for reasons of plagiarism. In this case, the student will be simultaneously terminated from the Graduate College of The University of Iowa. The program or department must notify the student of his or her termination in writing. All relevant facts, as well as the process for appealing the decision, must be contained in the termination letter. The Graduate College must receive a copy of the termination letter.

The appeal process for students accused of academic misconduct is specified in The University of Iowa document, "Policies and Regulations Affecting Students, C. Academic Misconduct," which states:

"Questions of academic dishonesty arising within the colleges of Medicine, Law, Pharmacy, and Dentistry, and the Graduate College are treated on an individual basis.

In the Graduate College, the questions [of academic dishonesty] are handled at the departmental level. If the departmental decision is appealed, the dean may appoint an appeals committee of faculty and students from a slate of nominees prepared by the Graduate Council and the Graduate Student Senate to recommend an appropriate course of action."

The appeal process must be initiated by the student. If the student wishes to appeal the department's or program's action, that appeal must be lodged with the Senior Associate Dean for Academic Affairs of the Graduate College within 30 days of program or departmental dismissal.

Understanding Sexual Harassment

Sexual harassment subverts the mission of the University and threatens the well-being of students, faculty, and staff. All members of the UI community have a responsibility to uphold this mission and to contribute to a safe environment that enhances learning. Incidents of sexual harassment should be reported immediately. See the UI [Comprehensive Guide on Sexual Harassment](#) for assistance, definitions, and the full University policy.

Making a Suggestion or Complaint

Students with a suggestion or complaint should first visit with the instructor, followed by the MSAT Program Director and then lastly, with the departmental DEO. Complaints must be made within 30 days of the incident.

Section IV: Clinical Education Policies

Clinical Education Guidelines

Courses for the didactic and clinical components of the program must be taken in the sequence outlined in the two-year education plan. The clinical education component is a four-semester experience that begins in the fall semester of Year 1. During the first year, students will be assigned to four, 8-week experiences throughout the fall and spring semesters. Other secondary experiences may be assigned during year 1 by the CCE. During the fall semester of Year 2, students will complete a semester-long immersive clinical experience. During the spring semester of Year 2, students will complete several short, clinical experiences encompassing non-traditional AT settings and specialty clinics. Additionally, during Year 2, students will complete a clinical experience with a non-sport population/non-orthopedic injury setting.

Placement of students in clinical education occurs by a formal assignment that takes effect once students have been determined to be eligible for placement and have registered for a Clinical Experience course. The purpose of formal assignments is to meet CAATE standards and provide clinical educational experiences that may meet the following societal continuum of care preparation: patients throughout the lifespan, of different sexes, with different socioeconomic statuses, of varying levels of activity and athletic ability, who participate in non-sport activities and patients with a variety of health conditions commonly seen in athletic training practice. (2020 CAATE Standard 17 & 18). Placement of students for immersive experiences occurs in collaboration between the student and the CCE. Career goals and identified needs of the student will factor into immersive placements. The goals of the Immersive Clinical Experience are multifaceted including; providing students a realistic work environment, the ability to use and refine their skills, and practice collaboratively within an AT facility.

The MSAT program requires annual training to ensure that all students meet privacy and safety standards prior to beginning any clinical education placements. Annual training is mandatory and consists of a background check, HIPAA, BBP, and CPR certification verification. Annual training must be completed by the start of the fall clinical education course each year from online resources. Successful testing is required for each annual training module at an 80% or above and submission of documentation to the Coordinator of Clinical Education. All records will be kept on file for verification. Students will not be allowed to participate in a clinical experience unless annual training has been completed.

Clinical Education Requirements

These policies apply for **ALL** clinical experiences associated with the AT Program.

