



John G. Rangos, Sr.
School of Health Sciences

Athletic Training

Policies & Procedures Handbook

2024-2025

www.duq.edu/athletictraining

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INTRODUCTION

The Policies and Procedures Handbook has been prepared to define, institute, and maintain an effective Athletic Training Program at Duquesne University. The purpose of this manual is to inform the Athletic Training Students, Clinical Preceptors, Athletic Training Faculty and Staff, and other programmatic stakeholders as to the policies and procedures governing the Athletic Training Program.

This handbook will give direction and provide guidelines to frame decisions within the Athletic Training Program. The materials are fashioned to assist all Athletic Training Program stakeholders in cultivating and maintaining effective, stimulating, and safe learning environments for students, while also establishing a safe, effective, and appropriate environment for person-centered care for the patients with whom they work.

As the educational process from admission through graduation requires continuing review and appropriate approval by university officials, the provisions of this handbook are to be considered directive in nature. The educational process throughout the program is reviewed on an on-going basis and approved by University officials. The University, School, Athletic Training Program, and Department of Athletic Training reserve the right to change requirements and regulations contained herein, and to determine whether an individual has adequately met the requirements for admission or graduation.

IMPORTANT NOTE: Student Verification

This publication is considered an agreement or contract between individual students and the Athletic Training Program and Department. The Athletic Training Program and/or the Department of Athletic Training personnel reserve the right to alter or amend the terms, conditions, and requirements herein, as well as eliminate programs or courses as necessary. Information contained in this handbook will be updated at minimum yearly; if changes are warranted sooner than this annual cycle, all adaptations will be communicated to students and other stakeholders and verified by signature at the point of implementation. Once enrolled, students should consult with their Faculty Mentors and/or Student Success Coach on a regular basis for specific information regarding academic policies pertaining to the athletic training program. Students in the Professional Phase of the Program will be required to verify their confirmation of receipt of this updated document and willingness to follow these policies and procedures online via the Athletic Training Program Canvas website.

In addition to the Policies and Procedures specifically addressed in this document, students are bound to all Duquesne University policies procedures including, though not limited to:

- Academic dishonesty
- Grievance
- Matriculation requirements
- Nondiscrimination
- Withdrawal and refund of tuition and fees

These specific institutional policies and procedures are publicly available on the Duquesne University website: <https://www.duq.edu/about/policies-and-initiatives/student-handbooks.php>

Rangos School of Health Sciences

Mission

Educating ethical healthcare professionals to engage and serve diverse local and global communities to advance person-centered healthcare.

Vision

We will be leaders in educational innovation, interdisciplinary research, and community engagement.

Core Values

| | |
|---|--|
| <ul style="list-style-type: none"> • Evidence-based practice • Advancing knowledge through research • Service • Community engagement • Care for local and global community • Patient/Client-centered care | <ul style="list-style-type: none"> • Ethics Equity & inclusion • Empathy & compassion • Professionalism • Student success • Interprofessional collaboration • Competency |
|---|--|

Athletic Training Program

Mission

The Athletic Training Program is committed to providing a person-centered education that empowers students to make evidence informed decisions and engage in interprofessional collaborative practice.

Vision

The Athletic Training Program is committed to engaging in contemporary practices to promote and advance whole-person healthcare both locally and globally.

Goals

As a Program we aim to:

1. Develop competent and confident athletic trainers
2. Foster the development of clinical decision making and critical thinking when dealing with all aspects of patient-centered care
3. Promote the importance of research through the engagement and application of evidence in clinical practice
4. Provide students with opportunities to learn from, with, and about other healthcare professions as they relate to patient care
5. Prepare students to understand, integrate, and apply knowledge related to the delivery of global healthcare
6. Deliver a high quality and effective athletic training program



Figure 1. The Duquesne University Athletic Training Program Framework & Associated Goals

Athletic Training Program Framework, Goals, & Assessment Plan Overview

The Duquesne Athletic Training Program Framework serves as the foundation which connects our program mission, vision, and goals in support of the university mission. The Framework has three primary areas of distinctiveness for our program: Global, Individual, and Patient-Centered (see Figure 1). Within each of these three areas, our Student Learning Outcomes (SLOs) serve to guide curricular design, implementation, and assessment to ensure program goals are met. The SLOs have been adapted from the Athletic Training (AT) Milestones and classified in alignment to our Framework areas of distinctiveness. Each of these outcomes include objectives and benchmark indicators for assessment.

The assessment plan is structured as an ongoing process rooted in quality assurance and improvement of the program. Data collected include evidence from direct and indirect measures; all data for inclusion in the assessment plan is gathered by program faculty and collated by the Program Director. These data are reviewed collectively by program faculty on a yearly basis to determine course and program changes or action/improvement plans, as needed. Action/improvement plans, when necessary, will include targeted goals and action items that identify the strategies for change as well as communication and implementation of the plan and associated program changes. The Program Director maintains documentation of these evidence-driven modifications in collaboration with program faculty.

Athletic Training Program Student Learning Outcomes (SLOs)

The following ten SLOs are classified according to our Framework.

Global

1. ***Evolving Knowledge***: Athletic training students must demonstrate **knowledge** of established and **evolving** biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.
2. ***Larger Context of Health Care***: Athletic training students must demonstrate an awareness of and responsiveness to the **larger context** and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
3. ***Disease Prevention & Health Promotion***: Athletic training students must demonstrate the ability to work with patients, families, stakeholders, and the public to improve health through injury/**disease prevention and health promotion**. (Adopted from Family Medicine Milestone)

Individual

1. ***Communication & Collaboration***: Athletic training students must demonstrate interpersonal and **communication** skills that result in the effective exchange of information and **collaboration** with patients, their families, and health professionals.
2. ***Evidence Appraisal & Integration***: Athletic training students must demonstrate the ability to investigate and evaluate their care of patients, to **appraise** and **integrate** scientific **evidence**, and to continuously improve patient care based on constant self-evaluation and life-long learning.
3. ***Professional Responsibilities***: Individual Athletic training students must demonstrate a commitment to carrying out **professional responsibilities** and an adherence to ethical principles.

Patient-Centered

1. ***Compassionate Care***: Athletic training students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. ***Evaluation & Management***: Athletic training students must demonstrate the ability to conduct an appropriate diagnostic **evaluation** to define each patient's clinical problem, and develops and implements a comprehensive **management** plan to effectively manage patient problems.
3. ***Behavioral Health***: Athletic training students must demonstrate the ability to appropriately assess and recognize each patient's clinical problem and to effectively manage **behavioral health** problems.
4. ***Urgent & Emergent Care***: Athletic Training students must demonstrate the ability to evaluate and care for acutely ill or injured patients in urgent and emergent situations. (Adopted from Emergency Medicine Milestone and Family Medicine Milestone)

Athletic Training Program Clinical Objectives

The Athletic Training Program Clinical Objectives identify the core elements that align anticipated student maturation and clinical progression to our overall framework and SLOs.

1. Competent Athletic Trainers
2. Professional Behaviors & Advocacy
3. Clinical Decision Making
4. Evidence Integration
5. Social Determinants of Health (SDOH)
6. International Classification of Function (ICF) Model
7. Interprofessional Education Collaborative (IPEC) Core Competencies



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John G. Rangos, Sr.
School of Health Sciences

Athletic Training

Policies on Professional Conduct

RSHS Student Code of Conduct

Preamble:

We, the students of the John G. Rangos, Sr. School of Health Science (RSHS), have created the RSHS Student Code of Conduct (Code) and are committed, as future professionals, to uphold these professional standards. This document is designed to serve as an addendum to the Duquesne University Student Code of Conduct and the RSHS Student Handbook and does not replace or supersede the requirements of those documents. The Code also reflects the professional codes of conduct of our respective disciplines by describing student behaviors that are congruent with these codes.

The RSHS Code of Conduct has been created by RSHS students out of respect for our faculty, colleagues, and, most importantly, in deference to our current and future patients/clients. We are devoted to preparing ourselves to serve our patients/clients with unbiased respect, professionalism, and competence. As students of RSHS, we will demonstrate these high Standards of behavior that will allow us to truly embody the mission of Duquesne University.

- 1) The student must take ownership to acquire all of the knowledge and skills necessary to ensure a high level of competence that will allow him/her to provide the best care/service possible when working with clients/patients in the future.**
- 2) All student work must be his/her own work. Work that is submitted by a student must be either the student's original work or be the appropriately referenced work of another.**
- 3) The student must take responsibility, at all times, for not only his/her ethical behaviors and conduct, but also for the ethical behaviors and conduct of his/her peers.**
- 4) The development of the student as a professional requires individual effort and the assurance that he/she acquires the necessary knowledge and skills required of autonomous practice. Assistance provided by a student to his/her peer(s) should not deprive that peer student(s) of gaining or experiencing this essential professional learning and/or evaluation.**
- 5) The ability to work and engage collegially with other professionals is essential and requires the professional to assume his/her fair portion of the required work. When working with others, the student must demonstrate respect, collegiality, and assume that portion of the work necessary to maximize the student's learning experience and promote an equal experience for all members of the group.**
- 6) All course work and all required experiences are integral to the development of the student as a professional; therefore, the student must value and regard all course work and all experiences equally and with the expectation of the same high standards making all experiences as rich and realistic as possible.**
- 7) The student must approach both knowledge and skill examinations as tools that are designed to validate actual learning and qualification to practice. Any activity that corrupts that valid assessment of student knowledge or skills will not be tolerated.**
- 8) The student must become critically introspective about his/her knowledge and skills, applying only those skills that are known, appropriate and within the student's limitations, while simultaneously seeking to actively improve both knowledge and skills.**
- 9) All types of patient/client interaction must be treated in a professional manner with consideration for and maintaining strict professional and confidential practices, respect for the patient/client, and unbiased quality care.**
- 10) The student must know, understand, and abide by the professional code of ethics of his/her professional discipline and the Code of Conduct of Duquesne University.**

RSHS Code of Conduct Guidelines

Introduction

The goal of these guidelines is to provide students with examples of acceptable and unacceptable behaviors as they relate to the spirit of each of the ten Code of Conduct Standards. These examples are by no means designed to be an exhaustive list of compliance with or violation of the professional code of conduct we have written.

1) The student must take ownership to acquire all of the knowledge and skills necessary to ensure a high level of competence that will allow him/her to provide the best care/service possible when working with clients/patients in the future.

DO:

- Work hard to master the material in each course keeping in mind its future relevance to the safety of your future patients/clients.
- Recognize that grades are indicators of mastery and understanding, and it is this mastery that should be the focus of your efforts, rather than the grade you achieve. Comprehension of the material is essential for your future career.

DON'T:

- Let the concern of attaining a specific grade compromise you or your peer's academic integrity.
- Wait until it is too late to seek help.
- Use sample test questions the professor gives you as a means by which to select some and ignore other material for which the professor is holding you comprehensively responsible.

2) All student work must be his/her own work. Work that is submitted by a student must be either the student's original work or be the appropriately referenced work of another.

DO:

- Cite ALL of your sources appropriately in any assignment or paper.
- Gain clarification from the course faculty member in regard to the guidelines for use of the Writing Center or writing tutors.

DON'T:

- Plagiarize anyone else's work or ideas whether it is from an official published source or another student in any assignment or paper.
- Have anyone else write your paper for you or edit it beyond punctuation and compliance with rules of English.
- Use part or all of someone else's old paper or assignment and turn it in as your own.
- Write or sign your name on any work that it is not your own. Your name on something means it is your own.

3) The student must take responsibility, at all times, for his/her ethical behaviors and conduct, and also for the ethical behaviors and conduct of his/her peers.

