Loras College Master of Athletic Training Program

Student Handbook
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Introduction

In 1990, Loras College first offered an Athletic Training Internship Program with a major in Physical Education. Beginning in the spring of 2000, Athletic Training became a major in the Division of Physical Education and Sport Studies. It was initially recognized as an accredited program in the fall of 2003 by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP was replaced by the Commission on the Accreditation on Athletic Training Education (CAATE) in 2006. The Loras College ATP was re-accredited by CAATE during the fall of 2008 and was given full re-accreditation status for ten years. In the spring of 2014, a new athletic training faculty position was created. This person serves as the full time Clinical Education Coordinator for the program. During the 2014-2015 academic year, the program moved into the new Division of Molecular, Life, and Health sciences. This move aligned the program with the most similar programs on campus. Also during the 2014-2015 academic year, an entry-level Master of Athletic Training (MAT) program was proposed, designed, and approved by the college. The last cohort in the Bachelor’s entry-level athletic training program was accepted in the spring of 2016. The first cohort of graduate athletic training students in the MAT program will be accepted in the fall of 2018.

The Loras MAT program was designed to be distinctive from other entry-level programs due to the strengths and educational backgrounds of the faculty in addition to the unique opportunities provided on the Loras campus and in the Tri-State area. The faculty will provide a quality background in athletic training based upon their varying career paths prior to entering academia. This includes a focus on health, wellness, and providing quality healthcare. This will allow the graduate of the Loras MAT program to be prepared for the ever changing field of athletic training. At the national level, the focus of athletic training is shifting toward a bigger seat at the table with other allied healthcare providers. This is provided by the Loras MAT program through the 9+ credits focused on health and wellness in both athletes and the general public. Additionally, the clinical experiences have been set up to provide quality experiences in a shortened time frame, and with immersive design.

The purpose of this handbook is to inform you of the policies and procedures of our program. You are strongly encouraged to read this handbook several times each year. By reading this handbook you will continue to be familiar with the roles and responsibilities that you have as an athletic training student, as well as decrease the chance of violating the policies and procedures. Once you have read and understood this information, please sign the MAT Student Handbook Acknowledgement form. In addition to this handbook, athletic training students must also read and be familiar with the policies, procedures, and resources provided by Loras College, and within the Loras College Graduate Student Bulletin.
Loras College Mission Statement

Loras, as a Catholic liberal arts college, creates a community of active learners, reflective thinkers, ethical decision-makers and responsible contributors in diverse professional, social and religious roles.

Master of Athletic Training Program Mission, Outcomes & Objectives

MAT Program Mission

The mission of the Loras College Master of Athletic Training Program is to produce active learners, responsible contributors, and reflective thinkers that can provide exceptional healthcare to an active population through quality didactic and clinical athletic training educational experiences.

Program Assessment Plan: Goals, Objectives & Student Learning Outcomes

Student Learning Outcomes:

1. Students will demonstrate comprehension of concepts and skills vital to basic function in health sciences careers.
   1.1 – express competency professional knowledge areas in athletic training – clinical rotation

   Clinical evaluations
   Scores on Five Domains of Board of Certification Exams
   Scores on Five Sub-sections of End of semester cumulative exams

   1.2 – recall foundational concepts in the health sciences – classroom

   End of semester cumulative exams
   Fall cumulative test = foundational areas, nutrition, biomechanics, physiology, anatomy, etc.
   Spring cumulative test = professional areas completed

2. Students will be active learners and reflective thinkers who use common research techniques to discover and implement athletic training evidence based medicine.

   2.1 – read, reflect and summarize research related to athletic training clinical practice – classroom

   Critically Appraised Paper – Therapeutic Interventions I
   Critically Appraised Topic - Therapeutic Interventions II
   Final Research Paper

   2.2 – formulate clinical treatment plans using evidence based medicine – clinical rotation
Clinical evaluations
Critically Appraised Topic – Therapeutic Interventions II

2.3 – use patient outcomes to determine quality of care – clinical rotation

Clinical evaluations
Capstone Patients

3. Students will transition classroom knowledge into effective clinical practice.

3.1 – employ prevention, diagnostic, treatment and rehabilitation techniques for injuries and illnesses common in active populations – classroom and clinical

Clinical evaluations
Scores on Five Domains of Board of Certification Exam
Capstone Patients

3.2 – use administrative techniques common in healthcare – clinical rotations
Clinical evaluations
Score on Single Domain of Board of Certification Exam

4. Students will demonstrate professional communication skills in order to efficiently communicate with both patients and healthcare professionals throughout the program’s didactic and clinical education and in post-graduate settings.

4.1 – utilize proper medical terminology in verbal and written communication – classroom
Critically Appraised Paper – Therapeutic Interventions I
Critically Appraised Topic – Therapeutic Interventions II

Program Goals, Objectives, and Outcomes:

2. The program will cultivate students who are active learners and reflective and implement athletic training evidence based medicine.

2.4 – preceptors will assist the students in the discovery and implementation of evidence based medicine in their practice. – Clinical rotations
Student evaluations
Clinical Coordinator evaluations

2.5- Faculty will provide a classroom environment that allows students to grow
Faculty Assessment Scores
3. The program’s didactic and clinical education will develop and educate students with the ability to be responsible contributors by transitioning classroom knowledge into effective clinical practice.

3.1 – employ prevention, diagnostic, treatment and rehabilitation techniques for injuries and illnesses common in active populations – classroom and clinical

Alumni Surveys
Employer Surveys

3.2 – use administrative techniques common in healthcare – clinical rotations

Alumni surveys

3.3 – preceptors will provide quality education opportunities. – Clinical rotations

Student evaluations
Clinical coordinator evaluations

5. The program will ensure that graduates are prepared for autonomous practice as a Certified Athletic Trainer in post-graduate settings.

5.1 – practice effectively in post graduate jobs and post-professional settings

Alumni surveys
Employer Surveys

5.2 – demonstrate a BOC pass rate compliant with CAATE standards

BOC First Time Pass Rate

5.3- demonstrate an acceptable post-graduate employment rate

Annual employment rate

Student Learning Outcomes

Clinical evaluations: completed by students and preceptors at the end of each clinical rotation, the Clinical Evaluation is first completed by the student (self-evaluation), and then sent to the Preceptor to be completed by the preceptor. The Preceptor then sends the completed evaluation electronically to the Clinical Education Coordinator and the student and discusses the evaluation with the student. For first year MAT students 3 clinical evaluations are completed at the end of
each clinical education rotation, and for second year MAT students 3 clinical evaluations are
completed at the end of each clinical education rotation. Clinical evaluations are an invaluable
indicator that reveal if students are connecting educational professional knowledge learned in the
classroom with real-time patient experiences in the clinical education setting. Having an external
evaluator such as a preceptor is also incredibly helpful in relaying program strengths and areas
for improvement in education of professional knowledge areas.
(Outcome & Objectives: 1.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3)

Board of Certification Exams: The BOC exam is taken by second year MAT students between
Jan-October which is during or after completion of their final semester as athletic training
students. This culminating exam easily relays competency of the five domains of professional
knowledge in athletic training (Outcome & Objectives: 1.1, 3.1, 3.2)

End of semester cumulative exams: The end of semester cumulative exam incorporates
information from all 5 domains of athletic training knowledge and all students in the program
take this exam during the final two weeks of the fall and spring semesters. Scores are expected to
vary based upon student level in the program and content, with first year students fall scores
aiming for 70-80% is this first semester clinical cumulative exam focuses on foundational
knowledge. First year spring exam scores aim for the 60-70% range as this focuses on
professional areas completed. Fall second year student exam scores should be over 70%. This
exam is used as an indicator for progress in foundational and professional knowledge (5
domains) areas of athletic training, and aids both students and educators in assessing areas of
strength and weakness. For second year students the end of semester cumulative exam is also an
indicator of readiness for the BOC exam. (Outcome & Objectives: 1.1, 1.2)

Critically Appraised Paper - 1st Therapeutic Interventions course: Students complete this
research assignment either in ATR 520 Therapeutic Interventions I during their first year fall
semester. This assignment assesses the student's ability to read, reflect upon and summarize
research related to athletic training clinical practice, and also supports active learning and
reflective thinking in athletic training evidence based medicine.
(Outcome & Objectives: 2.1, 4.1).

Critically Appraised Topic - 2nd Therapeutic Interventions course: Students complete this
research assignment during their first year second semester in ATR 521 Therapeutic
Interventions II. This assignment assesses the student's ability to read, reflect upon and
summarize research related to athletic training clinical practice, and also supports active learning
and reflective thinking in athletic training evidence based medicine.
(Outcome & Objectives: 2.1, 2.2, 4.1).

Final Research Paper: Students complete this research assignment during their final semester in
ATR 680 Research in Athletic Training. This assignment assesses the student's ability to read,
reflect upon and summarize research related to athletic training clinical practice, and also
supports creation, administration and reporting on original research. This research assignment
and course supports active learning and reflective thinking in athletic training evidence based
medicine. (Outcome & Objective: 2.1)
Alumni surveys: Alumni surveys are sent electronically to the graduating cohort of students within 1 year of graduation. Alumni survey questionnaires are sent to former students by the Loras ATP administrative assistant to ensure students may complete the survey anonymously and answer freely and honestly. The Loras administrative assistant then compiles data. The alumni survey addresses a wide array of knowledge areas and assesses student readiness to practice in those areas. For the Loras ATP Assessment plan, alumni surveys specifically address ability to formulate treatment plans using evidence based medicine, use of patient outcome surveys, faculty’s ability to prepare students to practice in athletic training, employment of prevention, diagnostic, and therapeutic intervention techniques, administrative and professional behaviors, medical terminology, and overall ability to practice athletic training in a post baccalaureate setting. (Outcome & Objectives: 2.2, 2.3, 2.5, 3.1, 3.2, 4.1, 5.1)

Capstone Patients: Capstone Standardized patient simulations occur during the final semester in ATR 606 Clinical Experience VI course. This is a week-long assignment where students are assigned to a simulated patient to evaluate, rehabilitate, and return to work or play over the course of the week. Patients are provided with scripts, and the PD or CEC attempts to attend each session with the student and patient. Each day students are responsible for the proper administrative task of evaluating and documents the patient progression and correlating rehabilitation. Documentation is submitted to the CEC daily during the week for grading and guidance. Capstone patients assist in the assessment of student ability to use patient outcome surveys to determine quality of care, and also assesses the student’s ability to employ prevention, diagnostic, and therapeutic intervention techniques. (Outcome & Objectives: 2.3, 3.1)

Student Preceptor Evaluations: At the end of each clinical education rotation students complete an evaluation of their preceptor. This evaluation helps to ensure quality learning is occurring in the clinical education setting, and students are connecting didactic and clinical education. Preceptor evaluations are compiled by the administrative assistant and shared with preceptors annually in an anonymous manner. (Outcomes & Objectives: 2.4, 3.3)

Clinical Coordinator Evaluations: On an annual basis, typically at the end of each academic year, preceptors and clinical education sites are evaluated by the Clinical Education Coordinator in an effort to ensure a positive and educational learning environment is provided to students. The CEC then shares the evaluation with the preceptor. Clinical Education Coordinator Evaluations assist in the assessment of the preceptor’s ability to assist students in the discovery and implementation of evidence based medicine, and provide overall quality education opportunities. (Outcome & Objectives: 2.4, 2.5, 3.3)

Faculty Assessment Scores: Loras ATP faculty have always been evaluated using IDEA assessment surveys at the end of each semester for each course that is taught. The IDEA rating system is an excellent tool measuring if Faculty are scored as above average in teaching, and also to show if each individual course is scored as above average by students. (Outcomes & Objective: 2.5).