1. Athletic training students acting **under the supervision of a Preceptor**:
 - a. Supervision is defined by CAATE as occurring along a developmental continuum that allows a student to move from interdependent to independent based on the student's knowledge and skills as well as the context of care.
 - b. Can provide all athletic training services that have been taught within a previous or concurrent academic course or have been evaluated by a Preceptor as proficient.
 - c. Can write progress notes, recording actions of care under the supervision of a Preceptor.

- d. If assigned to a UI clinical experience, students may elect to drive patients during their clinical after completing the required University of Iowa training or required policies at your assigned clinical experience. While at UI, students are **ONLY** allowed to drive University of Iowa vehicles while at their clinical experience. Driving may be restricted following results of the annual background check. **Athletic training students are never permitted to transport athletes in their private vehicles.**
2. Prior to the start of each clinical experience, students must contact and meet with their Preceptor to complete a Clinical Experience Orientation Form (see course syllabi) for their experience. The form must be signed by the student and Preceptor prior to submission in the students' permanent file. Athletic training students are responsible for knowing the location of and/or familiarizing themselves with the following at each clinical site they are assigned.
- a. Clinical site location and preceptor contact information
 - b. Best way to communicate
 - i. Mode of communication (email, text, phone, etc.)
 - ii. Share your DiSC Profile results with each other
 - c. Clinical Site Policies and Procedures & Venue Specific Expectations
 - i. Critical incident response procedures (EAPs)
 - ii. Blood-borne pathogen/safety review
 - iii. Communicable and infectious disease policies
 - iv. Sanitation Precautions (pre & post patient encounter)
 - v. Patient privacy and confidentiality protections (HIPPA, etc.)
 - vi. Rotation rules/regulations (immunizations, dress code, name badge to designate student learner, etc.)
 - d. Rotation expectations from Preceptor/SMART goals of AT Student
 - e. Electronic health record or injury management system used
 - f. Student level of competency (courses taken, skills exposed to, etc)
 - g. Preferred way to verify clinical experience hours
 - h. Preferred way to assess clinical skills
 - i. Coordinate preceptor and student schedule
 - j. Any other clinical experience specific requirements
 - i. EPIC Access form for UI Sports Medicine clinical experience (See Appendix G)

3. **Attendance at Clinical Experience:**

- a. Students are expected to respect the time commitment the Preceptor is making for the students' clinical education.
- b. Students are responsible for all of their clinical experience assignments.
 - i. If a student cannot be at the clinical experience at the scheduled time due to illness or family emergency, the student must contact his/her Preceptor prior to his/her assigned time.
- c. Time management is essential in the clinical setting as a learning opportunity.
 - i. If there is not much to do, use this time to practice clinical skills.
 - ii. Don't just put in the required hours. Students should work with their Preceptor to find a schedule that maximizes their learning experience.

