

# IOWA

Carver College  
of Medicine

## Master of Science in Athletic Training

*Tradition, Excellence,  
Innovation*

## Student Policy and Procedure Manual 2025-2026

This policy manual provides information about policies and procedures for faculty, preceptors, and students in the MS in Athletic Training Program. We review and update the manual once every year. Information contained in this edition is considered current and applicable for the year following revision unless otherwise specified. The Athletic Training Program strives to publish accurate information. Since this publication is emailed to constituents once a year, and because policies and procedures are amended as warranted, posting of the most current manual can be located on the MSAT program website. <https://medicine.uiowa.edu/orthopedics/education/master-science-athletic-training> Notices of policy reminders and updates take place by email to all stakeholders.

### **Nondiscrimination Statement**

*The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Senior Director, [Office of Civil Rights Compliance](#), the University of Iowa, 202 Jessup Hall, Iowa City, IA 52242-1316, 319-335-0705, [daod-ocrc@uiowa.edu](mailto:daod-ocrc@uiowa.edu)*

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## ***Section I: Program Faculty Directory***

(See ATRACK for Program Preceptor Information)

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## **Section II: Program Policies and Procedures**

### **University, Department, and Program Mission and Vision**

#### **University of Iowa Mission**

*Upon its founding in 1847, the University of Iowa was entrusted by the state legislature with a threefold mission of teaching, research, and public service. In pursuing that mission today, the university*

- provides exceptional teaching and transformative educational experiences that prepare students for success and fulfillment in an increasingly diverse and global environment;*
- advances scholarly and creative endeavor through leading-edge research and artistic production; and*
- brings learning and discovery into the service of the people of the state of Iowa, the nation, and the world, improving lives through education, health care, arts and culture, and community and economic vitality.*

#### **University of Iowa Vision**

*The University of Iowa will be the destination of first choice for talented students, faculty, and staff from wide ranging backgrounds, experiences, and viewpoints, who will craft new chapters of exploration, discovery, creation, and engagement. Together, we will advance the university's standing as one of the most distinguished public flagship universities in the country.*

#### **Core Values**

*In planning, setting priorities, and carrying out every aspect of its mission, the University of Iowa is guided by five interdependent commitments:  
Creativity, Community, Excellence, Inclusion, Integrity*

#### **Carver College of Medicine Mission**

*Our mission is to inspire and educate world class health care providers and scientists for the people of Iowa and our global community.*

#### **Department of Orthopedics and Rehabilitation Mission**

*Improve the lives of people suffering from disease, deformities, and injuries of the spine and limbs.*

#### **MSAT Program Vision**

*Our vision is to be the program known for producing highly competent athletic training practitioners who are committed to continual learning and dedicated service to the diverse healthcare and safety needs of their patients.*

### **MSAT Program Mission**

*Our mission is to blend high quality education together with exemplary clinical experiences creating a seamless environment where student growth and development are natural outcomes. We aspire to be the model for clinical education that promotes interprofessional collaboration that impacts the future of healthcare. We achieve our mission by maintaining Iowa traditions, striving for excellence through continuous improvement, and incorporating clinically relevant research to be innovative.*

### **MSAT Program Outcomes (PO)**

1. The program will facilitate student knowledge and clinical skill development among diverse populations.
2. The program will maintain a 3-year aggregate retention/graduation rate of 90% or higher.
3. The program will facilitate direct engagement and learning approaches to healthcare that will add to successful professional development through inter-professional experiences.
4. The program will maintain a 3-year aggregate BOC first-time pass rate of 90% or higher.
5. The program will publicly disseminate scholarship based on clinically relevant research in athletic training to enhance engagement and produce creative works to support learning.
6. The program will graduate students who demonstrate cognitive and psychomotor competence and clinical proficiency based on clinically relevant research in the following BOC Practice Analysis content areas:
  - a. Risk Reduction, Wellness, and Health Literacy (Domain 1)
  - b. Assessment, Evaluation, and Diagnosis (Domain 2)
  - c. Critical Incident Management (Domain 3)
  - d. Therapeutic Intervention (Domain 4)
  - e. Healthcare Administration and Professional Responsibility (Domain 5)
7. The program will maintain a 3-year aggregate graduate placement rate of 90% or higher within six months of graduation.

### **MSAT Student Learning Outcomes**

Upon graduation, the student:

1. Will communicate effectively among healthcare providers, patients, and all other stakeholders in their delivery of healthcare. (PO #1, #3, #5, #6)
2. Will practice with professionalism and integrity adhering to the Code of Ethics outlined by the NATA and the Code of Professional Responsibility by the BOC. (PO #1, #3, #5, #6)
3. Will demonstrate cognitive and psychomotor competence and clinical proficiency based on clinically relevant research in the following BOC Practice Analysis content areas: (PO #4, #6)
  - a. Risk Reduction, Wellness, and Health Literacy (Domain 1)
  - b. Assessment, Evaluation, and Diagnosis (Domain 2)
  - c. Critical Incident Management (Domain 3)
  - d. Therapeutic Intervention (Domain 4)
  - e. Healthcare Administration and Professional Responsibility (Domain 4)
4. Will demonstrate critical thinking to effectively solve problems in a variety of dynamic athletic training environments. (PO #3, #4, #6)

5. Will demonstrate growth in cultural competence among healthcare providers, patients, and all other stakeholders in their delivery of healthcare. (PO #1, #3, #6)
6. Will demonstrate a kaizen philosophy in their learning and professional practice. (PO #1, #2, #3, #5, #6)

### **MSAT Program Description**

Students who want to become certified athletic trainers may earn a single M.S. degree or pursue the combined degree program that includes a B.A. in Health and Human Physiology (exercise science track) and the M.S. in Athletic Training. See the B.A. in Health and Human Physiology (exercise science track) in the General Catalog.

The Master of Science in Athletic Training program (MSAT) requires 62 s.h. of coursework. The program occurs over two full years, including summers, of concentrated didactic and clinical experiences that lead to eligibility for the Board of Certification (BOC) examination. While in the program, students must maintain a cumulative graduate GPA of at least 3.00 and must earn a grade of C- or higher in all graduate coursework.

## Additional Financial Costs

Programmatic tuition is ~\$615 per credit (*62 credits at \$615 is a total tuition of \$38,130*).

Besides University tuition and fees, students will incur additional costs that may include:

1. Graduate College Application Admissions Fee: (\$60) If offered an interview. (\$100 for international applicant).
2. Immunizations: (based on student need) Covered by student medical insurance. Some clinical facilities or experiences (surgery observations) may require proof of immunizations or require additional immunizations beyond what was required for program admission. Students are responsible for the cost of any immunizations or laboratory studies.
3. Clothing: (\$60-\$80 & based on student need) Students are required to purchase 3 polos with the program logo. Appropriate athletic training clothing includes slacks, shorts, appropriate shoes, or outdoor gear. In some instances, students are required to wear dress clothes as determined by the dress code of a particular clinical experience (game-day attire).
4. Travel: Students are responsible for having access to a vehicle, parking, gas to-and-from all clinicals.
5. Professional Membership: (\$72 + district/state association dues, annually) All students are **required** to become members of the National Athletic Trainers' Association (NATA).
6. ATrack Usage Fee: (\$45 annually/\$90 lifetime) ATrack is used to manage and house administrative documents for the program including hours, student skill assessments, patient exposures, and student clinical experience evaluations.
7. Professional Meeting Attendance: Athletic training students are highly encouraged to attend one professional meeting as part of the student CEU program. Costs of attending a professional conference vary by geographical location but involve travel, registration, housing, and food while at the meeting.
8. BOC Self-Assessment Examination: (\$35) The program covers the cost of the first two versions of the BOC Self-Assessment Examination. If students need to take additional versions for BOC program director endorsement, the cost falls onto the student.
9. BOC Examination: (\$450) Students **MUST** sit for the BOC examination during their final academic semester prior to graduation.
10. Graduation Regalia: (\$90) All students are required to obtain graduation regalia.
11. CPR Re-certification: (\$10) Students are responsible for maintaining certification throughout their time in the program. Students must pay the card fees.
12. Immersive Experience: If students choose a semester-long immersive clinical experience at a distant location, travel, housing, food, and other specific needs of the clinical experience are the responsibility of the student.
13. Textbooks: (Varied prices) Students must purchase and retain ALL required textbooks
14. Course Fees (See Below): These costs are solely for the support of supplies and equipment needed to operate specific courses. Course fees may not be refundable if a student drops a course at a certain point, prior to, or during the semester the course is in session.

AT:3060	Advanced Human Anatomy for AT	\$600.00
AT:4000	Foundations of AT	\$185.00
AT:4075	Emergency Care Techniques	\$185.00
AT:5000	Pathology & Assessment -Non-Ortho Condition	\$300.00

## **Scholarships**

All regular (4+2) MSAT students who are in ‘*good standing*’ with the program will receive a base scholarship each Fall and Spring semester. Base scholarships are not available to Undergrad-to-Grad (U2G, 3+2) during the first Fall semester in the program. The amount provided varies depending on the number of students in the program and the available funding. Students who attend an immersive clinical experience outside the Iowa City/Cedar Rapids area are also eligible for additional funding. Additional scholarships are also available annually depending on funding, see list below.

### **Black & Gold Merit Scholarship:**

The Black & Gold Merit Scholarship is awarded to the student, upon admission to the MSAT program, who exceeds all acceptance criteria based on a wholistic review of their application materials. Awarded during Summer 1.

### **William Larry Sayles Award:**

Larry Sayles is originally from Ottumwa, Iowa and graduated from the athletic training program in 1977. Larry is best known for the leadership role he took on during his junior and senior years in the program. Upon graduation, his first athletic training position was with the Harlem Globetrotters; where he was so loved by the team and organization that he became part of the show! After 13 years with the Globetrotters, Larry moved into serving as an AT with a professional soccer team, Milwaukee Wave, until his recent retirement. His personality has shown through in this position as well. So much so, that he has been honored along with the team as “the best in professional soccer”. What distinguishes Larry Sayles as an athletic trainer are his commitment, involvement, and compassion for his athletes and his passion for his chosen sport of soccer. The William Larry Sayles award is presented to a MSAT Year 2 student for their significant and consistent contribution to clinical services as an outstanding student displaying the characteristics of maturity, leadership, and professionalism. Awarded end of Spring semester. No monetary gift.

### **Kevin Nels Negaard Scholarship:**

The Kevin Nels Negaard Scholarship is awarded to a MSAT 1<sup>st</sup> year student who shows the most promise as an upcoming athletic trainer by virtue of outstanding clinical and academic contributions. The award is in honor of alumni Kevin Negaard (‘85), who displayed the characteristics of honesty, compassion, easy mannered, with a decisive and creative thought process. It honors students who seek out the advantages and the intrinsic value of the profession of athletic training. Awarded at the end of Fall 1 semester.

### **Edward T. Crowley Clinical Excellence Scholarship:**

The Edward T. Crowley Clinical Excellence Scholarship is awarded to a MSAT student who has embodied clinical excellence, demonstrating a positive attitude, ability to transition classroom knowledge to clinical opportunities, and make a notable impact on the patients they encounter. The scholarship is in honor of Ed Crowley who was the head athletic trainer for Iowa Athletics from 1973-2004. He was Iowa’s first head football AT. In 1997, Crowley received the Most Distinguished Athletic Trainer Award from the NATA.

### **Danny T. Foster Academic Excellence Scholarship:**

Danny T. Foster served as the Program Director of AT education for 40 years, from 1976 until his retirement in 2016. Dr. Foster was appointed as a lecturer and program director in Physical Education

for Men for half of his appointment and the other half was within Athletics working with the wrestling team for numerous years. He operated the education program, in conjunction with several adjunct instructors, until 2015. The scholarship is in honor of Dr. Foster and is awarded to a MSAT student who demonstrates academic excellence in the classroom, being inquisitive, teachable, and passionate about athletic training.

#### **John G. Streif Service Scholarship:**

John G. Streif ('70) served Iowa athletics as an Assistant Athletic Trainer from 1972-2012 and led by example portraying the qualities we hope to instill in the graduates of our program. John was awarded the UIHC Above and Beyond the Call of Duty Award in 2007 and inducted into the Iowa Athletic Trainers' Society Hall of Honor in 2008. The scholarship is in honor of Mr. Streif and is awarded to a qualified student based on performance assessments that exceed preceptor expectations and shows exceptional effort in the clinical setting with confidence in interactions, attention to details, continued skill improvement, and maintenance of high-quality patient care. Preference is given to students who go above and beyond, volunteering for events and activities to enhance their clinical skills.

#### **John P. Albright Scholarship:**

The award is named after Dr. John Albright (AKA, 'JPA') who was the head team physician and original education program Medical Director. He was instrumental in creating the University of Iowa Athletic Training Program with Edward Crowley and Danny Foster. He has served the Hawkeyes and devoted his initial clinical practice to cervical spine surgery. He established the University of Iowa Sports Medicine Services with the Department of Orthopedics in 1980, assuming the overall responsibility for the care of injured athletes and for designating individual team physicians. In 1984, Dr. Albright organized the first University of Iowa Sports Medicine Symposium which continues to be offered every year in December. Dr. Albright is the longest serving editorial board member for the American Journal of Sports Medicine and the Journal of Techniques in Knee Surgery and is in the American Orthopedic Society for Sports Medicine Hall of Fame. The Dr. John P. Albright Emerging Researcher Award recognizes a student who has demonstrated interest and enthusiasm in conducting AT research, who conducted an outstanding research project while in the program, and who has the potential to make significant contributions to the body of knowledge in athletic training.

