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Dear Athletic Training Student

Welcome to the Montana State University Billings Master of Science in Athletic Training Education Program! This handbook has been developed in order to help you in becoming a successful Athletic Training Student. The handbook defines the policies and procedures of our program and gives you a brief outline of what will occur during the next two years.

The entry level master’s program is a unique model for Athletic Training education. We believe that the program is of high quality and recognition. Most courses are offered on campus at MSUB however there are some online courses taught by MSUB ATP faculty during the second year. Most clinical education experiences occur in the Billings area, however student may have the option of apply for an off-site clinical rotation during their second fall semester. In order to accomplish our goal of quality education and preparation for highly competent professional practice, faculty, staff, and Athletic Training students must all work together. This handbook allows you to become familiar with the roles and responsibilities that you have as an Athletic Training student as well as increase your awareness of proper policies and procedures.

In March 2006, MSU Billings ATP was granted an initial five year full accreditation by the Commission on Accreditation of Athletic Training Education (CAATE) and in the August 2011 the Athletic Training Program was reaccredited through 2020-2021. Current accreditation status does not guarantee the program will receive continuing accreditation status through yearly reports so we must all continue the work to maintain accreditation. Documents, forms and evaluative processes should contribute to continuous improvement in the quality of the Athletic Training program.

Following orientation and review of this handbook, please read and sign the “Health, Safety and Policy and Procedure Commitment Form”. Please return a copy of this signed form so it may be place into your portfolio. This will indicate that you have a copy of the handbook and have reviewed all aspects of the education program.

Once again welcome to the MSUB Athletic Training Program. We look forward to working with you as you work towards becoming a competent certified athletic trainer.

Sincerely,

Suzette Nynas, Ed.D., MS, LAT
Athletic Training Program Director
Montana State University Billings
1500 University Dr., PE 119
Billings, MT  59101
Office: 406-657-2351
snynas@msubillings.edu

Please beware that the policies and procedures within the ATP student handbook are subject to change due to changes including but not exclusive to CAATE standards, university, college, department and program curriculum and administrative policies and procedures.

Last update: Updated July 2018
I. INTRODUCTION TO ATHLETIC TRAINING AND ATHLETIC TRAINING EDUCATION

This MSUB ATP Athletic Training Student Handbook:
This handbook includes the information, policies and procedures, and documentation and forms which will help you have a successful tenure in the Athletic Training program. Please read the handbook carefully and refer back to it throughout the Athletic Training Program (ATP).

Athletic Training Profession
Athletic Training is the practice of health care for individuals who are physically active. According to the Commission on Accreditation for Athletic Training Education (CAATE), athletic training professionals “are healthcare professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities. Athletic Training is recognized by the American Medical Association (AMA) as a healthcare profession” (CAATE Standards for the Academic Accreditation of Professional Athletic Training Programs, 2012)

Athletic trainers practice Athletic Training in five domains:
Injury/Illness Prevention and Wellness Promotion,
Examination, Assessment and Diagnosis
Immediate and Emergency Care,
Therapeutic Intervention
Healthcare Administration and Professional Responsibility

https://www.nata.org/about/athletic-training/education-overview

Furthermore, the Role Delineation Study, for Athletic Training, 7th edition defines the work of an athletic trainer and has been completed by the Board of Certification (BOC).

Standards of Ethical Conduct
Students are expected to be familiar with university policy regarding student conduct. Please refer to your MSU Billings student handbook at http://www.msubillings.edu/studenthandbook. Students in the Athletic Training Program at Montana State University Billings are also expected to adhere to the NATA Code of Ethics, http://www.nata.org/codeofethics/code_of_ethics.pdf.

NATA Code of Ethics (September 28, 2005, revised 2016)
(retrieved from http://www.nata.org/codeofethics)

PREAMBLE
The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.
1. Members Shall Practice with Compassion, Respecting the Rights, Welfare, and Dignity of Others
   1.1 Members shall render quality patient care regardless of the patient’s race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
   1.2. Member’s duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.
   1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient’s care without a release unless required by law.

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

3. Members Shall Maintain and Promote High Standards in Their Provision of Services
   3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
   3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
   3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
   3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
   3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
   3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.
4. Members Shall Not Engage in Conduct That Could Be Construed as a Conflict of Interest, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient’s Health and Well-Being. 

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

4.2. All NATA members, whether current or past, shall not use the NATA logo 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 welfare 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. 

In addition to abiding by the NATA Code of Ethics, students are also expected to adhere to the standards of the Health and Human Performance Department, the College of Allied Health Professions and MSU Billings as well as abiding to the BOC standards: http://www.bocatc.org.

ATHLETIC TRAINING STUDENTS WILL MAINTAIN PROFESSIONALISM AND CONDUCT THEMSELVES IN AN ETHICAL MANNER AT ALL TIMES.

Professional Membership

Athletic Training Students are required to become members of the National Athletic Trainers Association so as to facilitate the use of the online platform ATrack to log hours and complete clinical evaluations/assessments. Athletic Training students are also strongly encouraged to become active participants in their state and regional professional organizations - the MT Athletic Trainers’ Association and the Northwest Athletic Trainers’ Association- as well as their national professional organization.

Regulation of Athletic Training in Montana

Montana requires licensure for all certified athletic trainers who are working in the state. Therefore, students are expected to perform competencies and proficiencies within the roles and essential functions specific to Athletic Training profession allowed by the scope of practice for ATCs in Montana. Please see http://bsd.dli.mt.gov/license/bsd_boards/atr_board/board_page.asp for more information. 

Please the Board of Athletic Trainers for questions regarding licensure in Montana

For information regarding other state’s regulations and licensure, please visit the following website. 
http://www.bocatc.org/atc/STATE/
**Essential Functions of an Athletic Trainer**
As students in the program, you will learn competencies and proficiencies in each of the 8 content areas. The 8 content areas include:

- Evidence-Based Practice
- Prevention and Health Promotion
- Clinical Examination and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Interventions
- Psychosocial Strategies and Referral
- Healthcare Administration
- Professional Development and Responsibility

Again there are 5 Performance Domains/Task/Knowledge/Skills addressed in the Athletic Training Role Delineation study, 7th ed. See the Board of Certification web to order a copy: [http://www.bocatc.org/resources/role](http://www.bocatc.org/resources/role). The 5 Performance Domains include:

- Injury/Illness Prevention and Wellness Promotion,
- Examination, Assessment and Diagnosis
- Immediate and Emergency Care,
- Therapeutic Intervention
- Healthcare Administration and Professional Responsibility
II. ACADEMIC PROGRAM and OUTCOMES

Montana State University Billings Mission Statement
http://www.msubillings.edu/GenInfo/mission.htm
Please see the university student handbook http://www.msubillings.edu/studenthandbook/ regarding student policies and procedures.

College of Allied Health Professions Mission
To prepare allied health professionals for their chosen field, and to meet the needs of society through education, discovery and service.

College of Allied Health Professions Vision
To create an environment that allows students to transform into quality health care professionals.

Health and Human Performance Department Mission http://www.msubillings.edu/hhp/
To prepare highly competent professionals who are committed to leadership, lifelong learning, exceptional service, and the promotion of healthy lifestyles in diverse health, physical education and sport settings. Graduate study in the department includes coursework, research, and internship opportunities for students to advance their personal and professional competence in these areas.

MSUB Athletic Training Program Vision, Mission, Objectives and Core Values
The program provides didactic and a variety of clinical opportunities in collaboration with the community over the course of the two year program (including summers prior and during the two years). The faculty is committed to preparing athletic trainers who evidence the highest ideals of the Athletic Training profession.

Vision
The vision of the MSUB ATP is to be a leader in professional athletic training education.

Mission Statement
The mission of the MSUB ATP is to prepare future professional athletic trainers, through educational challenges and clinical opportunities, who will then serve and contribute to the Athletic Training profession through education, scholarship, clinical service, and professional involvement.

MSUB’s ATP fulfills its mission by the following objectives:
1. Exposing ATP students to a variety of clinical experiences which will allow them to become clinically proficient. The clinical experiences will include but not limited to college, high school, outpatient rehabilitation, general medical, orthopedic, and sports performance.
2. Affording the ATP students opportunities to be involved in professional development.
3. Engaging, challenging, and supporting students to successfully complete the ATP and to be BOC exam eligible.
Core Values
Respect of all
Responsibility to others
Service to the profession
Engagement in lifelong learning

Learning Outcomes
1. The students will meet or exceed minimal requirements for professional certification.
2. Students will demonstrate the required skills for all NATA Athletic Training Education competencies and clinical integration proficiencies.
3. Students will display critical thinking skills and formulate sound clinical decisions in their clinical field experiences.
4. The students will establish professional relationships with medical and allied health care providers.
5. The students will develop, design, and execute independent research projects.

Personnel & Responsibilities
The Athletic Training Education Program consists of administration, faculty, athletic trainers, clinical instructors, team physicians, consulting medical specialists, and graduate assistants.

Chancellor (Interim) Dr. Dan Edelman
Provost and Academic Vice-Chancellor Dr. Robert Hoar
Dean, College of Allied Health Profession
Chair, Health and Human Performance (Interim) Dr. Suzette Nynas
Program Director Dr. Suzette Nynas
Clinical Education Coordinator
Clinical Preceptors Numerous healthcare providers including ATs, PTs, OTs, MDs within the Billings area
Faculty/ Instructors Dr. Suzette Nynas, Ms. Lindsay Sullivan, various part time faculty

Faculty Contact Information can be located on the MSUB website

Chair of the Department of Health & Human Performance
The chair of the department and/or (the program) directly oversees the development and evaluation of the Athletic Training Education Program. The chair also evaluates the Athletic Training Clinical Education Coordinator, Program Director, and Athletic Training faculty and staff.

Athletic Training Program Director
The Athletic Training Program Director at Montana State University Billings is responsible for the day to day operation, coordination, supervision, and evaluation of all aspects of the professional Athletic Training Educational Program. The program director reports to the Department Chair and Dean.

Athletic Training Clinical Education Coordinator
The clinical coordinator is responsible for the administration and management of the clinical education and field experience components of the professional Athletic Training education program. The clinical coordinator acts as the primary supervisor of clinical education and reports directly to the Program Director.
Athletic Training Faculty
The Athletic Training faculty members are employed by MSUB or (part time) or community professionals and teach within the ATP. The faculty assists the program director in the day-to-day operation of the program.

Supporting Faculty
The supporting Athletic Training faculty teaches research, statistics, sport psychology, pharmacology, and nutrition. The supporting faculty works closely with the program director to assure that the proper competencies and proficiencies are taught in each course.

Instructors/Lecturers
The Athletic Training Educational Program (ATP) utilizes instructors for didactic courses, and labs in various clinical settings. Instructors may teach entire courses or lecture in courses taught by other staff.