4. **Clinical Experience Hours (This may all change to exposures):**

- a. All clinical hours must be directly supervised by a Preceptor.
 - i. Students may be supervised by a Preceptor other than the one the student has been assigned, if the assigned Preceptor needs to be somewhere else (gym, athletics office, meeting, etc.) during the student's scheduled time so long as the other Athletic Trainer is a trained UI Preceptor (annual Preceptor training is required).
- b. Students should expect on average to be at their clinical experiences 5 hours per week for every semester hour (s.h.) the clinical experience course is worth. i.e. 3 s.h. courses = 15 hours/week.
- c. Students are to be scheduled to an appropriate number of hours based on educational level and to ensure a quality clinical experience.
- d. Clinical Experience courses commonly run outside of the normal academic calendar.
 - i. **Year 1 Students (Fall Semester, 3 s.h.)** must obtain a minimum of 150 clinical hours with a maximum of 400 hours. Students should be scheduled for approximately 15 hours per week.
 - ii. **Year 1 Students (Spring Semester, 4 s.h.)** must obtain a minimum of 200 clinical hours with a maximum of 500 hours. Students should be scheduled for approximately 20 hours per week.
 - iii. **Year 2 Students (Fall Semester/Immersive, 6 s.h.)** must obtain a minimum of 400 clinical hours with a maximum of 800 hours. Students should be scheduled for approximately 30 hours per week.
 - iv. **Year 2 Students (Spring Semester, 5 s.h.)** must obtain a minimum of 300 clinical hours with a maximum of 600 hours. Students should be scheduled for approximately 25 hours per week.
 - v. **Year 2 Students (Non-ortho)** Exposure to a non-orthopedic clinical experience.
- e. Students **MUST** complete their clinical experience as assigned for the entire rotation. Students do not stop attending their clinical assignments once the minimum hours are met.
- f. Fluctuation in the number of hours completed each week is expected, however students are not to be utilized as a replacement for full-time staff.
- g. Athletic training students are to be provided at least one day off per 7-day period from their clinical experience.
- h. Hours spent in the act of traveling (bus time, drive, time, flight time, etc.) do not count as clinical experience.
- i. **Clinical Hour Documentation:**
 - i. Hours will be documented and submitted using ATrack (web-based electronic management system). **No exceptions!** Please view the current Clinical Experience course syllabi for details.
 - ii. It is the student's responsibility to document the number of hours as well as patient exposures at each clinical experience.
 - iii. Preceptors must verify the student's daily clinical experience (hours and patient exposures) within 24 hours of the student's clinical experience.
 - iv. Failure to submit your clinical hour documentation on time will result in those hours not counting toward the required semester minimum, however the hours will count towards your overall program clinical hours.

- v. Although verification is done electronically, Preceptors are highly encouraged to debrief daily to provide the student with accountability and assure accuracy of documentation.
- j. The hours completed each week will be closely monitored by the CCE.
 - i. If it seems that the student is committing too much time to the clinical aspect of their education, and not enough time to the academic portion the CCE will speak to the student and their assigned Preceptor to determine a remedy to this problem.
 - ii. If the problem continues, each incident will be reviewed and a solution will be determined on a case-by-case basis.
- k. Student clinical experiences may start prior to the academic semester:
 - i. **Year 1 Students**
 - Required to attend a Program Orientation Meeting during the summer session.
 - Clinical expectations may encompass holidays/weekends/university scheduled breaks.
 - ii. **Year 2 Students and Immersive Experience**
 - Clinical Experiences may begin prior to the official start date of the fall semester of graduate classes and may extend beyond the academic semester (pre-season/post-season).
 - Clinical expectations may encompass holidays/weekends/university scheduled breaks.

Clinical Experience Evaluations

Year 1 Students: Student's performance will be formally evaluated at the end of each 8-week clinical experience by their assigned Preceptor. After the Preceptor completes the evaluation of the student, the student and Preceptor will meet face to face to discuss the evaluation. Both parties will sign and date the evaluation. Students must submit the evaluation by the required due date. Students will also evaluate themselves, their Preceptor, and their clinical site. The process for evaluation form submission, should be followed according to the instructions outlined in the Clinical Experience syllabi.

Year 2 Students:

Immersive Clinical Experience (Fall Semester): Student's performance will be evaluated twice during the clinical experience, at the middle and the end of the semester. The student will also evaluate his/her Preceptor twice during the clinical experience. The student will evaluate the clinical site once, at the end of their experience. These evaluations constitute a portion of the student's Clinical Experience course grade. It is the student's responsibility to schedule a time to meet with his/her Preceptor to discuss the clinical evaluations. Students will also complete self-assessments at the end of the semester. The process for evaluation form submission, should be followed according to the instructions outlined in the Clinical Experience syllabi.

Non-Orthopedic/Specialty Clinic Experiences (Spring Semester): Student's performance will be evaluated at the end of each clinical experience. Students will also evaluate the preceptor and the clinical site upon completion of the clinical experience. There is no expectation for a formal meeting between the student and Preceptor at the end of their clinical experience to review the

evaluation, however informal meetings providing feedback throughout the experience are highly encouraged. The process for evaluation form submission, should be followed according to the instructions outlined in the Clinical Experience syllabi.