DO:

- Report to the appropriate University official any violations of the RSHS Code that you observe.
- Maintain honesty about your knowledge if questioned by faculty about others' behaviors that violate any RSHS codes.

DON'T:

- Knowingly lie for a classmate to protect them being held accountable for their violations of the RSHS code.
- Fabricate any information that would positively or negatively affect someone being held accountable for a violation of the RSHS code.

4) The development of the student as a professional requires individual effort and the assurance that he/she acquires the necessary knowledge and skills required of autonomous practice. Assistance provided by a student to his/her peer(s) should not deprive that peer student(s) of gaining or experiencing this essential professional learning and/or evaluation.

DO:

- Help others and seek others' help including teachers and fellow students to understand and master material for the purpose of taking ownership of your own knowledge.

DON'T:

- Just give the answers to a fellow student so they can complete an assignment.
- Just take the answers from a fellow student so you can complete an assignment.

- Copy anyone else's assignment.

5) The ability to work and engage collegially with other professionals is essential and requires the professional to assume his/her fair portion of the required work. When working with others, the student must demonstrate respect, collegiality, and assume his/her fair share of the responsibility for the work.

DO:

- Take responsibility to complete your share of the work in a timely manner.
- Alert the professor if someone in your group fails to do their part, or will not let others participate in helping with the assignment.
- Listen to other group member's suggestions and concerns.

DON'T:

- Wait until the last minute to do your share of the work.
- Do the whole group assignment by yourself.

6) All course work and all required experiences are integral to the development of the student as a professional; therefore, the student must value and regard all course work and all experiences equally and with the expectation of the same high standards making all experiences as rich and realistic as possible.

DO:

- Uphold the same professional code of conduct in ALL classes, not just those pertaining to your major.
- Consider all classes a necessary component of your learning.

DON'T:

- Underestimate the importance of ALL classes and therefore become apathetic towards professional codes of conduct.

7) The student must approach knowledge and skill examinations as tools that are designed to validate actual learning and qualification to practice. Any activity(ies) that corrupt(s) that valid assessment of student knowledge or skills will not be tolerated.

DO:

- Study with others, seek tutoring, and attend faculty office hours to work to understand and master material

DON'T:

- Look at another student's testing booklet or answer sheet during an examination.
- Talk to other students during the examination.
- Look or listen to any documents other than that allowed by the professor during an examination. The prohibited list includes but is not limited to: cheat sheets, course notes, writing on body parts, writing on clothing, and any type of earpiece.
- Leave the room at any time during an examination to access any material to help you finish the examination. This includes but is not limited to: hand written notes, printed notes, blackboard notes, websites, or books.
- Provide to other students or use yourself any copies of previous examinations that the instructor has not directly provided to you for preparation of an exam. This includes but is not limited to: a summary of the questions and/or a summary of the answers to a previous exam, a concentrated review made from a previous exam, or an actual copy of the original exam.

8) The student must become critically introspective about his/her knowledge and skills, applying only those skills that are known, appropriately and within the student's limitations, while simultaneously seeking to actively improve both knowledge and skills.

DO:

- Practice all clinical skills in appropriate settings such as under supervision of qualified staff.
- Ask professors when you are unsure of what you can practice outside of school.
- Seek to find out limits consistent with professional accreditation and licensure standards of the profession.

DON'T:

- Provide professionally-oriented advice to people outside of clinical sites/labs or without supervision of an instructor.
- Utilize professional practice on non-clients/patients or outside pretense of a Duquesne student in a learning environment.

9) All types of patient/client interaction must be treated in a professional manner with consideration for and

maintaining strict professional and confidential practices, respect for the patient/client, and unbiased quality care.

DO:

- Abide by HIPAA, always practicing patient confidentiality.
- Remind others that patient confidentiality is important. Report any breaches of patient confidentiality.
- Treat each patient/client with respect and deliver unbiased quality care.

DON'T:

- Ignore confidentiality standards for patients that come in for learning activities.

10) The student must know, understand, and abide by the professional code of ethics of his/her professional discipline and the Code of Conduct of Duquesne University.

PROFESSIONAL ORGANIZATIONS

Professional organizations are important vehicles for learning and promotion of interaction professional development. Membership in professional organizations allows health care professionals to increase knowledge of current issues in the profession, foster a sense of fellowship and camaraderie among peers and contribute to the organization's direction, success, and influence. Additionally, the defined behaviors and codes associated with these organizations serve as the foundation for professional behavior policies for the Athletic Training Program.

Although membership in these organizations is not required by the Athletic Training Program, all Duquesne Athletic Training students are strongly encouraged to join the National Athletic Trainers' Association (NATA) which also provides membership to the Eastern Athletic Trainers' Association (EATA) and the Pennsylvania Athletic Trainers' Society (PATS). It is part of every professional's responsibility to serve as an active, contributing member to the profession's organizations. Joining as a student not only allows a student to have an opportunity for exposure and early experience within the organization, but it also can provide the student with financial opportunities, networking opportunities, and professional development activities that may be otherwise unavailable. Membership in these organizations may incur additional costs to those required by the Program (see Program Costs). As a student member in a professional organization, you may be eligible for scholarships that will enable you to enhance your professional career as an Athletic Trainer and health care professional (see Scholarships).

ORGANIZATIONS AND WEBSITES

| | |
|---|--|
| National Athletic Trainers' Association (NATA) | www.nata.org |
| Eastern Athletic Trainers' Association, Inc (EATA) | www.goeata.org |
| Pennsylvania Athletic Trainers' Society, Inc. (PATS) | www.gopats.org |
| World Federation of Athletic Training & Therapy (WFATT) | https://www.wfatt.org/ |
| Duquesne University Students in Athletic Training (DUSAT) | @DUSAT1 (X/Twitter); www.instagram.com/dusat1 |
| Duquesne University Athletic Training | www.duq.edu/athletictraining www.facebook.com/DuquesneUniversityAthleticTraining www.instagram.com/dugathletictraining |

POLICY ON PROFESSIONAL BEHAVIOR

The faculty of the Duquesne University - Department of Athletic Training expect students accepted into the program to behave in accordance with standards of the profession. Using the National Athletic Trainers' Association *Code of Ethics*, the Board of Certification's *Standards of Professional Practice* and *Code of Professional Responsibility*, as well as the *RSHS Student Code of Conduct*, the Department has established six *essential behaviors* required for successful completion of the Master of Science in Athletic Training degree. These behaviors are: **integrity, respect, responsibility, competence, maturity, and communication**. A detailed description of these behaviors is included in the *Description of Professional Behaviors* section of this document.

Our goal is to foster students' progress in their professional development as they enter and proceed through the professional phase of the curriculum and move on to clinical practice. We expect that all students will be successful in all parts of their education, including academic, behavioral, and clinical education. Just as there are standards and protocols established for students who require remediation for academic issues, we have established a similar process for professional behavior, as represented in this document. The following procedure outlines the identification of a professional behavior issue, a plan for remediation, and the process leading to further action.

Description of Professional Behaviors

The National Athletic Trainers' Association has developed the *Code of Ethics as well as Core Values* and the Board of Certification has created the *Standards of Professional Practice* and *Code of Responsibility* that define specific abilities and behaviors that a graduate of a CAATE accredited Athletic Training program should demonstrate. The shared professional values include: **caring and compassion, integrity, respect, competence, and accountability**. The generic abilities include: commitment to learning, interpersonal skills, communication skills, effective use of time and resources, use of constructive feedback, problem solving, professionalism, responsibility, critical thinking, and stress management. The following represents *essential behaviors* that integrate items from these documents with a focus on the academic environment. Access a full copy of the NATA Professional Responsibility in Athletic Training Committee's Core Values, https://www.nata.org/sites/default/files/prat_5infographicandout-final.pdf.

Athletic Training's Shared Professional Values

Established from research conducted by the NATA Professional Responsibility in Athletic Training Committee in 2020, the following are the five shared professional values of athletic training.

Caring & Compassion is an intense concern and desire to help improve the welfare of another.

Sample behaviors include:

- 1) Listening for understanding and a readiness to help.
- 2) Focusing on achieving the greatest well-being and the highest potential for others.
- 3) Spending the time needed to provide quality care.

Integrity is a commitment that is internally motivated by an unyielding desire to do what is honest and right.

Sample behaviors include:

- 1) Providing truthful, accurate and relevant information.
- 2) Abiding by the rules, regulations, laws and standards of the profession.
- 3) Using applicable professional standards and established policies and procedures when taking action or making decisions.

Respect is the act of imparting genuine and unconditional appreciation and value for all persons.

Sample behaviors include:

- 1) Engaging in active listening when communicating with others.
- 2) Acknowledging and expressing concern for others and their well-being.
- 3) Acting in light of the belief that the person has value.

Competence is the ability to perform a task effectively with desirable outcomes.

Sample behaviors include:

- 1) Thinking critically, demonstrating ethical sensitivity, committing to evidence-based practice, delivering quality skills and effective collaboration.
- 2) Making sound decisions while demonstrating integrity.
- 3) Ongoing continuous quality assessment and improvement.

Accountability is a willingness to be responsible for and answerable to one's own actions.

Sample behaviors include:

- 1) Acknowledging and accepting the consequences of one's own actions.
- 2) Adhering to laws, codes, practice acts and standards that govern professional practice.
- 3) Assuming responsibility for learning and change.

In addition to these professional values, the Athletic Training Program embraces diversity, equity, and inclusion and the practice of caring for the whole person. As such, our students will also engage in:

Culturally Congruent Practice is patient centered care; a dynamic interaction in which patient and family preferences are skillfully addressed by being inclusive of cultural values, beliefs, influences, worldview, and practices.

Worldview is a collection of attitudes, values, stories and expectations about the world around all of us, which informs our every thought and action.

Behavioral Expectations During Learning Activities

Students enrolled in the Duquesne University CAATE accredited Athletic Training program are expected to demonstrate professional behavior as determined by the National Athletic Trainers' Association (NATA), Board of Certification, Inc. (BOC), and the Athletic Training Program at Duquesne University. Each student is expected to demonstrate appropriate professional behavior during all learning activities, including classroom, laboratory, experiential, group, community and clinical experiences. These professional behaviors include integrity, respect, responsibility, competence, maturity, and communication.

The following behaviors are expected in the academic setting.

1. **Attend and participate in all scheduled learning activities at the scheduled times.** Students who are unable to attend class due to personal illness or emergency are required to notify the course faculty prior to the scheduled class time. Respect your faculty and your classmates; be on time.
2. **Optimal use of time during learning experiences.** Students are expected to complete readings and assignments according to assigned dates/times in order to be prepared for learning experiences. Active participation is expected and students are to engage in fair and collegial group activities.
3. **Recognize learning problems and seek faculty guidance.** Students are expected to recognize learning difficulties and ask the course faculty for guidance. Students should develop a plan of learning that may include additional learning strategies, tutorial assistance, and use of University and external resources.
4. **Integrity.** Academic dishonesty will not be tolerated in any form and under any circumstance. Issues of academic improprieties will be addressed according to the guidelines outlined in the RSHS Student Handbook.
5. **Professional Attire.** Students are expected to portray the appearance of a responsible health care professional. Classroom guidelines include that clothing must be worn that does not expose the abdomen, chest, or buttocks. Hats and clothing with unprofessional wording or pictures are prohibited. In the laboratory portion of some courses, students will be required to wear clothing that permits the exposure of portions of the body as appropriate for the practice of clinical skills. Professional dress is required for activities that include guest speakers or patients and learning activities external to the University including off-campus clinical education placements. Professional dress includes: Department nametags, dress pants/skirt and shirt, closed-toed dress shoes. Tattoos and body piercings should be concealed when possible. Excessive piercings and/or facial and tongue piercings must be removed. Long hair must be tied back for learning experiences that involve patients. Duquesne University Athletic Training student name tags are required for all non-orthopedic medical and clinic/hospital experiences and for interaction with guest speakers or the public.

