

**Master of Athletic Training Program
Clinical Education Manual
2024-2025**



Manchester
University

Master of Athletic Training

Athletic Training Clinical Education Mission

To advance the athletic training profession through innovation, collaboration, advocacy, and assessment of experiential opportunities that promote the growth and development of athletic training students and preceptors.

Disclaimer: The policies and procedures outlined in this manual are in effect for the academic year 2024 -2025. The policies and procedures described in this manual are subject to change. The College reserves the right to change the provisions outlined in this manual with or without notice.

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PREFACE

This manual is a guide for clinical education at Manchester University's Master of Athletic Training Program. It is meant to complement the guidelines outlined in the Student Handbook and expound on the principles of clinical education. It is also intended to be used as a planning tool, guide, and reference. Through the collaborative efforts of preceptors, students, and faculty, we strive to create academically sound clinical education opportunities that facilitate the achievement of the essential and advanced competencies provided.

Clinical education is designed to provide experiential learning opportunities through supervised participation in athletic training practice. Rotations were developed following the mission and vision of Manchester University's Master of Athletic Training Program and the guidelines set forth by the Commission on Accreditation for Athletic Training Education (CAATE).

One of the primary goals of the experiential curricular components is to facilitate student transition from didactic learner to a competent, caring professional who provides patient-centered care and assures optimal patient outcomes. Students will be expected to acquire the knowledge, skills, attitudes, and values that are important to the athletic training profession during this transition. Students will work under the direct supervision of selected preceptors who are expected to guide and mentor the student in applying knowledge learned in the classroom, techniques learned in the laboratory, and compassion learned through life experience, with the ultimate goal of improving the health of the patient.

Comments and suggestions are always welcome. Please feel free to contact the Director of Clinical Education (DCE) with any ideas, questions, or concerns.

PROGRAM PERSONNEL

Faculty



Lucas Dargo DAT, LAT, ATC
Director of Athletic Training Program
Associate Professor of Athletic Training
Office Location: MUFW 249
Telephone: (260) 982-5124
lddargo@manchester.edu



Julie Lies, MPM, LAT, ATC
Director of Clinical Education
Assistant Professor of Athletic Training
Office Location: MUFW 136
Telephone: (260) 470-2656
jalies@manchester.edu



Mark S. Myers, DAT, M.Ed., ATC
Assistant Professor of Athletic Training
Office Location: MUFW 254
Telephone: (260) 470-2660
msmartyers@manchester.edu



Teresa DeLellis, PharmD, BCPS, BCGP
Associate Professor of Pharmacy Practice
Office Location: MUFW 236
Telephone: (260) 982-4053
tmdelellis@manchester.edu



Jason Frampton, MD
Medical Director
Parkview Sports Medicine

Administrative Staff



Laura Kozlowski
Senior Administrative Assistant, Health Professions, Nursing &
Pharmacy
Office Location: MUFW Second Floor
Telephone: (260) 470-4055
lakozlowski@manchester.edu



Sara Fisher
Administrative Assistant, Health Professions, Nursing &
Pharmacy
Office Location: MUFW Second Floor
Telephone: (260)470-4077
smfisher@manchester.edu



Zehra Ponjevic
Operations Specialist, Office of Experiential Education
Office Location: MUFW 132
Telephone: (260) 470-2725
zponjevic@manchester.edu

GENERAL INFORMATION

Manchester University Athletic Training Program provides a balanced curriculum that interfaces didactic teaching with structured experiential learning throughout its professional athletic training program. Classroom teaching, labs, and clinical rotations continually build knowledge and skills to prepare the student to practice athletic training. These clinical rotations provide students with opportunities to integrate the knowledge and skills learned in the classroom while providing care to clients/patients while supervised by a preceptor. Preceptors from many different practice settings in athletic training actively participate in these learning opportunities to develop experiences that will prepare students to become their colleagues now and in the ever-changing future.

MAT students are assigned to preceptors by the Director of Clinical Education (DCE) in consultation with the Program Director (PD) and athletic training faculty. Each rotation exposes students to varied client/patient populations and a logical progression of increasingly complex and autonomous patient-care experiences.

The athletic training clinical rotation's goal is to make the student transition to ardent practitioners safely and effectively with preceptors' guidance and mentorship. The transition from learner to practitioner is not a passive process but rather requires active participation and communication. Students should recognize that the preceptor's responsibility is to guide their thought process through real-life situations and pass on critical thinking techniques used in making a sound decision. Students should also recognize that the optimum learning experience requires mutual respect and courtesy between preceptor and student. Students must accept the responsibility for learning and seek engagement in situations that facilitate learning.

During these experiences, students work alongside their preceptor to provide care to a live client/patient population where athletic trainers commonly practice. Simulation and supplemental clinical experiences may be used to ensure diverse clinical practice opportunities when needed. At a minimum, students must complete four (4) semesters of clinical education during the program. Students should prepare to fulfill additional requirements specific to the clinical site (e.g., criminal background check, drug screen, immunizations, orientation) and plan for transportation to the site. Site-specific requirements will be available to students once clinical placements are finalized. When completed, MAT students will have had clinical experience with varied practice settings and patient populations. Students will register for corresponding clinical practice courses to fulfill these requirements. The specific requirements, grading scale, attendance policy, objectives, etc., for each of these clinical practice courses are found in the syllabus for each class.

Definitions

The following definitions are provided to clarify the terminology associated with clinical education:

- Clinical Education: A broad umbrella term including three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences.
- Clinical Site: A facility where a student is engaged in clinical education.
- Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills and the context of care. Preceptors must be on-site and can intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state's state practice act in which the student is engaging in client/patient care.
- Supplemental Clinical Experiences: Learning opportunities supervised by health care providers other than athletic trainers or physicians or in observation-only situations.
- Simulation: An educational technique used to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.
- Preceptor: Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to their profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution.
- Immersive Clinical Experience: A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.
- Athletic Training Clinical Experiences: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students' abilities to meet the curricular content standards. When direct client/patient care opportunities are not available, simulation may be used for this verification.

Types of Rotations

- **Integrated Clinical Rotations**

One of the primary purposes of the clinical education curricular components is to initiate student transition from a didactic learner to a competent, caring professional who provides patient-centered care and assures optimal patient outcomes. During these experiences, students will be expected to acquire knowledge, skills, attitudes, and values that are important to the athletic training profession. Integrated Clinical Rotations are part-time, and students attend both in-person courses and their clinical rotation simultaneously. Competence at a mastery level in all areas is not expected at this stage of education.

- **Supplemental Clinical Rotations**

Supplemental Clinical Rotations are selected to obtain a broad range of experiences with various patient populations and practice settings. These rotations are designed to complement integrated and immersive rotations. Students may work with health care professionals other than athletic trainers or physicians during supplemental clinical rotations. These rotations may also allow students to practice opportunities in an athletic training setting where immersive or integrated clinical rotations are not possible.

- **Immersive Clinical Rotations**

When students have completed all the required didactic and introductory clinical learning and all other progression requirements from year one in the program, they will be eligible to begin immersive clinical rotations. These advanced rotations are designed for active participation in the totality care provided by athletic trainers and include direct patient care during two rotations that are a minimum of seven weeks long. Rotations are on a full-time basis, and while students may work on class materials asynchronously, there are no required class meetings during these rotations. These rotations will build on didactic courses, labs, and integrated clinical experiences to help master knowledge and skills that will facilitate competent entrance into the athletic training profession. Students are expected to demonstrate continued learning and professional development while progressing through these rotations.

CLINICAL EDUCATION POLICIES

Students and preceptors are expected to abide by the policies established in this manual, the Master of Athletic Training Student Handbook, the Graduate Bulletin, and any additional requirements stated by the practice site where students complete their rotations.

Clinical Education Requirements

There are several requirements that students must meet to participate in the clinical education components of the program. This includes curricular, regulatory, and accreditation documents that must be maintained to meet program requirements and verify student progress. Records required for clinical education will be stored in CORE-ELMS, our experiential learning management system. Required documents must be submitted within the timelines established. Missing documentation may prevent a student from participating in clinical rotations.

Mandatory Student Meetings

Students are required to participate in mandatory meetings while enrolled in the program. Meeting times, locations, and further details will be communicated in advance. Each student is responsible for attendance and any travel and accommodation expense incurred. The following are some examples of mandatory meetings specific to clinical education. Additional meetings may be deemed mandatory at the discretion of the faculty.