Clinical Skill Assessments

Students are responsible for requesting assessment of performed clinical skills by their Preceptors. Each skill assigned to a Clinical Experience course must be assessed at least once using ATrack.

Preceptors will accurately and appropriately use the following scale to assess the student’s clinical skills:

Score	Descriptor	Definition
1	Beginner	Student’s skill performance demonstrates critical deficiencies that might endanger the health or wellbeing of the patient.
2	Developing	Student is able to perform a skill but with some inaccuracies and Preceptor intervention/correction is still needed. The student starts to make connections between theory and practice, however is unable to articulate reasoning for decisions.
3	Competent	Student can perform the skills necessary for a situation autonomously with no Preceptor intervention/correction needed. Student would be trusted to perform skills needed without concern for the health and wellbeing of the patient. Student can demonstrate the “how to” or can answer the “what to do” line of questioning.
4	Proficient	Student performs skills autonomously and demonstrates the ability to clearly articulate the reasons for their decisions. Students can go beyond performing a skill by demonstrating the ability to critically analyze and adapt to the needs of the patient. Student can articulate the “why” they are performing a skill.

8. Ideally, assessment of student’s clinical skills should occur after live patient interactions. Assessing skills should be done when first requested by the student. It is inappropriate for the student or Preceptor to wait for the student to perform the skill competently or proficiently. Skill assessments are repeated over the AT curriculum. Students must complete 100% of Clinical Skill Assessments with a score of 3 (competent) or higher prior to being endorsed by the Program Director for the BOC exam. Although live patient encounters are the preferred method of assessment, sometimes patient encounters are not feasible. Below is the priority list for assessing student’s clinical skills:
 1. Live patient encounter
 2. Preceptor simulation
 3. Classroom simulation

Record Management via ATrack

The MSAT Program uses ATrack to assist with student assessment and record management. In order to access ATrack, students must pay an annual access fee. Each day, students are required to document their clinical hours and exposures in ATrack. Preceptors are expected to review/approve hours and patient exposures daily. Travel time should not be included in the documentation of clinical hours. In addition, ALL Preceptor, clinical site, and student evaluations are completed and recorded electronically. The process for evaluation form submission, should be followed according to the instructions outlined in the Clinical Experience syllabi.

Preceptor Selection and Evaluation

Preceptor Requirements (includes but are not limited to):

- Demonstrates knowledge of (by achieving 80% or higher on Preceptor training assessment tool):
 - appropriate and pertinent CAATE Accreditation Standards to clinical education
 - appropriate and pertinent UI AT Program Policies to clinical education
- Provide timely updated documentation to the Coordinator of Clinical Education (CCE) of the following:
 - BOC and AT License (if available)
 - GFI Safety Checks and Modalities Calibrations
 - Affiliated Site Agreements (and or Memorandum of Understanding)
- Instruct and provide clinical experience opportunities to meet the curricular content standards designated to the clinical experience course in which the student is enrolled.
- Judiciously assess student's competence to meet the curricular content standards, avoiding score inflation.
- Assess the student's clinical experience by providing timely and constructive feedback.
- Mentor students to become critical thinkers and autonomous practitioners.
- Communicate clear clinical experience expectations by completing clinical experience orientation form (at minimum, prior to patient contact) and provide a schedule for students that will allow for the best learning opportunities.
- Prompt communication with program administration at minimum (within 48 hours) when student issues arise, especially issues with academics, physical health, mental health and policy infractions.
- Provides CCE appropriate documentation of contemporary expertise (see definition). Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice.

Preceptor Selection Criteria

- Willingness to accept any student assigned to his/her facility or sport without discrimination.
- Based on type of patient exposures available to students.
- Ability to provide a variety of consistent autonomous learning experiences, appropriate to the knowledge, skills, and abilities of the student.

