

## Welcome Preceptors

ed to have you as part of our program. We value everything you do for our students as we prepare future athletic trainers. It is our hope that this guidebook will serve as a guide when working with our students. In addition to this handbook, you will also have a student handbook which will outline policies and procedures our students are expected to follow.

## Program Information

The CM Athletic Training program closed out the Bachelors of Science program in Athletic Training and launched the Master's of Science in Athletic Training. The following procedures are reflective of the content standards of Commission on Accreditation of Athletic Training Education (CAATE).

The MSAT was granted CAATE accreditation with the next comprehensive review scheduled for the 2027-2028 academic year.

## Mission Statement

The mission of the athletic training program at the University of Central Missouri is to produce graduates who are leaders, critical thinkers, and engaged leaders who are ready to take their place in the field of professional healthcare. The program prepares future athletic trainers to serve the integrated healthcare community through the use of evidence-based practice to achieve desired outcomes. With a variety of innovative and dynamic learning opportunities, the program provides the tools necessary to become professionally prepared.

## **Program Goals and Outcomes**

### **Goals**

**Goal 1: Students will demonstrate the necessary core knowledge, and clinical reasoning to become a certified athletic trainer.**

**Goal 2: Students will participate in professional development, leadership development, and professional collaboration.**

**Goal 3: Students will learn to appreciate and assess diversity in culture and community to improve patient outcomes.**

### **Outcomes**

#### **Goal 1 Outcomes**

**Program related faculty**

Program Director: Dr. Brian Hughes

\*Coordinator of Clinical Education: Dr. Molly Cuffe

Additional Faculty: Dr. Leah Harold

Medical Director: Dr. Drew Glover

\*Molly will be your primary contact. Her contact information can be found below

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**Course Sequence****Summer 1**

AT 5610: Clinical Athletic Training Methods

AT 5620: Responding to Medical Emergencies

AT 5630: Principles of Athletic Training

**Fall 1**

AT 5640: Orthopedic Assessment: Lower Extremity

AT 5650: Clinical Athletic Training Practicum I

AT 5660: Therapeutic Modalities

**Spring 1**

AT 5670: Orthopedic Assessment II: Upper extremity

AT 5680: Clinical Athletic Training Practicum II

AT 5690: Therapeutic Rehabilitation

**Summer 2**

AT 6610: Medical Aspects and Interventions in Athletic Training

AT 6620: Clinical Athletic Training Practicum III

**Fall 2**

AT 6630: Management of Professionalism in Athletic Training

AT 6640: Clinical Athletic Training Practicum IV

KIN 5900: Introduction to Research in Kinesiology

**Spring 2**

AT 6650: Seminar in Athletic Training

AT 6660: Internship in Athletic Training

**Clinical Overview**

Students enrolled in the athletic training program will complete six consecutive semesters of didactic coursework and will have five semesters of clinical experience. Clinical experience will begin in the student's second semester of the program.

	Didactic Focus	Clinical Experience	Patient Population
Summer 1	Foundational skills including first aid, CPR, the evaluation process, and basics of an evaluation.	NA	
Fall 1	Lower extremity orthopedic evaluation and therapeutic modalities	Time split between UCM Athletics and area high schools	Pediatric and young adult of various genders, races, socioeconomic status, and activity level
Spring 1	Upper extremity orthopedic evaluation and therapeutic rehabilitation	UCM Athletics	Young adult of various genders, races, and socioeconomic status, and activity level
Summer 2	General medical assessment	Area orthopedic and primary care physicians  Supplemental experience as available: Rehabilitation clinic	Across the lifespan of various genders, races, and socioeconomic status, and activity level
Fall 2	Administration, review and expand on previously learned skills	Area high schools  Supplemental experience: rehabilitation clinic as available if not completed during summer 2	Pediatric population of various genders, races, and socioeconomic status, and activity level  Across the lifespan of various genders, races, socioeconomic status, and activity level
Spring 2	BOC Exam prep	Clinical Immersion final 10 weeks	Variable based on setting. Can include patients across the lifespan of various genders, races, socioeconomic status, and activity level

### **Clinical Education Expectations by semester**

Summer 1:

Students will not have clinical education requirements during semester 1. During this time students will be learning foundational knowledge and obtaining prerequisites to attend clinical education experiences.