Exit Interviews/Focus Groups: Exit surveys are sent electronically to all students graduating from the MAT program near the end of their final semester. Surveys are sent electronically by the ATP administrative assistant, completed by the student, and returned to the ATP.
administrative assistant for data compilation. Data is then used to determine how students rated the program. (Outcomes & Objective: 2.5)

Program Director Evaluations: The MAT Program Director will annually evaluate faculty who teach didactic courses in the MAT program. This data will serve to support a positive educational classroom environment that allows students to grow, learn and adequately prepare to serve as Certified Athletic Trainers. (Outcome & Objective: 2.5)

Employer Surveys: Employer surveys are sent to current employers of Loras ATP Alumni with the permission of the Alumni typically within 1 year following graduation from the MAT program. Employer surveys assist in the assessment of the former student’s ability to employ prevention, diagnostic, and therapeutic intervention techniques and their overall ability to practice effectively in post baccalaureate settings. (Outcome & Objectives: 3.1, 5.1)

CAATE Accreditation Status

The Loras College Athletic Training Program was initially accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in the fall of 2003. Effective July 1, 2006, existing CAAHEP accredited programs were transitioned into the new accrediting agency, or the Commission on Accreditation of Athletic Training Education (CAATE). The Loras College AT Program was re-accredited by the CAATE as of 2008 for 10 years, through the 2018-2019 academic year. The program underwent re-accreditation procedures during the 2018-2019 academic year and also underwent substantive change procedures as it transitions to graduate degree status. The Loras Athletic Training Program was granted the change in degree status to a graduate degree program in the fall of 2018 by the CAATE. The same academic year, the CAATE conducted a comprehensive review and site visit and the program was re-accredited by the CAATE for 10 years, through the 2028-2029 academic year.

Personnel & Responsibilities

The Athletic Training Program consists of administration, faculty athletic trainers, preceptors, team physicians, consulting medical specialists and graduate assistants.

Loras College Vice President of Academic Affairs
The Vice President of Academic Affairs (VPAA), is responsible for providing leadership to all academic programs and personnel. The VPAA also participates in overall planning, implementation, and assessment of college-wide initiatives.

Graduate Programs Coordinator
The Graduate Programs Coordinator (GPC) oversees all aspects of graduate programming. This individual reports directly to the VPAA.

Loras College Molecular, Life and Health Sciences Division Chair
The Molecular, Life and Health Sciences (MLHS) Division Chair oversees all academic programs and personnel within the MLHS division. The MLHS Division Chair reports directly to the VPAA.
**Athletic Training Program Director**
The MAT Program Director is responsible for the day to day operation, coordination, supervision, and evaluation of all aspects of the MAT Program. The program director reports to the MLHS Division Chair, Graduate Programs Coordinator and VPAA.

**Athletic Training Coordinator of Clinical Education**
The clinical experience coordinator (CEC) is responsible for the administration and management of the clinical education and clinical experience components of the MAT program. The CEC assists the program director in the day to day operation of the program. The clinical education coordinator reports directly to the MLHS Division Chair.

**Athletic Training Research Coordinator**
The athletic training research coordinator is responsible for coordinating the activities within the athletic training research laboratory. The coordinator is responsible for the organization of the laboratory as well as overseeing all of the research programs within the MAT Program.

**Athletic Training Faculty**
The athletic training faculty members are considered core faculty and teach within the MAT Program. The faculty assists the program director in the day to day operation of the program.

**Supporting Faculty**
The supporting athletic training faculty are those professors that teach supporting (pre-requisite) curricular courses such as Anatomy and Physiology, Physiology of Exercise, and Nutrition. The supporting faculty work closely with the AT Program director to assure that proper competencies are taught in each course when necessary.

**Adjunct Instructors**
Loras College employs adjunct instructors when necessary. These instructors primarily teach courses within the Loras Kinesiology program, however may occasionally be needed in Athletic Training Courses.

**Loras College Head Athletic Trainer**
The Loras Head Athletic Trainer is responsible for overseeing all of the athletic training services at Loras. The Head Athletic Trainer reports to the Loras Athletic Director, but works closely with the Loras AT Program director on education related matters. The Head ATC can serve as a MAT program preceptor.

**Preceptors**
Preceptors are health care professionals who have completed the Loras College AT Program Preceptor training and are an appropriately credentialed health care professional. These individuals are qualified to supervise clinical instruction during the clinical education courses within the curriculum and can also supervise the athletic training students during clinical experiences. The preceptors who supervise athletic training students during their main clinical experience rotations will be credentialed as Certified Athletic Trainer’s or Physicians, and will be responsible for evaluating Athletic Training Students and required Clinical Proficiencies.
These should be assessed in real-time as often as possible. Additional supplemental clinical experience opportunities may involve the supervision other credentialed health care professionals.

**Medical Director(s)**
The medical director(s) advises the athletic training program director in the education of athletic training students. He/she is directly involved in the athletic training student’s education by frequently interacting with the students through guest lectures, surgical observations, practice and game attendance, as well as through other means.

**MLHS Division Secretary**
The MLHS Division Secretary assists faculty and staff with the daily operations of the MAT program. The secretary reports to the MLHS Division Chair.

**Athletic Training Students (ATS’s)**
Athletic training students are those students whom have been accepted into the MAT Program and are current MAT Graduate Students.

**Observation Students**
Observation students are prospective athletic training students who have not been accepted into the MAT Program. These students may not, at any time, perform athletic training skills on patients while observing for hours required to be admitted to the program. Although an exposure is highly unlikely, these students must undergo OSHA or blood borne pathogens training, as well as FERPA training, prior to observing Loras or affiliated athletic trainers or athletic training students.

**Athletic Training Faculty**
Loras College Master of Athletic Training (MAT) Program
1450 Alta Vista
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Master of Athletic Training Program Fees

Loras College Graduate Tuition and Fee information can be located at: https://www.loras.edu/financial-aid/

Additional MAT Program Fee Estimates (these fees are subject to change):

<table>
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<tr>
<th>Item</th>
<th>Estimated Cost</th>
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<tr>
<td>Typhon Software Membership</td>
<td>$90</td>
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<tr>
<td>Clinical Education Fees</td>
<td>$21 per credit hour</td>
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<tr>
<td>Liability Insurance</td>
<td>$40</td>
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<tr>
<td>Equipment &amp; Clothing Fees (vary by student)</td>
<td>$100</td>
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<tr>
<td>BOC Practice Exam (s)</td>
<td>$30</td>
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<td>CPR Certification (every other year)</td>
<td>$40</td>
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<td>Background Check &amp; Drug Screening</td>
<td>$135</td>
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<td>NATA Student Membership</td>
<td>$80 (annually)</td>
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Typhon is a web-based software program designed specifically for CAATE-accredited programs that facilitates student and program assessment. Enrollment in Typhon and payment of the one-time fee provides student access to the program for 5 years and includes educational tools to assist students in their academic progression in the program, and prepare them for employment post-graduation.

The CAATE accreditation standards require that students purchase a liability insurance policy during the professional phase of the entry level program. This requirement is consistent across all entry level programs regardless of level (bachelors or masters). Information regarding the purchase of liability insurance can be obtained from the MAT Program Director.

Admission Requirements and Procedures

Eligibility:
- Strong academic ability, evidenced by a cumulative undergraduate GPA of at least 3.0.
- Completion of the following prerequisite course requirements before the start of the program:
  - Principles of Biology I
  - General Chemistry I
  - Anatomy & Physiology I
  - Anatomy & Physiology II
  - Nutrition
  - Lifespan Development
  - Biomechanics
  - Statistics
  - Physics I
  - Exercise Physiology
• US citizen or permanent resident. (International students interested in specific coursework should please contact the Program Director).

All students must apply through the ATCAS web-site. Applicants must submit the following application materials:

1) Visit the ATCAS website: https://caate.net/apply-now/, click on “Apply Now” button, then click “Create Account”, and complete the online application. (Preferred browsers are Google Chrome or Firefox).

2) As part of the ATCAS application, we require you to submit the following supplemental documents:
   a. Official transcripts from each institution attended
      i. Download a Transcript Request Form in the “Academic History” section of your ATCAS online application for each institution attended. Send the Request Form to the Registrar’s Office of each institution (along with any associated transcript fee). The Registrar’s Office will then send your official transcript directly to ATCAS.
   b. Two Letters of Recommendation
      i. Create two Recommendation Requests in the “Supporting Information” section of your ATCAS online application, which will then be emailed to your references. Your references will upload their recommendation directly to an Evaluator Portal which will then automatically get sent to ATCAS.
      ii. One of the letters needs to be from a Certified Athletic Trainer.
   c. Personal Statement
      i. The typewritten personal statement should outline your professional goals, both short-term and long-term, including why you have chosen Athletic Training as a career (maximum two pages double-spaced). Upload this file to the “Supporting Information” section of your ATCAS online application.
   d. Resume
      i. Upload this file to the “Supporting Information” section of your ATCAS online application.
   e. Completed Observation Hour Log
      i. Students must complete observation hours in two different Athletic Training settings with two different Certified Athletic Trainers (ATC). Examples of differing settings include but are not limited to: high school, college or university, clinics, industrial, professional or minor league sports. A total of 50 observation hours are required by December 1. Each athletic trainer observed will need to sign an Observation Hour Log form. Upload your completed Observation Hour Log form to the “Documents” tab within the “Program Materials” section of your ATCAS online application. (You do not need to manually enter your observation hours in the “Supporting Information” section).
Acceptance Procedures

Application Deadline:
Summer cohort enrollment: the ATCAS online application should be submitted and all supplemental application documents should be received by December 1. Applications submitted after the deadline will be considered on an individual basis.

Interview and Admission Decision:
We have rolling admissions for this program (up until the deadline), therefore after your application is complete and verified in ATCAS, your file will be reviewed by the Program Director to determine whether to move forward with an interview. You will then be contacted with information about your next steps. After completion of your interview (or after review of your file), you will be notified of an admission decision via email within two weeks.

Please note that acceptance is contingent upon the completion of the following items:

- Evidence of a valid American Red Cross CPR/AED certification for the Professional Rescuer OR American Heart Association Lifesaver Certification OR an equivalent certification from another organization
- Must pass a routine background check and drug screening
- Must sign a technical standards form (See Appendix A)
- Must purchase professional liability insurance
- Must complete a routine physical examination
- Immunization Review verifying MMR, TDap and 1st in series of 3 hepatitis B vaccines completed. A signed immunization review form (see appendix B) or a printed copy of the student’s immunization record is required.

Conditional Admission
Students who have a GPA between 2.75 and 2.99 may be offered a conditional admission to the program. These students will be required to demonstrate minimal academic achievement during the summer session in order to be fully admitted into the program. Students on a conditional admit must achieve a GPA of 3.00 during the first summer session in the required graduate level courses. If a GPA of 3.00 in the graduate courses is not achieved during the summer session, the offer of admission will be withdrawn.

Procedures for Transferring from another Athletic Training Program
Students interested in transferring to the Loras MAT from another graduate CAATE accredited athletic training program must contact the MAT Program Director to determine if transferring is attainable depending on the student’s current academic progress. Up to 12 credits of coursework where a GPA of 3.0 or above has been achieved, can be transferred from another CAATE Accredited program if approved by Program Director. Due to the competency-based nature of accredited athletic training programs, student transfer may not be feasible. All applicants must meet the pre-requisite requirements and complete the application process.
Background Checks

Upon admission to the Loras College MAT program, students must complete a routine background check prior to full acceptance. Directions for completion will be provided to the student. The student will complete the background check with Loras’ designated compliance vendor, Certiphi Screening. The background check will be reviewed by the MAT Program Director to determine any concerns regarding full acceptance. Any background check identifying a conviction of a felony will prevent the student from being admitted into the program. These background checks will be shared with MAT program affiliated clinical sites upon their request so that students may participate in clinical education at the site. It will be the student’s responsibility to pay any associated fees incurred from the background check.

