ATHLETIC TRAINING PROGRAM

STUDENT HANDBOOK

Master of Science in Athletic Training

2020 - 2021
Table of Contents

I. Introduction
II. Mission Statement
III. Educational Objectives
IV. Department of Exercise Health and Sport Sciences
V. Athletic Training Program
VI. Athletic Training Personnel
VII. Clinical Education
VIII. Clinical Experience and Clinical Course Requirements
IX. Documenting Clinical Hours
X. Dress Code Policy
XI. Code of Conduct for the Athletic Training Student
XII. Communicable Disease Policy
XIII. Athletic Training Laboratory
XIV. Athletic Training Student Association
XV. Transfer Policy
XVI. Additional Resources

Appendices
I. INTRODUCTION

Welcome to the University of Southern Maine’s (USM) Commission on Accreditation of Athletic Training Education (CAATE) accredited Athletic Training Program (ATP). This handbook is designed to provide athletic training students (ATSs) with the policies, procedures, responsibilities, expectations, and guidance for professional conduct while at USM. In addition, academic progression and requirements to successfully complete the ATP are outlined. The ATS is responsible for completely learning and comprehending this manual and, upon receiving it, accepts full responsibility for adhering to all program requirements. Ultimately, this manual is intended to educate, guide, and protect the ATS and should be used as a reference.

II. MISSION STATEMENT

The mission of the University of Southern Maine’s Athletic Training Program is to deliver a comprehensive learning experience that will prepare students to excel as entry-level athletic trainers and productive professionals. The Athletic Training Program integrates a competency based educational model that emphasizes professionalism, community involvement, knowledge and skill acquisition, and workforce preparation. The program achieves this through a variety of teaching methods including high fidelity simulation, hands-on laboratory experiences, interprofessional activities, online and blended learning modalities. We assess student and program outcomes to track and inform programmatic change.

III. EDUCATIONAL OBJECTIVES

1. Students will be prepared for certification and transition into professional practice upon graduation.
   1.1. All students successfully completing the program will pass the BOC exam.
   1.2. Students will be gainfully employed or enrolled in an advanced academic program in athletic training or related field.
   1.3. Students will be prepared to integrate clinical reasoning and reflection into practice.

2. Students and faculty will be active and contributing members of their communities.
   2.1. Students and faculty will engage with the medical, athletic training and local communities.
   2.2. Students and faculty will contribute to their communities through service and scholarship.

3. The program will provide high quality athletic training education.
   3.1. Contemporary didactic and laboratory education will be delivered by qualified faculty.
   3.2. Clinical education will include diverse settings and experiences, supervised by trained preceptors with a variety of expertise.
   3.3. The program will include interprofessional practice and education that will focus on collaboration and improving health outcomes.

4. The program will cultivate professional behaviors and a culture of inquiry.
   4.1. The program will provide students with skills and foundational behaviors to successfully transition to practice.
   4.2. Students will exemplify life-long learning by engaging in ongoing education.
   4.3. Students will demonstrate ethical behavior
   4.4. Students will provide quality care to all patients

Revised 7/21
IV. DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES

The Department of Exercise, Health, and Sport Sciences (EHSS), housed in USM’s College of Science, Technology, and Health, offers degrees in athletic training, exercise science, therapeutic recreation and health sciences. These innovative programs offer students the opportunity to gain clinical experience while using the most advanced sports medicine equipment available. Upon completion of the curriculum, the athletic training program graduate will be eligible to challenge the Athletic Trainers’ Board of Certification (BOC) Inc., examination.

V. ATHLETIC TRAINING PROGRAM

The athletic training curriculum focuses on the care and well-being of the physically active individual. A Certified Athletic Trainer (AT) is educated in the prevention, recognition, evaluation, treatment, and rehabilitation of injuries that occur as a result of athletic participation and physical activity.

The ATS is a unique member of USM’s sports medicine team. As a result of the knowledge gained in the classroom and through practical experience, ATSs provide immediate and follow-up care to physically active individuals under the direct supervision of an AT. This care allows the injured individual to return to participation as soon as possible within the limits of the injury.

USM’s ATP offers appropriate academic course work to prepare the ATS to challenge the BOC examination. Academic courses are designed to challenge students in the traditional classroom and laboratory settings and help develop a solid theoretical knowledge base, critical thinking skills, and professional skills.

The academic curriculum prepares students to become athletic trainers and is designed to address the profession’s professional standards as described by the CAATE, the National Athletic Trainers’ Association (NATA), and BOC.

The ATS is expected to be familiar with the required academic courses and with the suggested sequencing of these courses. Academic advising further provides students direction with regard to selection and sequencing of courses and with retention, progression and graduation requirements. (Appendix N,O)
VI. ATHLETIC TRAINING PERSONNEL

USM’s ATP consists of numerous athletic training and medical personnel who contribute a variety of experiences and educational backgrounds to make a strong and dynamic ATP. Athletic training education and service personnel include the Athletic Training Program Director, Clinical Coordinator, EHSS faculty, Preceptors, Medical Director, Sports Medicine Physicians and Fellows, USM Student Health Services personnel, USM’s Head and Assistant Athletic Trainers and Athletic Training Students.

Athletic Training Program Director (ATP PD):
The ATP PD is a BOC certified, State of Maine licensed, AT and EHSS faculty member who oversees USM’s CAATE accredited ATP. The PD is responsible for all administrative aspects of the program, the recruitment, selection and retention of students, academic and career advising, teaching, scholarship, and curriculum development.

Clinical Education Coordinator (CEC):
The CEC is a BOC certified, State of Maine licensed, AT and EHSS faculty member who oversees all clinical components of USM’s ATP. This includes regularly communicating with Preceptors, students and faculty to ensure a positive clinical experience.

Preceptor
A Preceptor is a BOC certified, State of Maine licensed, AT, or other qualified state licensed health care professional who teaches, evaluates, and supervises ATSs during the student’s clinical experiences. A Preceptor provides formal instruction and evaluation of clinical education experiences.

Faculty:
Faculty members of the ATP are ATs and other health care and academic professionals who are responsible for providing classroom instruction, academic advising, and career counseling for ATSs. These faculty members, who maintain high standards both in and out of the classroom, provide students with opportunities to develop skills in the areas of strategizing, problem solving, communication, and documentation to incorporate into their professional education.

Head Athletic Trainer (HAT):
USM’s HAT, a BOC Certified, State of Maine licensed, AT is responsible for overseeing the care provided to USM’s student-athletes and serves as an on-site AT for home athletic events. The HAT is also a Preceptor who evaluates and monitors the clinical progress of ATSs assigned to him/her.

Assistant Athletic Trainers (AATs):
USM’s AATs are BOC Certified, State of Maine licensed, ATs who assist the HAT in providing care to USM’s student athletes. They also serve as Preceptors for students enrolled in the ATP. The AATs evaluate and monitor the clinical progress of the ATSs assigned to him/her.

Medical Director:
USM’s Medical Director is a Medical Doctor (MD) who provides medical oversight for the ATP. The Medical Director acts as a resource and expert for the medical content of the ATP in both formal classroom and supervised clinical experiences.

Sports Medicine Physicians and Fellows:
Sports medicine physicians and fellows are MDs and Doctors of Osteopathic Medicine who provide medical care for USM’s student-athletes. These physicians also provide educational opportunities to the ATSs through their evaluations of USM student-athletes in the clinical portion of the ATP and as guest lecturers in the didactic portion of the curriculum.
University of Southern Maine’s Health and Counseling Services (UHCS):
UHCS’s personnel, which include Registered Nurses and Nurse Practitioners, along with the sports medicine physicians, assist in providing pre-participation examinations for all student athletes. UHCS also serves as a referral link for non-athletic injuries or illnesses, counseling and management for eating disorders, and consultations for any other general medical conditions that the HAT and/or AATs deem appropriate. Registered Nurses and Nurse Practitioners also serve as preceptors when ATSs complete a clinical rotation through UHCS.

Athletic Training Students:
ATSs are formally enrolled and declared majors in USM’s ATP. These students are held to the highest academic and professional standards. They are expected to follow the standards of the NATA, USM’s ATP and those set forth by program’s clinical affiliations. Each student is responsible for meeting and maintaining the retention and progression requirements of the ATP. ATSs are encouraged to maintain their own records in this regard. ATSs are expected to strive for and maintain excellence in the classroom, clinical, and professional settings.

VII. CLINICAL EDUCATION

CAATE accreditation standards require that the clinical part of the ATP occur across a minimum of two continuous academic years and provide a logical progression of increasingly complex and autonomous patient-care and experiences. At USM, this experience includes the completion 6 athletic training clinical courses (ATH 571, ATH572, ATH573, ATH674, ATH675, ATH676) and 2 clinical education courses (ATH503 and ATH673). Among your clinical experiences 1 will be considered immersive, allowing you to experience the totality of athletic training practice (ATH674). Supervision of the clinical experience is defined as daily personal/verbal contact at the site of supervision between the ATS and the Preceptor. The preceptor plans, directs, advises, and evaluates the student’s athletic training experience and must be physically present in order to intervene on behalf of the patient. Furthermore, completion of proficiencies in the clinical setting must occur in a one-on-one fashion between the ATS and preceptor.