Clinical Preceptor (CP)
A clinical preceptor is a certified athletic trainer or other allied health care professional who is located at one of the MSUB Athletic Training Education Program affiliated field experience sites. The clinical preceptor directly supervises the Athletic Training students during their field experience rotations. The faculty and clinical preceptors are responsible for evaluating each student as they progress towards becoming a competent athletic trainer. These faculty members are qualified to supervise clinical instruction and to evaluate student integration of competencies and proficiencies during the clinical labs and field experiences courses within the program.

Team Physician(s)/ Medical Director  http://www.montanabones.com
The team physician(s) advise the program director in the education of Athletic Training students. This person is directly involved in Athletic Training students education by frequently interacting with the students through physical examinations, guest lectures, surgical observations, practice and game attendance learning opportunities. Students should seek interaction with all allied health care professionals throughout the program - do not wait to be assigned to interactions with doctors, PA’s PT’s, nurses etc. Dr. James Elliott of OrthoMontana is the current Medical Director.

Consulting Medical Specialists
The MSUB Athletic Training Program utilizes a vast amount of consulting medical specialists for the education of Athletic Training students. Medical specialists will be utilized in the education of Athletic Training students through guest lecturing and procedural observations.

Athletic Training Students (ATS)
Students are in an academic program in Athletic Training; they are not yet athletic trainers and should not be used as such. Students will not be used as a work force or take the place of an certified AT. Students should be of assistance rather than a burden to their clinical instructors but should never be used in lieu of a certified athletic trainer. Learning and gaining experience is the key to clinical education. Students are preparing to practice as certified AT and may quickly feel confident in their skills. Students in the ATP are expected to appear and act professionally at all times.
Visiting Lecturers
Each semester there will be a number of visiting lecturers that are invited to campus or who will be presenting as part of the professional development experiences. These individuals are allied health professionals who will talk on topics that will be beneficial to the Athletic Training students’ education. Lectures may be for one class period or professional development meeting or continue through a week or more. Courtesy and respect should be shown to all visiting lecturers. Student should dress and behave professionally and appropriately.
III. ADMISSIONS and PROGRAM REQUIREMENTS

APPLICATION AND ADMISSIONS

Prerequisite Courses
Students entering this graduate program are expected to have appropriate academic preparation prior to beginning academic coursework in athletic training. The following courses are listed using Montana State University Billings rubrics and course titles. Transcript evaluation will be done by the graduate faculty to determine fulfillment of prerequisite knowledge in these areas. The course description and/or syllabus will be used to determine acceptance.

- Human Physiology and Anatomy with Lab, 2 semesters
  - Exercise Physiology
  - Kinesiology or Biomechanics
  - General Psychology
  - Basic Nutrition
  - Statistics

Preferred courses:
- Motor Learning
- An undergraduate research course

Application Process

Below are admission requirements and application steps specific to the ATP. Additional information can be found at [http://www.msubillings.edu/catalogs/pdf/17-18%20Grad_Catalog.pdf](http://www.msubillings.edu/catalogs/pdf/17-18%20Grad_Catalog.pdf)

1. Undergraduate GPA of at least 3.0 (however a GPA below a 3.0 may be considered)
2. A standardized graduate admission test (GRE or equivalent) must be on record
3. Three letters of recommendation from academic and professional references concerning the candidate’s potential to succeed in graduate school. At least one letter must be from a certified athletic trainer.
4. It is suggested but not required to obtain observation/contact hours with a certified athletic trainer
5. Official transcripts from each institution attended.
6. An essay stating why you want to be an athletic trainer, career goals, and the attributes you possess that will make you successful in life and athletic training.
7. Completed application form and submission of application fee.
8. There is no application deadline as we have rolling admission policy.
9. Students will be required to participate in an internet or phone based interview with faculty from the ATP prior to admission.

Once students successfully complete the application process, student will be admitted provisionally into the program. **In order to gain full acceptance status, students must submit and meet the Technical Standards and must complete and pass a Criminal Background Check.**
Technical Standards
All students must complete a technical standards disclosure prior to full admittance into the program, however a student does not have to complete a technical standard as part of the initial application process into the program (please see above). A student must sign and submit their technical standards after acceptance but prior to attending classes. If there is an issue with a technical standard, each case will be reviewed on an individual basis and the situation will need to be discussed and rectified. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted to the program.

Criminal Background Checks
In order to protect the patients, the affiliated clinical sites, the athletic training students and the university, the MSU Billings Athletic Training Program (ATP) has criminal background check policy. All students must complete and pass a criminal background check prior to full admittance into the program however a student does not need to have a criminal background check as part of initial application process.

*ALL students MUST complete a background check prior to full admittance into the ATP and before placement in a clinical education experience with an affiliated clinical site. Incoming first year students must have completed their background check in time for placement at an affiliated site no later than August 1 of their first year.

Process of Requesting a Criminal Background Check
Once provisionally accepted into the ATP, the student will receive information from the ATP regarding placing an order. The student will be required to contact the vendor (Certified Background) to begin the online process. The cost will be approximately $55, for international students the background check may cost up to and over $150. The cost of the background check is a student expense.

The Criminal Background Check will include the following criteria:

- **Package: Standard (Health)**
- **Price Paid to Certified Background**
- **Montana Statewide Criminal Search**
- **Residency History**
- **All counties outside MT – previous 7 years**
- **Nationwide Criminal Database with Sex Offender**
- **Nationwide Healthcare Fraud & Abuse Search**

Storage of Criminal Background
The storage of a student’s criminal background information will be stored with the vendor, Certified Background, and will be considered confidential and will not be released to a third party (affiliated clinical site). If an affiliated clinical site does request this information, the student will need to contact Certified Background to release their information to that affiliated clinical site.

If there is a Record on the Criminal Background Check
Once the ATP has received the Criminal Background Check report and there is a record of a misdemeanor (arrest, indictment, conviction, etc.) indicated in your background check, the ATP Director will request that the student completes the Disclosure of Information Form (see below). This form is an opportunity for the student to explain the circumstances of the arrest, indictment or conviction as well as any court action. The
disclosure form must be completed by the student and turned into the ATP Director for review. Throughout the process of review, the student will be notified of his or her status.

*Normal Procedure for Review of a Record on the Criminal Background Check*

*Misdemeanor*

Step 1: The self-disclosure form will be reviewed by the Program Director and Health and Human Performance (HHP) Department Chair. These individuals will recommend either for or against granting the student admission or they may recommend proceeding through the College of Allied Health Professions Petition and Appeals Committee. If the Program Director and HHP Department Chair recommend proceeding, Step 2 is initiated. Depending on the report on the criminal record, the review of a record may begin and end with Step 1.

Step 2 (if necessary): The College of Allied Health Professions (CAHP) Petition and Appeals Committee will review the background check information and the self-disclosure form. At this Step the student will be requested to submit court records for review.

Step 3 (if necessary): Lastly, the background check information, self-disclosure form and court records will be reviewed by the Dean of the CAHP. The decision by the Dean is final, unless a formal appeal is requested.

*Felony*

If there is a record of a felony criminal charge, the disclosure form will be sent directly to the Montana State University Billings officials and reviewed by the Athletic Training Education Program Director and Registrar on a case-by-case basis.

*It must be noted that a record of a felony may prohibit an individual from full acceptance into the ATP and/or obtaining certification and licensure as an athletic trainer.*

*Appeal Procedure*

If for any reason a student believes any information provided in the background check is not accurate, or not satisfied with the decision after the review of a criminal record as outline above, the student has the right to initiate an appeal for which the ATP has established a process.

Appeals Process:

Step 1: Student may request a meeting with Program Director and Health and Human Performance (HHP) Department Chair. If unsatisfied with the outcome at step one, the student

Step 2 (if necessary): If unsatisfied with the outcome at step 1, the student may request a meeting with the College of Allied Health Professions (CAHP) Petition and Appeals Committee.

Step 3 (if necessary): Lastly, if unsatisfied with the outcomes in steps 1 and 2, the student may request a meeting with Dean of CAHP. This step in the appeals process is the final decision.
PROGRAM REQUIREMENTS

Athletic Training Program Requirements
- Students must complete a plan of study for the Office of Graduate Studies and Research
- Students must have a technical standards on file and updated yearly
- Students immunizations must be current
- Students must have a Hepatitis B Vaccination. If a student is admitted without the Hepatitis B vaccination they have up to 1 year to receive the vaccination series.
- A two-year (including summer semesters) minimum time period will be allowed for the completion of the required clinical hours (1200 total) once the student is admitted into the program.
- For the most updated information, please see the Athletic Training Program web site or speak with the Program Director

Application and Admission Process
- Admission into the Athletic Training Program is a competitive process. MSUB’s ATP will accept applications on an ongoing basis (rolling admissions). Currently, the ATP’s maximum number of students is 10 per cohort.
- Please see above for prerequisite courses. Students who do not have a prerequisite course(s) may be admitted provisionally but must take the course(s) within one year of admission.
- A student will receive notification from the graduate studies office when his/her application has been received. Applications will be reviewed by the Program Director and ATP Faculty within 3 weeks of receipt. Students will be notified of the interview and selection process in a timely fashion. The student will be notified of the final decisions regarding acceptance status acceptance by the graduate studies office.
- Once a student has been accepted into the program, students will work with the program director or their faculty advisor to complete their plan of study according to catalog policy. The plan of study must be filed with the Graduate Studies office, McMullen Hall, Room 200 by the completion of the first year, fall semester

Program and Retention Requirements
- Students must be enrolled in the Athletic Training Education Program for a minimum of 2 years (including summers).
- Students must successfully complete a criminal background check prior to beginning clinical rotations.
- Students must maintain a current CPR for the professional rescuer.
- Student must have technical standard completed and updated as needed (at minimum once per year)
- Students must take the MSUB ATP and affiliated site, Blood Borne Pathogens OSHA Training each year.
- Students must maintain MMR immunization and current TB test.
- GPA
  - Students must maintain a 3.0 cumulative GPA (earning at least a 2.0 for didactic courses and 3.0 for clinical courses, however the ATP plan of study will only allow (2) 2.0 grades). If a student is to receive a 3rd 2.0 grade, that course and any subsequent courses where a 2.0 is earned must be repeated and passed with a 3.0 or better.
  - Any grade below a 2.0 must be repeated.
- Hours
  - Student must accrue a minimum of 1200 clinical education experience hours over the course of two annual years. During the academic year students must not have less than 10 hours and no more than 30 hours or clinical experience per week, with a minimum of one day off per week. During preseason or holidays the students must not accrue more than 15 hours per day, with a minimum of one day off per week.
- Student must complete a thesis or research project under the supervision of department faculty.
- Students must successfully complete clinical/field experiences each semester and must pass all competencies and field experience evaluations.
- Students must read and sign the policy and procedure manual.
- Students must meet with their advisor, program director, clinical education coordinator, clinical supervisor or faculty a minimum of once per semester.
- Students may be required to complete any other necessary criteria as requested by an Affiliated Site

Graduation Requirements
- Satisfactorily complete all curricular requirements as stated in the Plan of Study (Plan of study also includes completing a thesis or research project under the supervision of department faculty).
- Students must pass all didactic courses with a 2.0 (C) or better and must pass all clinical education courses with a 3.0 (B) or better
- Students must have a cumulative 3.0 GPA in order to graduate
- Student must accrue a minimum of 1200 clinical hours over the course of the 2 years during their clinical education experience.
- Students must complete and file an Application for Graduation with the Office of Admissions and Records by the specified deadlines. Typically this deadline is the fall semester (Nov) prior to spring semester graduation
- Students need to be aware of the six year time limit in which all requirements need to be met in order to graduate from the program

Program Fees and Required Costs
ATS will be required to pay a $925 program fee per semester. These fees will be part of the final tuition bill and will be utilized to fund faculty salary, purchase supplies and equipment as well as professional development.