Immersive Preceptors Selection Criteria (includes but not limited to):

- Provides exposure to the daily routines (administrative duties, meetings when appropriate, etc.) of an AT in their setting
- Willingness to provide a comprehensive evaluation of knowledge, skills, and abilities of students using online assessment tools
- Provide an autonomous learning experience of a variety of patient exposures, on-field, sideline, and clinical experiences or those specific to the setting of the immersive experience.

Preceptor Evaluation Criteria:

- Attain 80% or higher on annual Preceptor training assessment tool.
- Provide direct supervision of each student.
- Prompt (72 hrs) communication with CCE when requested.
- Provides clear expectations, constructive, and timely feedback with students.
- Mentor students to become critical thinkers and autonomous practitioners.
- Accept all/any student assigned without discrimination.
 - Ability to facilitate learning with a variety of students
 - Ability to adapt to learning styles of students
 - Ability to meet the student learning goals during the clinical experience
- Provides a variety of consistent autonomous learning experiences, appropriate to the knowledge, skills, and abilities of the student.

Preceptor Evaluation Process:

- Complete Preceptor training module and assessment (attain 80% or higher annually)
- Formal electronic evaluations are completed by the student on their Preceptor as frequently as Preceptors evaluate their student. (See page 36: Clinical Experience Evaluations)
 - To protect anonymity of the student, formal feedback will be provided to each Preceptor from the CCE at the completion of each semester.
- According to the Preceptor Evaluation Criteria listed above the AT Program Administrators will assess the Preceptor annually using the Preceptor evaluation form.
 - On a 4-point Likert scale (4=excellent; 1=poor), any individual item scoring 2 or less will result in remediation of behavior to be determined by AT Program Administrators.
 - If Preceptors consistently score below 3 after remediation, students will not be assigned to that Preceptor.

Team Travel Policy

Athletic training students **are encouraged** to travel with teams associated with their clinical experience to away events as part of their clinical experience under the following conditions:

1. The student must be accompanied on the trip by their Preceptor.
2. The student requests and gains approval to travel from each instructor PRIOR to leaving. Athletic training students are not excused from classes to travel with teams without PRIOR approval from faculty/instructors.
3. Hours spent in the act of traveling (bus time, drive, time, flight time, etc) do not count as clinical experience and must not be documented as such.

Any questions regarding this policy should be directed to the Athletic Training Program Director **prior to traveling.**

Occupational Safety Policy

The MSAT program adheres to the Occupational Safety and Health Administration (OSHA) recommendations and BOC workplace controls for accident prevention. Any student who becomes injured or believes they may be injured as a result of participating in required clinical experience activities should immediately notify the Preceptor and Coordinator of Clinical Education who will assist in completing appropriate University accident forms. Students will be notified of the following provisions regarding OSHA during their Orientation Meeting prior to starting any patient care. Specific workplace provisions for each facility may include: Privacy, Accessibility, BBP, PPE, Hazardous Materials, Hand Washing, Shoes, Electrical Safety (including inspection and manufacturers calibration of devices documentation), Reporting Events, Storage and Handling (including material safety data sheets), Emergency Preparedness, and Egress and Exit Routes. The Principles are further clarified in the BOC Facility Principles document at www.bocatc.org.

Blood-Borne Pathogen Policy

All Students are required to complete the annual UI web-based BBP-Advanced training. Students may not begin their clinical experiences until completion has been verified by the PD or CCE.

Blood-borne pathogens are disease causing microorganisms that can be potentially transmitted through blood contact. The blood borne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including students.

Disease Transmission: Concerns of transmission during clinical education revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV).

Confidentiality: The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected patients' chooses to confide have a right to know about this aspect of their medical history. This confidentiality must be respected in every case and at all times by all involved personnel unless the patient chooses to make the fact public.

Care of the Patient: See Preceptor for venue/site specific policies and protocols regarding care of patient and the use of Standard Precautions.