To assure compliance with CAATE’s spirit of directed supervision, the following on-campus areas are considered separate venues with regard to directed supervision:

1. Main floor of Hill Gymnasium and the Athletic Training Facility
2. Wrestling Room
3. Field House
4. Ice Arena
5. All weather turf field (soccer, field hockey, lacrosse)
6. Baseball and Softball Fields
7. Paula Hougum (Bailey Hall) Field
8. Gorham High School Track and Field, and Tennis Courts
9. Athletic Training Laboratory
10. USM Gorham Fitness Center
11. USM Health and Counseling Services

USM’s MS in AT Program requires the completion of 13 credit hours of athletic training clinical education.
USM ATSs obtain clinical hours in multiple settings. These include: 1) USM’s athletic training facilities, 2) high schools, 3) college/university, 4) UHCS, 5) other health care service venues, 6) simulation laboratories and spaces. Upon graduation, each student will have gained clinical education experiences with individual and team sports, sports requiring protective equipment, patients of different genders, non-sport patient populations, and general medical conditions.

**Sequencing of clinical rotations:**

<table>
<thead>
<tr>
<th>Clinical Rotation</th>
<th>Code</th>
<th>Sequence</th>
<th>Duration</th>
<th>Hours</th>
<th>Clinical Focus</th>
<th>Autonomous Skills &amp; Abilities (note, skills are in addition to those previously listed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Simulation</td>
<td>ATH503</td>
<td>Year 1, Summer Session 2</td>
<td>1 week</td>
<td>30-40</td>
<td>Acute Care</td>
<td>PPE, CPR/AED &amp; First Aid, Professional Communication &amp; Behaviors</td>
</tr>
<tr>
<td>Clinical 1</td>
<td>ATH571</td>
<td>Year 1, Fall</td>
<td>7 weeks (Oct-Dec)</td>
<td>60-75</td>
<td>Acute Care and Prevention</td>
<td>Injury prevention using taping and bracing techniques, basic facility maintenance, acute care of injuries and illness.</td>
</tr>
<tr>
<td>Clinical 2</td>
<td>ATH572</td>
<td>Year 1, Spring</td>
<td>15 weeks</td>
<td>120-150</td>
<td>Patient wellness and human performance</td>
<td>Injury prevention using taping and bracing techniques, basic facility maintenance, acute care of injuries and illness.</td>
</tr>
<tr>
<td>Clinical 3</td>
<td>ATH573</td>
<td>Year 1, Summer Session 1</td>
<td>7 weeks</td>
<td>60-75</td>
<td>Assessment, diagnosis, and treatment</td>
<td>Educate healthy patients/clients about exercises associated with human performance and personal wellness.</td>
</tr>
<tr>
<td>Clinical Education</td>
<td>ATH673</td>
<td>Year 1, summer session 1</td>
<td>1 week</td>
<td>30-40</td>
<td>General Medical</td>
<td></td>
</tr>
<tr>
<td>Year 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical 4</td>
<td>ATH674</td>
<td>Year 2, summer session 2</td>
<td>4 weeks</td>
<td>120-160</td>
<td>Pre-participation screenings, environmental considerations, and assessment, diagnosis and care.</td>
<td>Complete a basic medical evaluation by taking a patient history, collecting objective findings (ie function, ROM, girth measurements, joint play, and special tests), identify key differential diagnoses.</td>
</tr>
<tr>
<td>Clinical 5</td>
<td>ATH675</td>
<td>Year 2, fall</td>
<td>14 weeks</td>
<td>120-150</td>
<td>Therapeutic Interventions</td>
<td>Conduct a comprehensive injury</td>
</tr>
<tr>
<td>Clinical 6</td>
<td>ATH676</td>
<td>Year 2, spring</td>
<td>14 weeks</td>
<td>180–225</td>
<td>Health care administration, health promotion, and the holistic integration of all athletic training knowledge and skills</td>
<td>Integrate contemporary therapeutic interventions (modalities, exercise, and manual therapy) to improve patient outcomes.</td>
</tr>
</tbody>
</table>

**Clinical Simulation Policy: Please see Clinical Simulation Manual**

**VIII. CLINICAL EXPERIENCE AND CLINICAL COURSE REQUIREMENTS**

A. Clinical Experience Requirements and Student Responsibilities

1. Meet all Clinical Education Requirements. *(Appendix K)*

2. Assigned to a preceptor based on the student’s previous clinical assignments and experiences needed for graduation (ie clinical practice opportunities with patients throughout the lifespan, of different sexes, different socioeconomic statuses, varying levels of activity and athletic ability, and non-sport activities).

3. Works with the preceptor to create a schedule in advance of beginning a clinical experience.

4. Evaluated by a preceptor after one (1) month and at the end of the semester.

5. One week prior to the end of the clinical experience, the ATS evaluates the preceptor, the clinical experience/site, and performs a self-evaluation.

6. Assures correspondence to the preceptor through proper documentation when schedule changes are proposed due to unplanned events. The student should notify the CEC of any major changes to the schedule that may impact the student’s ability to complete the clinical requirements.

7. Reports to CEC any request to travel to away athletic contests with the preceptor *(Appendix M)*. The preceptor reserves the exclusive right in permitting ATS travel. Throughout the entire clinical course sequence, the ATS will document at least 2 travel experiences.
8. Completes CARE Forms weekly to document patient encounters. Students should meet with Preceptors within 1 week of completing the CARE Form to debrief the experience.

9. Does not perform psychomotor skills on a patient until didactic information on that skill is completed in class and the student’s ability to perform the skill is evaluated and determined to be safe and proficient.

10. Students must have a minimum of 1 day off from their clinical rotation in every seven-day period.

B. Clinical Course Requirements

1. All Athletic Training Clinical Courses are graded as percentages assigned to a letter grade. A full description of the USM’s letter grading policy can be found in the University catalog. A detailed description of course requirements may be found in the corresponding course syllabi.

2. To meet minimum course requirements, the ATS:
   
   i. Completes an average of 8-12 hours/week for Clinical 1, 2 & 3 and 15-20 hours/week for Clinical 5. Clinical 4 and 6 are considered immersive, therefore students should be present to experience the totality of athletic training practice.
   
   ii. Demonstrate appropriate professional behaviors related to communication, patient respect and confidentiality, legal practice, professional relationships, integrity, and site specific guidelines (ie dress code, punctuality, behaviors, etc…).
   
   iii. Meets passing criteria of all assigned proficiencies and any other course assignments as determined by the clinical course instructor.

C. Conflict of Interest

1. A students will not normally be placed in a clinical setting where a conflict exists, such as:
   
   i. High school or college the student previously attended
   
   ii. Agency the student was a patient
   
   iii. Preceptor with which the student has a former relationship
   
   iv. Preceptor with which the student is related to
   
   v. Any other situation the ATP faculty deems a potential conflict of interest

IX. DOCUMENTING CLINICAL HOURS

1. ATSs document daily completion of hours on using Typhon.

2. When recording hours, the ATS notes the date, site and/or team, sub-total and total hours (1/4 hour increments), and the nature of the experience (ie Individual Sport, Team Sport, Protective Equipment, Female, Male, Non-Sport Patients, General Medical).

3. ATSs are permitted to document only those hours directly supervised by a preceptor and only those clinical hours completed at the assigned clinical site unless alternative clinical experiences have been approved by the CEC. When an ATS is uncertain as to whether particular clinical experience hours are acceptable, he/she should present questions to the supervising preceptor and/or the CEC prior to completing those hours. At no time should an
ATS be used in place of a staff member when providing athletic training services to a patient population.

X. DRESS CODE POLICY

A. Casual-professional attire is required during ATP clinical assignments such as practices or events, games or contests, and any other Preceptor sponsored activity. Examples of appropriate apparel include:

- Polo or collared button shirts, blouses, and sweaters
- Slacks, pants, or shorts in solid colors or patterns
- Clean shoes or sneakers

B. It is appropriate to dress according to the weather to protect yourself from the sun, cold temperature, wind, and moisture. Additionally, note the physical nature of athletic training, such as kneeling, reaching, lifting, or running. These acts can be made even more difficult by wearing apparel that is too tight, restrictive, or inappropriately sized.

Certain clothing and styles are not acceptable during clinical assignments or any other clinical experience. **Prohibited** clothing items include and are not limited to:

- Denim jeans
- T-shirts that were not issued and approved by the host clinical site
- Cropped or halter tops
- Open-toe shoes, sandals, or clogs
- Clothing that is unusually worn, tattered, torn, or stained
- Sweat pants, stretch pants, or workout/exercise clothing
- Articles which display or promote illegal acts, tobacco, cannabis, and alcohol products, and profane language or symbols

**Prohibited** styles include and are not limited to:

- Un-tucked shirt tails
- bare midriffs
- baseball caps inside buildings
- baggy pants or shorts worn below waist-line
- exposure of undergarments

C. Inappropriate apparel (as defined above) worn during clinical assignments will be addressed in the following manner by the Preceptor or CEC:

- The student will be asked to leave
- The student may return properly dressed
- The infraction can and will affect course performance as an **unexcused absence** or **unexcused tardiness**

D. Additional dress code policies may be enforced at different clinical sites. Meet with your supervising Preceptor to determine if any other attire is required at that site.

