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INTRODUCTION

The MSAT Student Manual provides the student with information and resources for admission and successful completion of the athletic training professional program. The manual remains a “living document” and serves as guide to the policy and procedures of Central Connecticut State University’s MSAT program. MSAT students should regularly refer to the university’s website for the most up to date information.

MSAT PROGRAM FACULTY

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Robert Waskowitz, MD  MSAT Medical Director/ Senior Team Physician
Jeffrey Brown, MD  Team Physician
ATHLETIC TRAINING PROFESSIONAL PROGRAM OVERVIEW

HISTORICAL PERSPECTIVE
Central Connecticut State University has been educating students to pursue the profession of athletic training since 1966. Carl F. Krein, retired head athletic trainer, professor, and NATA Hall of Fame member established the athletic training internship program and developed it into a nationally known and respected curriculum. Today, the program continues to prepare the athletic training student for BOC certification as a CAATE accredited program. Since the program's founding, more than 300 individuals - undergraduate, graduate, and internship students have contributed to the overall achievements of the program.

We are extremely proud of our graduation placement record and the accomplishments of our graduates in becoming productive practitioners in the profession of athletic training. Our alumni have successfully entered the athletic training profession at various levels: clinical, high school, preparatory school, colleges, university, military, as well as in the professional sports. Many of our graduates have also successfully pursued alternative careers in health care, such as physical therapy, physician's assistant, nursing, medicine, chiropractic medicine and medicine.

ATHLETIC TRAINING PROFESSIONAL PROGRAM
Central Connecticut State University’s is offered by the Department of Physical Education & Human Performance and grants a Master of Science Degree in Athletic Training (MSAT). The Athletic Training Professional Program is designed to prepare the student to assume the role of an entry-level athletic trainer upon graduation and successful completion of the Board of Certification (BOC) Examination. CCSU’s Athletic Training Professional Program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

ATHLETIC TRAINING PROFESSIONAL PROGRAM MISSION STATEMENT
The faculty of the Athletic Training Professional Program strives to provide students with the necessary theoretical and practical knowledge needed to enter the profession. At Central Connecticut State University, importance is placed on the program’s commitment to quality classroom instruction and providing many opportunities for the development of the athletic training student's practical skills through clinical contact with a varied population base, while under the supervision of qualified & trained preceptors. The athletic training faculty places emphasis on the student's analytical skills, problem-solving abilities, and the performance of practical skills during the athletic training student's clinical experiences with patients/clients with a variety of health conditions common to professional practice.

Central Connecticut State University’s is offered by the Department of Physical Education & Human Performance and grants a Master of Science Degree in Athletic Training (MSAT).

MASTER OF SCIENCE ATHLETIC TRAINING CURRICULUM

PROGRAM DESCRIPTION
The MSAT program prepares students to become healthcare practitioners who collaborate with other medical professional in providing optimal care for patients/clients involved in active lifestyles. The curriculum and clinical experiences prepare students for the Board of Certification (BOC) exam required to become a Certified Athletic Trainer (ATC). The MSAT curriculum focuses on professional content and hands-on application with a varied patient population. In addition to quality classroom instruction, students will be provided with many opportunities to develop clinical skills under the supervision of an...
athletic training and/or medical physician preceptor. Patient contact will include student-athletes at CCSU (Central Connecticut State University) in addition to non-athletic and non-orthopedic patients at approved off-campus affiliated clinical sites.

PROGRAM LEARNING OUTCOMES

KNOWLEDGE (COGNITIVE)
- Demonstrate the acquisition of knowledge and understanding necessary for safe practice as a health care professional in the areas of risk reduction, wellness, & health literacy; assessment, evaluation, & diagnosis; critical incident management; therapeutic intervention; healthcare administration and professional responsibility.
- Demonstrate the ability to document findings of initial evaluations, management plans, and referrals.

KNOWLEDGE (SKILLS AND APPLICATION)
- Demonstrate the acquisition of the established necessary skills that are the basis for clinical proficiency.
- Demonstrate the ability to investigate, integrate concepts and problem solving to communicate the assessment findings to the patient and other health care team members.
- Demonstrate the ability to use comprehensive therapeutic judgment and the ability to identify modifying influences or deviations from the norm.

PRACTICE ETHICALLY, PROFESSIONALLY AND COMPASSIONATELY
- Demonstrate the ability to provide health care services of an athletic trainer to a variety of patient populations without prejudice to age, activities, gender, and social or cultural difference.
- Demonstrate the ability to function as a health care provider during challenging situations by remaining composed and professional, while affording quality compassionate care to the patient.
- Practice confidentiality and abide by professional ethical standards of the profession.

PROFESSIONAL DEVELOPMENT AND COLLABORATION
- Practice with the intent to advance personal professional knowledge and clinical skills by remaining current in the profession through participation in seminars and research, to best serve the patient population through the practice of evidence-based medicine.
- Participate in advocating the athletic training profession through engagement with local community events by volunteering time and professional skills.
- Practice with a commitment to share the knowledge and skills of the athletic trainer in support of collaboration efforts that lead to improving the quality of patient care.

MSAT PROGRAM DATA POSTING

CAATE Program Information and Outcomes for CCSU’s MSAT program includes the following:
- Graduation Rate
- Retention Rate
- Graduate Placement
- First-time Pass Rate on BOC examination
PROGRAM RECRUITMENT AND ADMISSION INFORMATION

The MSAT program is available as an accelerated 3+2 program for students who begin at Central Connecticut State University (and for Western Connecticut State University students in the Athletic Training 3 + 2 Fast Track – Health Promotion & Exercise Sciences). Students will have the opportunity to earn a bachelor’s degree in Exercise Science and a master’s degree in Athletic Training in 5 years. Students who already have a degree in Exercise Science or a related field and meet the admission requirements will be able to pursue a traditional two-year master’s degree.

ADMISSIONS REQUIREMENTS
The GRADUATE CATALOG and the SCHOOL OF GRADUATE STUDIES WEBSITE provides the MSAT students with essential information regarding the ADMISSION and TRANSER CREDIT policy. There are two paths for admission to the MSAT: ) CCSU students enrolled in the 3+2 accelerated program can apply to a master’s degree in Athletic Training in their junior year; ) Students who already hold a bachelor’s degree, preferably in exercise science or a related field may apply to the MSAT. Candidates for admission will be considered based on the following criteria:

1. Minimum undergraduate GPA (Grade Point Average) of 2.70, preferably a 3.00 on a 4.00 scale (where A is 4.00).
2. A letter of application demonstrating a command of the English language which includes detailed reasons for wishing to pursue graduate study in athletic training.
3. Two letters of recommendation, preferably one of which is from an instructor who can attest to the applicant’s preparedness for graduate study in athletic training.
4. Successful completion (C- or better) of the following courses, either the CCSU courses specified or their equivalents:
   a. Two semesters (8 credits) of Anatomy and Physiology with labs (EXS207, EXS208, EXS211, EXS212 or BIO/BMS318 and BIO/BMS319 at CCSU)
   b. Kinesiology/Biomechanics (EXS216 at CCSU)
   c. Human Nutrition (EXS307 or BIO401 at CCSU)
   d. Exercise Physiology (EXS408 at CCSU)
5. EMT-B certification: National Registry is a requirement for clinical courses but is not a criterion for admission to the MSAT program.

Instructions for uploading the letter of application, and for obtaining and submitting the letters of recommendation, will be found within the online application. The application deadline for summer admission to the MSAT is April 1st.

ADMISSION REVIEW PROCESS
Students submit an admission application to the School of Graduate Studies. The ATPP director is notified electronically once a student has submitted a completed application for the MSAT. A complete application consists of undergraduate transcripts, essay, and 2 letters of recommendation. The program director reviews the applicant’s material in conjunction with one other MSAT faculty. A checklist is used to verify prerequisite courses and GPA requirements are met or will be met by the time of matriculation to the MSAT. The MSAT program director sends a recommendation decision to the School of Graduate Studies. The School of Graduate Studies then officially notifies the applicant.

TRANSFER CREDIT
CCSU has an established policy regarding transfer credits - Transfer Policy for Graduate Credits

FINANCIAL AID
All MSAT students are eligible for FINANCIAL AID.
ATHLETIC TRAINING PROFESSIONAL PROGRAM TECHNICAL STANDARDS

The Athletic Training Professional Program at Central Connecticut State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Professional Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE (Commission on Accreditation of Athletic Training Education)]). All students admitted to the professional program in the Athletic Training must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, the student will not be admitted into the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC certification exam.

Candidates for admission to the professional program in Athletic Training at CCSU must demonstrate:

1. The demonstrated ability to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Evidence of sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and the demonstrated ability to use equipment and materials accurately, safely, and efficiently during the assessment and treatment of patients/clients.
3. The demonstrated ability to communicate effectively and sensitively with patients/clients and colleagues, including individuals from diverse cultural and social backgrounds; this includes, but is not limited to, ability to maintain a professional demeanor, establish rapport with patients/clients, and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The demonstrated ability to record the physical examination results and a treatment plan clearly and accurately.
5. The demonstrated ability to maintain composure and continue to function effectively during periods of high stress.
6. The perseverance, diligence, and commitment to complete the Athletic Training Professional Program as outlined and sequenced.
7. Demonstration of flexibility and ability to adjust to changing situations and uncertainty in clinical situations.
8. The demonstrated ability to perform the affective skills that relate to professional education and quality patient care.

CCSU’s technical standards relate to one’s ability to function in a broad variety of academic and clinical situations and to render a wide spectrum of thought, decision, and care to patients engaged in physical activity. Candidates for admission to professional program for athletic training will be required to verify they understand and can meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

A student who believes that they have a disability that may impact admission to or successful completion of ATPP program should contact CCSU’s STUDENT DISABILITY SERVICES. The Office is in Willard-Diloreto Hall, Room W 201, Phone (860) 832-1952, TTY: (860) 832 – 195 STUDENT DISABILITY
SERVICES will evaluate the student’s documentation to determine if the stated condition qualifies as a disability under applicable laws and so notify the Program Director of Athletic Training Professional Program and the Chair of the Department of Physical Education & Human Performance.

If a student with a qualified disability states he/she can meet the technical standards with accommodation, then the student and appropriate University personnel will discuss what accommodation(s) may be effective and whether the accommodations requested are reasonable, considering clinician/patient safety, and whether the requested accommodations would fundamentally alter the nature of the program, including academic standards.

MSAT students will submit a completed Technical Standard Form during the Summer Year 1 orientation session. Students may update health status changes at any time by submitting the “Technical Standard Form” to the program director and contacting CCSU’s office of STUDENT DISABILITY SERVICES to determine what accommodations may be available.
PROGRAM DELIVERY

ACADEMIC ADVISING & PLANNED PROGRAM OF GRADUATE STUDY
MSAT students are responsible for reviewing information regarding academic advising and the planned program found in the GRADUATE CATALOG and on the School of Graduate Studies Resources Website. The links below should be reviewed:

The Planned Program of Graduate Study
Changes in the Planned Program

ACADEMIC CALENDAR, LENGTH AND STRUCTURE OF PROGRAM
The Athletic Training Professional Program is a two-year (including summers) academic program that leads to a Master of Science Degree in Athletic Training (60 credits). The university’s ACADEMIC CALENDAR establishes the start and end dates of each academic session. The MSAT begins Year 1 with courses in Summer Session 1 (Late May- Early July), Summer Session 2 (July – Early August) and Post Session (August), Fall and Spring Semesters. MSAT Year 2 consists of Summer Session 1 (Late May-Early July), Summer Session 2 (July – Early August), Post Session (August), Fall and Spring Semesters. The MSAT CURRICULUM PLANNED PROGRAM clearly documents the two-year planned program for the graduate athletic training student.

GRADUATE CATALOG, CURRICULAR PLANNING AND SEQUENCING
The GRADUATE CATALOG provides the MSAT students with the course descriptions and prerequisites. The graduate Planned Program for MSAT study (GPPS) represents an official agreement between the student and the university, with the academic advisor and Assoc. V.P. for Graduate Studies (AVP) or designee acting on its behalf. The GPPS lists the courses and other requirements that must be completed prior to program completion or graduation. The GPPS is not official until your academic advisor and AVP or designee sign and approve it; it must be submitted before the completion of 15 course credits. Table 1 provides the 60 credits of didactic and clinical courses that constitute the MSAT curriculum with active links to the course descriptions. Tables 2 and 3 shows the course the curriculum planning and course sequencing for the accelerate 3+2 program and the MSAT programs respectively.

PLANNED INTERPROFESSIONAL EDUCATION IS INCORPORATED WITHIN THE PROFESSIONAL PROGRAM
Interprofessional education occurs within select didactic courses and clinical courses. MSAT students are required to take ATR 521 Pharmacology in Sports Medicine along with Exercise Science graduate students (who are primarily involved with Strength & Conditioning) and Exercise Science undergraduates. ATR 521 and EXS 421 are cross listed courses - GR students have extra/additional work and different standards.

