



# College of Health Sciences

*Athletic Training*

**University of Kentucky College of Health Sciences  
Professional Master of Science in Athletic Training Program  
Policies and Procedures Manual and Clinical Education Plan  
2024-2025**

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## **Section I. General Information**

### ***University of Kentucky Mission***

The University of Kentucky is a public, land grant university dedicated to improving people's lives through excellence in education, research and creative work, service and health care. As Kentucky's flagship institution, the University plays a critical leadership role by promoting diversity, inclusion, economic development and human well-being.

The University of Kentucky:

- Facilitates learning, informed by scholarship and research;
- Expands knowledge through research, scholarship and creative activity; and
- Serves a global community by disseminating, sharing and applying knowledge.

The University plays a critical leadership role for the Commonwealth by contributing to the economic development and quality of life within Kentucky's borders and beyond. The University nurtures a diverse community characterized by fairness and equal opportunity.

Reference: [University of Kentucky Mission](#), Accessed April 28, 2022.

### ***College of Health Sciences Mission***

Help the people of the Commonwealth and beyond to gain and retain the highest level of health possible through creative leadership and productivity in education, research, and service.

### ***College of Health Sciences Diversity and Inclusivity Mission***

Foster the development of a culture of belonging through embracing diversity and inclusivity throughout the College of Health Sciences.

### ***Master of Science in Athletic Training Mission***

The mission of the professional Master of Science in Athletic Training Program at the University of Kentucky is to effectively prepare entry-level athletic trainers for employment and/or pursuit of advanced education by providing diverse scholarly, clinical, and service opportunities.

***The Professional Masters of Science in Athletic Training Program Goals***

1. The Program will prepare entry-level athletic trainers who are knowledgeable team members.
2. The Program faculty will provide robust educational opportunities.
3. The Program will provide clinical education opportunities that prepare students for autonomous practice in a variety of clinical settings.
4. The Program preceptors will provide robust clinical instruction.
5. The Program faculty and students will engage in service opportunities.

## **Section II. Program Admission**

### ***Admissions Procedures***

Applicants to the University of Kentucky Professional Athletic Training Program (herein Program) must complete the pre-requisite coursework and meet the Program's competitive admissions requirements in order to be considered for admission into the academic program.

### ***Admissions Requirements***

- Applicants must meet the University of Kentucky Graduate School Application requirements, which can be found here: [UK Graduate School Application Process](#) Accessed April 28, 2022.
- Minimum GPA of  $\geq 3.0$
- C or better in all prerequisite coursework
  - Biomechanics (3 credits)
  - Exercise Physiology (3 credits)
  - Human Physiology (3 credits)
  - Human Anatomy (3 credits)
    - We will accept Anatomy & Physiology I and II in place of these courses
  - Medical Terminology (1 credit or equivalent)
  - Statistics (3 credits)
  - Basic Emergency Care/First Aid (2 credits)
    - Or Proof of Training/Card
  - Psychology (3 credits)
  - Physics (3 credits)
  - Biology (3 credits)
  - Chemistry (4 credits including lab)
- 100 observation hours under the supervision of an Athletic Trainer
  - 50 completed in common athletic training settings
- Personal Statement
- Three Professional References
- BLS CPR certification
- Undergraduate Transcript
  - Official must be submitted when undergraduate degree is completed

### ***Application Window***

The Program will use the ATCAS application system and the University of Kentucky Graduate School Application. The fees associated with the ATCAS application system can be found on the ATCAS website: <https://atcas.liaisoncas.com/applicant-ux/#/login>. The Graduate School application fee is \$65.00 (domestic applicants) or \$75.00 (international applicants), and can be found here: <http://gradschool.uky.edu/application-process>.

The application window for ATCAS will open **July 1**, the application window for the University of Kentucky Graduate School will open approximately the week after the prior summer session ends. Review of applications will occur on a rolling basis. Timelines for review of applicants and interviews will be posted on the website each year.



### ***Application Review***

The Program Admissions Committee (PAC), consisting of the Program Director (PD), the Clinical Education Coordinator (CEC), and additional Department of Athletic Training and Clinical Nutrition Faculty, will review applications on an on-going and rolling basis. Final admissions status will be determined after the interview process is complete. Applicants not selected will be encouraged to apply in subsequent years.

### ***Selection Criteria for Admissions***

The PAC will independently review the qualified applicants on a rolling basis. Special consideration may be given on a case by case basis. After the application materials have been reviewed, recommended applicants will be invited for an interview. Applicants recommended for admissions will receive a formal offer of acceptance. Additional applicants considered for admissions will be wait listed and offered seats as they become available.

### ***Nondiscrimination Policy***

The University of Kentucky is committed to a policy of providing educational opportunities to all academically qualified students regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status or physical or mental disability. The University of Kentucky is an equal opportunity University. We encourage applications from all academically qualified people interested in educational opportunities.

From: [Office of Institutional Equity and Equal Opportunity](#), accessed May 9, 2023.

### ***Transfer of Credit Policy***

The Program will not accept transfer of credits.

### ***Admissions Processes***

All applicants will receive an email detailing their acceptance into the Program. The Applicants will have 10 business days from notification of their acceptance to accept or decline their offer by returning the Statement of Acceptance form and submitting their non-refundable seat fee of \$150.00. The seat fee will be applied to the first semester student fees.

### ***Post-Admissions Processes***

Once admitted in Program, students will receive an email detailing all of the post-admissions requirements, some of which must be completed prior to the start of classes. All materials listed below, unless otherwise noted, will be loaded into the student's Castlebranch account. Castlebranch will be the medium used to collect and organize all compliance related documentation. The students must complete the following items and load proof/certificates into their Castlebranch account by May 1<sup>st</sup>. Please note all of these items will be at your own expense and costs can vary based on insurance.

#### **1. A criminal background check\***

The College of Health Sciences requires Criminal Background Checks for all students entering our College. This is to ensure a safe environment for both students and the public. The College of Health Sciences has worked with Castlebranch to establish acceptable screening

procedures. You must have completed your background check and drug screen before the first day of class.

**2. A 10-panel drug screen**

The College of Health Sciences requires Drug Screen Testing for all students entering our College. This is to ensure a safe environment for both students and the public. The College of Health Sciences has worked with Castlebranch to establish acceptable screening procedures. You must have completed your drug screen before the first day of class.

**3. A completed physical exam**

The physical exam form to be completed by the student’s primary care physician, at the student’s expense, can be found on the program website.

**4. A completed immunization record**

These compliance requirements have been established to protect health care providers as well as their patients during clinical encounters. These requirements reflect CDC guidelines and UK HealthCare policies. They may be updated pending updates in CDC guidelines and/or UK Health Care policies. If you have a medical contraindication to one or more of the vaccine requirements, please provide University Health Services with documentation from your primary care provider. Immunization records must be verified by University Health Services (UHS) and then submitted into Castlebranch document manager. UHS is located on the second floor of the University Health Service building at 830 S. Limestone Street, Lexington, KY 40536. If you have a medical contraindication to one or more of the vaccine requirements, please provide UHS with documentation from your primary care provider. If you do not meet the immunization requirements you will be required to remove yourself from the PMATP.

The following immunizations are required for all students involved in clinical activities:

<p><b><u>Tuberculosis Screening</u></b></p> <p><b>New</b> Health Science College students are required to complete a 2-step TB Skin Test* or 2-step equivalent (IGRA).**</p> <p>If you have had a TB test within the last year, please submit/bring a copy with you to your appointment.</p> <p><b>Upper classmen</b> must complete a TB skin test or</p> <p>IGRA test on an annual basis.</p> <p>Documentation of a negative Mantoux TB skin test is accepted from other institutions and must include (1) date given, (2) date read, (3) reading in millimeters, (4) name of facility and credentials of person administering and reading test.</p>	<p><b><u>Hepatitis B</u></b></p> <p>A series of three injections at recommended intervals. It is strongly recommended to check a Hepatitis B surface antibody (blood test) 4-8 weeks after dose # 3.</p> <p><b><u>MMR</u></b></p> <p>Proof of immunity to Rubella, Rubeola, and Mumps. One of the following maybe used as documentation:</p> <ul style="list-style-type: none"> <li>• Two MMR vaccines with the first dose at 12 months of age or older;</li> <li>• Rubella, Rubeola, and Mumps disease diagnosed by healthcare provider*;</li> <li>• Documentation of protective Rubeola, Rubella, and Mumps titers</li> </ul>
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<p><b>If known history of positive TB test or IGRA test</b>, documentation must include date of reading in millimeters and chest x-ray. If these records are unavailable, UHS requires a 2-step TB skin test or equivalent IGRA. Students with a positive PPD will participate in annual TB screening by answering a TB symptom questionnaire.</p> <p>*2-step TB Skin Test: two (2) TB skin tests within one year</p> <p>**IGRA: Blood test for TB</p>	<p><b><u>Varicella</u></b></p> <p>Proof of immunity to varicella by one of the following:</p> <ul style="list-style-type: none"> <li>• Chicken Pox or Shingles disease diagnosed by a healthcare provider*;</li> <li>• Positive antibody titer;</li> <li>• Documentation of two varicella vaccines with the first dose at 12 months of age or older</li> </ul>
<p><b><u>Tdap (Tetanus, Diphtheria, Acellular Pertussis)</u></b></p> <p>Documentation of one dose of Tdap vaccine at age 11 or older</p> <p>NOTE: Td (tetanus/diphtheria) vaccine is NOT the same as Tdap</p>	<p><b><u>Seasonal Influenza**</u></b></p> <p>One dose of the seasonal influenza vaccine is required during designated influenza season (November 1 – March 31).</p> <p>Proof of influenza must be provided by November 1<sup>st</sup>.</p>

**5. Proof of HIPAA Training completion**

The federal government has begun implementation of the Health Insurance Portability and Accountability Act. This law has many purposes and provisions. Those that affect all health care providers most directly relate to ensuring the privacy and security of protected health information. Federal law requires that all health care employees and health professions students receive training about HIPAA. Training is MANDATORY. More information regarding this training will be presented by CHS Student Affairs office.

**6. Signed Technical and Behavioral Standards**

**7. Proof of Health Insurance**

**8. Current BLS CPR Certification**

**9. Proof of Bloodborne Pathogens Training completion**

**10. Proof of FERPA Training completion**

**11. Proof of Professional Liability Insurance**

**12. Verification of receipt and review of the Health Care Colleges Code of Student Professional Conduct**

**13. Proof of NATA Membership**

**14. Fayette County Schools Background Check (done once classes start)**

\*Criminal background checks and drug screens may have to be repeated, pending clinical site placements. This will be done at the student's expense.

\*\*Students must receive an influenza vaccination and submit proof of this vaccination to their Castlebranch account no later than November 1<sup>st</sup> of each year while enrolled in the Program.

Students may visit the University Health Service (UHS) if needed. The information to schedule an appointment can be found here: [University Health Service](#), Accessed May 9<sup>th</sup>, 2023.

**NOTE:**

Students will be expected to maintain their Health Insurance, Liability Insurance, and BLS CPR certification. All updated documentation must be submitted on time to the Castlebranch account.

Students will also complete the FERPA, HIPAA and Blood Borne Pathogens Training on an annual basis. Updated completion records must be submitted to the Castlebranch account no later than May 1<sup>st</sup> of the following year.

**COVID-19 Testing and Compliance**

The most up to date COVID-19 policy for the University of Kentucky can be found here: <https://www.uky.edu/coronavirus/>, Accessed April 17, 2024.

Clinical Rotations:

Because many of our clinical partners are requiring that only fully vaccinated students be permitted into their facilities we are recommending that all students receive the COVID 19 Vaccination or an Approved Exemption. Exemption requests will go through University Health Services.

All students, vaccinated or unvaccinated, must follow testing, screening, masking, and distancing recommendations identified by UK at all times. These vary by vaccination status. Please see the most up-to-date information here: <https://www.uky.edu/coronavirus/students/testing-screening-and-tracing>, Accessed April 17, 2024.

Please note that unvaccinated students may be required to have alternate assignments for some patient-related labs and possible challenges with placements for clinical rotations, which may impact timely progress through the Program.

Each clinical site has a variety of testing protocols for individuals who participate within each facility. Screenings and testing vary by site, but students must comply with each clinical site protocol to remain at the clinical experience.

**Scholarship Opportunities**

**Professional Master of Science in Athletic Training Program Scholarship Opportunities**

*The Brian Wise Fellowship*

More information about the Brian Wise Fellowship and criteria for eligibility and be found here: <https://www.uky.edu/chs/athletic-training/professional/tuition>. Accessed May 8, 2023.

*The CHS Graduate and Professional Commitment to Belonging Scholarship*

More information about the CHS Graduate and Professional Student Equity Scholarship can be found here: <https://www.uky.edu/chs/athletic-training/professional/tuition>. Accessed May 8, 2023.

## **The College of Health Sciences Scholarship Opportunities**

The College of Health Sciences has scholarship opportunities open to undergraduate, graduate and professional students through the Office of Student Affairs. Students enrolled in the Program are eligible to apply once they have earned 12 credit hours.

A list of the College of Health Science Scholarship opportunities can be found here:

<https://www.uky.edu/chs/current-students/financial-wellness>

## **The University of Kentucky Graduate School Funding Opportunities**

Additional funding opportunities for graduate students can be found here:

<http://gradschool.uky.edu/funding-opportunities>.

## **Section III. Academic Program**

### ***Program Costs***

The most up to date tuition rates and fees can be found here:

<https://www.uky.edu/studentaccount/tuition>, Accessed April 11, 2024.

In addition to Tuition and Fees, estimated Program specific costs can be found on the website:

<https://www.uky.edu/chs/athletic-training/professional/tuition>, Accessed April 11, 2024.

### ***Academic Calendar***

The Program will adhere to the University of Kentucky Academic Calendar with the exception of Fall Break, Spring Break and Summer of the Second Year. The academic calendar can be found here:

[University Calendar](#), Accessed April 11, 2024.

Academic programs can set the start and stop dates of their courses independently during the summer sessions. Students will have classes both summer semesters they are enrolled (Summer I and Summer II).

### ***University Withdraw Policies***

The University of Kentucky registrar provides the dates and deadlines for withdraw within myUK.

Current students are able to access this information by following the steps provided by the University registrar: <https://registrar.uky.edu/withdrawal>, Accessed April 11, 2024.

### ***Tuition Refund Policy***

The Refund and Fee Liability policy is developed and administered by the University of Kentucky.

There is a schedule that determines the amount that will be refunded based on the date of withdrawal, add or drop.

The most up to date Fee Policy & Tuition Appeals can be found here: <https://registrar.uky.edu/tuition-appeals>, Accessed April 11, 2024.

## Current Approved Curriculum

The Curriculum can be found below. Any changes to the curriculum must be approved by the University Senate and will be updated accordingly.