XI. CODE OF CONDUCT FOR THE ATHLETIC TRAINING STUDENT

1. Act in a responsible, ethical and professional manner.
2. Remain objective and non-discriminatory in your treatment of patients.
3. Resolve problems and conflicts and bring them to the attention of a Preceptor as soon as possible.
4. Maintain a growth mindset.

The ATS will read, become familiar with, and follow the NATA Code of Ethics
https://www.nata.org/about/code-of-ethics

As students preparing to enter this profession, you are strongly encouraged to become a student member of the NATA. Membership benefits include a subscription to the Journal of Athletic Training, reduced registration fees for national and district symposia, eligibility for scholarships, and other direct benefits.
XII. COMMUNICABLE DISEASE POLICY

As a program in an allied health care profession, transmission of communicable disease is of great concern. In order to address this concern, the policy of USM’s Athletic Training Program is as follows:

ILLNESS

Athletic Training Students (ATSs) should report personal illness that might place those they work with at risk of infection to their supervising preceptor and USM’s Athletic Training Clinical Education Coordinator. An ATS should be examined by a health care professional at USM’s Student Health Services or their primary care physician if there is any question about the illness.

An ATS that is ill and has communicated this to his/her preceptor prior to the assigned clinical experience should stay home. This will be considered an excused absence and have no effect on the student’s final clinical evaluation or grade for a clinical course.

COVID-19

Students returning to USM for class or engaging in clinical education must conduct symptom monitoring every day before reporting to campus or your clinical site. You must be free of any symptoms potentially related to Covid-19 to attend in-person class, lab or clinical. The presence of one/more of these symptoms is not definitely indicative of Covid-19 infection, and symptom profiles may shift as we learn more about the virus.

What to do if you present with symptoms related to COVID-19:

If you are already home:
- Stay home
- Contact your health care provider.
- Notify Noel Neptune and your preceptor via email about your illness and absence.

If you develop symptoms while in-class or at clinical:
- Alert your instructor or preceptor immediately.
- As you depart, be sure to practice exposure safety precautions including handwashing, face covering and physical distancing. Do not make any stops on your way home.
- Contact your health care provider and follow USM guidance on Covid-19.

Do not return to class or clinical unless you:
1. Have been Covid-19 tested showing no infection
2. Followed all other medical provider guidance
3. Alerted Noel Neptune that you are cleared by a medical professional to return

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:
- Cough
- Shortness of breath or difficulty breathing
- Fever or chills
- Muscle or body aches
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Sore throat
- Nausea or vomiting

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.
INJURY and EXPOSURE TO BLOOD AND OTHER BODILY FLUIDS

During clinical experience assignments, an ATS may be exposed in situations of inherent injury, blood and body fluid exposure. There are standard operating procedures, definitions of accident and exposure, and incident reports that an ATS and preceptor are expected to follow if such an accident occurs.

1. Universal Blood and Body Fluid Precautions as set forth by the Centers for Disease Control are to be adhered to in all clinical courses and students are required to follow USM’s Blood Borne Pathogen Exposure Control Program at all times.

2. Students are required to have the Hepatitis B vaccine series, or have signed the Hepatitis B Declination Form, as follows:

   a. Present documentation of receiving the first two of three required Hepatitis B immunization injections prior to enrolling in SPM 210. If the student chooses not to be Hepatitis B immunized, he or she must read, complete, and sign the form entitled “Hepatitis B Vaccine Declination Assumption of Risk and Release”.

   b. Present documentation of receiving the third injection of the Hepatitis B Immunization series prior to enrollment in SPM 370.

3. If a student is exposed to blood or other bodily fluids through a needle stick, cut, splash to the eyes or mouth or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood, and/or if a student sustains a bodily injury, the following actions are to be taken:

   1. In the case of blood or other bodily fluid, the student should immediately clean the site (e.g., wash injured skin – needle stick or cut with soap and water; flush splashes to the nose, mouth, or skin with water; irrigating eyes with clean water, saline or sterile irrigant).

   2. The student should immediately notify the Preceptor and Clinical Education Coordinator about the incident. The Clinical Education Coordinator should notify the Athletic Training Program Director.

   3. In the case of blood or other bodily fluid, the student and Clinical Education Coordinator should contact the source person (per agency policy), if known, to determine his/her willingness to release medical information and/or undergo applicable testing (e.g., hepatitis B, hepatitis C, HIV antibodies). If the source person is willing to do either or both of the above the student should write down the person’s name, phone number, and health care provider’s name. The student should notify his/her health care provider that he/she has source person contact information. The student’s health care provider may elect to follow-up with the source person and/or his/her health care provider. If the source person can be accessed at a later time the student should go immediately for initial testing, counseling around treatment, and treatment (see step 3).

   4. In the case of blood or other bodily fluid, initial testing, counseling around treatment, and treatment may be available at the clinical agency, if applicable. If initial testing, counseling round treatment, and treatment are not available at the clinical agency the student should go immediately to an emergency room. The student should not delay getting initial testing, counseling around treatment, and treatment.

   5. After initial testing, counseling around treatment, and treatment in cases of blood or other bodily fluid, and in cases of bodily injury, the Clinical Education Coordinator works with the student to
complete the UMS Incident Report Form, the USM Bloodborne Pathogen Incident Form, and any additional required forms for the clinical agency, if applicable.

6. The Clinical Education Coordinator notifies the clinical agency, if applicable, and follows their policies/procedures.

7. After the initial testing, counseling around treatment in the case of blood and bodily fluids, and in cases of bodily injury, the student can elect to follow-up with a health care provider of their choice.

8. In cases of blood and bodily fluid, the involved faculty provides student with CDC hotline (1-800-232-4636) or http://www.cdc.gov/netinfo.htm for the most up-to-date information on testing and follow-up. The faculty should strongly encourage the student to call the hotline. Additional resources are identified in note 7 below. The Athletic Training Program Director, Clinical Coordinator, and the USM Director of Environmental Health and Safety will treat student exposure with utmost confidentiality.

Notes:
1. Student and/or his/her health care insurer (as allowed for under benefit package) are responsible for costs associated with testing, treatment and follow-up.
2. USM University Health Services is not able to do testing and follow-up at this time.
3. The USM form is forwarded to the Director of Environmental Health and Safety solely for USM tracking purposes.
4. If unable to reach the Athletic Training Program Director or Clinical Education Coordinator, notify the Chair of the Department of Exercise, Health and Sport Sciences.
5. If the student is covered by USM’s student health insurer, he/she must contact USM University Health Services Director for an automatic referral.
6. The University’s health insurance policy regarding confidentiality may be found both in the Claims Appeal Process section of the student brochure or at www.crossagency.com. Medical information is not released to any entity other than the one involved in the process of adjudicating a specific claim. State law prevents any health insurance carrier from discriminating in the acceptance of an applicant if they have been previously insured elsewhere.
7. Hepatitis B virus and hepatitis C virus: 1-888-443-7232 or visit CDC hepatitis website www.cdc.gov/ncidod/diseases/hepatitis/index.htm. The HIV/AIDS Treatment Information Service (1-800-448-0440) can be contacted for information on the clinical treatment of HIV/AIDS. For free copies of printed material on HIV infection and AIDS, please call or write the CDC National Prevention information Network, PO Box 6003, Rockville, MD 20849-6003, 1-800-458-5231. www.cdcnpin.org. Additional information about occupational exposures to bloodborne pathogens is available on the CDC’s National Institute of Occupational Safety and Health’s web site at http://www.cdc.gov/hai/ or call 1-800-232-4636. The National Clinicians Post Exposure Prophylaxis Hotline (PEPline) is 1-888-448-4911.

I certify that I have read and understand the Communicable Disease Policy.

___________________________________________
Signature of Student

___________________________________________
Date
XIII. ATHLETIC TRAINING LABORATORY

The Athletic Training Laboratory (ATL), located on the first floor of Hill Gymnasium, is the primary classroom/laboratory space for the curriculum. Thus, the majority of courses offered in the major use the ATL for educational purposes. This is our facility; no one else has more invested in this facility than the AT faculty and ATSs. Thus, please observe the following when using the ATL:

1. No food or drink in the laboratory.
2. No shoes on tables.
3. Use the provided blotters when using tables to take notes as doing so helps prevent stray pen from appearing on table tops. Return blotters to storage following class.
4. Retrieve folding chairs from storage prior to class and return chairs to storage after class.
5. Following use, clean the entire facility. This includes, but is not limited to, wiping down table tops, assuring floor is clean of debris, and equipment is properly stored.

XIV. ATHLETIC TRAINING STUDENT ASSOCIATION

The Athletic Training Student Association (ATSA) is your association. Through fund raising efforts, educational programing, and social outings, membership in this association benefits the entire Athletic Training Program as well as yourself. Thus, you are encouraged to become, and stay, an active member of the ATSA throughout your undergraduate experience.