Clinical Education Orientation Meetings

Students are required to participate in these meetings to ensure the successful completion of clinical rotations. These meetings will discuss the many curricular and legal requirements that a student must complete and will take place before participation in clinical rotations. These meetings will be held at specific increments throughout the program (e.g., before the first clinical rotation, before the first immersive clinical rotation).

Year 2 Clinical Placement Meetings

Students will meet with the DCE individually during the winter/early spring of their first year in the program. This meeting will focus on developing a plan for clinical placements during the 2nd year of the program. The information discussed will include (but is not limited to): reflection on year one placements, student goals for year two rotations, learning needs for year two rotations, current clinical sites available for year two rotations, other circumstances (i.e., housing, transportation, site requirements), and the process for pursuing a new clinical site if needed.

Missed Meetings

All missed mandatory meetings must be made up with the DCE. It is the responsibility of the student to schedule the make-up time. The second missed meeting, either a mandatory meeting or a student scheduled meeting with the DCE due to an unexcused absence, will result in a meeting with the PD for a professionalism violation.

Background Checks and Drug Screening

Students are required to undergo a criminal background check before the start of each academic year. Furthermore, a 10-panel drug screen is required for the program. These requirements must be completed annually while the student is actively enrolled in the Manchester University Athletic Training Program. Students will be directed to access the website of the College's chosen provider for these services. The cost of these requirements is borne by the student. Students are required to self-report any new violations since the previous screen.

The Criminal Background Investigation consists of the search components listed below. All records are searched by primary name and all AKAs. A student's primary address and all addresses lived within the past seven years.

- **Social Security Number Validation and Verification** – *(including a social security number search analyzed for names, SSNs, and addresses history)*
- **Federal, State, and County Criminal Records Search**
- **National Criminal Database Search**
- **Sanctions Screen** – *(proprietary search covering sanctions, disciplinary and administrative actions taken by hundreds of federal and state healthcare regulatory authorities, including FDA, NIG, OFAC, terrorist watch lists, and more)*
- **OIG / SAM (Formerly GSA) EPLS Search** – *(search covers the federally-mandated HHS Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the System for Awards Management (SAM)-Excluded Parties List (EPLA))*
- **Predator/Child Abuse Registry** – *(in states where this is available)*

10 Panel – Certified Drug Screen – Urine

10-panel urine drug screens for the following drugs:

- Amphetamines, Cocaine Metabolites, Marijuana Metabolites, Opiates, Phencyclidine, Barbiturates, Benzodiazepines, Methadone, Propoxyphene, & MDMA/Ecstasy.
- Do not drink coffee or too much fluid before your lab visit. If your results are a negative dilute, the facility will require a second drug screen to be completed. Should a negative dilute occur, please contact the DCE.

If the initial drug screen is reported as positive/non-negative, the student will receive a call from the vendor's Medical Review Officer (MRO). The MRO will obtain medical proof as to why the student returned a positive result. If the student is taking any form of prescription medicine, it is wise to obtain evidence from one's own physician to give to MRO when contacted. Having this proof ahead of time will speed up the process of reporting drug screen results.

If a student believes the MRO review results to be inaccurate, they must notify the DCE, and a retest within two business days will be arranged at the student's expense.

The background check and drug screen results belong to the student directly and are shared with the program. Students cannot begin clinical rotations until these requirements have been completed, verified by the College, and the results do not jeopardize their completion of the program. Some sites may require copies of the results, and it is the student's responsibility to provide proper documentation upon request.

Some practice sites may require additional background checks or drug screens, and it is the student's responsibility to comply with such requirements. The DCE or preceptor will communicate these requirements as they become available and inform students before starting a rotation.

Information obtained in background checks may inhibit students from starting or completing clinical rotations and may have ramifications for student progression through the program.

The College cannot guarantee that students with misdemeanor or felony convictions will complete the Athletic Training Program successfully. Students with such convictions may incur additional costs to travel to sites that may allow them to complete their clinical rotations.

Health and Immunization Requirements

All athletic training students must have completed several health information requirements including Emergency Medical Information, Health Insurance Attestation, OSHA Respiratory Medical Form, and a Physical Exam. These forms are provided to students using the Requirements Module in CORE-ELMS and are completed at the student's expense. These records (with all supporting documentation) must be on file before classes start.

Healthcare workers are at risk for exposure to serious, and sometimes deadly, diseases. The MAT program requires immunizations based on the Centers of Disease Control and Prevention (CDC) [list of recommended vaccines for health care workers](#) to help reduce the chance that they will get or spread vaccine-preventable diseases. Students in the program are required to provide proof of immunizations to participate in clinical rotations. These immunizations must be kept current and uploaded to CORE-ELMS by the established deadlines. Students not providing these records will not be permitted to participate in clinical rotations until complete. Records of current immunizations include the following:

- A negative tuberculosis screening test – (repeated annually)
- CoVID-19 – Proof of one dose of the updated Moderna Covid-19 vaccine, one dose of the updated Pfizer- BioNTech COVID- 19 vaccine, or two doses of the Moderna COVID-19, or two doses of the updated Novavax COVID-19 vaccine. Prior to 9/12/23, proof of two doses of the Moderna COVID-19 vaccine, two doses of the Pfizer-BioNTech COVID-19 vaccine, or one dose of the Janssen (Johnson & Johnson) vaccine.
- DTaP/DTP/Td/Tdap (Tetanus, Diphtheria, Pertussis) – 3 historical doses with 1 dose of Tdap within 10 years
- Hepatitis B – 3 dose series
- Influenza – repeated annually
- Meningococcal conjugate/MenACWY
- MMR (Measles, Mumps, & Rubella) – 2 dose series
- Varicella (chickenpox) – 2 dose series

In the event a student does not have a copy of their immunization record(s), students may also provide a blood test (titer) that proves immunity for any of the listed diseases. Any student requesting an exemption from Manchester's immunization requirements must complete the Immunization Exemption Form (contact DCE for this form), and the assigned site for their clinical rotations may be affected.

If the student has a positive TB skin test, the clinical rotation will be suspended until evaluated and treated by a healthcare provider at their own cost. The individual must be cleared by their healthcare provider or student health services before returning to campus or clinical education opportunities.

Site-Specific Requirements

Each site or preceptor reserves the right to add additional requirements, assignments, policies, or procedures while a student is completing a rotation at their facility. Ultimately, it is the student's responsibility to communicate with their preceptor about any such requirements and follow them. Students should have a copy of their immunization records readily available. They must provide this information upon the request of proof of immunization status by site, clinical coordinator, or preceptor. Any additional expenses related to site-specific requirements will be the student's responsibility.

Health Insurance

The College Health Professions, Nursing and Pharmacy requires all athletic training program students to maintain active health insurance coverage while enrolled in the MAT Program. Confirmation of active health insurance must be submitted to the DCE annually by completing the form within the Requirements Module of CORE-ELMS. Health expenses incurred as a result of urgent care provided by a clinical rotation site will be the student's responsibility. Please refer to the Master of Athletic Training Student Handbook for further details.

Professional Liability Insurance

Athletic training students are required to carry professional liability insurance. This insurance is provided to all athletic training students through a blanket policy. This insurance is limited to students engaged in official program events (e.g., clinical rotations) and will not cover students volunteering or providing care outside of Manchester University requirements. This is provided at no cost to the students. Copies of this policy are available to students in the Document Library within CORE-ELMS and at their request. Please contact the DCE to request a copy of this policy.

Required Certifications

Students will need to complete the following certifications and renew accordingly, to be able to complete the clinical education portion of the curriculum successfully. It is the responsibility of the student to complete the specified certifications by the established deadlines.

- **Health Information Portability and Accountability Act (HIPAA) Annual Certification & the Family Educational Rights and Privacy Act**

By law, students and faculty must comply with HIPAA & FERPA regulations. Confidential information covered by HIPAA includes, but is not limited to, information from patient medical records and fee systems. Patient names, medical records numbers, social security numbers, dates of birth, and other patient identifiers will not be used in any/all forms of communication or discussion of cases outside the private setting of the practice site. To ensure knowledge and compliance with appropriate health & educational privacy practices, each student must complete the Privacy Training module assigned in Canvas annually. To fulfill this requirement, students must achieve an 80% or higher on the knowledge assessment for the HIPAA quiz

and upload a copy of their FERPA 101 completion certificate.