### 2023 Cohort

	Year 1	Credit Hours	Year 2	Credit Hours
Summer	AT 600: Foundational Seminar in Athletic Training	3	AT 633: Clinical Integration III: Assessment and Management of Life-Threatening and Emergency Conditions during Physical Activity	1
	AT 601: Musculoskeletal Anatomical Dissection	3	AT 691: Therapeutic Modalities for Athletic Trainers	3
	AT 602: Foundations and Pathophysiology of the Musculoskeletal System for Athletic Trainers: I	3	KHP 605: Psychological Aspects of Sport Injury and Rehabilitation	3
	AT 604: Life Threatening and Emergent Conditions During Physical Activity	3	**AT 642: Clinical Education in Athletic Training- III	4
	<b>Total Credits</b>	<b>12</b>	<b>Total Credits</b>	<b>12</b>
	AT 610: Assessment and Management: Life Threatening and Emergency Conditions During Physical Activity	3	**AT 643: Clinical Education in Athletic Training –IV	6
Fall	AT 603: Foundations and Pathophysiology of the Musculoskeletal Systems for Athletic Trainers: II	2	EPE 557: Gathering, Analyzing and Using Educational Data	3
	AT 630: Evidence-Based Practice in Athletic Training	3	AT 697: Orthopaedic Evaluation and Rehabilitation of the Spine	3
	AT 695: Orthopaedic Evaluation and Rehabilitation of the Lower Extremity	4	AT 634: Professional Preparation and Development in Athletic Training	1
	AT 640: Clinical Education in Athletic Training- I	3	AT 644: Clinical Education in Athletic Training –V	1
			AT 632: Clinical Integration II: Upper Extremity Assessment and Management	1
<b>Total Credits</b>	<b>15</b>	<b>Total Credits</b>	<b>14</b>	
	HHS 400G: Nutrition for Physical Activity, Injury, and Rehabilitation	2	AT 620: General Medical Conditions in the Physically Active	3
Spring	AT 631: Clinical Integration I: Lower Extremity Assessment and Management	1	AT 635: Clinical Integration: Spine Assessment and Management	1
	AT 696: Orthopedic Evaluation and Rehabilitation of the Upper Extremity	4	AT 645: Clinical Education in Athletic Training- VI	6
	AT 693: Management and Administration in Athletic Training	3		
	AT 641: Clinical Education in Athletic Training- II	3		
	<b>Total Credits</b>	<b>13</b>	<b>Total Credits</b>	<b>10</b>
	<b>Total Year 1 Credits</b>	<b>40</b>	<b>Total Year 2 Credits</b>	<b>36</b>
			<b>Total Credits</b>	<b>76</b>

\*\* Denotes immersive clinical experiences

**2024 and beyond cohort**

	Year 1	Credit Hours	Year 2	Credit Hours
Summer	AT 600: Foundational Seminar in Athletic Training	3	AT 633: Clinical Integration III: Assessment and Management of Life-Threatening and Emergency Conditions during Physical Activity	1
	AT 601: Musculoskeletal Anatomical Dissection	3	AT 691: Therapeutic Modalities for Athletic Trainers	3
	AT 602: Foundations and Pathophysiology of the Musculoskeletal System for Athletic Trainers: I	3	KHP 605: Psychological Aspects of Sport Injury and Rehabilitation	3
	AT 604: Life Threatening and Emergent Conditions During Physical Activity	3	**AT 642: Clinical Education in Athletic Training- III	4
	<b>Total Credits</b>	<b>12</b>	<b>Total Credits</b>	<b>11</b>
	AT 610: Assessment and Management: Life Threatening and Emergency Conditions During Physical Activity	3	**AT 643: Clinical Education in Athletic Training –IV	6
Fall	AT 603: Pharmacology and Pain for Athletic Trainers	2	AT 632: Clinical Integration: Upper Extremity Assessment and Management	1
	AT 630: Evidence-Based Practice in Athletic Training	3	AT 697: Orthopaedic Evaluation and Rehabilitation of the Spine	3
	AT 695: Orthopaedic Evaluation and Rehabilitation of the Lower Extremity	4	AT 634: Professional Preparation and Development in Athletic Training	1
	AT 640: Clinical Education in Athletic Training- I	3	AT 644: Clinical Education in Athletic Training –V	1
	<b>Total Credits</b>	<b>15</b>	<b>Total Credits</b>	<b>12</b>
Spring	HHS 400G: Nutrition for Physical Activity, Injury, and Rehabilitation	2	AT 620: General Medical Conditions in the Physically Active	3
	CNU 600: Practicum in Nutrition for Injury Prevention and Rehabilitation	1	AT 635: Clinical Integration: Spine Assessment and Management	1
	AT 631: Clinical Integration: Lower Extremity Assessment and Management	1	AT 645: Clinical Education in Athletic Training- VI	6
	AT 696: Orthopedic Evaluation and Rehabilitation of the Upper Extremity	4		
	AT 693: Management and Administration in Athletic Training	3		
	AT 641: Clinical Education in Athletic Training- II	3		
	<b>Total Credits</b>	<b>14</b>	<b>Total Credits</b>	<b>10</b>
	<b>Total Year 1 Credits</b>	<b>41</b>	<b>Total Year 2 Credits</b>	<b>36</b>
			<b>Total Credits</b>	<b>74</b>

\*\* Denotes immersive clinical experiences

### **Grade Policies**

The grade policies for all AT Prefix coursework is as follows:

- 90 – 100% = A
- 80 – 89% = B
- 70 – 79% = C
- Below 70%= E

### **Program Progression and Matriculation Policy**

Students must maintain a cumulative GPA of  $\geq 3.0$  for progression and matriculation. Each course within the PMATP curriculum will use the University of Kentucky Graduate School graduate grading scale which includes A, B, C and E. In alignment with the University of Kentucky Graduate School grading scale, a grade of C or better must be achieved for all courses within the PMATP curriculum.

Students who earn an E in a course shall retake the course when offered again and earn a passing grade before they are allowed to take additional PMATP courses. All PMATP courses are typically offered once an academic year. Students who earn two Es or who earn a C in 9 or more credit hours in the Program will be dismissed from the Program. Students who are dismissed from the PMATP will not be re-admitted into the PMATP. All students retain the right to appeal according to University policies.

The PMATP will follow the repeat option policy of the University of Kentucky Graduate School. Per the University of Kentucky Graduate School, students may repeat a graduate course and count only the second grade as part of the graduate grade point average for one course in a particular degree program or in post-baccalaureate status. Additionally, the PMATP will follow the University of Kentucky Graduate School Scholastic Probation Policy. Students will have one semester to achieve a cumulative grade point average of 3.0. Application and re-admissions processes to the University of Kentucky Graduate School for students dismissed for failing to be removed from academic probation can be found in the University of Kentucky Graduate School bulletin. Students who are dismissed from the University of Kentucky Graduate School for failing to be removed from academic probation will not be re-admitted into the PMATP.

### **Scholastic Probation**

The Program will follow the University of Kentucky Graduate School's Scholastic Probation policy. This policy currently states: When students have completed 12 or more semester hours of graduate course work with a cumulative GPA of less than 3.00, they will be placed on scholastic probation. Students will have one full-time semester or the equivalent (9 hours) to remove the scholastic probation by attaining a 3.00 cumulative GPA. If probation is not removed, students will be dismissed from the Graduate School. Students who have been dismissed from the Graduate School for this reason may apply for readmission after two semesters or one semester and the summer term. If they are accepted by the program, admitted students will have one full-time semester or the equivalent (9 hours) to remove the scholastic probation by attaining a 3.00 cumulative GPA. Exceptions to this policy can be made only by the Dean of the Graduate School. Students placed on scholastic probation are not eligible for fellowships or tuition scholarships and may not sit for doctoral qualifying or final examinations, or master's final examinations (final comprehensive exam in the last semester of PMATP).



Accessed: <http://bulletin.uky.edu/index.php>, April 11, 2024.

Lastly, students will not be able to register for the Board of Certification Examination if on Probation.

### **Remediation Requirements**

The course objectives within the PMATP curriculum courses are aligned with CAATE curricular content standards. Each student is expected to achieve a 70% or higher on each of the course assessments aligned with the CAATE curricular content standards. Students who do not achieve a 70% or higher will be required to remediate that particular assessment. This will not change the initial recorded grade for the assessment, but will verify that the student is prepared to practice and progress in this content area. To remediate an exam, students will be required to submit correct answers for all questions that were missed. Students will need to submit explanations for the correct responses to each of the questions. For practical skills, students will be asked to attend open lab hours and complete the specific skills that were not assessed at 70% or higher. For other assessment methods (eg. Rubrics) the faculty of record will prepare individual remediation plans that align with the specific project, presentation, etc.

### **Academic Dishonesty**

The University of Kentucky Academic Integrity Policy can be found here: [Academic Offense Rules for Undergraduate and Graduate Students](#), Accessed April 11, 2024.

Violations of the university's rules regarding academic honesty can lead to a failing grade in the course and suspension, dismissal or expulsion from the University. Instances of academic dishonesty will be reported to appropriate University officials as required by University rules and procedures. The Academic Offense Appeals information can be found here: <https://ombud.uky.edu/students/students-academic-rights-appeals>, Accessed April 11, 2024.

*We reserve the right to follow the Health Care Colleges Student Code of Conduct (Appendix C). These sanctions can be in addition to, and not preclude, those rendered by the Standards and Progression Committee.*

### **Appeals**

Students who wish to appeal their probationary or removal status can do so with the Program's Standards and Progression Committee. The Standards and Progression Committee will include the PD, the CEC, one faculty from the Department of Athletic Training and the Associate Dean for Academic Affairs and Undergraduate Education. Appeals will be sent to the Committee and be reviewed on an individual basis.

Additional steps to appeal are outlined by the Academic Ombud Services, and can be found here: <https://ombud.uky.edu/students/students-academic-rights-appeals>, Accessed April 11, 2024.

### **Professionalism**

Professional behavior is expected throughout your didactic and clinical experiences. As a College of Health Sciences student you are held to the Health Care Colleges Code of Student Professional Conduct (Appendix C). This includes, but is not limited to the following:

- Taking an active role in learning and knowledge acquisition.

- Developing the ability to balance work life issues by prioritizing, adapting to diverse environments, and requesting feedback and assistance from professors or other students as needed.
- Communicating with others in a health care setting in a mature, respectful, and professional manner.
- Developing skills to work effectively in a diverse environment.
- Staying motivated, conscientious and exhibiting respectful leadership
- Displaying honesty, integrity, and personal responsibility; adhering to formal and informal healthcare ethical codes and norms; responding appropriately to the unethical behavior of others.

### **Communication**

- Email: Each student is required to utilize their University of Kentucky student email as this is the official correspondence for the University. Throughout your matriculation in the Program, you will receive e-mails from faculty and staff with updates and reminders. You are expected to regularly check your email.
- Canvas: Canvas is the University of Kentucky's official learning management system. All courses will utilize Canvas. You are expected to regularly check Canvas.
- Typhon: The Program will utilize Typhon for all clinical education documentation. You are expected to maintain your Typhon account and utilize the Typhon functions as requested by the Program.
- Cell Phones/Laptops/Tablets: Unless you are using your personal devices for a class-related activity, they should be put away. All cell phones should be turned to silent for the duration of class and placed out of reach. This includes all devices that make noise (texts, calendar alerts, music, etc.). At no time should you be using earphones/headphones during class time, these should be put away when you enter the classroom. Please refer to the Clinical Education section regarding cell phone use during clinical education experiences.

### **Academic Requirements and Expectations**

It is expected that students will:

- Remain current on immunizations, insurances, memberships and certifications
- Earn a C or better in all required coursework
- Earn a C in no more than 9 or more credit hours
- Complete all assigned clinical education experiences as described in this manual and within each corresponding Clinical Education syllabus
- Complete all assigned Curricular Content Standards at level of competent by program completion
- Complete all student specific remediation plans as recommended by Program faculty and outlined in the Standards and Progression Remediation Document (if applicable)
- Abide by the Policies and Procedures as outlined in this manual
- Maintain a cumulative GPA of 3.0
- Adhere to standards of professional practice and conduct

- Students are required to participate in service to the Program, to the Community, and to the Profession. Students are required to participate in 10 hours of service each academic year, and at least 2 hours for each category
- Attend all required interprofessional education activities
- Second year students are required to participate in a professional presentation of a case study
- Attend all program related meetings (i.e. Program Meetings, In-services, etc.)
- Complete the End of Year 1 Comprehensive Exam with a 70% or higher
- Complete the Final Comprehensive Exam with a 70% or higher

### ***Interprofessional Education***

Interprofessional education experiences will be required throughout the academic curriculum. Students will complete required elements of interprofessional education (IPE) throughout the curriculum. There are two required interprofessional opportunities in the spring that include either iCATS (1<sup>st</sup> year students) and presentation of a case study with the physical therapy students in Spring II. Students will self-select two learning opportunities in the Fall from on-going activities within the College, University, Community, NATA, etc. Students will provide proof of attendance for the self-selected IPE learning opportunities as instructed in the Program Canvas page.

### ***Attendance Policy***

- Attendance and participation influence the final course grade. All courses in a professional curriculum demand class participation and full attendance. To a great extent class attendance and participation reveal a student's commitment to their education.
- Absences not discussed with the professor prior to or within a week of the absence will be considered unexcused.
- A final grade will be lowered one letter grade if more than 10% of classes are missed for reasons other than those considered excused as defined in the Student Rights Handbook.
- You are expected to be on time for class and to stay for the entire class time or remain engaged and complete all required class activities in order to receive credit for attending class.
  - If you leave class early, you will be considered absent. If an exceptional circumstance occurs that requires the need to leave early please notify the instructor.
  - If you arrive late to class, you will be considered tardy. Two unexcused late arrivals will be the equivalent to one unexcused absence. If an exceptional circumstance occurs that requires the need to arrive late, please notify the instructor.
- Excused absences: Senate rule 5.2.4.2 defines the following as acceptable reasons for excused absences:
  - Significant illness
  - Death of a family member
  - Trips for members of student organizations sponsored by an educational unit, trips for university classes, and trips for participation in intercollegiate athletic events
  - Major religious holidays
  - Interviews for graduate/professional school or full-time employment post-graduation, and
  - Other circumstances (such as absences related to COVID-19) found to fit "reasonable cause for nonattendance" by the instructor of record.

- NOTE: Students should notify the instructor of record of absences prior to class when possible. Absences not discussed with the professor prior to or within a week of the absence will be considered unexcused.
- Syllabus requiring specific interactions: If a course syllabus requires specific interactions (e.g., with the instructor or students), in situations where a student's total EXCUSED absences exceed 1/5 (or 20%) of the required interactions for the course, the student shall have the right to request and receive a "W" or the Instructor of Record may award an "I" for the course if the student declines the "W". (Senate Rule 5.2.4.1)
  - All professional athletic training courses require specific interactions with the instructor and students. All professional athletic training courses will document course attendance, including excused and unexcused absences in order to determine the total excused absences.

#### *Verification of Absences*

- Students in the professional athletic training program will be asked to verify their absences in order for them to be considered excused. Senate Rule 5.2.4.2 states that faculty have the right to request appropriate verification when students claim an excused absence due to: significant illness; death in the household; trips for class, trips sponsored by an educational unit, trips for participation related to intercollegiate athletic events; and interviews for full-time job opportunities after graduation and interviews for graduate and professional school.
- Appropriate verification within a week of the absence is required or the absence will be considered unexcused.

#### *Religious Observances*

- Students anticipating an absence for a major religious holiday are responsible for notifying the instructor in writing of anticipated absences due to their observance of such holidays. Senate Rules 5.2.5.2.1 (4) requires faculty to include any notification requirements within the syllabus. The professional athletic training faculty require notification of anticipated religious observances no later than 2-weeks prior to the absence.
- Information regarding major religious holidays may be obtained through the Ombud's website, or calling 859-257-3737.

#### *Make-Up Work*

- Students missing any graded work due to an excused absence are responsible for:
  - Informing the instructor of record about their excused absence within one week following the period of the excused absence
  - Making up the missed work
- The instructor of record must give the student an opportunity to make up the work and/or the exams missed due to the excused absence, and shall do so, if feasible, during the semester in which the absence occurred.
- The instructor of record shall provide the student with an opportunity to make up the graded work and may not simply calculate the student's grade on the basis of the other course requirements, unless the student agrees in writing.

### ***Graduation Requirements***

Each student must be in good standing with the University of Kentucky Graduate School and the Program. The graduation requirements for the University of Kentucky Graduate School include:

- Complete all academic courses with a grade of C or better
- Have a minimum of 3.0 GPA
- Completion of the Final Comprehensive Examination with a 70% or better

## **Section IV: Code of Conduct**

### ***Confidentiality***

The Health Insurance Portability and Accountability Act (HIPAA) requires that all information related to patient care must be kept confidential. Students should not, under any circumstances, take videos or photos of patients, patient injuries, patients completing rehabilitation or any other situation without written permission from the patient (if the patient is under 18, consent from a parent must be obtained). Written permission should only be releasing the video/photo for dissemination for academic purposes (i.e. case presentation, case abstract, class presentation, etc.)