MSAT students are required to take EXS 519 Biomechanics also taken by graduate students who are Physical Education teachers and Strength & Condition coaches. PE 597 and PE 598 Research in Physical Education & Exercise Science I and II have both Exercise Science - Strength & Conditioning, coaches, and Physical Education teachers. Nursing students participate in CCSU’s annual pre-participation athletic medical clearance process with the AT preceptor and AT students associated with ATR 502. A nursing preceptor is also in attendance. CCSU’s MSAT has a standing relationship with the BS nursing program whereby MSAT students and nursing students share clinical time together within the athletic training facility.
<table>
<thead>
<tr>
<th>Clinical Courses</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATR 500 Pre-Clinical in Athletic Training</td>
<td>1</td>
</tr>
<tr>
<td>ATR 501 Clinical I: Acute Care &amp; Emergency Medicine</td>
<td>3</td>
</tr>
<tr>
<td>ATR 502 Clinical II: Orthopedics</td>
<td>3</td>
</tr>
<tr>
<td>ATR 503 Clinical III: Rehabilitation</td>
<td>1</td>
</tr>
<tr>
<td>ATR 504 Clinical IV: PPE/Pre-Season Experience</td>
<td>2</td>
</tr>
<tr>
<td>ATR 505 Clinical V: General Medical</td>
<td>3</td>
</tr>
<tr>
<td>ATR 506 Clinical VI: Non-Sport &amp; Adolescent</td>
<td>6</td>
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<table>
<thead>
<tr>
<th>Didactic Courses</th>
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<tbody>
<tr>
<td>ATR 512 Principles of Professional Practice</td>
<td>3</td>
</tr>
<tr>
<td>ATR 513 Organization &amp; Administration in Sports Medicine</td>
<td>3</td>
</tr>
<tr>
<td>ATR 517 Prevention and Care in Sports Medicine</td>
<td>3</td>
</tr>
<tr>
<td>ATR 518 Clinical Application of Prevention &amp; Care in Sports Medicine</td>
<td>1</td>
</tr>
<tr>
<td>ATR 519 Seminar in Emergency Medicine in Sport</td>
<td>1</td>
</tr>
<tr>
<td>ATR 521 Pharmacology in Sports Medicine</td>
<td>3</td>
</tr>
<tr>
<td>ATR 527 Therapeutic Exercise</td>
<td>3</td>
</tr>
<tr>
<td>ATR 528 Clinical Exam &amp; Diagnosis in Sports Medicine I</td>
<td>3</td>
</tr>
<tr>
<td>ATR 529 Clinical Exam &amp; Diagnosis in Sports Medicine II</td>
<td>3</td>
</tr>
<tr>
<td>ATR 532 Psychosocial Aspects of Injury &amp; Rehabilitation</td>
<td>3</td>
</tr>
<tr>
<td>ATR 540 Therapeutic Interventions</td>
<td>3</td>
</tr>
<tr>
<td>EXS 519 Sport Biomechanics</td>
<td>3</td>
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<tr>
<td>PE 597 Research in Physical Education and Exercise Science I</td>
<td>3</td>
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<tr>
<td>PE 598 Research in Physical Education and Exercise Science II</td>
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<tr>
<th>Capstone</th>
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<tbody>
<tr>
<td>ATR 590 Capstone Experience in Athletic Training</td>
<td>3</td>
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<tr>
<td>Table 2: MSAT 3+2 Accelerated Curriculum Planning &amp; Sequencing</td>
<td></td>
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<tr>
<td>---------------------------------------------------------------</td>
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<tr>
<td><strong>Fall Year 1</strong></td>
<td><strong>Spring Year 1</strong></td>
</tr>
<tr>
<td>BIO 111 or BMS 111 or BMS 102 or BIO 121</td>
<td>CHEM 161 General Chemistry</td>
</tr>
<tr>
<td>EXS 109 Introduction to Human Performance</td>
<td>EXS 207 Anatomy &amp; Physiology I</td>
</tr>
<tr>
<td>ENG 105 or WRT 110 Freshman Composition</td>
<td>EXS 211 Anatomy &amp; Physiology I Lab</td>
</tr>
<tr>
<td>PE 144 Fitness/Wellness Ventures</td>
<td>PSY 112 Introduction to Psychology</td>
</tr>
<tr>
<td>Skill Area II (MATH 102 or 103 or Gen Ed Elective)</td>
<td>GEN ED Elective</td>
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<td><strong>Total Semester Credits:</strong> 14</td>
<td><strong>Total Semester Credits:</strong> 16</td>
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<tr>
<td><strong>Fall Year 2 (Apply to EXS Professional Program)</strong></td>
<td><strong>Spring Year 2</strong></td>
</tr>
<tr>
<td>EXS 208 Anatomy &amp; Physiology II</td>
<td>EXS 307 Human Nutrition</td>
</tr>
<tr>
<td>EXS 212 Anatomy &amp; Physiology Lab</td>
<td>EXS 301 Applied Kinesiology</td>
</tr>
<tr>
<td>EXS 275 Training for Sport Performance</td>
<td>COMM 140 Public Speaking</td>
</tr>
<tr>
<td>PHYS 111 Introductory Physics</td>
<td>PSY 136 Life Span Development</td>
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<tr>
<td>STAT 104 or STAT 200 or STAT 215</td>
<td>GEN ED Elective</td>
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<td>GEN ED Elective</td>
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<td><strong>Total Semester Credits:</strong> 15</td>
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<tr>
<td><strong>Fall Year 3</strong></td>
<td><strong>Spring Year 3 (Apply to Graduate School - MSAT Program)</strong></td>
</tr>
<tr>
<td>EXS 216 Biomechanics</td>
<td>EXS 411 Research Methods in Exercise Science</td>
</tr>
<tr>
<td>BMS 380 Emergency Medical Technician</td>
<td>EXS 409 Clinical Exercise Physiology</td>
</tr>
<tr>
<td>EXS 311 Stress Management</td>
<td>EXS 415 Fitness Assess. &amp; Exercise Prescription</td>
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<tr>
<td>EXS 408 Exercise Physiology</td>
<td>EXS 376 Theories of Strength &amp; Conditioning</td>
</tr>
<tr>
<td></td>
<td>EXS 416 Graded Exercise Testing</td>
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<td><strong>Total Semester Credits:</strong> 15</td>
<td><strong>Total Semester Credits:</strong> 15</td>
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<tr>
<td><strong>Summer Year 4</strong></td>
<td><strong>Fall Year 4</strong></td>
</tr>
<tr>
<td>ATR 500 Pre-Clinical in Athletic Training</td>
<td>ATR 501 Clinical I – Acute &amp; Emergency Medicine</td>
</tr>
<tr>
<td>ATR 512 Principles of Professional Practice</td>
<td>ATR 527 Therapeutic Exercise</td>
</tr>
<tr>
<td>ATR 517 Prevention &amp; Care in Sports Medicine</td>
<td>ATR 528 Clinical Exam &amp; Diagnosis in Sports Medicine I</td>
</tr>
<tr>
<td>ATR 518 Application of Prevention &amp; Care in Sports Medicine</td>
<td>ATR 540 Therapeutic Interventions</td>
</tr>
<tr>
<td>ATR 519 Seminar: Emergency Medicine in Sport</td>
<td>Gen Ed (UG)</td>
</tr>
<tr>
<td><strong>Total Semester Credits:</strong> 9</td>
<td><strong>Total Semester Credits:</strong> 3</td>
</tr>
<tr>
<td><strong>Spring Year 4</strong></td>
<td><strong>Summer Year 5</strong></td>
</tr>
<tr>
<td>ATR 502 Clinical II - Orthopedics</td>
<td>ATR 503 Clinical III - Rehabilitation</td>
</tr>
<tr>
<td>ATR 513 Org &amp; Admin in Sports Medicine</td>
<td>ATR 504 Clinical IV - PPE/Pre-season Experience</td>
</tr>
<tr>
<td>ATR 521 Pharmacology in Sports Medicine</td>
<td>PE 597 Research in Physical Education &amp; Exercise Science I</td>
</tr>
<tr>
<td>ATR 529 Clinical Exam &amp; Diagnosis in Sports Medicine II</td>
<td>PE 598 Research in Physical Education &amp; Exercise Science II</td>
</tr>
<tr>
<td>Gen Ed (UG)</td>
<td><strong>Total Semester Credits:</strong> 9</td>
</tr>
<tr>
<td><strong>Total Semester Credits:</strong> 15</td>
<td><strong>Total Semester Credits:</strong> 9</td>
</tr>
<tr>
<td><strong>Fall Year 5</strong></td>
<td><strong>Spring Year 5</strong></td>
</tr>
<tr>
<td>ATR 505 Clinical V – General Medical</td>
<td>ATR 506 Clinical VI Non-Sport &amp; Adolescent</td>
</tr>
<tr>
<td>EXS 519 Sports Biomechanics</td>
<td>ATR 590 Capstone Experience in Athletic Training</td>
</tr>
<tr>
<td>ATR 532 Psychological Aspects in Sports Medicine</td>
<td><strong>Total Semester Credits:</strong> 9</td>
</tr>
<tr>
<td><strong>Total Semester Credits:</strong> 9</td>
<td><strong>Total Semester Credits:</strong> 9</td>
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### Table 3: MSAT Curriculum Planning & Sequencing

<table>
<thead>
<tr>
<th>Summer Year 1</th>
<th>Credit</th>
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<tbody>
<tr>
<td>ATR 500 Pre-Clinical in Athletic Training</td>
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<tr>
<td>ATR 512 Principles of Professional Practice</td>
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<tr>
<td>ATR 517 Prevention &amp; Care in Sports Medicine</td>
<td>3</td>
</tr>
<tr>
<td>ATR 518 Clinical Application of Prevention and Care in Sports Medicine</td>
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<tr>
<td>ATR 519 Seminar: Emergency Medicine in Sport</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>ATR 501 Clinical I – Acute &amp; Emergency Medicine</td>
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<tr>
<td>ATR 527 Therapeutic Exercise</td>
<td>3</td>
</tr>
<tr>
<td>ATR 528 Clinical Exam &amp; Diagnosis in Sports Medicine I</td>
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</tr>
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<td>ATR 540 Therapeutic Interventions</td>
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<tr>
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<tbody>
<tr>
<td>ATR 502 Clinical II – Orthopedics</td>
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<tr>
<td>ATR 513 Org &amp; Admin in Sports Medicine</td>
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<tr>
<td>ATR 521 Pharmacology in Sports Medicine</td>
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<tr>
<td>ATR 529 Clinical Exam &amp; Diagnosis in Sports Medicine II</td>
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<tr>
<td>ATR 503 Clinical III- Rehabilitation</td>
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<tr>
<td>ATR 504 Clinical IV- PPE/Pre-season Experience</td>
<td>2</td>
</tr>
<tr>
<td>PE 597 Research in Physical Education &amp; Exercise Science I</td>
<td>3</td>
</tr>
<tr>
<td>PE 598 Research in Physical Education &amp; Exercise Science II</td>
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<th>Credits</th>
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<td>ATR 505 Clinical V - General Medical</td>
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<tr>
<td>EKS 519 Sports Biomechanics</td>
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<tr>
<td>ATR 532 Psychological Aspects in Sports Medicine</td>
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<thead>
<tr>
<th>Spring Year 2</th>
<th>Credits</th>
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<tr>
<td>ATR 506 Clinical VI Non-Sport &amp; Adolescent</td>
<td>6</td>
</tr>
<tr>
<td>ATR 590 Capstone Experience in Athletic Training</td>
<td>3</td>
</tr>
</tbody>
</table>

**Time Expectations for Graduate Student Course Equivalent Work**

Graduate students are expected to invest a minimum of two hours of out-of-class student work for every one hour of classroom or direct faculty instruction each week for each semester or summer session. At least an equivalent amount of student work time applies to clinical lab work, internships, practicums, as well as other academic work that leads to the award of credit hours.

**Graduation Policy and Requirement**

Upon completion of all applicable courses and capstone requirements for the MSAT program students are eligible to receive their degrees and to graduate.

- Application for Graduation

**Graduate Academic Policies and Requirements**

The academic policies and degree requirements for graduate students at Central Connecticut State University are governed by the University faculty and administered by the dean of the School of Graduate Studies. Central Connecticut State University has established written policy and procedures to ensure the rights and responsibilities of the student.
MSAT Student Rights and Responsibilities

Services and Resources for MSAT students to review can be found on the following active links:
- Academic Integrity Policy
- Grade Appeal Policy
- refund of tuition and fees
- Leaving the University and Reenrolling
- Academic Advising and the Planned Program of Graduate Study
- Financial Aid Policies

Miscellaneous University Services and Resources

Central Connecticut State University SCHOOL OF GRADUATE STUDIES HANDBOOK contains information about student resources, campus life, and students’ rights and responsibilities. The SCHOOL OF GRADUATE STUDIES HANDBOOK supplements the Graduate Catalog and should not be considered a complete listing of university policies. This handbook is posted online for students and applicants for general information and guidance only. It does not constitute a contract, either expressed or implied. Central Connecticut State University reserves the right to change its regulations, fees, and announcements without notice whenever such action becomes necessary.
- Office Of Student Rights & Responsibilities
- Office for Equity & Inclusion
- Student Disability Services

MSAT Graduate Academic Policy and Requirements

Once admitted to the MSAT program, students must maintain School of Graduate Studies requirements and ATPP requirements. MSAT students should refer to the Graduate Academic Policy And Requirements that includes information on the Grading System, GPA Calculation, Repeat Policy, Grade Appeals, Good Academic Standing, and Academic Probation/Academic Dismissal Policy.

MSAT Academic and Clinical Program Policy and Requirements

The MSAT program requires continuous enrollment and progression. Failure to complete any aspect of a clinical lab or clinical course, i.e., skill competencies, comprehensive practical testing and/or associated comprehensive written exam will result in remediation. A student will not be permitted to register for the next sequential clinical course if the student does not complete each clinical rotation within the respective course and/or fails to meet the level-appropriate competencies. A student must receive a minimum of 80% on both the final written and final practical exam to successfully complete the course and move on to the next sequential clinical course. All clinical courses require the MSAT student to maintain current National Registry EMT-B Certification or higher.

Please Note: Revisions to the Athletic Training Professional Program may occur in order to maintain compliance with national accreditation standards. Students should check with the program director and/or the CCSU athletic training professional program website regarding new requirements.
**Formal Complaints Process for MSAT Academic and/or Clinical Courses**

Students who have concerns related to academic policy or grading in any athletic training course should observe the following communication channels:

1. First, contact the course/clinical/lab faculty member for discussion.
2. If the issue is not resolved after discussion with the faculty responsible for the course, then the student should next contact the ATPP Clinical Coordinator (clinical courses/experiences) and Program Director (academic and clinical courses) to clarify program policy and resolve the identified issue.
3. If the issue is not resolved, then the student may contact the Chair of the Department of PE&HP.
4. If the issue is still not resolved, the student may contact the Dean of Education and Professional Studies requesting resolution of the issue.

**Criminal Background Check Policy**

Criminal background check is not a program requirement currently. A criminal background check requirement may be specific to district/town if a student is placed at a high school or other clinical sites such as hospitals.

**Institution/MSAT Program & Student Records Maintained in Secure Location**

MSAT student academic, clinical and health records are maintained in compliance to HIPAA and FERPA regulations. ATTP documents are maintained in paper and/or electronic versions and securely stored. Electronic academic and clinical records are stored on university databases requiring dual authentication for access. All paper records are stored within the student’s academic folder and maintained by the ATTP program director and/or clinical coordinator in locked files and offices. The methods of collection and secure storage maintenance are as noted below.

1. Program Admission Applications - Digital OnBase program. Applications initially stored in “Slate” then transferred to OnBase once student matriculates.
2. Curriculum academic and clinical progression records stored in advisement or clinical requirement folders which are securely locked in ATTP program director and/or clinical coordinator’s office; electronic versions secured on “Pipeline” a university web-based platform.
3. Disciplinary Actions – Advisement or Clinical Requirement Folders.
5. Verification Of Blood Borne Training – Advisement or Clinical Requirement Folders.
6. Verification Of Compliance with Technical Standards Requirements – Advisement or Clinical Requirement Folders.
7. Verification Of Completed Criminal Background Checks (If Applicable),
8. Verification Of Privacy Training (HIPAA & FERPA) – Advisement or Clinical Requirement Folders.
10. Compliance With Immunization Policies – Advisement or Clinical Requirement Folders; Electronic Version MEDICAT University Based Platform.
11. Verification That the Program’s Students Are Protected by Professional Liability Insurance - Advisement or Clinical Requirement Folders.
ATHLETIC TRAINING PROFESSIONAL PROGRAM COSTS & AID

In addition to customary university fees, MSAT students are responsible for supplementary costs related to the Athletic Training Professional Program (ATPP). This may include the cost of certifications, transportation to and from assigned clinical field experience sites and/or observations, electronic software tracking fees, liability insurance, as well as the purchase of professional attire.* All program fees listed below are subject to change!

TUITION
Full-Time student tuition varies based on In-State Tuition vs. Out of State Tuition. On-campus housing and meal plans vary in cost depending on your selection and needs.
Cost: Please use the “Tuition, On-Campus Housing, Meal Plan and other Possible Common Fees Schedule” CALCULATOR for estimating the fees:

HEALTH INSURANCE
Refer to Bursar’s Office for Health Insurance Information
Cost: Cost varies based on your personal primary insurance policy

PHYSICAL EXAMINATION AND IMMUNIZATIONS
Refer to Student Wellness Service – Health - Health Requirements form
Cost: Varies depending on your immunization needs. Check with your healthcare provider as there may be no cost based the student's individual healthcare insurance.

ATPP VACCINATIONS REQUIREMENTS
All clinical experiences during ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, ATR 505, ATR 506 require the following vaccinations:
- Annual Influenza
- Annual PPD
- Valid Tetanus

Additional testing or immunizations may be required of the athletic training student by a CCSU approved affiliate site prior to exposure to patients/clients, such as COVID-19 vaccination & booster in addition to negative COVID-19 testing may be required at the discretion of the clinical site including CCSU.
Cost: Varies for each vaccination requirement. Check with your pharmacy or healthcare provider. Vaccination requirements may have no cost based the student's individual healthcare insurance.

PERSONAL STUDENT LIABILITY INSURANCE
Personal student liability insurance is required of all athletic training students enrolled in clinical courses ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, ATR 505, ATR 506. Liability coverage should not be less than five hundred thousand dollars $500,000.00 per occurrence and with an aggregate of not less than one million five hundred thousand dollars limits.
Cost: Approximately $300 per year. Rates vary based on insurance company
*CCSU Provides Master Student Malpractice Insurance for MSAT Students enrolled in the ATTP.

CPR PROFESSIONAL RESCUER
CPR for the Professional Rescuer is required for all students enrolled in clinical courses ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, ATR 505, ATR 506. CPR for professional rescuer certification is within the content of an EMT course. CPR for Professional Rescuer Refresher Course is provided at the minimal cost of the card annually in January through CCSU ATTP.
Cost: Varies - full course $90.00 - $100.00; in-house cost for MSAT students $ 30.00-$ 40.00 CPR Card (2-year certification)

EMT Certification Course
Current EMT certification is a requirement for clinical courses: ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, ATR 505, ATR 506. An EMT course is imbedded into the 3+2 curriculum at CCSU.
Cost: EMT courses vary based on providers. Approximately $1200.00-$1500.00.

Additional EMT Course Fees
Personal Equipment (mandatory): Stethoscope, B/P Cuff, Penlight, Exam Gloves & Airway Barrier Devices
Cost: $90.00 (Estimated based on recommended supplies. Cost can be higher based on brand name of selected diagnostic sets.)

National Registry EMT Certification Exam
Upon successful completion of the EMT course students must register and pass the National Registry EMT Certification Examination. Check with your EMT course provider as this fee may be included in the course.
Cost: Written Exam $85.00 - $100.00; Practical Exam $125.00 – $150.00

EMT Refresher Course
Initial EMT Certification is a 2-year certification. An EMT refresher course may be necessary for maintaining EMT certification through graduation from the ATPP program. For a listing of available “Refresher EMT Certification Courses” go to the CT DEPARTMENT OF HEALTH - OEMS.
Cost: $125.00 - $150.00 (varies based on providers)

Professional Attire – AT Uniforms
Khaki Pants and/or Khaki Shorts are to be purchased by the student as required in the dress code policy. Polo staff shirts are provided free of charge while enrolled in the clinical aspect of the program. Lab shorts and T-shirts are required for ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, ATR 505, ATR 506 and are provided free of charge.
Cost: Varies

Transportation
The MSAT program requires athletic training students to be scheduled for a variety of off-campus observations and clinical experiences. Therefore, students should anticipate that off-campus clinical experiences will require transportation to and from the various affiliated sites which are typically located within the state of Connecticut.
Cost: Associated cost varies for transportation and parking at clinical sites and is the responsibility of the student.