Additional Student/ATP Fees
Students are responsible for tuition and associated fees, books, room and board, expenses for maintaining enrollment (criminal background check, immunizations, etc.) clothing, and transportation expenses occurred during clinical education. Students will also be responsible to pay any expenses occurred during travel to professional meetings.
IV. ATHLETIC TRAINING CURRICULUM at MSUBILLINGS

Accreditation Status
The ATP at Montana State University Billings is currently accredited by the Commission on Accreditation of Athletic Training Education (CAATE) through 2020-21. Current accreditation status does not guarantee the program will receive continuing accreditation status through yearly reports.

Curricular Philosophy
Students are expected to have a basic knowledge from undergraduate work (prerequisite courses) in many of the Athletic Training competency and proficiency areas. The program has implemented a Plan of Study to have multiple courses which address different competencies as well as to facilitate learning over time. This learning over time allow for the introduction to the material, focusing on specific material, as well as review. Throughout the curriculum student will be taught and assessed competencies and clinical integration proficiency skills. AT students will be given opportunities to apply those skills in the clinical education experience and the ATP curriculum utilizes traditional face to face, evening and online courses. The syllabi for each course can be found at the Health and Human Performance Department website.

Independent Research Project
All ATP students are required to develop, design, and execute independent research projects. The independent research project can be either a 3 credit research project or a 6 credit thesis. Each student in conjunction with their faculty advisor will determine which route (whether research project or thesis) is best for that individual student. The major difference between a research project and thesis (other than number of total credits) is the breadth and depth of information and projected audience. A research project should be designed to contribute and apply to the student’s future practice whereas a thesis should be designed to contribute and apply to an entire field (athletic training, training and condition, rehabilitation, etc.). Below is the thesis timeline as required by the Graduate Studies. Research Project does not have as strict guidelines. It is strongly encouraged to plan and start your research project or thesis during your first year or early in the second.
Thesis Instructions can be found at

Thesis Timeline/Checklist

TWO SEMESTERS PRIOR TO DEFENSE (ONE YEAR OUT)

☐ Meeting with advisor; declare intent to do a thesis
☐ With advisor, form Thesis Advisory Committee (two additional faculty members)
☐ Student proposes research to advisory committee for approval and registers for thesis class
☐ Student submits approved prospectus to Office of Graduate Studies
☐ Student in consultation with advisor develops thesis
☐ Submit Human Subjects Protocol to University IRB (if necessary)

SEMESTER PRIOR TO DEFENSE

☐ Student submits draft to advisor and committee for critique

EIGHT WEEKS PRIOR TO DEFENSE

☐ Final draft submitted to thesis committee

FOUR WEEKS PRIOR TO DEFENSE

☐ With the committees’ approval, student and advisor schedule the thesis defense with the Graduate Studies Office who will publicize the defense date, title, and location for the interested parties to attend.

ONE WEEK PRIOR TO DEFENSE

☐ Committee members must have a copy for review

AFTER DEFENSE

☐ Student obtains required signatures on the title page and delivers a minimum of three (3) copies to the Graduate Studies Office with a copy of the receipt from the Business Office that payment for all copies has been made.
Clinical Education/ Field Experience Requirements
Before students are allowed into field experiences all of the items from the Admissions Checklist must be in place (Appendix A). Some of the items on the checklist include Immunizations, OSHA/BBP, Technical Standards, CPR, Criminal Background Check, All students must complete the ATP OSHA training each year. All students must complete an orientation (including OSHA and BBP) for each site as assigned Students must maintain and have proof of current Cardiopulmonary Resuscitation (CPR) for the Professional Rescuer with AED. Liability insurance is handled through the university and the Vice Chancellor for Administration office.

Clinical Rotation Plan
Athletic Training Students are given the opportunity to participate in clinical education rotations exposing them to a variety of patients and experiences. Because of the staffing at each site, one ATC, MD, PT or other approved health care provider (clinical preceptor) is the students’ supervisor for the assigned experience. Final say on assignments of clinical rotations will be decided by the Clinical Education Coordinator and the Program Director. All decisions are final.

Clinical Education Experience Policy and Guidelines
Athletic Training Students (ATS) are assigned to a Clinical Preceptor for their clinical experience rotations. The student is under the direct supervision of the Clinical Preceptor for the learning experience and is not to take the place of the Clinical Preceptor at any time. The responsibilities for both the Athletic Training Students and Clinical Preceptor during clinical education are delineated below.

- ATS must be enrolled in as well as taught and assessed skills in a formal didactic or clinical course prior to performing those skills on patients.
- The ATS must always be directly supervised by the Clinical Preceptor while performing those skills on a patient.
- Clinical Preceptors will allow students to perform skills only after they been taught and assessed.
- Clinical Preceptors must provide direct supervision (audio and visual contact) of the athletic training students while the ATS is performing these skills on a patient.

Clinical Education Experience Rotations
Individually and Team Sports: Individual experiences occur with wrestling, track and field, cross country, tennis, golf and cheer. Team experiences occur with football, volleyball, basketball, baseball and softball.

Protective Equipment: Protective equipment experiences occur in the fall or spring with Rocky Mountain College football, the fall with the high school football teams, or during the fall/winter/spring for with hockey.

Patients of Different Sex: Athletic Training Students have opportunities to work with both sexes both in the traditional setting (college, high school) as well as the general population (rehabilitation, general medical)
Non-Sport Patient Populations: Athletic Training Students have access to a variety of experiences with general medical and physical and occupational therapy across the curriculum with as the Montana Family Medicine Residency Physicians at RiverStone as well as therapists at the Billings Clinic, OrthoMontana, and Billings West Physical Therapy.

Non-Orthopedic Conditions (General medical conditions): Experiences occur across the curriculum particularly at MSUB and RMC with the sports medicine physicians from OrthoMontana; as well as the Montana Family Medicine Residency Physicians; Montana Family Medicine Sports Medicine Fellow, RiverStone Health and Billings Clinic.

The clinical education coordinator and program director selects and verifies clinical education experiences. Students are given the opportunity to gain a variety of experiences with a variety of patients. Assignments to subsequent clinical rotation are made based on the previous semester course and lab evaluations, skill development and evaluations.

Hours
Most field experiences occur in the afternoons, evenings and weekends, but both traditional settings and outpatient clinic hours may vary.

- Student must accrue a minimum of 1200 clinical education experience hours over the course of two annual years.
- In order to achieve the 1200 hour minimum requirement, an average of 20 hours per week will be necessary.
- While students are taking didactic courses (September-December and January-May) the student will be required to have an averaged minimum of 20 hours per week with an averaged maximum of 30 hours per week. However, students not taking a didactic course (prior to/after courses, school breaks), student may have a maximum of 72 hours per week.
- Hours in excess of minimum hour requirements cannot be transferred to subsequent rotations or semesters (unless there are extenuating circumstances that are documented and discussed with the PD and CEC)
- During each academic year there are several holidays in which there are no classes are held at MSUB or Billing Schools. These holidays do not necessarily pertain to the clinical education experience rotations. All Athletic Training Students should review their schedule with the clinical preceptor. If differences in the schedule are not solved between the clinical preceptor and the student, the clinical education coordinator may be consulted. Athletic Training Students are not required to participate in field experience during Thanksgiving break, the break between fall and spring semesters, spring break or mini spring break.
- Students must have 1 day off (during every seven day period) during clinical education experiences.
- Credit and grades for clinical labs and field education experiences are given in the Athletic Training Clinical Education courses,

Your education is important! The quality of your clinical education experience hours is central to learning and these clinical hours are preparing you for your first position as an Athletic Trainer. Seize every opportunity to prepare yourself to fulfill the highest expectations. Please see course syllabi and your Clinical Preceptors for specific hour requirements and schedule for each clinical rotation field experience.
Direct Supervision
The policy of the Montana State University Billings Athletic Training Program regarding direct supervision of Athletic Training students by staff athletic trainers is: Direct supervision of Athletic Training students involved in the clinical, lab, and/or field experience portion of the Athletic Training Program will be through constant auditory and visual contact between the clinical preceptor and the Athletic Training student.

Student Travel
During the clinical education experience many Athletic Training students may have the opportunity to travel. Clinical education requires each student must be directly supervised (direct auditory and visual contact) by a certified athletic trainer while they are traveling. A clinical preceptor must be physically present and be able to intervene on behalf of the patient and the ATS. If a student will be traveling with a team or as part of the ATP (i.e. travel to conferences), that student must complete a Travel Authorization form and submit the form to the CEC prior to travel. The information that must be included in the travel authorization form include: date and time of departure, date and time of arrival back to Billing, method of transportation and with whom you will be traveling. A Travel Authorization form can be obtained from the VCSA office, the PD or CEC.

Fair Practices
Students in each cohort will have equal opportunity to each field experience site. Every student will not rotate through every clinical education experience site. Each student will gain experiences with a variety of patients in a variety of settings throughout the annual two year program. Each student will meet with the clinical education coordinator (and possibly program director) to determine clinical rotation each semester. Each student will be given fair and equal opportunity to attend each clinical rotation site sometime during the two year clinical education program.

Clinical Education Affiliated Sites
Contact Information and Directions

Montana State University Billings
1500 University Drive
Billings, MT  59101
Clinical Preceptors:
  Tom Ebel and Lindsay Sullivan
Directions to Site:
  The Athletic Training Room is located on the south side of the lower level of the PE building (059).