Physical Examination

Upon admission to the Loras College MAT program, students must complete a routine physical examination with a physician. A physical form will be provided to the student. Physical exam results may be shared with MAT program affiliated clinical sites if warranted based on any restrictions identified by the physician. (ie: temporary lifting restrictions, etc.).

Drug Screening

Students will be required to complete a drug screening after admission and prior to the start of program coursework in order to meet MAT program clinical site requirements. Directions for completion will be provided to the student. The student will complete the drug screening with Loras’ designated compliance vendor, Certiphi Screening. It will be the student’s responsibility to pay any associated fees incurred from this drug screening. Results of the drug screening will be shared with the program director and clinical site. Positive drug screening results may result in student dismissal or suspension from the program or clinical education assignment as determined by the Program Director, Clinical Education Coordinator and Director of Graduate Programming.

Technical Standards

Technical Standards for Admission (see Appendix A)

The Master of Athletic Training Program (MAT) at Loras College is a rigorous and intense program that places specific demands and requirements on its enrolled students. An objective of the program is to prepare students for the field of Athletic Training and all of the possible employment settings that involve rendering care to a variety of individuals. The technical standards set forth by the MAT establish the essential qualifications considered necessary for admitted students to achieve the knowledge, skills and competencies of an entry-level Athletic Trainer. These standards are also necessary for meeting the expectations of the program’s accrediting agency, the Commission on Accreditation of Athletic Training Programs (CAATE). All students admitted to the MAT must meet the following abilities and expectations. In the event that a student is
unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted to the program.

Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC certification examination.

Candidates for selection to the ATP must demonstrate:

1. The 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. The ability to perform appropriate physical examinations using accepted techniques; this includes, but is not limited to, the ability to observe, position, lift and carry or otherwise transport patients. Students must be able to accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record physical examination results and a treatment plan clearly and accurately.
5. The ability to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence, and commitment to complete the Athletic Training Education Program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical settings.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
9. Students must possess or obtain, and submit to the MAT Program Director an immunization record that demonstrates up to date vaccinations for MMR, Tetanus, and Hepatitis B for program admittance. Additional vaccinations such as TB testing, and the Influenza vaccine may be required upon admittance.

Candidates for selection to the ATP will be required to verify that that understand and meet these technical standards or that they believe that with certain accommodations, they can meet the standards.

The Loras College Student Health Center will evaluate a student who states he/she could meet the program’s technical standards with accommodation, refer them to a physician, and confirm that the stated condition qualifies as a disability under applicable law.

If a student states he/she can meet the technical standards with accommodations, then Loras College will determine whether it agrees that a student can meet the technical standards
with reasonable accommodation. This includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the education process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards for selection into the Athletic Training Program above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

______________________________
Signature of Applicant            Date

Alternative statement for students requesting accommodations

I certify that I have read and understand the technical standards for selection into the Athletic Training Education Program, and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Loras College Student Health Center to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

______________________________
Signature of Applicant            Date

______________________________
Signature of MD/DO/NP/PA            Date

Retention Policy

Students enrolled in the MAT program must maintain a 3.0 GPA, and receive a grade of C or above in all MAT courses required for degree completion. In addition to maintaining a 3.0 GPA students are expected to achieve success in assigned clinical education courses and experiences. This includes but is not limited to a score of 75% or higher on all clinical evaluation performed by preceptors, professional behavior, and adherence to all program clinical education policies and procedures.

Academic Probation Status

Students who fail to achieve a 3.0 GPA during a given semester are placed on academic alert, and must achieve a minimum 3.0 GPA the following semester, and MAT course grades with a C or above the following semester. Students who fail to meet the 3.0 GPA requirement for two consecutive semesters are placed on academic probation and will be removed from clinical education courses. The student may continue in didactic coursework. Probationary status will be reviewed at the conclusion of the next academic term. The student will be required to demonstrate that any cause of probationary status has been remedied through the submission of a
written statement, and achievement of satisfactory grades and GPA. The written statement will be reviewed by program faculty who will make a recommendation for return to good academic standing or dismissal. If the student is taken off probation, s/he will return to clinical coursework. Any missed clinical education experiences will have to be made up at a future time and will result in a delay in program completion.

**MAT Program Dismissal & Probation Policy**

Students in the Athletic Training graduate program may be placed on probation based on any one of the following criteria:

1. Cumulative graduate level GPA falls below 3.0 or a student earns more than 2 C’s in graduate level coursework for more than 2 consecutive semesters.
2. A student has been negatively evaluated by two or more preceptors.
3. A student has been found to be in violation of the College’s student code of conduct.
4. A student has been found to violate BOC ethical guidelines during coursework or during clinical education experiences.
5. Other grounds for program probation or dismissal may include: failure to adhere to technical standards, professional misconduct, or failure to successfully pass other programmatic requirements.

Graduate Athletic Training students may be dismissed from the program in the event of repeated or serious offenses, given that those who hold a Master of Athletic Training degree require a high level of professional competence and personal integrity. This probation/dismissal policy is not exclusive of other academic or professional deficiencies.

**Loras College Graduate Dismissal and Appeal Policy**

Please refer to the Loras College Graduate Bulletin.

**Program Graduation Requirements**

Each student is assigned a faculty advisor who is the director of that student’s program. The student is to meet with the advisor at the beginning of enrollment and prior to registration thereafter to design an individualized program of courses, clinical experiences, etc. A minimum of 64 credits for the degree program are required. Up to 12 credits of coursework can be transferred from another CAATE Accredited program if approved by Program Director.

**Research Requirement**

Each student will complete a research project that is arranged and agreed upon with the MAT Research Coordinator, or an assigned Research Advisor. The research component must be completed in order to graduate from the Loras MAT Program.

**BOC Exam Testing & Approval Preparation Procedures**
BOC Exam Readiness Assessed by the following measures:

- GPA
- End of Semester Clinical Cumulative Exams
- Study preparedness with assigned faculty
- BOC Practice Exams

During the fall semester of MAT student’s final year in the program, they will be individually assigned to a MAT faculty member to coordinate BOC exam study with once per week for a minimum of 30 minutes weekly.

During the initial study session, the student will discuss the planned testing window for taking the BOC (Winter, Spring or Summer of their final semester), and determine a study plan by month and week. For example during week 1 of September, student will study emergency care chapters 1-3. Each domain of the BOC exam should be studied for no less than 1 month, and depending on the individual student, sometimes longer. Additional sub-topics should also be studied such as pharmacology, nutrition, pathophysiology, and all related subject matter listed in Athletic Training Exam Review Book.

Every student will be required to purchase Athletic Training Exam Review Book. (Van Ost, Lew Feirman, Manfre’).

Exam Readiness Measure Criteria

- GPA: 3.0 or above
- End of Semester Clinical Cumulative Exams: Must meet assessment measures throughout curriculum. Scores will be provided throughout each clinical course.
- Study preparedness with assigned faculty: Faculty BOC advisor will assess progress throughout the year based on student readiness and engagement in study sessions.
- BOC Practice Exams: The number of practice exams required will vary from student to student and students are responsible for the purchase of these exams, and taking them on dates assigned as discussed with Faculty BOC advisor. These exams must show improved progress in scores throughout the academic year, and in order for BOC exam approval to be granted a final score of 80% or above in every domain on the BOC practice exam must be achieved. Decreasing scores throughout the academic year will result in a meeting with the student’s faculty BOC advisor to discuss postponing the exam test date. Only exams from the BOC web-site are considered accurate measures of exam readiness. www.bocatc.org.

Master of Athletic Training Program Required Courses
(64 semester credits)
L.ATR-510 Evaluation of Injuries I
L.ATR-511 Evaluation of Injuries II
L.ATR-520 Therapeutic Interventions I
L.ATR-521 Therapeutic Interventions II
L.ATR 530 Evidence Based Practice of Athletic Training
L.ATR-540 Epidemiology
L.ATR-541 Public Health
L.ATR-542 Health and Wellness Promotion
L.ATR-575 Advanced Care of Athletic Illness & Injury
L.ATR-580 Pathophysiology
L.ATR-601 Clinical Experience I
L.ATR-602 Clinical Experience II
L.ATR-603 Clinical Experience III
L.ATR- 604 Clinical Experience IV
L.ATR- 605 Clinical Experience V
L.ATR- 606 Clinical Experience VI
L.ATR- 610 Advanced Psychology of Injuries
L.ATR- 611 Topics in Athletic Training
L.ATR- 640 Healthcare Administration
L.ATR- 680 Research in Athletic Training

Course Descriptions

L.ATR-510 Evaluation of Injuries I
In this course, students are introduced to the injury evaluation process and the assessment of athletic injuries found in the lumbar spine and lower extremity.

L.ATR-511 Evaluation of Injuries II
In this course, students are introduced to the assessment of conditions affecting the upper extremity, head and neck. Additionally, management of emergency care of head and neck injuries is covered.

L.ATR-520 Therapeutic Interventions I
This is an introduction to the theory and practical use of therapeutic modalities in sports medicine. Classroom instruction and laboratory practical components will allow the students to learn and develop necessary athletic training competencies regarding therapeutic modalities and therapeutic agents.

L.ATR-521 Therapeutic Interventions II
This course will focus on methods and techniques in the selection and application of rehabilitation techniques in sports medicine. Key components will focus on the overall functional progression of rehabilitative exercise, specific rehabilitative exercises, and the addition of advanced techniques such as joint manipulations will be also be taught.

L.ATR 530 Evidence Based Practice of Athletic Training
This course will serve as a foundation to the research aspect of the MAT program. Students will be exposed to the need for research, common research techniques in athletic training, and outline a research question to serve as their capstone project.

L.ATR-540 Epidemiology
This course is intended to enhance the students’ understanding of the role of epidemiologic study in evaluating the relationships between physical activity and health and/or disease
outcomes. Students will learn about the development of current physical activity recommendations, trends in physical activity in the U.S., epidemiologic study designs and the techniques used to measure physical activity, and most importantly, will learn to critically evaluate the evidence and literature in this topic area.

**L.ATR-541 Public Health**
Students will be introduced to the concept of public health and the importance of improving the lives of people where they live, work, and play. The methods to track diseases, prevent illnesses, and understand the etiologies and risk factors for conditions that effect health are also discussed.

**L.ATR-542 Health and Wellness Promotion**
This course is intended to enhance student understanding of chronic disease, public and community health, and health and wellness promotion. The course will focus on methods used in disease prevention in the form of preventative healthcare, and behavior change in nutrition, and exercise in relation to the individual, in the workplace, and greater society. Students will learn and develop health and wellness promotion programming to reduce health risks and chronic disease, including fitness prescription, weight management, body composition, and disordered eating.

**L.ATR-575 Advanced Care of Athletic Illness and Injury**
This course is designed to give students advanced skills necessary to provide healthcare to an active population. Key topics will focus on emergency care, injury prevention, and administrative tasks associated in the provision of healthcare.

**L.ATR-580 Pathophysiology**
This course will focus on common diseases and illnesses that impact the human body and impact homeostasis. The common etiology, signs and symptoms, diagnostic testing and appropriate referrals and treatment will be examined for each disease covered. Diseases covered in this course cover the entire lifespan.

**L.ATR-601 Clinical Experience I**
Clinical Education practical hours in an athletic training setting for the athletic training student are a large component of this course. Clinical experiences are provided in a variety of athletic training settings but can include a variety of sports on the Loras College campus, and at local high schools. Athletic Training Students are to adhere to all Loras MAT policies concerning clinical assignments. These policies can be located in the Loras MAT Handbook. Students will meet once a week during this Clinical Experience to review clinical progress and proficiencies. This Clinical Experience will focus on Pre-participation exams, Concussion baseline testing, Advanced Care of Athletic Injury & Illness skills, Evaluation of Lower Extremity.