Professional Membership
The National Athletic Trainers Association (NATA) annual fee includes membership to District I -Eastern Athletic Trainers Association (EATA), and the Connecticut Athletic Trainers Association (CATA). Student membership of professional organizations such as the NATA and CATA is strongly recommended and encouraged. Please note that ATR didactic and clinical courses may require membership.
Cost: NATA MEMBERSHIP FEE
BOC CERTIFICATION EXAM
ATPP students are eligible to be candidates for BOC CERTIFICATION in their final semester.
Cost: BOC FEE SCHEDULE

SCHOLARSHIPS
General scholarships and “Athletic Training” student scholarships are available through CCSU Foundation. First year and second year graduate students who are admitted to the ATPP are eligible to apply for a “athletic training” scholarship. Additional scholarships are available from various athletic training associations:
- Connecticut Athletic Trainers’ Association
- Eastern Athletic Trainers’ Association
- National Athletic Trainers’ Association

PROFESSIONAL CREDENTIALING
Below are links to the BOC certification exam process, the application process for licensing in CT, and the CT Practice Act for Athletic Training.
- BOC Certification
- Licensure Connecticut
- Connecticut Practice act
ATHLETIC TRAINING PROFESSIONAL PROGRAM HEALTH POLICIES AND REQUIREMENTS

MEDICAL REQUIREMENTS FOR FULL-TIME STUDENTS
All full-time students are required to submit a completed medical form that includes a medical history, immunization data, and a physical examination form signed by a health care provider. Current CCSU medical requirements and the General Medical Packet form can be obtained from the Health Services Website.

RECORD OF IMMUNIZATION: UNIVERSITY REQUIREMENT
1. Measles (two dosages), MMR; incidence of disease or Measles Titer
2. Mumps (two dosages), MMR; or incidence of disease or Mumps Titer
3. Rubella (two dosages), MMR; or incidence of disease or Rubella Titer
4. Varicella (two dosages), MMR; or incidence of Chicken Pox Disease or Varicella Titer
5. Meningococcal is mandatory for all dormitory students (strongly recommended for athletic training majors).
6. TB Risk Questionnaire and/or Test

VACCINATION HISTORY: ATPP PROGRAM REQUIREMENT OF ALL STUDENTS INVOLVED IN CLINICAL EXPERIENCES
1. Tetanus Booster Td or Tdap vaccination (within last 10 years)
2. Hepatitis B vaccination series or Hepatitis B Titer; or annually sign the waiver for Hepatitis B vaccination
3. Annual PPD - TB Skin Test
4. Annual Flu Vaccination is mandatory for all clinical courses

Please Note: Additional testing or immunizations may be required of the athletic training student by CCSU and/or by CCSU approved affiliate site prior to exposure to patients/clients.

POLICY FOR ESTABLISHING THE HEALTH STATUS OF MSAT STUDENTS
Prior to being permitted to begin the clinical experience assignments the names of athletic training students involved in the clinical aspect of the Athletic Training Professional Program will be submitted to University Health Service. A review of the student’s medical record for current immunizations will be verified. Documentation that verifies the completion of CCSU’s health form and that signifies that the student meets the health requirements for the program will be kept in the student’s academic file. Those students whose immunizations are missing or not current will be required to obtain the necessary immunizations prior to being permitted to continue in the clinical component of the Athletic Training Professional Program.

HEALTH POLICY FOR INFECTIVE ILLNESS AND CONTACT WITH PATIENTS/CLIENTS
Athletic Training students who develop signs or symptoms of an infectious illness should make an appointment with University Health Service or with their personal physician for evaluation and diagnosis. A note from the physician or from health services should be obtained if the student is advised to avoid contact with patients/clients. Should an athletic training student be notified that they were exposed to an infectious illness during a clinical experience, the policies and medical processes of the affiliated site will be incorporated.
COMMUNICABLE DISEASE POLICY

The purpose of this policy is to educate and stress the importance of preventing or minimizing the spread of communicable diseases. The clinical experience student has the inherited risk of contracting or spreading a variety of different microorganisms that can pass from one individual to another. Through maintaining proper immunizations, annual vaccinations and the practice of universal precautions, the spread of communicable disease in the athletic training clinical setting may be controlled with an understanding that it is difficult to prevent exposure from all communicable diseases. Students enrolled in Central Connecticut State University Athletic Training Professional Program (ATPP) must have on record proof of protection against communicable diseases before being permitted to engage in clinical experiences as noted in ATPP medical requirements section. Annually, students will acknowledge education and willingness to practice according to the Communicable Disease Policy.

The Center for Disease Control outlines specific policies for minimizing exposure of communicable diseases within health care facilities, health care providers and patients/clients. Health related policies and procedures related to may be adjusted based on guidance from the CDC (Centers for Disease Control), state and local health department and Central Connecticut State University.

COMMUNICABLE DISEASE

An infectious disease transmissible (as from person to person) by direct contact with an affected individual or the individual’s discharges by indirect means. Microorganisms are typically passed through direct contact with an infected individual or direct contact with the bodily fluids of an infected individual.

Prevention of Exposure and Infection

To minimize exposure to athletic training students involved with patient care during their clinical experiences the following guidelines have been established.

- Verification of vaccination: Hepatitis B, mumps, rubella, varicella, tetanus/diphtheria, and tuberculosis.
- Students must complete annual blood borne pathogen and infectious agents training.
- Students are required to use “Universal Precautions” at all times.
- Students are required to use proper hand washing and hygiene techniques at all times.
- Students with signs and symptoms of a communicable disease must not provide patient care.
**COMMON SENSE & SHARED RESPONSIBILITY**

MSAT students’ awareness for understanding the importance of self-care, as well as seeking appropriate medical care if they acquire an illness that may jeopardize the health and safety of others: i.e., patients/clients, students, faculty & staff members. Students who contract a serious or communicable disease or develop signs/symptoms of an infectious illness (fever, vomiting and/or diarrhea) should consider themselves to be contagious and should remove themselves from their academic and clinical experiences.

**HEALTH POLICY FOR CONTAGIOUS ILLNESS AND CONTACT WITH PATIENTS/CLIENTS**

1. Make an appointment with University Health Service or with your personal health care provider for evaluation, diagnosis, care; and discuss with the health care provider the restrictions and or precautions that should be imposed due to the diagnosis.

2. Once a student is referred to a health care provider for medical care, then the provider will determine the ability of the athletic training student to attend academic classes and clinical experience. Do not return to classes or clinical experience until cleared by your health care provider.

3. Do not return to classes or clinical experience fieldwork until at least 24 hours after being afebrile (fever free) without the use of fever reducing medications.

4. A health care provider, who must determine the student’s ability to return to the clinical experience setting, should evaluate chronic medical condition that may result in the athletic training student contracting or spreading a microorganism.

5. The student should contact their preceptor following any evaluation with a health care provider that places restrictions or absence from classes and or their clinical experience so that appropriate remediation can be discussed and implemented.

6. Academic Affairs office should be informed in the event of a prolonged illness from a communicable disease, students should refer to CCSU’s Absence Policy for specific criteria.

7. Should an athletic training student be notified that they were exposed to an infectious illness during an off-campus clinical experience, the policies and medical processes of the affiliated site will be incorporated.

**DOCUMENTATION OF ABSENCE DUE TO COMMUNICABLE DISEASE ILLNESS**

A note from a health care provider must be obtained if the student is medically advised regarding the ability to continue with classes and clinical experience, or if any restrictions are required. If the MSAT student is deemed to be contagious by the health care provider, then they will not be allowed to attend classes or clinical experiences.
COMMUNICABLE DISEASE POLICY

STATEMENT OF TRAINING, UNDERSTANDING & COMPLIANCE

The Center for Disease Control outlines specific policies for minimizing exposure of communicable diseases within health care facilities, health care providers and patients/clients. Athletic training students must provide the Athletic Training Professional Program (ATPP) evidence of protection against communicable diseases before being permitted to engage in clinical rotations.

**Communicable Disease (defined):** An infectious disease transmissible (as from person to person) by direct contact with an affected individual or the individual’s discharges by indirect means.

**Prevention of Exposure and Infection**
- Students must complete annual Blood Borne Pathogen training.
- Students are required to use proper hand washing and hygiene techniques at all times.
- Students are required to always use Universal Precautions.
- Students with signs and symptoms of a communicable disease must not provide any patient care.

**Managing Potential Infection**
- Athletic training students who develop signs or symptoms of an infectious illness should make an appointment with University Health Service or with their personal physician for evaluation and diagnosis. A note from the physician or from health services should be obtained if the student is advised to avoid contact with patients/clients.
- The athletic training student is responsible for keeping their preceptor and/or faculty advisor informed of their condition that requires additional medical attention, missed classes or clinical assignments. The student must provide written documentation from a physician to return to class and/or clinical experience. The student is responsible for any missed assignments/assessments.
- Any student who demonstrates signs or symptoms of infection or disease that may put him/her and/or him/her patients/clients at risk, should report the potential infection or disease immediately to their preceptor.

I understand that should I contract any communicable diseases; I will be removed from clinical experience assignment by the ATPP Medical Director or University Medical Director until being cleared by a physician to return to clinical experience assignments.

My signature below indicates that I have read the above policy and agree to comply with this policy during my time as an athletic training student at Central Connecticut State University.

Print Name: ______________________________________ Semester/Year: _______

Student’s Signature_____________________________________ Date: __________

Clinical Coordinator’s Signature_________________________ Date: __________
CENTRAL CONNECTICUT STATE UNIVERSITY
ATHLETIC TRAINING PROFESSIONAL PROGRAM
COVID-19 POLICY
STATEMENT OF TRAINING, UNDERSTANDING & COMPLIANCE

The coronavirus variants remain a highly contagious virus that can cause major health problems and even death. The risk of COVID exposure and infection cannot be eliminated; however, your consistent adherence to established university policies and procedures can help to reduce that risk. CCSU’s Athletic Training Professional Program’s highest priority is the safety and health of its faculty and student members. Athletic training student are required to make every effort to keep themselves apprised of changes to established policies and procedures.

Participation in athletic training academic courses, clinical labs, and clinical experiences requires active participation in maintaining self-well-being and safety. In the clinical learning environment please be considerate of the safety of others by following established guidelines and protocol.

Please initial each line to acknowledge, as an athletic training student I understand and agree:

- That I may be at risk and may be exposed to COVID-19 virus.
- That I am required to report COVID-19 symptoms through the university’s MEDICAT Student Portal and refrain from coming to campus until medically cleared by CCSU Health Services.
- That when symptoms of any illness occur, I will contact the athletic training faculty, preceptor and cooperate with any follow-up requirements, including being tested for COVID-19 and self-quarantining while the test results are pending.
- That if I am determined to be positive for COVID-19, to self-isolate in a designated location until my symptoms have improved consistent with then-current guidelines.
- To abide with protocol, which may include testing and potential subsequent self-quarantining, if I am identified as a contact of anyone who has been determined to be positive for COVID-19.
- When required, I will abide with PPE (Personal Protective Equipment) requirements established for clinical courses and clinical experiences as identified by CCSU - including face covering in all designated spaces, practice social distancing as much as possible, and to frequently wash and/or sanitize my hands.
- That I have been educated on donning and doffing of PPE’s.

I understand this is a highly contagious virus and it is possible, even with all the appropriate safety precautions, and with practicing all safety precautions, that I could still be exposed to and infected by the COVID-19 virus. I further understand that if exposed or infected, I may expose and infect others with the COVID-19 virus.

I acknowledge that I have read, understand, and agree to follow the established policies and procedures of the Athletic Training Professional Program and the university. I understand that failure to abide to the P&P’s may lead to suspension from the clinical aspect of the ATPP.

My signature below indicates that I have been educated and trained in the prevention and mitigation of COVID-19. I agree to comply with Central Connecticut State University policies and procedures.

Print Name: ____________________________  Semester/Year: ____________

Student’s Signature: ____________________________  Date: ____________

Clinical Coordinator’s Signature: ____________________________  Date: ____________

*Please note that additional COVID-19 Assumption of Risk and Release of Liability may be required for MSAT students to participate in Experiential Clinical Learning off-campus.
BLOOD BORNE PATHOGEN EDUCATION AND TRAINING

Central Connecticut State University’s athletic training students will be provided with blood borne pathogen education and training on a yearly basis. Education and training sessions will occur prior to beginning any clinical observations or clinical experiences. CCSU’s established blood borne polices and training is based on the Occupational Safety and Health Administration (OSHA) blood borne pathogens standard. Students will acknowledge training, understanding, and agree to comply with CCSU’s Blood Borne Pathogen Policy.

BLOOD BORNE PATHOGEN POLICY
The purpose of this policy is to prevent transmission of blood borne diseases to athletic training students participating in observations and clinical experience components of CCSU’s Athletic Training Professional Program (ATPP). Under normal daily tasks, students may encounter blood and other potentially infectious material containing organisms such as HIV, HBV, and HBC. Most exposures do not result in an infection. The risk of infection may vary depending on: pathogen involved, type of exposure, amount of blood involved in the exposure, and amount of virus in the patient’s blood at the time of exposure.

EXPOSURE INCIDENT
An exposure incident is defined as follows:
- Skin pierced, cut, or scratched by a sharp object (parenteral contact) contaminated with blood or other potentially infectious body fluid.
- Spills or splashes of blood or other potentially infectious material onto non-intact skin (cuts, hangnails, abrasions, chapped skin) or any mucous membrane.

EXPOSURE CARE
Should an exposure occur during the educational clinical sessions (labs) or assigned clinical experience the student should immediately stop the involved procedure. Cuts and needle sticks should be washed with soap and water. Splashes to the nose, mouth, or skin should be flushed with water. Post disinfectant treatment i.e., washing or flushing, the student should be referred to health services for post exposure follow-up care. Exposure to the eyes should be flushed with water or saline for 15 minutes. Students should immediately seek medical attention at a local Emergency Department should the eyes be exposed to blood or contaminated body fluids.

POST EXPOSURE
Immediately after caring for an exposure the student must notify the assigned preceptor or course instructor of the incident. At the earliest convenience, the student must complete CCSU’s ATPP “Post Exposure Form”.

The athletic training program adheres to the practice of “Universal Precautions” as outlined by the Occupational Safety and Health Administration (OSHA) of the United States Department of Labor for Standard 1910.1030 - Blood Borne Pathogens, in addition to other approaches for infection control such as “Standard Precautions” and “Body Substance Isolation” precautions (BSI). Scope and Application 1910.1030(a) section applies to all occupational exposure to blood or other potentially infectious materials as defined in definitions of terms 1910.1030(b). This policy is necessary to ensure that all necessary procedures are taken to minimize health risks to patients/clients, athletic training students, and visitors (4).
IDENTIFICATION OF RISK TASKS (2):

Injury/Illness Management
   a. Management of open wounds
   b. Management of open fractures and dislocations
   c. Blister care
   d. CPR
   e. Rescue Breathing

Environmental Management
   a. Soiled laundry and linens
   b. Cleaning surfaces in work areas
   c. Disposal of all Bio-hazardous waste

EXPOSURE CONTROL PLAN: MEASURES TO ELIMINATE OR MINIMIZE EXPOSURE

Universal, Body Substance Isolation, AND Standard Precautions

Universal precautions are OSHA required practices of control to protect individuals from exposure to blood and other potentially infectious materials. Universal precaution requires that all human blood and certain body substances be treated as if known to be infectious for hepatitis B, hepatitis C, HIV or other blood borne pathogens. Standard and Body Substance Isolation requires that all body fluids and substances be considered infectious.

Universal Precautions require athletic training students to treat all patients/clients’ blood and other potentially infectious material (OPIM) as though it is infected with HIV, HBV, HBC, or other blood borne pathogens. Universal precautions and infection control must be always practiced minimizing the chance of exposure to HIV, HBV, and HBC (4).

HIV, HBV, HBC, and other blood borne pathogens can be present in the following:
1. Body fluids, which include saliva, vaginal secretions, cerebral spinal fluid, synovial, pleural, peritoneal, pericardial, and amniotic fluids, and any other body fluid containing visible blood.
2. Unfixed tissues and/or organs, other than skin.
3. Blood, which is the primary concern with exposure and transmission of HIV, HBV, and HBC in the occupational setting.

Personal Protective Equipment
1. Disposable (single use) gloves (latex, nitrile, vinyl) represent the most usual form of a protective barrier against contamination (2).
   a. Gloves should be worn whenever the possibility of exposure to blood or other fluids exists.
   b. Gloves must be used when touching blood, body fluids, mucous membranes, or non-contact skin of all patients/clients. This also includes handling items or surfaces soiled with blood or other body fluids.
   c. Gloves MUST be changed after contact with each procedure and disposed of in the appropriate Biohazard container. This also applies in the event of a defective, ripped, or torn glove.
   d. Any cut, laceration, abrasion, or cracked/damaged skin on the athletic trainer should be covered with the appropriate bandage prior to treating patients/clients.
   e. GLOVES ARE NOT A SUBSTITUTE FOR HAND WASHING.
1. Hands and other skin surfaces should be washed and decontaminated immediately after contact with each patient. Hands should be washed in soap and warm water for a period of 30 seconds (5). Disposable towelettes or instant hand sanitizing lotions should be used if access to soap and water is not immediately available (example; while on the athletic fields). Hands should be washed as soon as access to soap and water is possible (3).