Under **no circumstance** should a picture of a patient be posted on any type of social media platform. These platforms include but are not limited to Facebook, Snapchat, Twitter, Tik-Tok or Instagram. Under **no circumstance** should a picture of a patient be sent over text message unless done using a HIPAA secure method and only for medical purposes. Please refer to the College of Health Sciences Technical and Behavioral Standards (Appendix A) media policy.

### ***Relationships***

Students should not enter into a relationship with any individual at their assigned clinical placement including athletes, coaches, administrators or preceptors. Relationships include instances where students are personally, emotionally and/or intimately involved.

In addition, if there are any existing relationships, it is the responsibility of the student to notify the PD and CEC, prior to clinical site placements. This will allow the CEC ample time to place the student at another clinical placement site.

Students should not engage on any social media platform with any student-athletes or parents. Students are cautioned against “friending” their coaches or other staff at their assigned clinical sites. Under no circumstances should a student engage on any social media platform with anyone under the age of 18 at their assigned clinical site.

Violations of this policy will result in disciplinary action. Please see Violation of Code of Conduct below.

### ***Personal Conduct***

Athletic training students are expected to follow the policies and procedures in this manual at all times along with those detailed in the Health Care Colleges Code of Professional Student Conduct. Athletic training students are also expected to follow the policies and procedures for their individual clinical sites, as assigned. It is the expectation that all policies and procedures for each clinical site will be reviewed with the student by the assigned preceptor. Students who do not conduct themselves professionally and adhere to the policies and procedures will receive disciplinary action as described below.

All athletic training students in the College of Health Sciences must adhere to the Health Care Colleges Code of Student Professional Conduct (Appendix C). It is imperative the students conduct themselves within the Standards described therein. Failure to adhere to the Standards described will result in disciplinary action as outlined in the Code.

## ***Discrimination and Harassment***

The University of Kentucky is committed to maintaining an environment free of discrimination, which includes sexual and other forms of harassment. Discrimination and harassment are prohibited between members of the University Community and are not tolerated. (AR 6:1)

Specifically:

1. UK complies with the federal and state Constitutions, and all applicable federal and state laws, regarding nondiscrimination. Students and applicants for admission to UK, or for financial aid or scholarship, will not be discriminated against because of race, color, national origin, ethnic origin, religion, creed, age, physical or mental disability, veteran status, uniformed service, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, social or economic status, or whether the person is a smoker or nonsmoker, as long as the person complies with UK policy concerning smoking. (See Governing Regulation XIV.B.1, Ethical Principles and Code of Conduct)
2. Consistent with Administrative Regulation 6.1, Policy on Discrimination and Harassment, Students have the right to be free from harassment, including sexual harassment, by UK Employees, and other Students. For purposes of the Code, harassment means conduct so severe, pervasive, and objectively offensive that it substantially interferes with the ability of a person to work, learn, live or participate in, or benefit from services, activities, or privileges provided by UK. Sexual harassment - a form of sex discrimination - includes unwelcome sexual advances, requests for sexual favors, or other verbal or physical actions of a sexual nature when submission to such conduct is made explicitly or implicitly a term or condition of the Student's status in a course, program or activity; or is used as a basis for academic or other decisions affecting such Student; or when such conduct has the purpose or effect of substantially interfering with the Student's academic performance, or creates an intimidating, hostile, or offensive environment. This provision shall not be used to discipline students for speech protected by the First Amendment.

Reference: [Administrative Regulation 4:10- Code of Student Conduct](#), Accessed April 11, 2024.

## ***Academic Integrity***

Per University policy, students shall not plagiarize, cheat, or falsify or misuse academic records. Students are expected to adhere to University policy on cheating and plagiarism in all courses. The minimum penalty for a first offense is a zero on the assignment on which the offense occurred. If the offense is considered severe or the student has other academic offenses on their record, more serious penalties, up to suspension and/or expulsion from the university may be imposed.

Plagiarism and cheating are serious breaches of academic conduct. Each student is advised to become familiar with the various forms of academic dishonesty as explained in the Code of Student Rights and Responsibilities here: [Administrative Regulation 4:10- Code of Student Conduct](#), Accessed April 11, 2024.

*Part II of Student Rights and Responsibilities* (available online [Administrative Regulation 4:10- Code of Student Conduct](#)), states that all academic work, written or otherwise, submitted by students to their instructors or other academic supervisors, is expected to be the result of their own thought, research, or self-expression. In cases where students feel unsure about a question of plagiarism involving their work, they are obliged to consult their instructors on the matter before submission.

When students submit work purporting to be their own, but which in any way borrows ideas, organization, wording or anything else from another source without appropriate acknowledgment of the fact, the students are guilty of plagiarism. Plagiarism includes reproducing someone else's work, whether it be a published article, chapter of a book, a paper from a friend or some file, or something similar to this. Plagiarism also includes the practice of employing or allowing another person to alter or revise the work which a student submits as his/her own, whoever that other person may be.

References: <https://www.uky.edu/ombud/academic-offense-information-students>, and [https://www.uky.edu/studentconduct/sites/www.uky.edu.studentconduct/files/AR\\_4-10\\_Student\\_Code-2020\\_0.pdf](https://www.uky.edu/studentconduct/sites/www.uky.edu.studentconduct/files/AR_4-10_Student_Code-2020_0.pdf).

### ***Violation of Codes of Conduct***

All violations of the Codes of Conduct will be reported to the Associate Dean of Academic Affairs. Any violation of the Student Code of Conduct or the Health Care Colleges Code of Student Professional Conduct (Appendix C) will result in the appropriate action as described within each document.

All violations will be documented in the individual student file and will remain permanently in the student's record.

Students should note that a student found responsible for a violation of the Code of Student Conduct may face additional consequences under the Health Care Colleges Code of Student Professional Conduct if the violation "reflects adversely on the student's professional moral and ethical character."

### ***Grievance Procedures***

Students are encouraged to register their complaints in a timely manner. Students are encouraged to follow the Grievance Resolution flow chart (Appendix B). Students may consult other faculty throughout the process or involve the University Ombud at any time.

The University of Kentucky Academic Ombud Services has a procedure for Grievances. Students are encouraged to follow the procedures as described here: <https://www.uky.edu/ombud/academic-grievance-procedures>, Accessed April 11, 2024.

Additional information on student complaints can be found here: <https://studentsuccess.uky.edu/dean-students/student-complaints-and-grievance-reports> , Accessed April 11, 2024.

## **Section V: Health and Safety Requirements**

### ***Bloodborne Pathogens Training***

Prior to the first day of class, students will complete the Canvas link provided in the Compliance Document. Students will download the course material, review the presentation, and take the quiz. Students must earn a 100% to receive their completion certificate. Once completed, students will print and upload their completed certificate to their Castlebranch account. The material will be reviewed with the Students annually during the Welcome Meeting. All questions posed will be answered at that time. Students will be required to renew their Bloodborne Pathogens Training through the method above annually until completion of the Program.



### **Blood and Body Fluid Exposure Control Plan**

The University of Kentucky Bloodborne Pathogen Exposure Control plan can be found here: <https://medicine.uky.edu/sites/default/files/inline-files/educational-exposure-to-bloodborne-pathogens.pdf> , Accessed April 11, 2024.

Each clinical site will have their own Bloodborne Pathogen Exposure Control plan. Students will be expected to review the specific control plan during the on-boarding processes, prior to starting their clinical experiences.

Should a student be exposed, students are expected to follow the site-specific exposure control plan, and call University Health Services at (During hours: 859-323-2778, after hours: 859-323-5321) within 24 hours. Students should then contact Tammy Jo Edge, College of Health Sciences Compliance Officer and Registrar at 859-218-0472.

### **Communicable Disease Policy**

*Communicable disease: An illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector of the inanimate environment to a susceptible animal or human host.*

*Reference: www.cdc.gov*

Athletic training students (ATS) have the potential to be exposed to communicable diseases during their clinical rotations, or throughout their normal daily routines, which may cause them to become ill. The following policy has been developed to delineate the appropriate action that an athletic training student should take in the event they become ill:

### **Prevention of Communicable Diseases**

To prevent the transmission of such diseases, each athletic training student will complete the following on an annual basis:

- Bloodborne Pathogen Training
- Review of Bloodborne Pathogen Exposure Policy
- TB Screening/Testing

Students are also required to have the following immunizations or a denial waiver on file:

- MMR (Measles, Mumps, Rubella)
- Varicella (Chicken Pox)
- Tetanus, Diphtheria, Pertussis (Tdap)
- Hepatitis B
- Two-Step Tuberculosis Test (annual renewal)
  - One step annual renewal
- Flu Immunization (annual renewal)

Each clinical site has the appropriate blood-borne pathogen barriers and control measures.

If a student believes they have a communicable disease, the following actions should occur:

1. The student should communicate to their clinical preceptor(s) and academic professors of their illness and need to absence and provide necessary documentation.

2. The student should determine if medical attention is necessary and make an appointment with the University Health Center, the team physician, or at another health care facility (i.e. Med Express Urgent Care). Students will be responsible for costs associated with the medical care required.
3. Students who are diagnosed with a communicable disease must adhere to the recommendations of their healthcare provider. Students should not attend their clinical experiences until they are cleared to do so by their healthcare provider
4. Any make-up due to missed work is the responsibility of the athletic training student.

Absences in excess of 10% of minimal required clinical hours will necessitate the development of a remediation plan to assure clinical requirements are met.

### ***Physical Examination***

All students are required to have a physical exam on file prior to the start of the first semester of classes. The physical form required by the Program can be found on the Program website. The form will need to be downloaded, printed, completed by the student's physician and loaded into the Castlebranch account.

### ***Emergency Cardiac Care Certification***

All program applicants must have current documentation of emergency cardiac care certification. Prior to the start of classes (Summer I) students must load proof of documentation of emergency cardiac care certification to their Castlebranch and Typhon account. The Program will offer re-certification dates throughout the academic year upon which students will be expected to re-certify as needed.

There are specific emergency cardiac care certifications acceptable by the Board of Certification. For specific requirements, please visit the following link: <https://bocatc.org/athletic-trainers/maintain-certification/emergency-cardiac-care/emergency-cardiac-care>, Accessed April 11, 2024.

## **Section VI. Clinical Education Overview**

Athletic training clinical experiences and supplemental clinical experiences follow a logical progression that allows for increasingly complex and autonomous patient-care experiences. This clinical education plan outlines the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making. Clinical education allows the athletic training student the opportunity to practice with different patient populations with varying levels of activity and athletic ability, different sexes, socioeconomic statuses, non-sport activities, and in various health care settings relative to the University of Kentucky College of Health Sciences Professional Master of Science in Athletic Training Program (PMATP) mission statement.

Clinical education provides students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer (AT). Clinical education encompasses clinical experiences (supervised by an AT or MD/DO), immersive clinical experiences (supervised by an AT), and supplemental clinical experiences (supervised by other qualified healthcare providers). In this document, the term “clinical experience” refers to all three components of clinical education. There are two immersive clinical experiences within the clinical education plan that allow athletic training students to participate in the day-to-day and week-to-week role of an AT. Supplemental clinical experiences are offered to provide direct/hands-on patient care to enhance the clinical education of the student. Hours obtained during supplemental experiences do not count towards accrual of the required clinical hours.

All clinical education and practice of clinical skills will be compliant with contemporary clinical practice and follow the guidelines provided within the Board of Certification (BOC) Standards of Professional Practice (Appendix E), the National Athletic Trainer’s Association (NATA) Code of Ethics (Appendix D) and the Commission on Accreditation of Athletic Training Education (CAATE) 2020 Professional Standards. All three documents provide guidelines for behaviors of professional practice and delineated best practices within the field of athletic training, and athletic training education (see Professional Fitness Policy). In addition, clinical practice must adhere to state practice acts and laws as well governing the practice of athletic training (e.g. FERPA, OSHA, HIPAA).

## **Section VII. Clinical Experiences**

### **Overview**

Clinical experiences are concurrent with Athletic Training Clinical Experience Courses (AT 640, AT 641, AT 642, AT 643, AT 644 and AT 645) which span the length of two academic years including one summer semester (5 semesters in total). Prior to beginning clinical experiences and performing skills on patients, the athletic training student must be officially enrolled in the PMATP, have completed all clinical health and safety requirements in Castle Branch, and be registered in the respective clinical experience course.

Each athletic training student is assigned to a preceptor, who serves to instruct, guide and mentor the athletic training student, and who are physically present on-site for all assigned clinical experiences. Distinction must be made that the athletic training student is assigned to a preceptor, not to a location or to a sport. Clinical experiences occur each semester in accordance with progression in the curriculum and in compliance to CAATE guidelines. The athletic training student has the responsibility

for travel to assigned clinical sites both on-campus and off-campus. A reliable mode of transportation is required.

Clinical education assignment designation will not discriminate based on sex, ethnicity, religious affiliation, or sexual orientation. Students gain clinical education experiences\* that address the continuum of care that would prepare them to function in a variety of patient care settings, engaged in a range of activities with conditions commonly seen in athletic training clinical practice. Clinical experiences include, but are not limited to:

- Clinical practice opportunities with varied client/patient populations
- Clients/patients:
  - throughout the lifespan (for example, pediatric, adult, elderly),
  - of different sexes,
  - from varying socioeconomic statuses,
  - of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
  - who participate in nonsport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).

\*When a particular clinical experience may not be met within planned clinical practice, a simulation will be implemented to fulfill the requirement(s)

### ***Parameters of Clinical Education Experiences***

- Experiences must be supervised and must be educational in nature, reflecting responsibilities and opportunities representative of an athletic trainer
- Students must be instructed on AT clinical skills prior to performing those skills on patients
- Students must have a minimum of one (1) day off in every seven (7)-day period\*\*
- Students will not and cannot receive any monetary remuneration during non-immersive clinical education experiences, excluding scholarships.
- Students will not and cannot replace professional athletic training staff or medical personnel
- Clinical education hours plus academic hours are not to exceed 40 hours/week\*\* (see Clinical Hours) unless approved by the preceptor and CEC.

\*\* This policy excludes immersive clinical experiences

### ***Criteria for Progression through Clinical Experiences***

All clinical experiences are encompassed within clinical education courses (AT 640, AT 641, AT 642, AT 643, AT 644 and AT 645), and course grades are partially determined by successful performance during clinical experiences. The athletic training student must receive a grade of a "C" or higher to progress into the next sequenced clinical experience course. Each clinical experience course syllabus describes the components used to determine the grade, but in general, a student must complete the following requirements:

- Accrue required clinical experience hours
- Submit required course assignments
- Average of 70% or higher on Clinical Performance Evaluations
- Complete all Professional Fitness Evaluations (found within the athletic training student Clinical Performance Evaluation)

- Submit all required clinical evaluations forms
- Complete the assigned clinical content standards for each clinical course at the level described in the respective course syllabus.

### ***Attendance policy***

The hours a student spends in the clinical education component of the Program are just as important as those spent in the classroom. While completing clinical education experiences in the PMATP clinical sites, students are expected to follow the policies and procedures established by that particular clinical facility (i.e., dress, assignment schedule, etc.). Athletic training students are expected to arrive on time wearing the designated clinical attire and behave in a professional manner as described by the PMATP Professional Fitness Policy and Professional Appearance Policy. Students should remember that clinical experiences give them opportunity to apply what they have learned in the classroom toward the actual care of patients and athletes, while also developing clinical decision-making skills. Take advantage of every opportunity for learning. Students should be proactive in their quest for knowledge and not afraid to ask questions. Studying during clinical experiences is discouraged unless permission is granted by the preceptor; students are encouraged to practice psychomotor skills and integrate the clinical proficiencies. Attendance in academic courses and clinical education courses is mandatory.