Identification of Professional Behavior Issue

As described above, the standards for professional behavior are expected of all students during academic and clinical education experiences. If a faculty member, program personnel, or preceptor identifies and documents a problem with a student's professional behavior or inability to maintain a standard within the realm of acceptable professional behavior, the following protocol will be followed:

1. The faculty member (or other identifying personnel) will meet with the student to identify the behavior, and:
2. If the faculty member determines that the student has an occurrence of an unprofessional behavior prior to the completion of their time in the program, both the student and faculty member will meet with the Professional Behavior Committee [Committee] which will consist of all of the Athletic Training faculty members and one (1) additional Rangos School of Health Science faculty member.
 - The current make-up of the Committee includes:

| | |
|----------------------|----------------------------------|
| Dr. Sarah Manspeaker | Dr. Joseph Shaffer |
| Dr. Erica Beidler | Dr. Anne Burrows (non-AT member) |

It is the responsibility of the Committee to create a remediation plan and contract with the student.

3. The remediation plan and contract will include the following items:

- A description of the specific behaviors that the student is expected to demonstrate
 - The specific tasks that the student is expected to accomplish to address such behavior
 - Time frames related to accomplishing the tasks and behaviors
 - Repercussions for unsuccessful remediation or inability to meet the terms of the contract
 - Who will monitor the terms of the contract
 - How the terms of the contract will be monitored
4. The *Committee* will meet again, at a time stated in the contract, to determine if the student has successfully completed the remediation plan and has met the terms of the contract.
 5. The following are the repercussions resulting from unprofessional behavior.
 - a. Immediate dismissal: Felony conviction or pleading no contest for behaviors that would prohibit the granting of BOC certification and/or Athletic Training state license/certification. Other behaviors may be determined to be non-remediable and require immediate dismissal.
 - b. Dismissal: Behaviors that the *Committee* has determined are remediable; however, the student has been unable or unwilling to remediate, as defined in the remediation plan and contract.
 - c. Probation: Behaviors that the *Committee* has determined are remediable. The terms of the probation and remediation will be outlined in the contract.
 6. If a student is dismissed and the student believes that extenuating circumstances contributed to the dismissal, the student may appeal the decision to the RSHS Professional Behavior Committee. Additional details regarding the appeals process are located in the RSHS Academic Student Handbook.
 7. If a student is found to be in violation of the Program and/or the RSHS Professional Behavior Policy, and/or the University Code of Student Rights, Responsibilities and Conduct will also be notified and may result in additional disciplinary action through the University.



CODE OF ETHICS

Including Shared Professional Values

Revised May 2022

Preamble

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

The National Athletic Trainers' Association respects and values diversity amongst its members and patients served. Our members work respectfully and effectively with diverse patient populations in varied healthcare environments. The NATA prohibits discrimination based on race, ethnicity, color, national origin, citizenship status, religion (creed), sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, military status, family/parental status, income and socioeconomic status, political beliefs, or reprisal or retaliation for prior civil rights activity, or other unlawful basis, in any program or activity conducted or funded by the NATA (VATA, 2020).

Important Professional Values (PV) shared by the NATA membership include: 1) Caring & Compassion, 2) Integrity, 3) Respect, 4) Competence, and 5) Accountability. These shared PV underpin the NATA Code of Ethics, motivate honorable interpersonal behaviors, and conduct in member's interactions with all persons.

The *Appendix to the Code of Ethics* reveals a definition and sample behaviors for each shared PV.

PRINCIPLE 1. IN THE ROLE OF AN ATHLETIC TRAINER, MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS (PRINCIPLE 1 is associated with the PV of Respect, Caring & Compassion, and Competence.)

- 1.1 Members shall act in a respectful and appropriate manner to all persons regardless of race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity and expression.
- 1.2 Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other stakeholders to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient as delineated by professional statements and best practices.

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

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

(PRINCIPLE 2 is associated with the PV of Accountability.)

- 2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
- 2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
- 2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
- 2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

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

(PRINCIPLE 3 is associated with the PV of Caring & Compassion, Accountability.)

- 3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
- 3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
- 3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
- 3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
- 3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

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

(PRINCIPLE 4 is associated with the PV of Respect.)

- 4.2. Members should conduct themselves personally and professionally in a manner, that reflects the shared professional values, that does not compromise their professional responsibilities or the practice of athletic training.
- 4.3. All NATA members, whether current or past, shall not use the NATA logo or AT logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.4. Members shall not place financial gain above the patient's well-being and shall not participate in any arrangement that exploits the patient.
- 4.5. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
- 4.6. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.



Board of Certification Standards of Professional Practice Code of Professional Responsibility

Version 3.5 (Effective January 2024)

Introduction

The mission of the Board of Certification Inc. (BOC) is to provide exceptional credentials and standards the public can trust. With a vision toward leading credentialing excellence globally, the BOC has been responsible for the certification of Athletic Trainers since 1969. Each day, the BOC aims to demonstrate integrity, fairness, service, and collaboration in relation to credentialing of athletic trainers. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as "Athletic Trainer" from this point forward). The BOC is governed by its Board of Directors, each responsible for making decisions that are in the best interest of the organization, ensuring it follows local, state and federal laws, bylaws, policies and procedures, while advancing the mission. The Board of Directors consists of BOC Certified Athletic Trainer Directors, a Physician Director, a Public Director and a Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The *BOC Standards of Professional Practice* consists of two sections:

- I. Practice Standards
- II. Code of Professional Responsibility

GLOSSARY

Culturally Congruent Practice is patient centered care; a dynamic interaction in which patient and family preferences are skillfully addressed by being inclusive of cultural values, beliefs, influences, worldview, and practices.

Worldview is a collection of attitudes, values, stories and expectations about the world around all of us, which informs our every thought and action.

I. Practice Standards

Preamble

The primary purpose of the Practice Standards are to establish essential duties and obligations imposed by virtue of holding the ATC® credential. Compliance with the Practice Standards is mandatory. Compliance with the Practice Standards are mandatory. The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Practice Standards at all times.

Standard 1: Direction

The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations.

Standard 2: Prevention

The Athletic Trainer implements measures to prevent and/or mitigate injury, illness and long-term disability.

Standard 3: Immediate Care

The Athletic Trainer provides care procedures used in acute and/or emergency situations, independent of setting.

Standard 4: Examination, Assessment and Diagnosis

The Athletic Trainer utilizes patient history and appropriate physical examination procedures to determine the patient's impairments, diagnosis, level of function and disposition.

Standard 5: Therapeutic Intervention

The Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Intervention program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Appropriate patient-centered outcome assessments are utilized to document efficacy of interventions.

Standard 6: Program Discontinuation

The Athletic Trainer may recommend discontinuation of the intervention program at such time the patient has received optimal benefit of the program. A final assessment of the patients' status is included in the discharge note.

Standard 7: Organization and Administration

The Athletic Trainer documents all procedures and services in accordance with local, state and federal laws, rules and guidelines.

Standard 8: Culturally Congruent Practice

The Athletic Trainer practices patient centered care that is aligned with the cultural values, beliefs, worldview, and practices of the patient and other stakeholders.

BOARD CERTIFIED SPECIALIST

PREAMBLE

BOC specialty certification is a voluntary process by which an Athletic Trainer earns formal recognition of their advance education and experience within a specialized area of clinical practice.

Compliance with the Practice Standards are mandatory for every individual who holds the ATC® credential. The BOC board-certified specialist must comply with the Practice Standards. The essential duties and obligations of the BOC board-certified specialist are also directed by the current practice analysis for the respective specialty. The BOC does not express an opinion on the competence or warrant job performance of specialty credential holders; however, every specialist and specialist applicant agrees to comply with the Practice Standards for the respective specialty.

BOARD CERTIFIED SPECIALIST – ORTHOPEDICS (BCS-0)

Passage of the BOC Orthopedic Specialty Exam signifies a standard level of knowledge in the following domains that signify the major responsibilities or duties that characterized orthopedic specialty practice:

STANDARD 1: MEDICAL KNOWLEDGE

The Orthopedic Specialist performs and synthesizes a comprehensive evaluation that includes, but is not limited to, interpreting patient history, completing a physical examination, and identifying appropriate diagnostic studies to formulate a differential diagnosis, education the patient and formulate a plan of care to optimize patient-centered care.

STANDARD 2: PROCEDURAL KNOWLEDGE

The Orthopedic Specialist implements a plan of care and provides procedural and/or operative care (pre-, intra, and/or post-) to ensure optimal patient outcomes.

STANDARD 3: PROFESSIONAL PRACTICE

The Orthopedic Specialist collaborates with an interdisciplinary health care team to establish processes and quality care programs that promote value-based care, population health strategies and cost containment to improve patient outcomes.

II. Code of Professional Responsibility

Preamble

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

Code 1: Patient Care Responsibilities

The Athletic Trainer, specialist or applicant:

- 1.1** Renders quality patient care regardless of the patient’s age, gender, sex, race, religion, disability, sexual orientation, gender identity, or any other characteristic protected by law
- 1.2** Protects the patient from undue harm and acts always in the patient’s best interests and is an advocate for the patient’s welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are impaired or engaged in illegal or unethical practice

- 1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies,
- 1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law
 - 1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values
- 1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain
- 1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient
- 1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan
 - 1.7.1 Does not make unsupported claims about the safety or efficacy of treatment
- 1.8 Does not practice athletic training, or otherwise render patient care, while under the influence of alcohol, drugs, or any other substance that may or is likely to impair the Athletic Trainer's ability to render quality, skilled care to the patient.

Code 2: Competency

The Athletic Trainer, specialist or applicant:

- 2.1 Engages in lifelong and professional learning activities to promote continued competence and culturally congruent practice.
- 2.2 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

The Athletic Trainer, specialist or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards
- 3.2 Practices in accordance applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training including, without limitation, applicable state licensing and ethical requirements
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties
- 3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services
- 3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training
 - 3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.6 Does not guarantee the results of any athletic training service
- 3.7 Complies with all BOC exam eligibility requirements
- 3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful
- 3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certified or applicant files, documents or other materials without proper authorization
- 3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event

- 3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by committed by themselves and/or by another Athletic Trainer that is related to the practice of athletic training and/or that may impact the Athletic Trainer's ability to practice athletic training in accordance with "BOC Standards of Professional Practice"
- 3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training
- 3.13 Complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to mandatory reporting when identified as a "mandatory reporter" or "responsible employee"
- 3.13 Cooperates with BOC investigations into alleged illegal or unethical activities and any alleged violation(s) of a "BOC Standard of Professional Practice"; Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information and/or documentation.
- 3.14 Complies with all confidentiality and disclosure requirements of the BOC and existing law
- 3.15 Complies with all confidentiality and disclosure requirements of the BOC and existing law
- 3.16 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization
- 3.17 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the "BOC Professional Practice and Discipline Guidelines and Procedures"
- 3.18 Fulfills financial obligations for all BOC billable goods and service provided

Code 4: Research

The Athletic Trainer, specialist or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
- 4.2 Protects the human rights and well-being of research participants
- 4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or healthcare delivery

Code 5: Social Responsibility

The Athletic Trainer, specialist or applicant:

- 5.1 Strives to serve the profession and the community in a manner that benefits society at large
- 5.2 Advocates for appropriate health care to address societal health needs and goals

Code 6: Business Practices

The Athletic Trainer, specialist or applicant:

- 6.1 Does not participate in deceptive or fraudulent business practices
- 6.2 Seeks remuneration only for those services rendered or supervised by an Athletic Trainer, does not charge for services not rendered
 - 6.2.1 Provides documentation to support recorded charges
 - 6.2.2 Ensures all fees are commensurate with services rendered
- 6.3 Maintains adequate and customary professional liability insurance
- 6.4 Acknowledges and mitigates conflicts of interest



John G. Rangos, Sr.
School of Health Sciences

Athletic Training

Program Requirements



Athletic Training Program Admission Requirements

The Athletic Training Program at Duquesne University provides the necessary educational requirements to achieve eligibility for the national credentialing exam offered by the Board of Certification, Inc. (BOC). The Program consists of 163 credits; 97 at the pre-professional phase level and 66 credits within the professional phase. Students are directly admitted as freshman into the pre-professional phase and begin graduate level courses in the summer following year 3 of their undergraduate enrollment; this phase is known as the professional phase of the program. There is also an option to enter the program as a graduate student by enrolling in the post-professional two (2) years of graduate education; this option only begins in the summer semester.