2. Mucous areas (mouth, nose, etc.) should be rinsed for decontamination immediately after exposure occurs. The incident should be reported following the proper procedures outlined later.

3. Mouth pipetting or suctioning of blood or other potentially infectious material is forbidden (1).

4. Personal Protective Equipment (gowns, masks, goggles) is appropriate in the anticipation of splattering or splashing of blood. Although this is not a common occurrence, these items are in the stainless-steel cabinet located in the athletic training facility (4).

5. Each athletic training field kit shall have a CPR mask with one-way valve, gloves, instant hand sanitizing lotions for decontamination, and red biohazard waste bag. These items should be inspected prior to practices or athletic events and replaced if necessary. Broken/damaged equipment should be reported to the appropriate preceptor.

6. Sharp items (scalpels, needles, etc.) must be handled with extreme caution to prevent accidental injury or exposure. After use, these items should be placed in puncture resistant containers for proper disposal. DO NOT attempt to recap, bend, or break needles or blades (1).

7. Broken glass contaminated with blood or other potentially infectious material should be swept up with a dustpan and broom. Gloves must be worn to minimize accidental injury; NO ATTEMPT should be made to pick up pieces with hands for disposal. (1). Broken glass contaminated with blood should be deposited into the sharp’s container.

8. All procedures involving blood or other potentially infectious material must be performed in such a manner to minimize aerosolization, splashing, spraying, splattering or generation of droplets (1).

9. Application of lip balm, cosmetics, and contact lenses is prohibited in the athletic training facility to prevent/minimize potential risk (2).

10. Food or beverage consumption is prohibited in all areas of the athletic training facility. Storage of food is not allowed in the ice machines, shelves, cabinets, or counter tops where other potentially infectious materials are present (2).

11. Accidental injuries or exposure to blood or other potentially infectious materials should be reported to the supervising athletic trainer immediately. All accidents will be referred to Health Services and are confidential (3).

**BIO-HAZARDOUS WASTE AND ENVIRONMENTAL CONTROL**

1. Bio-hazardous waste bags and containers that are damaged or full should be removed from the athletic training facility. All material is stored in the closet # 0090701; bags must be sealed securely. The Head/Assistant Athletic Trainer will be responsible for the annual collection of Bio-hazardous Waste.

   **NOTE:** All bio-hazardous waste & sharps containers are marked with the universal BIOHAZARD symbol for proper identification. These containers should be evaluated monthly for cracks, leaks, or defects (1).

2. All work surfaces must be cleaned immediately after treatment is provided to the patient; this also includes blood spills. An approved biohazard product such as Ambiquat disinfectant is the preferred method at CCSU, although a bleach and water solution mixed to the ratio of 1:10 is an acceptable method, as is isopropyl alcohol (1).

3. Disposable materials contaminated with blood or other body fluids should be handled with gloves and placed in the appropriate container marked Biohazard (1). Bio-hazard bags must be present at all practices or events.
4. Linens and towels with potentially infected materials must be separated from regular laundry (2). These items should be placed in a red plastic bag and marked Biohazard. The bag is then sealed and taken to the equipment room for appropriate sanitization.

5. Whirlpools, if exposed to blood or other potentially infectious materials, must be drained, and cleaned immediately after use. The interior surface should be sterilized with the appropriate decontaminate solution and rinsed. Regular cleaning procedure is then followed. **GLOVES MUST BE WORN.**

6. Floor spills should be covered with absorbent materials; using gloves, the appropriate disinfectant is applied. The manufacturer’s directions should be followed for proper use. The area should be mopped to remove disinfectant; rinse the mop with clean water and wash the area as necessary (1).

7. Modality equipment should be cleaned and sterilized if contact with blood or other potentially infectious material is suspected. Electrode pads, sound heads, wiring, etc. should be cleaned following the manufacturer’s instructions to prevent further exposure. Athletic training facility policy requires use of “single patient” self-adhesive electrode pads.

8. Non-disposable sharps, tweezers, etc. should be cleaned and scrubbed with warm water and soap, dried, and re-packed in the sterilization pack after contamination with blood or other potentially infectious materials. These items will be sent to Health Services on campus for sterilization.

**HEPATITIS IMMUNIZATION**

1. This is provided on an annual basis to all athletic training student members at no charge.
2. Vaccines are administered in a three-dose series for prevention of the Hepatitis-B Virus.
3. Immunization arrangements will be made through the Head Athletic Trainer or MSAT Clinical Coordinator (3).

**ACCIDENTAL EXPOSURE**

Accidental exposure to blood or other potentially infectious materials should be reported to the supervising athletic trainer (preceptor) immediately. Information regarding the individual and nature of the incident is strictly confidential. This will be kept in a locked file for a thirty-year period (1). Arrangements will be made for appropriate testing and treatment through the Director of Health Services.

**RECORD KEEPING**

1. HIV, HBV, and HBC training and education will be provided at the beginning of each semester; participation is mandatory for all students prior participating in pre-clinical experience and clinical experience components of CCSU’s Athletic Training Professional Program (ATPP). in the athletic training facility. Athletic Training records will include name, date, and CCSU ID number. This will be kept on file for a minimum period of three years (1).

2. A waiver form for those individuals who opt not to be vaccinated will be kept on file.

**REFERENCES:**

1. Occupational Safety and Health Administration Policy and Procedures Manual: Standard of Compliance. 199
Central Connecticut State University’s athletic training program adheres to the practice of “Universal Precautions” as outlined by the Occupational Safety and Health Administration (OSHA), in addition to other approaches for infection control such as “Standard Precautions” and “Body Substance Isolation” precautions (BSI).

Please initial each line to acknowledge, as an athletic training student I understand:

_____ That I may be at risk and may be exposure to blood borne pathogens, including hepatitis B (HBV), hepatitis C (HCV (hepatitis C virus)), and human immunodeficiency virus (HIV).

_____ That most exposures do not result in an infection and the risk of infection may vary with such factors as:
   1. Pathogen involved
   2. Type of exposure
   3. Amount of blood involved in the exposure
   4. Amount of virus in the patient’s blood at the time of exposure

_____ An exposure incident is defined as follows:
   1. Skin pierced, cut, or scratched by a sharp object (parenteral contact) contaminated with blood or other potentially infectious body fluid
   2. Spills or splashes of blood or other potentially infectious material onto non-intact skin (cuts, hangnails, abrasions, chapped skin) or any mucous membrane

_____ If an exposure should during the educational clinical sessions (labs) or assigned clinical fieldwork occur, then I should:
   1. Stop immediately with the procedure involved with and:
      a. Wash cuts and needle sticks and with soap and water
      b. Splashes to the nose, mouth, or skin flush with water
      c. Eyes - flush with water or saline for 15 minutes
   2. Post disinfectant treatment i.e., washing or flushing, I should:
      a. Immediately seek an appointment at health services or seek medical attention at the local Emergency Department if the eyes are exposed to blood or contaminated body fluids.
      b. Notify my preceptor
      c. At earliest convenience complete CCSU’s ATPP “Post Exposure Form”

My signature below indicates that I have been educated and trained on the prevention of Blood Borne Pathogens. I agree to comply with “Universal Precautions” as outlined by OSHA in addition to other approaches for infection control such as “Standard Precautions” and “Body Substance Isolation during my time as an athletic training student at Central Connecticut State University.

Print Name: ______________________________________  Semester/Year: __________

Student’s Signature____________________________________  Date: __________

Clinical Coordinator’s Signature_________________________ Date: __________
CENTRAL CONNECTICUT STATE UNIVERSITY
ATHLETIC TRAINING PROFESSIONAL PROGRAM
BLOOD BORN PATHOGEN POLICY

WAIVER FOR HEPATITIS B VACCINATION
(TO BE USED AS NEEDED)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination currently. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name _____________________________________ Semester/Year: __________

Student’s Signature________________________________ Date_____________

Clinical Coordinator’s Signature______________________ Date_____________
CENTRAL CONNECTICUT STATE UNIVERSITY
ATHLETIC TRAINING PROFESSIONAL PROGRAM
BLOOD BORNE PATHOGEN POLICY
POST EXPOSURE FORM

Person Completing Form: ____ Athletic Training Student  ____ Preceptor  Today’s Date: ______

Exposed Student: Last Name: ___________________ First Name: ________________________
DOB: _________ CCSU ID #: ____________ Date/Time Exposure: ________/_____ AM PM

Associated Clinical Course: ___ ATR 500 ____ ATR 501 ____ ATR 502 ____ ATR 503 ____ ATR 504
____ ATR 504 ____ ATR 505 ____ ATR 506  Other: _______

Preceptor:  Last Name: ______________________ First Name: __________________
MSAT Student:  Last Name: ______________________ First Name: __________________

Clinical Site & Location Where Exposure Occurred: ____________________________________

Student’s Narrative: Describe how the exposure occurred & how it might have been prevented:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Source Information: Was the source individual identified? ____ Yes ______ No ____ Unsure/Unknown
Name of Source Individual: _____________________________________________________________

Exposure Information: What device or item caused the injury: ___________________________

PPD’s in Use at Time of Exposure: __ Gloves __ Goggles/Eyeglasses __ Mask __ Gown ___ NONE

Actions taken (first aid, cleanup, reporting, etc.): ______________________________________

MSAT Student’s Signature: ________________________________  Date: ___________
Preceptor’s Signature: _________________________________ Date: ___________
Clinical Coordinator’s Signature: _________________________ Date ___________
Program Director’s Signature: ___________________________ Date ___________

Information regarding the individual and nature of the incident is strictly confidential
MEDICAL DOCUMENTATION, CONFIDENTIALITY, HIPAA, & FERPA

The purpose of this policy is to establish procedures for athletic training students to abide by regarding protecting the health information of patients/clients (student-athletes) at Central Connecticut State University. This includes guidelines for medical documentation, storage, dissemination of medical records, and medical confidentiality. CCSU athletic training students must understand their responsibility for ensuring the security and upholding confidentiality of healthcare information.

**Family Educational Rights and Privacy Act (FERPA - 1974)**
Federal rules governing the release of student information. FERPA was designed to protect the privacy of "educational records," which were broadly defined to encompass most student health and medical information kept by an institution. **Health Insurance Portability and**

**Health Insurance Portability and Accountability Act (HIPAA 1996)**
HIPAA is a federal law enacted to: Protect the privacy of a patient’s personal and health information; provide for electronic and physical security of personal and health information; and standardize coding to simplify billing and other transactions. Therefore, it is imperative that members of the athletic training students comply with both regulations in order to:
Assure that the health information of the patients/clients (student-athletes) is being protected.
Allow the athletic training student to share pertinent health information while protecting the student-athlete’s (patient’s) privacy.

**Annual Educational Training Requirement**
Athletic training students must complete medical documentation, confidentiality, HIPAA, & FERPA education session annually. Students will be informed of the requirements of HIPAA & FERPA regulations through required training when admitted to the Athletic Training Professional Program (ATPP) and throughout their clinical experience courses. Reminders of these requirements will occur regularly at the course level.

**Confidentiality Statement of Understanding**
As an athletic training student at Central Connecticut State University there will be times when you will be exposed to confidential and privileged information. At no time should you discuss information you obtained as a member of the athletic training student with others. This includes any information about a patients/clients’ medical condition, the treatment of a medical condition, or any information you acquire in the locker rooms, athletic training facility, physician's office, or otherwise which is non-public information. The unique opportunity that athletic training students have to observe and participate in intercollegiate athletics as a health care professional can and will be terminated if they violate confidentiality. Furthermore, the professional rapport that was established with patients/clients (student-athletes), coaches, and physicians is jeopardized by this lack of discretion and violation of this code of ethics.
Athletic training students are NOT to disclose any information to anyone i.e., media personnel, professional scouts, administrators, coaching student members, teammates, or parents. Information may be shared with the head coach only when directed to do so by the head athletic trainer or a designated assistant athletic trainer.

Athletic Training Students must sign a statement of understanding of “CCSU’s Medical Documentation & Confidentiality Policy” annually, in which the student acknowledges education on:
- Medical Documentation
- Access & Release of Medical Information (including Medical Release for Case Studies)
- Medical Record Storage & Security
• HIPAA and FERPA regulations as they pertain to patient confidentially (on-campus and off-campus clinical experiences and observations)
• Privacy
• Facility Security
• The MSAT student agrees to practice medical confidentiality according to this policy and federal regulations; and understands that violations to this policy will result in immediate suspension from the assigned clinical experience and the potential for termination from CCSU’s Athletic Training Professional Program (ATPP).

CCSU Athletic Health Sensitive Records
Patient’s medical history, screening information, injury records, injury diagnosis, injury treatment records, rehabilitation records, as well their injury-playing status are considered medical records. Information obtained from any of these medical documents is to be considered confidential:
• Pre-participation Exams & Screening Evaluations
• Medical History, Injury Records, Injury Diagnosis
• Injury treatment records
• Physician visits/follow-ups & Diagnostic Reports
• Rehabilitation records
• Injury-playing status
• Phone calls
• Text messages

Athletic Training Students
CCSU and all affiliated off-campus clinical experience sites expect the athletic training students to be familiar with HIPAA, FERPA and the Privacy Rule. Athletic training students are expected to follow these guidelines when accessing information and providing care to patients. Athletic training student are held to the same standard as the certified/licensed athletic trainer.
There will be ZERO TOLERANCE to violations to this policy; consequences may result in immediate dismissal from the ATPP.

On Campus vs Off Campus Observations Clinical Experiences:
As a student in a health profession program at Central Connecticut State University:
1. You are required to abide by the health information privacy requirements of a federal law called HIPAA during any off-campus clinical experiences (including observations) in which HIPAA regulations are practiced.
2. You are required to abide by the health information privacy requirements of a federal law called FERPA during any on-campus (university) and off-campus (high schools) clinical rotation in which FERPA regulations are practiced.

Medical Release for Case Studies
A Medical Release form with the signature of the patient must be obtained for those athletic training students involved in preparing case studies for clinical courses. Forms are available in the athletic training facility. The Medical Release form gives you permission to use the designated information in your written report and presentation. Athletic training students may not remove medical records from the athletic training facility. At no time are the patient’s medical records to be photocopied or scanned. All surgical notes and images must remain in the patient’s/client’s (student-athletes) medical file.
**CCSU AT Guideline 1: Documentation**

Athletic training student must document patient care and must ensure that the information is stored and secured. Confidentiality of all medical information shall be maintained in accordance with the Information Practices Act, the Confidentiality of Medical Information Act, and CCSU policy. Therefore:

A. All evaluations, treatments, rehabilitation programs must be documented and securely maintained.

B. All interactions with patients/clients are to be documented in the medical record of the patient and securely maintained.

C. All interactions with other health care providers are to be documented in the medical record of the patient and securely maintained.

D. Phone conversations and text messages will be documented as stated above in the medical record of the patient and securely maintained.

Athletic training students are not permitted to contact patients/clients or receive requests from patients/clients for medical advice or information on personal devices via phone, email, text messages, or any other form of technology. This is outside the student’s scope of practice and considered in violation of this policy.

**CCSU AT Guideline 2: Medical Record Storage & Security**

The following standards and controls shall be implemented and maintained in all areas where medical records are located:

A. All medical documents should be filed as soon as possible.

B. When not in use, the patient’s medical records shall be stored in either locked files or in a locked room.

C. Access to keys to medical files and/or record room shall be limited to CCSU’s certified/licensed athletic trainers.

**CCSU AT Guideline 3: Access & Release of Medical Information**

Confidentiality of all medical information shall be maintained in accordance with the Information Practices Act, the Confidentiality of Medical Information Act, and CCSU policy.

A. Access to patient’s health care records is limited to persons needing the information for legitimate purposes.

B. Information that is shared should be limited to the minimum necessary, that is, the least amount of information necessary to accomplish the request.

C. Electronic and paper copies of personal health information (PHI) are protected and accessed or transferred only to authorized individuals as regulated by HIPAA and FERPA.

D. Information that is related to a patient’s health cannot be used unless authorized by the patient or someone acting on their behalf and requires the patient to sign a “Release of Medical Information” form.

**CCSU AT Guideline 4: Privacy**

CCSU athletic training students must understand that the main area of the athletic training facility may at times not provide the appropriate level of privacy for obtaining a detailed medical history; providing emergency care for an ill or injured patient; or for holding a private conversation with a patient, coach, or team physician.

A. Therefore, whenever deemed necessary a private area of the facility should be utilized to protect the privacy needs and personal health information of the patient.