**L.ATR-602 Clinical Experience II**
Clinical Education practical hours in an athletic training setting for the athletic training student are a large component of this course. Clinical experiences are provided in a variety of athletic training settings but can include a variety of sports on the Loras College campus, local high schools, Dubuque Fighting Saints Hockey, Paramount Ambulance Service, and Finley Hospital.
Athletic Training Students are to adhere to all Loras M.A.T policies concerning clinical assignments. These policies can be located in the Loras M.A.T Handbook. Students will meet once a week in the classroom during this Clinical Experience to review clinical progress, proficiencies, and practice skills. This clinical experience will focus on emergency care of athletic injury, lower extremity orthopedic evaluation, therapeutic modalities, and surgical observations.

L.ATR-603 Clinical Experience III
Clinical Education practical hours in an athletic training setting for the athletic training student are a large component of this course. Clinical experiences are provided in a variety of athletic training settings but can include a variety of sports on the Loras College campus, local high schools, Dubuque Fighting Saints Hockey, local Geriatric Care Facilities, Spine & Sport Chiropractic, Clarke & Associates Orthotics, Dubuque Physical Therapy, and Finley Hospital. Athletic Training Students are to adhere to all Loras MAT policies concerning clinical assignments. These policies can be located in the Loras MAT Handbook. Students will meet once a week in the classroom during this Clinical Experience to review clinical progress, proficiencies, and practice skills. This Clinical Experience will focus on rehabilitation of athletic injury, orthotics, surgical observations, and upper extremity & spinal evaluation.

L.ATR-604 Clinical Experience IV
Clinical Education practical hours in an athletic training setting for the athletic training student are a large component of this course. Clinical experiences are provided in a variety of athletic training settings but can include Crescent Community Health Center, Finley Occupational Health, Finley Convenient Care, or additional general medical care sites. Athletic Training Students are to adhere to all Loras MAT policies concerning clinical assignments. These policies can be located in the Loras MAT Handbook. Students will meet once a week in the classroom during this Clinical Experience to review clinical progress, proficiencies, and practice skills. This Clinical Experience will focus on general medical conditions and appropriate treatment for general medical illness and injury.

L.ATR-605 Clinical Experience V
Clinical Education practical hours in an athletic training setting for the athletic training student are a large component of this course. Clinical experiences are provided in a variety of athletic training settings but can include a variety of sports on the Loras College campus, local high schools, Dubuque Fighting Saints Hockey, or additional sports medicine sites. Athletic Training Students are to adhere to all Loras MAT policies concerning clinical assignments. These policies can be located in the Loras MAT Handbook. Students will meet once a week in the classroom during this Clinical Experience to review clinical progress, proficiencies, and practice skills. This Clinical Experience will focus on rehabilitation of athletic injury, evaluation of injury and illness, and administration.

L.ATR-606 Clinical Experience VI
Clinical Education practical hours in an athletic training setting for the athletic training student are a large component of this course. Clinical experiences are provided in a variety of athletic training settings but can include a variety of sports on the Loras College campus, local high
schools, Dubuque Fighting Saints Hockey, or additional sports medicine sites. Athletic Training Students are to adhere to all Loras MAT policies concerning clinical assignments. These policies can be located in the Loras MAT Handbook. Students will meet once a week in the classroom during this Clinical Experience to review clinical progress, proficiencies, and practice skills. This Clinical Experience will focus on rehabilitation of athletic injury, evaluation of injury and illness, and administration.

**L.ATR- 610 Advanced Psychology of Injuries**
This course serves as an exploration in the psychological aspect of working with patients in a healthcare setting. Specifically, how patients recovering from injuries deal with the many factors that influence their recovery and what impact and specific strategies the athletic trainer can have and use.

**L.ATR- 611 Topics in Athletic Training**
This course will allow students to discuss the most pertinent and evolving topics in the profession. This will likely include changes in the standards of practice, professional regulation, interprofessional education, and emerging areas of practice.

**L.ATR- 640 Healthcare Administration**
This course provides experience in healthcare administration. Key components focus on reimbursement for services, legal concepts associated with healthcare, and planning, coordinating, and supervising all administrative components of a healthcare organization.

**L.ATR- 680 Research in Athletic Training**
This course provides a capstone experience for students in healthcare research. Students will use skills in evidence based medicine to propose, conduct, and analyze a research project. Students will be required to disseminate this research at a minimum at local research symposiums.

**Curricular Plan**
Note a student with Loras general education or Kinesiology program requirements remaining will also need to include those courses in their curricular plan. This will not be applicable to every student. Students should regularly discuss their curricular plan with their academic advisor and the MAT program director.

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<td>ATR 510 Evaluation of Injuries I</td>
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<td>ATR 575 Advanced Care of Athletic Illness &amp; Injury</td>
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<td>ATR 601 Clinical Experience I</td>
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<th>FALL SEMESTER 1</th>
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<td>ATR 511 Evaluation of Injuries II</td>
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Loras College Internship, Practica, and Clinical Experience Course Credit Policy

Internships, practica, field and clinical experiences provide students the opportunity to integrate theoretical classroom learning with applied workplace experiences that relate to the students’ area of study. Eligibility for and expectations of students applying for these opportunities may vary by academic program. The academic standard requires that students complete a minimum of 50 hours of on-site internship, practica, field or clinical experience per credit hour. A 3-credit experience would thus require a minimum of 150 hours of on-site work. Information on internship, practica, field and clinical options may be obtained from the faculty director of a student’s program. These experiences may be credit-bearing or non-credit-bearing, paid or unpaid, and they may be arranged locally or in other geographic areas either during the academic year or the summer. Credit for the internships, practica, field and clinical experiences may be arranged through a student’s academic program, in conjunction with the office of the registrar. Applications for these opportunities must be completed and approved before registration takes place. Registration must be completed before the student begins the work.

Expectations of Student Clinical Duties

Clinical education experiences are educational opportunities. Students should take advantage of every opportunity to learn. Do not wait to be asked to help, be outgoing, helpful, and eager to learn. Additionally, students should use preceptors as resources. Ask questions, when appropriate, in order to enhance learning. Duties assigned to students may vary between clinical sites and preceptors. The preceptor will inform students of their expectations and goals for the clinical experience during the first week of the rotation. Duties will include anything from treatments, rehabilitation, taping, practice coverage, game coverage, documentation of pre-participation exams and injuries and many others. Students must be under the supervision of their preceptor at all times at each rotation. Students should not perform any actions or duties that are beyond what they have learned in the classroom. If a student feels they are in an uncomfortable situation, they should immediately stop and report this to their preceptor. The goal of the clinical experience is to practice the competencies and proficiencies acquired in the classroom and prepare students for future careers in athletic training.
Participation in Athletics
Loras College students in their 4th year at Loras will be allowed to participate in athletics during their first year in the MAT program during their primary athletic season. Students may only participate in one sport for one season. Students may not participate in two sports during their 4th year at Loras (first year in the MAT program). Students may not participate in two seasons of one sport (ie: fall and spring tennis or golf), during their 4th year at Loras. Arrangements for completion of clinical hour requirements for student-athletes who are enrolled in the MAT program will be made with the Clinical Education Coordinator, and communicated with the assigned Preceptor(s), Coaches, and Program Director. Athletic participation during the second year of the MAT program is not permitted due to required immersive clinical experiences. Athletes may have to extend their time in the program by an additional semester, or create an alternative plan to ensure all required clinical experience requirements have been completed. Participation in athletics and a plan to fulfill all clinical experiences will be discussed with the Program Director and Clinical Education Coordinator upon acceptance into the program. MAT students should be prepared to prioritize academic requirements upon beginning graduate coursework.

CAATE 2020 Clinical Education Standards (For a complete listing of all CAATE Educational Standards visit https://caate.net/pp-standards/)

Standard 9: All courses used to fulfill athletic training clinical experience requirements and to meet the curricular content standards (Standards 56 through 94) are delivered at the graduate level.

Standard 10: Students fulfill all athletic training clinical experience requirements and curricular content standards (Standards 56 through 94) within the professional program.

Standard 11: The program uses clearly written syllabi for all courses that are part of the professional program.

Standard 12: Course credits are consistent with institutional policy or institutional practice.

Standard 13: The program ensures that the time commitment for completing program requirements does not adversely affect students’ progression through the program.

Standard 14: A program’s clinical education requirements are met through graduate courses and span a minimum of two academic years.

Standard 15: A program’s athletic training clinical experiences and supplemental clinical experiences provide a logical progression of increasingly complex and autonomous patient-care and client-care experiences.

Standard 16: The clinical education component is planned to include at least one athletic training immersive clinical experience.
Standard 17: A program’s clinical education component is planned to include clinical practice opportunities with varied client/patient populations. Populations must include clients/patients:

- throughout the lifespan (for example, pediatric, adult, elderly),
- of different sexes,
- with different socioeconomic statuses,
- of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
- who participate in nonsport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).

Standard 18: Students gain experience with patients with a variety of health conditions commonly seen in athletic training practice.

Standard 22: All sites where students are involved in clinical education (excluding the sponsoring institution) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring institution and site.

Standard 29: The program ensures that each student is oriented to the policies and procedures of their clinical site.

Standard 30: Educational opportunities and placements are not prejudicial or discriminatory.

Standard 31: Athletic training clinical experiences are supervised by a preceptor who is an athletic trainer or a physician.

Standard 32: Regular and ongoing communication occurs between the program and each preceptor.

Standard 33: All active clinical sites are evaluated by the program on an annual basis.

Standard 45: Preceptors are health care providers whose experience and qualifications include the following:

- Licensure as a health care provider, credentialed by the state in which they practice (where regulated)
- BOC certification in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers
- Planned and ongoing education for their role as a preceptor
- Contemporary expertise

Standard 46: Preceptors function to supervise, instruct, and mentor students during clinical education in accordance with the program’s policies and procedures. Preceptors who are athletic trainers or physicians assess students’ abilities to meet the curricular content standards (Standards 56 through 94).

Standard 47: The number and qualifications of preceptors are sufficient to meet the clinical education needs of the program.
Standard 48: Program faculty and preceptors receive regular evaluations and feedback on their performance pertaining to quality of instruction and student learning.

**Clinical Experience Requirements**

The clinical education component of the Loras Athletic Training Program is designed to provide authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities. Following classroom and laboratory competence, students will have the opportunity to practice those skills in clinical rotations and interact with a variety of patient populations, care providers, and health care settings.

On a typical day, students must be available in the morning for class (8am-12pm) and in the afternoons for clinical experience (2pm-7pm) Times will vary depending on site. Students must also be available nights and weekends for clinical education assignments and requirements as needed. Students may need to travel off-campus to various clinical education sites for primary or supplemental clinical experiences. Students are responsible for arranging their own travel and for any costs associated with travel.

Students must be aware that the practice of athletic training is regulated under licensure in the state of Iowa, as it is in most states. Therefore, providing athletic training services without the direct supervision of a preceptor is in direct violation of the State of Iowa Athletic Training Practice Act, and CAATE educational standards. All violators are subject to legal ramification. Students will be required to wear identification (ie: name tag or badge) while engaged in clinical education in order to identify themselves as students and not clinicians.

**Clinical Education Attendance Policy**

In the event a student is aware of a planned absence from clinical education (wedding, funeral, etc.), their preceptor and the CEC must be notified 1 week, or 7 calendar days in advance. If a student is ill and unable to attend their assigned clinical education rotation, they must notify their preceptor and the CEC the same day of their absence. Notification of any absences via email is acceptable. It is the student’s responsibility to communicate with their preceptor in order to make-up any missed clinical education hours. Failure to notify preceptors and/or the CEC of planned absences or absences related to illness may result in a program infraction.

**Clinical Rotation Orientation**

At the start of each new clinical experience, preceptors must provide students with an orientation session. This session must cover bloodborne pathogen policies for that clinical site, emergency action plans for that clinical site, preceptor expectations for athletic training students, and a normal schedule for athletic training students. A signed orientation form must be returned to the CEC by the 5th day of each clinical rotation.