Accelerated Master of Science in Athletic Training Program (3 + 2) Requirements

Academic and program requirements for entry into the Professional Phase (years 4/5) include:

1. Successful completion of all pre-professional course work (years 1-3) with "C" or better and a minimum 2.75 QPA.
2. Documentation of current AHA Basic Life Support for Health Care Providers Certification.
3. Documentation of a minimum of 50 hours of athletic training observation experience using the [Clinical Observation Form](#). These experiences must be with a licensed athletic trainer.
4. Completion of a physical examination and other pre-clinical health requirements.
5. Program approval.

Master of Science in Athletic Training Program (2-year post-baccalaureate option)

Students interested in pursuing our Athletic Training Program as a post-baccalaureate Master's degree program must meet the following requirements for their application to be reviewed.

- Undergraduate degree from a four-year, degree-granting, accredited institution
- A GPA of 3.0 or higher on a 4.0 scale
- Completion of pre-requisite course work with no less than a "C" grade in all prerequisite courses which includes:
 - Two courses with labs in Biology and Chemistry;
 - One course in Physics;
 - Three (3) credits in Introduction to Biostatistics/Statistics;
 - Three (3) credits in Psychology;
 - A two-course sequence (six [6] credits) in Anatomy with labs
 - Kinesiology or Biomechanics (three [3] credits);
 - Physiology (three [3] credits);
 - Nutrition (three [3] credits);
- Two professional references (references will not be accepted from a family member or friend)
- Documentation of a minimum of 50 hours of athletic training shadowing experience. These experiences must be with a licensed athletic trainer and should be documented using the [Clinical Observation Form](#).

If offered admission, the following items will also be required:

- CPR certification (adult, infant, and child) for Health Care Providers

- Verification of all Pre-Clinical Health Requirements
- Physical exam
- Verification of Health Insurance

Program Completion

In order to successfully complete the Professional Phase of the program and graduate with a Master of Science in Athletic Training, and thus be eligible for the BOC exam, students must:

- Maintain a 3.0 QPA each semester to remain in good academic standing
- Have a professional overall QPA of 3.0 at the time of graduation to graduate with a MS in Athletic Training
- Not achieve lower than a "C" grade (or an "N" in a Pass/Not Pass course) in any professional phase course
- Maintain the Standards of Professional Practice and RSHS Student Code of Conduct
- Complete all clinical education experiences
- Upon completion of the Master's degree program, graduates of Duquesne's Athletic Training program are eligible to sit for the national examination for athletic trainers (BOC).

IMPORTANT NOTE: The material contained herein may be modified and this publication cannot be considered an agreement or contract between individual students and the School. The Rangos School of Health Sciences reserves the right to alter or amend the terms, conditions, and requirements herein, and to eliminate programs or courses as necessary. Once enrolled, students should consult on a regular basis with their Faculty Mentor and/or Student Success Coach for specific information regarding academic policies pertaining to their respective program.

Clinical Education Requirements

The following items are required documents or procedures that must be completed prior to the start of the first clinical education experience. Duquesne University, the Rangos School of Health Sciences, and the Athletic Training Program have the authority to change or amend these requirements as needed. If requirements change during the students' time in the program, the students will be notified and required to comply with the most current policy.

Requirements that will be met via course completion:

- American Heart Association CPR/AED
- Proof of OSHA/Bloodborne Pathogen Training
- Proof of HIPAA and FERPA Training

Requirements that may incur additional costs to the student:

(see Program Costs section for anticipated amounts)

- FBI Criminal Record Check/ PA Criminal Record Check/ Child Abuse Clearance
- Proof of current Health Insurance
- Signed Technical Standards/Performance Indicator Document
- Drug testing if the clinical site requires
- Completed Pre-Clinical Health Requirements including:
 - Tuberculin Skin Test – PPD
 - Tetanus Booster (If not current within the last 10 years)
 - Hepatitis B Vaccine and Surface Antibody Titer
 - Proof of Immunity against Rubella, Rubeola, and Varicella
 - Influenza vaccine if required by clinical site
 - RPR Serologic Test

- Physical Examination by MD, DO, NP, or PA
- Health History Information Form (required for entrance into university)

VERIFICATION OF Blood-Borne Pathogen (BBP) and OSHA TRAINING AND COMPLIANCE

Athletic Training Students are educated and tested annually on the knowledge and skills associated with the final regulations issued by the Occupational Safety and Health Administration (OSHA) governing student/employee exposure to bloodborne pathogens in the school/workplace. As part of the ATHT 501/L: Immediate Care and Prevention course, students are instructed in the following areas and complete online verification accordingly through the Canvas learning management site.

- (a) Information and training about the hazards associated with blood and other potentially infectious materials,
- (b) Information and training about the protective measures to be taken to minimize the risk of occupational exposure to bloodborne pathogens,
- (c) Training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials, and
- (d) Information as to the reasons the employee should participate in Hepatitis B vaccination and post-exposure evaluation and follow-up.

PATIENT PRIVACY PROTECTIONS

Health Insurance Portability & Accountability Act; Family Educational Rights and Privacy Act

During the Athletic Training Program, athletic training students will have formal training to understand and implement the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) for their patients and peers.

HIPAA is a Federal Law governing the privacy, confidentiality, and security of oral, written, and electronic patient health information. This law requires that Duquesne University employ a Compliance Officer and train all personnel, including students who will have contact with patient health information. The Chairperson of Healthcare Compliance is Joan M. Kiel, PhD, CHPS, Professor in the Department of Health Administration in the Rangos School of Health Sciences. Students who have not passed the training cannot participate in clinical education. Upon completion of the HIPAA training, students receive a Certificate of Training that is valid for 3 years; however, upon graduation from Duquesne University, students may be required to become re-certified through their employers dependent upon the type of employment setting. HIPAA is a Federal Law; therefore, any breach of confidentiality, whether intentional or unintentional, can result in both civil and criminal penalties in addition to University sanctions.

FERPA affords eligible students certain rights with respect to their education records. An "eligible student" under FERPA is a student who is either 18 years of age or older or one who is enrolled in a postsecondary institution. Students' rights under FERPA include: 1) the right to inspect and review their education record, 2) the right to request amendment of their education record if they believe it is inaccurate or misleading, and, 3) the right to provide written consent before the University discloses personally identifiable information from a student's education record, except to the extent that FERPA authorizes disclosure without consent. Athletic Training Students are required to abide by FERPA and maintain confidentiality in all situations. Please see the Duquesne University Registrar website for additional information. <https://www.duq.edu/academics/university-registrar/ferpa.php>

Training and Documentation:

Athletic Training Students will be required to complete HIPAA and FERPA training as part of the ATHT 501: Immediate Care and Prevention course. As part of this course, students will complete a self-directed HIPAA training via Canvas where they will review the material and complete a quiz. Upon successful completion of the quiz, students will receive a certificate of completion (valid for the duration of the athletic training program or up to 3 years) that they will provide to the program to put in their permanent student file. Students are also required to maintain their own copy of this certificate of completion. FERPA will be instructed within this course and assessed via exam; verification of this exam completion will also be maintained in the student file. In addition to the training in the ATHT 501, students will be provided refresher training on HIPAA and FERPA as part of the Athletic Training Program's annual orientation; documentation of completion at these time points will be placed in the permanent student file.

Students are required to abide by these policies and procedures at all times regardless of educational or clinical practice setting. Students who do not understand or have a question about the applicability of a situation to HIPAA or FERPA standards should request and receive further training from the Clinical Education Coordinator. Students who fail to abide by HIPAA and/or FERPA standards at any time are subject to removal and/or failure of the associated academic or clinical education experience, removal from the Athletic Training program, and/or removal from the University in coordination with School and University policy.

Immersive Clinical Education & Distance Learning Requirements

As per the Duquesne University Online Learning & Strategy, students who elect to engage in immersive clinical education outside the state of Pennsylvania must engage in the following practices to ensure compliance with the State Authorization Reciprocity Agreements (SARA). The SARA agreement allows Duquesne to offer distance learning to students located outside the state of PA. In order to remain compliant with SARA, the following items must be evident for any Out-of-State-Learning Placements (OOSLP). OOSLP include internships, clinical experiences, externships, practicums, or other supervised field experience for which students receive credit. These include graduate or undergraduate students registered in online or face-to-face programs/courses.

To qualify for SARA reporting, all four (4) of the following criteria must be met:

1. The placement started between January 1 and December 31 (calendar year not academic year)
2. The placement occurs outside of Pennsylvania
3. The placement involves the physical presence of the student at the out-of-state location(s)
(100% virtual placements are not reported)
4. **1 or more of the following is true:**
 - a. The placement is an activity required for degree completion
 - b. The placement is an activity required for professional licensure
 - c. The placement is offered for credit
 - d. The placement is offered for a fee

The ***Clinical Education Coordinator*** will be responsible for ensuring all criteria are met and appropriately filed with the university for student completing immersive clinical education outside the state of PA. It is the responsibility of the student to ensure they have appropriate technological support to engage in distance and online learning during this immersive clinical education experience.

Program Costs

While a majority of the costs for equipment, lab supplies, and learning materials are covered through student tuition and fees, there are other costs that are the financial obligation of the students enrolled in the Athletic Training Program. A summary of those costs are listed below; however, this list is neither exhaustive nor exclusive to all student financial obligations.

| Year 1 Professional Phase | Year 2 Professional Phase |
|--|---|
| Books and required course materials (~\$400) Mental Health First Aid Training (~\$25) ATP Clothing & Medical Kit (~\$200) NATA Membership (Optional) – (\$97) Additional Liability Insurance (Optional) (~\$37-\$47) | Books and required course materials (~\$400) NATA Membership (Optional) – (\$97) Additional Liability Insurance (Optional) (~\$37-\$47) |

BOC, Inc Fee Structure

These fees will be the responsibility of the student when they schedule their Board of Certification (BOC, Inc.) exam. This exam may be taken no sooner than the final semester of enrollment in the program, though in many cases it will occur following conveyance of the MSAT degree.