Care of Environmental Surfaces: See Preceptor for venue/site specific policies and protocols regarding care of environmental surfaces and the use of Standard Precautions.

Exposure Procedure:

In the event of an exposure to blood or bodily fluids, the MSAT Program communicable disease policy is to be followed in accordance with standards set by the UI Environmental Health and Safety Office. ALL exposures need to be reported to the Preceptor and PD/CCE immediately after they occur.

Severe Weather Policy

The MSAT program follows the severe weather policy of the University and expects students and Preceptors to use good judgment to avoid serious risk, especially for off-campus students, students who depend on their personal transportation to get to a clinical placement, and students at outdoor clinical sites. Severe weather represents a threat to life and limb; therefore, sound judgment in the supervision of others protects the health and safety of students and program members.

Severe Weather: Students must make verbal contact with their Preceptor to determine appropriate courses of action in severe weather. Students are responsible for any clinical education they miss due to absences caused by severe weather. The University Severe Weather Policy can be accessed at this website: <http://emergency.uiowa.edu/content/severe-weather>

Non-academic events

- Organizers of non-academic events are responsible for the decision about cancellation for their event. In general, if academic events are cancelled, other events should be cancelled.
- Organizers who cancel events should work with Strategic Communication staff to inform those intending to attend the event. Hawk Alert will not be used to announce individual cancellations.

Section V: Other Information

Athletic Training Terminology

AT Program (ATP): Athletic Training Program.

Athletic training clinical experiences: Direct client/patient care guided by a Preceptor who is an athletic trainer or physician. *See also* Clinical education.

Biometrics: Measurement and analysis of physical characteristics and activity.

CAATE: Commission on Accreditation of Athletic Training Education

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

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

Coordinator of Clinical Education (CCE) – The individual designated by the program as having the primary responsibilities for the coordination of the clinical experience activities associated with the AT Program.

Durable medical equipment: Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.

Electronic health record: A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.

Evidence-based practice: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.

Health care providers: Individuals who hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of athletic training. These individuals may or may not hold formal appointments to the instructional faculty.

Health care informatics: The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.⁴

Health literacy: The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.⁵

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

International Classification of Functioning, Disability, and Health (ICF): A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.⁶

Interprofessional education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.⁷

Interprofessional practice: The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

Program Director (PD) – The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the AT Program.

Medical Director – Currently licensed allopathic or osteopathic physician who is certified by an ABMS- or AOA- approved specialty board and who serves as a resource regarding the program’s medical content.

Master of Science in Athletic Training (MSAT)

Patient-centered care: Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.

Physiological monitoring systems: Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.

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

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

Professional socialization: Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.

Quality assurance: Systematic process of assessment to ensure that a service is meeting a desired level.

Quality improvement: Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups. Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.

Simulation: An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. *See also* Clinical education.

Social determinants of health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

Socioeconomic status: The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.

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

Supplemental clinical experiences: Learning opportunities supervised by health care providers other than athletic trainers or physicians. *See also* Clinical education.

Value-based care models: Health care delivery system focused on the value of care delivered rather than on a fee- for-services approach.

National Athletic Trainers' Association Code of Ethics

The AT Program at UI expects all individuals involved with the program to follow the Code of Ethics set forth by the National Athletic Trainers' Association, regardless of their membership status. Any person found to be in violation of these ethical codes will be subject to appropriate disciplinary action as outlined in the UI AT Program demerit policy.

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted or required by law.

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

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2 Members shall be familiar with and adhere to all National Athletic Trainers' Association guidelines and ethical standards.