### ***Professional Fitness Policy***

Standards within the NATA Code of Ethics (Appendix D), the Board of Certification (BOC) Standards of Professional Practice (Appendix E), and the CAATE Professional Standards are utilized to form the PMATP Professional Fitness Policy. In compliance with the University of Kentucky College of Health Science Health Care Colleges Code of Student Professional Conduct (Appendix C), Athletic training students are required to abide by these standards, and are evaluated on compliance to these standards within the athletic training student's Clinical Performance Evaluation. If a student fails to meet the professional fitness standards, a recommendation for dismissal can be made. Violation of one or more of the standards shall be sufficient grounds for the dean of CHS to initiate a review of the status of the students' continued enrollment in the courses or programs of the college.

### ***Professional Appearance Policy***

Athletic Training Students are expected to display the type of personal appearance and attire reflective of professionalism and consistent with other health care professions. Clothing should fit appropriately, be clean, pressed or wrinkle free and without holes or frayed areas. Professional appearance will vary from one clinical education site to another. Clinical education professional appearance policies for each clinical placement site are provided to the student during their onboarding process. Students should direct all questions regarding professional appearance to their assigned preceptor.

The following apply for all clinical education experiences:

- Proper hygiene should be practiced at all times. Hair should be clean and neatly groomed. Long hair may not obstruct vision nor interfere in any way with the type of job duties performed. Students should maintain control of their hair and keep it secured so it does not come in contact with patients.
- Face is shaved or if mustache/beards/sideburns, etc., are worn, are to be neatly trimmed, clean, and appropriate for business appearance.
- Nails are clean and of a functional length.

- The use of fragrances (including but not limited to: aftershave, perfumes, lotions) are kept to a minimum.
- Jewelry that creates a health or safety hazard or otherwise interferes with the provision of care is prohibited. Jewelry and accessories that are distracting in size and number should also be avoided. Visible body piercings should not create a health or safety hazard or otherwise interfere with the provision of care.
- A University of Kentucky Hospital ID must be worn at all times. These should not be removed under any circumstances.
- A wristwatch with capabilities to tell time in seconds should be worn at all times.
- If students may wear shorts at their clinical sites, the shorts should be mid-thigh length or longer. Cargo khaki type shorts are prohibited.
- All clothing should cover the midriff and should be tucked into pants. All tops should cover the shoulders and should not be provocative in nature.
- Tennis shoes (sneakers) should be worn at all times (NIKE shoes for University of Kentucky athletic clinical experiences are strongly encouraged) unless otherwise instructed by their preceptor. Under no circumstances should a student wear an open-toe shoe or shoe with a heel. This includes when assigned to a physician's office or indoor athletic event where business attire is expected.
- Clothing branded for any other academic institution other than the University of Kentucky or affiliated clinical education site that the student is assigned should not be worn.

*\*Athletic Training Students failing to meet the Professional Appearance Policy requirements may be placed in a progressive disciplinary process or clinical probation and required to obtain suitable grooming/dress before being allowed to continue the clinical experience.*

Cell Phones: All cell phones should be turned to silent and put away during your clinical experiences, unless permitted by your preceptor for logging cases. Some clinical sites may provide a place to store your phone while at your clinical rotation. At no time should you be using earphones/headphones during clinical experiences.

## **Section VIII. Clinical Site Placement**

### **Overview**

To provide a well-rounded clinical education experience, we have affiliation agreements with area high schools (both public and private), colleges, outpatient clinics, hospitals, health and wellness centers, and physician offices. Affiliated sites must meet specified standards, and clinical hours can only be accrued at these affiliated sites. All clinical education sites are evaluated by the PMATP on an annual and planned basis. These evaluations are used to identify strengths, weaknesses and areas of improvements at each clinical site as part of our overall comprehensive evaluation plan.

### *First-Year Fall and Spring Clinical Placements*

Students complete four eight-week rotations of on-campus and off-campus clinical experiences with preceptors in a variety of health care settings, working with a variety of patient populations. Specific placements for students are randomized to ensure fair and equal placement. Experiences are designed to address the requirements set for by the CAATE as detailed above within the Clinical Education Overview.

### *Summer and Fall Immersive Clinical Placements*

Students complete one five-week immersive experience in the Summer and one eight-week immersive experience in the Fall. These immersion experiences are designed to provide students with practice-intensive clinical education that allow the student to participate in the day-to-day and week-to-week role of an athletic trainer. The credits allocated to the clinical immersive experience courses are in line with full-time participation with the preceptor on a daily basis.

### *Fall Non-Sport. Across the Lifespan Clinical Placements*

Students complete one 3-week clinical education experience in an outpatient rehabilitation clinic with an assigned preceptor. The minimum number of clinical experience hours to be completed for this rotation is 53 hours.

### *Second-Year Spring Clinical Placements*

Students complete two eight-week rotations or one 16-week rotation of on-campus and off-campus clinical experiences with preceptors in a variety of health care setting, working with a variety of patient populations. The longer rotations are to allow the student to be mentored by a preceptor and fully integrated into the daily health care of patients.

All placements following first-year Fall and Spring are determined by the CEC following consultations with students, preceptors and the PMATP PD. Students meet for clinical advising sessions with the CEC every semester (starting the first Fall semester) to discuss student strengths and accomplishments, areas for improvement, as well as personal and career goals. In addition, students complete a Clinical Placement form within the first-year, which provides information about clinical opportunity preferences, clinical goals, preferred preceptor characteristics, career goals and mentoring opportunities. Although student requests are considered, it is important for students to understand that satisfying student preferences comes secondary to satisfying CAATE accreditation standards. The following additional factors are also taken into consideration:

- Didactic and clinical performance
- Previous clinical experiences
- Personal attributes of the athletic training student
- Previous disciplinary actions

## **Section IX. Supervision and Related Policies**

The UK CHS PMATP Clinical Supervision Policy is compliant with CAATE Accreditation Standards and the Kentucky Statutes that govern athletic training practice (KRS 311.900 to 311.928)

All clinical education experiences and supplemental clinical experiences must be supervised by an appropriately stated credentialed medical or healthcare professional. Specific to clinical education experiences, a licensed credentialed physician or an athletic trainer certified by the Board of Certification (BOC) who currently possesses the appropriate state athletic training practice credential, serve as a Preceptor.

### ***Direct supervision***

All PMATP students are directly supervised during clinical experiences. Direct Supervision is described as: The Preceptor must be physically present and have the ability to intervene on behalf of the patient and the athletic training student. This requirement, however, is not synonymous with

preventing students from making clinical decisions. Students are strongly encouraged to make clinical decisions, commensurate with their progression in the Program, in consultation with the preceptor or other qualified health care professional.

### ***Patient Transportation***

Under no circumstances should an athletic training student transport a patient or student athlete at any time.

### ***Remuneration During Immersive Experiences***

Students may be compensated for their clinical immersion educational experiences. Compensation may include stipend, meal allowance, housing allowance, and/or salary. Compensation is only available during immersive clinical experiences where all students are afforded the same opportunity. Students may not obtain compensation during non-immersive clinical experiences. Should a student be offered compensation during their clinical immersion experience, it must be approved by the PMATP CEC **prior to the student accepting the clinical immersion**. Students must submit a proposal, in coordination with the potential clinical site, to the CCE to gain approval for compensation. The proposal must include all of the following: description of the job responsibilities expected of the student, overview of the remuneration offered to the student, and signature of clinical site representative and student. If a student or preceptor has any questions pertaining to supplementation to ATS, please contact Carrie Baker, PhD, ATC at [carrie.baker@uky.edu](mailto:carrie.baker@uky.edu). (Adapted from the University of South Carolina)

### ***Increasingly complex and autonomous patient-care experiences***

Clinical and supplemental experiences provide a logical progression of increasingly complex and autonomous patient/client-care experiences. The PMATP incorporates a graded method of supervision, which initially involves close monitoring (key words: “hip pocket”), but progresses to supervised autonomy once a student demonstrates skill acquisition. This level of supervision positions students to learn maximally at all times, while still allowing for timely feedback and prompt correction of potentially unsafe behaviors/techniques by their preceptor. Direct supervision, when properly implemented, should encourage clinical decision-making during actual patient/client care.

As students’ progress throughout the PMATP, it is expected that their patient care evolves with their didactic knowledge. Students will exhibit proficiency during didactic and clinical education and thereafter will be able to perform tasks during clinical experience. The responsibilities of the student as well as the projected outcomes for each clinical experience are determined and agreed upon before the start of each clinical rotation by the student, the preceptor, and the CEC.

### **Curricular Content Standard Assessments**

The Dreyfus Model of Skill Acquisition is the framework the PMATP has elected to use for assessing clinical capabilities for performance across a logical progression of increasingly complex and independent patient-care experiences. The ladder approach of the model starts with the “Novice level” then moves to “Advanced Beginner” followed by “Competent”. The expectation is that students achieve the level of “Competent” on all required clinical skills and abilities at or before the conclusion of the Program. A level of “Competent” on all curricular content standards that are assigned to a Clinical Education Course (AT 640-AT 645) will indicate readiness for autonomous patient-care experiences.



The operational definitions, observed behaviors and operational behaviors are as follows:

### **NOVICE**

**Operational definition:** The student can demonstrate content knowledge and/or content application during patient care or simulation, however the student is unable to make their own decisions, and for this reason he or she is still learning the basics by following the orders.

**Observed Behaviors:** Performance reflects little or no experience, low confidence, can accurately complete skill/content application with guidance.

**Operational Behavior:** A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions

### **ADVANCED BEGINNER**

**Operational definition:** The student has seen and practiced with various examples of a content knowledge and/or application. The student can deal with different scenarios because he or she will recognize those from previous experiences. The student exhibits more confidence when executing the content knowledge and/or application of the clinical skill, but still needs preceptor support or guidance when making a decision.

**Observed Behaviors:** Proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning

**Operational Behavior:** A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.

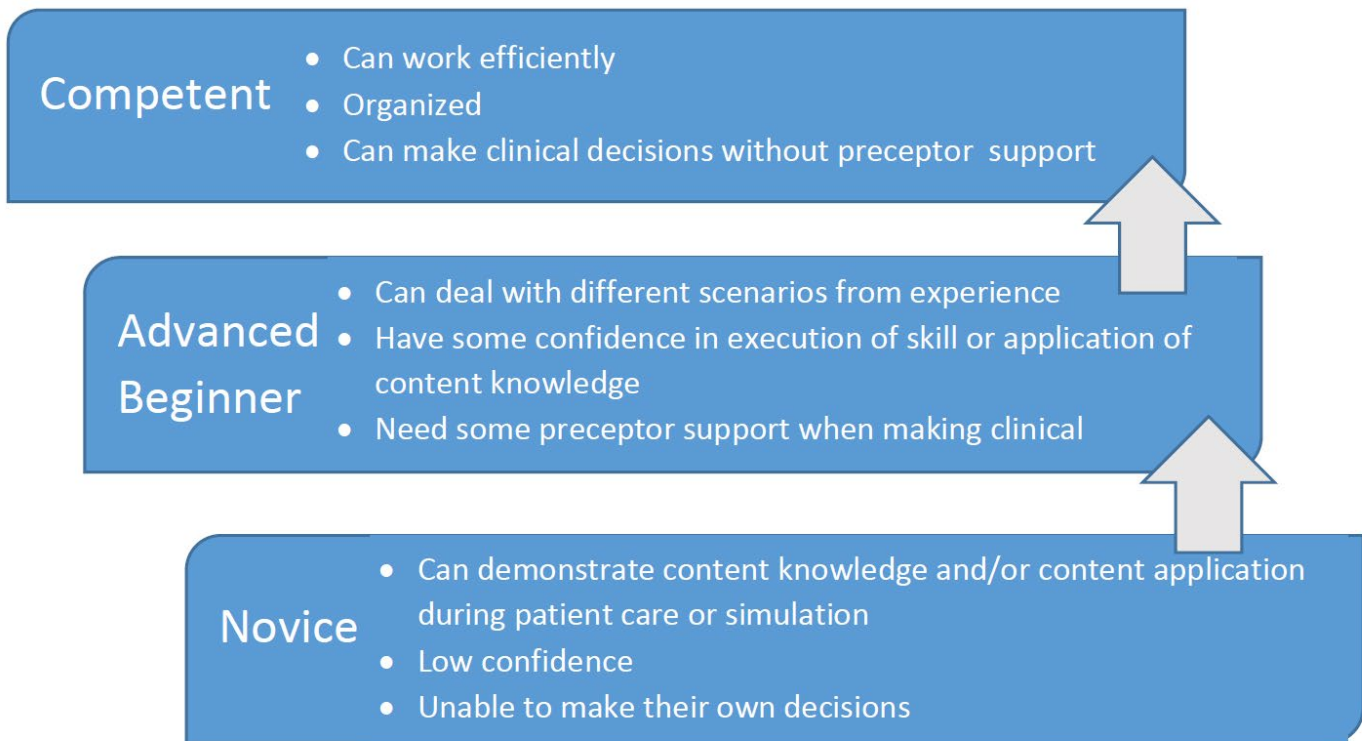
### **COMPETENT**

**Operational Definition:** The student can work efficiently, is organized, and can demonstrate content knowledge and/or content application based on previous experiences. The student must be selective in choosing which rules and procedures used to solve problems, and can make effective decisions without preceptor support.

**Observed Behaviors:** Demonstrates critical thinking skills, provides accurate and relevant information to the preceptor and patient, and can listen for understanding.

**Operational Behaviors:** A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.

**Figure 1. The Dreyfus Model of Skill Acquisition adapted for the Professional Master of Science in Athletic Training Program**



Adapted from <http://stevefitz.com/dreyfus-model-of-skill-acquisition/>

Curricular Content Standards will be assigned to each of the Clinical Education Courses (AT 640-AT 645). All Curricular Content Standards assigned to AT 640 must be assessed minimally at the level of Novice or above before the end of the semester. All Curricular Content Standards assigned to AT 641 must be assessed minimally at the level of Novice or above before the end of the semester, and at least 50% of the standards previously assigned to AT 640 must be assessed at the level of Advanced Beginner, or above. This will be repeated for AT 642, AT 643, and AT 644 where all newly assigned Curricular Content Standards to each course must be evaluated at the level of Novice or above, and 50% of the Curricular Content Standards assigned to the previous course must be assessed at the level of Advanced Beginner or above. All Curricular Content Standards assigned to AT 645, and all remaining Curricular Content Standards not assessed at Competent, must be assessed at the level of Competent prior to completion of AT 645.

### **Section X. Clinical Hours**

Clinical Experiences are defined as “a course activity in which students, under the supervision of a faculty member, are involved with direct treatment or observation of patients/clients” (UK Senate Rules, Section 10.3). The UK Senate Rules allow 3200 minutes per semester for one credit of clinical experience. Therefore, clinical expectations will vary depending on the number of credits allotted to each clinical experience course (see below). It is expected that students maintain a minimum of 10 hours/week\* of clinical experience throughout the semester for an on-going, semester long experience. Depending on the associated course, there is an established maximum number of hours per week, as students are not expected to exceed 40 hours of didactic and clinical education experiences per week,\*\* unless approved by Preceptor and CEC.