- **Blood Borne Pathogens (BBP) Annual Certification**

Students must protect patients being served, other healthcare workers, and themselves by comprehending and adhering to best practices when working in an environment where infectious diseases may be encountered. To ensure knowledge and compliance with appropriate infection control practices, each student must complete the Blood Borne Pathogen module assigned in Canvas annually. To fulfill this requirement, students must achieve an 80% or higher on the knowledge assessment at the end of the module.

- **Emergency Cardiac Care (ECC) Certification**

Athletic Training Students must be able to demonstrate ongoing certification in ECC throughout the program. The only acceptable documents are original certification cards, original certificates of completion, or photocopies (front and back) of certification cards or certificates of completion. The instructor and cardholder must sign cards or certificates of completion if a QR code is not provided. Letters provided by instructors are not acceptable.

While there are several ECC Certifications available, the courses that will meet the program requirement include:

- BLS Healthcare Provider through the American Heart Association
- BLS Healthcare Provider Instructor through the American Heart Association

All other certifications are unacceptable.

Rotation Expectations

Scheduling

The DCE will use CORE-ELMS to offer the choices of available sites and preceptors for various rotations. The steps for the selection process will be discussed during the mandatory Clinical Education meetings. Each student will have the opportunity to rank their preferences, and those preferences will be honored when possible. However, the DCE will make the final rotation scheduling decisions based upon many factors, including programmatic requirements/needs, preceptor availability, and previous student performance and learning needs.

The following are requirements to keep in mind when submitting preferences:

- A student may not complete a rotation at a site where they are currently employed.
- Some rotations may require the completion of a separate application process.
- Students are permitted to rotate at a site outside the NE Indiana region during the AT2 year only.

At a time determined by the DCE, clinical rotations will be published in CORE-ELMS. Students and preceptors will each receive a notification that a particular rotation has been published. Students and preceptors then have two weeks to review the placement. If the student/preceptor accepts the clinical placement, then will “confirm” the rotation within the email they receive from CORE-ELMS. Students may request a new clinical site for a published rotation within this two-week window and should submit such requests by emailing the DCE within two weeks of the rotation being published. When requesting a new clinical site, students will be able to choose only from active clinical sites where current preceptors have availability.

Contacting Preceptors

This section applies to all clinical education rotations. Each student must send an introductory email to their assigned preceptor two weeks before the start of each rotation. This email will be composed to introduce the student to the preceptor and gather pertinent information regarding the rotation site and expectations of the site. If no response is received from the preceptor within seven days of delivery of the first email, a second email should be sent to the preceptor, and the DCE should be notified. If no response is received within 24 hours of the second email, the student should call the rotation site to gather more information. If a connection has not been established between student and preceptor within 48 hours of the second email, the DCE will contact the rotation site directly to determine the best course of action. It is expected that students communicate with the DCE proactively to ensure timely communication.

Clinical Site Orientation

Within the first week of a student's start at a clinical site, it is expected that the preceptor will orient students to the policies and procedures of the practice site. At a minimum, this meeting should include:

- A tour of the clinical site and all venues where students will be working.
- Communication expectations between preceptor and student
- Clinical site policies and procedures:
 - Critical incident response procedures (i.e., emergency action plans)
 - Bloodborne pathogen/safety review including the location of personal protective equipment.
 - Communicable and infectious disease policies
 - Patient care documentation policies and procedures
 - Client/patient privacy protections
 - Sanitation/disinfection procedures, including the location of handwashing stations.
 - Radiation exposure (where potential exposure exists)
 - Professional dress code
 - Plan for clients/patients to be able to differentiate practitioners from students.

Preceptors are expected to provide MAT Program administrators, and students access to venue-specific EAPs and therapeutic and modality calibrations on CORE-ELMS.

Supervision

During clinical rotations where students are caring for an actual patient base, athletic training students will be supervised by a preceptor. Supervision in the MAT program is defined as:

Preceptors must be on-site and could intervene on behalf of the athletic training student and the patient. Supervision must comply with the state practice act in which the student is engaging in client/patient care.¹

Preceptors supervise, instruct, and mentor students during clinical education. Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills and the context of care. Regardless of their level in the program, no athletic training student will be present at a clinical site without being directly supervised by a MU preceptor. The preceptor will communicate daily with the athletic training student to provide feedback on skills and daily tasks.

Suppose the preceptor is unable to supervise a student in urgent circumstances. In that case, students may provide first aid (e.g., wound care) or basic life support (e.g., CPR) without the supervision of their preceptor. Another healthcare provider may temporarily supervise students if a conflict arises during the scheduled rotation so long as the other provider is appropriately credentialed in their practice area and agrees to the supervision policy outlined here. The DCE or other program designee will regularly evaluate preceptors and provide feedback to each preceptor to ensure appropriate supervision on a semester basis. Preceptor and site evaluations, student one-on-one interviews, and end of course evaluations will be used to conduct this evaluation.

Rotation Schedule & Attendance

Attendance is a grading criterion as well as a requirement for the completion of all clinical practice courses. To achieve stated clinical rotations outcomes and maximize learning, students should avoid taking time away from their clinical rotations. However, it is recognized that students may need time off for personal business, job interviews, and other valid reasons.

- Students are not expected to attend clinical rotations on dates where classes are suspended (e.g., fall/spring break)
- Students and preceptors will receive communication from the DCE regarding the required dates of the rotation.
- Each student is to discuss and agree upon a specific rotation schedule with their preceptor.
 - Shifts longer than 10 hours are not acceptable.
 - Weekly total hours that exceed 60 hours in one week is not acceptable.
 - Fluctuation in the schedule each week is expected.
- Students must document all hours in CORE-ELMS within 14 days of the date the hours were completed.
- Students must have one day off from clinical rotation responsibilities every seven days.
- Clinical hours should NOT be recorded for breaks or travel time to and from clinical sites and other clinical education experiences.
- Time management is essential, and each moment should be used as a learning opportunity.
 - If there is not much to do in a moment, students will use this time to improve their clinical skills and decision-making abilities through discussions and simulations with their preceptor.

ATTR 502: Clinical Practice I

- Students will participate in one event per week for four consecutive weeks leading up to the full-time component of the rotation.
- Each student is expected to complete a minimum of 140 hours and maximum of 420 hours participating in the day-to-day and week-to-week athletic training responsibilities for seven weeks.
- Students may be assigned to one supplemental rotation lasting two weeks.
- Clinical placements for the next rotation will be finalized within five weeks of the beginning of this rotation.

ATTR 506: Clinical Practice II

- Students will participate in one event per week for two consecutive weeks leading up to the full-time component of the rotation.
- Each student is expected to complete a minimum of 140 hours and maximum of 420 hours participating in the day-to-day and week-to-week athletic training responsibilities for seven weeks.
- Students may be assigned to one supplemental rotation lasting two weeks.
- Clinical placements for the next rotation will be finalized within five weeks of the beginning of this rotation.

ATTR 603: August Clinical Practice

- Each student is expected to complete a minimum of 120 hours and maximum of 240 participating in the totality of athletic training responsibilities for approximately 4 weeks.
- This rotation will be completed immediately preceding ATTR 616, and the clinical site will be the same for ATTR 616
- Clinical placement for the final rotation will be finalized within five weeks of the beginning of this rotation.

ATTR 616: Clinical Practice III & ATTR 652: Clinical Practice IV

- Each student is expected to complete a minimum of 200 hours and maximum of 420 hours participating in the day-to-day and week-to-week athletic training responsibilities for seven weeks.
- Students may be assigned to one supplemental rotation lasting two weeks.

Absences

All absences must be documented in CORE-ELMS which includes absences that the preceptor has approved. The DCE will contact the preceptor to determine if the absence is appropriate or inappropriate. Examples of appropriate absences include:

- Illness with a note from a health care provider
- Funeral of a close family member (parents, siblings, children, grandparents, etc.)
- Personal legal proceedings (e.g., jury duty, court dates)

The following circumstances are also considered appropriate so long as the preceptor is consulted at least two weeks before and not more than three months before starting the rotation:

- Attendance of a wedding where the student is a member of the wedding party.
- Attendance of professional meetings
- Job interviews (maximum of 4 days throughout the year)

Students are not expected to attend clinical rotations on dates where classes are suspended (e.g., fall/spring break, University recognized holidays). The program respects the right of all students to observe religious holidays and will make reasonable accommodations upon request. Students must inform the DCE and preceptor of any conflicts regarding religious holidays in writing (email) no later than the second Friday of the semester in which the holiday/obligation occurs. If notice is not provided by this deadline the absence will be considered unexcused.