2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

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

3.1 Members shall not misrepresent in any manner, 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 via education and/or experience and by pertinent legal regulatory process.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

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

4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members who have the responsibility for evaluating the performance of employees, supervisees, or students are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

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

5.1 The private conduct of the member is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.

5.2 Members of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

Board of Certification Code of Professional Responsibility

Preamble

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

Code 1: Patient Responsibility

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
- 1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare
- 1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice
- 1.4 Maintains the confidentiality of patient information in accordance with applicable law
- 1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
- 1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
- 1.7 Exercises reasonable care, skill and judgment in all professional work

Code 2: Competency

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities
- 2.2 Participates in continuous quality improvement activities
- 2.3 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards
- 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care
- 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care
- 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education
- 3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful
- 3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, applicant files, documents or other materials
- 3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public

- 3.10 Complies with all confidentiality and disclosure requirements of the BOC
- 3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity
- 3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion
- 3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

Code 4: Research

The Athletic Trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
- 4.2 Protects the rights and well-being of research subjects
- 4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

Code 5: Social Responsibility

The Athletic Trainer or applicant:

- 5.1 Uses professional skills and knowledge to positively impact the community

Code 6: Business Practices

The Athletic Trainer or applicant:

- 6.1 Refrains from deceptive or fraudulent business practices
- 6.2 Maintains adequate and customary professional liability insurance

Section VI: Appendices & Signature Forms



**Master of Science in
Athletic Training**

*Tradition, Excellence,
Innovation*

MSAT Signature Forms

A. Assumption of Risk

I understand that while I am participating in clinical rotations as part of my education in Athletic Training, there is an inherent risk of injury or illness. I understand that such an injury/illness can range from a minor to major. Participation in clinical experiences could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Such injuries/illnesses could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, or other chronic disabling conditions. Any student who becomes injured or ill, or believes they may be injured/ill as a result of participating in required clinical experience activities, should immediately notify the Preceptor and Coordinator of Clinical Education who will assist in completing appropriate University accident forms

I hereby accept and assume the risk of injury/illness and understand the possible consequences of such injury.

Print your Name

Student Signature

Date

B. Communicable Disease Policy

I _____, have read, understand and agree to abide by the Communicable Disease Policy. I agree to notify the appropriate personnel (PD/CCE/Preceptor) if I am diagnosed with a potentially infectious disease (All names will remain confidential). I understand that I may not be able to attend clinical experience or AT classes while affected by a communicable disease that could pose a threat to those I come in contact with.

Student Signature

Date

C. First Responders/Conflict of Interest Agreement

1. The AT Program at UI does not recognize student experiences that are not conducted under the supervision of an UI trained Preceptor or that occur at locations that are not AT Program Affiliated Site.
2. At no time should an athletic training Student serve as a Certified Athletic Trainer or practice without being Registered/Licensed to practice in Iowa or other states.
3. If an outside entity hires an ATS to serve as a first responder, the programs blanket malpractice insurance policy does not cover the student in these situations.
4. It is the responsibility of the student to either obtain personal malpractice insurance coverage, or to ensure that liability coverage is provided by the hiring agency.
5. Athletic Training Students (ATS) hired as first responders are not to call or refer to themselves as an Athletic Trainer, Student Athletic Trainer, Athletic Training Student, ATS, SAT, AT, ATC, or Certified Athletic Trainer. Nor are you allowed to wear UI AT Program attire.
6. **Students found to have violated any points above will be immediately dismissed from the program.**

I _____, have read, understand and agree to abide by the above stated Conflict of Interest Policy. I am aware of the repercussions that accompany any violations.

Student Signature

Date

D. Confidentiality Agreement

I _____, agree that any information acquired regarding patients during clinical labs or clinical experiences is to be held in the strictest of confidence. Any information regarding a patients' health will be used solely for the purpose of education and will not include any identifying information.

The above named further agrees to hold any information including playing status due to injury and/or illness in confidence and shall not disclose any information to a third party, e.g. coaches, friends, teammates, media, scouts, etc. Furthermore, any interaction that occurs with any healthcare provider or other entity that includes verbal, written, or other form of information sharing, must be done in compliance with the Health Portability and Accountability Act (HIPAA) of 1997.