Courses associated with clinical experience:

- AT 640 Clinical experience in Athletic Training –I: 3 Credits= 160 hours per semester
- AT 641 Clinical experience in Athletic Training –II: 3 Credits= 160 hours per semester
- AT 642 Clinical experience in Athletic Training –III: 4 Credits= 213 hours per semester
- AT 643 Clinical experience in Athletic Training –IV: 6 Credits= 320 hours per semester
- AT 644 Clinical experience in Athletic Training-V: 1 credits= 53 hours per
- AT 645 Clinical experience in Athletic Training –VI: 6 Credits= 320 hours per semester

Note: These hours are based on a 16-week semester, the necessary hours per week may change based on changes to the University Academic Calendar

\*\* This policy excludes immersive clinical experiences

### ***Recording and Submitting of Clinical Hours and Patient Interactions***

Hours are submitted weekly via Typhon for all students. Recorded times should be correct to the nearest quarter hour. The supervising preceptor must approve the student's hours weekly and ensure that the descriptions of all activities (i.e., activity, location, number of hours) are recorded accurately.

Students are required to log patient contacts on a weekly basis. Requirements for patient logs are outlined within each course associated with clinical education (AT 640, AT 641, AT 642, AT 643, AT 644 and AT 645). The supervising preceptor must approve the student's patient contacts weekly and ensure that the description of all activities are recorded accurately.

All students must have one (1) day off every seven (7) days. The only exception to this rule is when the student is completing their immersive experiences. The CEC monitors student hours and adjusts the student's schedule as needed. The CEC will provide a report to the PMATP PD and preceptors each semester. Monitoring will also be utilized to ensure that equal and fair opportunities exist for all athletic training students in compliance with the CAATE Standards.

### ***Holidays, University Closures, and Volunteer Hours***

Clinical experiences during holidays or times when the University of Kentucky is officially closed are not required. If the athletic training student chooses to obtain clinical experience during these times, he or she must notify the CEC at least 48 hours in advance of when the experience is to occur. The student must acknowledge that these hours are voluntary and the Preceptor must confirm direct supervision. If the athletic training student is over the maximum number of hours required for the course, the approved volunteer hours and will not count towards the required hours per week.

### ***Other Opportunities***

Opportunities to acquire additional clinical experiences may occur. These opportunities are voluntarily chosen by the student and are not a requirement of the PMATP. To be covered under the student liability insurance, and to remain compliant with the state of Kentucky Athletic Training Practice Act, a credentialed healthcare professional must supervise voluntary clinical experiences.

## **Section XI. Preceptor Responsibilities and Qualifications**

### ***Preceptor Responsibilities***

- Supervise students during clinical education experiences;
- Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by CAATE;

- Provide instruction and opportunities for the athletic training student to develop clinical skills, communication skills, and clinical decision-making during actual patient/client care;
- Provide assessment of athletic training student's clinical skills, communication skills and clinical decision-making during actual patient/client care;
- Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training;
- Demonstrate understanding of and compliance with the PMATP policies and procedures, and the program framework;
- Participate in regular evaluation on performance pertaining to the quality of instruction and student learning.

### ***Preceptor Qualifications***

- Must be a licensed health care professional and be credentialed by the state in which they practice. Preceptors who are athletic trainers must be state credentialed (in states with regulation), certified, and in good standing with the Board of Certification;
- Not be currently enrolled in the UK CHS PMATP.
- Must be an athletic trainer or physician.
- Have a designated area of contemporary expertise (see glossary).
- Comply with the Contemporary Expertise policy.
- Receive planned and ongoing preceptor education from the PMATP to promote professional development specific to athletic training education and enhance a constructive learning environment.

### ***Additional Requirements***

- There must be regular communication between the PMATP and the preceptor;
- The number of students assigned to a preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care;
- Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

## **Section XII. Clinical Site Requirements**

Clinical sites are considered any facility where a student is engaged in clinical education. The following policies are requirements for clinical sites and the preceptors who are working at each clinical site.

### ***Student On-boarding***

In accordance with Standard 29 of the CAATE 2020 Professional Standards, each student must be oriented to the policies and procedures of each of their clinical sites. The goals of the student onboarding by the preceptor at each clinical site for each rotation are to: 1) Have an established time for the student and preceptor to get to know one another, 2) discuss and outline expectations of the clinical experience (from both the preceptor and the student) allowing time for questions to ensure understanding, 3) discuss and define the objectives of the clinical experience including student goals

as well as assigned curricular content standards for the corresponding clinical experience course ( AT 640, AT 641, AT 642, AT 643, AT 644 and AT 645), 4) establish a communication plan including preferred mode of communication (email, phone, text), 5) establish at minimum a weekly schedule for clinical experience hours, and 5) review the following site-specific policies and procedures BEFORE any patient encounters.

- Critical incident response procedures (EAPs)
- Blood-borne pathogen exposure plan
- Communicable and infectious disease policies
- Documentation policies and procedures
- Patient privacy and confidentiality protections
- Plan for clients/patients to be able to differentiate practitioners from students

Students will be expected to complete the “On-boarding Checklist” once the meeting with the student and preceptor has occurred. This form will document that all necessary information was discussed, as well as student objectives for that rotation were set. This check-list is submitted via Canvas for the appropriate clinical education course (AT 640, AT 641, AT 642, AT 643, AT 644 and AT 645) once it is completed and signed by both the student and preceptor. The “On-boarding Checklist” is required for each clinical rotation associate with a clinical education course.

### ***Emergency Action Plans (EAPs)***

Venue-specific emergency action plans need to be posted and/or immediately accessible to students during an emergency situation. All EAPs should be sent to the program once an affiliation agreement has been executed, and updated as necessary.

Each EAP needs to be specific to each athletic venue and address the following components:

- Emergency Personnel
- Emergency Communication
- Emergency Equipment
- Medical Emergency Transportation
- Venue Directions with a Map
- Roles of First Responders Emergency Action Plan for Non-Medical Emergencies

### ***Calibration and maintenance of equipment***

The program requires that therapeutic equipment at all clinical sites is inspected, calibrated, and maintained according to the manufacturer’s recommendations. The purpose of this policy is to safeguard the health of the patient and the safety of the student and clinician. The preceptor(s)/staff at each clinical site must arrange inspection and calibration, and payment (if necessary) for the therapeutic equipment. Verification of inspection and calibration will be maintained as follows:

- Hard or electronic copies of inspection and calibration records by the preceptor(s) at each clinical site; the method may be determined by the site but the information must be readily accessible at any time by the preceptor(s) for presentation to the CEC/Athletic Training Program.
- Visible notification (e.g., sticker, signage) on applicable therapeutic equipment is ideal but not required.

- The preceptor(s) at each clinical site are also responsible for ongoing maintenance of therapeutic equipment. Any equipment that appears to be unsafe for patient or clinician use shall not be used and shall be clearly marked as not for use until it can be properly inspected and calibrated.
- The CEC will verify regular inspection and calibration of all applicable therapeutic equipment at each clinical site during routine site visits and/or prior to placement of athletic training students at a site.

If equipment is not properly calibrated or maintained, the program has the right to remove the student from the clinical site until calibration or maintenance is completed or the piece of equipment has been removed from the facility. Athletic training students will only apply therapeutic equipment according to manufacturer guidelines or applicable federal, state, and local laws, and according to accepted clinical practice standards.

### ***Sanitation Precautions***

All students engaged in clinical education should have access to proper sanitation while at the clinical site. At minimum, students should have the ability to clean their hands before and after patient encounters.

### ***Radiation Exposure***

If students have the possibility of being exposed to radiation, policies and procedures should be explained during student on-boarding and students should have immediate access to the policies and procedures if radiation exposure occurs.

## **Section XIII. Athletic Training Student Role in Clinical Education**

The student is responsible for being pro-active in all clinical education experiences, as well as the didactic component of the program. Clinical experiences provide vast opportunities for learning. Students must not expect the preceptor to make these opportunities happen. Although these preceptors are, in part, responsible for facilitating the clinical education experience, it is the student's responsibility to be organized and set specific goals and objectives for that experience. Setting clear objectives for each experience and sharing those objectives with the assigned preceptor is required during on-boarding.

### ***Discrepancies Involving Preceptors and/or the Clinical Experience***

The student has the responsibility to present all concerns, issues, etc., directly related to the assigned preceptor and associated clinical experiences, first to the preceptor. The PMATP faculty members are first and foremost student advocates. However, the PMATP believes students and those involved should work to resolve issues prior to Program involvement in order to prepare students for the development of productive professional relationships. If the issues are not adequately resolved and the student concerns remain, then the student is to report the concern/issue to the CEC or PMATP PD. At this time the issues remain the PMATP Grievance Policy will be followed.

## **Section XIV. Instruction and Evaluation of Student Knowledge, Clinical Skills, and Abilities**

A student is allowed and encouraged to apply skills and techniques on patients during supervised clinical experiences ONLY after he or she has been instructed on them in the classroom or during the clinical experience. Most skills are formally evaluated prior to patient application. Skills necessary to

become an AT are instructed within the PMATP curriculum as outlined within each PMATP Course syllabi and the CAATE Standards Matrix. Each course instructor teaches, demonstrates, and supervises practice of the clinical skills associated with the course. Skills are evaluated by peers, preceptors, and/or course instructors. Skills are further evaluated as the athletic training student integrates skills (appropriate for level of training) within the clinical experience and/or through encounters within a simulation.

Students should demonstrate continual advancement of skills and abilities as they progress through the PMATP and with each clinical experience. These advancements should be reflected in the objectives of subsequent clinical experiences as well as the athletic training student's Performance Evaluation completed by the preceptor for each clinical experience. It is expected that preceptors are continually reviewing and assessing previously learned skills and abilities and encouraging the integration of old and new skills during clinical experiences.

### ***Clinical Skill Assessment Plan***

#### ***Skill Evaluations***

Psychomotor skill evaluations (aka: skill checks) occur in each course in which they are instructed. The course instructor formally teaches, demonstrates, and supervises the practice of each of the psychomotor skills. The skill evaluations first occur through peer evaluation, followed by a one-on-one evaluation with a preceptor or AT Faculty. Skill evaluations are at the discretion of the preceptor/AT Faculty evaluator. Evaluations may consist of all skills that are assigned or a random selection of skills. For example, an assigned set of skills for a knee evaluation may include every palpation, range of motion, manual muscle test, and special test, OR randomly chosen skills of a knee evaluation may be evaluated in which the evaluator feels comfortable that the athletic training student has competence with all random skills chosen. The athletic training student then has the opportunity to review and integrate clinical skills in the clinical setting under the supervision of a preceptor. The evaluation system was designed to ensure consistency in instruction and evaluation among the evaluators within the PMATP.

#### ***Course Practical Examinations***

Skills are first instructed in the course/lab, followed by a period of supervised practice, peer evaluation, and skill evaluation by a preceptor/AT Faculty. Skills are then evaluated in a more comprehensive manner within course practical examinations in the course where the skills are assigned. Every student must demonstrate a minimal level of performance in the evaluations. Scores lower than seventy percent (70%) on any of the assessed skills will result in the student repeating the procedure until above 70% performance is demonstrated. The initial grade remains in the student's academic record for grading purposes.

#### ***Skill Integration in an Integrated Clinical Scenario***

Once a skill has been evaluated by a preceptor/AT Faculty and within a course practical, the skills are then assessed within a holistic/clinician-decision based situation. This occurs within either the Clinical Integration Courses (AT 631, AT 632, AT 633, or AT 635) and/or the Evaluation and Rehabilitation Courses (AT 696, AT 696, AT 697) or Modalities Course (AT 691). Skills evaluated within Integrated Clinical Scenario are randomly selected from current and previous courses. In other words, all skills previously taught, practiced, and assessed may be included in the Integrated Clinical Scenarios. Scores lower than seventy percent (70%) on the Integrated Clinical Scenarios will result in the

student repeating the scenario until above 70% performance is demonstrated. The initial grade remains in the student's academic record for grading purposes.

### *Patient Care Evaluations within the Clinical Setting*

Patient care evaluations consists of clinical proficiency integration into the clinical setting through application of skill with actual patients under the supervision of a Preceptor. All Preceptors who are assigned students must provide opportunities for students to integrate skills and curricular content standards into patient care. The assigned supervising Preceptor monitors the athletic training student's integration of curricular content standards and takes this into consideration when evaluating the athletic training student. Upon completion of the clinical experience, the PMATP CEC reviews all evaluation materials, which are stored in the student's profile within Typhon.

## **Section XV. Clinical Performance Evaluation**

Each of the five Clinical Education Courses has a series of evaluations that are required for each clinical education rotation. The evaluations are the following: Student Performance Evaluation, Preceptor Performance Evaluation, Student Clinical Site Evaluation, and Student Clinical Rotation Evaluation.

### ***Athletic Training Student Clinical Performance Evaluation***

The athletic training student is evaluated by a preceptor at the end of each clinical education experience (rotation). The preceptor completes the student evaluation in Typhon within the last week of the athletic training student's experience. Longer rotations (>10 weeks) have a mid-rotation and end of rotation evaluation. The athletic training student is responsible for scheduling a meeting with the preceptor to discuss the evaluations once all preceptor and student evaluations are complete. This should occur BEFORE the student leaves the rotation.

Within the Student Performance Evaluation, there is a sub section that evaluates the "Professional Fitness" of the athletic training student. The purpose of this evaluation is to protect the public and the integrity of the athletic training profession, by ensuring that each athletic training student is acting in a professional manor (abiding by the NATA Code of Ethics (Appendix D), the Board of Certification (BOC) Standards of Professional Practice, and the CAATE Professional Standards). Violations of these guidelines will result in disciplinary action as indicated in the Professional Fitness Policy. In addition, there are several Curricular Content Standards embedded within the Clinical Performance Evaluation, these standards are assessed on a Likert scale from "Strongly Disagree" to "Strongly Agree". The preceptor ranks each student's level of proficiency regarding the embedded standards (59-62,65,66).

Once completed and reviewed by the athletic training student and preceptor, the athletic training student Clinical Performance Evaluations are reviewed by the CEC and PD, if needed.

### ***Preceptor Performance Evaluation***

Preceptors are evaluated by the assigned athletic training students during each clinical rotation. The evaluations are available on Typhon during the last week of the clinical rotation. Once the student and Preceptor have completed assigned evaluations, they review the evaluation together BEFORE the



student leaves the clinical rotation. Once completed and reviewed by the athletic training student and their Preceptor, the Preceptor Performance Evaluations are reviewed by the CEC and PD, if needed.

***Student Clinical Site Evaluation***

Students also complete a Clinical Site Evaluation during each rotation. Athletic training students are required to complete an online evaluation of the clinical site during the last week of each clinical rotation. The clinical site evaluation assesses the overall site environment and adherence to program policies and procedures, patient encounters frequency and components of practice, environment conducive to professional practice and growth, and supervision. Once completed by the athletic training students, the Student Clinical Site Evaluations are reviewed by the CEC and PD, if needed. The preceptor(s) at the site will receive a comprehensive site review annually.

## Glossary

**Athletic trainer:** Health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification.

**Athletic training clinical experiences:** Direct client/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students' abilities to meet the curricular content standards. When direct client/patient care opportunities are not available, simulation may be used for this verification. *See also* Clinical education.

**Clinical Education Coordinator:** is a core faculty member whose primary appointment is to the athletic training program and who has responsibility to direct clinical education. Specifically this individual is responsible for:

- Oversight of student clinical progression
- Student assignment to athletic training clinical experiences and supplemental clinical experiences
- Clinical site evaluation
- Student evaluation
- Regular communication with preceptors
- Professional development of preceptors
- Preceptor selection and evaluation

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

**Clinical site:** A facility where a student is engaged in clinical education.

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

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

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

**Preceptor:** Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be athletic trainers or physicians.

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

**Standardized Patient:** A standardized patient is an individual who has been carefully trained to portray the pathology of an actual patient. The SP encounter provides a lifelike experience for students to synthesize both interpersonal and clinical skills, which may help students diagnose and treat patients with conditions, illnesses, or injuries in real time.