#### **Award for Superior Achievement in Advanced Anatomy for Athletic Trainers:**

This award is presented to the Athletic Training student whose performance is judged outstanding by members of the faculty who teach the Advanced Human Anatomy course for Athletic Trainers. The recipient is presented their award at a Department of Anatomy and Cell Biology awards ceremony.

#### **Erin Hume Outstanding Leadership and Engagement Scholarship:**

The Erin Hume Outstanding Leadership and Engagement Scholarship is awarded to a MSAT 2nd year student who demonstrates the characteristics of leadership, engagement, and a drive to advocate for the profession. The award is supported by Erin (Mixdorf) Hume, who graduated from the University of Iowa in 1987 and has a MEd from George Washington University in Exercise Science and College Student Development. She supports this scholarship to underscore the importance of continued engagement in the athletic training community through participation at any level, programmatic, state, district, or national. The recipient should exemplify the social characteristics necessary to maintain a connection, for themselves and their cohort, to the alumni network, by continuing to promote and grow the legacy of Athletic Training Education at the University of Iowa after graduation.

## BS in Exercise Science + MSAT (U2G Program)

<b>BS-Ex Sci (Pre-AT)</b>	<b>1<sup>st</sup> YEAR</b>	<b>2<sup>nd</sup> YEAR</b>	<b>3<sup>rd</sup> YEAR</b>
FALL	<b>Exploring AT 1 sh</b> AT:1010 (offered Fall only)	Nutrition & Health 3 sh HHP:2310	Biomechanics of Sport and Physical 3 sh HHP:2350
	General Chemistry I 3 sh CHEM:1070	Elementary Statistics and Inference 3 sh STAT:1020	Applied Exercise Physiology 3 sh HHP:3400
	Physical Activity & Health 3 sh HHP:2200	Human Anatomy 3 sh HHP:1100	Sport & Exer Nutrition 3 sh HHP:4310
	Rhetoric 4 sh RHET:1030	Gen Ed 3 sh	World Lang 4-5 sh
	Elementary Psychology 3 sh PSY:1001	World Language 4-5 sh	Gen Ed 3 sh
	Success at Iowa 2 sh		<b>APPLY TO THE MSAT BY DEC 1</b>
	<b>16 sh</b>	<b>16-17 sh</b>	<b>16-17 sh</b>
SPRING	General Chemistry II 3 sh CHEM:1080	Basic Physics 4 sh PHYS:1400	<b>CPR/First Aid Healthcare Prof. 2 sh AT:1200</b> (offered spring only)
	The Interpretation of Literature 3 sh ENGL:1200	Fundamentals of Human Physiology 3sh HHP:1300	Metabolic Exercise Testing and Prescription 4 sh HHP:4200
	Human Biology: Health Professions 4 sh BIOL:1141	Physical Activity Psychology 3 sh HHP:2500	Musculoskeletal Exer Testing/Prescription 4sh HHP:4210
	Public Health 3 sh (CPH:1400/1600/1800)	Gen Ed 3 sh	World Lang 4-5 sh
	Gen Ed 3 sh	World Lang 4-5 sh	
	<b>16 sh</b>	<b>17-18 sh</b>	<b>14-15 sh</b>
Summer		Med/Tech Term CLSA:3750:EXW 2 sh	See MSAT curriculum
		Couns for Related Prof CSED 4199:EXW 3 sh	
		<b>5 sh</b>	

### MSAT Admissions Criteria

Admission to the Master of Science in Athletic Training program is competitive with a limited number of students admitted into each cohort. Applicants are expected to meet technical standards, pass a background check, and comply with health and safety standards including vaccination requirements.

**Completion of the application does not guarantee admission to the Master of Science in AT program.**

To be considered for the Master of Science in Athletic Training program, applicants must:

- Have completed a B.A. or B.S. degree at an accredited institution in the United States OR have completed the first three years of undergraduate work for the Undergrad to Grad (U2G) combined program at the University of Iowa OR completed a Bachelor's degree from an institution within the International Arrangement (IA) with the Board of Certification, Inc.
- U2G students must be classified as a third or fourth year student, as defined by the student's primary undergraduate college.
- Have an undergraduate cumulative GPA of 3.00 or greater at the time of admission consideration. (U2G students are required to have a 3.25 GPA or greater for admission).
- Submit a Test of English as a Foreign Language (TOEFL) score, **taken within the last 2 years**, if English is not your native language. Only the IBT (Internet Based Test) form of the TOEFL will be accepted. We require a total score of 93 and a speaking score of 26 for entry into our program.
- Complete or be in-progress with **required** prerequisite coursework with a *grade of C or higher* in biology, chemistry, physics, human anatomy, human physiology, exercise physiology, general psychology, biomechanics/kinesiology, nutrition, and statistics.
  - We accept community college coursework and online coursework from accredited universities. AP/CLEP coursework may satisfy course requirements if listed on a college transcript.
  - Pre-requisite course equivalency will be determined by the Program Director on a case-by-case basis and must be either complete or in-progress when submitting your application. (Requests for previous syllabi may be required)

Required Courses	Minimum Credits	Other
Biology (prefer Human)	3 credits	With or without lab
Chemistry	3 credits	With or without lab
Physics	3 credits	With or without lab
Human Anatomy	3 credits	May be taken combined with Human Physiology (2 semesters minimum if combined)
Human Physiology	3 credits	May be taken combined with Human Anatomy (2 semesters minimum if combined)
Exercise Physiology	3 credits	
Nutrition	3 credits	General or sport
Statistics	3 credits	Or Research Methods
Psychology	3 credits	General Psychology is required, additional psychology coursework is recommended
Biomechanics/Kinesiology	3 credits	

To apply, submit the following to the Athletic Training Centralized Application Service (ATCAS):

- Official and un-official transcripts
- Contact information for two references (1 medical & 1 academic professional), No letters of recommendation required.
- Statement/Essay of purpose/career goals, responses to supplemental questions in ATCAS.
- Current CPR Certification obtained within one year — MUST be Basic Life Support (BLS) or Professional Rescuer level.

### Recommended Materials:

- Coursework in medical terminology, introductory coursework in AT, public health, motor learning, or additional psychology coursework.
- First-Aid Certification
- Observation hours under an Athletic Trainer are highly recommended, **not** required.
- The GRE is **not** required for admission.

Your application will be forwarded to the Graduate College by the Program Director; you will be notified to set up a University of Iowa account and pay the supplemental application fee: (\$60 if offered an interview, \$100 for international students).

### Application Deadlines:

- **Priority Admission Deadline: December 1**
- **Standard Admission Deadline: March 1**
- If seats are not filled by the March 1 deadline, applications are accepted on a space-available basis through May 1.

**Applications are reviewed immediately upon submission.** Interested students should submit their application materials as soon as possible to ensure a spot is available. If spots are full, a waitlist will be used. Coursework begins during the summer session, early June. A virtual interview is required. Applicants must also meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations of the Graduate College.

### If formally admitted, students will need to:

- submit to a background check
- complete HIPAA and BBP training
- complete the program technical standards form
- submit current vaccination records
- submit a current physical examination
- submit final undergraduate course grades/GPA

These additional items will be sent directly from the Program Director upon acceptance.

### Admission Deferral Policy

In rare cases, a student may need to defer their admission to the MSAT program. These requests will be approved on a case-by-case basis by the Program Director. The one-time option to defer is good for up to one year beyond the original matriculation date. A student would not have to pay the Graduate College application fee again. An applicant's data will be transferred to the new session through the Graduate Admissions office only at the request/approval of the Program Director. Depending on the situation, students may need to submit additional/repeat application documents.

## Eligibility for Admission to the MSAT

Applicants for the MSAT program will be scored using the following guidelines:

- **GPA in Required Courses** (40 points)  
(4.00–3.70 = 40) (3.69–3.40 = 36) (3.39–3.10 = 32)  
(3.09–2.80 = 26) (2.79–2.60 = 20) (2.59–2.00 = 10) (<1.99 = 0)

- **Cumulative GPA of 3.00** (30 points)  
(4.00–3.80 = 30) (3.79–3.60 = 26) (3.59–3.40 = 22)  
(3.39–3.20 = 18) (3.19–3.00 = 14) (<2.99 = 0)

*\*4 Point Rating Scale (where applicable): 1=poor, 2=fair, 3=good, 4=excellent*

- **Interview** (28 points)
  - Structured Questions (6 questions, 4 pts each)
  - Unstructured Conversation (4 points)
- **Writing Sample/Personal Statement/Additional Questions** (20 points)
  - Personal Statement Content: 6 pts
    - Clearly defines their purpose for earning a MSAT
      - 3 – Has a clear understanding of AT Profession
      - 2 – Has a basic understanding, lacks some details
      - 1 – Has no understanding of AT
    - Demonstrates an understanding of the profession and path to their goals
      - 3 – Clear goals, congruent with AT as degree
      - 2 – Mentioned goals, but provided minimal explanation of path
      - 1 – No indicated goals, not appropriate to AT degree
  - Question 1: 4 pts
    - Specifically, what interests you about the MSAT program at the University of Iowa?
  - Question 2: 4 pts
    - Please describe any experiences (including successes and/or challenges) that have shaped your educational journey and/or personal development.
  - Proper grammar, punctuation, spelling, and terminology 6 pts
- **Assessment of Program Fit (holistic candidate evaluation)** (20 points, 4 ea)
  - Communication
  - Professionalism
  - Maturity
  - Understanding of and interest in the profession of AT
  - Potential as a student and future AT
- **“Candidate Distinguishers” (if needed):**
  - Observation Hours/Setting variety
  - Reference Checks
- Students must earn a minimum of 70% of total points to be considered for admission.

## MSAT 2-Year Academic Plan

<b>62 sh</b>	<b>1<sup>st</sup> YEAR</b>	<b>2<sup>nd</sup> YEAR</b>
<b>SUMMER</b>	Advanced Anatomy for AT 4 <i>sh</i> <i>AT 3060</i>	Pathology and Assessment of Non-Orthopedic Conditions 3 <i>sh</i> <i>AT 5000</i>
	Foundations of AT Practice 3 <i>sh</i> <i>AT 4000</i>	Diagnostic Imaging and Lab Studies 1 <i>sh</i> <i>AT 5075</i>
	Medical Emergency Techniques 2 <i>sh</i> <i>AT 4075</i>	Pathophysiology and Pharmacology in Sports Medicine 2 <i>sh</i> <i>AT 5200</i>
	<b>9 sh</b>	<b>6 sh</b>
<b>FALL</b>	Clinical Experience I 3 <i>sh</i> <i>AT 4125</i>	Research in AT 2 <i>sh</i> (online) <i>AT 6100</i>
	Orthopedic Pathology and Clinical Examination I 4 <i>sh</i> <i>AT 4200</i>	Clinical Experience III 6 <i>sh</i> (online) <i>AT 6125</i>
	Therapeutic Interventions 3 <i>sh</i> <i>AT 4300</i>	Administration and Leadership 2 <i>sh</i> (online) <i>AT 6200</i>
	Rehabilitation Techniques 3 <i>sh</i> <i>AT 4400</i>	Seminar in AT 2 <i>sh</i> (online) <i>AT 6400</i>
	<b>13 sh</b> <b>BS in ExSci earned for U2G students</b>	<b>12 sh</b>
<b>SPRING</b>	Orthopedic Pathology and Clinical Examination II 4 <i>sh</i> <i>AT 4250</i>	Applied Research in AT 1 <i>sh</i> <i>AT 6250</i>
	Nutrition for AT 2 <i>sh</i> (1 <sup>st</sup> half) <i>AT 4375</i>	Advanced Topics in AT 1 <i>sh</i> (2 <sup>nd</sup> half) <i>AT 6450</i>
	Psychosocial Recognition & Referral 2 <i>sh</i> (2 <sup>nd</sup> half) <i>AT 6300</i>	Clinical Experience IV 5 <i>sh</i> <i>AT 6525</i>
	Applied Rehabilitation Concepts 3 <i>sh</i> <i>AT 4450</i>	EMT-B Certification ( <i>Optional</i> )
	Clinical Experience II 4 <i>sh</i> <i>AT 4525</i>	
	<b>15 sh</b>	<b>7 sh</b>

## Academic Progression

Graduate students' academic progress is reviewed at the end of each semester. In order to remain in “good standing” within the MSAT Program, the student must:

1. Maintain an overall cumulative GPA of 3.00. If a student's GPA falls below 3.00 after completion of summer 1 or any semester throughout the program, they will be placed on academic probation for the following academic semester (see probation policy below).
2. Earn no less than a C- in ALL MSAT courses. Students who earn a grade of F (Fail) in any course will either be dismissed or can personally withdraw from the program. In the case of extraneous circumstances, faculty may consider using the ‘Incomplete’ option. The grade of ‘I’ is used only when a student's work during a semester cannot be completed because of illness, accident, or other circumstances beyond the student's control. This would be used only in rare situations and determined by the Program Director (PD) on a case-by-case basis. An Incomplete will automatically be converted to an F at the end of the next full semester, even if the student does not enroll or complete the requirements of the course after the semester the ‘I’ was posted. Courses may not be repeated to remove incompletes; removal of an ‘I’ is accomplished only through the completion of the specific work for which the mark is given.