The student is encouraged to inform their preceptor regarding such days during their introduction email to the preceptor. Other instances may be considered appropriate. The student's responsibility is to contact their preceptor and the DCE to determine if an absence is appropriate. Students are expected to take the minimum time away from their site possible for absence events.

24-25 University Recognized Breaks

- October 14-15 Fall Break
- November 27-29 Thanksgiving Recess
- January 20 Martin Luther King Jr. Day
- March 24-28 Spring Break
- April 18 Good Friday

Examples of inappropriate absences include:

- Vacations
- Attendance of a wedding where the student is not a member of the wedding party.
- Work obligations

If a student has a medical condition that necessitates missing rotation time for a follow-up appointment, the student must contact the Office of Disabilities Services to receive accommodation.

All absences are required to be made up at the discretion of the preceptor/DCE. Any inappropriate absences may result in repercussions up to and including failure of the rotation. All no-call-no shows to a rotation site will cause the student to fail the rotation/course.

Students are expected to be present and ready to start at the location and time set by their preceptor. Tardiness (even 1 minute late) is considered unprofessional and is not acceptable in the rotation setting. Tardiness is required to be reported to the DCE by the student. The lateness of 15 minutes or more may result in consequences up to and including failure of the rotation. Repeated tardiness of any length may result in effects up to and including failure of the rotation.

Alternatively, preceptors may report absences and tardiness to the DCE in CORE-ELMS.

Site holidays (e.g., clinical site spring break) should be discussed with the preceptor and should be made up unless they coincide with the program breaks.

- The format for make-up hours will be dictated by the preceptor and DCE and may include time on weekends, evenings, and additional projects.

Documentation of Hours

Students are responsible for reporting their hours to the nearest half hour, noting the day of the week and the rotation. Preceptors will review and verify athletic training student hours weekly. These logs will be checked by the DCE periodically throughout the semester. Failure to comply with the appropriate recording of clinical hours will result in a deduction of points from the corresponding clinical education course. Fabrication of clinical hours will result in disciplinary action consistent with the program's academic dishonesty policy.

Other Conflicts with Clinical Rotations

Upon admission to the athletic training program at Manchester University, students will be required to engage in clinical education opportunities every semester they are enrolled in the program (including summer, depending on the individual circumstances). The only exception to this is the January term, where clinical education is not expected. Clinical education opportunities are assigned based on the learning needs of the student as well as program requirements. Clinical education opportunities occur outside of the classroom but include applying knowledge and skills learned in the classroom to patients (live or simulated). While the required dates of each rotation are set by the program, the specific schedule for each student is set and agreed upon by the student and preceptor at the beginning of each rotation which frequently includes mornings, afternoons, evenings, and weekends.

Students may choose to participate in extra-curricular activities (e.g., intramurals, clubs), become a member of the military (e.g., active duty, reserve status), or commit to part-time employment. However, students do so with the understanding the clinical rotation requirements remain unchanged regardless of these activities. Any other activities or commitments mentioned previously must not excessively conflict with clinical education. To the greatest extent possible, outside commitments must be scheduled around clinical education. Suppose participation in extra-curricular activities, military duty, or employment interferes with the rotation schedule. In that case, students may not be able to meet the rotation requirements and thus fail the rotation. Students may be required to complete additional clinical rotations (i.e., summer clinical education experiences, additional semesters) to make up for the deficiency.

Additional Clinical Opportunities

Students may be given opportunities to continue a scheduled rotation after the published end day: i.e., continuing a fall rotation for a post-season tournament/bowl game or other special events. These opportunities should be discussed with the DCE, and all decisions will be made on a case-by-case basis for the betterment of student learning. Nonetheless, it can be expected generally, students will not be excused from course requirements for these additional opportunities.

Transportation and Financial Obligations

Athletic training clinical education may include opportunities at various locations, including those within and outside of the greater Fort Wayne municipality. All athletic training students at Manchester University are responsible for their transportation and expenses regarding any clinical education opportunities while enrolled in the MAT program. These responsibilities may include transportation, parking, food, lodging, and other incidental costs related to clinical assignments. Furthermore, students are responsible for any costs related to traffic tickets, motor vehicle accidents, etc. Therefore, students should ensure they drive responsibly and have adequate motor vehicle insurance.

Travel to Off-Site Events

The MAT program at Manchester University follows all standards set by the CAATE.¹ It does not allow any team travel of athletic training students without a preceptor for supervision as previously defined. When supervision by a preceptor is available, students are encouraged to participate in this clinical practice opportunity but will under no circumstances be required to travel to any event that occurs away from the primary clinical site. Students may stay in the same room with preceptor of the same sex if both parties agree that it is acceptable.

Transporting Patients

Under no circumstances should athletic training students transport patients in any vehicle for off-site medical care, physician appointments, or other reasons. Preceptors should not ask or expect students to transport patients under any circumstances. It is the student's responsibility to inform the DCE of any instance in which the student feels they were placed in a compromising situation regarding travel. If the preceptor has planned to transport patients for medical care, students may volunteer to accompany the preceptor and patient.

Inclement Weather

In bad weather or hazardous road conditions, each student must determine if they feel they can safely travel to their clinical site. If a student determines it is unsafe, they must inform their preceptor promptly. If the clinical site is closed due to adverse weather conditions, the student is not required to attend the clinical experience scheduled for that day.

- CORE-ELMS will document this absence.
- Please sign up for Spartan Alerts for notification of safety alerts at this link: <https://www.manchester.edu/student-life/university-safety/emergency-alert-system>

Rotations Outside of Northeastern Indiana

The program may offer immersive clinical rotations away from the NE Indiana area during a student's 2nd year in the program if the site complies with CAATE requirements and supports the development of student learning objectives. While there are several established clinical sites outside of NE Indiana, students may request a new clinical site outside of this area (see below). To establish a new rotation outside the NE Indiana region, the student may be responsible for identifying and completing necessary application requirements. No student will be placed out of NE Indiana unless they request the placement.

The DCE will consider requests for rotations with new affiliate sites on a case-by-case basis. The DCE will evaluate requests, but approval is not guaranteed. Evaluation of these requests will be based upon the assessment of programmatic/student needs and other criteria. Final decisions are at the discretion of the PD in consultation with the DCE.

Professionalism

Professional Appearance

Patients and professionals will recognize Athletic Training Students as both a representative of Manchester University and the profession of athletic training.

Therefore, students are expected to conduct themselves courteously and professionally and dress professionally while engaged in all clinical education opportunities (i.e., athletic training clinical rotations, simulation). Students not meeting these professional appearance standards may be denied access to clinical settings and patients. Various articles of clothing may be issued by or purchased through Manchester University or the affiliate sites. Typically, these display the institution, program or department name, or logo. Such items will only be worn during clinical hours or officially sponsored events unless otherwise approved.

Compliance with the list below is an expectation of every student while on rotation. However, a preceptor may require an alternate dress code for their specific rotation (e.g., surgical scrubs). In such cases, students must comply with such requirements.

- Students must maintain good hygiene; wear their MAT Clinical Education Badge (see below). These badges will be worn for all rotation activities. If the rotation site requires a separate nametag, students will be expected to wear both nametags unless otherwise instructed by the DCE or the preceptor at the site.
- Students are expected to practice discretion with hairstyle, make-up, jewelry, perfume/cologne, strong-smelling creams and lotions, and essential oils while at the practice site.
- Jewelry must not interfere with the responsibilities of an athletic trainer.