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

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

***Appendix A: Technical and Behavioral Standards***

HEALTH CARE COLLEGES  
CODE OF STUDENT PROFESSIONAL CONDUCT  
(APPROVED BY THE BOARD OF TRUSTEES)

ARTICLE 1: INTRODUCTION

*A. Rationale*

The credibility of a health care professional is based, to a large extent, on maintaining a high degree of trust between the professional and the individuals he or she serves. Each health profession has a code of professional conduct administered by a professional organization or regulatory agency that prescribes and imposes high standards of conduct and principles of professionalism upon its members. Students must understand and adhere to these standards during their education in preparation for careers in which they must conduct themselves in the manner expected by their profession. Consequently, students in the health care colleges have a particular obligation to conduct themselves at all times in a manner that reflects appropriate professional moral and ethical character.

This Health Care Colleges Code of Student Professional Conduct (HCC Code) provides the standards of professional conduct and procedures to be followed when questions arise about the professional moral or ethical character of a student enrolled in courses or programs, including clinical programs, in the health care colleges. For guidance in matters of interpretation of standards or propriety of conduct in this HCC Code, the professional standards and interpretations of organizations representing the professions and bodies that grant licensure or certification were consulted and considered.

*B. Applicability*

The purpose of the HCC Code is to provide a professional behavior code that applies uniformly to all students enrolled in a degree program, leading ultimately to a profession requiring licensure or certification, offered by any of the health care colleges (“HCC students”). The health care colleges are: Dentistry, Health Sciences, Medicine, Nursing, Pharmacy, and Public Health.

This HCC Code shall also be applicable to students in professional or clinically-related programs for which there is joint responsibility between a health care college and the graduate school. Examples of such joint responsibility programs include, but are not limited to, Masters degrees in Clinical Laboratory Sciences, Communication Disorders, Dentistry, Nursing, Physician Assistant Studies, Public Health, Radiation Sciences, and Doctoral programs in Nursing and Rehabilitation Sciences.

Article II of the revised University of Kentucky Code of Student Conduct (“UKCSC”) states: “The Code does not cover decisions of the faculty of a professional school as to character, moral or ethical, required of a student for purposes of awarding a degree or certificate, or for continuation as a candidate for such degree or certificate.” The jurisdiction of this HCC Code

extends to the commissions of acts on- or off- campus that reflect adversely on the professional moral and ethical character of the enrolled HCC student, independent of whether or not such acts are judged to be violations of the UKCSC.

## ARTICLE 2: STANDARDS

A HCC student shall be expected to adhere to accepted standards of professional practice.

All HCC students must possess the qualities of appropriate professional moral and ethical character. Each student must apply these standards to his or her academic career as well as his or her professional career. A student's continued enrollment shall depend on the student's ability to adhere to recognized standards of professional practice and conduct. The standards are drawn from the duly legislated practice acts of the professions that have educational programs in the health care colleges of the University.

Violation of one or more of the standards shall be sufficient grounds for the dean of the appropriate health care college to initiate a review of the status of the student's continued enrollment in courses or programs of the college.

## ARTICLE 3: PROHIBITED CONDUCT

This Article summarizes a representative, but non-comprehensive, list of violations of this HCC Code that are punishable, disciplinary offenses. The list includes items specific to the training programs of the health care colleges as well as those in the UKCSC. Some overlap among items is to be expected. At a minimum, health care college students shall not:

1. Commit any offenses enumerated under the UKCSC to the extent that the violation reflects adversely on the student's professional moral and ethical character;
2. Misappropriate or illegally use drugs or other pharmacologically active agents;
3. Engage in any behavior that may endanger clients, patients, or the public, including failure to carry out the appropriate or assigned duties, particularly when such failure may endanger the health or well-being of a patient or client, or treatment is dispensed without appropriate faculty supervision;
4. Engage in behavior or action that deceives, defrauds, or harms the public or the public's perception of the profession;
5. Falsify or, through negligence, make incorrect entries or failing to make essential entries in health records;
6. Deliberately deceive a patient or client through failure of the HCC student to disclose his or her student's status unequivocally to the patient;
7. Fail to maintain client or patient confidentiality including failure to follow the

Health Insurance Portability and Accountability Act (HIPAA) standards;

8. Obtain any fee or compensation by fraud or misrepresentation;
9. Engage in any course of conduct, act, or omission that would be considered unprofessional conduct as a basis for discipline under the professional standards recognized by the licensing, certifying, or professional association or agency of the health care college student's intended profession for which the health care college student is in training;
10. Fail to report a felony conviction pursuant to Article 4 in this HCC Code.

#### ARTICLE 4: STUDENT'S OBLIGATIONS

A student who is subject to the jurisdiction of this HCC Code shall report to the dean of the applicable health care college, prior to enrollment in classes for a semester, if the student has been convicted of a felony crime. Further, during the academic year, a student shall notify the dean of any felony conviction within ten days of such conviction. Failure to make a timely notification under this Article shall be a violation of the "Prohibited Conduct" section of this Code.

#### ARTICLE 5: JURISDICTION

A HCC student enrolled in a course or program in a health care college shall be subject to the jurisdiction of this HCC Code, the UKCSC, and the Selected Rules of the University Senate of the University of Kentucky (hereinafter Selected Rules). If a violation of the UKCSC and also one or both of the other above referenced codes or rules allegedly has been committed in the same set of circumstances or facts, the dean of the health care college in which the student is enrolled and the University's Dean of Students or Academic Ombud, as applicable, shall consult, investigate the circumstances at issue, and pursue the case in accordance with the appropriate procedure(s) and authorities. An investigation of an alleged academic offense (plagiarism, cheating, or the falsification or misuse of academic records) shall be conducted in accordance with the policies and procedures established in the Selected Rules of the University Senate (SR 6.0, Section VI, Student Academic Affairs). Any levy of sanctions resulting from a finding of responsibility in an academic offense shall also conform with the policies and procedures established in the Selected Rules of the University Senate (SR 6.0, Section VI, Student Academic Affairs).

A decision taken by a dean of a health care college under this HCC Code shall not preclude or be precluded by any action for which the health care college student may be liable for the same or a related offense under the UKCSC, the Selected Rules, or behavioral standards that may have been established in any specific course.

A decision taken by a dean of a health care college under this Code shall not preclude any action by legal authorities outside the University.

## ARTICLE 6: ADMINISTRATIVE PROCESS AND SANCTIONS

### *A. Preliminary Meeting with the Dean*

When a dean or authorized designee of a health care college, after an appropriate, preliminary investigation into an alleged violation of the standards, believes a HCC student has violated the standards or engaged in a violation of the HCC Code, the dean or authorized designee shall notify the student by first class mail that the student is charged with one or more specific violation(s). A student accused of violations of this HCC Code is subject to an informational meeting with the dean of the student's college or authorized designee. When a student fails to respond to proper notification of an informational meeting or fails to attend a scheduled meeting within the specified period, the dean or authorized designee may deem that the student has denied responsibility for the pending charges and refer the matter to the hearing committee chair to convene a hearing panel.

At the informational meeting with the dean or authorized designee, the accused student shall be asked to state whether he or she is "responsible" or "not responsible" for the alleged violation. The student shall not be compelled to give testimony that might tend to be incriminating and a student's refusal to do so shall not be considered evidence of guilt. Information obtained from the student during this informal meeting is confidential and inadmissible in any disciplinary hearing of the University except in cases where the student withdraws his or her admission of responsibility or refuses to comply with the sanction proposed by the dean.

When a student accepts responsibility for an alleged violation, the dean or authorized designee shall counsel the student and outline proposed disciplinary action as defined in the section on *Sanctions* below of this HCC Code. When a student denies responsibility for an alleged violation or withdraws from or refuses to comply with the proposed sanction, the dean or authorized designee shall forward the reports and evidence concerning the case to the hearing committee chair to convene a hearing panel.

### *B. Hearing Committee and Procedures*

At the beginning of each academic year, the dean of each health care college shall appoint eighteen (18) members to serve on a college hearing committee, consisting of ten (10) college faculty members, at least six (6) of whom teach in patient-care settings and none of whom has an administrative appointment in the college, and eight (8) students in good standing who have completed at least one year of their professional or clinically-related degree program requirements and whose names are among those provided by the college's Student Advisory Council or equivalent body. In those health care colleges with smaller numbers of college faculty, the dean may appoint fewer faculty members to the college hearing committee. However, a hearing panel shall be of uniform size, as prescribed below, across all health care colleges. The dean shall designate a hearing committee chair and alternate chair from among the faculty appointees. The alternate chair shall serve in the absence of the chair.

1. The chair, or alternate chair in the chair's absence, shall appoint a hearing panel with representation from the following groups among the hearing committee



membership:

- a. three faculty members, at least two (2) of whom teach in a patient-care setting, and none of whom has a current academic or supervisory relationship with the student;
  - b. two students.
2. The chair, or alternate chair in the chair's absence, shall:
  - a. convene the hearing panel within fifteen (15) working days of the dean's receiving the student's written request for a hearing;
  - b. obtain but not share the previous disciplinary record, if any, with the hearing panel before the conclusion of the hearing;
  - c. conduct the hearing but not participate as a voting member of the hearing panel except to cast a tie-breaking vote;
  - d. provide the dean with a report of the hearing panel's actions, findings and recommendations.
3. A meeting with at least four (4) members of the committee, excluding the chair, present shall constitute a quorum of the panel. The chair or the alternate chair must be present for the hearing panel to conduct its business.
4. The hearing committee chair shall establish procedural rules that shall ensure the orderly conduct of the panels' functions. The chair shall maintain a record of the hearing panel's proceedings and, at the appropriate time, forward the record to the University Dean of Students, who shall determine its proper disposition.
5. The standard of proof that shall be applied in all cases brought before a hearing panel is that a finding of responsibility requires that the preponderance of the evidence against the accused student in the majority opinion of a panel warrants the finding. The burden of proof in disciplinary cases rests with the college that initiated the investigation.
6. A student shall be guaranteed the following rights in all proceedings of a hearing panel:
  - a. The student shall have the right to a fair and impartial hearing in all proceedings of any hearing panel.
  - b. The student shall not be compelled to give testimony and refusal to do so shall not be considered evidence of responsibility for an alleged violation.

- c. The student shall be informed in writing of the reasons for appearance before any hearing panel and given sufficient time to prepare for the appearance.
  - d. The student shall be entitled to receive, upon written request, a copy of all rules and procedures governing the hearing panel within a reasonable time prior to appearance before the panel.
  - e. The student shall have the right to hear and question all witnesses and present witnesses of the student's choice.
  - f. The student may be present, if he or she desires, to listen to all individuals called by the Committee as part of its proceedings. One advisor of the student's choosing may attend the hearing and assist the student. The advisor may be an attorney. The role of the advisor shall be limited to providing advice to the accused student. Even if accompanied by an advisor, an accused student shall personally respond to inquiries from the hearing panel chair or panel members. In consideration of the limited role of an advisor, and of the compelling interest of the college to seek an expeditious conclusion to the matter, a panel hearing shall not, as a general practice, be delayed due to the unavailability of an advisor.
  - g. The student may request that any member of a hearing panel be disqualified on the ground of personal bias. The hearing officer shall make the determination either to retain or to disqualify the member.
  - h. The student shall have access to the record of the hearing.
  - i. The student shall be notified by the chair of hearing panel's composition with sufficient time before the date of the hearing to permit the student to identify any member of the panel who in the opinion of the student has a conflict of interest and recommend the member be recused. The chair shall have the authority to exclude any hearing panel member whom the chair determines has a conflict of interest or the appearance of a conflict of interest in a case.
7. The hearing may be open or closed, according to the accused student's choice as specified in the student's request for a hearing.
8. The hearing panel shall reconvene in a supplemental proceeding, not attended by the student or his or her advisor, to discuss and determine whether or not a violation of this HCC Code has occurred and if so, to recommend sanction(s). The college's Office of Student Affairs or equivalent shall obtain past records of offenses from the University Registrar and the Dean of Students. The information obtained shall be shared with the hearing panel, if the student is found responsible for a violation of this HCC Code. Both the accused and the complainant may submit relevant evidence or make relevant statements regarding the appropriateness of a specific sanction.

9. The hearing panel's meeting(s), but not the supplemental proceedings, shall be recorded.

10. The student shall enjoy all other rights specified at the time of notification of charges, cited above.

*C. Reporting Procedures*

Written correspondence is the preferred form of formal communication between a hearing panel and other parties participating in a case. Informal email correspondence among members of a hearing panel or between hearing panel members and other involved parties regarding a case under consideration is discouraged.

*D. Hearing Committee Report*

At the conclusion of its deliberations, the hearing panel shall provide a written report to the dean within seven (7) working days that summarizes whether or not a violation of the standards has occurred. If the hearing panel determines that a violation has occurred, it shall recommend an appropriate sanction to the dean in its written report. If the hearing panel determines that insufficient evidence exists to conclude that a violation of the standards has occurred, it shall also notify the dean in writing of this finding.

*E. Role of the Dean*

The dean shall accept and shall not reverse the determination of the Hearing Committee as to whether or not a violation of the standards occurred. The dean may impose a sanction that is less than, the same as, or greater than that recommended by the Committee. The dean shall notify the student in writing by first class mail of the decision within seven (7) working days following the receipt of the Committee's report. The dean shall also inform the hearing committee chair. The dean's decision shall be final unless appealed by the student.

*F. Sanctions*

All disciplinary sanctions imposed upon students are cumulative in nature. All prior disciplinary actions noted in a student's file may be used in the punishment phase of subsequent cases of code violations committed by that student and may result in more severe consequences than would otherwise have been the case. A student's disciplinary record shall be housed in the Office of the Dean of Students.

Sanctions imposed by a dean for violation(s) under this Code shall include one or more of the following:

1. a written warning, including statements on expectations for future professional conduct and consequences if a subsequent violation of the HCC Code occurs;

2. a requirement that the student consent to sanctions such as, but not limited to, restriction of access to specific areas of campus, monetary reimbursement, public or community service, research projects, compulsory attendance at education programs, compulsory psychiatric or psychological evaluation and counseling, such as alcohol and drug counseling;
3. suspension from the college or suspension from that college's courses or programs for a defined period;
4. dismissal from the college with possible readmission under conditions specified at the time of dismissal and with specified approval of the appropriate college committee and dean at the time of readmission; and
5. termination as a student or candidate for professional degree or certificate without the possibility of readmission to that college.

#### ARTICLE 7: APPEAL

A. A student who is found responsible for a violation of this HCC Code and is sanctioned with suspension, dismissal or termination from the health care college in which the student is enrolled may appeal in writing to the chair of the HCC Code Appeals Board (herein HCCCAB). The written appeal shall be submitted to the chair or postmarked, if mailed to the chair, within ten (10) days of the receipt of the decision rendered by the college dean.

The written appeal shall clearly state the reason(s) for appeal. Acceptable reasons for an appeal are an assertion and evidence that:

1. Due process rights have been violated through the HCC Code hearing process;
2. The sanction is inappropriate for the infraction for which the student was found responsible; or
3. There is information that was unavailable at the time of the original hearing which would alter the determination of responsibility, or which would alter the sanction.

#### *B. Health Care College Code Appeals Board*

1. Jurisdiction

The HCCCAB shall hold appellate jurisdiction over student matters involving alleged violations of the HCC Code, except that if the HCCCAB hearing panel, by majority of those present, decides the student's rights have been substantially violated, the HCCCAB hearing panel has original jurisdiction on the issue of responsibility.