BOC Exam Application Fee (non-refundable)

- NATA members \$75
- Non-NATA members \$100
- Reinstatement by exam \$100
- International Arrangement \$125

Exam Registration Fee (2nd fee):

- First time and retakes in the US: \$375
- Outside US: \$49

Clinical Education Costs

Clinical education experiences have specific requirements including vaccinations, certifications, and other elements that must be satisfied for completion. Some of these items have costs associated with them as outlined below. These items are considered required in order to meet onboarding, health and safety guidelines, tracking of clinical experiences, transportation, and potentially lodging.

| Pre-Clinical Education Requirements Costs | Clinical Education Experiences Costs | Immersive Clinical Education Requirements |
|---|--|---|
| State Criminal Record Check (~\$22) Federal Criminal Record Check (~\$25) Child Abuse Clearances (~\$13) CPR Certification & Mask (\$25) Physical Exam (up to \$50) PPD (2 step, \$40; annual, \$20) | Transportation ^A (vary by site) Meals ^C Nametag (\$3) Drug Testing (if site requires) ^D Additional Vaccinations (if site requires) ^E | Transportation ^A (vary by site) Lodging ^B Meals ^C Drug Testing (if site requires) ^D Additional Vaccinations (if site requires) ^E |

^A Students will be required to provide their own transportation to their clinical education experiences

^B Students who elect to complete immersive clinical education outside of their current residence area are responsible to arrange their own housing during these experiences; housing costs will vary based on location

^C Meals may not be included during clinical education experiences; students are responsible to provide their own meals during clinical education

^D Results of drug tests that are positive, unexplained, and without a valid prescription will affect a student's standing in the academic program

^E Some clinical sites may require additional vaccinations for successful student engagement; students will be informed of these additional required vaccines and given the opportunity to decide if the vaccine and/or clinical placement is appropriate to their professional progression in the program; please note that if a student opts not receive a vaccine required by a clinical site that may negatively impact their ability to engage in clinical education experiences at that site

PERFORMANCE INDICATORS & TECHNICAL STANDARDS

John G. Rangos, Sr. School of Health Sciences (RSHS)

Students with or without reasonable accommodations must meet the academic and technical standards of their program. The RSHS Technical Standards found below are requirements of all RSHS students for admission, progression, and graduation. RSHS is committed to working with students to meet their program requirements. Students who request accommodations must make their request to the University's Office of Disability Services. The development of reasonable accommodations is an iterative process involving the student, the Office of Disability Services, and appropriate representatives from the student's academic department.

All RSHS students will be expected to have abilities in six categories: 1) acquiring fundamental knowledge, 2) ability to communicate and write with accuracy, clarity, and efficiency, 3) motor ability, 4) integrating knowledge to establish clinical judgement, 5) behavioral and social skills, and 6) professional responsibilities. These abilities enable the student to perform the tasks within their program that are required to meet graduation and professional/accredited phase requirements as measured by state and national certification, licensure, and registration processes. The required physical examination validates those abilities included in the performance indicators/technical standards.

In the case of any change in status, extended hospitalization, or time away from the program, students will have to be re-evaluated in collaboration with the department and Office of Disability Services for the impact on the progression in the program.

RSHS is committed to working with students to meet their program requirements.

Acquiring fundamental knowledge:

- Synthesize theories and concepts to develop an understanding of the human experience and integrate these into professional practice.
- Demonstrate familiarity with healthcare regulation in a variety of contexts and environments applicable to field of practice. Acknowledge the need to know local, state, national and global healthcare trends in policy.
- Learn through a variety of modalities, including but not limited to classroom instruction; laboratory instruction, including cadaver lab (as appropriate); physical demonstrations; small group, team, and collaborative activities; individual study; preparation and presentation of information; clinic- and community-based learning experiences; and use of computer technology.

Ability to communicate and write with accuracy, clarity, and efficiency:

- Communicate effectively to build relationships with faculty, fellow students, coworkers, patients, and their significant others in the student's various roles of learner, colleague, consultant, and leader.
- Display interpersonal skills needed to accurately evaluate, address, and monitor patient needs and outcomes and enable the delivery of patient-centered services.
- Clearly and accurately record information.
- Interpret patients' verbal and non-verbal communication accurately.
- Participate in classroom, group, and face-to-face discussions/presentations in a clear, organized, and professional manner.

Motor ability:

- Have the ability to participate in basic discipline-specific evaluation procedures and therapeutic maneuvers.
- Fully execute movements required to provide patient care in their respective disciplines

which may include dependent transfer of an individual, physical examination techniques, medical procedures which require specific gross motor or fine motor manipulation, and in some cases, the ability to maintain a sterile working environment for client safety.

- Negotiate patient care environments required in their particular discipline and be able to move between settings such as the classroom, health care facility, educational, or community setting. For example, some physical tasks require that students be able to transfer the equivalent of an adult human's body weight.
- Tolerate being in close physical proximity and in physical contact with others.
- Have the ability to complete the rigorous course of didactic and clinical study, including the physical mobility and endurance relative to each practicing discipline for up to 8-10 hours each day.

Integrating knowledge to establish clinical judgment:

- Recognize and define problems, develop and implement solutions, and evaluate outcomes.
- Interpret, assimilate, and understand complex information required to function effectively within the programmatic curriculum.
- Demonstrate critical thinking skills and appropriate decision making, with the ability to differentiate relevant versus irrelevant information.
- Provide or direct therapeutic interventions, as appropriate.
- Retrieve, appraise, and synthesize evidence to improve patient outcomes.
- Maintain confidentiality, in accordance with professional and institutional standards.
- Follow safety standards for the environment and universal precaution procedures.

Behavioral and social skills:

- Demonstrate communication and social skills necessary to meet the demands of the profession, and be capable of developing mature and effective interpersonal relationships with other students (particularly in group work), health care workers, patients and families.
- Tolerate the competing demands of the academic and clinical workloads physically, mentally, and emotionally.
- Demonstrate the ability to self-reflect and understand why they respond/think/feel in the way that they do and then self-correct, if necessary. Openness and responsiveness to constructive feedback is considered essential for success.
- Demonstrate compassion and empathy relative to needs of colleagues, staff, and patients
- Exhibit sufficient interpersonal skills, knowledge, and attitudes to interact positively and sensitively with people from all parts of society, ethnic backgrounds, and belief systems.

Professional responsibilities:

- Understand and function according to the ethical, legal, and moral behaviors commensurate with the role of a Duquesne University Rangos School of Health Sciences student in all professional, classroom, clinical, and research activities.
- Maintain commitment to the educational process and best practice guidelines, including completing all required clinical or capstone documentation and meeting expected deadlines.
- Demonstrate the capacity for ethical behavior, including adherence to respective professional practice acts.
- Take initiative to direct their own learning as evidenced by the ability to review syllabi, prepare for classes, homework, and other assignments in advance, utilize resources before asking for help and independently explore additional information. Students must be able to take responsibility for their actions and outcomes.

Performance Indicators & Technical Standards (Revised May 1, 2024)

Student Verification

Upon review of the Technical Standards, I understand that I must indicate my ability to meet the requirements for the Performance Indicators either without or with accommodation. Please access the Technical Standards Verification signature page on the Athletic Training Program Canvas learning site.

I understand that if my status changes at any time, I acknowledge that it is my responsibility to contact the Office of Disability Services and the Athletic Training Program through completion and appropriate submission of the Change in Health Status Form. To access this form, please visit the Athletic Training Program Canvas learning site.

In the event of a change in health that causes a student to be either temporarily or permanently limited in his/her abilities to perform, as defined in the Technical Standards and Performance Indicators in the classroom, laboratory, and/or clinical setting, the student is required to follow the procedures delineated below. If the change in health status does not result in a change in the student's abilities to perform the Technical Standards, no action is required. Lastly, if, due to their health status, a student has been placed in a restricted or accommodated situation and is ready to return to full participation, that student must follow the procedures below. Failure to follow these procedures will delay the changes needed to re-integrate a student into his/her appropriate and safe level of participation and may impact the student's program completion date.

RSHS is committed to working with students to meet their program needs.

Change in Health Status Procedure

1. The student must notify the Department Chairperson, in writing, of a change in health status using the Change in Health Status form. The Change in Health Status form must be completed by a certified medical practitioner (defined as an MD, DO, NP or PA). The medical practitioner must review and acknowledge the Technical Standards and Performance Indicators when authorizing this change in health status. This form must be used when there is a change in a student's ability to fully participate in classroom, laboratory, and/or clinical education activities.
 - a. A form must be submitted for a student to be excused from participation.
 - b. A form may be submitted periodically as a student's status changes.
 - c. A form must be submitted when a student's limited or non-participation is to continue beyond what was originally directed by the medical practitioner.
 - d. A form must be submitted for a student to return to limited or full participation.
2. The student must present the Change in Health Status form and the Technical Standards and Performance Indicator document to his/her medical practitioner for completion and verification.
 - a. The Change in Health Status form must be signed and dated by the medical practitioner to verify the change in health status.
 - b. The medical practitioner must clearly describe any limitations and specify the settings to which the limitations apply.
3. The student must return the Change in Health Status Form to the Department.
4. No student will be permitted to alter activities until the completed Change in Health Status form is received and approved by the Department.
5. Depending on the nature of the classroom, laboratory or clinical activities, the Department reserves the right to request that the student provide additional documentation from the certified medical practitioner to ensure safety.

LIABILITY INSURANCE

Professional Liability Insurance: Assigned Clinical Education Experiences

The University carries professional liability insurance to cover the actions of all Certified Athletic Trainers employed by Duquesne University and functioning on behalf of the University, as well as all Athletic Training students only when they are involved in a supervised clinical education experience assigned by and meeting the guidelines set forth by the Athletic Training Program. Any questions should be directed to the Office of Risk Management (412-396-4895) or the Department of Athletic Training (412-396-4766). The Certificate of Liability Insurance is available for review from the Program Director or Clinical Education Coordinator.

Outside Activities Not Affiliated with the Athletic Training Program

Any other outside volunteer activities not required nor part of a recognized programmatic activity are not covered by the Duquesne University liability insurance policy. If an athletic training student intends to provide first aid services outside of their responsibilities as an Athletic Training Student that would potentially entail their use of athletic training skills, the student is encouraged to assure that there is an appropriately credentialed Athletic Trainer and/or physician available to supervise the activity. The student also is encouraged to carry their own ***liability insurance policy*** to cover him/her during these activities. There are several companies that may be considered for such insurance and can be located on the NATA website. For more information on personal liability insurance, please visit the NATA website: (www.nata.org) or the website of their preferred provider *proliability*: <https://www.proliability.com/>.

Additional Liability Considerations

The University does assume some liability when students are required to travel off campus as part of their Athletic Training education. Please be advised that all such required travel is directly related to the curriculum and the required learning and skills needed by an Athletic Trainer as defined by Pennsylvania State Law.

Auto Insurance Coverage Considerations

Instructors and students who drive their own personal vehicles assume personal liability for their actions. The individual driver's auto insurance should be the primary respondent should there be an accident. Instructors, acting within the bounds of their job requirements, may be covered by the University's insurance if negligence is found, depending on the circumstances of the situation and who is involved.

COMMUNICABLE DISEASE POLICY

Prevention of Infection and Disease Transmission

The purpose of this policy is to protect the health and safety of the students enrolled in the Athletic Training Program, as well as their patients, as they participate in didactic and clinical education experiences required by the academic program. It is designed to provide students, and all program stakeholders with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC) (www.cdc.gov website). This policy was developed using the recommendations established by the CDC for health care workers. A communicable disease is defined as a disease or illness that spreads from one person to another or from an animal to a person. These illnesses may be contracted through daily activities but exposure may increase during the provision of health care services. Common transmission methods include direct contact with a sick person, breathing airborne bacteria and viruses, contact with blood or other bodily fluids, or contact with contaminated surfaces or objects. See the bottom of this policy for a list of examples of common communicable diseases.