- Hair should be kept neat and out of the face. Facial hair must be kept neatly trimmed.
- Hats will not be worn unless given specific permission for outdoor events.
- Students will wear (at a minimum) twill pants/shorts with a collared polo shirt, socks, appropriate shoes, and the appropriate Clinical Education Badge.
- Belts should be worn if pants have belt loops. Knee-length skirts and dresses with appropriate hosiery are permitted if they do not interfere with the responsibilities of an athletic trainer at that practice site.
- Leggings worn as pants are not permissible. Leggings under skirts or dresses are allowed.
- Denim (jeans), mini-skirts, T-shirts, sweats, sleeveless shirts/tank tops, un-tucked shirttails, and tattered/torn clothing are considered inappropriate and are not allowed.
- Open-toe or open-heel shoes are inappropriate and are not permitted.
- Tattoos, any body piercing other than the ears, and other forms of body art, are to be covered while at experiential sites.
- Articles that display or promote illegal acts, tobacco or alcohol products, profane language, or symbols are prohibited.
- Except for Manchester University or the assigned clinical site, articles that promote Greek affiliations or other institutional (university, high school, or professional) athletic team names or logos are prohibited.
- Revealing clothes, such as low-cut, sheer, see-through, or tight/form-fitting attire (e.g., tank tops, tube tops, and halter-tops) are not allowed.
- Specific sites may vary from this policy. It is expected that the student will adhere to the dress code at that site.

Contest or special event coverage usually calls for wearing business or business casual attire. Exceptions may occur based upon an individual team or institutional policy; the dress code for event coverage should be discussed with the appropriate preceptor.

Some clinical sites may also have dress codes for travel parties, etc. When traveling to other schools or hosting guest teams and staff, remember that you are representing Manchester University and the MAT program. Therefore, you should look and act professionally.

When attending general medical rotations at medical facilities, students should follow the dress of the health care professional they are working with. In most cases, this is business casual attire.

When attending professional conferences (i.e., IATA, GLATA, NATA), students should follow the dress code for that event. In most cases, this will be business casual.

Understand how communication related to social media and electronic messaging (email, texting) should be handled, particularly clinical education and patient information. All athletic training students are required to review and sign the Social

Media Policy and Confidentiality Statement within Canvas annually. This signed statement will become part of the athletic training student's permanent file. Any release of confidential information may result in disciplinary action up to the athletic training student being dismissed immediately from the MAT Program.

Confidentiality of Student Information

As affiliates of the Manchester athletic training program, preceptors must comply with the Family Educational Rights and Privacy Act (FERPA) by keeping all student performance and evaluation matters confidential. Student performance is considered an educational record. Sharing information within a student evaluation by the preceptor to anyone other than the DCE is viewed as a violation of FERPA. It may result in a termination of the preceptor's relationship with the College. Preceptors must be aware of and operate within the boundaries of FERPA.

Compensation and Conflict of Interest

The following are guidelines regarding compensation or employment during rotations. The DCE reserves the right to change the site assignment if the possibility of a conflict of interest exists.

- A student may not receive financial compensation from a clinical site for participating in a rotation at that site.
- A student shall not seek free medical advice or treatment for self or family members through medical staff or other personnel at their assigned sites while on rotation; nor shall they ask for a discount to purchase a prescription or nonprescription medication or services. It is, however, acceptable to utilize discounts if they are provided by the site and are not requested/solicited by the student.
- A student may not have a close relative (i.e., parent, sibling, cousin, uncle, aunt, grandparent) as a preceptor.
- A student should not complete their rotation where they are actively working.

Clinical Progression

Students' progress through clinical education will be assessed regularly by preceptors supervising the student. Three types of evaluations are used to determine a student's skills and abilities or the quality of the clinical rotation. At a minimum, the student will be evaluated at the mid and endpoint of the athletic training clinical rotation to provide students feedback on their professional behaviors and attitudes needed to meet the expectations of an entry-level athletic trainer. In both cases, the student will meet with their preceptor in person to discuss the preceptor's evaluation. This meeting should occur before the evaluation is submitted. Timely submission of all evaluations is required, and failure to adhere to deadlines will result in a grade penalty in the respective clinical practice course.

The evaluation and documentation of professional behaviors and attitudes comprise a portion of the total assessment of student performance in a clinical practice course. Evaluation forms are made available in CORE ELMS.

Field Encounters

Field encounters allow preceptors to evaluate the PY2 student's skills in critical elements of athletic training practice. Students are responsible for submitting each field encounter to their preceptor in CORE ELMS and are expected to complete all field encounters before they graduate (25% progression for each athletic training clinical rotation). Ideally, field encounter evaluations should occur after a live patient encounter. An evaluation should occur when first requested by the student. It is inappropriate for the student or preceptor to wait for the student to perform the task competently or proficiently. Field encounters can be repeated over the curriculum. At times, evaluation of tasks performed with a live patient encounter is not possible. In these circumstances, preceptors may simulate an encounter to evaluate the student's skill.

Skills Map

Skill check offs, please see Appendix for document, allow preceptors to evaluate the student's individual skill on specific critical elements of athletic training practice. PY1 will be responsible for submitting each skill to their preceptor in CORE ELMS. They are expected to complete all skills on the skill map prior to graduation. An evaluation should occur when first requested by the student. Skills check off evaluations can occur before or after a live patient encounter. Preceptors may simulate a skill check off from student's skills map to evaluate a specific skill.

Clinical Performance Evaluations (completed by preceptors)

Students' performance will be evaluated at the mid-point and endpoint of each integrated and immersive clinical rotation. Preceptors will assess students' skills and behaviors as they relate to program outcomes. As a component of the evaluation, preceptors will mark whether the student is "on track/pass" or "not on track/no pass" based on their assessment of the student's progress toward meeting the standards of an entry-level athletic trainer. Any student with incomplete evaluations will automatically fail the rotation/course. A student who fails two rotations will be dismissed from the program.

Midpoint Procedures:

- Preceptors evaluate students on professional work habits, oral and written communication skills, professionalism and recommend a grade of "On Track/Pass" or "Not on Track/No Pass" based on student performance.
- The preceptor completes the student's performance evaluation on CORE ELMS and verbally reviews the evaluation with the student.
- Preceptors who have noted a student's deficiency in a particular area should develop a written plan for improvement and share the plan with the student. The student must actively demonstrate an attempt to correct deficiencies or address the plan before the end of the rotation.
- The preceptor should notify the DCE and provide written documentation of compelling student deficiencies. Expedient reporting ensures sufficient opportunity for student remediation before the end of the rotation. Suppose a student receives a "Not on Track/No Pass" recommendation. In that case, the student will provide to the DCE a written plan, approved by the

preceptor, within three business days, regarding an approach that will position the student for successful completion of the rotation.

Importance of Midpoint Evaluation:

- Allows for student reflection on strengths and areas requiring improvement.
- Provides time to make improvements.
- Promotes open discussion on the student's progress and performance.
- Provides written documentation of any deficiencies that could result in a failing grade.

End-Point (Final) Procedures:

- Access this evaluation on CORE ELMS after the student has completed all program and site requirements.
- This evaluation can be accessed multiple times until submission. If changes are needed after the initial submission, contact the DCE.
- Preceptors evaluate students on professional work habits, oral and written communication skills, professionalism and recommend a grade of “On Track/Pass” or “Not on Track/No Pass” based on student performance.
- Preceptors verbally review the evaluation with the student.
- If a preceptor recommends that a student be assigned a “Not on Track/No Pass” grade, CORE ELMS will automatically notify the DCE. Preceptors are encouraged to include additional recommendations as provided on the evaluation form.
- Students who receive a “Not on Track/No Pass” recommendation from a preceptor must repeat the rotation at a time and site determined by the DCE.
 - The repeated rotation should be the same type as the failed rotation and should be repeated as soon as feasible, considering the site, preceptor, and student schedules.
 - The DCE will coordinate the plan for the repeated schedule with the PD, Registrar, and Offices of Academic Affairs as needed. Students can expect that this plan will at a minimum include a 7-week clinical rotation, however students may be required to repeat the entire clinical practice course to remediate areas of concern.
 - The repeated rotation plan may result in an alternate rotation schedule for the student.
- The student has the right to appeal a “Not on Track/No Pass” recommendation per the grade appeal policy in the Graduate Bulletin.
- If a student receives a “Not on Track/No Pass” recommendation during any midpoint evaluation following a failed rotation, the student will meet with the DCE, and PD, to discuss the rotation. The outcome of this discussion may involve creating a new remediation plan or withdrawal from the current clinical practice course.

Importance of Final Evaluation:

- The preceptor's final evaluation is a critical element in the student's final grade.
- The evaluation is available for the student's other preceptors to review and may form the basis for content to be covered or emphasized in subsequent rotations.