2. Composition of the Health Care College Code Appeals Board

a. The HCCCAB shall consist of twenty-five (25) members from the health care colleges, comprised of fifteen (15) faculty members, at least ten (10) of whom teach in patient-care settings and none of whom has an administrative appointment in the college, and ten (10) students in good standing who have completed at least one year of their professional or clinically-related degree requirements and whose names are among those provided by the Student Advisory Council or equivalent body in each of the six health care colleges, and a hearing officer who shall be the chair.

b. A hearing panel of the HCCCAB shall consist of nine (9) members, at least five (5) of whom are faculty members, at least one (1) of whom is a student, and a hearing officer, who shall be the chair. No member of an HCCCAB hearing panel may serve on the college hearing panel and the HCCCAB hearing panel in the same case.

c. A quorum of the hearing panel for the conduct of business shall be seven (7) members. A quorum shall include at least five (5) faculty members (exclusive of the hearing officer) and at least one (1) student. The hearing officer must be present for the hearing panel to conduct its business.

### 3. Appointments to the Health Care College Code Appeals Board

#### a. The Hearing Officer

The hearing officer shall be the chair of the hearing panel and shall be a person with training in the law appointed by the Provost for a three-year term, subject to reappointment. The term shall begin on September 1, and end August 31. If possible, a hearing officer shall preside in a case(s) that extends beyond the hearing officer's service until the case is concluded. Similarly, the hearing panel members shall be asked to continue on cases that extend beyond their terms of service whenever feasible. The hearing officer shall establish a written set of procedures for the conduct of HCCCAB hearings, which is consistent with the policies enumerated in Article I, Section 7 of the UKCSC. The hearing officer shall convene and preside at all meetings of the hearing panel, but does not vote as a member of the hearing panel except to cast a tie-breaking vote. All questions of the law, either substantive or procedural, and all procedural questions shall be addressed to and ruled upon by the hearing officer.

The student appellant may request that any member of a hearing panel be disqualified on the ground of personal bias. The hearing officer shall make the determination either to retain or to disqualify the member.

#### b. The Student Members

(i) The student membership of the HCCCAB shall be appointed to one-year terms, subject to reappointment. Their terms shall begin May 1 and end April 30.

(ii) The student membership shall consist of eight (8) professional students and two (2) graduate students in clinically-related programs. The student members must be full-time students currently enrolled in a health care college, have been in residence at least one year and be in good academic and disciplinary standing.

(iii) The Provost shall appoint ten (10) student members to the HCCCAB from the recommendations submitted by the Student Advisory Council or equivalent body in each of the six health care colleges. At least three (3) names shall be submitted from each of the six (6) health care colleges, and the preponderance of the names submitted shall be those of professional students.

c. The Faculty Members

Faculty members of the HCCCAB shall be appointed to staggered three-year terms by the Provost upon the recommendation of the Senate Council. All terms shall begin on September 1 and end on August 31. To minimize the possibility of a conflict of interest, faculty members with primary administrative appointments (more than fifty percent of their assignment allotted to administration) shall not be appointed to the HCCCAB.

4. Temporary Appointments

a. If a sufficient number of the members of the HCCCAB are not available or have been determined by the hearing officer to have a conflict of interest or the appearance of a conflict of interest at any time when that Board has duties to perform, the Provost or, in the Provost's absence, the Executive Vice President for Health Affairs, shall make such temporary appointments as are necessary to ensure that the required number of members are present. Such temporary appointments need not be preceded by the recommendations otherwise provided herein. However, in no case shall a faculty member replace a student member or a student member replace a faculty member.

b. If, at any time, in the judgment of the hearing officer, there are sufficient cases pending before HCCCAB that it is unlikely that the pending cases can be processed within the time prescribed, the hearing officer shall notify the Provost of that fact. The Provost may, in accordance with the above provisions of the HCC Code, activate additional boards and appoint a hearing officer for each such additional board, or appoint additional boards and hearing officers for designated cases and time periods.

c. The authority, jurisdiction, and range of possible actions of, and the guaranteed rights of an accused person before any special board or panel appointed or activated under the terms of (a) or (b) above shall be the same as those applicable to the regularly constituted board or panel.

#### 5. Disposition of Cases – Authority

The HCCAB shall render a prompt decision after receipt of the appeal. The HCCAB may uphold the decision of the dean or modify the decision by reducing or increasing the level of sanctions imposed or modifying any terms and conditions of the initial sanctions. The imposition of sanctions shall be deferred during the review unless, in the discretion of the Vice President for Student Affairs or authorized designee, the continued presence of the student on the campus poses a substantial threat to himself or herself, or to others, or to the stability and continuance of normal University functions. Decisions of the HCCAB are final.

#### ARTICLE 8: DISCIPLINARY FILES AND RECORDS

The record of disciplinary cases shall be maintained in the Office of the Dean of Students

The file of a HHC student charged with or found responsible for any violations of this Code shall be retained as a disciplinary record for seven (7) years following the incident or five (5) years after the last semester enrolled, whichever is longer.

#### ARTICLE 9: AMENDMENT OF THE HEALTH CARE COLLEGES CODE OF STUDENT PROFESSIONAL CONDUCT

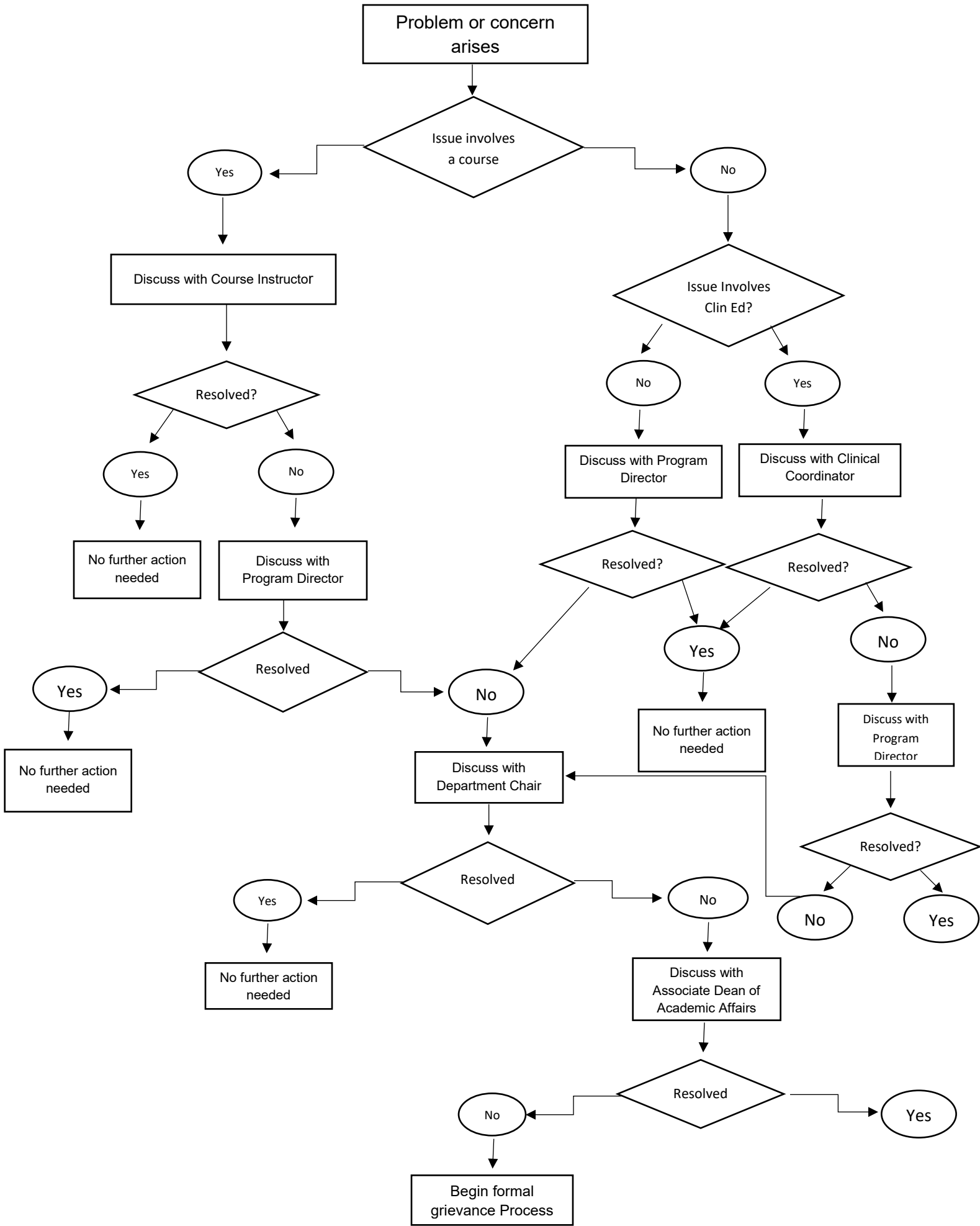
The Health Care Colleges Code of Student Professional Conduct shall be amended only by the Board of Trustees. Responsibility for proposing revisions to the HCC Code is delegated to a committee consisting of students, faculty and administrators from the health care colleges. The exact composition and procedure of the committee shall be determined by the President of the University.

The Committee shall accept and review recommendations from students, faculty and administrators regarding revisions of the HCC Code. The Committee shall prepare proposed revisions, and after consultation with the University Senate, forward them to the President for approval and, after approval, for presentation to the Board of Trustees for its consideration.

Nothing included above shall be construed as a limitation upon the President to propose changes without reference to the Committee.

***Appendix B. Grievance Procedures Flow Chart***





***Appendix C: Health Care Colleges Code of Student Professional Conduct***

HEALTH CARE COLLEGES  
CODE OF STUDENT PROFESSIONAL CONDUCT  
(APPROVED BY THE BOARD OF TRUSTEES)

ARTICLE 1: INTRODUCTION

*A. Rationale*

The credibility of a health care professional is based, to a large extent, on maintaining a high degree of trust between the professional and the individuals he or she serves. Each health profession has a code of professional conduct administered by a professional organization or regulatory agency that prescribes and imposes high standards of conduct and principles of professionalism upon its members. Students must understand and adhere to these standards during their education in preparation for careers in which they must conduct themselves in the manner expected by their profession. Consequently, students in the health care colleges have a particular obligation to conduct themselves at all times in a manner that reflects appropriate professional moral and ethical character.

This Health Care Colleges Code of Student Professional Conduct (HCC Code) provides the standards of professional conduct and procedures to be followed when questions arise about the professional moral or ethical character of a student enrolled in courses or programs, including clinical programs, in the health care colleges. For guidance in matters of interpretation of standards or propriety of conduct in this HCC Code, the professional standards and interpretations of organizations representing the professions and bodies that grant licensure or certification were consulted and considered.

*B. Applicability*

The purpose of the HCC Code is to provide a professional behavior code that applies uniformly to all students enrolled in a degree program, leading ultimately to a profession requiring licensure or certification, offered by any of the health care colleges (“HCC students”). The health care colleges are: Dentistry, Health Sciences, Medicine, Nursing, Pharmacy, and Public Health.

This HCC Code shall also be applicable to students in professional or clinically-related programs for which there is joint responsibility between a health care college and the graduate school. Examples of such joint responsibility programs include, but are not limited to, Masters degrees in Clinical Laboratory Sciences, Communication Disorders, Dentistry, Nursing, Physician Assistant Studies, Public Health, Radiation Sciences, and Doctoral programs in Nursing and Rehabilitation Sciences.

Article II of the revised University of Kentucky Code of Student Conduct (“UKCSC”) states: “The Code does not cover decisions of the faculty of a professional school as to character, moral or ethical, required of a student for purposes of awarding a degree or certificate, or for continuation as a candidate for such degree or certificate.” The jurisdiction of this HCC Code

extends to the commissions of acts on- or off- campus that reflect adversely on the professional moral and ethical character of the enrolled HCC student, independent of whether or not such acts are judged to be violations of the UKCSC.

## ARTICLE 2: STANDARDS

A HCC student shall be expected to adhere to accepted standards of professional practice.

All HCC students must possess the qualities of appropriate professional moral and ethical character. Each student must apply these standards to his or her academic career as well as his or her professional career. A student's continued enrollment shall depend on the student's ability to adhere to recognized standards of professional practice and conduct. The standards are drawn from the duly legislated practice acts of the professions that have educational programs in the health care colleges of the University.

Violation of one or more of the standards shall be sufficient grounds for the dean of the appropriate health care college to initiate a review of the status of the student's continued enrollment in courses or programs of the college.

## ARTICLE 3: PROHIBITED CONDUCT

This Article summarizes a representative, but non-comprehensive, list of violations of this HCC Code that are punishable, disciplinary offenses. The list includes items specific to the training programs of the health care colleges as well as those in the UKCSC. Some overlap among items is to be expected. At a minimum, health care college students shall not:

1. Commit any offenses enumerated under the UKCSC to the extent that the violation reflects adversely on the student's professional moral and ethical character;
2. Misappropriate or illegally use drugs or other pharmacologically active agents;
3. Engage in any behavior that may endanger clients, patients, or the public, including failure to carry out the appropriate or assigned duties, particularly when such failure may endanger the health or well-being of a patient or client, or treatment is dispensed without appropriate faculty supervision;
4. Engage in behavior or action that deceives, defrauds, or harms the public or the public's perception of the profession;
5. Falsify or, through negligence, make incorrect entries or failing to make essential entries in health records;
6. Deliberately deceive a patient or client through failure of the HCC student to disclose his or her student's status unequivocally to the patient;
7. Fail to maintain client or patient confidentiality including failure to follow the

Health Insurance Portability and Accountability Act (HIPAA) standards;

8. Obtain any fee or compensation by fraud or misrepresentation;
9. Engage in any course of conduct, act, or omission that would be considered unprofessional conduct as a basis for discipline under the professional standards recognized by the licensing, certifying, or professional association or agency of the health care college student's intended profession for which the health care college student is in training;
10. Fail to report a felony conviction pursuant to Article 4 in this HCC Code.

#### ARTICLE 4: STUDENT'S OBLIGATIONS

A student who is subject to the jurisdiction of this HCC Code shall report to the dean of the applicable health care college, prior to enrollment in classes for a semester, if the student has been convicted of a felony crime. Further, during the academic year, a student shall notify the dean of any felony conviction within ten days of such conviction. Failure to make a timely notification under this Article shall be a violation of the "Prohibited Conduct" section of this Code.

#### ARTICLE 5: JURISDICTION

A HCC student enrolled in a course or program in a health care college shall be subject to the jurisdiction of this HCC Code, the UKCSC, and the Selected Rules of the University Senate of the University of Kentucky (hereinafter Selected Rules). If a violation of the UKCSC and also one or both of the other above referenced codes or rules allegedly has been committed in the same set of circumstances or facts, the dean of the health care college in which the student is enrolled and the University's Dean of Students or Academic Ombud, as applicable, shall consult, investigate the circumstances at issue, and pursue the case in accordance with the appropriate procedure(s) and authorities. An investigation of an alleged academic offense (plagiarism, cheating, or the falsification or misuse of academic records) shall be conducted in accordance with the policies and procedures established in the Selected Rules of the University Senate (SR 6.0, Section VI, Student Academic Affairs). Any levy of sanctions resulting from a finding of responsibility in an academic offense shall also conform with the policies and procedures established in the Selected Rules of the University Senate (SR 6.0, Section VI, Student Academic Affairs).

A decision taken by a dean of a health care college under this HCC Code shall not preclude or be precluded by any action for which the health care college student may be liable for the same or a related offense under the UKCSC, the Selected Rules, or behavioral standards that may have been established in any specific course.

A decision taken by a dean of a health care college under this Code shall not preclude any action by legal authorities outside the University.

## ARTICLE 6: ADMINISTRATIVE PROCESS AND SANCTIONS

### *A. Preliminary Meeting with the Dean*

When a dean or authorized designee of a health care college, after an appropriate, preliminary investigation into an alleged violation of the standards, believes a HCC student has violated the standards or engaged in a violation of the HCC Code, the dean or authorized designee shall notify the student by first class mail that the student is charged with one or more specific violation(s). A student accused of violations of this HCC Code is subject to an informational meeting with the dean of the student's college or authorized designee. When a student fails to respond to proper notification of an informational meeting or fails to attend a scheduled meeting within the specified period, the dean or authorized designee may deem that the student has denied responsibility for the pending charges and refer the matter to the hearing committee chair to convene a hearing panel.