I _____ have read the AT Program Confidentiality Policy regarding compliance with confidentiality and privacy of patient records during my interaction and exposure in the University of Iowa's Athletic Training Program. By signing below, I acknowledge that I have read, understand, and will abide by the rules and regulations stated and that any violation of this policy will result in activation of the Demerit Policy.

Student Signature

Date

E. Photo Consent Form

AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PUBLIC USE OF IMAGE
(PHOTOGRAPH OR VIDEOTAPE)

I hereby give my consent to participate in a promotional story, program, advertisement, and/or image (photograph and/or video) made for or about University of Iowa Athletic Training in which I may be interviewed and quoted by name. I have been told that this story, program, advertisement, and/or image (photograph or video) may appear in the public media, including print, internet, and/or broadcast media for a period of up to six (6) years. I have been told that this story, program, advertisement, and/or image (photograph and/or video) may be used by UI Athletic Training more than once for promotional purposes.

I have been informed that this authorization is voluntary and that I may revoke this authorization at any time by providing notice to AT program administration. You may decline consent at any time.

Name (Please Print): _____

Signature: _____ Date: _____

I authorize the AT Program to tag social media posts using the following handles:

Instagram: _____

Facebook: _____

Twitter: _____

F. Policy and Procedure Manual Agreement:

I _____, have read, understand and agree to abide by all the information in the UI MSAT Policy and Procedure Manual effective 2020-2021 academic year. I am aware of the repercussions that accompany any violations.

Student Signature: _____ Date: _____

DATA COLLECTION FORM FOR NEW APPOINTMENTS

PERSONAL INFORMATION			
NAME:		SS#:	
ADDRESS 1:		HOME PHONE:	
ADDRESS 2:		OTHER PHONE:	
DEMOGRAPHIC INFORMATION			
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married		BIRTH DATE:
<p><i>To comply with federal laws and regulations, The University of Iowa (as a federal contractor) requests data on the race, ethnicity, disability status, and veteran status of its faculty and staff. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with federal laws and regulations, including summary reporting to the federal government for civil rights enforcement purposes. Reported data will not identify any specific individual.</i></p>			
<p>ETHNICITY/RACE:</p> <p>Hispanic or Latino Ethnicity (select one response)</p> <p><input type="checkbox"/> Hispanic or Latino: Persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Not Hispanic or Latino.</p> <p>Race (select one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native: Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> Black or African American: Persons having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander: Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>			
<p>U.S. MILITARY STATUS: (definitions provided at the end of this form)</p> <p><input type="checkbox"/> No Military Service</p> <p><input type="checkbox"/> Armed Forces Service Medal Veteran</p> <p><input type="checkbox"/> Other Protected Veteran</p> <p><input type="checkbox"/> Armed Forces Service Medal Veteran and Other Protected Veteran</p> <p><input type="checkbox"/> Veteran whose service is not included in any of the above categories</p>			
<p>DISABILITY STATUS (definitions provided at the end of this form)</p> <p><input type="checkbox"/> Disabled Vet <input type="checkbox"/> Disabled</p>			
CITIZENSHIP STATUS			
U.S. CITIZENSHIP STATUS:	<input type="checkbox"/> Native Born	<input type="checkbox"/> Naturalized	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Nonimmigrant Alien
COUNTRY OF CITIZENSHIP:			
IMMIGRATION STATUS:		IMMIGRATION START DATE:	IMMIGRATION END DATE:
FAMILY STATUS			
<p>Required For Benefits Eligibility. Select the value that best describes your current family status. The Benefits Office will use this information to provide you with the correct materials at orientation. Your selection DOES NOT determine your benefits or insurance plan. You are not required to select a benefits/insurance plan until after your employee orientation.</p> <p><input type="checkbox"/> Employee <input type="checkbox"/> Employee & Child</p> <p><input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Family</p>			