Preceptor and Clinical Site Evaluations (completed by students)

Students are required to complete a final evaluation of both their preceptor and the clinical site for each integrated and immersive rotation. These evaluations aim to assess preceptor clinical teaching effectiveness, and the learning environment offered by the site. Any student with incomplete evaluations will automatically fail the rotation/course.

Dismissal from a Clinical Site

The preceptor and site reserve the right to dismiss any student from the premises if the student is believed to be potentially harmful to patients or violates the site's policies or procedures.

- If a student is dismissed from a facility/site for any reason, the DCE must be immediately notified by the student.
- Dismissal from a rotation site:
 - This will result in the student receiving a zero and “no pass” for the midpoint or final performance evaluation.
 - Dismissal will result in failure of the rotation and clinical practice course.
- The DCE will discuss each dismissal with the PD and propose a course of action.
- Any dismissal may result in disciplinary action, including up to dismissal from the program.

Withdrawal from Clinical Practice Courses

Withdrawal from a clinical practice course will not be granted unless approval is granted by petitioning the DCE in consultation with the PD. The DCE will review all requests for withdrawal on a case-by-case basis and determine if the request is approved or denied. All other withdrawals will be considered unauthorized, and the student will receive a No Pass for the rotation.

Student and Patient Safety**Therapeutic Equipment Safety**

The program and affiliated clinical sites are required to conduct professional inspections/calibrations of all therapeutic equipment in use. These inspections/calibrations are completed annually, and documentation is maintained by both the program and affiliated clinical site. All sites must follow at least the minimum safety protocols and maintenance for all therapeutic equipment per manufacturer guidelines. Failure to meet this minimum standard may result in athletic training students being withdrawn from that affiliated clinical site. An athletic training student will not have a grade decreased if such an action occurs and hours cannot be met

per rotation requirements. Such a student will be reassigned to another affiliated clinical site based on site/preceptor availability. Additional opportunities (e.g., simulation, BOC Facility review or other similar administrative tasks) may be used to make up for any deficiency in hours requirements. Students should only use therapeutic equipment after being oriented to the equipment and instructed by the preceptor on safe use. Students' use of therapeutic equipment must comply with federal, state, and local regulations.

Radiation Exposure

The athletic training facilities at Manchester University do not have equipment that would expose the MAT student to radiation. However, suppose a student participates in a clinical rotation that allows the student to observe procedures where exposure to radiation is likely (i.e., x-ray, surgery under fluoroscopy). In that case, preceptors are responsible for orienting students to radiation safety procedures, and the student is expected to follow all policies and procedures implemented by that location.

Sanitation and Disinfection Precautions

Care must be taken to reduce the spread of germs and infections/diseases/illnesses in all health care settings. The first line of defense against infections/diseases/illnesses is hand washing. All students, staff, and preceptors are expected to take appropriate handwashing, sanitation, and disinfection precautions when providing patient care. All clinical sites will provide the students, staff, and preceptors the ability to clean/sanitize their hands and disinfect therapeutic equipment before and after patient encounters.

Venue-Specific Critical Incidence Response Procedures

Each venue that acts as a clinical education site for Manchester University's students of the MAT Program is expected to have an Emergency Action Plan (EAP). Preceptors must orient students to these EAPs at the start of the experience and before a client/patient encounter at the site. The EAP is to be reviewed annually by the staff or administration at each clinical site. EAPs will be posted in a place that is considered immediately accessible to students in an emergency at that venue.

Accident Reporting

If a student experiences an accident or injury while on rotation (e.g., needle stick or biohazard exposure or an injury), the following steps must be taken:

- Contact the preceptor immediately and determine what procedures or treatment exist at that site to provide the necessary medical attention.
- The student should follow the site protocol to address the issue.
- The student will be responsible for any costs associated with treatment.
- The student should contact their primary care provider for necessary follow-up care. If the student does not have an established provider in the area, they should check with their insurance and utilize approved urgent care or emergency department facilities until they are able to have an appointment with a primary care provider.
- The student will inform the DCE within 24 hours about all accident situations via phone and complete the incident report documentation in CORE ELMS.

Failure to inform the DCE within this time frame may result in disciplinary action.

Once notified, the DCE should:

- Speak to the student and obtain the necessary information regarding the accident:
 - Name of student
 - Clinical site
 - Date, time, and place of accident
 - Nature of accident
 - Who was contacted at the site
 - What action or care was given
 - Current status of the situation

- Speak with the preceptor and obtain the necessary information regarding the accident:
 - Clinical site
 - Date, time, and place of accident
 - Nature of accident
 - Who was contacted at the site
 - What action or care was given
 - Current status of the situation

- Complete the Incident Report Form documentation in CORE ELMS
- Follow-up with the student on an interval supported by the nature of the injury. Dependent on the injury and after conversation with the site preceptor, the student may need to provide medical clearance from a provider to return to clinical rotations.
- Update the incident report form as needed.
- Keep a file of all records and communications related to the accident.

Sexual Harassment

Manchester University is an institution of higher learning that respects the infinite worth of every individual and graduates' persons of ability and conviction who draw upon their education and faith to lead principled, productive, and compassionate lives that improve the human condition. As such, Manchester University does not discriminate based on sex and is committed to providing an educational environment free from discrimination.

As a recipient of federal funding, the University is required to comply with Title IX of the Higher Education Amendments of 1972, 10 U. S. C. § 1681 et seq. (Title IX). Title IX is a federal civil rights law that prohibits discrimination based on sex – including pregnancy and Sexual Misconduct – in educational programs and activities. Title IX's sex discrimination prohibition extends to claims of discrimination based on gender identity or failure to conform to stereotypical notions of masculinity or femininity.

More information on Sexual Harassment and how to report it can be found on the Manchester University website by searching Title IX.

Assistance for Students with Disabilities

All accommodation requests must be made as outlined in the Student Handbook under the Americans with Disabilities Act (ADA) and Students with Disabilities. Please note that although accommodations may be granted dependent on the specific disability, accommodations during clinical rotations are often limited.

Illicit Substance Use

It is the policy of the College of Health Science, Nursing, and Pharmacy to provide a drug-free, healthy, safe, and secure educational environment. Employees and students are required and expected to report to their class or student activities in appropriate mental and physical conditions to meet their respective roles' requirements and expectations.

The College of Health Science, Nursing, and Pharmacy prohibits the unlawful and unauthorized manufacture, distribution, dispensation, possession, or use of narcotics, drugs, other controlled substances, or alcohol in the education setting. Unlawful for these purposes means in violation of federal, state, or local regulations, policy, procedures, and rules, as well as legal statutes. Educational setting means College operated buildings and grounds or conducting College business away from the College premises, including clinical or service-learning sites.

Illicit substance use is a violation of the professional standards for the MAT Program and should be reported to the DCE by any student, faculty member, staff member, or preceptor. Suspected illicit substance use will warrant the review by the DCE and PD. **Please refer to the MAT Program Handbook for further detail.**

Complaints

Manchester University College of Health Science, Nursing, and Pharmacy has established, implemented, and maintains a student complaint procedure. Any person may file a formal written complaint to the Manchester University College of Health Science, Nursing, and Pharmacy regarding its Master of Athletic Training Program.

Complaints may include, but are not limited to, clinical education policies, grading issues, inappropriate student or preceptor conduct, or failure to comply with University or College policies.

Students on rotation may utilize the CORE-ELMS Incident Report function to contact the DCE regarding any issues or complaints while on rotation.

Please refer to the MAT Program Handbook and Graduate Bulletin for further detail.

Appendix A: Clinical Skills Map

Note: Skills **highlighted** will be assessed by both preceptors and program faculty members during the corresponding academic term.