XV. TRANSFER POLICY

Students interested in transferring into the ATP may refer to the Transfer Students page on the Office of Admission website, http://www.usm.maine.edu/admission, or to the most recent Undergraduate Catalog at http://www.usm.maine.edu/catalogs.

XVI. ADDITIONAL RESOURCES

Refer to the following web resources for more information about the Athletic Training profession, the academic preparation of Athletic Trainers, or the process of becoming a Certified Athletic Trainer.

| National Athletic Trainers’ Association | www.nata.org |
| Commission on Accreditation of Athletic Training Education | www.CAATE.net |
| Board of Certification | www.bocatc.org |
| Eastern Athletic Trainers’ Association | www.goeata.org |
| Maine Athletic Trainers’ Association | www.gomata.org |
### APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Receipt of Athletic Training Student Handbook</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Technical Standards</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Hepatitis B Vaccine Declination Assumption of Risk and Release</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Clinical Experience Schedule</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Orientation Meeting</td>
</tr>
<tr>
<td>Appendix F</td>
<td>AT Professional Behaviors Form</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Smart Goals</td>
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<tr>
<td>Appendix H</td>
<td>CARE Forms</td>
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<td>Appendix I</td>
<td>Professional Engagement Units</td>
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<td>Appendix J</td>
<td>Preceptor Evaluation by Student</td>
</tr>
<tr>
<td>Appendix K</td>
<td>Clinical Site Evaluation by Student</td>
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<td>Appendix L</td>
<td>Athletic Training Student Self Evaluation</td>
</tr>
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<td>Appendix M</td>
<td>Confidentiality Agreement</td>
</tr>
<tr>
<td>Appendix N</td>
<td>Clinical Education Progression Requirements</td>
</tr>
<tr>
<td>Appendix O</td>
<td>Curricula Course Sequence</td>
</tr>
<tr>
<td>Appendix P</td>
<td>Athletic Training Student Travel Form</td>
</tr>
</tbody>
</table>
I, _______________________________, have reviewed a copy of the Athletic Training Student Handbook in SPM 210. I agree to read and follow all policies and procedures outlined within it. Furthermore, I understand that this handbook is a working document, meaning it is continually revised and upgraded. When revisions are made, I understand that new editions will be posted on the EHSS web page and the ATP Brightspace site, and that I am responsible for staying abreast of these revisions. Indeed, it is my responsibility to read, understand, and comply with all aspects of the Athletic Training Student Handbook, and I take full responsibility for requirements set forth in it.

Please check one of the following:

____ Initial Receipt/access of handbook

____ Supplemental Copy of handbook Changes

Student’s Signature: _______________________________ Date Received: _____

Revised 7/21
APPENDIX B

UNIVERSITY OF SOUTHERN MAINE

TECHNICAL STANDARDS FOR THE ATHLETIC TRAINING PROGRAM

The Athletic Training Program at The University of Southern Maine is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential elements necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program’s accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Program. Candidates for selection to the athletic training program will be required to verify they understand the standards and, with or without reasonable accommodations, can meet the standards. For information regarding the University’s policy for accommodating students with disabilities contact the Disability Services Center at 780-4706.

Compliance with the programs technical standards does not guarantee a students’ eligibility for the Board of Certification (BOC) certification exam.

To meet the program’s Technical Standards, Athletic Training majors must demonstrate:

1. The ability to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgements and to be able to distinguish deviations from the norm.
2. The ability to perform appropriate, effective and complete physical examinations and treatments, including the safe use of equipment and materials; this includes, but is not limited to, the ability to convey and set-up equipment for clinical or on-field use, to reach in a timely fashion injured patients who are down on athletic fields, to assess their condition where they lie, to perform appropriate emergency procedures, to fully participate in patient extrication and transport, to perform appropriate therapeutic and prophylactic procedures, and to demonstrate rehabilitative exercises.
3. The ability to record the physical examination results and a treatment plan clearly and accurately.
4. The ability to maintain composure and continue to function well during periods of high stress.
5. The perseverance, diligence and commitment to complete the athletic training program as outlined and sequenced.
6. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
7. The ability to develop professional values, ethics, skills and appropriate demeanor and rapport that are essential for professional education and quality patient care.

A student who is admitted to the major but unable to fulfill these technical standards, with or without reasonable accommodation, may not be able to complete the major.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I can meet each of these standards, with or without reasonable accommodation. I understand that if I am unable to meet these standards I may not be able to complete the major.

_____________________________   ________
Signature of Major               Printed Name               Date

Revised 8/20
APPENDIX C

HEPATITIS B VACCINE DECLINATION
ASSUMPTION OF RISK AND RELEASE

I, ________________________________________, a student enrolled in the Athletic Training Program at the University of Southern Maine (a campus of the University of Maine System) (“University”), Acknowledge, declare and agree as follows:

- I am over the age of eighteen (18) years, or if not, I have parental consent as evidenced by signature below.

- I understand that due to my exposure to blood or other potentially infectious materials as a result of my study of Athletic Training at the University of Southern Maine, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

- Therefore, I do for myself, my heirs and personal representatives, defend, hold harmless, indemnify, and release the University, and all of its officers, agents, and employees from and against all claims, demands, actions, or causes of actions resulting from the contraction of hepatitis which may result from my participation in the Athletic Training Major.

- This assumption of Risk and Release shall remain in effect from the date hereof and every day thereafter that I participate in the Athletic Training Major.

____________________________________________________  ______________________
Date                   Signature

____________________________________________________  ______________________
Date                   Co-signature of parent or guardian if student is under 18 years of age
APPENDIX D

Clinical Experience Schedule

<table>
<thead>
<tr>
<th>Name:</th>
<th>Preceptor:</th>
<th>Site:</th>
<th>Semester:</th>
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<tbody>
<tr>
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<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<td>11:00</td>
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<td>12:00</td>
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<td>1:00</td>
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<td>2:00</td>
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<td>5:00</td>
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<td>6:00</td>
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</tbody>
</table>

Notes:
APPENDIX E

ORIENTATION MEETING

The purpose of this form is to guide the orientation meeting between the preceptor and student. This meeting is an opportunity for both the preceptor and student to communicate their expectations and preferences for the clinical rotation.

Orientation Check-List

1. _______ Reviewed SMART Goals for the clinical experience.
2. _______ Discussed the attendance, attire, and conduct expectations of the student.
3. _______ Discussed preferred methods of communication during clinical experiences and mechanisms to contact one another outside of scheduled clinical hours.
4. _______ Established a schedule and expectations regarding communication for a schedule change.
5. _______ Reviewed the focus of the clinical experience, previous coursework, entrustable skills, and clinical assessment tools (CARE form & AT Professional Behaviors).
6. _______ Discussed preferred teaching, learning and mentoring styles.

7. _______ Oriented the student to your site specific Emergency Action Plan (where it is located as well as implementation procedures)
8. _______ Oriented the student to patient privacy, confidentiality and documentation policies and procedures.
9. _______ Review the communicable and infectious disease policy and discuss the process for communication if someone falls ill.
10. _______ Discussed standard OSHA rules and regulations including standards for hand-washing and sanitizing. Orientated student to hand washing and sanitizing stations and to bio-hazardous waste disposable sites.
11. _______ Oriented student to where blood-borne pathogen policies are posted.
12. _______ Discussed wearing name tags or student identification badge to differentiate students from a practitioner.
13. _______ Introduced the student to appropriate people including the AD, coaches, athletes, etc.
14. _______ Oriented the student to your Athletic Training Facility, and campus.

Preceptor Signature ___________________________ _________ Date

______________________________
Preceptor Name (Print) ______________

______________________________ __________________________
Student signature Date

______________________________
Student Name (Print) __________________

Appendix F
AT Professional Behaviors Form  
Core Competency Assessment

The purpose of this assessment tool is for the preceptor to evaluate the athletic training core competencies and professional behaviors of the student during the clinical experience. This tool is intended to stimulate conversation between the preceptor and student. At minimum, this form should be reviewed during the orientation meeting and completed 1 month into the clinical experience and as a final assessment.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>EL</th>
<th>P</th>
<th>E</th>
<th>R</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Advocates for the health needs of their patients.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>Delivers culturally competent care.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Incorporates patient education and self-care programs to engage patients, families and/or friends to participate in their care and recovery.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Communicates effectively and professionally with patients, families, coaches, administrators, other health care professionals and community members.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>5</td>
<td>Uses the ICF as a framework for delivery of patient care and communication.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>6</td>
<td>Practices in collaboration with other health care and wellness professionals.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>7</td>
<td>Provides athletic training services in a manner that uses evidence to inform practice.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>8</td>
<td>Uses systems of quality assurance and quality improvement to enhance patient care.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>9</td>
<td>Applies contemporary principles and practices from health informatics to the administration and delivery of patient care as used at the clinical site.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>10</td>
<td>Practices in a manner that is congruent with the ethical standards of the profession.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>11</td>
<td>Practices health care in a manner that is compliant with the BOC Standards of Professional Practice, USM Program Policies, Clinical Site Policies, and local, state and federal laws and regulations.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
<tr>
<td>12</td>
<td>Advocates for the profession.</td>
<td>EL</td>
<td>P</td>
<td>E</td>
<td>R</td>
<td>NA</td>
</tr>
</tbody>
</table>