Students are required to annually indicate their confirmation of reading, understanding, and agreement to abide by this Communicable Disease Policy. Guidelines for prevention of exposure and infection, management, and restrictions for engagement in provision of health services will follow guidelines of the CDC. As necessary, students will be notified of updated CDC recommendations and policies relevant to infectious illness/disease.

Guidelines for Protecting Against Potential Infection

1. **Personal Hygiene:**

- a. Athletic Training Students are expected to maintain high standards of personal hygiene at all times. This includes regular bathing, use of deodorant, and appropriate grooming practices.
- b. Clean and appropriate attire must be worn during all didactic and clinical experiences.

2. **Hand Hygiene:**

- a. ATS must practice thorough hand hygiene, including washing hands with soap and water for at least 20 seconds:
 - i. Before and after providing patient care; patient care includes interactions with simulated patients, during practical exams, and/or other times when the Athletic Trainer: patient environment is implied.
 - ii. Before and after in-class contact with peers during labs and breakout sessions.
 - iii. Before and after eating.
 - iv. After using the restroom.
 - v. After coughing, sneezing, or touching the face.
- b. Hand sanitizers with at least 60% alcohol content may be used as an alternative when handwashing facilities are not readily available.

3. **Personal Protective Equipment (PPE):**

- a. To minimize the risk of exposure to potentially infectious material, all students will be provided with appropriate personal protective equipment by the Athletic Training Program, and affiliated clinical preceptors, while participating in didactic and clinical education experiences. These materials may include gloves, masks, gowns, eye protection, or other items appropriate to the environment.
- b. PPE must be worn properly and disposed of according to established guidelines after each use.

4. **Cleaning and Disinfection:**
 - a. Students are responsible for cleaning and disinfecting athletic training equipment, treatment tables, and other shared surfaces before and after each use, both in the classroom and in the clinical education experience setting.
 - b. Disinfectants approved by the Environmental Protection Agency (EPA) for use against COVID-19 and/or other pathogens must be utilized according to manufacturer's instructions.
5. **Respiratory Hygiene:**
 - a. Students must practice respiratory hygiene by covering coughs and sneezes with a tissue or the inside of their elbow.
 - b. Used tissues should be promptly disposed of in designated waste receptacles, followed by hand hygiene.
6. **Compliance:**
 - a. Non-compliance with this sanitation policy is considered a professional behavior issue and may result in disciplinary action, up to and including removal from clinical education experiences or activities within athletic training facilities.

Guidelines for Managing Potential Infection

1. A student who has been exposed to a potential infection before, during, or after a classroom or clinical education experience should report that exposure to his/her clinical preceptor and to course instructor and the Clinical Education Coordinator.
2. A student, who demonstrates signs of infection or disease that may place them and/or their peers at risk, should follow the guidelines outlined in this policy and report those potential infections or diseases immediately to Health Service - Duquesne Gumberg Library, 3rd floor (please use side entrance) or (412-396-1650). If a student is in doubt of his/her health risk, that student should immediately report to Health Services for evaluation by a qualified health professional. *A student may utilize his/her family physician; however, the same requirements and notifications yielded from Health Services will be required of the personal physician.*
3. If a student feels ill or demonstrates the signs/symptoms of infection (e.g. fever, diarrhea, other acute symptoms) that require him/her to miss more than one day of class or clinical education experience, that student should be evaluated by Health Services or his/her family physician and communicate with the Program Director or Clinical Education Coordinator.
4. Whether evaluated on-campus at Health Services or via their personal physicians, students must notify the university as to any change in health status. This communication is best achieved through Health Services who will communicate appropriately, most likely via email, to all course instructors for the student.
 - a. Upon receipt of the health status notification from Health Services or the family physician, the student must present that notification to the Program Director or the Clinical Education Coordinator who will inform the other appropriate Athletic Training faculty who (in compliance with HIPAA) are required to know the student's health status. The health status notification will be updated as necessary for determination of any changes needed for academic or clinical education experiences.

- b. Additional documentation may be warranted for change in health status. This additional documentation will be recommended to the student by the Program Directory or Clinical Education Coordinator and will result in the completion of the Change in Health Status form available on the Athletic Training Program Canvas site. This change in health status may impact the students' ability to participate in the required academic and clinical education activities of the program.
5. The student is required to notify his/her clinical preceptor(s) of the need to miss clinical education experiences, which will be confirmed by the Clinical Education Coordinator with the designated clinical preceptor(s).
6. The student should follow the Attendance Policy as defined within this document when any class or clinical education experience is missed, and should contact their course instructors directly to have a class recorded (either video or audio), if warranted. The student and course instructor may agree to offer an online option, if the health status notification requires a mandatory removal from class and/or clinical education and the student's health allows for continued participation.
7. The student is responsible to keep the Program Director, Clinical Education Coordinator, and their Student Success Coach informed of conditions that require extended periods of time when the student is unable to meet the Athletic Training Program's Technical Standards and/or missed class/clinical time. Additional health status notifications will be required until the student is cleared to meet all technical standards and return to full participation in all academic and clinical requirements.
8. If a student is required to miss a significant portion of classroom, laboratory, or clinical education experience time during a semester, the Attendance Policy, located in this document will be followed.

Examples of Common Communicable Diseases

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| Conjunctivitis (pink eye) | Pertussis (whooping cough) |
| COVID | Streptococcal Infection |
| Diphtheria (upper respiratory infection) | Herpes Zoster (shingles) |
| Herpes Simplex | Mumps |
| Hepatitis | Rubella |
| HIV | Tuberculosis |
| Fungal Infections | Varicella (chicken pox) |
| Meningococcal Infections | Viral Infections (Influenza, colds, etc.) |
| Mononucleosis | |

Please see the Center for Disease Control for more information www.cdc.gov



John G. Rangos, Sr.
School of Health Sciences

Athletic Training

General Academic Policies & Resources



CLASS ATTENDANCE POLICY

Students are expected to attend all course meetings. Class attendance requires students to be on time and present for the entire class meeting. Failure to attend class/lab sessions regularly will negatively impact your academic performance and ultimately your future successes in your chosen field of study.

Any student missing **≥20% of total class sessions or total class/laboratory time in a course**, regardless of reason for absence (excused or unexcused), may be required to do remediation, receive an Incomplete "I" grade until the work is completed, or be required to repeat the course. Determination of the appropriate requirements for course completion is at the discretion of the instructor. All missed assessments, assignments, and activities related to course objectives must be completed before a student may pass the course.

- 1 tardy = ½ absence; A tardy is defined as being ≥5 minutes late to class without prior approval by the course instructor.
- In order to develop equitable course adjustments, e-mail communications to the instructor regarding absences of any type should be timely, professional, and include a brief description of the circumstances.
 - **Planned Absences:** You must communicate via email with the instructor a minimum of 2 weeks in advance of a planned absence. A properly communicated planned absence does NOT automatically mean that the absence(s) is/are excused.
 - **Unplanned Absences:** You must communicate via email with the instructor within 48-hours following an unplanned absence OR before the next planned course meeting.
- Course assessments or activities that require instructor-approved documentation to be excused are noted on the course syllabus by a * next to the date.
- Documentation of an absence that does not fall on a designated assessment or activity day is not required otherwise, but may be requested by the instructor.
- The type of documentation required will be communicated by the instructor to the student based upon absence type. Examples may include a doctor's note, receipts of service, email proof of interview scheduling, etc.
- It is the student's responsibility to initiate communications with the course instructor and/or peers to acquire class materials and complete class assignments or activities that were missed.
- Decisions regarding absence-related course adjustments and documentation needs are ultimately up to the discretion of the instructor and will be considered on a case-by-case basis with proper communication.

ACADEMIC DIFFICULTY POLICY

At the mid-point of each course, or sooner where appropriate, in the professional phase of the program, the academic status of all students will be assessed to identify students in jeopardy of falling below the required 3.0 QPA for the academic semester and to identify deficiencies (at or below a "C") in any course. If a student is identified as experiencing academic difficulty, one of the following sections will be applied as appropriate to individual student situations. Please note that students on academic probation will enter this policy at Section 2.

Section 1: General Academic Difficulty

If a student is determined to have difficulty in a course at any point in the academic semester, and is not on academic probation, they will be required to develop a plan with the individual course instructor to remedy the difficulty. These discussions may be initiated by either the student or the instructor, though both parties will be involved in developing a plan to address the difficulty. This plan may involve at minimum, though not limited to:

1. Modifications in academic preparations
2. Utilization of tutoring/review session
3. Meetings and/or assistance from the course instructor(s)
4. Other items as deemed appropriate by the course instructor(s)

Section 2: Academic Probation and Academic Difficulty

If a student has entered the semester on academic probation, has had difficulty in past similar courses, or is found to be in jeopardy early in the current semester (after first set of examinations), that student will be required to meet with his/her faculty mentor and the course instructor to develop an academic preparation plan. In developing the plan, the student, faculty advisor, and potentially the academic success coach, will discuss:

1. More frequent monitoring of academic status in all courses
2. Modifications in academic preparations
2. The utilization of tutoring/review sessions
3. Seeking assistance from course instructors
4. Potential modification in clinical education experience participation

Section 3. Continued Academic Difficulty

If after two-thirds of the academic semester, or other time frame as appropriate to each course and student situation, a student continues to experience academic difficulty, clinical education experiences may be suspended, the plan identified in Section 2 will continue, AND the student will be required to

1. Attend mandatory individual tutoring or group study/review sessions and seek additional feedback and assistance from the course instructor until such time the end of the academic term or improvement is demonstrated

MENTAL HEALTH & WELLNESS POLICY

Your mental health and wellness matter. When you are not at your best mentally, other elements of your health and performance are likely to suffer as well. Because of this importance, our department believes it is critical for our faculty, students, and staff to share a clear understanding of how mental health is defined, as well as the terminology to classify mental health challenges that a person may encounter:

- **Mental Health** is defined as: “A state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (World Health Organization, 2023).
- **Mental health-related issues** can be classified into two categories:
 - **Mental Health Emergency** - a disturbance of your mood, thoughts, or behaviors that if untreated may lead you to harming yourself, others, or your environment
 - **Non-Emergency Mental Health Issue** - experiencing challenges in your mood, thoughts, or behaviors, but NOT at risk of harming yourself, others, or your environment

It is **critical** that if you are experiencing a mental health or wellness issue that you seek the appropriate care to address the problem. Your wellbeing is the top priority!

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| Mental Health Emergency: Experiencing a disturbance of your mood, thoughts, or behaviors that if untreated may lead you to harming yourself, others, or your environment. | |
| Duquesne Campus Police (Available 24/7) | 412-396-4747 |
| UPMC Resolve Crisis Hotline (Available 24/7) | 1-888-796-8226; LINK |
| Crisis Text Line (Available 24/7) | Text HOME to 741741; LINK |
| Non-Emergency Mental Health Issue: Experiencing challenges in your mood, thoughts, or behaviors, but NOT at risk of harming yourself, others, or your environment. | |
| Duquesne Counseling Services | 412-396-6204; counselingservices@duq.edu ; LINK |
| Duquesne Health Services | 412-396-1650; duhealth@duq.edu ; LINK |
| General Wellness Concern: Experiencing challenges that are impacting your quality of life but are not mental health specific (e.g., roommate problems, family concerns, general life stress, housing issues, transportation challenges, food insecurity, etc.) | |
| Duquesne Center for Student Involvement | 412-396-6657; wasilkoa@duq.edu ; LINK |
| Duquesne Office of Residence Life | 412-396-6655; orl@duq.edu ; LINK |
| Duquesne Spiritan Campus Ministry | 412-396-6020; christyw458@duq.edu ; LINK |
| Title IX Concern: Experiencing gender-based violence, harassment, and/or discrimination of any type and at any location. | |
| Duquesne Campus Police (Available 24/7) | 412-396-4747 |
| Duquesne Title IX Response Team | 412-396-2560; simpsona8@duq.edu ; LINK |
| <i>Pittsburgh Action Against Rape</i> | 1-866-363-7273; LINK |

You can learn more about the Duquesne University Center for Student Wellbeing Resources and Services by clicking [HERE](#).