(<https://grad.uiowa.edu/academics/manual/academic-program/section-vi-marking-system>)

## Academic Probation

If the criteria for academic probation occur, the following actions will be taken:

1. The student will receive written notification from the PD concerning probationary status.
2. The student must meet with the PD to determine a course of action. The student must follow through with the course of action set by the PD to be considered for reinstatement to “good standing” within the program.
3. If the student has not achieved an overall cumulative GPA of 3.00 or higher by the end of the probationary period (1 academic semester), they will be subject to Academic Dismissal (see below). In rare, extraneous circumstances, a student may be offered Academic Suspension, as determined by the Program Director on a case-by-case basis.
4. Students will not be authorized for the BOC exam if on academic probation (not in “good standing”) with the program during the 2<sup>nd</sup> year spring semester. If on academic probation during the last semester in the program, the student may be authorized to sit for the exam during the May/June exam window IF academic probation action plan requirements are met.

The MSAT program considers suspension and dismissal from the program to be a formal process whereby the student discusses the procedures and circumstances with the Program Director. The student must either submit written intent to voluntarily withdraw OR sign a suspension/dismissal letter to be kept on file in the Program Director's office. Students can file an official letter of grievance of an academic dismissal within 1 week. The MSAT program and Graduate College administration will review any letter of grievance and a final decision will be determined.

## Program Withdrawal

Students may request withdrawal from the MSAT program for personal reasons (death in the family, personal health issues, etc.) and may return within one year at the same semester of withdrawal or restart the program. Requests to voluntary withdrawal must be submitted in writing to the Program

Director. Students not meeting the criteria for academic progression may either be subject to suspension or dismissal at the discretion of the Program Director on a case-by-case basis.

### **Academic Suspension**

If approved, students may return within one year at the same semester of suspension. Students will be considered for readmission at the last level of successful completion, determined by the Program Director. Students will be reinstated on a probationary status for a semester and will only have one semester to get their GPA to 3.0 or above. Students will be dismissed from the program if unable to meet this criterion.

### **Program Dismissal**

Students may be dismissed from the MSAT program due to failing grades in sequenced courses, after one semester on probation and not achieving “*good academic standing*”, or misconduct/demerit violations. Students cannot return to the MSAT program after being dismissed.

### **Readmission Policy**

A student wishing to be reinstated after program withdrawal or suspension must submit a readmission request letter to the Program Director within 1 year of leaving. Students who have been suspended from or have voluntarily withdrawn from the program will be considered for readmission after they have addressed any outside conflicts that may have caused withdrawal/suspension from the program. Students may not be readmitted during the same semester of withdrawal but can request readmission at the equivalent semester of the following year. The point at which the student will be reinstated will be dependent on which courses have been satisfactorily completed. Cohort size may preclude a student from being admitted (determined by the CCE and PD). Students will be reinstated to the MSAT program on a case-by-case basis at the discretion of the Program Director.

### **Requirements for BOC Endorsement from the Program**

In order to receive the endorsement of the Program Director to sit for the BOC examination during their final semester in the program, students must meet the following program requirements:

1. Be in ‘*good standing*’ with the program.
  - a. Overall GPA (3.00 or higher)
  - b. Course grade requirement (C- or better)
  - c. Students will not be authorized for the BOC exam if on academic probation (not in good standing) with the program during the year 2 spring semester. If on academic probation during the last semester in the program, the student will be authorized to sit for the exam once off academic probation.
2. Complete 100% of Clinical Skill Assessments with a score of 3 (competent) or higher.
3. Pass EACH domain of the BOC Self-Assessment Examination with a score of 70% or higher. (retakes allowed). A score of 70% or higher must be attained on EACH domain prior to endorsement from the Program Director to sit for the BOC Examination. Students must provide evidence of test completion with domain scores. Students are responsible for the cost per attempt.

### **Requirements for Completion of the Program**

In order to receive the endorsement of the Program Director to graduate, students must meet the following program requirements:

1. Have completed all MSAT requires course with a grade of C- or higher.

2. Complete ALL clinical experiences as assigned by the program to comply with CAATE (Standards 17 and 18).
3. Complete Clinical Patient Encounter required:
  - a. Musculoskeletal System (Standard 71): Minimum of 30 encounters each
  - b. Non-Ortho (Standard 70c & 71): Minimum of 10 encounters each
4. Present your research project as required during the AT:6250 course in the spring semester.
5. Complete the Student CEU Program.

If any of the above items are not complete, the Program Director will place a 'hold' on degree your conferral. BOC Certification will be withheld by the BOC if the student does not meet all requirements for graduation.

### **Programmatic Grading/Assessment Policy**

<b><u>Grading:</u></b>	92 – 100%	A	77 – 79%	C+
	90 – 91%	A-	72 – 76%	C
	87 – 89%	B+	70 – 71%	C-
	82 – 86%	B	< 70%	F
	80 – 81%	B-		

\*All MSAT courses use the same grade scale listed above.

\*Course grades are housed in ICON and transferred to MAUI at the end of each semester.

**Computed Grade Point Average:** This is based only upon graduate work: grade A = 4.00, A- = 3.67, B+ = 3.33, B = 3.00, B- = 2.67, C+ = 2.33, C = 2.00, C- = 1.67, and F = 0.

#### **Program Standards Assessment (Didactic):**

\*For skill/knowledge that are part of the CAATE Standards (see Educational Standard chart in each syllabi), the total points earned on the skill will be calculated into a percentage (see chart below).

\*Students must earn a minimum score of 2 (Developing) to be considered 'Pass' on the standard. Scores below a 2 will require a re-test. Program assessment scores will be reviewed with students during their advising appointments. An action plan will be developed for remediation and a re-test will be scheduled with the appropriate course instructor.

\*The original assessment score will be factored into the student's course grade. Any re-test will not improve the original test score for the course grade and will only be used for program assessment purposes.

\*Program assessment scores are housed in ATRACK under the Didactic Matrix for each student.

#### **Program Standards Assessment (Clinical):**

\*Students are responsible for requesting assessment to their Preceptors of Educational Competencies that are assigned to each Clinical Experience course.

\*Each skill assigned to the Clinical Experience course must be assessed at least once during the semester in which they are assigned using ATrack.™

\*Educational Standards assigned to the Clinical Experience I and II must be assessed a minimum score of 2 (Developing) to be considered 'Pass' on the standard or the student must be reassessed.

\* Educational Standards assigned to the Clinical Experience III and IV must be assessed a minimum score of 3 (Competent) to be considered 'Pass' on the standard or the student must be reassessed.

\*Ideally, assessment of student’s clinical skills should occur after “real time” or live patient interactions. Assessing skills should be done when first requested by the student. It is inappropriate for the student or Preceptor to wait for the student to perform the skill competently or proficiently. Skill assessments are repeated over the AT curriculum. Sometimes patient encounters are not feasible, below is the priority list for assessing student’s clinical skills:

1. Live patient encounter
2. Preceptor simulation
3. Classroom simulation

Score	Descriptor	Definition
0		Student did not perform/articulate the component of the skill
1 1-25%	Beginner	Student’s skill performance demonstrates critical deficiencies that might endanger the health or wellbeing of the patient.
2 26-69%	Developing	Student can perform the skill but with some inaccuracies; intervention/correction is still needed.
3 70-89%	Competent	Student can perform the skills necessary for a situation autonomously with no intervention/correction needed.
4 90-100%	Proficient	Student performs skills autonomously and demonstrates the ability to clearly articulate the reasons for their decisions.

### **Student Continuing Education Units (CEUs) Program**

**Purpose:** The purpose of the student CEU program is to encourage and promote professional development behaviors that will be required upon entering the profession. In addition, this program supports the program philosophy of ‘Kaizen’ (continuous learning) and allows for a smooth transition into professional practice.

**How the program works?** Throughout the year, students may earn Continuing Education Units (CEUs) by attending or being involved in a number of activities. Below is a list of approved activities and events by category. Students will be required to obtain a predetermined number of CEUs based on their year in the program. Students may also request approval of additional activities/events not listed below, especially during immersive clinical experiences. Pay attention to Min/Max CEU requirements per category.

#### **REQUIRED Continuing Education Units per year:**

Year 1 Student            20    CEUs  
Year 2 Student            15    CEUs

**\*\* A minimum of 1 CEU is required for Healthcare Equity EACH year.**

**Reporting your CEUs?** Students will log their CEUs throughout the year using the “Student CEU Program Log” Form on ATRACK. After attending an event and reflecting on what you learned, log your CEUs for approval by the PD. You are HIGHLY encouraged to keep your own record of the CEUs you have submitted. At your mid-semester advising meeting, CEU progress will be reviewed. You are responsible for ensuring you have submitted the program documents to the CCE/PD for Category E when requested.

The Continuing Education Units program is a requirement of the MSAT program and runs June 1<sup>st</sup> – May 1<sup>st</sup> each year. Completion of the student CEU program must be **no later than noon on MAY 1<sup>st</sup> each year**. If your CEUs are incomplete by MAY 1<sup>st</sup>, the demerit policy will be applied as follows: *Incomplete*: Mild or Moderate infraction. Demerit assignment is on a case-by-case basis and determined by the AT program administration. See Demerit Policy for further information. A hold will be placed on your degree conferral if Year-2 requirements are not met by May 1<sup>st</sup>.

All questions and requests about CEUs should be directed to the Program Director.

Categories	Event or Activity	CEUs
<b>Category A</b> <b>Approved Programming</b> <i>Section 1: Sports Med conf.</i>  (Minimum: 3 CEUs)	<ul style="list-style-type: none"> <li>Friday Morning Sports Med Conf./Grand Rounds</li> </ul>	1 CEU/hour
<b>Category A</b> <b>Approved Programming</b> <i>Section 2: Conference attendance</i>  (Minimum: 5 CEUs)	<ul style="list-style-type: none"> <li>UI Sport Med Symposium (December)</li> </ul>	2 CEUs = half day 4 CEUs = full day
	<ul style="list-style-type: none"> <li>Professional Conference</li> </ul>	4 CEUs= Local/State (4=full day, 2=half day) 8 CEUs = District (3=full day, 1=half day) 12 CEUs = National (attending full event)
	<ul style="list-style-type: none"> <li>NATA educATe CEUs</li> </ul>	1 CEU/hour
	<ul style="list-style-type: none"> <li>Webinar approved by faculty</li> </ul>	1 CEU/hour
<b>Category B</b> <b>Professional Service</b>  (Max: 12 CEUs)	<ul style="list-style-type: none"> <li>Serve on a program, state, district, national committee</li> </ul>	6 CEUs per year
	<ul style="list-style-type: none"> <li>Model for practical exam</li> <li>Program/Professional advocating</li> </ul>	1 CEU/2 hours

<b>Category C</b> <b>Additional Experience/Event</b>  (Max: 12 CEUs)	<ul style="list-style-type: none"> <li>• Assist with ACL/shoulder screens</li> <li>• Assist with SCAT6 testing</li> <li>• Assist with sporting/PRN event</li> </ul>	1 CEU/2 hours
<b>Category D</b> <b>Healthcare Equity</b>  (Min: 1 CEU)	<ul style="list-style-type: none"> <li>• Attend an event/webinar/training that presents any facet of healthcare Equity</li> </ul>	1 CEU/hour
<b>Category E</b> <b>Certification/Membership</b>	<ul style="list-style-type: none"> <li>• CPR certification is current and on file with the CCE</li> <li>• NATA membership card is current and on file with the PD</li> </ul>	<b>NO</b> CEU's will be awarded for Category E

**\*Note:** If you are assigned to a clinical rotation, you will not be permitted to work an event and collect CEU's instead of clinical hours. Example: If you are assigned to Track/Field during the B1G Track & Field Meet, you may not collect continuing education units for working that event.

### Student Records Policy

The MSAT Program is committed to the privacy and security of our students. The MSAT Program Student Records Policy complies with the Family Educational Rights and Privacy Act of 1974 (FERPA), sometimes called the Buckley Amendment, which establishes students' rights and institutions' responsibilities regarding the privacy of education records. It provides guidelines for maintaining the confidentiality of education records and monitoring the release of information from those records. All program faculty and preceptors are HIPAA and FERPA trained.

All student products, academic standing records, photographs, application materials, contact information, evaluations, and other official records kept in the Program Office or available to faculty and preceptors must comply with FERPA rights and restrictions. FERPA Privacy information can be accessed at the University website:

<http://www.registrar.uiowa.edu/facultystaff/ferpaprivacyinformation/tabid/77/default.aspx>

While a student is in the program, all records are either stored on secure, password protected faculty computers or locked in office file cabinets. Students may request to see their records at any point during the program. All student records (paper or electronic) are archived in the Program Office for seven years after a student graduates from the program. Following the archive period, all records are either permanently deleted or shredded.