Key: EL= Entry Level  P= Proficient  E= Emerging  R= Remedial  NA= Not Applicable
The student:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>13</td>
<td>Is punctual, timely and adheres to preset schedule.</td>
<td>A</td>
<td>O</td>
<td>S</td>
</tr>
<tr>
<td>14</td>
<td>Demonstrates respect towards others.</td>
<td>A</td>
<td>O</td>
<td>S</td>
</tr>
<tr>
<td>15</td>
<td>Establishes professional relationships.</td>
<td>A</td>
<td>O</td>
<td>S</td>
</tr>
<tr>
<td>16</td>
<td>Is aware of and practices within their clinical abilities</td>
<td>A</td>
<td>O</td>
<td>S</td>
</tr>
<tr>
<td>17</td>
<td>Asks thoughtful and pertinent questions at appropriate times.</td>
<td>A</td>
<td>O</td>
<td>S</td>
</tr>
<tr>
<td>18</td>
<td>Presents themselves in a professional manner.</td>
<td>A</td>
<td>O</td>
<td>S</td>
</tr>
<tr>
<td>19</td>
<td>Utilizes active listening skills.</td>
<td>A</td>
<td>O</td>
<td>S</td>
</tr>
<tr>
<td>20</td>
<td>Has a growth mindset</td>
<td>A</td>
<td>O</td>
<td>S</td>
</tr>
</tbody>
</table>

Key:  A= Always  O= Often  S= Sometimes  N= Never

What are 3 strengths has the student displayed?

What skills should the student focus on improving?

What are 3 suggestions you have for this student to support future employment?

At this time, would you be willing to serve as a professional recommendation for this student? Why or why not?
Using the guidelines below, identify and explain 3 goals you have set for the semester related to your clinical education. You will discuss your goals with your preceptor during your initial orientation, at the 1 month meeting and at the final meeting. You should also plan to track your progress throughout the course of the semester to aid in your final reflection.

SMART is an acronym to help you set meaningful goals. It stands for:
S – specific: goals should be very clear, very concrete. There should be no confusion about what the outcome of the goal is.
M – measureable: goals should have objective criteria by which you will determine if they have been met.
A – attainable: your goal should be something you can complete by the end of the semester and should fall within your educational scope. You should also be sure that you can achieve your goals with the resources that are available to you.
R – relevant: goals should be related to the focus of the clinical rotation and be meaningful to you.
T – timeframe: goals should have a deadline attached to them. Make at least 1 short term (1 month) and 1 long term (semester end) goal.

**SMART Goals**
To be reviewed at orientation

1. **SMART 1 Goal:**
   a. What is your plan to achieve this goal?
      i. What PEU opportunities may support this goal?
   b. Who will be part of your support team?
   c. What barriers do you foresee?
   d. What resources do you have?
   e. Why is this goal important to you?

2. **SMART 2 Goal:**
   a. What is your plan to achieve this goal?
      i. What PEU opportunities may support this goal?
   b. Who will be part of your support team?
   c. What barriers do you foresee?
   d. What resources do you have?
   e. Why is this goal important to you?

3. **SMART 3 Goal:**
   a. What is your plan to achieve this goal?
      i. What PEU opportunities may support this goal?
   b. Who will be part of your support team?
   c. What barriers do you foresee?
   d. What resources do you have?
   e. Why is this goal important to you?
SMART Goal Reflection 1
To be completed and discussed at midterm

Before you meet with your preceptor, think about your progress towards meeting your SMART Goals. For each of your 3 goals use the following prompts to write a brief summary of your experience.

1. SMART Goal 1 Reflection (select: Still working towards my goal Goal achieved)
   a. Type and attach a brief reflection to share with your preceptor using the prompts above.

2. SMART Goal 2 Reflection (select: Still working towards my goal Goal achieved)
   a. Type and attach a brief reflection to share with your preceptor using the prompts above.

3. SMART Goal 3 Reflection (select: Still working towards my goal Goal achieved)
   a. Type and attach a brief reflection to share with your preceptor using the prompts above.
Final Reflection
To be completed and discussed at the final meeting

The purpose of this assignment is to write a final reflection about your clinical experience. Use the following outline to guide you:

1. Revisit your SMART Goals, for each goal describe your journey towards achieving the goal.
2. Describe the PEU’s you completed and how they impacted your professional growth.
3. How did you develop or change as a clinician during this clinical experience?
4. What are some goals you may have for your next clinical experience? (If you are graduating, what are your first professional goals?)
**APPENDIX H**

**CARE Forms**

Use the fillable Care Form on Bright Space associated with your specific clinical rotation. You will complete at least 1 CARE Form each week to document a patient encounter.

**CARE form terminology and definitions**

<table>
<thead>
<tr>
<th>Roles &amp; Responsibilities</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observer</strong></td>
<td>Watched athletic training duties provided by a clinician or another student</td>
</tr>
<tr>
<td><strong>Technician</strong></td>
<td>Participated in athletic training duties by following specific directives provided by another clinician/student</td>
</tr>
<tr>
<td><strong>Basic decision maker</strong></td>
<td>Provided athletic training duties with minimal preceptor supervision and guidance.</td>
</tr>
<tr>
<td><strong>Advanced decision maker</strong></td>
<td>Provided athletic training duties independently, but with supervision.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Assessment</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td>Care is not intended to and does not create further injury or harm.</td>
</tr>
<tr>
<td><strong>Timely</strong></td>
<td>Reduce any delays to care that could be harmful (e.g. physically, emotionally), or we reduce any wasted time for patients &amp; providers (e.g. time in the waiting room)</td>
</tr>
<tr>
<td><strong>Effective</strong></td>
<td>Follows best practices and evidence, as well as refraining from providing services that lack evidence. Also overuse or misuse of resources</td>
</tr>
<tr>
<td><strong>Efficient</strong></td>
<td>Maximize resource utilization like equipment, supplies, and energy; or do not waste resources.</td>
</tr>
<tr>
<td><strong>Equitable</strong></td>
<td>High-quality care is provided to all patients regardless of patient characteristics or background (e.g. race, ethnicity, gender, socioeconomics, religion, orientation)</td>
</tr>
<tr>
<td><strong>Patient-Centered Care</strong></td>
<td>Provides care that considers patient preferences and values</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Safety</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human factors</strong></td>
<td>Decisions made or actions performed by the clinicians: mistakes (i.e. conscious incorrect decisions) and slips (i.e. accidental or unconscious incorrect decisions) that may be related to being tired or distracted, job dissatisfaction, or being a new professional</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td>System or organizational factors (e.g. long shifts and/or weekends, evenings and on-call hours, high patient volumes, and a lack of supervision or mentorship)</td>
</tr>
<tr>
<td><strong>Medication/Intervention</strong></td>
<td>The errors can be committed by the provider (e.g. wrong medication, person, route of administration, dosage, or timing) or facility management (e.g. administering versus dispensing); lack of conservative prescribing (i.e. limiting drug intervention); patient non-compliance. Interventions, (e.g. machine or equipment-based) if machine/equipment is improperly applied or used, a patient self-treats, or if the treatment is not indicated or evidence-based</td>
</tr>
<tr>
<td><strong>Diagnostic</strong></td>
<td>Refers to the cognitive biases and thinking shortcuts (or heuristics) leading to missed or incorrect diagnoses. Common examples include: anchoring (i.e. focus on most noticeable features only), affective (i.e. personal feelings effect judgement), availability (i.e. recall &amp; apply things most recently seen, or conditions that made an impression), context errors (i.e. misinterpret information), premature closure (i.e. accept the first answer that explains facts)</td>
</tr>
<tr>
<td><strong>Communication &amp; Documentation</strong></td>
<td>Lack of (verbal or written) information shared between providers that is critical for continuity of care, effective and efficient care plans and referrals, and a formal record of the patient case (e.g. for communication, but also legal purposes).</td>
</tr>
<tr>
<td><strong>Teamwork</strong></td>
<td>Not having a clear understanding of each other’s roles and responsibilities, role delineation, and effective communication when sharing or working collaboratively on patient cases with colleagues or other health care professionals.</td>
</tr>
<tr>
<td><strong>Facility Maintenance</strong></td>
<td>Ensuring facility meets safety (e.g. OSHA and BOC Facility Principles) and equity (e.g. ADA accessibility standards) standards. Healthcare-associated infections, like MRSA or other staph-like infections from improper disinfectant procedures</td>
</tr>
<tr>
<td><strong>Policy &amp; Procedure</strong></td>
<td>Missing or inaccurate policies, or policies that do not reflect best evidence. (e.g. relying on flash-to-bang instead of mobile weather app)</td>
</tr>
</tbody>
</table>
Critical Assessment and Reflection on Experience (CARE) Form

Section A: Encounter Information

Athletic Training Student:
Preceptor:
Site: Cape Elizabeth High School
Case identification:
Proficiency: Acute Care Evaluation
  ⇒ Has this proficiency been completed previously? Yes ☐ No ☐

Roles & Responsibility:
☐ Observer  ☐ Technician  ☐ Basic Decision-maker  ☐ Advanced Decision-maker

Domain of Practice:
☐ Illness & Injury Prevention and Wellness Promotion  ☐ Examination, Assessment & Diagnosis
☐ Immediate & Emergency Care  ☐ Therapeutic Intervention
☐ Healthcare Administration & Professional Responsibility

Interprofessional Team:
☐ AT staff (preceptor)  ☐ AT staff  ☐ Physician  ☐ S&C staff  ☐ Coaching staff  ☐ AD
☐ Student health services  ☐ Public Safety  ☐ EMS  ☐ AT student(s)  ☐ Other:

Encounter Summary
Please use a SOAP note format to document a patient encounter, or provide a detailed summary of the encounter. Utilize standard nomenclature and professional language.