Fall 1:

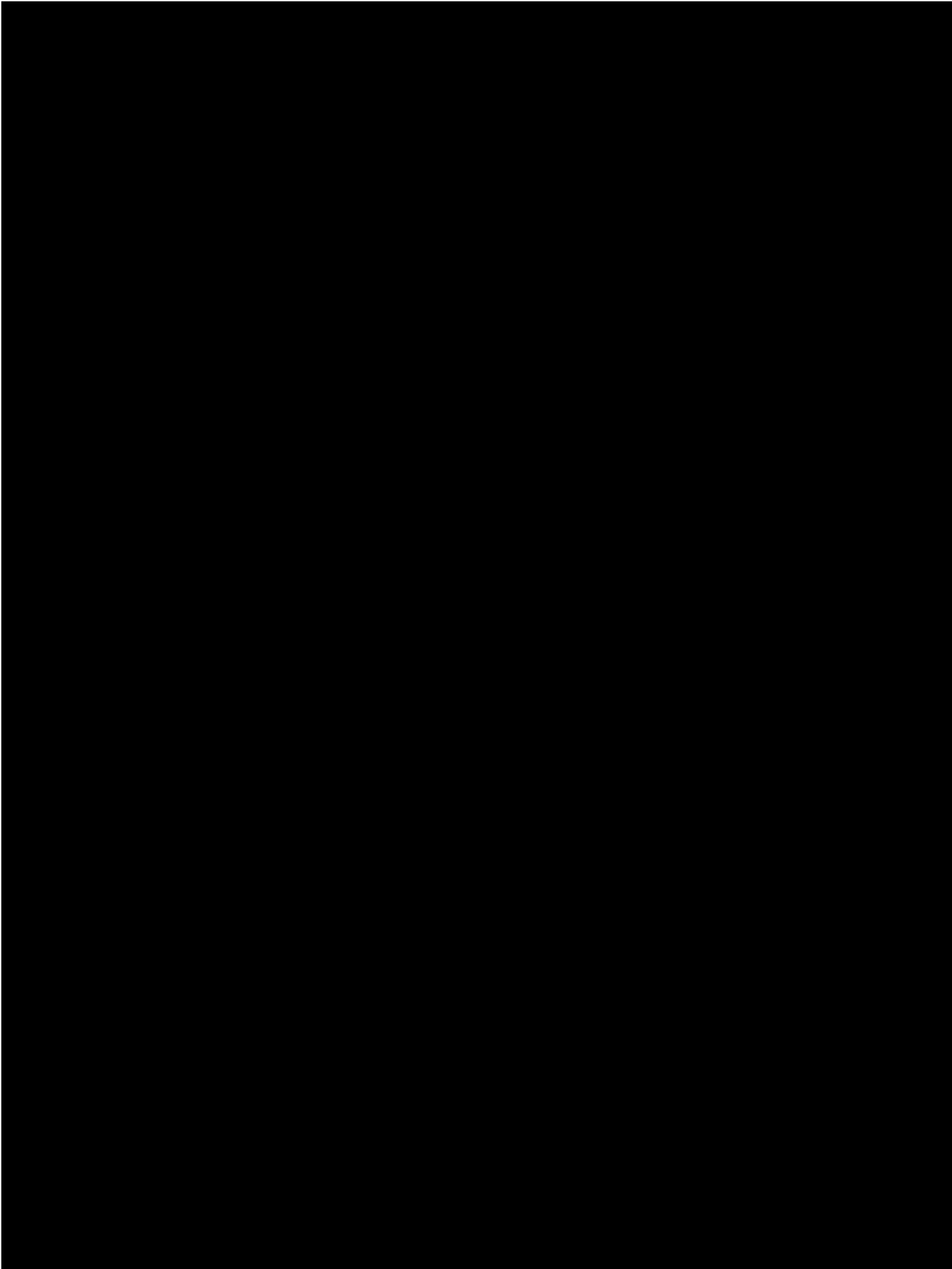
Goal: Continue to apply skills learned in the previous semester. Continue to improve evaluation skills. Begin working towards evaluation of upper extremity conditions and integrating therapeutic intervention strategies.

Fall 2:

Goal: Gain confidence in capabilities and begin working towards complete integration of knowledge. Students should be working toward providing comprehensive patient care, ideally in the high school the student was assigned in fall 2.

Tasks/duties of the ATS during fall 2





sides. Once all parties have agreed to the terms of the agreement, the University of Central Missouri Provost and the individual with signatory authority at the prospective clinical site will virtually sign the document, the program director will be sent a copy of the virtually signed agreement. Affiliation agreements will be set up as a rolling contract, unless otherwise within the terms of the agreement, and modification or cancellations to the agreement will be made at the request of either party.