### Program Expectations

The following guidelines delineate the role and expectations of a student as they progress through the program. As a student in the UI MSAT Program, you are expected to conduct yourself in accordance with these guidelines during any didactic and clinical experience, on or off campus. We strive for a

reputation that prepares students to become exceptional certified athletic trainers and for promoting the profession of athletic training in a positive manner.

To build a quality program, it is important that students excel both academically and clinically.

1. You are expected to attend all of your classes. Each faculty member sets their attendance policy and provides details through their course syllabus.
  - a. You cannot gain the knowledge base necessary to perform clinical skills without attending, paying attention, and studying hard outside of class time.
  - b. Class attendance and academic progress will be monitored throughout the academic year.
  - c. If you are struggling in a class, it is important that you speak to the instructor and seek extra help early in the semester.
2. Each student must maintain current certification in CPR for the PR/BLS. The Athletic Training Program offers CPR updates as needed or students can contact their local American Red Cross/American Heart Association chapter. Please provide a copy of your current CPR card to the PD/CCE as you receive them.
3. Completing all health and immunizations requirements and forms, in order to be compliant with both university and clinical site requirements, and in order to participate in any clinical experience. This includes any additional tests or examinations that may be required by a specific clinical site to which a student is assigned, including background checks, influenza vaccinations, TB skin test, etc.
4. Students must maintain NATA membership throughout their time in the program. Please provide a copy of your current NATA card to the PD as you renew.
5. Students will need to provide their own transportation to all clinical experiences. You are responsible for all costs incurred during your travel off-campus, including parking and gas. Students who drive to their clinical experiences must have a valid driver's license and insurance. There is an assumption of risk by you and the other people in your vehicle if you carpool and an accident occurs. The University will not reimburse the owner or driver for damages to the vehicle or other personal property in the vehicle. The university is not liable for any injuries incurred while traveling to and from clinical experiences. Students' must adhere to all UI background check driving restrictions.
6. You must always **conduct yourself as a professional**. One of the most significant components of professional development is the relationships that are fostered between athletic training students and those with whom they regularly interact including, but not limited to, affiliate medical providers, AT faculty, clinical supervisors, fellow students, coaching staff, and patients. This policy applies to all students affiliated with the MSAT program.

Students are expected to progress from awareness and understanding, to demonstrating, mastering and integrating the following Professional Behaviors and Responsibilities with the above-mentioned people and abide by the NATA Code of Ethics and BOC Standards of Practice. The following are required for successful progression through the MSAT program.

- a. **Respect:** Students are expected to treat each other, the faculty, and professional staff, as well as patients with respect. Students should also respect the AT lab, clinical sites and equipment provided for learning. Equipment is not for use without permission, especially outside of class/clinical experience time. *Follow the 3 R's: Respect for self, Respect for others, Responsibility for your actions*

- b. **Professionalism:** Students are expected to maintain appropriate hygiene, dress, and demeanor, following the program dress code. Students should refrain from using their cell phones during clinical experiences, unless authorized by your Preceptor.
- c. **Collaboration:** Students are expected to demonstrate a willingness and ability to work together with students, faculty, staff, and patients. If there is a conflict, it should be dealt with privately and professionally. Avoid bringing personal problems to the classroom or clinical settings. Individuals associated with the AT Program (students, faculty, and preceptors) should not speak poorly of each other or of the program.
- d. **Reverence for Learning:** Students are expected to demonstrate reverence for knowledge, experience, and being prepared for academic and clinical opportunities. Students should be on time, ready and willing to learn. *“If you are on time, you are late”*. Tardiness is unacceptable and often demonstrates a lack of respect for others. Please plan appropriately to be on time to all courses, meetings, and clinical experiences. While emergencies happen, it is the student’s responsibility to communicate appropriately with the course instructor or preceptor to notify a late arrival.
- e. **Emotional Maturity:** Students are expected to exhibit appropriate social behavior in the classroom and at clinical sites, and during all other activities where you are representing the MSAT program and profession.
- f. **Flexibility:** Students should be willing to accept and adapt to change. Students should have the flexibility to function effectively under stress, adapting to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical setting.
- g. **Communication Skills:** Students are expected to demonstrate social awareness and communication skills (including written, verbal, and nonverbal) necessary for establishing rapport with affiliate medical providers, AT faculty, clinical supervisors, fellow students, coaching staff, and patients.
- h. **Honesty and Integrity:** Students are expected to demonstrate moral excellence and trustworthiness in all their actions.

### **Dress Code**

The MSAT Program at UI is committed to preparing you for a future in allied healthcare. Part of this commitment involves professionalism. Professionalism is comprised of many factors, one of which is professional attire. Remember that you are representing the University of Iowa and the profession of Athletic Training to the public and other healthcare professionals!

**The dress code for the MSAT Program is mandatory and must be followed at all times during your clinical experience.** Appropriate dress should also be adhered to during AT core classes and Friday morning conferences. ALL program administration and preceptors associated with the AT Program have the authority to enforce this policy by any means they see fit. The PD and Director of Athletic Training Services have final say in dress code matters. Faculty or preceptors may ask you to go home and change clothes or employ the demerit policy as needed. **In addition, no clothing with the logos of Iowa Sports Medicine or Iowa Athletic Training may be worn to inappropriate settings outside of clinical experiences.** If you have questions about your specific situation due to medical, religious, or ethnic issues, please discuss with the PD or assigned preceptor.

### Appropriate Attire Includes:

1. Pants/slacks: must be loose fitting, no skinny pants, no spandex/leggings
2. Shorts/Capris (shorts need to be mid-thigh and loose fitting)
3. Athletic training polo shirts
4. Long or short sleeved collared shirts or collared with buttons
5. Dress clothes may be required for some clinical settings (game days/physician's clinic)
6. Closed toed shoes only, no open heel shoes
7. Name tags MUST be worn at all times during clinical experiences designating you as a student (above the waist)
8. Neatly groomed at all times. Avoid excessive piercings, excessive make-up, perfume, facial hair (Some sites may require you to remove piercings or shave facial hair)

### Inappropriate Attire Includes:

1. Clothing considered unprofessional by faculty or preceptors
2. Yoga pants/leggings will NOT be allowed as “pants”
3. No hats, caps, or head protection shall be worn indoors

## **Electronic Communication Policy**

University policy specifies that students are responsible for all official correspondences sent to their University of Iowa e-mail address (@uiowa.edu). ONLY use your official email address ([name-surname@uiowa.edu](mailto:name-surname@uiowa.edu)), NOT your routing email address. Faculty and students should use this account for ALL correspondences (<https://opsmanual.uiowa.edu>). This is the email address the PD/CCE will utilize for sending out program reminders and updates. Please refrain from using non-UI email accounts such as Hotmail, Gmail, Yahoo, etc. Emails sent via personal email accounts will not be responded to by faculty or program administration. Not checking your Iowa email is not an excuse for missing deadlines, assignments, etc.

Users should also be aware that their use of university information technology resources are not completely private as the information contained will be subject to the University's obligation to respond to subpoenas or other court orders, reasonable discovery requests, and public requests for documents pursuant to *Iowa Code*, Chapter 22, the Public (Open) Records Law. All University records are subject to public record requests, unless an expressed exception in the law recognizes the confidentiality of the material, such as the exceptions provided for student, medical, or library records.

(<https://opsmanual.uiowa.edu/community-policies/acceptable-use-information-technology-resources>).

Therefore, it is imperative that all emails are professional and appropriate.

### Email Etiquette & Policies:

- Check your email 2-3x/day. Consider having notification sent to your phone.
- Read the entire email.
- Subject line:
  - Include a brief, clear, and specific subject line. Do not leave the subject blank.
  - All faculty will start each subject with FYI: (For Your Information) or FYA: (For Your Action). FYA emails must be responded to or acted upon. RSVP means we need a response either way, Yes or No.
- Body of the email:

- Begin by addressing the email to a professor using the correct titles. (Dr., Mr., Ms., Etc., Last Name). Avoid using 'Hey', as this is for informal communications.
  - Briefly describe the problem you are having and explain how you have tried to solve the problem.
  - Send attachments in either Word or PDF format only.
  - Don't include anything confidential or controversial. Don't put things in writing that you wouldn't want repeated, as emails are open access. Reread your email for tone and consider waiting to send if emotions are high.
  - End your email with 'Sincerely, Best, Thanks,'. Avoid giving yourself credentials/titles that aren't official.
- Allow your recipient a reasonable amount of time to respond. 24-48 hours is reasonable.
  - If you send an email after 4:00pm, do not expect a response until the next day.
  - Emails sent Saturday-Sunday may not be dealt with until Monday.
  - Text messaging with preceptors and faculty is at the discretion of each professional.

### **Student Conflict of Interest Policy**

1. Students enrolled in the MSAT Program at UI are not to serve as first responders or other credentialed professional (EMT, CSCS, PT, etc.) while fulfilling their clinical experiences responsibilities.
2. The MSAT Program at UI does not recognize student experiences that are not conducted under the supervision of an UI trained Preceptor or that occur at locations that are not AT Program Affiliated Site.
3. At no time should an Athletic Training Student serve as a Certified Athletic Trainer or practice without being Registered/Licensed to practice in Iowa or other states.
4. If an outside entity hires an Athletic Training Student to serve as a first responder or other credentialed professional, the programs blanket malpractice insurance policy does not cover the student.
5. It is the responsibility of the student to either obtain personal malpractice insurance coverage or to ensure that liability coverage is provided by the hiring agency for services provided outside of clinical experience.
6. Athletic Training Students hired as first responders or other credentialed professional are not to call or refer to themselves as an Athletic Trainer, Student Athletic Trainer, Athletic Training Student, ATS, SAT, AT, ATC, or Certified Athletic Trainer, nor are you allowed to wear UI AT Program attire.

**Students found to have violated any points above will be immediately dismissed from the program.**

### **Program Background Checks**

Background checks are required for the MSAT Program especially while working with minors at local high schools, for general medical sites, and athletic training clinic experiences. Background checks are conducted annually through CastleBranch, Inc. Background check fees are collected within the summer course fees and are non-refundable for any reason. The records are housed on the CastleBranch portal and can be accessed by the PD, CCE, and the student. Records will not be shared with any clinical site by the MSAT Program, students are required to share the successful completion of their background check upon the request of the clinical site. At times clinical sites may require additional compliances per their institutional policies all of which need to be completed prior to beginning the clinical experience.

A student who is convicted of any crime (with the exception of petty misdemeanors, misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs), or who becomes subject to any university disciplinary actions, may not be allowed to complete clinical experiences as assigned. Students unable to complete their clinicals due to findings/hits on their background check may be dismissed from the program due to their inability to complete clinical experience courses and thus the requirements for graduation or certification by the BOC. Students are responsible for any sanctions that are the result of background check violations, including driving restrictions and other infractions. Failure to comply with background check sanctions are grounds for removal from the program.

### **Liability Insurance**

The MSAT Program at UI provides a blanket liability insurance policy for students during assigned clinical experiences only. According to the University policy, while pursuing experiences and engaging in activities for clinical experience courses under the direction of University of Iowa trained Preceptor or ATs at clinical experiences with a set affiliation agreement, students are considered a volunteer. Volunteers are considered employees while acting within the scope of their authorized duties. Students must be enrolled in a Clinical Experience course to be covered by the policy. You are only covered under the university policy while under the direct supervision of your Preceptor during official clinical assignments. Using learned skills while **not** at your clinical experience or under the supervision of a preceptor, is at your own risk and is considered practicing without a license. Thus, it is highly recommended that **ALL** students purchase personal malpractice liability insurance each year while in the AT Program. *ProLiability* or *HPSO.com* are options for professional liability policies. Please see their websites for cost.

### **Social Media/Networking Policy**

The MSAT Program will not tolerate inappropriate use of social media. This is considered unprofessional behavior and will be subject to the Demerit Policy. Use of social media must comply with the UI Social Media Policy. Students should be aware that the program administration, potential employers, residency programs, and scholarship committees, commonly use these sites to monitor and screen candidates. Students are highly discouraged from friending/following or communicating with patients over social media while under your care. **Students are NOT allowed to friend/follow or communicate with any minors ever via social media outside of your clinical experiences.** Ultimately, you have sole responsibility of what you post and what is on your social media pages. Violations are subject to the Demerit Policy or removal from the program.

The following guidelines should be followed by ALL students:

1. No comments/posts of racial or sexist nature.
2. No offensive or inappropriate pictures should be posted. Examples of offensive or inappropriate pictures include, but are not limited to, alcohol, illegal drugs, and sexual innuendos. Students should **never** post pictures while dressed in any AT apparel without programmatic consent. This includes tagging the programmatic social media pages.
3. No offensive or inappropriate comments should be posted. This includes derogatory, inflammatory, or coercive comments made towards members of the UI MSAT Program, faculty, preceptors, other students or opponents.