**Clinical Proficiencies & Educational Competencies**

Proficiencies and educational competencies will be completed during clinical experiences with preceptors, and in some cases, during courses with MAT faculty. All clinical proficiencies and
competencies must be signed-off by a certified Athletic Trainer (ATC) or physician (MD/DO). Further details regarding proficiency requirements can be located in the MAT Clinical Proficiency book provided to each student.

Clinical Site Visits:

All clinical education sites must be evaluated by the program on an annual and planned basis. The Coordinator of Clinical Education will conduct regular site visits (minimum of 1 per year) throughout the year as a means to communicate with the preceptor, ensure compliance of policies and procedures, and observe the athletic training student(s) in the clinical setting.

Emergency Action Plans (EAP)

Students will have access to an EAP at each clinical site they are assigned to. The exceptions to this rule are the Finley Emergency Room. Emergency action plans are updated as needed. They can be found on the student eLearn website under Athletic Training program information. Students should review the EAP prior to the start of their clinical rotation and discuss the EAP with their preceptor.

Clinical Experience Evaluation Requirements

Clinical experience evaluations can be located on eLearn. Students will complete a self-evaluation at the start of their final week of their assigned rotation. The self-evaluation will be emailed to their preceptor and the CEC will be copied on the email. The preceptor will complete the student evaluation by the final day of the student’s assigned rotation. The completed evaluation will be emailed to the CEC and the student will be copied. The preceptor will also coordinate a time to discuss the evaluation with the student. For second year MAT students enrolled in immersive Clinical Experiences ATR 605 & 606, a mid-clinical evaluation will also be required at week 4. The same procedure applies to these student evaluations.

Students must also complete a preceptor evaluation during the final week of the assigned clinical rotation. The preceptor evaluation can be located on eLearn. The preceptor evaluation must be submitted to the CEC via email by the final day of the clinical experience. The CEC will collect all preceptor evaluations, review them, address issues if needed, and then send to the MLHS Administrative Assistant for compilation. At the end of each semester, confidential compiled preceptor evaluation data will be shared with each preceptor.

Evaluation grading scales vary based upon the Clinical Experience Course the student is enrolled in. Evaluation grading is outlined in detail on Clinical Experience Course syllabi, as well as on student evaluations.

Clinical Experience Hour Documentation

Students are expected to record clinical education hours daily on the provided student hour log. If an AT student will not be able to achieve the minimum number of hours in a week, or if he/she chooses to volunteer over the maximum hours in a week, he/she must obtain approval from an AT Program administrator. Disciplinary action may ensue for achieving less than the minimum
or greater than the maximum requirements without approval. Students can go over maximum amounts if the STUDENT desires so and classroom performance is above expected levels. Expected classroom performance indicate that the student is at a minimum, meeting the program retention policy. Students must be provided 1 day off every 7 days on average over the course of a month, and this must be reflected in student hour logs. Clinical hours will be turned in to the CEC on a weekly basis. Students cannot be provided monetary remuneration for any clinical education experience. Hour guidelines for each Clinical Experience Course are as follows:

- ATR 601 Clinical Experience I, 2 credit hours: 100 hours minimum-140 hours maximum (25/week-35/week)
- ATR 602 Clinical Experience II, 3 credit hours: 150 hours minimum-300 hours maximum (10/week-20/week)
- ATR 603 Clinical Experience III, 3 credit hours: 150 hours minimum-375 hours maximum (10/week-25/week)
- ATR 604 Clinical Experience IV, 2 credit hours: 100 hours minimum-140 hours maximum (25/week-35/week)
- ATR 605 Clinical Experience V, 6 credit hours: 8 week Immersive Clinical Experience 300 hours minimum- 340 hours maximum (37.5/week-42.5/week)
- ATR 606 Clinical Experience VI, 6 credit hours: 8 week Immersive Clinical Experience 300 hours minimum- 340 hours maximum (37.5/week-42.5/week)

References:
The Johns Hopkins School of Medicine: [https://www.hopkinsmedicine.org/som/offices/registrars/Registration/ClinicalCurriculumAttendance.pdf](https://www.hopkinsmedicine.org/som/offices/registrars/Registration/ClinicalCurriculumAttendance.pdf)

**Clinical Experience Rotations**

Clinical education requirements will be completed over the course of two years (6 academic semesters). The required clinical education rotations and educational focuses are outlined below but may vary for each student.

At a minimum students will be exposed to:

- Lower Extremity Injuries
- Upper Extremity Injuries
- Clients/Patients of different sexes
- Clients/Patients of varying socioeconomic status
- Clients/Patients of varying levels of activity & athletics (competitive, recreational, individual and team activities, high and low intensity activities)
- Non-sport populations (e.g. participants in military, industrial, occupational, leisure activities)
- Equipment Intensive Sport
- General Medical
- Rehabilitation Intensive
- Orthopedic
- Emergency Medicine
- Surgical
During clinical assignments, students must always be in auditory and visual contact with their preceptor.

First Year Students
First year MAT students will rotate through four 7-8 week clinical rotations on or off-campus and may include non-sport patient populations. Students are responsible for meeting hour requirements, documentation of hours, completion of clinical orientation checklists, completion of student evaluations, preceptor evaluations, clinical outcome summaries for additional clinical experiences, patient encounter tracking, and additional requirements as listed in individual clinical course syllabi. The minimum hour requirement listed is the minimum number of hours to pass the course. Requirements are further outlined in individual clinical syllabi.

Second Year Students
Second year MAT students will rotate through 3 clinical rotations on or off-campus and may include non-sport patient populations. Clinical experience begins during the summer prior to the second academic year with a 4 week general medical experience(s). As per CAATE Standards, general medical experiences allow students opportunity to interact with non-sport patient populations; and a variety of conditions (e.g., behavioral, musculoskeletal, neurological, endocrine, dermatological, cardiovascular, respiratory, gastrointestinal, etc). They will take place in various health care facilities, hospital emergency rooms, and community health clinics where the majority of cases seen are general medicine or acute physical ailments. During the fall and spring semesters, students will complete 8 week immersive clinical experiences either on or off-
Students are responsible for meeting hour requirements, documentation of hours, completion of clinical orientation checklists, completion of student evaluations, preceptor evaluations, clinical outcome summaries for additional clinical experiences, patient encounter tracking, and additional requirements as listed in individual clinical course syllabi. Requirements are further outlined in individual clinical syllabi.

**Professionalism as an Athletic Training Student**

**Conduct in Clinical Rotations**

Athletic training students are expected to always act in professional manner at all clinical rotations and in the classroom. This includes being present and on time for all clinical assignments, appropriate dress and appearance, professional conduct and speech. Unprofessional behavior will be addressed at the mid-point and end of rotation evaluations. Minor occurrences of unprofessional behavior (lateness, unexcused absences, poor behavior) will be dealt with by the preceptor. If repeated minor problems or major problems (insubordination, perceived substance abuse, inappropriate relationships with athletes) occur, then the student will be referred to the Program Director. Additionally, the student should expect professional treatment. If the preceptor is unprofessional, the student should bring this to the attention of that preceptor if they feel comfortable. If conduct continues or the single instance is major (i.e. sexual harassment, substance abuse) then the Program Director should be notified. Additionally, if a dispute over any matter occurs between a student and the preceptor, the matter should first be dealt with directly between those two parties. If an agreeable solution is not reached, and it is an academic problem, the Program Director should be notified. If the problem concerns an athletic employee’s behavior, their supervisor should be notified.

**Personal Conduct Outside of School**

Students in the MAT program are Graduate students in an accredited program and are expected to conduct themselves with acceptable behavior in all situations. Prior to acceptance MAT students must pass a criminal background check. Repeated offenses of poor judgment (i.e. multiple underage drinking tickets) or serious legal offenses (i.e. violence and drug use) will result in an immediate review of the student’s status in the MAT program. These offenses may result in a student’s dismissal from the program. Students are allowed to appeal any such offense. This should be done by contacting the Program Director.

**Travel**

During the clinical experience many athletic training students will have the opportunity to travel. Students may accompany their preceptor; however, students must be directly supervised by a preceptor while they are traveling. Unsupervised student travel is strictly prohibited. The athletic training student may not travel with the team in the event that the preceptor is not traveling.

**Dress**

Students should dress like medical professionals in the athletic training room, off-campus sites, at practices, and at games. Examples of appropriate attire include the following: khakis, khaki
shorts, athletic shorts (during pre-season only if approved by Preceptor), polos, Loras College Athletic Training shirts, Loras College athletics shirts, or dress shirts. This clothing must be worn in the athletic training room, and at all practices and competitions, but should not be worn outside the academic/athletic training setting. It will be the responsibility of each student to keep his/her clothing clean and presentable. A neat, clean professional personal appearance is an important step in gaining respect of athletes, coaches, allied healthcare professionals, and the general public.

**Cell Phones**

It is the Preceptors discretion however, generally, cell phones should be carried during clinical rotations but personal/professional calls should be kept to emergencies only. Texting and social media posts are not allowed. The cell phone should be kept in vibrate mode. In the event a student has a personal emergency make sure the preceptor is aware of the emergency. This policy can be modified by the preceptors as they see fit.

**Professional Relationships Policy**

**Relationship of ATS toward Preceptors and Team Physicians**

It is important to remember that students can learn both the science and art of athletic training from our preceptor and our team physicians. Although students are there to learn, never question their procedures in front of an athlete. Students will have legitimate questions as to the whys and wherefores of treatment, just remember that there is a time and place for such questions. Ask when it would be an appropriate time to have a discussion. Always act and converse with preceptors and team physicians in a professional manner.

**Relationship of ATS toward other ATS**

Remember that it is necessary to have a good working relationship with everyone in the athletic training room, including fellow ATS’s. As with other staff, do not question or criticize in front of an athlete. Any criticisms should be offered in a constructive manner, and students should be cognizant of the situation and circumstances when discussing difference of opinion. If students have a difference of opinion go directly to the person involved and settle it.

**Relationships with Athletes**

Relationships with athletes on the Loras College campus is not forbidden but are not encouraged. Any relationship must be disclosed to the Clinical Education Coordinator, in order to allow for best clinical experiences for students. These relationships should not interfere with clinical experiences. A preceptor should not be able to determine whether you are dating an athlete through your actions in the athletic training clinic. Keep all relationships with athletes professional in the athletic training clinic. Relationships with patients and athletes off campus are highly discouraged and considered unprofessional.

**CPR/AED Certification**
Every student must be certified in American Red Cross First Aid and CPR/AED for the Professional Rescuer, or equivalent, prior to the start of their first clinical rotation. The student must maintain this certification throughout their time in the program. A copy of each card must be on file with the program director.

**Liability Insurance**

Students are required to purchase a liability insurance policy annually. This will cover the student when they are participating in athletic training clinical education rotations and assignments. The policy purchased must be for athletic training student coverage. Information regarding purchase can be found on eLearn, or obtained from the program director.

**NATA Membership**

The National Athletic Trainers Association’s mission is to enhance the quality of healthcare provided by athletic trainers and advance athletic training profession. As such future members of this profession would benefit from membership in this organization. Benefits include access to the Journal of Athletic Training, access to CEUs, access to the career center and many more. Membership is not required but highly recommended. Membership can be attained by going to [www.nata.org](http://www.nata.org).

**Additional Certifications**

Students are always encouraged to pursue additional education and certifications. While currently enrolled in the Loras MAT however, students are not yet licensed healthcare professionals, and may not perform certain skills unless directly supervised, and given permission by a licensed and certified healthcare professional. (ie: Graston, Astym).

**Confidentiality**

**Confidentiality Policy**

In accordance with HIPPA/FERPA laws, under no circumstances should a student provide any health information to the coaching staff, media, parents, general public, students or Loras College faculty/staff. If anyone asks, direct them to the preceptor.