Section B: Encounter Assessment

Quality Assessment
Please discuss how the encounter met, or did not meet, the six domains of quality (STEEEP), patient safety principles (i.e. errors – human factors, workforce, medication, diagnostic, communication & EMR, teamwork, facility maintenance, P&P)

QUALITY ASSESSMENT
MET NOT MET
☐ ☐ Safety:
☐ ☐ Timely:
☐ ☐ Effective:
☐ ☐ Efficient:
☐ ☐ Equitable:
☐ ☐ Patient-centered:

PATIENT SAFETY
MET NOT MET
☐ ☐ Human factors:
☐ ☐ Workforce:
☐ ☐ Medication/Intervention:
☐ ☐ Diagnostic:
☐ ☐ Communication & Documentation:
☐ ☐ Teamwork:
☐ ☐ Facility Maintenance:
☐ ☐ Policy & Procedure:

Section C: Review of the Literature
Use current best evidence to support the strengths and/or address the areas for improvement of your encounter. Please utilize AMA citation style.

Section D: Preceptor Debrief
After debriefing your encounter with your preceptor, please describe the feedback and corrections received from your preceptor and/or supervising staff

**Section E: Recommendations for Future Practice**

Develop at least 1 recommendation to improve your future practice based on your self- and preceptor critical review. You may want to consider using the SMART goal format to develop your recommendations.

**Recommendation 1:**
- Domain being addressed:

**Recommendation 2:** [open response]
- Domain being addressed:

**Recommendation 3:**
- Domain being addressed:

**Section F: Encounter Outcome [preceptor complete this section]**

**Encounter Outcome:** successful

AT Student signature ____________________________ date: _________

Preceptor signature ____________________________ date: _________
APPENDIX I

Professional Engagement Units

The purpose of Professional Engagement Units (PEUs) are to provide students with an opportunity to engage in athletic training experiences beyond the traditional curricular requirements. PEUs are earned through active engagement in a variety of athletic training related activities. PEUs will be worth 10% of your clinical grade. Students will be expected to complete 10 PEUs each semester and may earn a maximum of 8 PEUs per category. Summer activities will be credited to the fall semester, winter activities will be credited to the spring. PEUs that are not advertised through the USM AT Program must be approved by a faculty member.

Category A: Conference and Meeting Attendance
PEUs for this category is based on number of hours engaged in learning. 1 hour = 1 PEU
- MATA, EATA, NATA, ACSM annual conferences
- MATA Annual Meeting
- Athletic Training Student Symposium Attendance

Category B: Leadership and Professional Presentation
Students actively engaged in a leadership role can earn the following PEUs within this category.
- Athletic Training Club Officer - 5 PEUs
- Student Representative to the NATA, District or State – 8 PEUs
- Professional Presentation (poster presentation, oral presentation, organizing a workshop) – 8 PEUs

Category C: Credentials and Certifications
Certifications must be current. Proof of certification must be provided for submission. PEUs based on the number of hours required to obtain certification. You may only use a certification once per/year.
- CPR/AED Instructor Certification
- Athletic Training related skill based certification/ credential (ex: CSCS, PEC, Massage Therapy, IASTM).

Category D: Volunteerism and Professional Advocacy
PEUs for this category is based on number of hours engaged in volunteering or Professional Advocacy. 1 hour = 1 PEU.
- Volunteer medical staff (ex: Special Olympics, Boston Marathon, Maine Marathon). Students must have appropriate supervision and be practicing in alignment with state regulation and NATA Ethical Standards.
- Engaging in a project or event that promotes athletic training to the public (ex: PSA, community education, create handout for parents or coaches to education about athletic training)
- Attend a legislative event related to health care or testify on an athletic training related bill.

Category E: Extracurricular Learning
Additional learning opportunities may not be required for a course. PEUs for this category is based on number of hours engaged in learning. 1 hour = 1 PEU
- Participate in an online webinar related to athletic training practice
- Engage in an athletic training experience outside of normal clinical rotations (ex: surgical observation, grand rounds, physician’s clinic)
- Attend a speaker related to athletic training (ex: diversity, professional development, injuries and illness)
- Participate in an AT related research project.
- Serve as a teaching assistant for an athletic training related course.
- Tutor in athletic training
PROFESSIONAL ENGAGEMENT UNITS

Use this sheet to document your PEUs each semester. 10 PEUs are required, with a maximum of 8 per category. Summer activities will be credited in the fall semester, and winter activities will be credited in the spring semester. Each event either needs to be signed by the person supervising the event or a printed out certificate of attendance needs to be attached to this form. This is due by the last day of classes each semester.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>NAME OF EVENT</th>
<th>DATE</th>
<th>HOURS</th>
<th>SIGNATURE</th>
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<tr>
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<td>CATEGORY C</td>
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<td>CATEGORY D</td>
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<td>CATEGORY E</td>
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APPENDIX J

UNIVERSITY OF SOUTHERN MAINE

Preceptor Evaluation by Student

Athletic Training Student: ________________________________

Preceptor: __________________________________________

Semester/Yr. __________

Athletic Training Clinic: (circle one)     I     II     III     IV

Today’s Date __________________

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Almost Always</th>
<th>Always</th>
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<tbody>
<tr>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

PROFESSIONALISM and PERSONAL
1. Demonstrates respect towards student-athletes and colleagues
2. Demonstrates respect towards athletic training students
3. Remains consistent with treatment towards all athletic training students
4. Displays enthusiasm and motivation in performing athletic training duties
5. Conducts self as a professional role model
6. Demonstrates self-confidence as a professional

COMMUNICATION
7. Provides non-derogatory, constructive feedback
8. Is open and available to answer questions
9. Is an effective listener
10. Explains service expectations for effective and timely implementation
11. Appropriately notifies ATS of proficiency expectations

MENTORING
12. Encourages & provides environment for critical thinking skill development
13. Provides adequate feedback or correction of proficiencies
14. Is available and makes time to evaluate proficiencies
15. Allows ATS to perform proficiencies on athletes whenever possible
16. Provides scenarios for proficiencies that aren’t performed on athletes
17. Allows ATS to perform skills on athletes within level of competency
18. Admits to ATS when he/she doesn’t know the correct answer to a question
On the average, how many contact hours did your clinical instructor spend with you for proficiency evaluations (formal/informal) per day_____________ or per week ______________.

*Contact hours mean discussing information, informal teaching, conversing, interacting, mentoring

If necessary, please use space on the back to:
Describe, if any, the strengths of this Preceptor I that may not be reflected in the previous outline.
Describe, if any, recommendations for this Preceptor to improve the clinical experience.
APPENDIX K

UNIVERSITY OF SOUTHERN MAINE

Clinical Site Evaluation by Student

Athletic Training Student: _____________________________________

Clinical Site: ____________________________  Semester/Yr. ____________

Athletic Training Clinic: (circle one) I  II  III  IV  Today’s Date ____________

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Almost Always</th>
<th>Always</th>
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</table>

CLINICAL SITE EVALUATION

| Provided a stimulating learning environment | NA  | 1  | 2  | 3  | 4  | 5  |
| Provided adequate supplies or equipment to meet the proficiency requirements | NA  | 1  | 2  | 3  | 4  | 5  |
| Provided challenges in which I could utilize my skills | NA  | 1  | 2  | 3  | 4  | 5  |
| Experiences reinforced the information and skills learned in coursework | NA  | 1  | 2  | 3  | 4  | 5  |
| Provided opportunities to complete the assigned proficiencies | NA  | 1  | 2  | 3  | 4  | 5  |
| Appropriate OSHA guidelines were followed at this clinical site | NA  | 1  | 2  | 3  | 4  | 5  |
| Student-athlete interactions were adequate to meet proficiency expectations | NA  | 1  | 2  | 3  | 4  | 5  |

Indicate the overall rating of this clinical site on the following scale (please circle one)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>A very negative experience</td>
<td>a waste of time</td>
<td>time well spent</td>
<td>a very positive experience</td>
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</tbody>
</table>

The Athletic Training Education Program should continue to use this clinical site.  YES  NO

Explain:

Provide any further comments or suggestions you feel are appropriate to enhance this clinical site for future athletic training students.
APPENDIX L

UNIVERSITY OF SOUTHERN MAINE
Athletic Training Student Self Evaluation (SPM 270)

ATS: ____________________________  Semester/Yr. ____________
Preceptor: ________________________  Today's Date ____________

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Section 16.01</th>
<th>Key</th>
</tr>
</thead>
<tbody>
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<tr>
<td>NA</td>
<td>1</td>
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</tbody>
</table>

PROFESSIONALISM and PERSONAL
1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

CLINICAL SKILLS and PROFICIENCIES
21. Accurately applies common taping and wrapping techniques
22. Accurately investigates an injury with appropriate history questions
23. Accurately palpates bony and soft tissue landmarks
24. Accurately applies cryo-therapy modality agents
25. Accurately applies thermo-therapy modality agents
26. ATS has been sent to change into proper dress code attire _____ times during this rotation.