4. No negative reference to being an athletic training student at the University of Iowa should be posted.
5. No information related to the health or playing status of any athlete or patient from UI or any clinical sites utilized by the MSAT Program should be posted. This also includes posting derogatory, inflammatory, or coercive comments made towards coaches, teams, or patients.

### **Inappropriate Relationship Policy**

Athletic Training students are required to maintain professional relationships with all interactions during their time in the program. This includes with faculty, classmates, preceptors, coaches, patients/athletes, healthcare professionals and parents. MSAT students are strictly prohibited from engaging in **ANY** relationship with minors and are held to the legal standard of employment of the institution (hospital/school) they are assigned. Athletic training students are to have no contact with minors affiliated with any University of Iowa Athletic Training clinical sites outside of their directly supervised clinical field experiences. Contact is defined as face to face, verbal, written, and/or electronic communications. The policy also applies to all forms of social media including but not limited to blogs, Facebook, Twitter, SnapChat, Tumblr, and Instagram, etc. Failure to abide by the policy will not be tolerated and the student will be subject to permanent dismissal. Any misconduct that breaches University, local, state, or federal laws will be turned over to the appropriate authorities. Athletic trainers dating athletes/patients/classmates/coaches can lead to compromising situations and is, therefore, highly discouraged. At no time should a relationship manifest itself with anyone under your care or on your team or associated with the MSAT program and clinical sites. A relationship should never occur with a high school/middle school student (minor or not) as long as they in high school.

If, however, a situation arises where a student is dating an adult athlete/patient prior to starting the program, the relationship should not become evident in the athletic training facility. The Clinical Education/Program Director must be made aware of such relationship immediately so that appropriate actions can be taken to avoid potentially contentious circumstances. (Students may be amicably moved to a different clinical site if the situation dictates). Under NO circumstance should the relationship manifest itself (i.e. physical, verbal, emotional) while in the athletic training facility, at clinical sites, while traveling with the team, or while otherwise engaged in AT-related activities while assigned to a clinical rotation. Failure to comply with this policy may lead to demerits or dismissal from the program.

### **Demerit Policy**

Students not adhering the University of Iowa MSAT Program Policies and Procedures can and will be assessed demerits based on the infraction by either program faculty and/or preceptors. Demerit Notices serve as a tool for documenting inappropriate behavior and subsequent discussions regarding the behavior. Demerit Notice Forms will be maintained in the students permanent file located in the AT Program office.

#### **Reprimand Procedures (The procedures may need to be adapted for unique cases)**

1. A Demerit Notice Form should be completed within 48 hours of a violation and be given to the Program Director (PD) by the faculty or preceptor.
2. The PD will discuss the details of the situation with the preceptor/faculty.
3. The PD will then meet with the student to discuss their perspective of the situation.

4. The PD, in conjunction with the Coordinator of Clinical Education, will make a final decision on the matter, including the number of demerits to be assessed and the corresponding repercussions, and inform the student of the decision.
5. Students will be required to sign the demerit form, indicating an understanding of and acceptance of the demerits and corresponding sanctions.
6. If a student feels he/she has been treated unfairly in this process, he/she can submit an appeal in writing to the PD within 2 days of the decision. The PD will then follow the appeals process outlined below.
7. Once a student has accumulated 8 demerits within their permanent file, a meeting will be arranged between the student and ATP administration to assess the students ability/desire to progress in the academic program and develop a plan to assure the student remains on task to graduate.
8. Violations will be ranked:
  - a. Minor infractions – up to 3 demerits may be given
  - b. Moderate infractions – 4 to 8 demerits may be given
  - c. Severe infractions – 9 to 16 demerits may be given
9. The following disciplinary actions will be taken based on the number of demerits the student has received during their 2 years in the program.
10. Students should be aware that these penalties are cumulative.

### **Appeal of Disciplinary Action**

Students may appeal their disciplinary actions by contacting the Program Director in writing within 48 hours after the student has been notified of their disciplinary sanctions. The Program Director will confer with the ORTHO DEO, or the Graduate College if necessary, on the matter. The DEO and PD will hear the student's appeal and investigate the matter. The Program Director will notify the student of the decision in writing. If the student issue involves the PD, the ORTHO DEO will hear the student's appeal and determine a resolution to the issue. The DEO will notify the student and the Program Director of their decision in writing. Questions involving judgment of performance will not be reviewed beyond the departmental level. If, however, the student feels there has been unfairness or some procedural irregularity concerning dismissal, the student may pursue a grievance according to the Academic Grievance Procedure (AGP) established by the Graduate College. The student should consult with the Graduate College prior to initiating an academic grievance.

<b>Minor Infractions (This list may not be all inclusive)</b>
Dress code violation
Tardiness
Unprofessional behavior (Cussing, cell phones, attitude, etc.)
Inappropriate use of professional terminology
Unexcused absence from mandatory meeting
Unexcused absence from clinical experience assignment (practices)
Insubordination (receptor/faculty discretion)
Inappropriate use of social media
Representing the program/profession/faculty/staff poorly
<b>Moderate Infractions (This list may not be all inclusive)</b>
Unexcused absence from clinical experience assignment (games)
Insubordination (preceptor/faculty discretion)
Minor breach of medical confidentiality
NATA Code of Ethics violation
Academic Misconduct (Lying, Cheating, Stealing, Plagiarism)
BOC Code of Professional Practice Violation
Inappropriate use of social media
Inappropriate relationships
Alcohol/Drug indiscretions
Representing the program/profession/faculty/staff poorly
<b>Severe Infractions (This list may not be all inclusive)</b>
Harassment
Alcohol/Drug infractions of a legal nature or while at clinical experience/conferences
Academic Misconduct (Lying, Cheating, Stealing, Plagiarism)
NATA Code of Ethics Violation
BOC Code of Professional Practice Violation
Major Breach of medical confidentiality
Inappropriate use of social media
Inappropriate relationships
Representing the program/profession/faculty/staff poorly
Background check violations

Level	Total Demerits	Disciplinary Action
I	1 - 3	<ul style="list-style-type: none"> <li>● No disciplinary action, form added to permanent file</li> </ul>
II	4– 8	<ul style="list-style-type: none"> <li>● Disciplinary actions assigned by PD/CCE. May be applied to subsequent clinical experience.</li> <li>● Reduction in programmatic scholarship/awards (case-by-case)</li> </ul>
III	9– 15	<ul style="list-style-type: none"> <li>● Disciplinary actions assigned by PD/CCE. May be applied to subsequent clinical experience.</li> <li>● Loss of eligibility for programmatic scholarships/awards</li> <li>● Year 1 students, will not be able to select an immersive clinical experience but will be assigned to the standard series of clinical experiences by the CCE.</li> </ul>
IV	16	<ul style="list-style-type: none"> <li>● Expulsion from program</li> </ul>

## **Health Care & Immunizations Policy**

**Medical Insurance:** There are inherent risks involved while attending clinical experience and taking care of patients. For this reason, all Carver College of Medicine students are required to maintain health insurance (or an equivalent alternative care plan) sufficient to satisfy minimum standards of coverage. Athletic training students are to have either their own health/medical insurance or may purchase one through the university. <http://hr.uiowa.edu/benefits/health-insurance-undergraduate>

**Physical Examination:** All students are required to present evidence of an initial physical examination prior to the beginning of the first clinical experience placement. Physical Examinations are required in order to determine health clearance for any limitations that would interfere in contact with patients and to determine a student's ability to continue to meet the technical standards of the program. Forms used to complete initial physical examination are obtained from the Program Director. Students may use their personal physician or the UI Student Health Service to complete the initial physical examination requirement, but all forms including a medical history must be on file at the Student Health Service/Program Office on campus. All costs associated with physical examination are the responsibility of the student.

**Immunizations:** Athletic training students are required to provide proof of current immunizations or immunity including: Measles, mumps & rubella (MMR), rubeola, diphtheria, Hepatitis B, tetanus, and proof of immunity to chicken pox (varicella) by receiving two doses of the vaccine or having had the disease. Additionally, all students must present evidence of tuberculin skin test (Mantoux 5TU/PPD intradermally only – the Tine Test is not acceptable) each year, or a documented previously positive test. Immunizations are the student's personal responsibility. Students are also must obtain a yearly influenza vaccination to attend surgical observations and highly encourages to get the Covid-19 vaccination boosters. Some clinical sites may restrict student observation without proof of vaccinations. Students who are not vaccinated may be restricted from certain clinical experiences. The program and students must follow vaccination guidelines from CDC, IDPH, the University/clinical site and any public health agency that a clinical site is located.

**Technical Standards:** Upon admission, athletic training students are required to review and sign the Technical Standards document verifying that they are able to meet the demands of the athletic training profession. Students not able to meet the technical standards for the athletic training program may contact Student Disabilities Services (SDS) to determine if special accommodations can be provided.

Students will be asked to review the Technical Standards form annually and must update their Technical Standards form at any point if changes in the student's needs occur.

### **Communicable/Infectious Disease Policy**

The following policy and procedures are designed to address appropriate notification and control of communicable diseases. This policy is designed to minimize risk to students, patients, the UI campus community, and surrounding communities.

**Any student that is diagnosed with having a communicable disease must notify the Program Director (PD) immediately.** Once notified, the PD and the University Health Services\*\* will follow the UI protocol for campus communicable disease outbreaks. Information provided by the student will be directed to the appropriate officials. The student's name will remain confidential when reporting the incident. Students who acquire a communicable disease while engaging in clinical experiences are required to follow the guidelines given by their physician and the recommendations of the UI Student Health Services. Students must notify their Preceptor, PD, and the Coordinator of Clinical Education (CCE) immediately. Students may not participate in clinical experiences or MSAT courses while they are affected by a communicable disease which may pose a threat to those they come in contact with. Students may return to clinical experiences or class once they are cleared by their treating physician, and they have notified the UI Student Health Services, PD and CCE they have been cleared by their physician to return.

**In general, students must be fever-free for 48 hours prior to returning to their clinical experience. If the student is placed at an off-campus clinical experience, the PD, CCE, and assigned Preceptor will coordinate with the appropriate personnel at the local institution to ensure community safety.**

The following is a list of common communicable diseases. [This list is not all inclusive:](#) Diphtheria, Influenza, Measles, Mumps, Pertussis, Rubella, Chlamydia infections, Gonococcal infections, Syphilis, Hepatitis A, Hepatitis B, Hepatitis C, Botulism, Cryptosporidiosis, Giardiasis, Infection with Enterohaemorrhagic E.coli, Leptospirosis, Listeriosis, Salmonellosis, Trichinosis, Meningococcal disease, Pneumococcal infections, Tuberculosis, Covid-19, Brucellosis, Echinococcosis, Cholera, Malaria.

### **Radiation Exposure Policy**

While in the AT Program, there is potential risk for students to be exposed to radiation. Exposure may occur in athletic training facilities that have access to fluoroscopy or other imaging tools or while a student is observing in the operating room or emergency department. All students have access to lead vests upon request as well as radiation monitoring tools. Risk can also be minimized by ensuring 6 feet of distance from an imaging unit while in operation. Consultation will occur with the Medical Director if you have additional concerns about radiation exposure.

### **Calibration and Equipment Safety Policy**

All physical medicine devices, as defined by the US Code of Federal Regulations Title 21 part 890, will be maintained and calibrated according to the FDA Medical Device Quality Systems Manual Section 7: Equipment and Calibration. These documents refer largely to manufacturer's recommendations.

Overall with the equipment used in the AT Lab and clinical sites, each manufacturer recommended annual calibrations and safety checks for their devices. Therefore, the MSAT contracts with a licensed professional to annually inspect and certify non-exempt therapeutic equipment used in on-campus instruction or clinical experience. Currently, Shelton-Dehaan Co. calibrates/safety checks all equipment in the AT Lab each July/August. Additionally, all approved clinical sites contract with a licensed professional to annually inspect and certify non-exempt therapeutic equipment on an annual basis.

In general, any therapeutic modality with an internal power source, or that combines electricity and water is considered non-exempt. Non-exempt therapeutic equipment includes (e.g. ultrasound, whirlpools, hydrocollators, and electrotherapy machines). Exempted devices include items such as the Gameready, battery-operated TENS, and Iontophoresis units.

### **Assumption of Risk**

By signing the Assumption of Risk Form (Appendix A), I understand that while I am participating in clinical experiences as part of my education in Athletic Training, there is an inherent risk of injury or exposure to illness. I understand that such an injury/illness can range from a minor to a major injury/illness. Participation in clinical experiences could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, or other chronic disabling conditions. Any student who becomes injured or ill, or believes they may be injured/ill as a result of participating in required clinical experience activities, should immediately notify the Preceptor and Coordinator of Clinical Education who will assist in completing appropriate University accident forms.