Fall I: ATTR 512 Clinical Skills I

Skills	CAATE Standard
Assessment	
Blood Pressure	18/70
Heart Rate	18/70
Pulse Oximetry	18/70
Respiratory Rate	18/70
Pupil Reaction (Light)	70
Oxygen	
Lung Auscultation	70
Immobilization & Splinting	
Vacuum Splints (Upper & Lower)	78
Constructed Splints (Upper & Lower)	78
Ambulation	
Crutch Fitting	86
Non-weight-bearing	86
Ascending / Descending Stairs	86
Patient Transport Assisted Walk	86
Special Tests	
Bump Test (Leg Stress Fractures)	71
Compression Test (Squeeze Test)	71
Homans' Sign	71
Hydration	
Safe Weight Loss (Specific Gravity)	83/85
Dipstick Urinalysis	85
Refractometer (Specific Gravity)	85
Equipment Fitting	
Football Helmet	86
Shoulder Pads	86
Mouth Guard	86
Running Shoes	86
Prophylactic Ankle & Knee Brace	86
Orthotics	78
Taping & Wrapping	
Tape – Elbow Hyperextension	78
Tape – Wrist (Neutralization)	78
Tape – Thumb Spica	78
Tape – Collateral Interphalangeal Joint	78
Tape – Ankle (Closed Basketweave)	78
Tape – Achilles	78
Tape – Longitudinal Arch	78
Tape – Great Toe (Turf Toe)	78
Tape – Patellofemoral Stabilization	78
Wrap – Spica – Shoulder, Hip Flexor, Hip Adductor	78

Wrap – Knee & Ankle Compression	78
Immobilization & Splinting	
SAM Splint	78
Knee Immobilizer	78
Sling & Swath	78
Fitness & Wellness	
Balance Test (Upper & Lower Extremity Proprioception)	71.3

Fall I: ATTR 521 Immediate and Emergency Care

Skills	CAATE Standard
CPR	
Oropharyngeal Airways	70
Nasopharyngeal Airways	70
Oxygen	
Nasal Cannula	70
Non-Rebreather Mask	70
Reservoir Bag Valve Mask	70
Peak Flow Meter	70
Nebulizer Treatment	70
Metered-Dose Inhaler	70
Suction Airway Management	70
Cervical Spine	
Stabilization	70
Boarding	70
Six Person Lift	70
Prone Log Roll	70
Supine Log Roll	70
Facemask Removal	86
Cordless Screwdriver	86
FM Extractor	86
Quick Release Tool	86
Trainer's Angel	86
Maintain Airway	70
Environmental Monitoring	
Lightning Detection (Flash Bang / Technology)	85
Sling Psychrometer	85
Miscellaneous	
Hemorrhage Management	70
Wound Care	70
Auto-Injectable Epinephrine	70
Rectal Thermometer	70
Disposal of Contaminated Objects (Sharps / Bandages)	70
Glucometer (Blood Glucose)	70

Spring I: ATTR 522 Clinical Skills II / ATTR 526 Musculoskeletal Assessment I

Skills	CAATE Standard
Cervical Spine	
Palpations	
Palpations: Cervical Spine	71
Manual Muscle Testing	
MMT: Cervical	71
Osteokinematic Joint Motion	
Goniometric Assessment: Cervical Spine – All directions	71
Special Tests	
Adson's Test	71
Allen's Test	71
Brachial Plexus Traction Test	71
Cervical Compression Test	71
Cervical Distraction Test	71
Cervical-Flexion Rotation Test	71
Military Brace Test	71
Roo's Test (Elevated Arm Stress Test)	71
Shoulder Abduction Test	71
Spurling's Test	71
Upper Limb Tension Test	71
Vertebral Basilar Insufficiency Test (Vertebral Artery Test)	71
Upper Quarter Screen	
Dermatomes Testing: C1-C8, T1	71/76
Myotome Testing: C2-C8, T1	71/76
Reflex Testing: C5, C6, C7	71/76

Shoulder	
Palpations	
Palpation: Shoulder	71
Manual Muscle Testing	
MMT: Shoulder	71
Osteokinematic Joint Motion	
Goniometric Assessment: Glenohumeral Joint (All directions)	71
Capsular & Ligamentous Stress Testing	
Acromioclavicular Joint Compression Test (Shear Test)	71
Acromioclavicular Joint Distraction Test	71
Anterior Drawer Test for the Shoulder	71
Apprehension Test (Crank Test)	71
Feagin Test (Inferior Drawer Test)	71
Jerk Test (Clunk Test)	71
Posterior Apprehension (Stress) Test	71
Posterior Drawer Test for the Shoulder	71
Relocation Test (Jobe's Test)	71
Sternoclavicular Joint Stress Test	71
Sulcus Sign	71
Surprise Test (Anterior Released Test)	71
Joint Play (Arthrokinematics)	
Acromioclavicular Joint Play	71
Glenohumeral Joint Play	71

Special Tests	
Active Compression Test (O'Brien Test)	71
Apley's Scratch Test	71
Drop Arm Test (Codman's Test)	71
Empty Can Test (Supraspinatus Test)	71
Hawkins-Kennedy Test	71
Neer Impingement Test	71
Pectoralis Major Contracture Test	71
Speed's Test (Straight Arm Test)	71
Yergason's Test	71

Elbow	
Palpation	
Palpation: Elbow	71
Manual Muscle Testing	
MMT: Elbow	71
Osteokinematic Joint Motion	
Goniometric Assessment: Humeroulnar Joint (All directions)	71
Capsular & Ligamentous Stress Testing	
Valgus Stress Test for the Elbow	71
Varus Stress Test for the Elbow	71
Moving Valgus Stress Test for the Elbow	71
Special Tests	
Elbow Flexion Test	71
Passive Tennis Elbow Test	71
Tinel's Sign for the Elbow	71

Wrist & Hand	
Palpation	
Palpation: Wrist and Hand	71
Manual Muscle Testing	
MMT: Wrist and Hand	71
Osteokinematic Joint Motions	
Goniometric Assessment: Radiocarpal (All directions)	71
Capsular & Ligamentous Stress Testing	
Gamekeeper's Thumb Test (Ulnar Collateral Ligament Test)	71
Interphalangeal Joint Valgus Stress Test	71
Interphalangeal Joint Varus Stress Test	71
Radiocarpal Valgus Stress Test	71
Radiocarpal Varus Stress Test	71
Joint Play (Arthrokinematics)	
Intermetacarpal Glide	71
Carpometacarpal Glide	71
Radiocarpal Glide	71
Special Tests	
Allen's Test	71
Finkelstein's Test	71
Phalen's Test (Wrist Flexion Test)	71
Reverse Phalen's Test	71
Scaphoid Compression Test	71
Tinel's Sign (Median Nerve)	71

Watson's Test (Scapholunate Instability)	71
Neurological Assessment	
Median Nerve	71
Radial Nerve	71
Ulnar Nerve	71

Head & Face	
Palpations	
Palpation: Head and Face	71
Special Tests	
Halo Test	71/76
Tongue Blade Test	71
Neurological Assessment	
Balance Error Scoring System (BESS) Test	76
Tandem Walking	76
Romberg Test	71/76
Determination of Anterograde Amnesia	71/76
Determination of Retrograde Amnesia	71/76
SCAT 6/ Maddock's Questions	71/76
Cranial Nerve I (Olfactory)	76
Cranial Nerve II (Optic)	76
Cranial Nerve III (Oculomotor)	76
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Cranial Nerve VI (Abducens)	76
Cranial Nerve VII (Facial)	76
Cranial Nerve VIII (Vestibulocochlear)	76
Cranial Nerve IX (Glossopharyngeal)	76
Cranial Nerve X (Vagus)	76
Cranial Nerve XI (Spinal Accessory)	76
Cranial Nerve XII (Hypoglossal)	76

Spring I: ATTR 522 Clinical Skills II / ATTR 536 Musculoskeletal Assessment II

Skills	CAATE Standard
Foot & Ankle	
Palpation	
Palpation: Foot and Toes	71
Manual Muscle Testing	
MMT: Foot and Ankle	71
Osteokinematic Joint Motion	
Goniometric Assessment: Foot and Ankle	71
Capsular & Ligamentous Stress Testing	
Valgus Stress Test: Metatarsophalangeal and Interphalangeal Joints	71
Varus Stress Test: Metatarsophalangeal and Interphalangeal Joints	71
Joint Play (Arthrokinematics)	
Intermetatarsal Glide Assessment	71
Midtarsal Joint Play	71
Tarsometatarsal Joint Play	71
Special Tests	
Dorsiflexion-Eversion Test	71
Long Bone Compression Test	71
Mulder Sign for Intermetatarsal Neuroma	71
Navicular Drop Test	71
Test for Supple Pes Planus (Windlass Test)	71