If there are additional requirements of the student, specifically those with financial obligations, the program needs to notify students as early as possible. All of these obligations should be outlined in the affiliation agreement.

Once the agreement is received by program faculty, the coordinator of clinical education will work with the identified



### **General program, class, and student updates**

General program, class, and student updates are sent out weekly typically on Mondays (unless there is no school, in which case emails are sent on Tuesdays). Active preceptors for the semester are sent one email and students are sent a separate email.

### **Program Framework**

Information related to the program framework is sent shortly before the start of each semester. The email includes any updates, revised policy and procedure manual, and reminders of student orientation/start dates. Any revised or adjusted update is typically sent out in a weekly email. If the change affects all active and inactive preceptors, a separate email may come out as deemed necessary by faculty.

### **Student needs**

Prior to a student being assigned to a clinical rotation, preceptors are communicated with, either via phone or email, the strengths and weaknesses of a prospective student. If a student has previously struggled, a preceptor is new, or there is a unique situation, preceptors are communicated with via phone to gain input prior to clinical placement. If the information on student needs is general, the preceptor(s) are communicated with via email.

### **Student Progress**

Student progress is assessed through five week evaluations. If additional communication is needed both email and phone are used. In addition, aside from annual site visits in the spring, all sites with students in the fall will meet with the CEC either virtually or face to face in which student progress or upcoming needs are further discussed.

### **Assessment procedures**

Formative and summative assessment procedures used either to assess clinical skill competency or to assess soft skills associated with clinical performance are communicated at the beginning of the semester via email and/or preceptor training as well as through our online student portfolio platform-ATrack Online. During visits to the sites, the Coordinator of Clinical Education follows up on assessment procedures. .

### **Evaluations (overview)**

#### Clinical Site Evaluations

Clinical sites are evaluated on an annual basis by the coordinator of clinical education and in four or five week intervals by the students (four weeks: summer 2, spring 2 (internship); five weeks: fall 1, spring 1, fall 2).

Clinical sites will be visited annually during the spring semester. A clinical site evaluation form will be used to assess the clinical sites and all parties will sign the agreement at the conclusion of the visit. If deficiencies are found, a plan will be made to correct the deficiencies and/or terminate the affiliation agreement.

In addition to the annual site visits, students evaluate their assigned clinical site(s) periodically throughout the semester. If concerns are raised on the evaluations, the clinical education coordinator will work to address the concerns with the preceptor at the clinical site.

### Student Evaluation

As a program we use the student portfolio platform ATrack (atrackonline.org). If you need your login information, please let me know.

ATrack will be used for the following purposes

#### Hour tracking

Students will log the hours from the time of arrival to the time in which they leave. When traveling with you and a team, travel time does not count. Preceptor is responsible for approving student hours.

#### Patient encounter tracking

Students will need to log various encounters over the course of the semester as documentation of the patients he/she/they are working with and the conditions which are being seen. Preceptor is responsible for approving student patient encounters.

#### Orientations

Prior to the start of a clinical rotation students are expected to meet with you and others they may be in frequent contact with to complete an orientation checklist. Students will have access to the orientation checklist and will submit this document after reviewing the document with you.

#### Evaluations

At various points Preceptor he/s



## Hours

To pass the course students need to complete 150-200 hours

## Assessment Pieces:

### Patient Encounters

By the conclusion of the semester the student will need to complete the following

3 performed encounters- LE evaluation (foot/ankle/lower leg, knee, hip/thigh/pelvis)

2 performed encounters- UE evaluation- 1 must be shoulder, second can be your choice (thoracic, shoulder, elbow, forearm/n e

Are students able to complete assigned clinical skills germane to their educational level?

## Second Year

### Summer 2

#### Hours

To pass the course students need to complete 90-120 hours

#### Assessment Pieces:

##### Patient Encounters

By the conclusion of the semester the student will need to complete the following:

ATS will need to complete a minimum of 8 performed encounters prior to the end of the semester: Please document encounters in which assisted or completed an evaluation of a patient with various health conditions. Encounters should span body systems including behavior health assessments and education (risk reduction strategies, pharmacological implications). Encounters which assess multiple body systems are encouraged.