**Confidentiality Wavier**

Each athletic training student must sign a confidentiality waiver annually, prior to the start of clinical experiences for that year (see appendix C). If confidentiality is breached this may be grounds for dismissal from the MAT Program.

**Bloodborne Pathogen Policy & Procedure**

**BBP Policy** (see Appendix D)

Purpose: To prevent the transmission of pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Exposure Control Plan

1. Exposure Determination for Athletic Training students
   A. List all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure can occur:
      1. Physical exams
      2. Wound care, cleaning and dressing
      3. Cleaning spills of human blood or other potentially infectious materials
      4. Artificial ventilation (CPR)
      5. Handling equipment or linen contaminated with body fluids

2. Universal Precautions will be used to prevent contact with blood or potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
   A. Hand washing
      1. Hand washing is the most important precaution in infection control because most communicable diseases are transmitted by physical contact.
      2. Hand washing facilities should be readily accessible.
      3. Athletic training students must wash their hands immediately or as soon as possible after the removal of gloves or other personal protection equipment.
      4. Athletic training students must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as possible following contact of such body areas with blood or other potentially infectious materials.
   B. Contaminated needles and other contaminated sharps
      1. Syringes and needles are to be kept in a locked area prior to use.
      2. Contaminated needles/sharps shall not be bent, recapped, or removed.
      3. Place disposable and contaminated reusable sharps, immediately or as soon as feasible, in appropriate closable leak proof, puncture resistant containers labeled with a biohazard label.
      4. The container must be easily accessible and recognized, replaced routinely, and not be allowed to overflow.
      5. When moving containers of contaminated sharps from the area of use the containers should be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
   C. Personal Protective Equipment – appropriate equipment is available free to the employee/student
      1. Gloves must be worn when the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.

3. Cleaning Policies
   A. Loras College Athletic Training Clinics will be maintained in a clean and sanitary condition.
B. All equipment, environmental and working surfaces shall be cleaned and
decontaminated after contact with blood and other potentially infectious materials
with a germicidal cleaner.
C. All receptacles intended for reuse which have the likelihood for becoming
contaminated with potentially infectious materials must be inspected and
decontaminated on a regularly scheduled basis.
D. Broken glassware must not be picked up directly with the hands. It must be cleaned
up using a mechanical means such as a brush and dust pan, tongs or forceps.
E. Contaminated items are placed in red bags. The sealed red bags and needle/sharp
containers are taken to the Health Center or Athletic Training Department. These
items are placed in a closable, puncture resistant, leak proof biohazard container in
the Health Center or Athletic Training Department. The Health Center or Athletic
Training Department will contact the contracted biohazard waste company to dispose
of the waste.
F. Laundry that is contaminated should be handled as little as possible.
   1. Contaminated laundry must be bagged or containerized at the location where it
      was used and shall not be sorted or rinsed in the location of its use.
   2. Contaminated laundry must be placed in a designated water soluble bag and taken
to campus laundry. Wet contaminated laundry that has the potential to leak
through the laundry bag must have the laundry bag placed in plastic can liner bags
to prevent leakage of fluids to the exterior.
   3. Athletic Training students who have contact with contaminated laundry must
      wear protective gloves and other appropriate personal protective equipment.

4. To clean up a spill of blood or other body fluid:
   A. First Aid Kits including red bags and gloves are available in the athletic training
      clinics.
   B. Germicidal cleaners are available in athletic training clinics.
   C. Gloves must be worn.
   D. Other personal protection equipment must be used in relation to amount and type of
      spill (i.e. masks, gowns, goggles).
   E. Broken glass and other sharps will be cleaned up using a tongs or whisk broom and
      disposed of in the marked container.
   F. Immediately wash hands thoroughly after properly disposing of waste.
   G. Report incident to the preceptor as soon as possible.

5. Hepatitis B Vaccine is strongly suggested for all athletic training students prior to
   admission to the program.
   A. The Hepatitis B Vaccine is a series of 3 injections administered at 0, 1, and 6 months.
   B. The student may decline the vaccine if they have previously received the completed
      Hepatitis B Vaccine series, antibody testing has revealed that the employee is
      immune, the vaccine is contraindicated for medical reasons, or for personal reasons.

6. Athletic training students exposed to blood or body fluids
A. Athletic training students must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as possible following contact of such body areas with blood or other potentially infectious materials.
B. Report the exposure to your preceptor immediately
C. Report to the Health Center or local hospital/clinic as soon as possible

7. Communication of Hazards to Athletic training students
   A. Warning labels and signs must be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious waste material; and other containers used to store, transport, or ship blood or other potentially infectious materials.
      1. The labels will be fluorescent orange/red (biohazard labels).
      2. Red bags or red containers may be substituted for labels.

8. Information and training
   A. Preceptors will instruct athletic training students, who are at risk for exposure to infectious materials, on protocol procedures according to OSHA standards.
      1. All athletic training students with potential occupational exposure must participate annual training.
      2. Training shall take place during the first week of the fall semester for students admitted to the program. Students applying to the program will go through a separate training session prior to starting observation hours.
      3. Additional training shall be provided to address new or changes in present tasks or procedures as they occur.
      4. Training records will include:
         a. Dates of training
         b. Contents or summary
         c. Names and qualifications of person conducting the training (witness)

9. A sharps injury log will be maintained in the Loras Health Center according to OSHA Standards.
10. Blood borne pathogen training records are maintained for 3 years.

**Infectious Disease Policy & Procedure**

Infectious Disease Incident Protocol (see Appendix E)

**Key goals to the handling of an infectious disease case on campus:**

1. To identify and provide care/hospitalization for index case.
2. To identify other individuals who may be at risk for developing infection (potential secondary case) and arrange for treatment.
3. To educate the campus community about the risk factors related to contracting the infectious disease, the treatment process and reassure those individuals who are not at risk.
4. Prepare for second and further cases.
5. To collaborate closely with the Loras Medical Advisory Committee, Dubuque City Health Specialist, VNA Community Health Nurse 2, and the Iowa Department of Public Health.

**Index Case Suspected/Diagnosed**

1. The Health Center identifies or is notified by a physician, Residence Life staff or another individual on campus that a student is suspected to have contracted an infectious disease.
2. The Health Center will evaluate, treat, create a plan of care and provide educational materials for the student.
3. The student will be referred to a physician unless the student is already under the care of a physician. The student will be assisted in identifying local providers who are included in their medical insurance plan during the day and after hours, if the need arises.
4. The Health Center will stay in contact with the physician until the diagnosis is confirmed.
5. The initial case is called the index case. The Health Center will gather as many details as possible regarding the case and the possible contacts, which the student has had, and which may be of concern.

**Emergency Response Team:**

1. The Health Center will contact the Associate Vice President for Student Development/Dean of Students who will in turn notify the other members of the Emergency Response Team at their discretion. The Emergency Response Team will include those person’s listed in the “Loras College Crisis Response Plan”.
2. The circumstances surrounding each case may vary widely. The response from the college will depend on the information that is available and current scenario.
   A. One or a few suspected or diagnosed cases that seem self contained and do not disrupt the functioning of the campus and are effectively managed by campus resources, will be considered minor event.
   B. Larger numbers of suspected or diagnosed cases that disrupt the overall operations of the campus and require a large amount of campus resources will be considered a major event.

**Coordination of Response Plan:**

1. The Loras Health Center Infectious Disease Incident Report will be completed by every person who has been diagnosed or suspected to have an infectious disease.
2. The Health Center will contact the City Health Specialist, VNA Community Health Nurse 2, and the Iowa Department of Public Health to notify them of the infectious disease case.
3. The Health Center and the Director of Residence Life in coordination with the City Health Specialist, VNA Community Health Nurse 2 and the Iowa Public Health Department, will need to determine target individuals who may be at risk for the infectious disease as a result of contact with the index case. Any person who has had intimate contact with the index case or people who have spent an extended period of time in the same “house-hold like setting” will need to be identified and seen in the Health Center. The identified people will be referred for chemoprophylaxis to prevent contracting the disease, if appropriate. Possible at risk individuals/groups include:
A. All household or household-like contacts (i.e. residence hall floor mates living on the same floor).
B. Anyone who has had intimate contact (kissing) with the index case and may have been exposed within and including 14 days of the onset of symptoms of the case.
C. Anyone who has been exposed to the index case’s respiratory or oral secretions (i.e. sharing a drink by drinking form the same cup or water bottle, sharing a bite of food, sharing lipstick, chap stick or lip balms). Individuals within these categories would need to be seen in the Health Center within 24 hours for possible referral.

4. Once target individuals/groups have been identified, it may be necessary to have a specific briefing with representatives from the groups/departments that would be responsible for contacting students who may have had contact with the index case; for example: a coach for a sports team, RA’s, advisor or representative for a student club or organization. The Health Center and/or designee will be responsible for contacting these representatives, providing them with a summary of what has occurred, how to contact and what to communicate to the students who may be potential secondary cases.

5. The Health Center in coordination with the Iowa Department of Public Health will determine if the identified target individuals/groups require isolation.
A. The isolation requirements will depend on which infectious disease is present.
B. Arrangement will be made with the Associate Vice President for Student Development/Dean of Students, Director of Residence Life, Housekeeping Supervisor, Director of Campus Dining and Loras Post Office Supervisor for providing housing, meals, medical care and delivery of mail under isolation conditions.
C. Individuals diagnosed with the infectious disease will be held from class or work after written verification from their medical provider in line with the Iowa Department of Public Health guidelines for the exclusion from activity.

6. All potentially contaminated materials should be removed and the room thoroughly cleaned and disinfected according to the Iowa Department of Public Health Guidelines.

7. The student will be instructed on the actions to take if their symptoms increase, they become concerned or have questions. An Area Coordinator or designee is available 24/7.

8. The suspected or diagnosed student will be required to contact the Health Center or Area Coordinator via email or phone call with a condition report a minimum of every 24 hours. This contact will be documented in the students chart or on a log sheet.

9. The Health Center will continue to monitor, stay up-to-date with information, and have open communication with all involved individuals. If the scenario is determined to evolve from a minor event to a major event, the Associate Vice President for Student Development/Dean of Students will alert the Emergency Response Team in order to coordinate the college’s response to event.

10. The Health Center will notify the Loras Medical Advisory Committee, Mercy and Finley Hospital Emergency Rooms and the colleges in the City of Dubuque, as appropriate.

11. Educational materials will be distributed on campus to inform specific groups of people or the community in general about the infectious disease and how someone can become infected, as appropriate.

12. The Assistant Vice President for Student Development/Dean of Students, Alumni and Media Communication (7811) is the College representative designated to coordinate information to the media and campus community.
A. Depending on the situation, specific departments of staff will be briefed about the infectious disease incident and related procedures. For example: special briefing may be held in the residence hall of the index case as soon as possible. Information can be helpful in providing correct information and alleviating rumors.

B. If appropriate, the Loras College Community will receive updates by mass e-mail upon the approval of the Assistant Vice President of Student Development/Dean of Students.

**Treatment and Immunization**

1. If massive immunization is required as deemed by the Loras Medical Advisory Committee, the City Health Specialist, VNA Community Health Nurse 2 or the Iowa Department of Public, the Health Center will make arrangements to get the vaccine and conduct the immunization clinic. The Assistant Vice President for Student Development/Dean of Students will be contacted to provide secretarial support staff to assist in this clinic.

2. In deciding whether to immunize a community, two factors are typically taken into consideration:
   A. Infectious diseases are transmitted in a variety of ways: Droplet Transmission, Airborne, or Direct Contact
   B. There needs to be evidence of ongoing transmission of the disease. In other words, cases are continuing to occur as a result of the virulent strain of the organism. One case does not justify immunization.

3. It is not a matter simply of the number of cases of transmission, but a combination of the above two factors which will dictate whether a community should be immunized. Immunization creates a “herd immunity” to the strain of bacteria. It takes approximately 10 days to have people create the antibodies necessary to fight the bacteria once inoculation takes place. Different from immunization, chemoprophylaxis is meant to kill or eliminate the bacteria in the person’s nose and prevent them from passing it on or becoming ill.