27. ATS has _____ unexcused tardy/absences during this rotation.

28. Describe, if any, your strengths that may not be reflected in the previous outline.

29. Describe, if any, recommendations for you to improve this clinical experience.

30. Provide any further comments you feel are appropriate about yourself.

Note:
- An opportunity to discuss this evaluation between the Preceptor and ATS is required.
- The evaluation will be shared with the Clinical Education Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: ________________________________ ATS signature: ________________________________
UNIVERSITY OF SOUTHERN MAINE
Athletic Training Student Self Evaluation (SPM 370)

ATS: ________________________________  Semester/Yr. ________________
Preceptor: __________________________  Today’s Date ________________

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Section 16.02</th>
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<td>Seldom</td>
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<tr>
<td>Occasionally</td>
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<tr>
<td>Fairly Often</td>
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<tr>
<td>Almost Always</td>
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<tr>
<td>Always</td>
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</tbody>
</table>

PROFESSIONALISM and PERSONAL
1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

CLINICAL SKILLS and PROFICIENCIES
21. Accurately applies common taping and wrapping techniques
22. Accurately qualifies AROM and PROM
23. Accurately performs common special tests
24. Accurately palpates bony and soft tissue landmarks
25. Accurately performs common flexibility tests
26. Accurately performs anthropometric measures (girth, leg length)
27. Accurately applies cryo-therapy modality agents
28. Accurately applies thermo-therapy modality agents
29. Accurately applies mechanical modality agents
30. Accurately applies electrical modality agents
31. ATS has been sent to change into proper dress code attire ______ times during this rotation.

32. ATS has ______ unexcused tardy/absences during this rotation.

33. Describe, if any, your strengths that may not be reflected in the previous outline.

34. Describe, if any, recommendations for you to improve this clinical experience.

35. Provide any further comments you feel are appropriate about yourself.

Note:
- An opportunity to discuss this evaluation between the Preceptor and ATS is required.
- The evaluation will be shared with the Clinical Education Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: ________________________________  ATS signature:_____________________________
Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
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</table>

PROFESSIONALISM and PERSONAL

1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

CLINICAL SKILLS and PROFICIENCIES

21. Accurately applies common taping and wrapping techniques
22. Accurately qualifies AROM and PROM
23. Accurately performs common special tests
24. Accurately palpates bony and soft tissue landmarks
25. Accurately performs common flexibility tests
26. Accurately performs anthropometric measures (girth, leg length)
27. Accurately applies cryo-therapy modality agents
28. Accurately applies thermo-therapy modality agents
29. Accurately applies mechanical modality agents
30. Accurately applies electrical modality agents
31. Accurately performs a complete injury assessment
32. Accurately determines immediate treatment course following assessment
33. ATS has been sent to change into proper dress code attire _____ times during this rotation.

34. ATS has _____ unexcused tardy/absences during this rotation.

35. Describe, if any, your strengths that may not be reflected in the previous outline.

36. Describe, if any, recommendations for you to improve the clinical experience.

31. Provide any further comments you feel are appropriate about yourself.

Note:
- An opportunity to discuss this evaluation between the Preceptor and ATS is required.
- The evaluation will be shared with the Clinical Education Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: ________________________________  ATS signature: ________________________________
Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Section 16.04</th>
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</table>

**PROFESSIONALISM and PERSONAL**

1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

**CLINICAL SKILLS and PROFICIENCIES**

21. Seeks information to identify environmental risk factors
22. Applies and instructs appropriate strength and conditioning principles
23. Identifies risk factors related to intrinsic/extrinsic factors of sport
24. Accurately performs injury assessments on-field and clinically
25. Practices pre-planned emergency action protocols
26. Promotes a systematic return of ROM/strength/flexibility
27. Promotes a systematic return of stamina/coordination/activity
28. Applies modalities using accepted standards
29. Practices effective athletic training room facility management
30. Promotes connection to sports medicine team
31. Assists/refers emotional/psychological well-being of athlete
32. Provides instruction on sports medicine subject matters
33. ATS has been sent to change into proper dress code attire _____ times during this rotation.

34. ATS has _____ unexcused tardy/absences during this rotation.

35. Describe, if any, your strengths that may not be reflected in the previous outline.

36. Describe, if any, recommendations for you to improve the clinical experience.

37. Provide any further comments you feel are appropriate about this yourself.

Note:
- An opportunity to discuss this evaluation between the Preceptor and ATS is required.
- The evaluation will be shared with the Clinical Education Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: ___________________________  ATS signature: ___________________________
APPENDIX L
ATHLETIC TRAINING PROGRAM
CLINICAL HOURS REPORT

ATS: ____________________________________________

Month __________________ Semester ____________ Year ______

Key:  IS (Individual Sport); TS (Team Sport); PE (Protective Equipment); F (Female); M (Male); NSP (Non-Sport Patients);
GM (General Medical)

<table>
<thead>
<tr>
<th>Day</th>
<th>Site</th>
<th>Category (indicate, with an “x”, all that apply each day)</th>
<th>IS</th>
<th>TS</th>
<th>PE</th>
<th>F</th>
<th>M</th>
<th>NSP</th>
<th>GM</th>
<th>Hours</th>
<th>Preceptor Initials</th>
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</table>

(days 1 -15) SUB TOTAL

| 16  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 17  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 18  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 19  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 20  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 21  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 22  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 23  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 24  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 25  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 26  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 27  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 28  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 29  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 30  |      |                                                          |    |    |    |   |   |     |    |       |                   |
| 31  |      |                                                          |    |    |    |   |   |     |    |       |                   |

(days 16 -31) SUB TOTAL

TOTAL

Number of Proficiencies Completed __________________

Athletic Training Student Signature ____________________________________________

Preceptor Signature ____________________________________________

Revised 8/20
APENDIX M

University of Southern Maine
Department of Exercise, Health, and Sport Sciences
Athletic Training Major

CONFIDENTIALITY AGREEMENT

Introduction

USM, the Department of Exercise, Health, and Sport Sciences, and USM Athletic Training contain confidential information pertaining to students and employees. This information is required by law to be protected. The use of a computer network that is shared by many individuals imposes many obligations. This is to inform you of your responsibilities, and to secure your agreement to abide by the associated policies and procedures (University Health Services Policy and Procedure Manual, Policy 1.1, 3.17, 6.1, 6.2, 6.8, 6.9, 6.12, 10.1).

I ___________________________  __________________________________________(name)

- Will respect the privacy and rules governing the use of any information accessibility through the computer system or network and only utilize information necessary for performance of my job or educational experience as required by law,

- Understand that the information accessed through all USM, Department of Exercise, Health, and Sport Sciences, and USM Athletic Training, or off-campus clinical sites', as this information systems contain sensitive and confidential patient, student, business, and financial information which should only be disclosed to those authorized to receive it,

- Will not exhibit or divulge the contents of any record or report except to fulfill a work assignment,

- Understand that I may access health information on myself, but must have specific authorization from the Head Athletic Trainers of USM or off-campus clinical sites to access information on anyone else (e.g., my spouse, children, friends, neighbors, and other employees),

- Will not release my user identification code or password to anyone, or allow anyone to access or alter information under my identity,

- Understand that my user identification code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them,

- Understand that I am responsible for logging out of information systems and will not leave unattended a display device to which I have logged on unless there is an active password protected Screen Saver,

- Understand that all access to USM, or affiliates', information systems may be monitored at any time,

- Will not attempt to access information by using a user identification code or password other than my own,

- Will not remove any records, reports or copies from their storage,

- Report any violation of confidentiality or computer usage policies,

- Respect the ownership of proprietary software, (for example, I will not operate unlicensed software on USM computers or make unauthorized copies of such software for my own use),

Revised 8/20
• Respect the finite capability of the systems, and limit my use so as not to interfere unreasonably with the activity of others,

• Will not use these resources to engage in any activity that violates any federal, state, or local law, or University policies or procedures,

• Prevent unauthorized use of information maintained, stored, or processed by USM or affiliates,

• Will not seek personal benefit of, or permit others to benefit personally by any confidential information or use of equipment available through my assignment,

• Understand that my obligation under this agreement will continue after my termination of involvement and that my privileges are subject to periodic review, revision, and renewal,

• Understand that violators of this agreement will be denied access to information systems, subject to disciplinary actions including dismissal and may be subject to penalties under state law and federal laws and regulations,

• By signing this, I agree that I have read, understand, and will comply with the associated UHS policies and procedures (University Health Services Policy and Procedure Manual, Policy 1.1, 3.17, 6.1, 6.2, 6.8, 6.9, 6.12, 10.1).