At the informational meeting with the dean or authorized designee, the accused student shall be asked to state whether he or she is "responsible" or "not responsible" for the alleged violation. The student shall not be compelled to give testimony that might tend to be incriminating and a student's refusal to do so shall not be considered evidence of guilt. Information obtained from the student during this informal meeting is confidential and inadmissible in any disciplinary hearing of the University except in cases where the student withdraws his or her admission of responsibility or refuses to comply with the sanction proposed by the dean.

When a student accepts responsibility for an alleged violation, the dean or authorized designee shall counsel the student and outline proposed disciplinary action as defined in the section on *Sanctions* below of this HCC Code. When a student denies responsibility for an alleged violation or withdraws from or refuses to comply with the proposed sanction, the dean or authorized designee shall forward the reports and evidence concerning the case to the hearing committee chair to convene a hearing panel.

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At the beginning of each academic year, the dean of each health care college shall appoint eighteen (18) members to serve on a college hearing committee, consisting of ten (10) college faculty members, at least six (6) of whom teach in patient-care settings and none of whom has an administrative appointment in the college, and eight (8) students in good standing who have completed at least one year of their professional or clinically-related degree program requirements and whose names are among those provided by the college's Student Advisory Council or equivalent body. In those health care colleges with smaller numbers of college faculty, the dean may appoint fewer faculty members to the college hearing committee. However, a hearing panel shall be of uniform size, as prescribed below, across all health care colleges. The dean shall designate a hearing committee chair and alternate chair from among the faculty appointees. The alternate chair shall serve in the absence of the chair.

1. The chair, or alternate chair in the chair's absence, shall appoint a hearing panel with representation from the following groups among the hearing committee

membership:

- a. three faculty members, at least two (2) of whom teach in a patient-care setting, and none of whom has a current academic or supervisory relationship with the student;
  - b. two students.
2. The chair, or alternate chair in the chair's absence, shall:
  - a. convene the hearing panel within fifteen (15) working days of the dean's receiving the student's written request for a hearing;
  - b. obtain but not share the previous disciplinary record, if any, with the hearing panel before the conclusion of the hearing;
  - c. conduct the hearing but not participate as a voting member of the hearing panel except to cast a tie-breaking vote;
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3. A meeting with at least four (4) members of the committee, excluding the chair, present shall constitute a quorum of the panel. The chair or the alternate chair must be present for the hearing panel to conduct its business.
4. The hearing committee chair shall establish procedural rules that shall ensure the orderly conduct of the panels' functions. The chair shall maintain a record of the hearing panel's proceedings and, at the appropriate time, forward the record to the University Dean of Students, who shall determine its proper disposition.
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#### ARTICLE 7: APPEAL

A. A student who is found responsible for a violation of this HCC Code and is sanctioned with suspension, dismissal or termination from the health care college in which the student is enrolled may appeal in writing to the chair of the HCC Code Appeals Board (herein HCCCAB). The written appeal shall be submitted to the chair or postmarked, if mailed to the chair, within ten (10) days of the receipt of the decision rendered by the college dean.

The written appeal shall clearly state the reason(s) for appeal. Acceptable reasons for an appeal are an assertion and evidence that:

1. Due process rights have been violated through the HCC Code hearing process;
2. The sanction is inappropriate for the infraction for which the student was found responsible; or
3. There is information that was unavailable at the time of the original hearing which would alter the determination of responsibility, or which would alter the sanction.

#### *B. Health Care College Code Appeals Board*

1. Jurisdiction

The HCCCAB shall hold appellate jurisdiction over student matters involving alleged violations of the HCC Code, except that if the HCCCAB hearing panel, by majority of those present, decides the student's rights have been substantially violated, the HCCCAB hearing panel has original jurisdiction on the issue of responsibility.

2. Composition of the Health Care College Code Appeals Board

a. The HCCCAB shall consist of twenty-five (25) members from the health care colleges, comprised of fifteen (15) faculty members, at least ten (10) of whom teach in patient-care settings and none of whom has an administrative appointment in the college, and ten (10) students in good standing who have completed at least one year of their professional or clinically-related degree requirements and whose names are among those provided by the Student Advisory Council or equivalent body in each of the six health care colleges, and a hearing officer who shall be the chair.

b. A hearing panel of the HCCCAB shall consist of nine (9) members, at least five (5) of whom are faculty members, at least one (1) of whom is a student, and a hearing officer, who shall be the chair. No member of an HCCCAB hearing panel may serve on the college hearing panel and the HCCCAB hearing panel in the same case.

c. A quorum of the hearing panel for the conduct of business shall be seven (7) members. A quorum shall include at least five (5) faculty members (exclusive of the hearing officer) and at least one (1) student. The hearing officer must be present for the hearing panel to conduct its business.

### 3. Appointments to the Health Care College Code Appeals Board

#### a. The Hearing Officer

The hearing officer shall be the chair of the hearing panel and shall be a person with training in the law appointed by the Provost for a three-year term, subject to reappointment. The term shall begin on September 1, and end August 31. If possible, a hearing officer shall preside in a case(s) that extends beyond the hearing officer's service until the case is concluded. Similarly, the hearing panel members shall be asked to continue on cases that extend beyond their terms of service whenever feasible. The hearing officer shall establish a written set of procedures for the conduct of HCCCAB hearings, which is consistent with the policies enumerated in Article I, Section 7 of the UKCSC. The hearing officer shall convene and preside at all meetings of the hearing panel, but does not vote as a member of the hearing panel except to cast a tie-breaking vote. All questions of the law, either substantive or procedural, and all procedural questions shall be addressed to and ruled upon by the hearing officer.

The student appellant may request that any member of a hearing panel be disqualified on the ground of personal bias. The hearing officer shall make the determination either to retain or to disqualify the member.

#### b. The Student Members

(i) The student membership of the HCCCAB shall be appointed to one-year terms, subject to reappointment. Their terms shall begin May 1 and end April 30.

(ii) The student membership shall consist of eight (8) professional students and two (2) graduate students in clinically-related programs. The student members must be full-time students currently enrolled in a health care college, have been in residence at least one year and be in good academic and disciplinary standing.

(iii) The Provost shall appoint ten (10) student members to the HCCCAB from the recommendations submitted by the Student Advisory Council or equivalent body in each of the six health care colleges. At least three (3) names shall be submitted from each of the six (6) health care colleges, and the preponderance of the names submitted shall be those of professional students.

c. The Faculty Members

Faculty members of the HCCCAB shall be appointed to staggered three-year terms by the Provost upon the recommendation of the Senate Council. All terms shall begin on September 1 and end on August 31. To minimize the possibility of a conflict of interest, faculty members with primary administrative appointments (more than fifty percent of their assignment allotted to administration) shall not be appointed to the HCCCAB.

4. Temporary Appointments

a. If a sufficient number of the members of the HCCCAB are not available or have been determined by the hearing officer to have a conflict of interest or the appearance of a conflict of interest at any time when that Board has duties to perform, the Provost or, in the Provost's absence, the Executive Vice President for Health Affairs, shall make such temporary appointments as are necessary to ensure that the required number of members are present. Such temporary appointments need not be preceded by the recommendations otherwise provided herein. However, in no case shall a faculty member replace a student member or a student member replace a faculty member.

b. If, at any time, in the judgment of the hearing officer, there are sufficient cases pending before HCCCAB that it is unlikely that the pending cases can be processed within the time prescribed, the hearing officer shall notify the Provost of that fact. The Provost may, in accordance with the above provisions of the HCC Code, activate additional boards and appoint a hearing officer for each such additional board, or appoint additional boards and hearing officers for designated cases and time periods.

c. The authority, jurisdiction, and range of possible actions of, and the guaranteed rights of an accused person before any special board or panel appointed or activated under the terms of (a) or (b) above shall be the same as those applicable to the regularly constituted board or panel.

#### 5. Disposition of Cases – Authority

The HCCAB shall render a prompt decision after receipt of the appeal. The HCCAB may uphold the decision of the dean or modify the decision by reducing or increasing the level of sanctions imposed or modifying any terms and conditions of the initial sanctions. The imposition of sanctions shall be deferred during the review unless, in the discretion of the Vice President for Student Affairs or authorized designee, the continued presence of the student on the campus poses a substantial threat to himself or herself, or to others, or to the stability and continuance of normal University functions. Decisions of the HCCAB are final.

#### ARTICLE 8: DISCIPLINARY FILES AND RECORDS

The record of disciplinary cases shall be maintained in the Office of the Dean of Students

The file of a HHC student charged with or found responsible for any violations of this Code shall be retained as a disciplinary record for seven (7) years following the incident or five (5) years after the last semester enrolled, whichever is longer.

#### ARTICLE 9: AMENDMENT OF THE HEALTH CARE COLLEGES CODE OF STUDENT PROFESSIONAL CONDUCT

The Health Care Colleges Code of Student Professional Conduct shall be amended only by the Board of Trustees. Responsibility for proposing revisions to the HCC Code is delegated to a committee consisting of students, faculty and administrators from the health care colleges. The exact composition and procedure of the committee shall be determined by the President of the University.

The Committee shall accept and review recommendations from students, faculty and administrators regarding revisions of the HCC Code. The Committee shall prepare proposed revisions, and after consultation with the University Senate, forward them to the President for approval and, after approval, for presentation to the Board of Trustees for its consideration.

Nothing included above shall be construed as a limitation upon the President to propose changes without reference to the Committee.

***Appendix D: NATA Code of Ethics***



## **CODE OF ETHICS**

*Including Shared Professional Values*

*Revised May 2022*

National Athletic Trainers' Association  
1620 Valwood Parkway, Suite 115  
Carrollton, TX 75006  
214-637-6282

## **Preamble**

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

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

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

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

### ***PRINCIPLE 1. IN THE ROLE OF AN ATHLETIC TRAINER, MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS***

*(PRINCIPLE 1 is associated with the PV of Respect, Caring & Compassion, and Competence.)*

- 1.1 Members shall act in a respectful and appropriate manner to all persons regardless of race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity and expression.
- 1.2 Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other stakeholders to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient as delineated by professional statements and best practices.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

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

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

- 2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
- 2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
- 2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.



- 2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

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

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

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

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

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

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

## Athletic Training's Shared Professional Values

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

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

Sample behaviors include:

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

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

Sample behaviors include:

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

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

Sample behaviors include:

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

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

Sample behaviors include:

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

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

Sample behaviors include:

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

***Appendix E: BOC Standards of Professional Practice***



# BOC Standards of Professional Practice

VERSION 3.4 - PUBLISHED NOVEMBER 2021  
IMPLEMENTED JANUARY 2022



# Introduction

The “BOC Standards of Professional Practice” are reviewed by the Board of Certification, Inc. (BOC) Standards Committee and recommendations are provided to the BOC Board of Directors. The BOC Standards Committee is comprised of five Athletic Trainer members and one public member. The BOC Board of Directors approves the final document. The BOC Board of Directors includes six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

## CERTIFIED ATHLETIC TRAINERS

The BOC certifies Athletic Trainers and identifies, for the public, quality health care professionals through a system of certification, adjudication, standards of practice and continuing competence programs. Athletic Trainers are health care 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.

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

## BOARD CERTIFIED SPECIALIST

Specialty certification identifies Athletic Trainers who have clinical practice abilities beyond the ATC® credential. These abilities will be identified via demonstration of post-professional education and training (e.g., CAATE-accredited residency and/or employment and experience), and passing of a specialty certification exam. The specialty certification demonstrates an ability to enhance quality of patient care, optimize clinical outcomes, increase cost-effectiveness, provide value-based care and improve patients’ health-related quality of life within a specialized area of athletic training practice.

The “BOC Standards of Professional Practice” consists of two sections:

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



# I. Practice Standards

## CERTIFIED ATHLETIC TRAINERS

### PREAMBLE

The primary purpose of the Practice Standards are to establish essential duties and obligations imposed by virtue of holding the ATC® credential. Compliance with the Practice Standards are mandatory.

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Practice Standards at all times.

### STANDARD 1: DIRECTION

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

### STANDARD 2: PREVENTION

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

### STANDARD 3: IMMEDIATE CARE

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

### STANDARD 4: EXAMINATION, ASSESSMENT AND DIAGNOSIS

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

### STANDARD 5: THERAPEUTIC INTERVENTION

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

### STANDARD 6: PROGRAM DISCONTINUATION

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

### STANDARD 7: ORGANIZATION AND ADMINISTRATION

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



## BOARD CERTIFIED SPECIALIST

### PREAMBLE

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

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

### BOARD CERTIFIED SPECIALIST - ORTHOPEDICS (BCS-O)

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

#### STANDARD 1: MEDICAL KNOWLEDGE

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

#### STANDARD 2: PROCEDURAL KNOWLEDGE

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

#### STANDARD 3: PROFESSIONAL PRACTICE

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



# II. Code of Professional Responsibility

## PREAMBLE

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

## CODE 1: PATIENT CARE RESPONSIBILITIES

The Athletic Trainer, specialist or applicant:

- 1.1 Renders quality patient care regardless of the patient’s age, gender, race, religion, disability, sexual orientation, gender identity, or any other characteristic protected by law.
- 1.2 Protects the patient from undue harm and acts always in the patient’s best interest and is an advocate for the patient’s welfare, including taking appropriate action to protect patients from health care providers or athletic training students who are, impaired or engaged in illegal or unethical practice.
- 1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies.
- 1.4 Communicates effectively and truthfully with patients and other persons involved in the patient’s program, while maintaining privacy and confidentiality of patient information in accordance with applicable law.
  - 1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values.
- 1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain.
- 1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient.
- 1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan.
  - 1.7.1 Does not make unsupported claims about the safety or efficacy of treatment.

- 1.8 Does not practice athletic training, or otherwise render patient care, while under the influence of alcohol, drugs, or any other substance that may or is likely to impair the Athletic Trainer’s ability to render quality, skilled care to the patient.

## CODE 2: COMPETENCY

The Athletic Trainer, specialist or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence.
- 2.2 Complies with the most current BOC recertification policies and requirements.

## CODE 3: PROFESSIONAL RESPONSIBILITY

The Athletic Trainer, specialist or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards.
- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training including, without limitation, applicable state licensing and ethical requirements.
- 3.3 Practices in collaboration and cooperation with others involved in a patient’s care when warranted; respecting the expertise and medicolegal responsibility of all parties.
- 3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services.
- 3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training.
  - 3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.6 Does not guarantee the results of any athletic training service.
- 3.7 Complies with all BOC exam eligibility requirements.
- 3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification, recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful.



## II. Code of Professional Responsibility

- 3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials without proper authorization.
- 3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event.
- 3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws committed by themselves and/or by another Athletic Trainer that is related to the practice of athletic training and/or that may impact the Athletic Trainer's ability to practice athletic training in accordance with "BOC Standards of Professional Practice."
- 3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by themselves or by another Athletic Trainer that is related to athletic training.
- 3.13 Complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to mandatory reporting when identified as a "mandatory reporter" or "responsible employee."
- 3.14 Cooperates with BOC investigations into alleged illegal and/or unethical activities and any alleged violation(s) of a "BOC Standard of Professional Practice." Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information and/or documentation.
- 3.15 Complies with all confidentiality and disclosure requirements of the BOC and existing law.
- 3.16 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.
- 3.17 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the "BOC Professional Practice and Discipline Guidelines and Procedures."
- 3.18 Fulfills financial obligations for all BOC billable goods and services provided.

### CODE 4: RESEARCH

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

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

### CODE 5: SOCIAL RESPONSIBILITY

The Athletic Trainer, specialist or applicant:

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

### CODE 6: BUSINESS PRACTICES

The Athletic Trainer, specialist or applicant:

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