Rocky Mountain College
1511 Poly Drive
Billings, MT 59102 (1.62 miles)
Clinical Preceptors:
  Jennifer Linton and Taylor Canfield
Directions to Site:
  Head South on North 27th Street
  Turn Right onto Poly Drive
  Turn Right onto RMC Campus
Billings Clinic Orthopedics & Sports Medicine
2702 8th Avenue North
Billings, MT 59101 (.74 miles)
Clinical Preceptors:
406-238-5200
Mark Goldy, Kylie Izzi, Josh Morley, Kacie Kolar
Directions to Site:
South on North 27th Street
Turn Right onto 8th Avenue North

Central Catholic High School
3 Broadwater Avenue
Billings, MT 59101 (1.30 miles)
Clinical Preceptors:
Cody Osborne
Directions to Site:
South on North 27th Street (far right lane)
At 6th St. turn right and get into second to left lane
6th will fork into Division and Broadwater if you are in the second to left lane you will fork onto Division
Stay in the far right lane on Division and turn right on Wyoming and turn left right after school into parking lot of Billings Central High School

Skyview High School
1775 High Sierra Blvd
Billings, MT 59105 (7.10 miles)
Clinical Preceptors:
Kylie Izzi
Directions to Site:
North on North 27th Street
Turn Slight Right onto MT-3/Airport Road
Turn Left onto Main Street
Turn Left onto Wicks Lane
Turn Right on High Sierra Blvd

West High School
2201 St. Johns Ave.
Billings, MT 59102 (4.31 miles)
Clinical Preceptors
Josh Morley, Kacie Kolar
Directions to Site:
Head South on North 27th Street
Turn Right onto Poly Drive
Turn Left onto 17th Street West
Turn Right onto Grand Avenue
Turn Left onto 24th Street West
Turn Left onto St. Johns Avenue
Go to the end of the street and turn left into the parking lot

**Senior High School**
425 Grand Avenue  
Billings, MT 59101 (1.35 miles)
Clinical Preceptor:  
Stacy Molt and Taylor Purchio
Directions to Site:
   - Head South on North 27th Street  
   - Turn Right onto Poly Drive  
   - Turn Left onto Virginia Lane  
   - Turn Left onto Grand Avenue  
   - Training Room is located on the NE corner of the 1st level

**OrthoMontana**
Clinical Preceptors  
James Elliott, MD, Ben Phipps, MD, Marion Blackman, Jodie Smith, Stacy Molt, Cody Osborne and a Variety of PAs, PTs, OTs
Contact:  
Clinical Coordinator is Kristine Peterson kpeterson@montanabones.com
*Orientation needs to be completed either in advance or on the 1st day of rotation (please show up at least 45 minute before rotation)
Directions to sites
**Main Office**
2900 12th Avenue North  
Billings, MT 59101 (.14 miles)  
   - Head South on North 27th Street  
   - Turn Right onto 12th Avenue North
**Ortho Montana Heights/AMP/Heights Fitness**
1323 Main Street, Billings, MT 59105 (5.8 miles)  
   - North 27th St  
   - R onto Airport Rd  
   - L onto Main Street  
   - R at 1323 Main Street
**Ortho Montana West**
3838 Ave B., Billings, MT 59102  
   - West on Rimrock  
   - Turn L onto 32nd/Zimmerman Trail  
   - Zimmerman Trail to Grand Ave  
   - R onto Grand Ave  
   - OrthoMontana West located in Granite Fitness Center

**RiverStone Health**
Clinical Preceptors  
Various healthcare providers at RiverStone Health (MDs, PA, FNP)
Contact  
Suzie Thomas suzie.tho@riverstonhealth.org
123 South 27th Street  
Billings, MT 59101 (1.84 miles)  
South on 27th St  
L onto 1st Ave S.

**Centennial Ice Arena (Billings Bulls Hockey)**  
427 Bench Blvd  
Billings, MT 59105 (5.1 miles)  
**Directions to Site:**  
27th North  
Right onto Airport Road  
Left at Airport Rd and Main Street  
R on Lake Elmo Drive  
Veer left onto Bench Blvd  
R on Bench Blvd

**Dehler Park MSUB Baseball, Legion Baseball, Mustang Baseball**  
2611 9th Ave N  
Billings, MT 59101 (.98 miles)  
**Directions to Site:**  
South on 27th St.  
Left onto 9th Ave

**Pirtz Field MSUB Baseball, Legion Baseball**  
26th W and Central at Stewart Park Rd  
Billings, MT 59102 (4.8 miles)  
**Directions to Site:**  
West on Rimrock  
Left onto 32nd Ave/Zimmerman Trail  
Left onto Central Ave  
Right onto Stewart Park Rd

**MSU Billings, City College, MSUB Soccer**  
3803 Central Ave  
Billings, MT 59102 (6.4 miles)  
**Directions to Site:**  
West on Poly Drive  
L on 17th St West  
Right on Grand Ave  
Left on 32nd Ave/Zimmerman Trail  
Right on Central Ave

**MetraPark/Rimrock Arena**  
308 6th Avenue North  
Billings, MT 59101 (4.35 miles)  
Used for NILE, PBR, Chase Hawks, High School Activities  
**Directions to Site:**
Head South on North 27th Street
Turn Left onto 4th Avenue North

**Amend Park (Soccer Complex)**
King Ave E and Nimitz Drive
Billings, MT 59101 (3.8 miles)
Community Soccer Fields (used for youth and high school soccer)
Directions to Site:
  - Head South on North 27th St.
  - I-90 West
  - R onto South Billings Blvd
  - L onto King Ave E
  - R into Amend Park
V. STUDENT POLICIES AND PROCEDURES

Transfer Students
Students wishing to transfer to the Montana State University Billings Athletic Training Program must satisfy admission criteria as stated in the previous admission and program requirements section (III)

1. The Athletic Training Program may or may not accept the transferring credits. If accepted, students will be required to either provide proof of completed competencies/proficiencies from another accredited AT program or must complete the competencies/proficiencies associated with each course during the program.

2. Students must provide documentation of competencies/proficiencies instructed by providing syllabi, written work and assignments. Copies of syllabi from transfer courses will be required to accurately judge the equivalency of courses.

3. Transfer students may apply for either fall or spring admission.

4. A maximum of 9 graduate credits may be accepted for transfer from approved accredited educational institutions.

5. Copies of official transcripts must be sent directly from the registrar to the Office of Graduate Studies and Research.

6. No course credit may be transferred unless the grade received was at least a “B”. Transfer credits will be evaluated by the Program Director, the Health and Human Performance Department Faculty and Chair.

Withdrawal
An Athletic Training Student deciding to withdrawal from the Athletic Training Program must indicate their withdrawal in writing. This written withdrawal will be placed in their file.

Athletic Training Program Academic and Professional Standards

Students are required to meet the program academic and professional standards to remain in the program. The program director may establish a plan of improvement for students who have a reasonable likelihood of achieving the program requirements within a reasonable time frame. Failure to maintain academic and professional standards can result in dismissal from the program.

Disciplinary Action, up to and including termination from the program, may be imposed for the following (this list is not exhaustive):

- Clinical disciplinary problems (conduct, communication, productivity, safety)
- Academic dishonesty
- Failure to comply with the ATP professionalism contract
- Failure to comply with dress code
- Inappropriate behavior at professional meetings, conferences, forums, etc.
- Not abiding by proper policies and procedures as defined in this handbook and signed by students.
- Lapsed CPR certifications.
- Not receiving, updating and signing technical standards verification.
- Failure to pass a criminal background check or other requirements of an Affiliated Site
- Failure to attend scheduled meetings with any faculty, staff or clinical preceptor.
- Repeated absences or tardiness for scheduled class, clinical lab and field experience times.
- Negligent acts
- Disorderly behavior
- Violation of state or federal laws
- Use/misuse of chemicals/drug, etc.
- Conduct unbecoming a professional (academic, professional, clinical, ethical, behavior, etc.)
- Failing to conform to the standards of the profession of Athletic Training, NATA Code of Ethics, etc.
- Failing to abide by the competencies and proficiencies of the Athletic Training professional
- Creating an unsafe environment for patients, peers, students, faculty, staff, etc.

**Disciplinary Actions, Grievances and Appeals**

At Montana State University Billings, Athletic Training students are expected to follow the Graduate Studies Catalog and Student Code of Conduct [http://www.msubillings.edu/studenthandbook/](http://www.msubillings.edu/studenthandbook/). The program will follow all university policies related to grievances and appeals.

**Warning Policy**
An Athletic Training Student may be placed on program warning if
1. there has been any disciplinary issues encountered in either the didactic or clinical education experiences
2. there has been any violations to the professionalism contract
3. any of the other retention criteria, ATP requirements and academic standards, or graduate school criteria are not maintained

The student must meet with the Clinical Education Coordinator and/or the Program Director to discuss course of action and plan of improvement

**Probation Policy**
An Athletic Training Student will be placed on program probation if
1. the student’s GPA drops below the cumulative 3.0 GPA criteria,
2. minimum clinical education experience hours are not met without prior arrangements,
3. there have been disciplinary issues in didactic or clinical education experiences or violation to the professionalism contract
4. any of the other retention criteria, ATP requirements and academic standards, or graduate school criteria are not maintained.

If a student is placed on probation,
- The student must meet with the Clinical Education Coordinator and/or the Program Director to discuss course of action and plan of improvement
- The Athletic Training student will be given up to one semester of program probation status in order to remediate the situation.
- An Athletic Training Student on program probation will have the opportunity to continue in the program; however he/she must demonstrate the successful resolution of program probation (i.e. 3.0 cumulative GPA, clinical hours completed, no further grades of 2.0 or below for courses, professional conduct/behavior).
- If a student is unable to remediate issues which led to the probation status within the given time frame, the student may be dismissed from the program. The student will receive written notification
from the program director regarding this decision. However, the student may request acceptance back into the program once the retention criteria is met.

- If a student receives a grade below a “C” that student must retake that course the next time it is offered, but must resolve the program probation within one semester. Rearrangements for retaking courses, clinical hours or other retention criteria which resulted in probation will need to be arranged with and approved by the Athletic Training Program Director and the HHP Department Chair.

Dismissal Policy
An Athletic Training Student will be placed on program probation if

1. the student’s GPA drops below the cumulative 3.0 GPA criteria and the end of one semester and the student is unable to achieve a 3.0 GPA in the subsequent semester
2. there has been disciplinary issues in didactic or clinical education experiences or violations to the professionalism contract without remediation
3. any of the other retention criteria, ATP requirements or academic standards, or graduate school criteria are not maintained.
4. The Athletic Training Student can be dismissed from the program at any time if they have not met the academic, programmatic, professionalism and retention criteria.

Readmission: Rearrangements for retaking courses, clinical hours or other retention criteria which resulted in dismissal will need to be arranged with and approved by the Athletic Training Program Director and possibly the HHP Department Chair and the CAHP Dean. Students may reapply to the program if the student can show that he or she has successfully remediated the deficiency that led to dismissal. Readmission will be determined by the Athletic Training Program faculty and staff. An interview with the ATP faculty and clinical preceptors may be requested.

Grievances
In the event that an Athletic Training student has a grievance against faculty, staff, clinical instructors, or a fellow student, the following guidelines should be considered: University, College and Department Criteria for Grievance:

- Harassment
- Unfair practices
- Dishonesty
- Lack of professionalism
- Other

Grievance Procedures
1. Inform the individual of the grievance to clarify miscommunication.
2. Attempt to resolve the problem with the individual.
3. If the problem cannot be resolved, involve a third party, such program director or other faculty or staff member selected by program director.
4. If the issue continues to be unresolved, submit a grievance in writing to the department chair and copy it to the program director. The grievance should specify the action being grieved and the requested outcome sought by the student. Once the grievance is received the grievance committee of the program director, department chair and dean will review the case and take appropriate action.