### **Student Employment Policy/Conflict of Commitment**

The MSAT Program does not prohibit students from holding outside jobs. Students choosing to work outside their clinical experiences are **required to work around the schedule of their clinical assignment**. Students need to be aware that the MSAT Program is a very time intensive educational program. If a student's job is interfering with their performance in either classroom or clinical experiences, it is the student's responsibility to address the problem. ***Employment and all other extracurricular opportunities must fall outside of the student's clinical experience assignment.*** If a student misses or leaves a clinical experience early due to employment conflicts, this will be reflected in a student's clinical experience performance evaluation and therefore his or her overall grade in the corresponding course will be negatively affected. Impeding time commitment can also negatively affect your didactic grades through declining performance in class and on exams. Your time commitment priorities should be in the following order:

1. Didactic/Academic Responsibilities
2. Clinical Assignments/Responsibilities
3. Extra learning opportunities (PRN events, CEU events)
4. Outside employment/extracurricular events

### **Extra-Curricular Participation Policy**

Once admitted to the MSAT program, students are required to complete a specific sequence of 4 semesters of clinical experiences. U2G students are permitted to participate in varsity sports and other extra-curricular activities during their undergraduate years ONLY with the understanding that completing the curriculum sequence and clinical experience requirements in the following 2 years is not possible while participation in sports, band, cheer squads, etc. Students wishing to participate in varsity sports for all four eligibility years will not be allowed to continue in the MS portion of the U2G program and must apply to the MSAT once they have earned their BS/BA degree. Please see the Program Director for proper advisement and to learn more about which route to an AT degree is appropriate.

### **Confidentiality Policy**

All students should adhere to Principle 1.3 of the NATA Code of Ethics as it pertains to confidentiality. This applies to all information being learned via classroom and clinical experience. Athletic training students have access to private information, including medical and personal information. All of this information is to be considered confidential and remains the private rights of the individual being treated. Any communication to outside parties (parents, media, professional scouts, and public) should be left to a staff certified athletic trainer. Any discussion of patient-related healthcare outside the respective clinical experience should only occur within relevant AT courses (i.e. class time) and should not contain any identifying information (name/sport). Any use of privileged information that includes potential identifiers requires the patient's written consent. All students must sign the confidentiality agreement (Appendix D) annually at the beginning of each academic year. Violation of this policy is subject to the program's demerit policy and may be grounds for removal from the program. Students also undergo annual HIPAA training.

## ***Section III: Graduate and Carver College of Medicine Policies***

### **DEO Contact Information**

**Dr. J. Lawrence Marsh**  
Primary Office: 01002 JPP  
Iowa City, IA 52242  
Office: 319-356-0430  
Email: [j-marsh@uiowa.edu](mailto:j-marsh@uiowa.edu)

### **Administrative/Curricular Home**

The MSAT program is housed administratively in the Graduate College but houses its curriculum in the Carver College of Medicine/Department of Orthopedics and Rehabilitation and thus must abide by the respective governing policies. Please see the Program Director for guidance on policy concerns.

## **Plan of Study**

The applicant for a master degree must file a Plan of Study approved by the Program Director and the departmental executive with the Graduate College within the session in which the degree is to be granted and by the deadline date printed in the Graduate College academic calendar. If the session in which a student takes their final exam is earlier than the session in which the degree is to be granted, the Plan of Study must be filed prior to the administration of the student's final examination. The plan shall meet the requirements for the degree approved by the graduate faculty.

## **Final Examination**

The current MSAT program is offered as a non-thesis MS degree. The program curriculum, followed by the Board of Certification (BOC) examination, serves to meet the requirements for the Graduate College Final Examination. In the future, if the thesis option is available, the program will follow the standard Graduate College protocol for Final Examinations.

## **Graduate College Manual of Rules and Regulations**

Please see the following website for all Graduate College Policies and Procedures.

<https://www.grad.uiowa.edu/academics/rules-and-deadlines/manual>

## **Academic Misconduct**

Questions of academic dishonesty arising within the colleges of Medicine, Law, Pharmacy, Dentistry, Public Health, and the Graduate College are treated on an individual basis. In the Graduate College, the questions are handled at the departmental level. If the departmental decision is appealed, the dean may appoint an appeals committee of faculty and students from a slate of nominees prepared by the Graduate Council and the Graduate Student Senate to recommend an appropriate course of action. The Graduate College policy on plagiarism is posted in Section IV.F on the Manual at

<https://www.grad.uiowa.edu/manual-part-1-section-iv-academic-standing-probation-and-dismissal#1.4.F>.

Students in professional graduate colleges should inquire at the office of their respective dean for further information. If the student disagrees with the decision made by the Dean, the student may request a review by the Provost.

## **Plagiarism**

The Online Oxford English Dictionary defines "plagiarize" as follows, "to take and use as one's own (the thoughts, writings, or inventions of another person); to copy (literary work or ideas) improperly or without acknowledgement; (occas.) to pass off as one's own thoughts or work of (another)." In practice, the exact definition of "plagiarize" or "plagiarism" is dependent upon the unique attributes of the creative work of a particular discipline. Thus, it is understood that different academic disciplines and cultures may have different interpretations as to the actual actions which constitute plagiarism. With this in mind, the Graduate College will operate in the following manner when a program or department discovers an act or acts of plagiarism on the part of a graduate student.

1. If the faculty members of a program or department determine that the transgression is not major, or else feel that there is a misunderstanding of the acts which constitute plagiarism, the program or department may wish to work with the student so as to prevent future occurrences of plagiarism on the part of that student. Written notification of the offense and the remediation for the offense must be sent to the Graduate College for inclusion in the student's file.

2. If the faculty members of a program or department discover an act (or acts) of plagiarism that is (are) sufficiently egregious that expulsion from the program is warranted, the student will be terminated from his or her graduate program for reasons of plagiarism. In this case, the student will be simultaneously terminated from the Graduate College of The University of Iowa. The program or department must notify the student of his or her termination in writing. All relevant facts, as well as the process for appealing the decision, must be contained in the termination letter. The Graduate College must receive a copy of the termination letter.

The appeal process for students accused of academic misconduct is specified in The University of Iowa document, "Policies and Regulations Affecting Students, C. Academic Misconduct," which states: "Questions of academic dishonesty arising within the colleges of Medicine, Law, Pharmacy, and Dentistry, and the Graduate College are treated on an individual basis. In the Graduate College, the questions [of academic dishonesty] are handled at the departmental level. If the departmental decision is appealed, the dean may appoint an appeals committee of faculty and students from a slate of nominees prepared by the Graduate Council and the Graduate Student Senate to recommend an appropriate course of action." The appeal process must be initiated by the student. If the student wishes to appeal the department's or program's action, that appeal must be lodged with the Senior Associate Dean for Academic Affairs of the Graduate College within 30 days of program or departmental dismissal.

### **Understanding Sexual Harassment**

Sexual harassment subverts the mission of the University and threatens the well-being of students, faculty, and staff. All members of the UI community have a responsibility to uphold this mission and to contribute to a safe environment that enhances learning. Incidents of sexual harassment should be reported immediately. See the UI [Comprehensive Guide on Sexual Harassment](#) for assistance, definitions, and the full University policy.

### **Making a Suggestion or Complaint**

Students with a suggestion or complaint should first visit with the instructor, followed by the MSAT Program Director and then lastly, with the departmental DEO. Complaints must be made within 10 days of the incident.

### ***Section IV: Map of Program and Institutional Policies and Procedures***

Written policies and procedures that ensure the rights and responsibilities of program students, including the following items. Each item is mapped to appropriate resource, this summary is provided as a courtesy to students allowing easier access of information.

<b>Policy or Procedure</b>	<b>Resource (s)</b>
Academic calendars	Registrar's office, official MSAT calendar at: <a href="https://registrar.uiowa.edu/academic-calendar">https://registrar.uiowa.edu/academic-calendar</a>
Catalogs	General Catalog: <a href="https://catalog.registrar.uiowa.edu/courses/at/">https://catalog.registrar.uiowa.edu/courses/at/</a>

Academic curriculum and course sequence	<p>MSAT website:  <a href="https://medicine.uiowa.edu/orthopedics/education/master-science-athletic-training/curriculum">https://medicine.uiowa.edu/orthopedics/education/master-science-athletic-training/curriculum</a></p> <p>General Catalog:  <a href="https://catalog.registrar.uiowa.edu/courses/at/">https://catalog.registrar.uiowa.edu/courses/at/</a></p> <p>MSAT P&amp;P Manual:</p>
All costs associated with the program, including (but not limited to) tuition, fees, refund policies, travel costs, and clothing	<p>Office of the Registrar: <a href="https://registrar.uiowa.edu/tuition-fees">https://registrar.uiowa.edu/tuition-fees</a></p> <p>MSAT Program website:  <a href="https://medicine.uiowa.edu/orthopedics/education/master-science-athletic-training/tuition-and-additional-costs">https://medicine.uiowa.edu/orthopedics/education/master-science-athletic-training/tuition-and-additional-costs</a></p>
Academic dishonesty policy	<p>Academic Honesty section of the page:  <a href="https://dos.uiowa.edu/policies/academic-misconduct">https://dos.uiowa.edu/policies/academic-misconduct</a></p> <p><a href="https://grad.uiowa.edu/academics/manual/academic-program/section-iv-academic-standing-probation-and-dismissal#1.4.F">https://grad.uiowa.edu/academics/manual/academic-program/section-iv-academic-standing-probation-and-dismissal#1.4.F</a>.</p>
Grievance policy	<p>Academic Grievances section of the page  <a href="https://grad.uiowa.edu/academics/manual/academic-grievance-procedure">https://grad.uiowa.edu/academics/manual/academic-grievance-procedure</a></p>
Matriculation requirements	<p>Matriculated Students section of P&amp;P Manual pg 21-23:  <a href="https://medicine.uiowa.edu/orthopedics/sites/medicine.uiowa.edu.orthopedics/files/wysiwyg_uploads/MSAT%20PP%20Manual%2023-24_0.pdf">https://medicine.uiowa.edu/orthopedics/sites/medicine.uiowa.edu.orthopedics/files/wysiwyg_uploads/MSAT%20PP%20Manual%2023-24_0.pdf</a></p> <p>MSAT Graduate College Academic Standing, Probation and Dismissal page:  <a href="https://grad.uiowa.edu/academics/manual/academic-program/section-iv-academic-standing-probation-and-dismissal">https://grad.uiowa.edu/academics/manual/academic-program/section-iv-academic-standing-probation-and-dismissal</a></p>
Nondiscrimination policies	<p>University wide policy, see “Declaration of Nondiscrimination” section of the page:  <a href="https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement">https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement</a></p> <p>MSAT P&amp;P Manual: pages 1, 68, for page number of “NATA Code of Ethics” Principle 1.1.</p>
Policies for student withdrawal and refund of tuition and fees	<p>University Office of Billing: Refund Policy  <a href="https://ubill.fo.uiowa.edu/refund-policy">https://ubill.fo.uiowa.edu/refund-policy</a></p>

Technical standards	<a href="https://orthopedics.medicine.uiowa.edu/education/master-science-athletic-training/msat-admission-requirements">https://orthopedics.medicine.uiowa.edu/education/master-science-athletic-training/msat-admission-requirements</a> Located on the Application Deadline page – “If formally admitted...”. Link to document  Located on the MSAT 101 ICON page (Access granted once admitted)
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## ***Section V: Clinical Education Policies***

### **Clinical Education Guidelines**

Courses for the didactic and clinical components of the program must be taken in the sequence outlined in the two-year education plan. The clinical education component is a four-semester experience that begins in the Fall semester of Year 1. During the first year, students will be assigned to four, 8-week experiences throughout the Fall and Spring semesters. Other secondary experiences may be assigned during year 1 by the CCE, if the average hours per week can not be fully achieved at the student's primary clinical experience. During the Fall semester of Year 2, students will complete a semester-long immersive clinical experience. During the Spring semester of Year 2, students will complete several short, clinical experiences encompassing non-traditional AT settings and specialty clinics. Additionally, during Year 2, students will complete a clinical experience with a non-sport population/non-orthopedic injury setting.

Placement of students in clinical education occurs by a formal assignment that takes effect once students have been determined to be eligible for placement and have registered for a Clinical Experience course. The purpose of formal assignments is to meet CAATE standards and provide clinical educational experiences that may meet the following societal continuum of care preparation: patients throughout the lifespan, of different sexes, with different socioeconomic statuses, of varying levels of activity and athletic ability, who participate in non-sport activities and patients with a variety of health conditions commonly seen in athletic training practice. (2020 CAATE Standard 17 & 18). Students are matched for their immersive experiences by the CCE. Career goals and identified needs of the student will factor into immersive placements. The goals of the Immersive Clinical Experience are multifaceted including; providing students a realistic work environment, the ability to use and refine their skills, and practice collaboratively within an AT facility.

The MSAT program requires annual training to ensure that all students meet privacy and safety standards prior to beginning any clinical education placements. Annual training is mandatory and consists of a background check, HIPAA, FERPA, BBP, and CPR certification verification. Records will not be shared with any clinical site by the MSAT Program, students are required to share the successful completion of their background check, HIPAA, FERPA, BBP and/or CPR certification upon the request of the clinical site. At times clinical sites may require additional compliances per their institutional policies. Successful testing is required for HIPAA, FERPA, and BBP annual training module at an 80% or above and submission of documentation to the Coordinator of Clinical Education. All records will be kept on file for verification. Students will not be allowed to participate in a clinical experience unless annual training has been completed.