The Oasis Mental Health App is also available to all students on campus and can be download by clicking [HERE](#).

DIVERSITY, EQUITY, & INCLUSION STATEMENT

The Department of Athletic Training is fully committed to inclusion in education for all persons. We welcome, celebrate, and respect persons of all ages, races, genders, abilities, socioeconomic classes, religions, sexual orientations, and nations of origin. Services and reasonable accommodations are available to persons with temporary and permanent disabilities, mental health conditions, and any other challenges that impact learning potential (e.g. financial strain, extenuating life circumstances, etc.). Please communicate immediately and frequently with the department faculty if there are circumstances affecting your ability to participate to the best of your abilities. As needed and within reason, we will work collaboratively with each person to seek institutional resources and develop equitable approaches to overcome barriers to learning.

As part of your education as an athletic training student and personal development at Duquesne University, you will participate in program, school, institution, and profession-level efforts to advance diversity, equity, inclusion, and social justice. You are required to treat all people with respect and dignity regardless of their background and social identities. It is everyone's responsibility to act in ways that support a climate of equity and inclusion that is free of harassment and discrimination. This expectation extends to all spaces in which you inhabit as a representative of this Department. Failure to meet this expectation will result in a violation of the RSHS student code of conduct and Department of Athletic Training professional behavior policy.

Below are resources to inform you of the diversity, equity, and inclusion efforts at Duquesne University and the supports available to you on campus:

Diversity, Equity, and Inclusion at Duquesne University: <https://www.duq.edu/social-impact/diversity-equity-and-inclusion/index.php>

The Center for Excellence in Diversity and Student Inclusion: <https://www.duq.edu/social-impact/diversity-equity-and-inclusion/center-for-excellence-in-diversity-and-student-inclusion/index.php>

Bias Education Response Team (BERT): <https://www.duq.edu/social-impact/diversity-equity-and-inclusion/bias-education-response-team/index.php>

SCHOLARSHIPS

Although the Athletic Training Program does not offer direct academic scholarships for enrolled students, potential scholarship opportunities are available through various entities as listed below. While membership in the overarching organizations is not a requirement of the Athletic Training Program, membership may be required for eligibility to receive the award; additional costs may be incurred by the student to ensure membership and eligibility for scholarships available through each entity. Please note that this list is not considered all-inclusive as to funding options or eligibility; students should evaluate their personal funding needs, discuss options with the Office of Financial Aid, and apply for any and all funding opportunities that are appropriate to their individual situation.



The NATA is constantly working to improve both the quality and status of Athletic Training in the United States and abroad. Scholarships are available yearly through the NATA Research and Education Foundation, to qualified **student members** of the NATA. Over \$1,000,000 in scholarships has been given to athletic training. More information on these scholarships can be found here:

<https://www.natafoundation.org/education/scholarships/>



The EATA serves as an umbrella organization that encompasses all of NATA Districts I and II. All NATA members who reside within these geographic boundaries are automatically members of the EATA. There are no dues required for being an EATA member. Through the EATA, District I and II provide for student scholarships in Athletic Training. Further information may be obtained at

www.goeata.org



PATS strives to further the professional ability of members through education, provide opportunities for the exchange of ideas with other health professionals, and contribute to the profession of Athletic Training within the Commonwealth. PATS offers several \$2,000 academic scholarships to student members of the organization. Student members are also eligible for the Southwest PATS River Run Scholarship that is offered in addition to the regular PATS scholarships. More information on becoming a student member and these scholarships can be obtained at the organization's web site: www.gopats.org. If you become an NATA member, you automatically become a member of PATS, but you also can be a member of PATS and not a member of the NATA.



The World Federation of Athletic Training & Therapy (WFATT) Under the leadership of the NATA and Canadian Athletic Therapists Association (CATA), the primary purpose is to provide a forum for health care professionals to exchange ideas, treatment techniques, and knowledge. This organization is currently expanding; although no scholarships are currently offered through this entity, students are encouraged to visit their website and learn more about potential funding opportunities posted through their site.

<https://www.wfatt.org/>

Duquesne University
Athletic Training Program
Clinical Education
Resource Fund

The Athletic Training Program offers an annual funding opportunity entitled the Clinical Education Resource Fund. This application-based funding opportunity (\$400) is intended to defray costs associated with clinical education experiences and is thus only available to professional phase students. More specific information related to the application process for this funding can be obtained through the ATP Canvas site.

APPROPRIATE RELATIONSHIPS POLICY

Although the patient population that athletic training students interact with are typically of similar age and might be romantically interested, they are NOT an appropriate pool for students' romantic, dating, or sexual relationships. It is a conflict of interest for a student to provide care to a patient with whom they have a romantic, sexual, or significant social relationship. Such relationships can also compromise the respect other patients have for the student and even for other Professional phase students working to earn their respect.

The following guidelines should be followed when engaging in any activity involving patient care:

- Students shall not initiate nor accept offers of romantic, dating, or sexual relationships with their patients.
- Students in a pre-existing relationship with a potential patient shall disclose the relationship to Athletic Training Program personnel upon admission.
 - Students cannot be assigned to fieldwork involving care for this patient.
 - Students should not engage in new relationships with patients while assigned to that clinical education site.
 - Concealing or failing to self-disclose a pre-existing relationship that presents a conflict of interest is treated no differently than inviting and engaging in a new relationship with a patient.
- Any violation of this policy will be addressed through application of the Professional Behavior Policy previously outlined in this handbook.

SOCIAL MEDIA POLICY

The Athletic Training Program has adopted the RSHS Social Media Policy for online communications. As such, the RSHS and the AT Program are committed to upholding professional and ethical behavior expectations with this and all forms of communication. Students are responsible and accountable for what they post or discuss via social media. These guidelines are intended to protect the privacy and confidentiality of patients/clients, fellow students, faculty and staff, clinical educators/preceptors, and Duquesne University affiliated facilities.

In order to provide guidance, students are encouraged to:

- Comply with all HIPAA laws and Pennsylvania laws related to privacy and information sharing. Violations may result in legal action against the student, automatic failure of a class or clinical rotation, and possibly dismissal from the program.
- Speak with the course instructor if there are concerns about a course, its content or their approach to the content. If the concerns are unresolved, alert the Program Director and/or Department Chair.
- Demonstrate respect in the content of postings, messages, chats, etc.. Students are encouraged to avoid:
 - Disclosing any information about any clinical education experience.
 - Posting anything that includes references or pictures related to: patients/clients, models, or cadavers; their conditions, treatment, characteristics; clinical sites or clinical instructors (no criticism about a site or instructor); associated personnel at a clinical rotation (including other students); or any information about what is happening during a clinical experience.
 - Asking a supervisor, patient or client to “friend” you while on a clinical rotation; this puts all parties in a potentially awkward and inappropriate situation.
 - Maintaining social media relationships with faculty or staff outside of course or clinical requirements.

Social media examples include but are not limited to:

- Email
- Social networking sites (e.g., Facebook)
- Video and Photo sharing sites (e.g., Snapchat, YouTube, Snapfish, Flickr, Instagram, TikTok, BeReal)
- Micro blogging sites (e.g., X/Twitter, Tumblr, FriendFeed)
- Messaging or chatting via any social networking medium
- Blogs, online forums, or discussion boards
- Any other website or online software applications that allow individual users to post or publish content via the internet.

Compliance with the RSHS Social Media Policy is expected at all times. The RSHS has zero tolerance for any violation of this policy. Any violation is considered unprofessional and will result in disciplinary action, up to and including dismissal from the individual academic program. These guidelines are not stagnant and may change as social networking tools evolve. The RSHS reserves the right to alter or amend the terms and conditions of this policy at any time.



John G. Rangos, Sr.
School of Health Sciences

Athletic Training

Appendix

Appendix

MASTER OF SCIENCE IN ATHLETIC TRAINING COURSE DESCRIPTIONS: PROFESSIONAL PHASE

The course descriptions that follow are those that reflect professional phase Athletic Training curricular content. The course descriptions have been sequenced by year and term in the curriculum.

YEAR 1 – Summer

ATHT 525: Evidence Based Methods in Health Care (2 Credits)

This course introduces athletic training students to the evidence-based practice process including its application to clinical education. Specific topics related to the infusion of evidence into the practice of health care through prevention, diagnosis, and treatment will be included. Emphasis will be placed on enhancing the understanding and practice of evidence-based, quality health care. An introduction to the Institute of Medicine (IOM) Core Competencies and interprofessional education will also be covered. This course is targeted to students pursuing an athletic training degree or have an interest in evidence-driven health care.

ATHT 501/L: Immediate Care and Prevention (4 credits)

This lecture and laboratory course is designed to introduce learners to the athletic training profession and their roles and responsibilities as part of the interprofessional sports medicine team. Students will learn skills that will enable them to be confident in the prevention and management of care for their patients. Students will also develop appropriate documentation and outcomes assessment strategies used during the clinical care process. Students will explore best practices and develop basic skills in the areas of injury prevention, recognition, evaluation, treatment, documentation, first-aid, and emergency care. Students will develop basic skills related to performing assessments, providing first aid and immediate care to emergent and environmental conditions, fitting equipment, and applying various taping/wrapping techniques to support injury and performance.

ATHT 530/L: Introduction to Therapeutic Interventions (3 credits)

This course provides students with a foundation of the theory and practice associated with the design, implementation, progression, and supervision of prevention and rehabilitation programs. Students will learn to develop and communicate intervention strategies, which are patient-centered and goal directed, where physical performance measures & outcomes, patient values, and scientific evidence guide the development and implementation of rehabilitation and reconditioning plans. Content of this course includes introduction to therapeutic and corrective exercise, joint mobilization and manipulation, soft tissue techniques, flexibility, strength and endurance (muscular & cardiovascular) training, movement and gait training, motor control and proprioceptive activities, and functional training. Students will also gain an understanding of progression and sequencing necessary to execute a successful rehabilitation and conditioning program required to return a patient to full participation. The foundational content of this course will be complemented in the remaining orthopedic course sequence.

YEAR 1 – Fall

HLTS 570/L: Anatomy (4 credits)

This course focuses on the gross anatomy of various regions of the human body. The activities in this course employ a regional approach to the study of human gross anatomy. This course is designed to study the details of the anatomy in the regions of: the superficial aspect of the back; the shoulder; the upper extremity; the hip and pelvis; the knee joint; the ankle joint; the foot; and the lower extremity. Students will be expected to learn in detail the muscular, skeletal, connective tissue, and neurovascular structures found in the regions mentioned above. The course consists of both a lecture and a laboratory component. Lecture sessions present information pertaining to correct anatomical terminology; gross anatomy; and the organization and relationships of the various structures found in the above listed regions of the body. A dissection laboratory is a required component to the course. In the dissection laboratory the student, under the supervision of faculty, will dissect and study human cadavers. Efforts are made to assist the course participants to utilize the information presented in both lecture and laboratory sessions to answer medically/clinically relevant questions.