Note: In the event that one of the grievance committee members is involved with the alleged action, the individual will excuse himself/herself from the matter.
Appeals Policy
1. A student may appeal a warning, probation or dismissal from the ATP.
2. A student must submit a written appeal, no later than 30 business days to the Program Director.
3. The student will have an opportunity to meet with the Program Director, the Chair of the HHP Department as well as the Dean of the College of Allied Health Professions to discuss their appeal.

Attendance
Attendance in courses and labs associated with classes is up to the discretion of the individual instructor, but as this is a professional program, regular attendance is strongly recommended. Content missed is the responsibility of the student. **Attendance at the clinical lab and field experience sites are required.**

Missing scheduled clinical experience times or being tardy for class, labs or lectures is unprofessional and will lead to disciplinary action.

Dress Code/ Personal Appearance
The dress code for didactic and lab coursework follows university policy.
- Dress for lab experiences must allow for movement, but modesty will be maintained in the laboratory and AT room.
- Furthermore, students will not be required to dress or reveal their bodies in a way that makes them uncomfortable.
- Conversely, students may be asked to change clothes that are too revealing or distracting to other students or staff and clients at the lab, classroom or clinical site.
- Students will also be required to dress professionally when having a guest lecturer present in class.
- During clinical education experiences, students are required to dress professionally and be well groomed. In general, be neat, tasteful and professional.
- Be conservative in the use of perfume and cologne.
- In the event of inclement weather, student health and safety is of utmost importance and students are encouraged to dress accordingly. In the event of day when patient contact will not occur (i.e. preseason or postseason preparations of cleaning, inventory, organization), please consult with clinical preceptor of appropriate attire.
- Students are not required to buy shirts or other gear specific for each clinical site, but may be required to purchase specific clothing for the ATP.
- Students are required to wear name tags to their general medical, orthopedic or rehabilitation clinical rotations.
- General Dress Code
  - **Shirts.** Collared shirts or appropriate professional attire (blouse, sweater, blazer) are to be worn for all practices and events (meets, games, etc.).
  - **Shorts/Pants.** Dress shorts/pants may be worn and must be appropriate length (at least fingertip length for shorts) and appropriate fit. No jeans, athletic wear (i.e. yoga pant, wind pants, sweats, athletic shorts), cut-offs or “short shorts” will be allowed during your clinical rotations!
  - **Shoes.** Closed toe shoes with socks should be worn at all times. Sandals or flip-flops are not acceptable forms of footwear.

General Keys to Success
- Be professional at all times
- Be timely
• Be deliberate in your learning
• Take initiative for your learning
• Use free time on education-practice
• Teach other students
• Be enthusiastic
• Accept constructive criticism from others
• Be respectful of others facilities, equipment supplies, personality, techniques and policies.
• Be dependable, loyal, dedicated, skillful, professional and organized
• Clinical education is an extension of your academic education, study hard, comply with deadlines, keep-up with proficiencies, don't procrastinate!
VI. SAFETY

Training and Hazardous Materials Management:
OSHA training occurs at the beginning of each year. Additional coursework also covers bloodborne pathogens and infectious diseases. Students are required to take the ATP OSHA training annually. Verification of attendance will be placed in the Athletic Training Program OSHA file as well as documents in the students’ folders. Students may be required to take additional OSHA training for individual field experience sites (St. Vincent’s, Billings Clinic, RiverStone Health, Physical Therapy clinics, and High Schools each have policies and practices specific to their location).

Montana State University Billings
Athletic Training Program
OSHA, BBP, Infection Control

Introduction

“OSHA estimates that 5.6 million workers in the health care industry and related occupations are at risk of occupational exposure to bloodborne pathogens, including human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and others. All occupational exposure to blood or other potentially infectious materials (OPIM) place workers at risk for infection with bloodborne pathogens. OSHA defines blood to mean human blood, human blood components, and products made from human blood. Other potentially infectious materials (OPIM) means: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. The following references aid in recognizing workplace hazards associated with bloodborne pathogens.”
(http://www.osha.gov/SLTC/bloodbornepathogens/recognition.html)

General Information

There is no doubt that illnesses and infections related to contamination by bloodborne pathogens is not only a reality, but of major concern to athletic trainers treating athletes. In an effort to decrease the risk of transmission of bloodborne pathogens between these two parties, the Montana State University Athletic Training Education Program has adopted and will conform to the current procedures of universal precautions and risk management as stated by organizations such as OSHA and the NCAA. Universal precautions assume that all blood and body fluids of all athletes are potentially infected with AIDS, Hepatitis B or C other bloodborne pathogens. One is at risk when working with blood products; products containing blood; semen; cerebrospinal fluid; synovial fluid; pleural, peritoneal, pericardial and amniotic fluids and vaginal secretions. (One is not considered at risk when working with feces, nasal secretions, sputum, sweat, tears, urine, saliva, breast milk and vomitus.) (Prentice, 2009).
Because the opportunity exists for one to come into contact with a potentially dangerous blood or body fluid spill which may be infected with HIV, HBV, etc., the following protocols and precautions have been established.

Infectious Disease

Although the risks for transmission for HIV and HBV are minimal in athletics, the athletic training student and sports medicine professionals must be informed regarding disease information and transmission (NCAA, 2008; Prentice, 2009)

According to Carondelet, 1997 and Prentice, 2009; the following information pertains to HIV/AIDS and HBV.

HIV (Human Immunodeficiency Virus): is a retrovirus that causes AIDS (Acquired Immunodeficiency Syndrome) and ARC (AIDS Related Complex)

- Signs and Symptom: flu-like symptoms, fever, night sweats, weight loss, diarrhea, severe fatigue, swollen lymph nodes, lesions
- Antibodies: can be detected within one year, may be detected as quickly as 6 to 12 weeks
- HIV is easily killed outside the body
- Transmission: direct or indirect contact- blood, semen and or vaginal fluids. Not transmitted by casual contact.

Hepatitis B is virus that causes an infection/disease which attacks the liver.

- Signs and Symptoms: flu-like symptoms, jaundice
- Antibodies: can be detected 6 weeks to 6 months (can transmit before having signs and symptoms)
- Individuals may be carriers even though they are not experiencing symptoms and can transmit the disease.
- Chronic infection can lead to cirrhosis and cancer
- Transmission: blood, semen and or vaginal fluids
- HBV is an extremely enduring virus (100 time more contagious than HIV
- HBV vaccination is recommended to provide protection against the HBV.

Hepatitis C is also a concern for healthcare providers. According to Prentice, 2009, Hepatitis C is the “most common chronic bloodborne infection in the United States. At least 85 percent of those infected with acutely with HCV become chronically infected, and 67 percent develop chronic liver disease.”

- Signs and Symptoms: “jaundice, upper right quadrant pain, loss of appetite, nausea, fatigue, dark urine”.
- Antibodies may be detected in one to two weeks
- Most individuals infected with Hepatitis C do not exhibit symptoms or signs
- Transmission: blood (sharing personal care items)
- No vaccination available

Body piercings and tattoos may also place an individual at risk for HIV and Hepatitis B and C. (NCAA, 2008)
Tuberculosis

**Tuberculosis** - “Tuberculosis is caused by the bacteria Mycobacterium tuberculosis. TB is spread by airborne droplets.” (Carondelet, 1997) “Active TB disease occurs when the body is unable to prevent the bacteria from multiplying. The bacteria can be dormant for a number of years, then be reactivated in the future and cause active disease.” (Carondelet, 1997) Some risk factors which increase the likelihood of TB infection causing TB disease are:

- “Recent infection with TB,
- Abnormal chest x-ray with fibrotic lesions
- Insulin-dependent diabetes
- Prolonged treatment with steroids
- Immunosuppression
- Silicosis
- End-stage renal disease, etc.” (Carondelet, 1997)

**Positive TB Skin Test** – if one should have a positive reading from a TB test, it does not necessarily mean that the person has TB and can transmit the disease, rather he/she may have been previously infected with the TB bacteria, but he/she had a strong immune response to prevent the active disease from developing. It is important to remember that only those individuals who have the active disease can transmit tuberculosis and the individual may be required to have both a skin test and x-ray to rule out TB. (Carondelet, 1997)

**Signs and Symptoms of TB** – include:

- “Loss of appetite
- Weight loss
- Fatigue
- Night sweats
- Persistent cough
- Fever
- Chills
- Hemoptysis” (Carondelet, 1997)

All Athletic Training students will need to have a TBs skin test on record.

**Hand Washing**

“Hand washing is the single, most important control measure for preventing transmission of germs.” (Carondelet, 1997). Hand washing can help prevent the spread of illness and infections both from patient to healthcare provider as well as from healthcare provider to patient. The basic rule is to wash hands with either soap and water or use an alcohol based sanitizer before and after each patient contact. (Center for Disease Control and Prevention). When washing your hands use the following technique:

1. “Wet your hands with clean running water and apply soap. Use warm water if it is available.
2. Rub hands together to make a lather and scrub all surfaces
4. Rinse hands well under running water.
5. Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.
6. Always use soap and water if your hands are visibly dirty.” (Center for Disease Control and Prevention, 2010)

“If soap and water are not available, use an alcohol-based hand rub to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting. When using an alcohol-based hand sanitizer:
  1. Apply (enough) product to the palm of one hand.
  2. Rub hands together.
  3. Rub the product over all the surfaces of hands and fingers until hands are dry.” (Center for Disease Control and Prevention, 2010)

OSHA BBP Standards

Always assume that blood/bodily fluids, non-intact skin and mucous membranes have the ability to transmitted a pathogen or infection. (Carondelet, 1997)

Personal Protective Equipment (PPE) - whenever there is a possibility to come in contact with blood or bodily fluids, one must establish a barrier and wear PPEs.

Hand washing: See Part I. Hand washing is crucial to help prevent the spread of illness and infection. Wash hands or use hand sanitizer before and after each new patient/athlete.