**CCSU AT Guideline 5: Facility Security**

CCSU athletic training students must remember to control access and maintain a secure facility at all times. Access to the facility is limited through the main hallway door for all individuals entering the facility. All entry doors and closets must be locked when closing the facility.
A. Keys and/or access cards to the facility shall be issued only to personnel approved by the head athletic trainer or designee.

B. Access to the athletic training facility during the hours the facility is closed shall be limited to personnel authorized by head athletic trainer or designee.

C. Non-athletic training staff personnel may be provided access to the facility only if a CCSU athletic training staff member is on duty.
Central Connecticut State University
Athletic Training Professional Program

MEDICAL DOCUMENTATION & CONFIDENTIALITY POLICY
STATEMENT OF TRAINING, UNDERSTANDING & COMPLIANCE

As an athletic training student at Central Connecticut State University there will be times when you will be exposed to confidential and privileged information. At no time should you discuss information which you obtained as an athletic training student with others. This includes any information about a patient's medical condition, the treatment of a medical condition, or any information which you acquire in the locker rooms, athletic training facility, physician's office, or otherwise which is non-public information. The unique opportunity that athletic training students have to observe and participate in intercollegiate athletics as a health care professional can and will be terminated if they violate confidentiality. Furthermore, the professional rapport that was established with patients/clients, coaches, and physicians is jeopardized by this lack of discretion and violation of this code of ethics.

Athletic training students are NOT to disclose any information to anyone i.e., media personnel, professional scouts, administrators, coaching student members, teammates, including parents. Information may be shared with the head coach only when directed to do so by the head athletic trainer or a designated assistant athletic trainer.

Please initial each line acknowledging education and understanding of the P&P for:

_____ Medical Documentation
_____ Access & Release of Medical Information (including Medical Release for Case Studies).
_____ Medical Record Storage & Security
_____ HIPAA and FERPA regulations as they pertain to patient confidentiality for on-campus, off-campus clinical experiences and observations.
_____ Privacy
_____ Facility Security

_____ I agree to practice medical confidentiality according to this policy and federal regulations.

_____ I understand that violations of this policy will result in immediate suspension from the assigned clinical experience and the potential for termination from CCSU’s Athletic Training Professional Program (ATPP).

My signature below indicates that I fully understand and will abide by Central Connecticut State University’s Medical Documentation & Confidentiality Policy.

Print Name: ______________________________________  Semester/Year: _____
Student’s Signature_______________________________  Date: __________
Clinical Coordinator’s Signature_____________________  Date: __________
Central Connecticut State University’s clinical education places a traditional and strong emphasis on providing the athletic training student with sufficient opportunities to master competencies and develop clinical proficiency through active participation in providing health care to patients/clients. Formal instruction involves teaching of required subject matter in structured classroom, clinical, or laboratory environments. The clinical aspect of the Athletic Training Professional Program (ATPP) consists of two distinct components: “clinical education” and “clinical experience”. The student’s clinical education and clinical experiences are initially shaped by their academic coursework that evolves in time to practical skill application with actual patients/clients.

**CLINICAL EDUCATION**

Clinical education consists of individual courses that are completed over a minimum of two academic years. Clinical education progression is based on course sequencing with the intent to present “learning over time” as the student progresses in acquiring clinical skills. Students are encouraged to perform all skills that are *previously learned* with direct preceptor supervision. CCSU’s clinical education also permits students to learn and interact with other medical and health care personnel. All clinical education experiences are educational in nature. Athletic training students must be officially enrolled in the program and must be instructed on athletic training skills prior to performing those skills on patients/clients. Observation athletic training students are not to perform any tasks on any patients/clients.

**MSAT EDUCATIONAL & CLINICAL OPPORTUNITIES — NON-PREJUDICIAL AND/OR NON-DISCRIMINATORY POLICY**

All students involved in the MSAT have equal education and clinical opportunities. Student engaged in clinical learning have an equal opportunity to be assigned to any of CCSU’s athletic teams and all off-campus affiliations without consideration of sex, ethnicity, religious affiliation, or sexual orientation. The ATPP abides by policies and procedures established by Central Connecticut State University’s Office for Equity & Inclusion.

**CLINICAL EXPERIENCE**

The clinical experience plan reinforces the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making. Clinical experiences permit the student to function in a variety of settings with patients/clients engaged in a range of activities with conditions described in accordance with the role delineation study and standards of practice for the certified entry level athletic trainer. CCSU’s clinical experiences provide students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behavior in order to develop proficiency as an athletic trainer through assignments with preceptor. CCSU’s clinical experiences follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation.

In the clinical learning environment, the student will be under the direct supervision of an athletic trainer and/or physician who serve as preceptors. The MSAT program may use supplemental clinical experiences by non-athletic trainer and physician providers as additional learning opportunities for the student. MSAT students are permitted to learn and practice specific curricular content clinically from a
non-athletic trainer or physician, but the assessment on that content must take place in either a didactic course or another clinical experience by an athletic trainer or physician.

Each clinical course is designed to provide the student with many opportunities to progressively develop competencies in the psychomotor and clinical proficiency skills that are necessary for the entry-level athletic trainer. The experiences include:

1. Risk Reduction, Wellness and Health Literacy
2. Assessment, Evaluation, & Diagnosis
3. Critical Incident Management
4. Therapeutic Intervention
5. Healthcare Administration & Professional Responsibility

**ON-CAMPUS OBSERVATIONS**

The athletic training observation experience familiarizes the athletic training student to the athletic training services at CCSU. The AT observations occur while enrolled in ATR 512, ATR 517, and ATR 518 as a course requirement. The purpose of observation experience is to acquaint the athletic training student with the athletic training preceptors, the athletic training services provided to the patients and the general venue operations as a health care facility. This experience also provides an opportunity for the athletic training preceptors to evaluate the level of knowledge of athletic training student entering the clinical aspect of the professional program.

**CLINICAL EXPERIENCE PROGRESSION**

CCSU’s athletic training students are provided with opportunities to practice athletic training on a variety of patient populations. The majority (70%) of the athletic training students’ clinical experiences will occur on campus within CCSU athletic training facility. CCSU’s clinical learning provides the student with six distinct clinical courses that include off-campus observations and hands-on patient care at affiliated clinical settings. Clinical experiences cannot be partially fulfilled. In general, students are assigned to three-week rotation with various CCSU athletic teams for four of the six established clinical courses.

At CCSU, the athletic training student will have the opportunity to experience athletic practices and competitive events in both men’s and women’s sports. The athletic training student’s clinical experiences at CCSU can also be categorized to include general medical conditions, including concussions; orthopedic conditions that are common in upper extremity and lower extremity intensive sports, equipment intensive sports, and high-risk sports. Upper extremity intensive sports include baseball, softball, swimming, and volleyball. Lower extremity intensive sports include soccer, cross-country, track, basketball. Equipment intensive sports include football. High-risk sports include football, soccer, basketball, volleyball, and lacrosse.

Each consecutive academic session permits advancing clinical experience during enrollment in ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, ATR 505, and ATR 506, respectively. Students enrolled in ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, ATR 505, and ATR 506 must remain in “good standing” within the professional program and maintain EMT-B or higher certification. In the final academic session, ATR 506 is an immersive clinical capstone experience that broadens the student’s clinical practice and patient skills in an approved off-campus affiliation.

Clinical course assignments also include observations with a variety of health professionals such as ortho tech, physical therapist, physician assistant, advance nurse practitioners, orthopedic physician & surgeon, and family practice physician.
The clinical portion of the athletic training program is designed to provide the MSAT student with clinical experiences in Central Connecticut State University’s Athletic Training facility and affiliated off-campus sites. Clinical experiences occur each academic session beginning in Summer 1, including one entire preseason experience during the Summer Post Session, and concludes with an immersive 40 hour/per week internship. Table 4 demonstrates the Clinical Experience Progression Chart and Requirements. Table 5 shows the evaluation rubric for assessing clinical proficiency in the clinical learning environment.
Table 4: MSAT: CLINICAL EXPERIENCE PROGRESSION

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
<th>Assignment</th>
<th>Clinical Experience Completed</th>
<th>Courses Completed</th>
<th>Course in Progress</th>
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<tbody>
<tr>
<td>ATR518</td>
<td>10-30</td>
<td>Facility &amp; Practices (1)-five-week rotation</td>
<td>x</td>
<td>x</td>
<td>ATR512, ATR517, ATR518</td>
</tr>
<tr>
<td>ATR500 (1 Cr)</td>
<td>80-120</td>
<td>Facility, Practices, Game Coverage Minimum (5)-three week clinical /sport</td>
<td>ATR500</td>
<td>ATR512, ATR517, ATR518, ATR527, ATR528, ATR540</td>
<td>ATR512, ATR519</td>
</tr>
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<td>ATR501</td>
<td>280-320</td>
<td>Facility, Practices, Game Coverage Minimum (5)-three week clinical /sport</td>
<td>ATR500, ATR501, ATR502</td>
<td>ATR512, ATR513, ATR517, ATR518, ATR521, ATR527, ATR528, ATR529, ATR540</td>
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</tr>
<tr>
<td>ATR502</td>
<td>280-320</td>
<td>Facility, Practices, Game Coverage Minimum (5)-three week clinical /sport</td>
<td>ATR500, ATR501, ATR502, ATR503</td>
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</tr>
<tr>
<td>ATR503</td>
<td>80-120</td>
<td>One 5-week orthopedic rehabilitation experience</td>
<td>ATR500, ATR501, ATR502, ATR503, ATR504</td>
<td>ATR512, ATR513, ATR517, ATR518, ATR521, ATR527, ATR528, ATR529, ATR540, PE598</td>
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<tr>
<td>ATR504</td>
<td>80-120</td>
<td>Facility, Practices, Game Coverage Minimum (5)-three week clinical /sport</td>
<td>ATR500, ATR501, ATR502, ATR503, ATR504</td>
<td>ATR512, ATR513, ATR517, ATR518, ATR521, ATR527, ATR528, ATR529, ATR540, PE598, EXSS19, ATR532</td>
<td>ATR512, ATR513, ATR517, ATR518, ATR521, ATR527, ATR528, ATR529, ATR540, PE598, EXSS19, ATR532, ATR590</td>
</tr>
<tr>
<td>ATR505</td>
<td>80-120</td>
<td>Off-Campus Affiliated Sites Immersive 35-40 hours/15 weeks</td>
<td>ATR500, ATR501, ATR502, ATR503, ATR504, ATR505</td>
<td>ATR512, ATR513, ATR517, ATR518, ATR521, ATR527, ATR528, ATR529, ATR540, PE598, EXSS19, ATR532, ATR590</td>
<td>ATR512, ATR513, ATR517, ATR518, ATR521, ATR527, ATR528, ATR529, ATR540, PE598, EXSS19, ATR532, ATR590</td>
</tr>
</tbody>
</table>

Professional Practice Goals: Practice Confidentiality, Patient & Personal Safety

- Observe, Learn & Demonstrate Knowledge, Decision Making Abilities and The Development of Proficiency Toward Independent Patient Care
- Active Learner: Prevention, Wellness, Health Literacy, Immediate & Critical Care
- Active Learner & Assisted Proficiency: Prevention, Wellness, Health Literacy, Immediate & Critical Care
- Demonstrate Assisted Proficiency: Prevention, Wellness, Health Literacy, Immediate & Critical Care
- Demonstrate: Supervised Proficiency: Prevention, Wellness, Health Literacy, Immediate & Critical Care
- Demonstrate: Independent Proficiency: Prevention, Wellness, Health Literacy, Immediate & Critical Care
<table>
<thead>
<tr>
<th>Course</th>
<th>Pre-Clinical</th>
<th>Clinical 1</th>
<th>Clinical 2</th>
<th>Clinical 3</th>
<th>Clinical 4</th>
<th>Clinical 5</th>
<th>Clinical 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y1 Summer 1</td>
<td>Y1 Summer - Post</td>
<td>Y1 Fall</td>
<td>Y1 Spring</td>
<td>Y2 Summer</td>
<td>Y2 Summer</td>
<td>Y2 Fall</td>
<td>Y2 Spring</td>
</tr>
<tr>
<td>Course</td>
<td>ATR518</td>
<td>ATR500 (1 Cr)</td>
<td>ATR501 (3 Cr)</td>
<td>ATR502 (3 Cr)</td>
<td>ATR503 (1 Cr)</td>
<td>ATR504 (2 Cr)</td>
<td>ATR505 (3 Cr)</td>
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<tr>
<td>Interpersonal Goals</td>
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<tr>
<td>Interactions Goals</td>
<td>ATPP Students AT /Preceptors Patients</td>
<td>ATPP Students AT /Preceptors Patients</td>
<td>ATPP Students Nursing Students AT/Preceptors Patients Coaches/Admin</td>
<td>ATPP Students Nursing Students AT/Preceptors Patients Coaches/Admin</td>
<td>ATPP Students Nursing Students AT/Preceptors Patients Coaches/Admin</td>
<td>ATPP Students AT /Preceptors Patients Coaches/Admin</td>
<td>ATP/Preceptor Patients Coaches/Admin.</td>
</tr>
<tr>
<td>Interprofessional Interactions Goals</td>
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<tr>
<td>Clinical Experience Sites – Affiliated and Supplemental</td>
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<td>Clinical Experience Sites – Affiliated and Supplemental</td>
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</tr>
<tr>
<td>Strength &amp; Conditioning (CCSU)</td>
<td>Emergency or Urgent Care NBEMS Ride Along Orthopedic Casting/Bracing</td>
<td>Physical Therapy Clinic</td>
<td>MD Orthopedic Surgery Sport Nutrition (CCSU)</td>
<td>Physical Therapy Clinic</td>
<td>MD Orthopedic Office</td>
<td>MD Orthopedic Office</td>
<td>MD Orthopedic Office</td>
</tr>
</tbody>
</table>
### Table 5: Proficiency Development

<table>
<thead>
<tr>
<th>SCORE</th>
<th>CATEGORY</th>
<th>STANDARD OF PROCEDURE</th>
<th>QUALITY OF PERFORMANCE</th>
<th>LEVEL OF ASSISTANCE REQUIRED</th>
</tr>
</thead>
</table>
| 5     | Independent Proficient (IP) | Independent of Preceptor  
- Self-Directed, Engaged  
- Safe, Accurate  
- Achieved Intended Outcome  
  *Procedure is Appropriate to Context* | ALMOST ALWAYS (>90%) EXHIBITS  
- Focus on the Patient or System  
- Accurate & Safe Skill  
- Assertiveness and Initiative  
- Efficiency, Eagerness to Learn | ALMOST NEVER (<10%) REQUIRES  
- Direction, Guidance, Monitoring or Supporting Cues from Preceptor |
| 4     | Supervised Proficient (SP)  | Independent of Preceptor  
- Self-Directed, Engaged  
- Safe, Accurate  
- Achieved Intended Outcome  
  *Procedure is Appropriate to Context* | VERY OFTEN (~75%) EXHIBITS  
- Focus on the Patient or System  
- Accurate & Safe Skill  
- Assertiveness and Initiative  
- Efficiency, Eagerness to Learn | OCCASIONALLY (~25%) REQUIRES  
- Direction, Guidance, Monitoring or Supporting Cues from Preceptor |
| 3     | Assisted Proficient (AP)  | Participated with Preceptor  
- Safe, Accurate  
- Achieved Most Objectives for Intended Outcome with ASSISTANCE  
  *Procedure Generally Appropriate to Context* | OFTEN (~50%) EXHIBITS  
- Focus on the Patient or System  
- Accurate & Safe Skill  
- Assertiveness and Initiative  
- Efficiency, Eagerness to Learn | FREQUENTLY (~50%) REQUIRES  
- Direction, Guidance, Monitoring or Supporting Verbal and Occasional Physical Directives |
| 2     | Novice Proficient (NP)  | Attempted with Preceptor - Marginal  
- Safe only with Guidance  
- Incomplete Achievement of Intended Outcome  
  *Procedure Lacks Appropriateness to Context* | OCCASIONALLY (~25%) EXHIBITS  
- Focus on the Patient or System  
- Accurate & Safe Skill  
- Assertiveness and Initiative  
- Efficiency, Eagerness to Learn | VERY OFTEN (~75%) REQUIRES  
- Continuous Verbal and Frequent Physical Directive Cues |
| 1     | Dependent Proficient (DP) | Dependent on Preceptor  
- Unable to Demonstrate Procedure with Guidance  
- Has Experienced the Skill Set at Introductory (lab) Level  
  *Lacks Insight to Appropriately Perform Skill* | NEVER (< 10%) EXHIBITS  
- Focus on Patient or System  
- Accuracy, Safety & Skill  
- Assertiveness and Initiative  
- Efficiency, Eagerness to Learn | ALMOST ALWAYS (>90%) REQUIRES  
- Continuous Verbal and Continuous Physical Directive Cues  
- Requires Review of Skill Set in Controlled/Simulated Learning Situation(s) |
| .75   | Observation Proficient (OP)  | Observes Preceptor  
- Has Introductory Level Knowledge  
  *Observation Permits Further Understanding of the Procedure* | NEVER (< 10%) EXHIBITS  
- Demonstrates Introductory Skill Set Knowledge  
- Lacks Accuracy, Safety & Skill | 100% Reliant on The Preceptor  
- Requires Review of Skill Set in Controlled/Simulated Learning Situation(s) |
| .50   | No Formal Skill (NF5)  | No Skill  
- Yet to be Formally Taught the Skill Set  
  *Introduced by Preceptor during Clinical Observation* | No Formal Skill Set to Evaluate Quality of Performance  
- No Formal Skill Set to Evaluate Level of Assistance for Skill Performance | No Formal Skill Set to Evaluate Level of Assistance Needed |
| 0     | Not Evaluated (NE)  | No Opportunity to Demonstrate and Evaluate Procedure | No Opportunity to Evaluate Quality of Performance Exhibited | No Opportunity to Determine Assistance Level Needed |
CLINICAL TIME COMMITMENT

CLINICAL TIME EXPECTATIONS FOR GRADUATE STUDENT COURSE EQUIVALENT
Graduate students are expected to invest at least an equivalent amount of student work time towards associated clinical labs, clinical courses, and internships that leads to the award of credit hours. As an example, ATR 506 is a 6-credit clinical course that requires the MSAT student to invest 6 hours per week outside of the assigned clinical hours to enhance clinical knowledge, skill proficiency development, and/or clinical course requirements i.e., reflective writing, evidence-based research, case studies. Time devoted outside of the clinical learning environment encourages self- and lifelong learning.