ATHT 550/L: Therapeutic Interventions – Modalities (3 credits)

This course provides an introduction to therapeutic modalities used to treat patients in clinical practice. Lecture material will include a brief overview of the scientific foundation of how the modality operates as well as the physiological response that results. The indication, contraindications and evidence to support the use of the modalities will also be addressed and used in activities that exercise clinical decision-making skills. The laboratory portion of the class involves practical application of the lecture material. As in the laboratory portion of the class, activities that exercise clinical decision-making skills will be performed.

ATHT 502/L: Orthopedic Assessment & Treatment – Lower Extremity (3 credits)

This course will provide information related to the assessment and treatment of lower extremity musculoskeletal disorders. Students will perform comprehensive examinations, evaluate, analyze, and interpret examination findings, and create patient-centered and evidence-driven intervention plans. The course will emphasize the management of acute orthopedic conditions (emergent and non-emergent) and chronic orthopedic conditions commonly seen in athletic training clinical practice. Exercise prescription and patient education will be a point of emphasis throughout the course. This course will build on the knowledge presented in Immediate Care & Prevention (ATHT 501/L), and Therapeutic Interventions (ATHT 530/L).

ATHT 515/L: Contemporary Evaluation (2 credits)

Contemporary Evaluation is a lecture and laboratory-based course that provides students with instruction on evidence-based prevention, recognition, evaluation, and management approaches for acute pathologies of the cervical spine and brain. Students will engage in the development and implementation of policies and procedures for patients that have sustained cervical spine and brain injuries. Instructional content will include sporting equipment fitting/removal, emergency cervical spine injury assessment and stabilization techniques, and concussion awareness, prevention, identification, assessment, management, and rehabilitation best practices. Students will also gain healthcare policy and procedure development experience through the independent construction of a concussion management protocol for their assigned clinical site with instructor guidance. This course builds on and expands the knowledge and skills acquired in ATHT 501/L: Immediate Care & Prevention.

ATHT 511/L: Clinical Practicum I (3 credits)

This practicum course provides students with opportunities to practice athletic training care and services under the direct supervision of certified athletic trainers or physicians. Students will have opportunities to apply the knowledge and clinical skills developed and evaluated in the classroom to the athlete/patient populations at local high schools, colleges/universities, and professional team clinically affiliated sites. Students will develop communication skills needed to interact with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others. Students will work collaboratively with all members of the healthcare team, while making evidence informed clinical decisions.

YEAR 1 – Spring

ATHT 500: Research & Evidence Integration I (1 credit)

Research & Evidence Integration I is a lecture course that builds on the foundational principles of evidence-based practice by engaging students in the research process at an advanced level. This course focuses on different research methods and study designs as students search, read, and critically appraise current scientific literature in athletic training and sports medicine. Students will then become a contributor to the expansion of knowledge that supports evidence-based practice. This course will provide the structure for the development of a scholarly project on a clinically-relevant topic in sports medicine. The continuation of the scholarly project will occur in Research & Evidence Integration II (ATHT 510) and III (ATHT 610). Scientific writing skills are emphasized in this course.

ATHT 503/L: Orthopedic Assessment & Treatment – Upper Extremity (3 credits)

This course will provide information related to the assessment and treatment of upper extremity musculoskeletal disorders. Students will perform comprehensive examinations, evaluate, analyze, and interpret examination findings, and create patient-centered and evidence-driven intervention plans. The course will emphasize the management of acute orthopedic conditions (emergent and non-emergent) and chronic orthopedic conditions commonly seen in athletic training clinical practice. Exercise prescription and patient education will be a point of emphasis throughout the course. This course will build on the knowledge presented in Immediate Care & Prevention (ATHT 501), Therapeutic Interventions (ATHT 530/L), Therapeutic Interventions: Modalities (ATHT 550/L), and Orthopedic Assessment & Treatment of the Lower Extremity (ATHT 502/L).

ATHT 516/L: Diagnostic Tools & Advanced Skills for the Athletic Trainer (3 Credits)

The aim of this course is to enhance the athletic training student's skill set related to the diagnosis and management of orthopedic and non-orthopedic conditions. Particular emphasis will be placed on the differential diagnosis process and the incorporation of applicable tests and measures used as part of the evaluation and diagnostic process. Students will gain familiarity with clinical diagnostic laboratory testing, the administration and interpretation of electrocardiograms and the utilization of diagnostic ultrasound and other imaging techniques.

ATHT 512L: Clinical Practicum II (3 credits)

Clinical Practicum II provides students with an opportunity to apply knowledge and clinical skills gained in previous coursework while also refining their skills and abilities as it relates to current coursework under the direct supervision of certified athletic trainers or physician. Students will have opportunities to build on previous learning and clinical education experiences. Students will be instructed and assessed on their clinical skills and abilities. Students will work collaboratively with all members of the healthcare team, while making evidence informed clinical decisions.

ATHT 601: Considerations for Global Health (3 Credits)

This course will provide students with an epidemiological view of global health and the need for culturally responsive health care systems. A focus will be set on the advancement of international awareness with a goal of optimal health care for physically active populations. Specific topics including the social determinants of health, multicultural competencies, and ethics related to health care and clinical practice will be covered alongside an examination of how to overcome challenges related to these topics. Attention will be placed on patient advocacy, race, ethnicity, social justice and trauma to enhance athletic training students' capacity for contributing to the health care system. Consideration will be given to the therapeutic impact of multicultural models and ethical implications on health care planning and capacity.

YEAR 2 – Summer**ATHT 504/L: Orthopedic Assessment & Treatment - Spine (2 credits)**

This lecture/lab course will provide information related to the assessment and treatment of spine and pelvic disorders and malalignments. Students will perform comprehensive examinations, evaluate, analyze, and interpret examination findings, and create patient-centered and evidence-driven intervention plans. The course will emphasize the management of acute and chronic non-emergent spine and pelvis orthopedic conditions and malalignments commonly seen in athletic training clinical practice. Exercise prescription and patient education will be a point of emphasis throughout the course. This course will build on the knowledge presented in Therapeutic Interventions (ATHT 530/L), Therapeutic Interventions: Modalities (ATHT 550/L), Orthopedic Assessment & Treatment--Lower Extremity (ATHT 502/L), and Orthopedic Assessment & Treatment-- Upper Extremity (ATHT 503/L).

ATHT 505: Non-Orthopedic Pathology & Pharmacology (3 Credits)

This course explores the pathophysiological processes associated with non-orthopedic injuries and illness. This course is open to students pursuing an athletic training degree or those who have an interest in pathophysiology as applied to the physically active population. In order to expand the role of the athletic trainer in the primary care setting, students will be able to recognize the signs and symptoms associated with various conditions as well as determine appropriate diagnostic and referral processes. Additionally, the ability to educate patients on the prevention, transmission, and treatment of selected conditions will be included. Application of pharmacological and procedural interventions will also be covered through an interprofessional lens. Pharmacological focus will include intervention and medication regulation as well as instruction on basic pharmacological terminology, drug categories, pharmacokinetic principles, pharmacodynamics principles, and appropriate medication management. Students will also be educated on the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.

ATHT 606: Patient-Centered Care & Behavioral Health (3 credits)

This course allows students to explore, develop, and refine their personal values and ethical foundations as they relate to behavioral health and psychosocial aspects of healthcare and professional practice in athletic training. Special emphasis is placed on the foundational components of patient-centered care, counseling skills, the recognition and referral of clinical psychological conditions, the psychological response to injury, and psychosocial intervention strategies for injury prevention and management. Explorations of professionalism, leadership, communication, interprofessional collaboration, self-care, work-life balance, cultural competence, and interacting with diverse physically active populations are also discussed. At

the conclusion of this course students will be able to develop and implement specific policies and procedures for the purposes of identifying patients with mental health problems and referring patients to qualified providers when needed.

YEAR 2 – Fall

ATHT 535: Organization and Administration Course (3 credits)

The aim of this course is to enhance student abilities to function effectively as professional athletic trainers by educating them on current administrative, professional, organizational, and legal issues in athletic training. Topics include principles and practices of health informatics, emergency planning, creating budgets, facility design, record keeping/medical documentation, medical billing, medical and professional insurances, and legal/ethical issues in healthcare.

ATHT 611/L: Clinical Practicum III (5 credits)

Clinical Practicum III aims to provide athletic training students with the opportunity to develop, enhance and practice skills necessary to engage within patients in a holistic manner. Through direct immersion in clinical education settings, students will engage in patient care including assessment, development of care plans, utilization of comprehensive patient-file management systems, and practices including review and implementation of site-specific policies and procedures. Students will enhance their clinical foundation and transition their abilities toward autonomous practice improving their ability to make evidence-informed decision and utilize clinical reasoning while working in collaboration with other healthcare professionals.

ATHT 510: Research & Evidence Integration II (2 credits)

Research & Evidence Integration II is a lecture course that is a continuation of Research & Evidence Integration I (ATHT 500). Students will continue developing the framework of their scholarly project on a clinically-relevant topic in sports medicine that was established previously in Research & Evidence Integration I (ATHT 500). This will include conducting a rigorous literature search, critically appraising research articles, and beginning to construct the elements of a scholarly manuscript on their topic. The continuation of the scholarly project will occur in Research & Evidence Integration III (ATHT 610). Scientific writing skills are emphasized in this course.

YEAR 2 – Spring

ATHT 560/L: Manual Therapy (2 credits)

This lab-based course will assist students in the development of a deeper understanding of theories and advanced practices of therapeutic and corrective exercise prescription. The course encompasses advanced manual therapy and rehabilitation skills to treat orthopedic conditions and malalignments for all joints of the body. Students will learn how to think critically and creatively to develop multi-faceted approaches for therapeutic interventions that are based on best evidence. At the conclusion of this course students will be competent in the application of treatment concepts related to biomechanical assessment, proprioceptive neuromuscular facilitation, joint mobilizations, muscle energy techniques, and a variety of soft tissue techniques. Students will also be exposed to aquatic therapy concepts.

ATHT 615: Athletic Training Seminar (3 credits)

Athletic Training Seminar is a culminating course in the Athletic Training Program. Student engagement will occur via opportunities for students to further explore areas of clinical decision-making and self-reflection as they prepare for practice as an Athletic Trainer. Students will have opportunity to discuss and integrate their knowledge and skills through case studies, discussions, simulations, and other learning methods targeting the advancement of skills and

contemporary health care practices. Students will also further enhance their confidence in the interprofessional practice process in preparation for transition to practice.

ATHT 610: Research & Evidence Integration III (3 credits)

This lecture/lab course builds on the foundational principles of evidence-based practice learned in ATHT 525 by engaging the student in the research process at an advanced level and expanding their knowledge of statistical analyses and research dissemination. This course will be a continuation of Research Principles & Application I (ATHT 500) and Research Principles & Application II (ATHT 510). Students will complete data collection on their scholarly projects and conduct statistical analyses. They will use this information to construct result and discussion manuscript sections that answer their clinical or translational original research question. This course will conclude with the completion of an abstract that may be submitted to local, regional, and/or national professional conferences, as well as an oral defense of their completed scholarly project. Completed manuscripts may also be submitted to scholarly, peer-reviewed journals for publication consideration. Scientific writing skills are emphasized in this class.

ATHT 612/L: Clinical Practicum IV (3 credits)

Clinical Practicum IV is the culminating course of the curriculum and serves as an opportunity for students to experience the totality of patient care through clinical education experiences. Under the direct supervision of a preceptor, students will assess, manage and utilize comprehensive patient-file management systems to provide holistic patient-centered care embedded within the ICF framework. Students will continue to practice in collaboration with other healthcare professionals and will utilize evidence and contemporary principles of health informatics to drive clinical decision-making. Furthermore, students will continue to engage in the evaluation and refinement of site-specific policies and procedures, while also engaging in quality improvement projects designed to enhance patient care.