Gloves - Each clinical site will provide gloves for your use. Gloves create a barrier between the patient and the provider and must be used when there will be contact with “mucous membranes, non-intact skin and all bodily substances (blood, body fluids, secretions or excretions). When using gloves make sure to
  1. Wash hands before caring for patient/athlete
  2. Double glove (gloves on both hands) while caring for patient/athlete
  3. Immediately and properly remove gloves after care
  4. Dispose of gloves in proper receptacle
  5. Wash hands again after removal of gloves.
  6. Always apply new gloves between patients. (Carondelet, 1997)

When removing gloves, apply the following technique:
  1. “Remove glove and turn it inside out.
  2. Place the first glove in the second gloved hand then turn the second glove inside out so as to contain the first glove.
  3. Remove second glove, making sure not to touch soiled surfaces with ungloved hand.
  4. Discard gloves that have been used, discolored, torn or punctured.
  5. Wash hands immediately after glove removal.” (Prentice, 2009)

Gowns and Aprons: personal protective clothing is to be used when the potential for blood and/or bodily secretions/liquids would soil clothing. Remove gown/apron immediately after care and properly dispose of disposal gowns in biohazard containers and if it is reusable gown, properly placed in linen receptacle (placed in a separate plastic bag). (Carondelet, 1997)
Mask and Eye Protection: personal face and eye protective equipment is used when there is risk of blood or bodily fluids spraying or splashing during care. A mask will protect the oral and nasal mucosa whereas eye protection, such as goggles (with side shields) will protect the eyes. As with all other personal protective equipment, remember to properly dispose of or place soiled garments or equipment in proper receptacles. (Carondelet, 1997)

CPR Masks must be used when performing mouth-to-mouth ventilations or CPR. CPR masks are available in a one-way valve and are not be reused.

All PPE needs to be removed prior to leaving the training room and placed in proper receptacles.

Treatment of soiled and linen and storage of linens - linen and laundry that has been contaminated with blood or bodily fluids must be contained and confined. Soiled linen must be placed into a separate plastic bag and placed in proper linen receptacle. If the linen is placed in a red biohazard bag, it may be destroyed. All soiled laundry or linens must also be treated as potentially contaminated and hazardous when laundering so use gloves and double bag when transporting and cleaning linens. Contaminated laundry must be washed in hot water, 71 degrees Celsius for at least 25 minutes. (Arnheim, 2009; Carondelet, 1997)

Separating clean and soiled equipment - clean and soiled laundry and equipment need to remain separate and should not be mixed. (Carondelet, 1997)

Cleaning up blood or bodily fluid spills - playing as well as treatment surfaces may become contaminated with blood or bodily fluids. Since many of the microorganisms can survive on soiled surfaces, proper protocol and procedure must be followed to disinfect equipment and surfaces. When cleaning blood or bodily fluid spills:

1. Wear PPE (gloves, mask, goggles, etc.)
2. Know the locations of the nearest SHARPS and Biohazard containers.
3. Use disposable, absorbable towel to minimize spill. Dispose of waste in proper receptacle.
4. Treat the area with a 1:10 bleach and water solution or approved commercial cleaner. Allow for “setting time” before wiping the area clean. (Remember that 1:10 bleach solution losses its potency and must be replaced every 24 hours.)
5. Re-clean the surface with disposable towels and cleaners.
6. If spill occurs on absorbable materials, use a sanitary absorbent agent according to directions.
7. Dispose of waste in proper receptacle. Treat all materials as potentially contaminated.
8. If there is broken glass or sharp objects, do not attempt to pick up with hands, use a broom and dust pan. (Carondelet, 1997; Prentice, 2009)

Bleeding athlete during game or practice – using PPEs, care must be taken to cover all preexisting wounds prior to activity, but if the athlete should bleed during practice or a game, the athlete must be removed from activity until the wound has been cleaned and dressed appropriately. If the uniform has blood or bodily fluids, using a commercial agent to remove blood may be used, but if the uniform is saturated, the uniform will need to be removed and replaced with a clean uniform. (Prentice, 2009). Remove gloves and wash hands after care.
Reusable Equipment and Supplies – if blood or bodily fluids come in contact with reusable equipment or supplies, those supplies must be properly disinfected. For equipment or surfaces, use procedures for cleaning blood or bodily fluids spills as outlined above including use of PPEs. All equipment and surfaces should be decontaminated/cleaned at the end of the work day as well. If working with reusable sharps (such as scalpel handles, scissors, forceps), clean surface and place into a clear bag and they will be disinfected by autoclaving.

Disposable Contaminated Equipment and Supplies – if disposable equipment and supplies become soiled with blood or bodily fluids, place into proper biohazard or sharps container. Do not attempt to recap, bend, remove, etc. needles. (Occupational Safety and Health Administration)

Sharps Disposal – Sharps containers should be located at each clinical site. Please familiarize yourself with its locations. Sharp containers will be labeled, should be closeable and should not be overfilled. When filled, the Sharps containers will be transported to Ortho Montana for proper disposal. (Carondelet, 1997)

Exposure Incidents – If the possibility exists that one has been exposed to contaminated blood or bodily fluids during the course of duties as an Athletic Trainer or an athletic training student, immediately wash the area with soap and water or flush or irrigate mucous membranes (eyes, nose, mouth). (Carondelet, 1997) If a puncture occurred, encourage spontaneous bleeding.

Incident Reporting - Report any exposure to the Head Athletic Trainer and the Program Director and the need for HIV/HBV testing, etc will be determined by the Head Athletic Trainer and Program Director so the proper referral to Student Health Services and University Police can be made if necessary. Confidentially regarding exposure, incident and student WILL BE maintained at all times. If a student or staff member is exposed to a BBP outside the training room, students or staff are encourage to communicate that information with the Program Director as well.

Please review the following for more information. [http://www.cdc.gov/ncidod/dhqp/gl_hcpersonnel.html](http://www.cdc.gov/ncidod/dhqp/gl_hcpersonnel.html)


References
- Carondelet Infection Control (1997). Carondelet Nursing Education.
Student Information
Name: Student ID#: 
Date of Birth: Gender: 
Address: 
Phone: Email: 

Description of Incident:
Date: Time: 
Location of Incident: Type of Incident: 
Location of Injury/Illness: 
Name of ACI/CI or immediate supervisor present: 
Action/care provided taken during/after incidence: 

Detailed Description of the Incident (please be specific – who, what, where, why, how):

Action Taken by ACI/CI:

Action taken by Program Director or MSUB ATP Program Representative:

Signature(s) of athletic training student and Program Director:

________________________________________ ____________________
Athletic Training Student Signature Date

________________________________________ ____________________
Program Director or Clinical Coordinator Date
**Immunodeficiencies and Other Communicable Diseases**

For students who have HIV/AIDS, other syndromes associated with immunodeficiency states, or communicable diseases, there is an increased danger from infection due to diseases they may come in contact with in class, in the clinical setting, or in the work place. Students with HIV/AIDS, or anyone else with defective immunity, are at risk of acquiring or experiencing serious complications from such diseases. Of particular concern is the risk of severe infection following exposure to patients with infectious diseases that are easily transmitted if appropriate precautions are not taken (e.g., tuberculosis or chickenpox).

Students with immunodeficiency’s are encouraged to identify themselves as an immunodeficient AT student (in private) to their health care provider, so that they may receive counseling about potential risks associated with exposure to or taking care of patients with transmissible infections and should continue to follow infection control procedures to minimize their risk of exposure to infectious agents. When a AT student is accidentally exposed to a potentially infectious agent during the course of regular educational activities for the program, the University or program will not be responsible for costs incurred by the student for treatment and follow-up of this exposure. Any financial obligations incurred by an exposure are the student’s responsibility.

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**Montana State University Billings**

**Athletic Training Program**

**Communicable Disease Policy**

In order to protect the safety and health of MSUB Athletic Training Students, the following Communicable Disease policy has been designed and adopted by the MSUB ATEP. This plan will be utilized by students, ACI/CIs, and the Athletic Training Education Program staff and faculty to assist in the management (and prevention) of communicable diseases within the ATEP as defined by the Centers for Disease Control. A Communicable Disease is a disease that can be transmitted from one person to another person (direct contact); from an inanimate object (indirect); from conjuctival, nasal, oral mucosa, etc (droplet or airborne) or through contact with food, water, animals, etc (common vehicle). Below are examples of Communicable Diseases and protocol for management according to the CDC. (Boylard, E. A., Tablan, O.C., Williams, W.W, Pearson, M.L., Shapiro, C.N., Deitchman, S.D. & The Hospital Infection Control Practices Advisory Committee. 1998)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Information</th>
<th>Transmission</th>
<th>Incubation Period</th>
<th>Action/Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloodborne Pathogens (Hep B, C and HIV)</td>
<td>Please see BBP/OSHA training</td>
<td>Please see BBP/OSHA training</td>
<td>Varies</td>
<td>Vaccination available for Hep B. Please see BBP/OSHA training for more information</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Bacterial or viral</td>
<td>Transmitted by direct contact with individuals or equipment</td>
<td>5-12 days</td>
<td>Referral for MD evaluation and medication. No contact until discharge from eye(s) ceases</td>
</tr>
<tr>
<td>Diphereria</td>
<td>Rare in US</td>
<td>Transmitted by droplets or direct contact</td>
<td>2-5 days</td>
<td>No contact. Need to have anti-microbial therapy &amp; 2 negative cultures more than 24 hours apart</td>
</tr>
<tr>
<td>Disease</td>
<td>Information</td>
<td>Transmission</td>
<td>Incubation Period</td>
<td>Action/Restriction</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
<td>-------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Acute Gastrointestinal infections</td>
<td>Variety of causes – bacteria, virus and protozoa</td>
<td>Transmitted by direct contact, contaminated food, water, etc, airborne</td>
<td>Varies</td>
<td>Need to practice good hygiene to prevent infections. Restricted contact until asymptomatic</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Viral infection</td>
<td>Oral/Fecal</td>
<td>15-50 days</td>
<td>Vaccination available, practice good hygiene and restricted contact until 7 days after onset of jaundice</td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>Viral infection of hands (herpetic whitlow) or orofacilă</td>
<td>Direct contact</td>
<td>2-14 days</td>
<td>Restricted patient contact or no contact depending on patient’s risk until lesions heal.</td>
</tr>
<tr>
<td>Measles (active)</td>
<td>Highly contagious</td>
<td>Direct and airborne transmission</td>
<td>5-21 days</td>
<td>Vaccination available (MMR). No contact until 7th day of rash appearing.</td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td>Variety of subgroups</td>
<td>Direct and airborne transmission</td>
<td>2-10 days</td>
<td>Can return to patient care/contact after 24 hours of effective therapy.</td>
</tr>
<tr>
<td>Mumps (active)</td>
<td>Vaccination (MMR) is best prevention</td>
<td>Respiratory secretions</td>
<td>12-25 days</td>
<td>May return to patient care/contact after the 10th day of swollen glands.</td>
</tr>
<tr>
<td>Parvovirus</td>
<td>“Fifth Disease”</td>
<td>Direct contact with people or objects or droplets</td>
<td>6-10 days</td>
<td>Most contagious before rash appears, isolation is not indicated.</td>
</tr>
<tr>
<td>Pertussis (active)</td>
<td>“Whooping Cough”</td>
<td>Highly contagious, airborne transmission</td>
<td>7-10 days</td>
<td>Vaccination is best prevention. No contact until 5 days after beginning antimicrobial treatment</td>
</tr>
<tr>
<td>Polioyeltitis</td>
<td>Last reported in 1979. Polio vaccination has greatly decreased incidence</td>
<td>Transmitted by direct contact or respiratory secretions</td>
<td>3-6 days for non-paralytic and 7-21 days for paralytic</td>
<td>Most contagious before and after onset of symptoms. Vaccination is best prevention</td>
</tr>
<tr>
<td>Disease</td>
<td>Information</td>
<td>Transmission</td>
<td>Incubation Period</td>
<td>Action/Restrictions</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Rabies</td>
<td>Cases has increased since 1990.</td>
<td>Exposure to rabid animals or animal tissue (bite and non bite). Bites that penetrate the skin have the greatest risk</td>
<td>1-3 months</td>
<td>Pre and post exposure vaccinations are available. Action and restrictions need to be made on an individual basis.</td>
</tr>
<tr>
<td>Rubella (active)</td>
<td>Most contagious when rash appears</td>
<td>Transmitted by nasopharyngeal droplets</td>
<td>12-23 days</td>
<td>Immunization (MMR) is most effective treatment. No contact until 5 days after rash appears.</td>
</tr>
<tr>
<td>Scabies and pediculosis</td>
<td>Lice - transmitted by infestation of mites</td>
<td>Direct contact by person or inanimate objects</td>
<td></td>
<td>Cleaning procedures and medication will help with the elimination of mites. No contact until treated and no signs of infection</td>
</tr>
<tr>
<td><em>Staphylococcus</em> aureus</td>
<td>Can also be a MRSA infection</td>
<td>Direct contact</td>
<td>Varies 30 minutes to 10 days depending on strain</td>
<td>No contact until lesions have healed. Need to be on prescription (antimicrobial) medication.</td>
</tr>
<tr>
<td>Streptococcus</td>
<td>Can be a natural carrier. Various diseases</td>
<td>Direct contact</td>
<td>Varies 2-10 days</td>
<td>No contact for at least 24 hours after appropriate prescription medications have started</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Please see BBP/OSHA training</td>
<td>Please see BBP/OSHA training</td>
<td>Please see BBP/OSHA training</td>
<td>Students will need TB skin tests before a clinical rotation at a hospital or clinic. No contact until proven noninfectious</td>
</tr>
<tr>
<td>Vaccinia (smallpox)</td>
<td>WHO declared world free of smallpox in 1980</td>
<td>Theoretical risk with contact with dressings or recombinant vaccination</td>
<td></td>
<td>Vaccination recommended for select individuals</td>
</tr>
</tbody>
</table>