**Electrical Modalities Policy**

Policy Objectives:

1. Provide clear procedures for calibration and inspection of electrical therapeutic modalities and GFIs.
2. Provide clear procedures in case of any lapse in inspection/calibration schedule.
3. Provide a log of electrical therapeutic modalities and their maintenance.

Calibration and Inspection:

1. Electrical therapeutic modalities will be inspected on an annual basis. This is per OSHA requirements.
   - OSHA guidelines concerning therapeutic modalities:
   - Testing of electrical equipment:
2. Clinical rotation sites will be evaluated on annual basis by the Clinical Coordinator. As a part of the evaluation, they will ensure all therapeutic modalities are up to date in the inspection of therapeutic modalities.

3. Any clinical rotation found to be deficient in this regard will be notified by the program director and a plan to have the therapeutic modalities inspected will be established. The students will be removed from that clinical site until modalities have been inspected.

4. The program director will keep on file a matrix of the therapeutic modalities at each clinical site and their last inspection.

**Mandatory Reporting Guidelines**

**MANDATORY REPORTING OF DOMESTIC VIOLENCE TO LAW ENFORCEMENT BY HEALTH CARE PROVIDERS REPORTING ABUSE OF ADULTS**

Most U.S. states have enacted mandatory reporting laws, which require the reporting of specific injuries and wounds, and suspected abuse or domestic violence for individuals treated by a healthcare professional. This pertains to all individuals to whom health care professionals provide treatment or medical care, or those who come before the health care facility. Since state laws vary from state to state, the AT is strongly advised to check his or her state's mandatory reporting laws for specifics and clarification.

**SIGNS AND SYMPTOMS OF SEXUAL ABUSE AN ASSAULT**

The AT must be aware of his or her mandated duty to report sexual abuse, regardless of the patient’s age. Therefore, an important first step in fulfilling a mandatory reporting obligation is ability to recognize associated signs and symptoms. These signs and symptoms can be: 1) witnessed in person, 2) having a patient or another person with whom you interact with reporting the signs and symptoms, or 3) clear statements that one has felt sexually abused by another person.

The first step in helping patients or others who have been sexually abused, be it minor children or adults, is learning to recognize the signs and symptoms of abuse. The list below, though not fully inclusive, provide examples of signs and symptoms of a victim who has experienced sexual abuse or assault. The important point is to be aware of any changes in behavior that may be suggestive of sexual abuse or assault.

**Child or teenager:**
- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Reports sexual abuse by a parent or another adult caregiver
- Behaves secretive or isolated
- Exhibits trouble in school with grades or behavioral issues
• Talks of death or suicide
• Shows little attachment to parent, guardian or other significant adult in their life
• Avoids being around or making eye contact with certain individuals

Adult:

• Post-Traumatic Stress Disorder (PTSD) symptoms such as loss of appetite, trouble sleeping, hypervigilance, easily agitated over minor issues
• Declining grades or withdrawal from school
• Substance or alcohol abuse
• Risk taking behavior
• Loss of interest in activities that they used to enjoy, including sports participation
• Self-harm such as cutting or burning oneself
• Talk of death or suicide ideation

DUTY TO REPORT AND AVENUES FOR REPORTING OF SEXUAL ABUSE OR ASSAULT

The next step is to take action on the knowledge or suspicion of sexual abuse or assault. Mandatory reporting of child sexual abuse is a legal and ethical responsibility of all athletic trainers.5,1

All states, the District of Columbia, American Samoa, the Northern Marianas, Guam, Puerto Rico and the U.S. Virgin Islands have statutes that identify persons who are required to report any suspected child maltreatment to an appropriate agency, such as child protective services or law enforcement, or toll-free reporting hotline.6 A good resource on mandatory reporting of child sexual abuse is Child Welfare Information Gateway, Mandatory Reporters of Child Abuse and Neglect.6 In this report, mandated reporters per state and American territories are defined. Clearly, athletic trainers fit into the health care provider categories listed in the report.

In the event that an adult patient or an adult with whom the AT comes in contact is known to be, or suspected to be, a victim of sexual abuse or assault, the AT should report this to the proper authorities per state and federal law such as law enforcement or a toll-free hotline.

A mandatory report must be made when an AT suspects, or has reason to believe, that a child or adult has been sexually abused. The AT must immediately notify the Department of Children’s Services or a law enforcement agency of the suspected abuse. What is NOT required in these laws is for the reporting chain to go through the ATs supervisor or administration. The place of employment, per employment guidelines, can also be notified, but there is no legal mandate to report to the employer. Notification to the proper legal authorities must come first if an employment guideline mandates reporting any sexual abuse to employment administration.

In the event that an athletic trainer is the one suspected of committing sexual abuse or assault, in addition to reporting to the authorities identified previously, the individual also has a duty to report to the NATA and Board of Certification.

Summary

The ATs primary responsibility is to the patient, and this responsibility goes beyond providing quality health care; patient safety and advocacy are paramount. The athletic trainer must remain
vigilant in recognizing and reporting possible sexual abuse or assault. It is important to remember that duty to report is based on the suspicion of abuse; evidence is not required. We recommend that ATs take a proactive approach in working with employers and school systems in establishing a protocol for employees to report suspected or known sexual abuse or assault of their patient, child or adult affiliated with the organization.

Note
This paper does not provide legal advice; athletic trainers and other affected individuals should consult appropriate counsel to clarify their obligations in situations discussed herein.

References and Resources


Disciplinary Actions

At Loras College, athletic training students are expected to follow the student code of conduct as is outlined in the Loras Student Handbook, Graduate Student Bulletin, in the Loras MAT Handbook, and also comply with rules and regulations at assigned clinical education sites. In addition to these policies, athletic training students must comply with all athletic training major requirements and procedures. In order to maintain a professional atmosphere for learning the following procedures have been developed for infractions, and disciplinary actions.

There are two levels of disciplinary procedures: Infractions and Disciplinary Actions. The criteria for both are listed below. Three Infractions will constitute a Disciplinary Action. Three Disciplinary Actions of the same type (Behavioral/Professional) will result in dismissal from the AT Program. However, the AT Program Director in conjunction with the Vice President for Academic Affairs reserves the right to dismiss a student from the program for determined gross misconduct. Any clinical education site in conjunction with the Program Director, has the right to dismiss a student from that clinical site for professional or behavioral misconduct.
Infraction Notification
An infraction form may be electronically submitted to the Program Director by a Preceptor or classroom instructor due to inappropriate attire/appearance, misconduct, unexcused absence, repeated tardiness, failure to submit evaluations and/or requested documents on time, or other violations as deemed necessary per AT Program administrators. The form will be placed in the student’s file. As a result, there may be a significant reduction in the clinical experience course grade.

Infraction Procedures:
Each infraction will be documented on an infraction form and submitted to the Program Director. The third infraction will result in a disciplinary action.

Behavioral/Professional Disciplinary Action

Criteria:
Three infractions documented in the students file
Not maintaining current first aid and CPR certifications
Not attending the annual OSHA training course
Not turning in any required document or certificate
Not providing annual proof of professional liability insurance
Unexcused absence from classes or clinical experiences
Conduct unbecoming of an athletic training student
Providing health care interventions as an athletic training student while not being properly supervised by a qualified preceptor

Behavioral Disciplinary Action Procedures:
1st Action:
1. Meeting with program director
2. Probation period for improvement (As determined by the program director)
3. Contract for improvement

2nd Action:
1. Meeting with program director
2. Probation for one semester
3. Contract for improvement
4. Consideration of one year hold option on MAT student status

3rd Action:
1. Expulsion from the program

Grievance Policy & Procedure
Loras College aspires to provide a transformative educational environment and is committed to the growth and development of its students and to upholding the dignity of each individual. The College recognizes that grievances (concerns, disputes, complaints) may arise between students
and faculty, staff, or the College and takes seriously its responsibility, as prescribed under Title IV of the Higher Education Act (HEA), to provide a mechanism that ensures students are able to voice their concerns and to address concerns in a fair and timely manner. The College also believes that student engagement in this process can promote the development of skills needed to address concerns effectively and in a professional manner. For the purposes of this policy a student grievance describes a problem or condition that a student believes is unfair, inequitable, or a hindrance to a quality learning experience.

Scope
The Student Grievance Policy applies to all students enrolled in one or more courses at Loras College at the time the complaint is filed. Parents, relatives, employers, or other persons acting on behalf of a student are not considered students under this policy. This policy covers both academic and non-academic matters and is limited to actions of faculty, staff, or other agents of the college. Student grievances against other students are not covered under this policy. Appeals, including those for exceptions to policy, judicial body or administrative decisions, final grades, academic standing, or financial aid awards, are not considered student grievances. In addition, this policy does not apply to grievances that are covered by other college policies and processes, including complaints related to sex discrimination and harassment or equal opportunity employment, outlined in the Loras College Bulletin, Loras College Graduate Bulletin, Loras College Student Handbook, or the Loras College Staff Handbook. This policy does not supersede specific grievance processes defined at the program or department level and articulated in program handbooks, policy manuals, or other public materials. Students are encouraged to first review and complete the steps mandated by program specific policies prior to submitting an institutional complaint.

The following procedures should be followed for all other types of grievances:

Step 1: Informal Resolution In many instances, an issue or problem is due to a misunderstanding that can be resolved with open and honest communication. A student who has a grievance must first attempt to resolve concerns on an informal basis through direct communication (conversation, e-mail, letter) with the faculty or staff member(s) involved. If the concern is not resolved through direct communication, the informal grievance should be directed to the appropriate supervisor, director, or division chair. If a student is uncertain who to contact regarding the complaint the Office of Student Development or the Office of Academic Affairs can assist in identifying the appropriate individual. Students should attempt to resolve the issue informally within 30 days of the occurrence. If the matter still cannot be resolved, the student may file a formal grievance.

Step 2: Formal Grievance A student may file a formal grievance if the issue remains unresolved after exhausting informal means. Formal grievances should be submitted by completing Student Grievance Form accessed through Advocate system. Formal complaints should be filed within 90 days of the event that prompted the complaint.

Grievances submitted via the Advocate system are received by the Associate Dean of Academic Affairs and/or the Vice President of Student Development and directed to the appropriate College official for review and resolution. 12 Formal student grievances addressed in this policy
are not confidential, but will be treated as sensitive communication and kept within appropriate channels during the resolution process. As part of this process, individuals identified in the formal grievance will be notified of the grievance and asked to provide information regarding the occurrence or concern.

To comply with federal regulations, the college maintains a record of formal grievances and their resolution that is made available to the Higher Learning Commission evaluators at the time of comprehensive accreditation review.

Additional Resources
In the unlikely event that the student grievance cannot be resolved through institutional processes, students have the right to file a complaint with external licensing or accrediting agencies. It is recommended that students filing a grievance with an external agency refer to the individual agency policies to familiarize themselves with agency requirements including filing deadlines and expectations for first exhausting institutional avenues for resolution.

Relevant external agencies:
Iowa College Student Aid Commission
430 East Grand Ave FL3
Des Moines, IA 50309-1920
Phone: (877) 272-4456 (information service center)
https://www.iowacollegeaid.gov/sdrc-start

Higher Learning Commission
230 South LaSalle Street, Suite 7-500
Chicago, IL 60604
Phone: (800) 624-7440
https://www.hlcommission.org/Student-Resources/complaints.html

Grade Appeals
Please refer to the Loras College Graduate Bulletin.