CLINICAL HOURS POLICY
Clinical education and patient contact are a critical time of active learning for the athletic training students permitting practice, refining, and developing proficiency skills learned in the academic setting. Periods spent in authentic patient care provide an excellent opportunity to develop “real time” patient skills. While it is impossible to determine the extent or volume of “real time” patient contact experiences each student will have during their clinical experiences, it is through clinical application that the athletic training student appreciates and matures in providing patient care. Athletic training students must take ownership of the opportunities to obtain proficiency in their clinical skills. With that said, it is important that the student not look at their clinical education as an hour-based criterion, but a competency-based criterion that will require self-assessment of abilities and the determination if additional clinical experience is needed for clinical skill proficiency. The ATPP encourages and welcomes students to participate in enhancing their skill set by devoting additional time to their clinical education as they deem necessary.

CLINICAL HOURS
To ensure that the time commitment for completing program requirements does not adversely affect students’ progression through the program and that the clinical hours are not excessive, CCSU’s ATPP has established policy that includes the number of hours associated with a clinical course; average weekly hour; and designated time off. The process used to develop the clinical hours is based on the credit assigned to each clinical course whereby approximately 100 hours (about 4 days) is required for each credit awarded to a clinical course. The approximate clinical hour requirement for each clinical course is as noted respectively: 1 credit ranges from 80-120; 2 credit immersive ranges from 180-220 hours (about 1 and a half weeks); 3 credit ranges from 280-320 hours; and 6 credit immersive ranges from 580 – 620 hours. Table 6 demonstrates the formula used to calculate weekly hours based on credit.

The following policy stipulates the clinical hour requirements for Central Connecticut State University’s ATPP should be adhered to by the athletic training student and assigned preceptors. The clinical hours policy is applicable to athletic training students performing clinical experience hours on-campus and at off-campus affiliated sites. The ATPP and clinical courses govern minimum and maximum contact hours and must adhere to direct supervision by a preceptor.
**Hours Per Week**

On average athletic training students’ weekly hours are based on the number of weeks and the credit load associated with the clinical course. A 1 credit/5-week clinical course would average 16-24 hours per week; 2 credit/4 weeks would average 36-44 hours per week; 3 credits/16-week semester would average 18-20 hours; and the immersive 6 credit/16-week semester would average 36 – 39 hours per week. Each clinical course delineates the maximum and minimum requirements for clinical hours. Students exceeding 20 hours per week should receive compensatory time during subsequent weeks to off-set the accumulated clinical hours. Table 6 shows the associated clinical hours to be acquired in the respective clinical course.

<table>
<thead>
<tr>
<th>CLINICAL COURSE</th>
<th>CREDIT</th>
<th>WEEKS</th>
<th>RANGE</th>
<th>~ HOURS/ACADEMIC SESSION</th>
<th>~ HOUR/WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATR 500 &amp; ATR 503</td>
<td>1</td>
<td>5</td>
<td>~ Minimum</td>
<td>80</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>~ Average</td>
<td>100</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>~ Maximum</td>
<td>120</td>
<td>24</td>
</tr>
<tr>
<td>ATR 504</td>
<td>2</td>
<td>4</td>
<td>~ Minimum</td>
<td>140</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>~ Average</td>
<td>160</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>~ Maximum</td>
<td>180</td>
<td>44</td>
</tr>
<tr>
<td>ATR 501 ATR 502 ATR 505</td>
<td>3</td>
<td>15</td>
<td>~ Minimum</td>
<td>280</td>
<td>19</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>~ Average</td>
<td>300</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>~ Maximum</td>
<td>320</td>
<td>21</td>
</tr>
<tr>
<td>ATR 506</td>
<td>6</td>
<td>15</td>
<td>~ Minimum</td>
<td>580</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>~ Average</td>
<td>600</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>~ Maximum</td>
<td>620</td>
<td>41</td>
</tr>
</tbody>
</table>

**Designated Clinical Day Off**

Athletic training students should have at least one day off each calendar week. This designated day off may vary within the seven-day period. To permit the student to have some advanced knowledge of days off during a semester; it is our policy to maintain an “every other Friday” as a consistent day off. Students will be provided with a Friday schedule at the start of each academic (session) semester. For any additional designated “day off” it ultimately is the student’s responsibility to communicate with their assigned preceptor who will use their discretion to determine the next best scheduled “day off.”

**Documentation of Clinical Hours**

Athletic training students are REQUIRED to document clinical hours. The MSAT student is responsible for maintaining documentation of their clinical hours daily on the monthly hour cards, which are kept in the athletic training facility. The student should leave a blank date to identify the student’s non-assigned days, as well as the designated “day off.” A preceptor must supervise all clinical hours documented. At the end of each month the student is responsible for computer entry of their hours into the “Master Hour Card” spreadsheet, with a preceptor verifying the data entry by signing the monthly card. Original hour cards are placed in the student’s athletic training academic portfolio.
**Clinical Hour Documentation Procedures**

The athletic training student should keep in mind the following when documenting clinical hours:

1. Record to the nearest one-half hour – example 5
2. Please DO NOT count the following as clinical hours:
   - Time spent traveling to and from away from events.
   - Time in hotels or at meals when traveling with teams.
   - Studying, practicing clinical skills, skill testing session, clinical lab hour
   - Staff meetings, staff in-services, MD presentations
3. When assigned to a sport, the time spent in preparation, practice and game coverage and post practice patient care should be credited to that sport on the hour card.
4. When performing athletic training duties such as rehabilitation and evaluations with the general patient population within the athletic training facility and covering a sport, split the hours accordingly.
5. Hours are to be totaled on the last day of the month by the athletic training student. Totals are to be calculated for each row and column. Students must sign and date their cards.
6. Students who volunteer to work outside of the academic semester or session, i.e., volunteering during winter break, spring break and preseason should record hours on their monthly cards.

Preceptor supervision is vital to the clinical learning process and critical for ensuring the health and well-being of the patients served. At CCSU, an athletic trainer certified by the BOC and licensed by the state of CT supervises the student’s clinical experience. Students may also be supervised by a licensed physician or other licensed and/or credentialed healthcare provider. **Only a certified athletic trainer or licensed physician can assess clinical skill competencies.** The MSAT program uses supplemental clinical experiences by non-athletic trainer and physician providers as additional learning opportunities for the student. MSAT students are permitted to learn and practice specific curricular content clinically from a non-athletic trainer or physician, but the **assessment** on that content must take place in either a didactic course or another clinical experience by an athletic trainer or physician. CCSU’s ATPP maintains a preceptor to student ratio that ensures effective clinical learning and safe patient care. The preceptor must be physically present and able to intervene on behalf of the athletic training student and/or the patient. The supervision policy must be adhered to by the athletic training student and assigned preceptors involved with Central Connecticut State University’s ATPP.

**Patient Care**

Athletic training students involved in clinical experience are allowed to provide patient care utilizing knowledge and skills learned in prior clinical education courses under the direct supervision of preceptor. Athletic training students must be supervised at all times by a preceptor when engaged in clinical education. Athletic training students must collaborate with their preceptor and are not permitted to make independent decisions while practicing athletic training. If a preceptor must temporarily leave the presence of the student, the student may only perform First-Aid and/or CPR (for which they are certified) and is prohibited from practicing athletic training until the preceptor returns. MSAT students do not replace professional athletic training staff or medical personnel.
Athletic training students are not to act as "independent practitioners" whereby decreasing the need for professional staff or decreasing the workload of current staff. At no time will the athletic training student be viewed as: a replacement of a certified athletic trainer; placed into the position to make decisions or perform duties that should be carried out by a certified athletic trainer; or be assigned as the primary health provider for a patient or athletic team. Athletic training students should not represent themselves or perform as an athletic trainer outside of their clinical education experience. Students are not permitted to receive remunerations during educational experiences, excluding scholarships.

**Preceptor Training**
Preceptors receive training through the ATPP program and agree to adhere to the program policies and procedures. Regular communication exists between the ATPP and all assigned preceptors. The preceptor may allow athletic training students to perform or assist in evaluations, injury management, treatments, rehabilitation based on passing clinical proficiencies. If, however, a learning opportunity arises where the student may gain experience with a clinical skill, but the clinical skill has not yet been taught or assessed in a required course, the preceptor may instruct the student on the clinical skill so that the student may benefit from that situation.
CLINICAL CONCERN AND DISCIPLINARY ACTIONS

MSAT students who fail to represent and perform their clinical duties with the best interest of Central Connecticut State University’s Athletic Training Professional Program and the profession of athletic training will receive appropriate disciplinary actions. The appropriate disciplinary measure will be based on the severity of the incidence.

A student who, in the professional judgment of course/clinical/laboratory faculty/coordinator or Department Chair, demonstrates inappropriate, unethical, or unsafe behavior or who places a patient or anyone else in imminent danger, may be removed immediately from the classroom, laboratory, or clinical experience and will undergo disciplinary actions.

In most situations, the MSAT will receive disciplinary actions in the following manner:

**Verbal Warning**
A verbal discussion between MSAT student and the clinical preceptor. Verbal Warning discussion are documented in the clinical experience form.

**Clinical Concern Note – Early Warning**
The purpose of this Clinical Concern Note-Early Warning is to identify issues that may potentially hinder the successful completion of the MSAT student’s clinical experience. This note provides the MSAT student with an opportunity to explain the situation and to document a plan for change and improvement. Recommendations from the ATPP’s preceptor include adaptation strategies that were discussed and implemented. Continued clinical concerns and/or failure “to adapt to the clinical expectations” may progress to issuance of a Disciplinary Note. A Clinical Concern Note is placed in student’s permanent academic file.

**Disciplinary Note**
The purpose of the Disciplinary Note is to identify and address issues that may potentially hinder the successful completion of the athletic training student’s clinical course experience and may potentially result in dismissal from the AT program. This note provides the MSAT student with an opportunity to explain the situation and to document a plan for change and improvement. Recommendations from the ATPP program director, clinical coordinator, AT preceptor, MSAT academic advisor, and/or AT faculty member for adaptation strategies, and/or referral to on-campus resources can be discussed and implemented. Continued clinical concerns and/or failure “to adapt to the clinical expectations” may progress to issuance to a probationary period. A Disciplinary Note is placed in student's permanent academic file.

**Probationary and Suspension Period**
Letter of Probation and up to two-week suspension from clinical aspect of the Athletic Training Program. Suspension from the clinical experience permits the MSAT student the opportunity to attend
and complete any on-campus program as available. The student is responsible for academic classwork, labs, and must make-up clinical hours. The *Letter of Probation* is placed in student's permanent academic file.

**LETTER OF DISMISSAL**

An MSAT student who are found to be in flagrant violation of the ATTP Policies may be removed from the program after review and by unanimous decision by the ATTP program director, clinical coordinator, AT preceptor, MSAT academic advisor, and/or AT faculty member.
CLINICAL EXPERIENCE: SCHEDULING PROCESS, OFFICIAL START & END DATE, ATTENDANCE, PUNCTUALITY, EXCUSED CLINICAL ABSENCE & CONFLICT POLICIES

The purpose of this section is to elaborate on the policies and procedures to be followed by the athletic training student regarding the clinical experience: including an understanding of the scheduling process; the official clinical assignment start & end dates; attendance, punctuality, excused clinical absences; and preventing clinical conflicts due to employment and other secondary activities.

CCSU’s Athletic Training Professional Program is premised on a cumulative clinical experience requiring the student to make a serious commitment to this aspect of the program. Clinical experiences and their associated hours are incorporated into the various clinical courses (ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, ATR 505, and ATR 506); thus, are academic in nature. Participation in clinical experiences is critical to the development of professional attributes and skills of the athletic training student. The clinical experience hours are coordinated to provide the student with the opportunity to integrate knowledge and “practiced skills” into actual patient care and must not be viewed by the athletic training student as elective (voluntary or optional) in nature.

Clinical experiences require the student to be flexible and accommodating to schedule changes that are common to the profession. Consequently, athletic training students must be able to manage last minute changes to the clinical experience hours. Tardiness, absence and/or the inability to adapt to clinical obligations are detrimental to the student’s clinical experience and may have an academic impact. 

Note: Site specific policies may necessitate further instructions/requirements

CLINICAL EXPERIENCE OFFICIAL START AND END DATE

All clinical experience assignments officially start and end on the designated dates as officially posted on CCSU’s University Calendar for the “start date and end date for academic semester”. Please note that the academic semester officially begins one week prior to the start of academic classes, while the semester end date extends beyond final examinations as noted on CCSU’s University Calendar.

CLINICAL EXPERIENCE SCHEDULING

To establish preceptor and clinical assignments for each semester, athletic training students must submit an accurate academic schedule FOUR weeks prior to the start of the semester. Immediate notification of any academic schedule changes must be reported to the clinical course instructor and faculty advisor should changes occur anytime thereafter. All requests for “pre-determined personal days” for known family obligations are accepted and reviewed in conjunction with the academic schedule. “Pre-determined personal day” requests are limited to one family event per semester with the ATPP reserving the right to deny all requests. Students with military reserve obligations must submit their drill schedule FOUR weeks prior to the start of the semester. The ATPP program appreciates any attempts in rescheduling military obligations when permitted to limit the incidences of conflict with the clinical education component of the program.
Clinical experience assignments will be coordinated based on the student’s academic schedule. The student’s clinical hours vary daily depending on their clinical assignment. Clinical hours are Monday – Friday, and may involve mornings, afternoons, or evenings, and weekends. Students may be assigned clinical hours on holidays and university vacations.

The student is obligated to adapt to all clinical schedule changes while maintaining weekly minimum and maximum number of clinical hours as indicated in the course syllabus for clinical courses ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, ATR 505, and ATR 506. Per course requirements for clinical classes, students in ATR 500, ATR 501, ATR 502, ATR 503, ATR 504, and ATR 505 must be available for all Ortho Clinics on Mondays from 5:00 -7:00 PM and for Sports Medicine Clinic on Wednesdays 5:00 – 6:30 PM.

**Clinical Experiences and Outside Employment Conflicts**

All outside employment may need to be terminated prior to the start of the clinical experience, so the student can dedicate the time needed to actively participate in the practice of athletic training.

**Personal Electronic Devices**

The use personal electronics in clinical settings and on campus labs such as cellphones and smart watches will be governed by the clinical site and clinical faculty.

**Identification Badges**

To differentiate MSAT students from credentialed providers, MSAT students are required to wear the CCSU picture id badge and the “athletic training student” placard when participating in clinical practice. A picture id badge may also be provided and required by an associated clinical site. The picture ID badge and “Athletic Training Student” placard must be clearly visible.

**Clinical Placement & Team Travel**

Clinical placement is at the discretion of the AT Clinical Coordinator in conjunction with input from the ATTP faculty. Placement is based on clinical courses/objectives, as well as the availability at the ATPP’s approved affiliated clinical sites to host the MSAT student. All students involved in the MSAT have equal education and clinical opportunities.