- **Rabies**
  - Cases have increased since 1990.
  - Exposure to rabid animals or animal tissue (bite and non bite). Bites that penetrate the skin have the greatest risk.
  - Incubation period: 1-3 months.
  - Action/restrictions: Pre and post exposure vaccinations are available. Action and restrictions need to be made on an individual basis.

- **Rubella (active)**
  - Most contagious when rash appears.
  - Transmission: Transmitted by nasopharyngeal droplets.
  - Incubation period: 12-23 days.
  - Action/restrictions: Immunization (MMR) is most effective treatment. No contact until 5 days after rash appears.

- **Scabies and pediculosis**
  - Lice - transmitted by infestation of mites.
  - Transmission: Direct contact by person or inanimate objects.
  - Incubation period: Unknown.
  - Action/restrictions: Cleaning procedures and medication will help with the elimination of mites. No contact until treated and no signs of infection.

- **Staphylococcus aureus**
  - Can also be a MRSA infection.
  - Transmission: Direct contact.
  - Incubation period: Varies from 30 minutes to 10 days depending on strain.
  - Action/restrictions: No contact until lesions have healed. Need to be on prescription (antimicrobial) medication.

- **Streptococcus**
  - Can be a natural carrier. Various diseases.
  - Transmission: Direct contact.
  - Incubation period: Varies from 2-10 days.
  - Action/restrictions: No contact for at least 24 hours after appropriate prescription medications have started.

- **Tuberculosis**
  - Please see BBP/OSHA training.
  - Transmission: Please see BBP/OSHA training.
  - Incubation period: Please see BBP/OSHA training.
  - Action/restrictions: Students will need TB skin tests before a clinical rotation at a hospital or clinic. No contact until proven noninfectious.

- **Vaccinia (smallpox)**
  - WHO declared world free of smallpox in 1980.
  - Theoretical risk with contact with dressings or recombinant vaccination.
  - Incubation period: Unknown.
  - Action/restrictions: Vaccination recommended for select individuals.
### Disease Information *Transmission* Incubation Period Actions/Restrictions

<table>
<thead>
<tr>
<th>Disease</th>
<th>Information</th>
<th>Transmission</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella</td>
<td>Chickenpox or shingles Vaccination available</td>
<td>Direct contact (airborne has also occurred)</td>
<td>10-21 days</td>
<td>No contact until lesions are dry and crusted. Can develop immunity after being infected by Varicella</td>
</tr>
<tr>
<td>Viral respiratory infections (flu, RSV, rhinovirus, etc)</td>
<td>Some vaccinations available for certain strains</td>
<td>Direct contact, droplet or airborne</td>
<td>1-5, day 3 most contagious</td>
<td>No contact until asymptomatic</td>
</tr>
</tbody>
</table>

The above information regarding communicable diseases was taken from the Centers for Disease Control recommendations. (Boylard, E. A., Tablan, O.C., Williams, W.W. Pearson, M.L., Shapiro, C.N., Deitchman, S.D.& The Hospital Infection Control Practices Advisory Committee. 1998).

If uncertainty occurs, proper referral to medical professional for diagnosis and treatment is a must. If there are doubts, seek medical treatment ASAP.

**MSUB ATP Guidelines for the prevention and management of communicable diseases:**

1. Student must have BBP/OSHA training on a yearly basis.
2. Students must utilize Universal Precautions and good hygiene according to BBP/OSHA training at all times.
3. If there has been a potential exposure to a BBP or communicable disease, the student must communicate that information with the ACI/CI and the program director and fill out the appropriate incidence report form (BBP).
4. If a student becomes ill, students are encouraged to self-isolate and to seek medical treatment from either the MSUB Student Health or their family practitioner. Under certain situations of a communicable disease, proof of MD work/school release may be required.
5. The student must communicate medical absences to the Program Director and the appropriate ATP faculty and ACI/CIs as soon as possible.

**References:**


Immunizations
HBV, TB test, MMR and seasonal flu vaccination
Students are required to either obtain or decline the Hepatitis B vaccination. Students are also required to obtain and provide proof of a TB skin test. TB skin tests are $10 at MSUB Student Health, $15 at St. Vincent’s Occupational Health or Billings Clinic Occupational Health. MSUB requires two immunizations Measles and Rubella. While not required, we suggest students obtain, maintain and document all immunizations including tetanus. Verification of MSUB immunization may be obtained from the university nurse in the student health services center in Petro Hall. 657-2153.

Health and Safety
Exposure to Potential Health Risks
Students should be aware that they may be exposed to variety of potential health risks throughout the educational program and clinical practice. These include, but are not limited to:
1. Laboratory sessions in which students work with each other to practice various procedures including exercise, functional activities, physical agents and modalities, manual therapy and the use of assistive and adaptive devices.
2. Clinical experiences in which students perform various procedures including exercise, functional activities, physical agents and mechanical modalities, manual therapy and the use of assistive and adaptive devices. Students may also be exposed to infectious diseases in the clinic setting. Students should check equipment for safety, and calibration documentation. Students must report any questions concerning the safety of equipment, supplies or practices or techniques at any site to the program director immediately.

Accidents
In addition to complying with proper procedures for reporting accidents at each clinical center, all accidents involving students, which require the filing of a written report, must be reported to the program director immediately.

Emergency Action Plans
Due to confidential information for affiliated sites, Emergency Action Plans (EAP) for the Affiliated Clinical sites are located not available online, however they are available at each site. You must ask your CP to see and review the EAP during your orientation to your clinical site. Please review the EAPs with your clinical preceptors and ask questions so you have a full understanding of your role in case of an emergency.
VII. ASSESSMENT AND EVALUATION

Student Evaluations
Athletic Training students are evaluated throughout each clinical and didactic course.

During the first year, students are evaluated by clinical preceptors at least once a semester the first year. During the second year, the student may be evaluated at midpoint and at the completion of their clinical rotations. The clinical preceptors are encouraged to provide informal feedback to the student throughout the rotation as well. The Athletic Training Student should carefully read over the evaluation forms in order to understand how they will be evaluated. Once the clinical preceptor has completed the evaluation he/she will schedule a time with the student to discuss their evaluation. Once the entire evaluation has been discussed, the instructor will sign and date the evaluation. If the student agrees with the evaluation they sign the form.

Student Self Evaluations
Each student will complete the self-evaluation for the clinical education experience for each rotation. The student should review the evaluation with their instructor. The student the preceptor’s evaluations should be compared and discussed. The student’s self-evaluation will be submitted to the program director with the supervisors’ evaluation. In the event of a disagreement between the Clinical Preceptor and the student, the CEC and CP will use each evaluation to determine appropriate actions to be taken.

Journaling
Students will be required to journal about their clinical experiences to critically reflect upon their experiences; what they learned; orientations at clinical sites; how they could challenge themselves more and their overall perspective. Each semester students will also have the opportunity to visit with various allied health and medical professionals. In order to make sure that each student is getting ample opportunity to interact with these professionals it is imperative that students submit journal entries regarding their experiences with allied healthcare professionals. Students must keep this journal in a Word document and submitted monthly to be review by the CEC.

Clinical Preceptor and Clinical Site Evaluation
Each clinical instructor and clinical site will be evaluated by each student at the end of each rotation. The clinical preceptor evaluation is specific to the one supervising the Athletic Training student. The site evaluation is designed to evaluate other personnel and staff and the physical environment of the site. The evaluations will be turned into the CEC and will not be seen by the clinical preceptors. The clinical preceptors will receive a confidential clinical instructor and site summary evaluation report. The scores of all the evaluations, as well as a description of all written comments, will be given to each clinical preceptor. The purpose of this evaluation is to give feedback to the clinical preceptor as well as provide ideas on how the experience might improve.

Faculty and Lab Instructor Evaluations
Each semester students will complete faculty and lab evaluations for all ATP courses.