Non-Discrimination Policy: Race, Disability & Gender

Loras College admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs. Loras College does not discriminate against any individual on the basis of qualified disability or gender in its admission or access to, treatment of, or employment in its educational programs or activities. Loras College is required by Section 504 of the Rehabilitation Act of 1973 and by the Title IX, and the Americans with Disabilities Act of 1990 not to discriminate in such a manner. Inquiries concerning the application of Section
504 of the Rehabilitation Act of 1973 Title IX, and the Americans with Disabilities Act of 1990 to Loras College may be referred to Loras College’s Human and 20 Organizational Development Office or to the Director of the Office for Civil Rights of the Department of Health and Human Services.

**Sexual Harassment Policy**

Loras College is committed to having a positive learning and working environment for its students and employees and will not tolerate sexual discrimination or sexual harassment. This principle is consistent with the mission of the College that recognizes the human dignity of each individual and challenges men and women to grow with purpose and direction. Sexual harassment is demeaning, degrading, and can have a negative impact on a person’s performance at work or in class. Sexual harassment will not be tolerated. Disciplinary sanctions will be taken up to and including discharge for College employees and expulsion of students. Academic presentations of the Catholic Church’s moral teaching regarding sexuality are very appropriate and consistent with the College’s mission, and may not be claimed as violations of this policy.

**Awards & Scholarships**

_Loras College Doc Kammer Athletic Training Scholarship_
Each fall, athletic training students who are enrolled at Loras as undergraduate students, are nominated by an athletic training, kinesiology, and sport management faculty committee for the Doc Kammer Scholarship award. This scholarship was generously set up by the family of Doc Kammer, who served as an athletic trainer for Loras College from 1929-1971. Nominated students compete and are selected for the award based on their involvement in extracurricular activities, academic achievements, professional involvement in athletic training and future career goals. This award is only available to Loras students who are currently classified as undergraduate students (ie: 4th year Loras students in the MAT)

_NATA RESEARCH AND EDUCATION FOUNDATION SCHOLARSHIP_
Application Deadline: Annually during January
Download application form from www.natafoundation.org

_MAATA DISTRICT V SCHOLARSHIP_
Application Deadline: Annually during January
Applications available at https://www.maatad5.org/student-section/maata-scholarships/

_IOWA ATHLETIC TRAINERS’ SOCIETY SCHOLARSHIP_
Application deadline: Annually during March
Applications available: https://www.iowaats.com/AWARDS

**Semester Proceedings**

**APPOINTMENTS**
Each semester students will have one formal meeting with their academic advisor and one or more meetings with their preceptor(s). Below is an outline of what will take place during each meeting.

Advisory Appointments:
At the beginning of each semester students should have an informal meeting with their athletic training advisor within the first half of the semester. During this appointment students will discuss their progress within the program by going over their cumulative record as well as their clinical experience evaluations. This appointment could be a group appointment during class time.

The first formal appointment will occur towards the mid-point of the semester before registration. Each student should make a preliminary schedule of courses they will take and have it approved by their advisor. Each student should follow the suggested athletic training academic plan.

Although all AT students are assigned a faculty advisor, it is ultimately the student’s responsibility to ensure they are meeting the College, MAT program, and course requirements.

Preceptor Appointments:
At the beginning of each clinical experience the preceptor and student should discuss their expectations, schedule, EAP(s), communicable disease policy/exposure control plan, all of which will be documented using the Clinical Experience Orientation Form. At the end of the clinical experience the preceptor will evaluate each student’s performance.

References
University of Northern Iowa Athletic Training Student Handbook

The John Hopkins School of Medicine
https://www.hopkinsmedicine.org/som/offices/registrar/Registration/ClinicalCurriculumAttendance.pdf
Appendix A

Technical Standards Form:

Loras College Master of Athletic Training Program

Technical Standards for Admission
The Master of Athletic Training Program (MAT) at Loras College is a rigorous and intense program that places specific demands and requirements on its enrolled students. An objective of the program is to prepare students for the field of Athletic Training and all
of the possible employment settings that involve rendering care to a variety of individuals. The technical standards set forth by the MAT establish the essential qualifications considered necessary for admitted students to achieve the knowledge, skills and competencies of an entry-level Athletic Trainer. These standards are also necessary for meeting the expectations of the program’s accrediting agency, the Commission on Accreditation of Athletic Training Programs (CAATE). All students admitted to the MAT must meet the following abilities and expectations. In the event that a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted to the program.

Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC certification examination.

Candidates for selection to the ATP must demonstrate:

1. The 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. The ability to perform appropriate physical examinations using accepted techniques; this includes, but is not limited to, the ability to observe, position, lift and carry or otherwise transport patients. Students must be able to accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record physical examination results and a treatment plan clearly and accurately.
5. The ability to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence, and commitment to complete the Athletic Training Education Program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical settings.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
9. Students must possess or obtain, and submit to the MAT Program Director an immunization record that demonstrates up to date vaccinations for MMR, Tetanus, and Hepatitis B for program admittance. Additional vaccinations such as TB testing, and the Influenza vaccine may be required upon admittance.

Candidates for selection to the ATP will be required to verify that they understand and meet these technical standards or that they believe that with certain accommodations, they can meet the standards.
The Loras College Student Health Center will evaluate a student who states he/she could meet the program’s technical standards with accommodation, refer them to a physician, and confirm that the stated condition qualifies as a disability under applicable law.

If a student states he/she can meet the technical standards with accommodations, then Loras College will determine whether it agrees that a student can meet the technical standards with reasonable accommodation. This includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the education process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards for selection into the Athletic Training Program above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

____________________________________________________________________________
Signature of Applicant         Date

Alternative statement for students requesting accommodations

I certify that I have read and understand the technical standards for selection into the Athletic Training Education Program, and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Loras College Student Health Center to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

____________________________________________________________________________
Signature of Applicant         Date

____________________________________________________________________________
Signature of MD/DO/NP/PA         Date

Appenix B

Immunization Review Form
Loras College MAT Immunization Review Form

Patient’s Name: ___________________________

Date: ______

Have you reviewed the patient’s immunization record? Are they up to date on the following immunizations:
MMR ______  Tetanus ______  Hepatitis B ______

Signed: ________________________________

(Please circle) MD DO PA ARNP Date: __________

Address:
_______________________________________________________________
_______________________________________________________________

Telephone: ________________________________
Fax: ______________________________________

Appendix C

Confidentiality Statement

LORAS COLLEGE
ATHLETIC TRAINING PROGRAM
CONFIDENTIALITY WAIVER
HIPAA & FERPA TRAINING
I understand that as a member of the Athletic Training Program I will be privileged to private medical information regarding athletic injuries of Loras College athletes. I understand that at no time may I discuss athlete injury information with any individual outside the Athletic Training Program. I have also participated in annual HIPAA and FERPA Training, and understand HIPAA and FERPA policies and procedures. Penalty for breaching confidentiality may result in dismissal from the Athletic Training Program.

I have read, understand and agree to the above statement.

____________________________  _______________________
Name                                      Date

____________________________  _______________________
Witness                                  Date

Appendix D

Blood Borne Pathogen Training Form

Loras College Athletic Training Blood Borne Pathogen Training Acknowledgement

Bloodborne pathogens are microorganisms in the blood or other body fluids that can cause illness and disease in people. These microorganisms can be transmitted through contact with contaminated blood and body fluids.
When bloodborne diseases are mentioned, most people think automatically of AIDS, but actually HBV, or the hepatitis B virus, is much more common. AIDS is usually fatal, though it may take years for symptoms to appear. HIV, the virus that causes AIDS, is primarily transmitted through sexual contact, though it may also be contracted through contact with contaminated blood or some body fluids. HBV attacks the liver, and is sometimes fatal. It is transmitted through saliva, blood and other body fluids.

Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. This can occur through a number of pathways, such as:

- An accidental puncture by a sharp object contaminated with the pathogen.
- Open cuts or skin abrasions coming in contact with contaminated blood or body fluids
- Sexual contact
- Indirect transmission (a person touches dried or caked on blood and then touches the eyes, mouth, nose or an open cut) (HBV only)

There are also many ways that these diseases are not transmitted. For instance bloodborne pathogens are not transmitted by touching an infected person, through coughing or sneezing or by using the same equipment, materials, toilets, water fountains or showers as an infected person. It is important that people are educated as to which ways are viable means of transmission of these dangerous diseases, and which are not.

One can protect themselves from acquiring a bloodborne pathogen by using standard precautions. Standard precautions included: gloves, gowns, masks, proper hygiene and proper cleaning of spilled bodily fluids.

If one is exposed to a bodily fluid that is possibly infected here is what you should do:
• immediately wash the area with soap and water
• contact your preceptor to alert them of the incident
• be referred to either the Loras College Health Center during normal business hours or to the Convenient Care at Finley Hospital after normal business hours and on weekends.

I have read through this entire document, and the Loras College Health Center Blood Borne Pathogen Policy and fully understand the material about bloodborne pathogens.

________________________________________   _______________________________________
Date                                           Signature

________________________________________   _______________________________________
Date                                           Witness

Appendix E

Infectious Disease Training Form

Loras College Athletic Training Education Program
Infectious Disease Incident Protocol

Key goals to the handling of an infectious disease case within the Athletic Training Program (ATP):

6. To identify and provide care and treatment for athletic training students (ATS)
7. To prevent the spread of infection or illness to other ATS, preceptors, or athletes/patients.
8. To determine when it is safe for ATS to return to clinical rotations following an illness.

Index Case Suspected/Diagnosed

6. The Health Center identifies or is notified by a Preceptor or fellow student that an ATS might have an infectious disease. An ATS is to report any significant changes in their health status to their clinical instructor. Additionally, a Preceptor is expected to identify any major changes in the health status of the athletic training students assigned to work with them.
7. Upon knowledge of a possible infectious disease, the Preceptor will refer the ATS to the Loras College Health Center for evaluation. If it is outside of normal hours, the student will either be referred to a doctor or follow up with the Health Center the following morning.
8. If it is outside of normal hours and the ATS is suspected of having an infectious disease and they are not being directly referred to a doctor, the student will not stay at their clinical rotation if they have any of the following signs and/or symptoms: fever above 100 degrees, frequent coughing/sneezing, obvious infected skin lesion that cannot be covered, colored discharge from the eyes, nausea/vomiting or other common symptoms of an infection.
9. The Loras College Health Center will evaluate, treat and create a plan of care.
10. The student will be referred to a physician, if necessary. The student will be assisted in identifying local providers who are included in their medical insurance plan during the day and after hours, if the need arises.
11. The Loras College Health Center will stay in contact with the physician until the diagnosis is confirmed.
12. The Loras College Health Center will communicate any diagnosis and treatment plan to the Program Director (PD). This information will be passed along with consent from the ATS.

Return to Clinical Rotation:
1. Upon a diagnosis of a communicable infection, the ATS will follow the physician’s orders in returning to their clinical rotation. The Health Center or ATS will provide a note of clearance to the PD.
2. If the student is not diagnosed with a communicable infection, the ATS will be allowed to return to their clinical rotation immediately unless the above symptoms persist. The Health Center or ATS will provide a note of release to participate to the PD.

I have received and understand the infectious disease policy, and understand the infectious disease policy as outlined by the ATP and Loras College Student Health Center. I will follow the policy.

__________________________________  _______________________
Signature                                      Date

Appendix F

Loras College Master of Athletic Training Program Student Mandatory Reporting Acknowledgement Form

I acknowledge that I have received, read, and understand all information in the NATA Mandatory Reporting information. I understand it is my duty to report any suspected sexual
abuse or assault of a child or adult to the appropriate legal authority. I agree to abide by this requirement as a student in the Loras College Master of Athletic Training Program.

Signed  
Date

Witness  
Date

Appendix G
Loras College Master of Athletic Training Program Student Infraction Form

Student Name: ________________________________

Faculty/Preceptor/Administrator Name: ________________________________
Appendix H

NATA Code of Ethics

Preamble

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

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

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

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

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

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

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

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

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

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

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

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

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

3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

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

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

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

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

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

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

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

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

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

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

Reference:

https://www.nata.org/membership/about-membership/member-resources/code-of-ethics