### **Clinical Education Requirements**

These policies apply for **ALL** clinical experiences associated with the MSAT Program.

1. Athletic training students acting **under the supervision of a preceptor**:
  - a. Supervision is defined by CAATE as occurring along a developmental continuum that allows a student to move from interdependent to independent based on the student's knowledge and skills as well as the context of care.
  - b. Can provide all athletic training services that have been taught within a previous or concurrent academic course or have been evaluated by a Preceptor as proficient.

- c. Can write progress notes, recording actions of care under the supervision of a Preceptor.
  - d. If assigned to a UI clinical experience, students may elect to drive patients during their clinical after completing the required University of Iowa training or required policies at your assigned clinical experience. While at UI, students are **ONLY** allowed to drive University of Iowa vehicles while at their clinical experience. Driving may be restricted following results of the annual background check. **Athletic training students are never permitted to transport athletes in their private vehicles.**
2. Prior to the start of each clinical experience, students must contact and meet with their Preceptor to complete a Clinical Experience Orientation Form (see course syllabi) for their experience. The form must be signed by the student and Preceptor prior to submission in the students' permanent file. Athletic training students are responsible for knowing the location of and/or familiarizing themselves with the following at each clinical site they are assigned.
- a. Clinical site location and preceptor contact information
  - b. Best way to communicate
    - i. Mode of communication (email, text, phone, etc.)
    - ii. Share your DiSC Profile results with each other
  - c. Clinical Site Policies and Procedures & Venue Specific Expectations
    - i. Critical incident response procedures (EAPs)
    - ii. Blood-borne pathogen/safety review
    - iii. Communicable and infectious disease policies
    - iv. Sanitation Precautions (pre & post patient encounter)
    - v. Patient privacy and confidentiality protections (HIPPA, FERPA, etc.)
    - vi. Rotation rules/regulations (immunizations, dress code, name badge to designate student learner, etc.)
  - d. Rotation expectations from preceptor/SMART goals of AT Student
  - e. Electronic health record or injury management system used
  - f. Student level of competency (courses taken, skills exposed to, etc)
  - g. Preferred way to verify clinical experience hours
  - h. Preferred way to assess clinical skills
  - i. Coordinate preceptor and student schedule
  - j. Any other clinical experience specific requirements

### 3. Student Expectations at Clinical Experiences:

- a. Students are expected to respect the time commitment the preceptor is making for the students' clinical education.
- b. Students are responsible for: all of their clinical experience assignments.
  - i. If a student cannot be at the clinical experience at the scheduled time due to illness or family emergency, the student must contact their Preceptor prior to their assigned time.
- c. Time management is essential in the clinical setting as a learning opportunity.
  - i. If there is not much to do, use this time to practice clinical skills or ask preceptor to complete educational standard assessments in ATrack.
  - ii. Don't just put in the required hours. Students should work with their Preceptor to find a schedule that maximizes their learning experience.

- d. Student clinical experience start and end dates may not align with the Fall and Spring graduate school academic calendar:
  - i. **Year 1 Students**
    - May attend a Program Orientation Meeting during the summer session.
    - No patient encounters can occur outside of Clinical Experience course start and end dates due to liability insurance coverage for the student.
    - Clinical expectations by preceptors may encompass holidays, weekends, or university scheduled breaks.
  - ii. **Year 2 Students and Immersive Experience**
    - May begin prior to the official start date of the Fall semester of graduate classes and may extend beyond the academic semester (pre-season/post-season).
    - No patient encounters can occur outside of Clinical Experience course start and end dates due to liability insurance coverage for the student.

**4. Patient Encounters and Clinical Hour Requirements:**

- a. Patient Encounters are defined as an interaction with a patient in which the student either assists with, or performs the knowledge and skills necessary to provide healthcare services or determine the health status of a patient.
- b. Patient Encounter documentation must include the following:
  - i. Patient Information
    - Age, Sex, Primary Social Factor, Race and Activity Level
  - ii. Health Information
    - Health Condition Areas, Additional Social Factors Observed (if applicable)
  - iii. Encounter Information
    - Practice Domains, Setting, Involvement
- c. To be compliant with CAATE Standard 71, a minimum number of patient encounters must be documented to demonstrate the student's competence in performing an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. The Patient Encounter requirements are:
  - i. Minimum of 30 encounters in each of the following musculoskeletal health condition areas:
    - spine, foot/ankle, lower leg, knee, thigh/hip, wrist/hand, arm/elbow, & shoulder
  - ii. Minimum of 10 encounters in each of the following non-orthopedic health condition areas:
    - cardiovascular, endocrine, gastrointestinal, genitourinary, integumentary, neurological, reproductive, & respiratory
  - iii. Minimum of 1 encounters in each of the following non-orthopedic areas, with a minimum of 10 total:
    - eyes, ears, nose throat, mouth, and teeth
  - iv. Clinical hours must be supervised by a preceptor.
  - v. Students may be supervised by a preceptor other than the one assigned if the assigned preceptor needs to be somewhere else (gym, athletics office, meeting,

- etc.) during the student's scheduled time so long as the other Athletic Trainer is a trained UI Preceptor (per CAATE, annual Preceptor training is required).
- vi. Hours spent in the act of traveling (bus time, drive, time, flight time, etc.) do not count as clinical hours.
  - Clinical hours should average 5 hours per week for every semester hour (s.h.) the clinical experience course is worth. i.e. 3 s.h. courses = 15 hours/week.
  - Quality of patient encounters should exceed the quantity of hours students are scheduled during a week and are commensurate with the educational level of the student to ensure a quality clinical experience.
    - i. **Year 1 Students (Fall Semester, 3 s.h.)**
      - *Patient Encounters*: Document on average 5 patient encounters per week. Must document a minimum of 80 encounters for the semester.
      - *Hours*: Scheduled for an average of 15 hours per week. Should not exceed 25 hours per week. Must document a minimum of 150 hours for the semester.
    - ii. **Year 1 Students (Spring Semester, 4 s.h.)**
      - *Patient Encounters*: Document on average 10 patient encounters per week. Must document a minimum of 150 encounters for the semester.
      - *Hours*: Scheduled for an average of 20 hours per week. Should not exceed 30 hours per week. Must document a minimum of 200 hours for the semester.
    - iii. **Year 2 Students (Fall Semester/Immersive, 6 s.h.)**
      - *Patient Encounters*: Document on average 20 patient encounters per week. Must document a minimum of 300 encounters for the semester.
      - *Hours*: Scheduled for an average of 30 hours per week. Should not exceed 50 hours per week. Must document a minimum of 400 hours for the semester.
    - iv. **Year 2 Students (Spring Semester, 5 s.h.)**
      - *Patient Encounters*: Document on average 15 patient encounters per week. Must document a minimum of 225 encounters for the semester.
      - *Hours*: Scheduled for an average of 25 hours per week. Should not exceed 35 hours week. Must document a minimum of 300 hours for the semester.
  - Students MUST complete their clinical experience as assigned for the entire rotation, i.e. number of weeks/patient encounter requirements.
  - Due to CAATE standards, students' time commitment at their clinical experiences will be monitored by the CCE. Time must not be excessive and should not exceed weekly maximums. Students are not to be utilized as a replacement for full-time staff. During review of hours, if concerns arise, the CCE will reach out to the student and preceptor to resolve the issue on a case-by-case basis.
  - Athletic training students are to be provided at least one day off per 7-day period from their clinical experience.

## 5. **Clinical Documentation:**

- a. The MSAT Program uses ATrack (web-based electronic management system) to assist with student assessment and documentation. In order to access ATrack, students must pay an annual access fee.

- b. Students are required to document hours and patient encounters using ATrack. Please view the current Clinical Experience course syllabi for details.
- c. It is the student's responsibility to document the number of hours as well as patient encounters at each clinical experience.
- d. Clinical hour verification will be performed by the student's preceptor, preferably on a weekly basis.
- e. Patient encounters verification will be performed by the Coordinator of Clinical Education.
- f. Preceptors are highly encouraged to debrief weekly to provide the student with accountability and assure accuracy of their ATrack documentation.
- g. Clinical expectations may encompass holidays/weekends/university scheduled breaks.

### **Clinical Experience Evaluations**

Year 1 Students: Student's performance will be formally evaluated at the mid-point and end of each 8-week clinical experience by their assigned Preceptor. These evaluations constitute a portion of the student's Clinical Experience course grade (see clinical experience course syllabus). After the preceptor completes the evaluation of the student, the student and preceptor will meet face to face to discuss the evaluation. Both parties will sign and date the evaluation. Students must submit the evaluation by the required due date. Students will also evaluate themselves, their Preceptor, and their clinical site. The process for evaluation form submission, should be followed according to the instructions outlined in the Clinical Experience syllabi.

#### Year 2 Students:

*Immersive Clinical Experience (Fall Semester):* Student's performance will be evaluated twice during the clinical experience, at the middle and the end of the semester. The student will also evaluate their Preceptor twice during the clinical experience. The student will evaluate the clinical site once, at the end of their experience. These evaluations constitute a portion of the student's Clinical Experience course grade (see clinical experience course syllabus). It is the student's responsibility to schedule a time to meet with their Preceptor to discuss the clinical evaluations. Students will also complete self-assessments at the end of the semester. The process for evaluation form submission in ATrack should be followed according to the instructions outlined in the Clinical Experience syllabi.

*Non-Orthopedic/Specialty Clinic Experiences (Spring Semester):* Student's performance will be evaluated at the end of each clinical experience. Students will also evaluate the preceptor and the clinical site upon completion of the clinical experience. There is no expectation for a formal meeting between the student and preceptor at the end of their clinical experience to review the evaluation, however informal meetings providing feedback throughout the experience are highly encouraged. The process for evaluation form submission, should be followed according to the instructions outlined in the Clinical Experience syllabi.

### **Clinical Skill Assessments**

Students are responsible for requesting assessment of performed clinical skills by their Preceptors. Each skill assigned to a Clinical Experience course must be assessed at least once using ATrack. Preceptors will accurately and appropriately use the following scale to assess the student's clinical skills:

Score	Descriptor	Definition
0		Student did not perform/articulate the component of the skill
1	Beginner	Student's skill performance demonstrates critical deficiencies that might endanger the health or wellbeing of the patient.
2	Developing	Student is able to perform a skill but with some inaccuracies and Preceptor intervention/correction is still needed. The student starts to make connections between theory and practice, however is unable to articulate reasoning for decisions.
3	Competent	Student can perform the skills necessary for a situation autonomously with no Preceptor intervention/correction needed. Student would be trusted to perform skills needed without concern for the health and wellbeing of the patient. Student can demonstrate the "how to" or can answer the "what to do" line of questioning.
4	Proficient	Student performs skills autonomously and demonstrates the ability to clearly articulate the reasons for their decisions. Students can go beyond performing a skill by demonstrating the ability to critically analyze and adapt to the needs of the patient. Student can articulate the "why" they are performing a skill.

Ideally, assessment of student's clinical skills should occur after live patient interactions. Assessing skills should be done when first requested by the student. It is inappropriate for the student or preceptor to wait for the student to perform the skill competently or proficiently prior to assessing that skill. Skill assessments are repeated over the AT curriculum. Students must complete 100% of Clinical Skill Assessments with a score of 3 (competent) or higher prior to being endorsed by the Program Director for the BOC exam. Although live patient encounters are the preferred method of assessment, sometimes patient encounters are not feasible. Below is the priority list for assessing student's clinical skills:

1. Live patient encounter
2. Preceptor simulation
3. Classroom simulation

### **Preceptor Selection and Evaluation**

**Preceptor Requirements** (includes but are not limited to):

- Demonstrates knowledge of (by achieving 80% or higher on preceptor training assessment tool):
  - appropriate and pertinent CAATE Accreditation Standards to clinical education
  - appropriate and pertinent UI AT Program Policies to clinical education
- Provide timely updated documentation to the Coordinator of Clinical Education (CCE) of the following:
  - BOC and AT License/Registration (if available)
  - GFI Safety Checks and Modalities Calibrations

- Emergency Action Plans of Sites
  - Affiliated Site Agreements (and/or Memorandum of Understanding)
- Instruct and provide clinical experience opportunities to meet the curricular content standards designated to the clinical experience course in which the student is enrolled.
- Judiciously assess student's competence to meet the curricular content standards, avoiding score inflation.
- Assess the student's clinical experience by providing timely and constructive feedback.
- Mentor students to become critical thinkers and autonomous practitioners.
- Communicate clear clinical experience expectations by completing clinical experience orientation form (at minimum, prior to patient contact) and provide a schedule for students that will allow for the best learning opportunities.
- Prompt communication with program administration at minimum (within 48 hours) when student issues arise, especially issues with academics, physical health, mental health and policy infractions.
- Provides CCE appropriate documentation of contemporary expertise (see definition). Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice.

### **Preceptor Selection Criteria**

- Willingness to accept any student assigned to their facility or sport without discrimination.
- Based on type of patient exposures available to students.
- Ability to provide a variety of consistent autonomous learning experiences, appropriate to the knowledge, skills, and abilities of the student.