**Note: prior to graduating students need to document exposure to the following: patients with emergent, behavioral (mental health), musculoskeletal, neurological, endocrine, dermatological, cardiovascular, respiratory, gastrointestinal, genitourinary, otolaryngological, ophthalmological, dental, and environmental conditions.**

##### Approval Status

The patient encounters submitted by the students are a reflection of their work that particular day. Moving forward please both approve and provide a grade to the encounter.

Approval and a 3 rating- the student was competent in the skill and is ready to continue clinical practice in this area.

Approval and a 2 rating- the student was able to complete the skill but needs practice/additional work. Please document what the student needs to work on.

Non approval and a 1 rating- the student is not competent in the skill. The skill needs to be remediated/repeated at a later date.

Please comment on what took place. The CEC will follow up with the student on all 1 ratings to determine additional opportunities for skill development. For remediation, students will need to complete an additional encounter in the content area he/she/they scored a 1 or 2.

##### Reflections assignments

Following an encounter the student will be asked to complete a reflection on the encounter using an established form. The preceptor has no responsibility with the assignment. The assignment is a separate activity.

##### Evaluations



Students will continue to complete 2 evaluations: one self evaluation and one preceptor/clinical site evaluation. Preceptor and student are expected to meet to discuss all evaluations prior to submitting. Students need to score an 80% to pass. Failure to do so will require students to submit a plan for improvement to the instructor of record.

Questions related to clinical skills

On the ATrack evaluations, there will be 1 question related to clinical skills:

Are students able to complete assigned clinical skills germane to their educational level?

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discuss all evaluations prior to submitting. Students need to score 6 to pass. Failure to do so will require students to submit a plan for the instructor of record.

Questions related to clinical skills

On the ATrack evaluations, there will be 1 question related to

clinical skills:

Are students able to complete assigned clinical activities at their educational level?

Milestones

The Milestones assessment is an additional measure used to ensure the student is ready to progress to the immersion phase of our program. The AT Milestones reflect knowledge, skills, and attitudes across six practice areas. Preceptors and faculty will complete the assessment for each student. Following collection of the data program faculty will meet to discuss student progress holistically to make determinations relative to remediation and or areas for the student to include in their professional development plan.

Internship

Hours

To pass the course students need to complete 300 hours

Assessment Parameters

Patient Encounters

By the conclusion of the semester the student will need to

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80% on the first evaluation (equates to 4 out of 5 on the soft skills type questions), the student must submit a corrective plan of action to be completed during the second half of the experience. Questions related to clinical skills

On the ATrack evaluations, there will be 1 question related to clinical skills:

Are students able to complete assigned clinical skills germane to their educational level?

### Milestones

The Milestones assessment is an additional measure used to ensure the student is ready for independent clinical practice. Data collected at the end of the internship phase will be compared to the previous fall. Scores of at least a 3 on all pr> . O H W H G

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## **CAATE Curricular Content Standards**

The following standards will be assessed



Cervical spine compromise  
Traumatic brain injury  
Internal and external hemorrhage (includingrai

Soft tissue techniques  
Movement training (including gait training)  
Motor control/proprioceptive activities  
Task-specific functional training  
Therapeutic modalities  
Home care management  
Cardiovascular training

**Standard 74** Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.

**Standard 75** Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

**Standard 76** Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:

- U Performance of a comprehensive examination designed to recognize concussion or other brain injury,





Managing a physical facility that is compliant with current standards and regulations  
Managing budgetary and fiscal processes  
Identifying and mitigating sources of risk to the individual, the organization, and the community  
Navigating multipayer insurance systems and classifications  
Implementing a model of delivery (for example, value-based care model)

**Standard 89** Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

Standard 90 Establish a working relationship with a directing or collaborating physician.

**Standard 91** Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

**Standard 92** Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

**Standard 93** Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- Education of all stakeholders

- Recognition, appraisal, and mitigation of risk factors

- Selection and interpretation of baseline testing

- Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation

**Standard 94** Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.

**Standard DEI 2** Practice cultural competency, foster cultural humility, and demonstrate respect in client/patient care. This includes (but is not limited to) the following:

- Using contemporary nomenclature of various identities.

- Analyzing the impact of group identification, including the intersectionality of multiple identities, on health disparities, patient care, and patient outcomes.

- Analyzing the impact of marginalization on health disparities, patient care, and patient outcomes.

- Developing strategies that minimize the impact of clinician based bias, prejudice, and privilege on patient interactions.

- Devising patient-centered interventions to diverse populations that account for the healthcare delivery system