Students may be required to travel when assigned to both on-campus and off-campus clinical experiences. On-Campus clinical experiences associated with Central Connecticut State University includes travel opportunities with designated sports. MSAT students should be active participants and willingly accept travel obligations as they arise.
MSAT STUDENT ORIENTATION -CLINICAL LEARNING ENVIRONMENT- HEALTH AND SAFETY

The MSAT program has established essential *Clinical Health and Safety P&Ps* that the students must be orientated to and required to practice in order protect the health & safety of clients and the MSAT student in all clinical learning environments including teaching labs, clinical sites, and supplemental clinical sites. Mandatory orientation sessions include review of *Clinical Health and Safety P&Ps* of the respective clinical site, be it off-campus or on-campus. Orientation occurs prior to the start of the clinical experience and must include but is not limited to following:

1. MSAT students are **required** to wear “Athletic Training Student” ID BADGE to be differentiated from credentialed providers in the clinical setting.
2. Certification in Emergency Cardiac Care – required of MSAT student prior to clinical experiences and to remain valid.
3. Blood Borne Pathogen Training, Protection and Exposure Plans – site specific orientation -- prior to clinical experiences, including access to BBP barriers and control methods.
4. Calibration and Maintenance of Equipment – all clinical settings including AT labs must have evidence of annual calibration and maintenance of equipment on file with clinical coordinator.
5. Communicable and infectious disease transmission – site specific orientation -- prior to clinical experiences.
6. Immunization requirements – site specific orientation -- prior to clinical experiences.
7. Patient/client privacy (FERPA & HIPAA) – site specific orientation --prior to clinical experiences.
9. Sanitation precautions including hand washing before and after patient encounter.
10. Clinical Site- required orientation to specific athletic training expectations -- required prior to clinical experience
11. Incidence Response Procedures or Emergency Action Plan (EAP) – site specific orientation -- prior to clinical experiences; also, immediately accessible to students in an emergency.

**CCSU Site Specific Mandatory Orientation, In-Service Training & Sports Medicine Symposium**

MSAT students must be prepared to attend **additional in-service training sessions** that occur prior to the start of academic classes for Summer, Fall and Spring Semesters or as scheduled during the semester. All clinical experience orientation and training sessions are mandatory and will not be rescheduled to accommodate students who elect to be absent, regardless of the reason. Failure to attend a mandatory orientation and/or in-service training will result in forfeiture of the student’s clinical experience assignments for that upcoming semester. Inherently, this will have an impact on the student’s clinical progression, including the anticipated graduation date. In addition, any arrangement to leave (i.e., flights, employment obligations) for winter and summer break should not be made until the semester “officially concludes”.

**Orientation to Clinical Site Policies and Procedures**

Mandatory orientation sessions includes review policies and procedures of the respective clinical site be it off-campus or on-campus at CCSU. The ATPP preceptor is responsible for orientating the MSAT student to the clinical site at the start of the experience and before a patient/client encounter at the
site. The orientation (site dependent) for clinical experiences and supplemental experiences must include (but not limited to) the following:

- Critical Incidence Response (EAP (Emergency Action Plan)
- Blood Borne Pathogen Exposure Plan
- Communicable And Infectious Disease Policy
- Documentation Policy and Procedures
- Patient Privacy and Confidentiality Protection
- Plan For Patients/Clients to Be Able to Differentiate

**Additional MSAT Program Mandatory In-Service Training**

MSAT students must attend the Mandatory In-Service Training that can occur prior to the start of academic classes for Summer, Fall and Spring Semesters, as well as scheduled during each academic session. Mandatory In-service Training includes but is not limited to the following:

- Title IV Training
- Sexual Harassment Training
- Suicide Prevention & QPR Training
- Collaboration Training with New Britain Emergency Medical Services
- Concussion Education
- General Medical Education
- Team or Resident Physician Clinical Learning Sessions i.e., Suturing Lab, General Medical Labs

**CCSU’s Annual Sports Medicine Symposium**

MSAT students are required to attend CCSU’s Annual Sports Medicine Symposium held on the first Tuesday in March (coinciding with NATA AT Month).
ACADEMIC AND CLINICAL ATTENDANCE POLICY

ACADEMIC CLASS, CLINICAL, AND CLASS LABS ATTENDANCE

Athletic training students are to be present and punctual for academic classes, clinical classes, and class labs. In instances in which the athletic training student must miss an academic class, clinical class, or class lab due to team travel with an assigned clinical preceptor, observation of (planned or unplanned) surgery with the team physician, or any other opportunity that benefits the education of the student such as conferences, an excused absence should be arranged. The student is responsible for seeking permission for their absence from the course instructor in person if possible and/or with a (follow-up) email copying your academic advisor and preceptor. Under no circumstances should a student ask to be excused from an academic course on the day of an examination or practical skill testing. For anticipated excused absences, the student is responsible for submitting all assignments prior to the due date and for making up all missed coursework.

CLINICAL EXPERIENCE ATTENDANCE

Clinical assignments with preceptors that involve sport coverage require athletic training students to be present at all designated pre-practice treatment times, scheduled practices, competitions, and post-practice/game evaluations and treatments. Arrival times should be discussed with assigned preceptors. When situations arise in which the athletic training student must be late or miss a clinical experience assignment, the assigned preceptor and clinical course instructor must be immediately notified. Please refer to “Documentation of Absences, Late Arrival, Early Dismissal Requests Policy”.

CLINICAL PUNCTUALITY—DAILY ARRIVAL TIMES

The clinical experience is premised on adhering to projected time schedules. Athletic training students must develop a routine of being punctual. Arriving 10 minutes early for all scheduled classes, labs, and clinical assignments will prevent punctuality concerns.

DOCUMENTATION OF ABSENCES, LATE ARRIVAL, EARLY DISMISSAL REQUESTS

Students are required to record all absences, late arrivals, as well as requests for early dismissal from their clinical experiences on their green “absence card”. The absence card is maintained in the student’s academic portfolio and will be referred to for grading purposes in corresponding clinical course, as well as for future requests for recommendation letters for graduate studies, admittance to professional programs, scholarship applications, and employment opportunities.

Students who are habitually absent (excused or unexcused) and/or lack punctual integrity will be provided with a “Disciplinary Note”. Also, a meeting will be held with the student, clinical coordinator, clinical course instructor and the preceptor. At this meeting, the student will be provided with the opportunity to explain him or herself and develop a remediation plan. The “Disciplinary Note” will be maintained in the student’s academic portfolio and may be referred to for future requests for recommendation letters for graduate studies, admittance to professional programs, scholarship applications, and employment opportunities.
**Extended Injury/Illness Absence and Personal Emergency**

Injuries that result in inability to perform clinical skills or inhibit mobility to function as an athletic training student may prohibit participation in the assigned clinical labs, skill testing, clinical experiences and in providing patient care. Inevitably, the athletic training student may be required to withdraw from the course if their incapacitation exceeds the limits of the course, lab sessions, and/or clinical assignments. This includes elective surgeries that may inhibit the student’s ability to perform clinical skills and clinical experience hours. Illnesses (or multiple illnesses) that result in excessive time loss from lab sessions, skill testing, and clinical field hours may have an impact on the student’s clinical course grades as indicated on the syllabus. Due to injury or illness the student may need to withdraw from the corresponding course. Inherently, this will have an impact on the student’s clinical progression, including the anticipated graduation date.

**Conflicts with Clinical Education & Clinical Experiences**

The greatest time demands placed on the athletic training student occurs during the clinical education components of the program. External obligations such as employment opportunities, military reserves, and extra-curricular activities including varsity athletics must not conflict with the student’s clinical experience schedule. Students who participate in activities, including employment, during the academic year are permitted to do so, provided such activities do not interfere in any way with the student’s clinical experience assignment. Students are strongly encouraged to discuss employment arrangements and opportunities as soon as possible with their clinical coordinator and clinical course instructor to ensure potential conflicts are prevented.
Please initial each line acknowledging having read each of the following sections of CCSU’s Policy for clinical experiences:

- Clinical Experience Scheduling Policy
- Clinical Experience Official Start and End Date
- Mandatory Orientation, In-Services, & CCSU Symposium
- Academic Class, Clinical and Class Labs Attendance
- Documentation of Absence, Late Arrival, Early Dismissal
- Extended Injury & Illness Absence Policy
- Clinical Experience Attendance Policy
- Conflicts with Clinical Education & Clinical Experiences Policy

My signature below indicates that I fully understand the policies and my obligations for participating in the Athletic Training Professional Program Clinical Experiences.

Print Name: ______________________________________ Semester/Year: __________

Student’s Signature____________________________________ Date: __________

Clinical Coordinator’s Signature_________________________ Date: __________
MSAT PROFESSIONAL ATTIRE POLICY

The purpose of this policy is to clearly define the appropriate attire for the MSAT students engaged in clinical experience at Central Connecticut State University. It is the policy of CCSU’s athletic training program that all MSAT students represent the university in a positive and professional manner with appropriate dress that is neat, clean, practical, safe, and conservative. Athletic training students are expected to present themselves in a manner that displays the personal appearance and attire of health care professionals. As athletic training students, you are representing Central Connecticut State University and the Athletic Training Professional Program. Therefore, you will have only one opportunity to make a "First Impression".

As a reminder, off-campus clinical sites hosting MSAT students have the right to establish professional appearance (grooming & dress) guidelines that exceed the policies of the ATPP. MSAT students should demonstrate respect to our clinical sites and their respective patients through appropriate professional dress and appearance. As invited guests of our affiliated sites, it would be in the best interest of the MSAT student to abide to these guidelines and consider the preferred suggestive recommendations as noted within this policy. Of ultimate importance is for the MSAT student to be appreciative of the clinical learning opportunity being afforded to them and to not be a distraction to the patients served by our hosting clinical affiliated sites.

Attire specifics may vary based on clinical experiences assignment; athletic training facility, indoor athletic events, outdoor athletic events, travel, classroom, clinical labs, off-campus clinical sites, observations, and attendance at professional conferences.

CCSU’s Athletic Training Professional Program reserves the right to make accommodations or revisions to these requirements as deemed necessary. Athletic training preceptors reserve the right to send an athletic training student home should they not meet the attire and appearance guidelines. Any other clothing or fashion statement that is determined by the athletic training preceptor to be unprofessional or risqué will result in an immediate decision to require the student to change into acceptable attire.

The following are considered NOT appropriate to wear as a health care professional: attire that promotes other programs or represents other universities, clothing with symbols, phrases, or slogans representing/advertising cultural insensitivity, sexism, tobacco, alcohol products, controlled substances, or risqué connotations.

Athletic training students failing to meet CCSU’s Dress & Professional Appearance Policy requirements may be placed through the disciplinary process, including clinical experience interruption. Students will be re-instated and permitted to continue the clinical assignment once they obtain appropriate dress and/or personal appearance.
The ATTP’s clinical uniform is restricted for use to clinical experiences and laboratory learning activities and approved CCSU ATTP functions. Any other uses of the clinical uniform are prohibited unless there is prior written approval from the Clinical Coordinator.

**Off Campus Clinical Observations and Experiences**
For off-campus affiliations students remain representatives of CCSU’s Athletic Training Professional Program. Students should clarify the dress code for their specific clinical experience setting with their preceptor before the first day of the assignment. Unless otherwise instructed, students should follow their on-campus dress code for all off-campus clinical experiences. Some clinical sites may require business casual while others may require uniform. It is important to present yourself and the CCSU ATTP in the best possible professional perspective. Always follow clinical site protocols for name pin/badge.

**Athletic Training Student Dress Apparel**
The following items are required and need to be purchased prior to the first day of clinical experience assignments:

- Khaki “Casual” Pants “Dockers Style”
- Khaki “Dress” Shorts
- Belt – Brown or Black (with no bling or heavily riveted)
- Dress Pants or Dress Slacks
- Dress Shirt & Tie (males)
- Dress Blouse or Sweater (females)
- Dress Shoes
- Wristwatch with a second hand or digital timer
- Cold-weather garments (gloves, scarf, wool hat) and under garments
- Athletic Shoes

All new MSAT students will be provided with CCSU athletic training polo shirt when they begin their first clinical rotation at no cost. Shirts must be always tucked in. Any additional CCSU AT apparel items provided are to be worn by the student and not to be given away as gifts to family or friends. Returning students will be issued additional items based on availability. Issued items are to be worn for all on-campus CCSU clinical experience assignments and for ATR 506 Internship (off-campus assignment) unless otherwise directed by your preceptor. Turtle or Mock shirts (must be navy blue, white, or gray) may be worn under the athletic training polo shirt. T-shirts worn under the polo shirt must be navy blue, white, or gray. For both males and females, the appropriate undergarments should be always worn. If a student withdraws from the program, all ATTP issued clothing and supplies are to return to the clinical coordinator.
Clothing Guidelines for Clinical Experience Assignments: At Facility, Indoor & Outdoor Practices, Outdoor Games/Meets, Swim Meets

Students are required to provide their own khaki pants and shorts to be worn during clinical assignments. Students may choose any brand of khaki shorts and pants they prefer, but they must be KHAKI in color, professional in fit and appearance and follow the guidelines.

Game & travel attire requirements may differ (e.g., dress shirt or blouse, tie, dress slacks, dress shoes). You should clarify uniform requirements for games and team travel with your preceptor. For clinical observations (PT, PA, MD) please follow “professional dress” requirements.

All pants and shorts must have a traditional waist height (TOP of iliac crest). Pants legs must be straight, “relaxed fit” – no flares, no calf tight pants. Shorts must be “dress shorts” – waist height requirement same as for pants. Dress shorts must be “relaxed fit” in the thighs, and no more than 2” above the patella and have hemmed edges. Pants and shorts should be pressed (ironed) for game day.

The following are considered NOT appropriate to wear as a health care professional:

- Pants and shorts with low-rise waistlines
- Pants or shorts with rivets
- Pants or shorts of denim (jeans) or denim like material (regardless of the color)
- Pants or shorts with slit legs or torn cuffs
- Pants or shorts that are multi-pocketed, cargo style, or flaps on front or rear pockets
- Pants with any degree of a flare bottomed
- Pants or shorts that are wrinkled
- Pants or shorts that are torn or stained
- Shorts with NO pockets or Gym Shorts style
- Cut offs / short shorts (shorts with an inseam more than 2” above the patella)
- Tight leggings, calf tight pants, yoga pants (i.e., spandex), Capri pants
- Sweatpants, sweatshirts, wind pants

Professional Attire – Games, Observations, Travel, Professional Conferences & Seminars

Professional attire for the clinical aspect of the program should be appropriate for safety and infection control. Students must maintain a neat and professional appearance that enables them to always perform their duties efficiently and safely during clinical experience assignments. Students should clarify expectations with their preceptor prior to beginning each clinical experience assignment. Unless otherwise directed, students are expected to adhere to CCSU’s dress code policy.

Clothing should fit appropriately, be clean, and pressed (wrinkle free). The style of the attire should be modest and conservative in nature, as well as allow for freedom of movement during the performance of clinical activities (on court or on field injury evaluation, taping, and rehabilitation).

For females, dress blouses or sweaters should be worn to the height of the clavicles AND to the height of sternoclavicular joint anteriorly. At no time should the cleavage area be exposed. Sleeveless tops, tank tops, bare midriffs, and spaghetti straps are not appropriate during clinical experience assignments, which include game coverage and team travel.
The following are considered NOT appropriate to wear as a health care professional:

- Clothing, which is too revealing, suggestive, or tight fitting (i.e., halter, tank tops, see-through garments, or clothing with revealing/provocative necklines, bare backs, bare midriff, or spaghetti straps).
- Clothing that exposes the stomach or other areas of the body inappropriately.
- Clothing with holes or frayed areas
- Clothing that is sloppy or excessively baggy
- Tight leggings, calf tight pants, yoga pants (i.e., spandex), Capri pants
- Clothing that interferes with mobility or clinical experience duties.
**Travel Attire**

Athletic training students are subject to the dress code of the team that they are traveling. Please check with your preceptor for team specifics. Athletic training student should be aware that this might require wearing “dress” clothes (i.e., coat and tie for males, appropriate business attire for females). Good judgment must be used when traveling with the teams, especially if the team dress code is more casual. Remember that you are traveling as a representative of CCSU Athletic Training Professional Program. Therefore, your attire must always be that of a health care professional. In instances where coaches have no dress policy, the student is expected to follow the athletic training facility policy, which is to dress business casual or dress professionally. Please remember that as athletic trainers we remain “on duty” while traveling with teams, therefore our attire must remain that of a health care professional.

The following are considered NOT appropriate to wear as a health care professional. Under no circumstances are the following to be worn while travelling:

- Jeans, including any sloppy, baggy, or too restrictive pants
- Sneakers (with professional attire), construction boots, flip flops, sandals
- Miniskirts, short shorts
- T-shirts
- Gym shorts
- Tight leggings, calf tight pants, yoga pants (i.e., spandex), Capri pants
- Sweatshirts, sweatpants
- Sweat suits
- Clothing that is too risqué – including visible undergarments

**Inclement/Cold Weather Attire**

Athletic training students must be cognizant of the weather forecast and conditions for outdoor events. Appropriate clothing for the weather conditions anticipated at practice and games must be worn in order to be effective as an athletic trainer, i.e., rain gear, thermal undergarments, and heavy outer gear. In the event of inclement weather, Gore-Tex raingear and thermal jackets are available. Rain boots may be worn with pants but shall not be worn with shorts. Dry Clothing - Post game or post practice the athletic training students must be prepared by having a change of dry clothing, socks, and athletic shoes.