### **Immersive Preceptors Selection Criteria** (includes but not limited to):

- Provides exposure to the daily routines (administrative duties, meetings when appropriate, etc.) of an AT in their setting
- Willingness to provide a comprehensive evaluation of knowledge, skills, and abilities of students using online assessment tools
- Provide an autonomous learning experience of a variety of patient exposures, on-field, sideline, and clinical experiences or those specific to the setting of the immersive experience.

### **Preceptor Evaluation Criteria:**

- Attain 80% or higher on annual preceptor training assessment tool.
- Provide direct supervision of each student.
- Prompt communication with CCE when requested, within 5 working days unless time sensitive.
- Provides clear expectations, constructive, and timely feedback with students.
- Mentor students to become critical thinkers and autonomous practitioners.
- Accept all/any student assigned without discrimination.
  - Ability to facilitate learning with a variety of students
  - Ability to adapt to learning styles of students
  - Ability to meet the student learning goals during the clinical experience

- Provides a variety of consistent autonomous learning experiences, appropriate to the knowledge, skills, and abilities of the student.

### **Preceptor Evaluation Process:**

- Complete preceptor training module and assessment (attain 80% or higher annually)
- Formal electronic evaluations are completed by the student on their Preceptor as frequently as preceptors evaluate their student. (See page 36: Clinical Experience Evaluations)
  - To protect anonymity of the student, formal feedback will be provided to each Preceptor from the CCE at the completion of each academic year.
- According to the Preceptor Evaluation Criteria listed above the AT Program Administrators will assess the preceptor annually using the preceptor evaluation form.
  - On a 4-point Likert scale (4=excellent; 1=poor), any individual item scoring 2 or less will result in remediation of behavior to be determined by AT Program Administrators.
  - If preceptors consistently score below 3 after remediation, students will not be assigned to that preceptor.

### **Team Travel Policy**

Athletic training students **are encouraged** to travel with teams associated with their clinical experience to away events as part of their clinical experience under the following conditions:

1. The student must be accompanied on the trip by their Preceptor.
2. The student requests and gains approval to travel from each instructor PRIOR to leaving. Athletic training students are not excused from classes to travel with teams without PRIOR approval from faculty/instructors.
3. Hours spent in the act of traveling (bus time, drive, time, flight time, etc) do not count as clinical experience and must not be documented as such.

Any questions regarding this policy should be directed to the Program Director **prior to traveling**.

### **Occupational Safety Policy**

The MSAT program adheres to the Occupational Safety and Health Administration (OSHA) recommendations and BOC workplace controls for accident prevention. Any student who becomes injured or believes they may be injured as a result of participating in required clinical experience activities should immediately notify the preceptor and Coordinator of Clinical Education who will assist in completing appropriate University accident forms. Students will be notified of the following provisions regarding OSHA during their Orientation Meeting prior to starting any patient care. Specific workplace provisions for each facility may include: Privacy, Accessibility, BBP, PPE, Hazardous Materials, Hand Washing, Shoes, Electrical Safety (including inspection and manufacturers calibration of devices documentation), Reporting Events, Storage and Handling (including material safety data sheets), Emergency Preparedness, and Egress and Exit Routes. The Principles are further clarified in the BOC Facility Principles document at [www.bocatc.org](http://www.bocatc.org)

## **Blood-Borne Pathogen Policy**

**All Students are required to complete the annual UI web-based BBP-Advanced training. Students may not begin their clinical experiences until completion has been verified by the PD or CCE.**

Blood-borne pathogens are disease causing microorganisms that can be potentially transmitted through blood contact. The blood borne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including students.

**Disease Transmission:** Concerns of transmission during clinical education revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV).

**Confidentiality:** The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected patients' chooses to confide have a right to know about this aspect of their medical history. This confidentiality must be respected in every case and at all times by all involved personnel unless the patient chooses to make the fact public.

**Care of the Patient:** See Preceptor for venue/site specific policies and protocols regarding care of patient and the use of Standard Precautions.

**Care of Environmental Surfaces:** See preceptor for venue/site specific policies and protocols regarding care of environmental surfaces and the use of Standard Precautions.

### **Exposure Procedure:**

In the event of an exposure to blood or bodily fluids, the MSAT Program communicable disease policy is to be followed in accordance with standards set by the UI Environmental Health and Safety Office. ALL exposures need to be reported to the preceptor and PD/CCE immediately after they occur.

## **Severe Weather Policy**

The MSAT program follows the severe weather policy of the University and expects students and preceptors to use good judgment to avoid serious risk, especially for off-campus students, students who depend on their personal transportation to get to a clinical placement, and students at outdoor clinical sites. Severe weather represents a threat to life and limb; therefore, sound judgment in the supervision of others protects the health and safety of students and program members.

*Severe Weather: Students must make verbal contact with their Preceptor to determine appropriate courses of action in severe weather. Students are responsible for any clinical education they miss due to absences caused by severe weather. The University Severe Weather Policy can be accessed at this website: <http://emergency.uiowa.edu/content/severe-weather>*

#### Non-academic events

- Organizers of non-academic events are responsible for the decision about cancellation for their event. In general, if academic events are cancelled, other events should be cancelled.
- Organizers who cancel events should work with Strategic Communication staff to inform those intending to attend the event. Hawk Alert will not be used to announce individual cancellations.

## ***Section V: Other Information***

### **Athletic Training Terminology**

**AT Program (ATP):** Athletic Training Program.

**Athletic training clinical experiences:** Direct client/patient care guided by a Preceptor who is an athletic trainer or physician. *See also* Clinical education.

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

**CAATE:** Commission on Accreditation of Athletic Training Education

**Clinical education:** A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences.

**Contemporary expertise:** Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

**Coordinator of Clinical Education (CCE)** – The individual designated by the program as having the primary responsibilities for the coordination of the clinical experience activities associated with the AT Program. They are also responsible for preceptor/site selection and evaluation and maintaining student records for patient exposures, clinical hours and education standard scores.

**Durable medical equipment:** Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.

**Electronic health record:** A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.

**Evidence-based practice:** The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.

**Health care providers:** Individuals who hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of athletic training. These individuals may or may not hold formal appointments to the instructional faculty.

**Health care informatics:** The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.

**Health literacy:** The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.

**Immersive clinical experience:** A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.

**International Classification of Functioning, Disability, and Health (ICF):** A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.

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

**Interprofessional practice:** The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

**Program Director (PD)** – The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the overall administration and implementation of the entire AT Program.

**Medical Director** – Currently licensed allopathic or osteopathic physician who is certified by an ABMS- or AOA- approved specialty board and who serves as a resource regarding the program's medical content.

**Patient-centered care:** Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.

**Physiological monitoring systems:** Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.

**Preceptor** – Preceptors supervise and engage students in clinical education. All Preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good

standing with the Board of Certification. A Preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be athletic trainers or physicians.

**Professionalism:** Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through delivery of patient-centered care, participation as a member of an interdisciplinary team, commitment to continuous quality improvement, ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.

**Professional socialization:** Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.

**Quality assurance:** Systematic process of assessment to ensure that a service is meeting a desired level.

**Quality improvement:** Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups. Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.

**Simulation:** An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. *See also* Clinical education.

**Social determinants of health:** The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

**Socioeconomic status:** The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.

**Supervision:** Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.

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

**Value-based care models:** Health care delivery system focused on the value of care delivered rather than on a fee- for-services approach.

### **National Athletic Trainers' Association Code of Ethics**

The AT Program expects all individuals involved with the program to follow the Code of Ethics set forth by the National Athletic Trainers' Association, regardless of their membership status. Any person found to be in violation of these ethical codes will be subject to appropriate disciplinary action as outlined in the AT Program demerit policy.

#### **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.)*

**4.1.** 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.

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

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

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

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

### **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.*

## **Board of Certification 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](http://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, 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 interest and is an advocate for the patient's welfare, including taking appropriate action to protect patients from health care 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, professional and continuing educational activities to promote continued competence.

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 with 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 medicolegal 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, certificant 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 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 themselves 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.”

3.14 Cooperates with BOC investigations into alleged illegal and/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.

3.15 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 services 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 health care 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.

## Section VI: Appendices & Signature Forms

**IOWA**

Carver College  
of Medicine

**Master of Science in  
Athletic Training**

*Tradition, Excellence,  
Innovation*

### MSAT Signature Forms

#### **A. Assumption of Risk**

I understand that while I am participating in clinical rotations as part of my education in Athletic Training, there is an inherent risk of injury or illness. I understand that such an injury/illness can range from a minor to major. Participation in clinical experiences could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Such injuries/illnesses could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, or other chronic disabling conditions. Any student who becomes injured or ill, or believes they may be injured/ill as a result of participating in required clinical experience activities, should immediately notify the Preceptor and Coordinator of Clinical Education who will assist in completing appropriate University accident forms

I hereby accept and assume the risk of injury/illness and understand the possible consequences of such injury.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **B. Communicable Disease Policy**

I \_\_\_\_\_, have read, understand and agree to abide by the Communicable Disease Policy. I agree to notify the appropriate personnel (PD/CCE/Preceptor) if I am diagnosed with a potentially infectious disease (All names will remain confidential). I understand that I may not be able to attend clinical experience or AT classes while affected by a communicable disease that could pose a threat to those I come in contact with.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **C. First Responders/Conflict of Interest Agreement**

1. The AT Program at UI does not recognize student experiences that are not conducted under the supervision of an UI trained Preceptor or that occur at locations that are not AT Program Affiliated Site.
2. At no time should an athletic training Student serve as a Certified Athletic Trainer or practice without being Registered/Licensed to practice in Iowa or other states.
3. If an outside entity hires an student to serve as a first responder, the programs blanket malpractice insurance policy does not cover the student in these situations.
4. It is the responsibility of the student to either obtain personal malpractice insurance coverage, or to ensure that liability coverage is provided by the hiring agency.
5. Athletic Training Students hired as first responders are not to call or refer to themselves as an Athletic Trainer, Student Athletic Trainer, Athletic Training Student, ATS, SAT, AT, ATC, or Certified Athletic Trainer. Nor are you allowed to wear UI AT Program attire.
6. **Students found to have violated any points above will be immediately dismissed from the program.**

I \_\_\_\_\_, have read, understand and agree to abide by the above stated Conflict of Interest Policy. I am aware of the repercussions that accompany any violations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **D. Confidentiality Agreement**

I \_\_\_\_\_, agree that any information acquired regarding patients during clinical labs or clinical experiences is to be held in the strictest of confidence. Any information regarding a patients' health will be used solely for the purpose of education and will not include any identifying information.

The above named further agrees to hold any information including playing status due to injury and/or illness in confidence and shall not disclose any information to a third party, e.g. coaches, friends, teammates, media, scouts, etc. Furthermore, any interaction that occurs with any healthcare provider or other entity that includes verbal, written, or other form of information sharing, must be done in compliance with the Health Portability and Accountability Act (HIPAA) of 1997.

I \_\_\_\_\_ have read the AT Program Confidentiality Policy regarding compliance with confidentiality and privacy of patient records during my interaction and exposure in the University of Iowa's Athletic Training Program. By signing below, I acknowledge that I have read, understand, and will abide by the rules and regulations stated and that any violation of this policy will result in activation of the Demerit Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **E. Exam Attestation**

Written and practical exam content, including each question and scenarios, is the property of the faculty member who creates it. The exam content is strictly confidential information.

**Students are prohibited from retaining, copying, distributing, disclosing, discussing, possessing, or receiving any exam content, including even partial questions, by written, electronic, oral, or other forms of communication.**

Exam violations put the integrity of the Iowa MSAT program and your peers who are working hard, the profession that it is designed to protect, and your own ability to proceed with this program at risk. Doing so may result in disciplinary action in accordance with the MSAT Demerit Policy or University Policy.

By proceeding further with the exam, students are acknowledging and agreeing that you understand these restrictions and the consequences if you break these restrictions.

(Adapted from the BOC Exam Attestation)

I \_\_\_\_\_, have read, understand, and agree to abide by the MSAT Exam Policy. I understand that violating this policy will result in disciplinary actions by the program and the University of Iowa.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **F. Photo Consent Form**

#### **AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE)**

I hereby give my consent to participate in a promotional story, program, advertisement, and/or image (photograph and/or video) made for or about University of Iowa Athletic Training in which I may be interviewed and quoted by name. I have been told that this story, program, advertisement, and/or image (photograph or video) may appear in the public media, including print, internet, and/or broadcast media for a period of up to six (6) years. I have been told that this story, program, advertisement, and/or image (photograph and/or video) may be used by UI Athletic Training more than once for promotional purposes.

I have been informed that this authorization is voluntary and that I may revoke this authorization at any time by providing notice to AT program administration. You may decline consent at any time.

**I authorize the AT Program to tag social media posts using the following handles:**

Instagram: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**G. Policy and Procedure Manual Agreement:**

I \_\_\_\_\_, have read, understand and agree to abide by ALL the information in the UI MSAT Policy and Procedure Manual effective 2025-2026 academic year. I am aware of the repercussions that accompany any violations.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_