With all assessment and evaluations, please remember “there is a fine line between being honest and being rude” (yes-but no, tumbler.com)
# Master Assessment Table

**ASSESSMENT TECHNIQUES to Evaluate Student progress**

<table>
<thead>
<tr>
<th>COURSE Rubric/ Title</th>
<th>Assessment instruments (Syllabi)</th>
<th>Time (Syllabi)</th>
<th>ATS Level/ Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition in Health and Human Performance</td>
<td>Quizzes, Exams, Nutrition Project, Athlete Assessment</td>
<td>Throughout and Final</td>
<td>1 or 2</td>
</tr>
<tr>
<td>Psychological Principles</td>
<td>Exams, Journal readings, Case interpretations, Final Project</td>
<td>Throughout and Final</td>
<td>2</td>
</tr>
<tr>
<td>General Medical</td>
<td>Quizzes, Exams, Abstracts,</td>
<td>Weekly and Final</td>
<td>1</td>
</tr>
<tr>
<td>Grad Athletic Training I</td>
<td>Quizzes, Exams, Abstracts, Various Assignments</td>
<td>Throughout and Final</td>
<td>1</td>
</tr>
<tr>
<td>Grad Athletic Training II</td>
<td>Quizzes, Exams, Abstracts, Various Assignments</td>
<td>Throughout and Final</td>
<td>2</td>
</tr>
<tr>
<td>Practicum I, II</td>
<td>Journaling, Oral Practical, Hour logs, CP evaluations, Self-evaluations</td>
<td>Daily Weekly Monthly End of rotation</td>
<td>1</td>
</tr>
<tr>
<td>Lower Extremity Evaluation</td>
<td>Quizzes, Exams, Oral Practical, Abstracts, Presentations</td>
<td>Throughout and Final</td>
<td>1</td>
</tr>
<tr>
<td>Upper Extremity Evaluation</td>
<td>Quizzes, Exams, Oral Practical, Abstracts, Presentation, Critical Topic Paper, SOAP Notes</td>
<td>Throughout and Final</td>
<td>`1</td>
</tr>
<tr>
<td>Therapeutic Modalities</td>
<td>Quizzes Exams Budget and Training Room Design Project Oral Practical</td>
<td>Weekly Mid &amp;Final</td>
<td>1</td>
</tr>
<tr>
<td>Rehab</td>
<td>Abstracts, Exams, Rehab Project, Presentation</td>
<td>Throughout Mid and Final</td>
<td>1</td>
</tr>
<tr>
<td>Practicums III, IV</td>
<td>Journaling, Oral Practical Hour logs CP evaluations Self-evaluations</td>
<td>Weekly Monthly End of rotation</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacology/Pathology</td>
<td>Exams</td>
<td>Throughout and Final</td>
<td>1</td>
</tr>
<tr>
<td>Organization/Administration/</td>
<td>Quizzes, Exams, Budget, TR Design, Resume/Interview Policies and Procedures Projects. EAP Projects and Presentation</td>
<td>Throughout and Final</td>
<td>2</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>---</td>
</tr>
<tr>
<td>Capstone</td>
<td>Quizzes, Exams, Abstracts, Injury Prevention Project, Presentation Exit Interview</td>
<td>Throughout and Final</td>
<td>2</td>
</tr>
<tr>
<td>Research Project/Thesis</td>
<td>Written Research Project or Thesis Oral Presentation</td>
<td>Measured at completion</td>
<td>2</td>
</tr>
<tr>
<td>Research in Human Performance</td>
<td>Exam, Statistical Assignments, Final Research Project</td>
<td>Throughout and Final</td>
<td>1</td>
</tr>
</tbody>
</table>
### PROGRAM ASSESSMENT to Evaluate Athletic Training Education Program Curriculum and Course Delivery

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Who</th>
<th>Evaluation Tool</th>
<th>Measurement</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Site Evaluation</td>
<td>Student</td>
<td>Survey</td>
<td>Evaluate the appropriateness and effectiveness of clinical site</td>
<td>At the completion of each student’s rotation</td>
</tr>
<tr>
<td>Clinical Preceptor Evaluation</td>
<td>Student</td>
<td>Survey</td>
<td>Evaluate effectiveness of CPs</td>
<td>At the completion of each student’s rotation</td>
</tr>
<tr>
<td>Course (didactic or clinical) Instructor Evaluation</td>
<td>Student</td>
<td>Survey</td>
<td>Evaluate both the course and the instructor</td>
<td>Towards the completion of the semester for each course and each instructor</td>
</tr>
<tr>
<td>ATP Clinical Site Evaluation</td>
<td>Program Director</td>
<td>Survey</td>
<td>Evaluate the appropriateness and effectiveness of clinical site</td>
<td>Program Director gathers and cumulates data and feedback for each clinical site at the end of the academic year</td>
</tr>
<tr>
<td>Program Director or Clinical Education Coordinator or Self-Evaluation of CP</td>
<td>Program Director, Clinical Education Coordinator, or CP</td>
<td>Survey</td>
<td>Evaluate effectiveness of ACIs or CIs</td>
<td>The CP can provide self-evaluation feedback and or the PD or CEC gathers and cumulates date and feedback for CP at the end of the academic year</td>
</tr>
<tr>
<td>Current Student Interview</td>
<td>Student</td>
<td>Interview</td>
<td>Provide feedback regarding current semester and program</td>
<td>During advising and registration</td>
</tr>
<tr>
<td>Exit Student Interview/Survey</td>
<td>Student and Program Director</td>
<td>Interview</td>
<td>Students provide feedback regarding entire program and PD/faculty can provide feedback to student regarding performance, needs, expectations, etc</td>
<td>During the last month of the last semester in the program</td>
</tr>
<tr>
<td>Alumni Survey</td>
<td>Student</td>
<td>Survey</td>
<td>Alumni provide feedback regarding overall program curriculum</td>
<td>Every three to five years</td>
</tr>
<tr>
<td>Graduate Survey</td>
<td>Career Services</td>
<td>Survey</td>
<td>Recent graduates are queried about job placement and salary</td>
<td>Per Career Services schedule</td>
</tr>
<tr>
<td>BOC Certification</td>
<td>Program Director or Student</td>
<td>Verification of BOC certification</td>
<td>PD or student self verifies BOC certification.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
VIII. STUDENT SUPPORT AND RESOURCES

Reference Material
The MSUB ATEP web site contains an AT student link section. This is a valuable resource for text, presentation and BOC exam prep materials.

http://www.msubillings.edu/CAHPFaculty/AT/

Athletic Training Laboratory Equipment:
The Montana State University Billings Athletic Training Laboratory contains several pieces of expensive equipment. Equipment should never be removed from the laboratory unless approved by a faculty or staff member during a clinical experience course or research project. Students should verify calibration and safety of all equipment. Check equipment for calibration inspection stickers and review records prior to use. Equipment and supplies include: joint models, books, videos, goniometers, computers, reflex hammers, wraps, braces, balance trainer, and rehab equipment, tape, wraps, braces, etc.

Computer Equipment
Computers are not to be used during lab/field experiences unless supervised by a faculty or clinical instructor. Athletic Training students are not to modify any of the software on the computers nor add any additional software without permission from the program director.

Laboratory Use
The Athletic Training lab is to be used mainly for research and educational purposes. Athletic Training students may use the laboratory at any time when a class or research project is not in session. Specific rules and regulations are posted in the lab. Students should work around and with classes held in PE 59. Athletic Training students, faculty and staff should keep the laboratory clean at all times. The laboratory should be cleaned on a daily basis. Tables should be cleaned, trash emptied, and the floor swept. All equipment should be put away at the end of each day. “If you use it, clean it and put it away”.

*The Athletic Training laboratory shares space with the MSU Athletic Training Staff and Athletics. Protocols for efficient and effective use of this space will be negotiated as the need arises.

MSU Billings Campus Resources
Academic Support Center http://www.msubillings.edu/asc/
Office of International Studies http://www.msubillings.edu/internationalstudies/

Counseling and Guidance Services
Athletic Training Students are eligible to utilize the counseling and guidance services at Montana State University Billings. Counseling services are located at Student Health Services in Petro Hall, 406-657-2153.

Student Clubs
Students are encouraged to participate in the JATO (Jacket Athletic Training Organization) and other organizations on campus.

Health Insurance
The health insurance policy for the program follows the University policy. At this time health insurance is required and students must purchase their own health insurance coverage.
Liability Insurance
The university has a group policy which includes the students in the coverage for liability. Coverage must meet clinical site requirements, typically a $1,000,000/$3,000,000 policy. Students will be required to have liability insurance and proof can be acquired from the Administrative Vice Chancellor’s office.

Student Athletes, Graduate Assistantships and Outside Work commitments:
The MSUB ATP is a rigorous program requiring afternoon, evening and weekend clinical field experiences. Athletic Training Student’s participation in intercollegiate athletics, graduate assistantships, graduate teaching assistantships or work does not disqualify them from the program; however, Athletic Training Students must understand and appreciate the time commitment of fulfilling the hour requirements and their clinical experiences. All Athletic Training Students must fulfill the minimum hour requirements of the clinical education each semester. Students who obtain graduate assistant positions or work are also required to complete clinical education each semester.

At no time should employment commitments conflict with scheduled clinical education and clinical rotations

Non-Discrimination Policy:
Every individual associated with the MSUB ATP is required to comply with discrimination, fair practices and all Montana and federal laws. Failure to do so will result in removal from the program. The MSUB ATP and everyone associated with it shall comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, and related regulations, and assure that it does not and will not discriminate against any person on the basis of race, creed, sex national origin, age, or handicap under any program or activity receiving federal financial assistance.

Sexual harassment of any member of the University community by another member of the University community is inconsistent with the principles and mission of MSUB. The Equal Employment Opportunity commission offers the following definitions. "Harassment on the basis of sex is a violation of Sec. 703 of Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment decisions affecting such individuals, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment." [CF. sec. 1604] MSUB policy: http://www.msubillings.edu/studenthandbook/StudentHandbook0809.pdf page 27. Complaints of sexual harassment must be filed with the Human Resources/EEO-AA Office, McMullen Hall 301, Phone (406) 657-2278.

Awards
Students are encouraged to apply for all available awards, teaching/graduate assistantships & scholarships.
IX. STUDENT RECORDS AND PORTFOLIOS

Student Records
The ATP will maintain student folders. The application materials as well as current program requirements will be placed in the student folder. The folders are confidential and will be maintained in the HHP faculty work room. Student may request to see their student folders with the exception of confidential information (i.e. letter of recommendation, etc.). The following will be in the student files.

- GRE scores
- Letters of Recommendation
- Observations Hours (not required)
- Undergraduate Transcripts
- Application Essay
- Application to Graduate School/ATP
- Application Evaluation Form
- Technical Standards
- CPR/AED Certification
- Plan of Study
- OSHA/BBP Training
- Proof of Immunizations (MMR, TB, etc.)
- HBV Acceptance/Declination
- Background Check Disclosure Form (if applicable)
- Confidentiality Form
- Health and Safety Commitment Form
- Advising Sheets (Degree Works)
- Record of Clinical Hours (ATrack)
- Record of Assessments (ATrack)
- HHP and CAATE Waivers
- Discipline (if applicable)

Portfolios
Students are required to maintain electronic portfolios in the AT program which are then submitted to the PD. The portfolio should contain course documents related to the competency areas. Within each student portfolio the documentation of the proficiencies and clinical integration proficiencies will also held. Documentation of Athletic Training proficiencies includes proficiency summary mastery sheets, module grading forms or O/P exams.

The portfolio will contain course materials, clinical rotation sheets, competency and proficiency evaluations, clinical education evaluations, journal entries, resume, clinical hours, research project or thesis information, etc.