**Hats/Caps**

CCSU Hats/caps are acceptable in outdoor workplace settings only. The following are considered NOT appropriate to wear as a health care professional:

- Hats are NOT to be worn in the athletic training facility.
- Hats are NOT to be worn for indoor practices/games.
- Hats/Caps that are torn, frayed, or stained.
- Hats/Caps must represent nothing or CCSU.
FOOTWEAR

Occupational Safety and Health Administration (OSHA) standards require shoes that permit mobility during patient care, transfers, and transport to be worn in-patient care areas. Shoes must have closed toe and either a closed heel or a strap support. Women dress shoes must be closed toed and flat soled. Shoes should be kept clean, in good repair, and appropriate for professional attire. Socks should be of the appropriate color and should be always worn.

The following are considered NOT appropriate to wear as a health care professional:

- Sandals, flip-flops, or other open-toed shoes.
- Construction or Hiking Boots
- Platform style shoes
- High Heels

Athletic shoes (sneakers) are to be clean and functional to perform their duties in the athletic training facility and at practice/games. Sneakers may be gray, black, blue, or white and must be low cut.

The following are considered NOT appropriate to wear as a health care professional:

- High tops
- “Loud” colors i.e., red, pink, yellow

SUNGLASSES

Frames should be brown or black.

- No “loud” colored frames
- May not be worn for inside athletic events
PROFESSIONAL APPEARANCE GUIDELINES

Good personal hygiene and grooming is essential to enable health care providers to perform their professional duties, as well as to create a professional appearance. Proper hygiene is critical for controlling disease transmission and helping create a professional appearance. Daily hygiene includes clean skin, hair, and teeth; regular use of deodorant/antiperspirants; and regular dental hygiene. Athletic training students should keep a neat and clean appearance that reflects a concern for professionalism, safety, infection control precautions, and proper care for patient’s medical conditions.

HAND WASHING
MSAT students are expected to engage in frequent hand washing or use alcohol-based hand sanitizers prior to beginning clinical duties, between athletic patient care and before leaving the clinical facility daily.

FINGERNAILS
Men and women fingernails should be short and clean. Nails should be no more than 1/4 inch long as this meets OSHA policies for infection control; preventing injury to patients/clients; and allowing performance of the various clinical skills required in patient care.
The following is considered NOT appropriate as a health care professional:
- Artificial fingernails or items affixed to fingernails have been shown to be an infection hazard and are prohibited.
- Nail Polish must be “CLEAR”

HAIR
Hair is to be clean and arranged, with long hair pulled back to not limit vision or interfere with clinical functions. Hair should be natural in color and styling. Face should be shaven or facial hair kept neat and well-trimmed for mustaches, beards, and sideburns.

JEWELRY
Selection of jewelry for the clinical experience should reflect a concern for professionalism, safety, and infection control. Jewelry that cannot be easily decontaminated should not be worn. Exceptions for religious or medical alert jewelry will be considered. Athletic training students (both male and female) should refrain from wearing excessive hand jewelry while participating in direct patient care:
- One plain band ring, no stones, may be worn
- No multiple rings on fingers and thumb
- No wrist bracelets
- Necklaces must be kept under the shirt
- A wristwatch with a second hand is required
The AT preceptor reserves the right to ask an athletic training student to remove any excessive jewelry that may pose a danger to or inhibit the athletic training student from performing their clinical duties.

TATTOOS & BODY ART
- Visible tattoos are not encouraged and may be subject to mandatory covering at the discretion of the clinical site including CCSU.
The ATTP suggests that tattoos visibility be minimized whenever possible during clinical experience hours both on-campus and off-campus sites, including during ATTP scheduled observations.

- Athletic training students may consider wearing undergarments to cover existing tattoos.
- Off-campus clinical sites may invoke a more restrictive policy.

**Body Piercing**

OSHA recommendations limits visible body piercings to the ear lobes.

- The ATTP requires visible body/nasal/facial piercing be removed during clinical experiences including observations.
- Students who do not abide by this policy will be asked to remove the piercing(s) before they can begin their clinical experience.
- OSHA limits earrings length to hang no farther than 1 inch from the ear lobe.

- The ATTP prefers that maximum of one stud earring may be worn in each ear, all other visible piercings be removed when possible.

- The ATTP prefers that male athletic trainers remove earrings during clinical experiences.

**Fragrant Free Environment**

Athletic training facilities as a health care facility need to promote a “Fragrant Free Environment” as patients/clients may be allergic or sensitive to specific fragrances and/or aromas.

- No “strongly” scented personal products shall be worn (i.e., cologne, aftershave, hair spray, perfume, deodorants, lotions) for the clinical experiences.

**Cosmetics**

Make-up should be worn in the manner representative of a healthcare professional. Cosmetics should be minimal to moderate and not be distracting.
I have read, understand, and agree to comply with CCSU’s PROFESSIONAL APPEARANCE POLICY during my time as an athletic training student at Central Connecticut State University. I am aware that the attire specifics may vary based on clinical experiences assignment; athletic training facility, indoor athletic events, outdoor athletic events, travel, classroom, clinical labs, off-campus clinical sites, observations, and attendance at professional conferences.

Please initial each line acknowledging understanding that:

_____ CCSU’s Athletic Training Professional Program REQUIRES the MSAT student to wear identification visibly always during clinical experiences including observations.

_____ CCSU’s Athletic Training Professional Program reserves the right to make accommodations or revisions to these requirements as deemed necessary.

_____ The ATTP and/or preceptors reserve the right to remove from the clinical experience a student that does not meet the professional attire and appearance guidelines.

_____ Any other clothing or fashion statement that is determined by the ATTP and/or preceptor to be unprofessional or risqué will result in an immediate decision to require the student to change into acceptable attire.

_____ Athletic training students failing to meet CCSU’s Dress & Professional Appearance Policy requirements may be placed through the ATTP’s disciplinary process, including clinical experience interruption.

My signature below indicates that I fully understand the policies and my obligation to abide by CCSU’s Dress and Professional Appearance Policy.

Print Name: ____________________________  Semester/Year: _________

Student’s Signature_________________________  Date: __________

Clinical Coordinator’s Signature_________________________  Date: __________
PROFESSIONAL PRACTICE
Athletic training student involved in the clinical experience must understand that their role in providing health care will be highly visible. It is especially important that athletic training students maintain a professional demeanor as they work within CCSU's intercollegiate program and in affiliated health care settings. Please be aware of your responsibilities as an upcoming health care professional and protect your future by being always conscientious of your actions. The most precious thing that you presently own is your reputation, so protect it by acting responsibly both as an athletic training student and as a person. Athletic training students must be cognizant of and abide by the NATA Code of Ethics, and the regulation for the Standards of Practice as developed by BOC.

SOCIAL MEDIA POLICY
Central Connecticut State University and the MSAT program officially communicates through electronic messaging. MSAT students and faculty will utilize electronic technology to engage in internet conversations for school related activities for clinical and didactic course work. MSAT students are held accountable to ensure confidential and sensitive information is protected by utilizing HIPAA and FERPA guidelines whether it is by traditional communication or through social media.

- Social media includes the use of chat rooms, blogs, shared sites, social networking sites, video or web broadcasting sites, and other online forums of any kind.
- Electronic communications are not considered a secure method for transmitting confidential information.
- Improper use of social media by athletic training students may violate state and federal laws established to protect confidentiality and can result in both civil and criminal penalties, including fines.
- Additionally, online comments by athletic training students regarding faculty, peers, coworkers, and clinical sites, even if posted after clinical or didactic hours may constitute as lateral violence.
- Lateral violence includes disruptive behaviors of intimidation and bullying which is detrimental to the ATPP and students and may result in legal action against athletic training student. As athletic training students, you need to represent the university and ATTP in a fair and positive manner and need to keep in mind that social media sites are public, and information accessed can be traced back to the sender even after it has been deleted. Nothing posted or transmitted by social media is private.
- Protect Confidential, Sensitive, and Proprietary Information
- DO NOT post information about the University, School, staff, students, faculty, clinical facilities, patient/clients, with whom you have contact with while representing Central Connecticut State University during clinical rotations.
- DO NOT use Central Connecticut State University or Athletic Training logos without permission.
- The use of computers, (PDA’s, notebooks, etc.), and cell phones need to be approved for use by faculty in didactic and clinical areas.
- Cell phones/smartphones are only allowed for information gathering related to clinical situation during clinical, laboratory, or classroom time.
• DO NOT text, talk on cell phone in clinical areas or classrooms without permission of faculty. Cell phones need to be off.
• DO NOT videotape or take pictures of patients without written permission of patient, faculty, and institution.
• DO NOT videotape or take pictures of professors or fellow students for personal or social media use without written permission of those you are videotaping.

Violation of the policies may result in expulsion from the athletic training professional program and the University or other disciplinary action.
CENTRAL CONNECTICUT STATE UNIVERSITY
ATHLETIC TRAINING PROFESSIONAL PROGRAM
PROFESSIONAL PRACTICE & SOCIAL MEDIA POLICY
STATEMENT OF AWARENESS, UNDERSTANDING & COMPLIANCE

I have read, understand, and agree to comply with CCSU’s MSAT Professional and Social Media Policy as an athletic training student at Central Connecticut State University.

Please initial each line to acknowledge having:

_____ Reviewed and will abide by the NATA Code of Ethics, and the BOC Standards of Professional Practice.

_____ Reviewed and understanding of CCSU’s Athletic Training Professional Program Social Media guidelines.

My signature below indicates that I fully understand the policies and my obligation to abide by CCSU’s Professional & Social Media Policies. I further understand that my failure to represent and perform my clinical duties with the best interest of Central Connecticut State University’s Athletic Training Professional Program, the athletic training profession, and the patients in my care may result in appropriate disciplinary actions, including clinical experience interruption and possible dismissal for the academic program.

Print Name: ______________________________________ Semester/Year: __________

Student’s Signature____________________________________ Date: __________

Clinical Coordinator’s Signature_________________________ Date: __________
CENTRAL CONNECTICUT STATE UNIVERSITY
ATHLETIC TRAINING PROFESSIONAL PROGRAM
MSAT STUDENT MANUAL
STATEMENT OF AWARENESS, UNDERSTANDING & COMPLIANCE

_____ I acknowledge having an awareness and understanding of the content of Central Connecticut State University’s MSAT Student Manual.

_____ I understand that this document is subject to change in order for the MSAT program to comply with CAATE standards for accreditation and/or policy and procedures of local, state, or federal regulatory agencies.

_____ I agree to abide by the Policies and Procedures of CCUS’s MSAT as presented.

Print Name: _________________________________  Semester/Year: __________

Student’s Signature_____________________________  Date: __________

Clinical Coordinator’s Signature____________________  Date: __________
GLOSSARY

The following are terms as defined by CAATE “STANDARDS AND PROCEDURES FOR ACCREDITATION OF PROFESSIONAL PROGRAMS IN ATHLETIC TRAINING: IMPLEMENTATION AND GUIDE TO THE CAATE 2020 PROFESSIONAL STANDARDS”. May 2022.

Academic Year: Customary annual period of sessions at an institution. The academic year is defined by the institution.

Action Plan for Correction of BOC Examination Pass-Rate Deficiency:
A. A review and analysis of the program’s previously submitted action plans. This should include
   1. any assessment data used to evaluate the previous action plan,
   2. a discussion of strategies that have and have not worked, and
   3. any revisions that have been made to the previous action plan based on subsequent assessment data.
B. Analysis of the program’s current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
   1. the number of students enrolled in the program in each of the past three years,
   2. the number of students who have attempted the exam in each of the past three years,
   3. the cohort-by-cohort first-time pass rate for each of the past three exam cohorts, and
   4. the three-year aggregate first-time pass rate for each of the past three years.
C. Projection for the program’s anticipated exam outcomes for next year. This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first time pass rate in the next year. The analysis must include
   1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
   2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
   3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
   4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.

The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include
   1. developing targeted goals and action plans to achieve the desired outcomes,
   2. stating the timelines for reaching the outcomes, and
   3. identifying the person or persons responsible for each element of the action plan.
   4. Updating the elements of the action plan as they are met or as circumstances change.

Adjunct Faculty: Individuals contracted to provide course instruction on a full-course or partial-course
basis but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.

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

**Assessment Plan**: A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of clinical education, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the framework. 68

**Associated Faculty**: Individuals with a split appointment between the program and another institutional entity (for example, athletics, another program, or another institutional department). These faculty members may be evaluated and assigned responsibilities by multiple supervisors.

**Athletic Trainer**: Health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the state’s statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification.

**Athletic Training Clinical Experiences**: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students’ abilities to meet the curricular content standards. When direct client/patient care opportunities are not available, simulation may be used for this verification. Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member.

**Biometrics**: Measurement and analysis of physical characteristics and activity.

**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.

**Clinical Site**: A facility where a student is engaged in clinical education.

**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.

**Core Faculty:** Faculty with full faculty status, rights, responsibilities, privileges, and college voting rights as defined by the institution and who have primary responsibility to the program. These faculty members are reappointed to teach athletic training courses, advise, and mentor students in the athletic training program. Core, full-time faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed. A core faculty member must be an athletic trainer or physician.

**Cultural Competency:** the ability of both providers and systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs.2,3

**Cultural Humility:** A lifelong process of self-reflection and self-critique by which an individual willingly interacts with diverse individuals and not only learns about the cultures of others, but also examines their own beliefs and cultural identities to create an environment of empowerment, respect, and optimal care for all. Cultural humility includes sensitivity to historical realities of marginalization, violence, and oppression against certain groups.4,5

**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.6

**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.7

**Faculty:** See Adjunct faculty; Associated faculty; Core faculty.

**First-Time Pass Rate on The Board of Certification Examination:** The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.
**Foundational Knowledge:** Content that serves as the basis for applied learning in an athletic training curriculum.

**Framework:** A description of essential program elements and how they’re connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan (including goals and outcome measures).

**Goals:** Specific statements of educational intention that describe what must be achieved for a program to meet its mission.

**Graduate Placement Rate:** Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.

**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.

**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.

**Identities:** identities that include but are not limited to: race; ethnicity; religion; national origin; age; marital status; disabilities/ability; sexual orientation; sex; gender; gender identity and expression; socioeconomic status; religion/spirituality; political affiliation; literacy/health literacy.

**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.

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

**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.
**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.

**Memorandum Of Understanding:** Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.

**Mission:** A formal summary of the aims and values of an institution or organization, college/division, department, or program.

**Outcomes:** Indicators of achievement that may be quantitative or qualitative.

**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.\(^2\)

**Physician:** Health care provider licensed to practice allopathic or osteopathic medicine.

**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.\(^3\)

**Professional Preparation:** The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.

**Professional Program:** The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two academic years.
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.\textsuperscript{14}

Program Graduation Rate: Measures the progress of students who began their studies as full-time degree seeking students by showing the percentage of these students who complete their degree within 150\% of “normal time” for completing the program in which they are enrolled. Programs must post the following data for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.

Program Personnel: All faculty (core, affiliated, and adjunct) and support staff involved with the professional program.

Program Retention Rate: Measures the percentage of students who have enrolled in the professional program who return to the institution to continue their studies in the program the following academic year. Programs must post the following data for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.

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.\textsuperscript{15} 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.\textsuperscript{16}

Scholarship: Scholarly contributions that are broadly defined in four categories.\textsuperscript{17}
  • Scholarship of discovery contributes to the development or creation of new knowledge.
  • Scholarship of integration contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
  • Scholarship of application/practice applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
  • Scholarship of teaching contributes to the development of critically reflective knowledge associated with teaching and learning.

Social Justice: Social justice in healthcare is recognizing that equitable healthcare, which encompasses access to and quality of care, is a fundamental right and that healthcare providers promote fair treatment so that disparities are eliminated.
**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.\(^{18}\) Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member.

**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.\(^{19}\)

**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.\(^{20}\)

**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 onsite 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. If the patient/client care is occurring via telehealth or telemedicine, the preceptor must concurrently monitor the patient/client care through appropriate telecommunication technology.

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

**Technical Standards:** The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

**Telehealth:** Telehealth is an umbrella term that encompasses the use of telecommunication technology for non-clinical health-related purposes. Some uses of telehealth include enhancing and supporting clinical services and providing individual or public health education.

**Telemedicine:** Telemedicine involves the delivery of patient/client care remotely using appropriate information and communication technologies. Patient/client care provided via telemedicine must occur in compliance with all local, state, and federal laws.

**Value-Based Care Models:** Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach.\(^{21}\)

*{Cited References can be found in CAATE Document} “STANDARDS AND PROCEDURES FOR ACCREDITATION OF PROFESSIONAL PROGRAMS IN ATHLETIC TRAINING: IMPLEMENTATION AND GUIDE TO THE CAATE 2020 PROFESSIONAL STANDARDS”. May 2022.*