Ankle & Lower Leg	
Palpation	
Palpation: Ankle / Lower Leg	71
Manual Muscle Testing	
MMT: Ankle/ Lower Leg	71
Osteokinematic Joint Motion	
Goniometric Assessment: Subtalar Joint	71
Capsular & Ligamentous Stress Testing	
Anterior Drawer Test for the Ankle	71
Cotton Test (Lateral Talar Glide Test)	71
Kleiger Test (External Rotation test)	71
Talar Tilt (Eversion Stress Test)	71
Talar Tilt (Inversion Stress Test)	71
Joint Play (Arthrokinematics)	
Subtalar Joint Play	71
Distal Tibiofibular Joint Play	71
Special Tests	
Thompson's Test (Simmond's Test)	71
Tinel's Sign	71

Knee	
Palpation	
Palpation: Knee	71
Manual Muscle Testing	

MMT: Knee	71
Osteokinematic Joint Motion	
Anterior Drawer Test Knee	71
Godfrey Test (Godfrey 90/90 Test)	71
Hughston Posterolateral Drawer Test	71
Hughston Posteromedial Drawer Test	71
Hughson Jerk Test	71
Lachman's Test	71
Lateral Pivot shift Test	71
Posterior Drawer Test Knee	71
Posterior Sag Sign	71
Quadriceps Active Test	71
Slocum Drawer Test (External Tibial Rotation)	71
Slocum Drawer Test (Internal Tibial Rotation)	71
Valgus Stress Test Knee	71
Varus Stress Test Knee	71
Special Tests	
Apley's Grind	71
Ballotable Patella	71
Bounce Home	71
External Rotation Test (Dial Test)	71
External Rotation Recurvatum Test	71
McMurray's Test	71
Nobels's Compression Test	71
Patellar Apprehension Test	71
Sweep Test	71
Thessaly's Test	71
Wilson's Test	71

Hip & Pelvis	
Palpations: Hip and Pelvis	71
Manual Muscle Testing	
MMT: Hip and Pelvis	71
Osteokinematic Joint Motion	
Goniometric Assessment: Hip and Pelvis all directions	71
Capsular & Ligamentous Stress Testing	
Sacroiliac Compression Test	71
Sacroiliac Distraction Test	71
Special Tests	
Ely's Test	71
Flexion-Abduction-External Rotation (FABER) Test (Patrick's Test)	71
Flexion-Adduction-Internal Rotation (FADDIR)	71
Flexion-Adduction-Internal Rotation (FAIR) Test	71
Gaenslen's Test	71
Hip Scouring	71
Ober's Test	71
Thomas Test	71
Trendelenburg's Sign	71
Leg Length Assessment (True)	71
Leg Length Assessment (Apparent)	71

Girth Measurements (Thigh)	71
Postural Measurement (Q-Angle)	71

Lumbar & Thoracic Spine	
Palpation	
Palpation: Lumbar and Thoracic Spine	71
Manual Muscle Testing	
MMT: Lumbar and Thoracic Spine	71
Osteokinematic Joint Motion	
Goniometric Assessment: Trunk (All Directions)	71
Joint Play (Arthrokinematics)	
Spring Test	71
Special Tests	
Adam's Slide Bending Test	71
Beevor's Sign	71
Bowstring Test (Cram Test/Popliteal Pressure Sign)	71
Extension Quadrant Test	71
Femoral Nerve Traction Test	71
Flexion Quadrant Test	71
Hoover's Sign	71
Kernig / Brudzinski Sign	71
Milgram's Test	71
Slump Test	71
Stork Stance Test	71
Straight Leg Raise (Unilateral Straight Leg Raise/Lasique Test)	71
Tension Sign	71
Valsalva Test	71
Well Straight Leg Raise Test	71
Lower Quarter Screen	
Dermatome Testing: L1-L5, S1-S2	71/76
Myotome Testing: L1/L2-L5, D1-S2	71/76
Reflex Testing: L2/L3/L4, L5, S1, S2	71/76

Fall II: ATTR 612 Clinical Skills III / ATTR 622 Therapeutic Interventions

Skills	CAATE Standard
Therapeutic Modalities	
Acoustic Energy	
Phonophoresis	73
Therapeutic Ultrasound 1 MHz	73
Therapeutic Ultrasound 3 MHz	73
Therapeutic Ultrasound Immersion	73
Cryotherapy	
Contrast Bath	73
Cold Whirlpool	73
Ice Bag	73
Ice Massage	73
Electrical Energy	
Electrical Stimulation (Interferential)	73
Electrical Stimulation (Low-Intensity Microcurrent)	73
Electrical Stimulation (Iontophoresis)	73
Thermotherapy	
Hot Whirlpool	73
Moist Heat Pack	73
Paraffin Bath	73
Manual Therapy	
Intermittent Compression	73
Cross-Fiber Friction Massage	73
Effleurage Massage	73
Fine Vibration Massage	73
Petrissage Massage	73
Tapotement Massage	73

Fall II: ATTR 612 Clinical Skills III / ATTR 632 Therapeutic Interventions

Skills	CAATE Standard
Therapeutic Exercise	
Self-Treatment	
Self-Stretching	73
Lower Extremity	
Lower Extremity Endurance (Ankle, hip, knee)	73
Lower Extremity Isometrics (Ankle, hip, knee)	73
Lower Extremity Proprioception (Static, Dynamic)	73
Lower Extremity Strength (Ankle, Hip, Knee)	73
Upper Extremity	
Upper Extremity Endurance (Shoulder)	73
Upper Extremity Isometrics (Elbow, Shoulder)	73
Upper Extremity Proprioception (Static, Dynamic)	73
Upper Extremity Strength (Shoulder, Elbow, Hand, Wrist)	73
Proprioceptive Neuromuscular Facilitation Stretching	
PNF: Contract / Relax (Wrist Flexors)	73
PNF: Contract / Relax (Hip Extensors / Hamstrings)	73
PNF: Hold / Relax (Wrist Flexors)	73
PNF: Hold / Relax (Hip Extensors / Hamstrings)	73
PNF: Slow – Reversal – Hold – Relax (Wrist Flexors)	73
PNF: Slow – Reversal – Hold – Relax (Hip Extensors / Hamstrings)	73
Proprioceptive Neuromuscular Facilitation Strengthening	
PNF: Rhythmic Initiation (Elbow Flexors)	73
PNF: Rhythmic Initiation (Ankle Dorsiflexors)	73
PNF: Repeated contraction (Ankle Dorsiflexors)	73
PNF: Slow Reversal (Lower Extremity D1 Flexion)	73
PNF: Slow Reversal (Lower Extremity D1 Extension)	73
PNF: Slow Reversal (Lower Extremity D2 Flexion)	73
PNF: Slow Reversal (Lower Extremity D2 Extension)	73
PNF: Slow Reversal (Upper Extremity D1 Flexion)	73
PNF: Slow Reversal (Upper Extremity D1 Extension)	73
PNF: Slow Reversal (Upper Extremity D2 Flexion)	73
PNF: Slow Reversal (Upper Extremity D2 Extension)	73
Joint Mobilization Oscillatory	
Joint Mobs: Grade 1 – 4 Oscillatory (Tibiofemoral Extension)	73
Joint Mobs: Grade 1 – 4 Oscillatory (Glenohumeral Abduction)	73
Joint Mobilizations Sustained	
Joint Mobs: Grade 1 – 3 Sustained (Tibiofemoral Flexion)	73
Joint Mobs: Grade 1 – 3 Sustained (Glenohumeral Joint)	73

Summer: ATTR 633 Medical Aspects

Skills	CAATE Standard
Clinical Assessment	
Eye Convergence	76
Gaze Stability (Horizontal Vestibulo-Ocular Reflex)	76
Gaze Stability (Vertical Vestibulo-Ocular Reflex)	76
Saccadic Eye Movement (Horizontal)	76
Saccadic Eye Movement (Vertical)	76
Smooth Pursuits	76
Snellen Eye chart	71
Otoscope Use (Ear)	71
Otoscope Use (Nose)	71
Otoscope Use (Throat)	71

References

1. Commission on Accreditation of Athletic Training Education (CAATE). Implementation and guide to the CAATE 2020 professional standards. Available at https://caate.net/wp-content/uploads/2022/05/Pursuing-and-Maintaining-Accreditation-Professional-Programs_May-22_Final.pdf Accessed June 15, 2020.