• By signing this, I agree that I have read, understand, and will comply with this agreement.

Signature ____________________________________________________________

Date__________________________________________________________________

Printed Name _________________________________________________________

Department ___________________________________________________________
APPENDIX N

Clinical Education Progression Requirements

Prior to SPM 210, Clinical Athletic Training Principles I, a student must:
- Complete the pre-requisite coursework as outlined in the course description of the catalog.
- Sign the published "technical standards" for the athletic training education program (Appendix B).
- Present documentation of receiving the first two of three required Hepatitis B immunization injections. Documentation should include copies of the laboratory reports that the student received the injections. If the student chooses not to be Hepatitis B immunized, he or she must read, complete, and sign the form entitled "Hepatitis B Vaccine Declination Assumption of Risk and Release" (Appendix C).
- Sign the published "communicable disease policy" for the athletic training education program (pg. 10, 11).

Prior to enrolling in SPM 270, Athletic Training Clinic I, a student must:
- Complete the pre-requisite coursework outlined in the course description section of the catalog.
- Present proof of current American Red Cross Cardiopulmonary Resuscitation (CPR) for the Professional Rescuer certification or its equivalent.
- Complete blood borne pathogens training before the start of the semester.

Prior to enrolling in SPM 370, Athletic Training Clinic II, a student must:
- Complete the pre-requisite coursework as outlined in the course description section of the catalog.
- Complete blood borne pathogens training before the start of the semester.
- Present proof of current American Red Cross Cardiopulmonary Resuscitation (CPR) for the Professional Rescuer certification, or its equivalent.
- Present documentation of receiving the third injection of the Hepatitis B Immunization series.

Prior to enrolling in subsequent clinical (SPM 371, 470), and internship (SPM 495) courses, a student must:
- Complete the pre-requisite coursework for each course as outlined in the course description section of the catalog.
- Present proof of current American Red Cross Cardiopulmonary Resuscitation (CPR) for the Professional Rescuer certification, or its equivalent.
- Complete blood borne pathogens training before the start of the semester (SPM 470).

Didactic Education Progression Requirements

While enrolled in the ATP, students must:
- Maintain a minimum cumulative GPA of 2.50.
- Earn a minimum grade of C- in all required courses. Students receiving a grade lower than C- in a required course will not be allowed to sequence into post-requisite coursework until the prerequisite deficiency has been rectified.

Probation

Students with less than a minimum cumulative GPA of 2.50 will be placed on academic probation. Students failing to rectify the GPA deficiency within a one-year probation period will be removed from their declared major and from their status as a
student within the Department. Upon rectifying the GPA deficiency, students can reapply for admission into a Departmental major.

**Graduation Requirements**

Students will graduate with a bachelor of science degree in athletic training when the following are satisfied.

- Minimum cumulative GPA of 2.50.
- Completion of all University Core curriculum requirements.
- Completion of all exercise, health, and sport sciences core required coursework with a minimum grade of C-.
- Completion of all athletic training major coursework with a minimum grade of C-.
- Completion of 120 credits.
# Appendix O

DEPARTMENT OF EXERCISE, HEALTH, & SPORT SCIENCES
Bachelor of Science in Athletic Training

## Fall Semester

<table>
<thead>
<tr>
<th>First Year</th>
<th></th>
<th>Spring Semester</th>
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<tbody>
<tr>
<td><strong>Entry Year Experience</strong></td>
<td>3</td>
<td><strong>Emergency Medical Response</strong></td>
</tr>
<tr>
<td>@SPM 100</td>
<td><strong>Intro to Exercise, Health and Sport Sciences</strong></td>
<td>3</td>
</tr>
<tr>
<td>Creative Expression</td>
<td>3</td>
<td>Sociocultural Analysis</td>
</tr>
<tr>
<td>College Writing</td>
<td>3</td>
<td>Science Exploration</td>
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<tr>
<td>MAT 120 or PSY 201</td>
<td><strong>Quantitative Reasoning</strong></td>
<td>3-4</td>
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<tr>
<td><strong>15-16</strong></td>
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<td><strong>16-17</strong></td>
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## Second Year

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>$BIO 111/112</td>
<td><strong>Human Anat &amp; Phys I</strong></td>
<td>4.5</td>
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<tr>
<td>&amp;CHY 107 or 113</td>
<td>Chem for Health Sci or Prin of Chemistry</td>
<td>3</td>
</tr>
<tr>
<td>SPM 210</td>
<td><strong>Clinical AT Principles I</strong></td>
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</tr>
<tr>
<td>SPM 211</td>
<td><strong>Protective Tape/Wrap</strong></td>
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</tr>
<tr>
<td>+SPM 230</td>
<td><strong>Psych of Phys Activity</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>14.5</strong></td>
<td></td>
<td><strong>15.5</strong></td>
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## Third Year

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>CON 252</td>
<td>Human Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>SPM 370</td>
<td>AT Clinic II</td>
<td>2</td>
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<tr>
<td>%SPM 381</td>
<td>Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>SPM 410</td>
<td>AT Principles III</td>
<td>3</td>
</tr>
<tr>
<td>%SPM 330</td>
<td>Exercise Physiology</td>
<td>3</td>
</tr>
<tr>
<td>%SPM 325</td>
<td>Methods of Resistance Training and Conditioning</td>
<td>3</td>
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<tr>
<td><strong>17</strong></td>
<td></td>
<td><strong>14</strong></td>
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## Summer

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>SPM 302</td>
<td>Pharmacology for Athletic Training and Exercise Science</td>
<td>3</td>
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## Fourth Year

<table>
<thead>
<tr>
<th>Fourth Year</th>
<th></th>
<th>Fourth Year</th>
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</thead>
<tbody>
<tr>
<td>^CON 321 or SPM 485</td>
<td>Health-Related Research</td>
<td>SPM 495</td>
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<tr>
<td>SPM 485</td>
<td>Senior Thesis I</td>
<td>3</td>
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<tr>
<td>General Elective</td>
<td>3</td>
<td>International</td>
</tr>
<tr>
<td>SPM 470</td>
<td>AT Clinic IV</td>
<td>3</td>
</tr>
<tr>
<td>SPM 480</td>
<td>Org/Admin of AT</td>
<td>3</td>
</tr>
<tr>
<td>Thematic Cluster</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>15</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Athletic Training Major Approved Electives

Athletic Training electives may need to be completed to meet the university’s 120 credit graduation requirement. Consult with an Athletic Training advisor to determine if you need to complete elective credits and to choose elective course work.
*Students with <24 transfer credits must complete USM’s Entry Year Experience (EYE) requirement. Transfer students with 24+ credits may substitute EYE with an approved elective.

@May be taken any semester; must be completed by the start of spring semester, second year

&May be taken any semester; must be completed by the start of fall semester, third year

$May be taken any semester; must be completed by the start of the spring semester, second year

+May be taken any semester so long as prerequisites are met; must be completed by the start of fall semester, fourth year

%May be taken fall or spring semester third year so long as prerequisites are met; must be completed by the start of fall semester, fourth year

#May be taken spring semester third year or fall semester fourth year so long as prerequisites are met; must be completed by the start of spring semester, fourth year

^May be taken as soon as prerequisites are completed

Note: Beginning in the 2019-2020 academic year, SPM440 Manual Therapy, will no longer be a required athletic training course.
# APPENDIX P

**USM ATHLETIC TRAINING STUDENT TRAVEL FORM**

**Submission Process:**
1. This form is to be completed in order for permission to be granted for a student to travel with a Preceptor. The form must be submitted to the Clinical Education Coordinator (CEC) at least ONE WEEK prior to expected travel.
2. Any student requesting travel must be in SPM 270 or higher.
3. The CEC reserves the right whether or not to permit the request.

<table>
<thead>
<tr>
<th>Date of submission to CEC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic Training Students Name</td>
<td></td>
</tr>
<tr>
<td>Assigned Clinical Site</td>
<td></td>
</tr>
<tr>
<td>Preceptor traveling with</td>
<td></td>
</tr>
<tr>
<td>Travel Destination</td>
<td></td>
</tr>
<tr>
<td>Team traveled with</td>
<td></td>
</tr>
<tr>
<td>Date of Departure</td>
<td></td>
</tr>
<tr>
<td>Planned return date</td>
<td></td>
</tr>
</tbody>
</table>

By signing below, I am stating that I am not behind in classes and I have made necessary arrangements with my professors for any course work that may be missed.

______________________________________________
Athletic Training Signature

______________________________________________
Preceptor Signature

**TO BE FILLED OUT BY PRECEPTOR UPON RETURN**

The athletic training student ____________________________ traveled with me on the date and to the location listed above.

______________________________________________
Preceptor Signature

______________________________________________
Preceptor Signature