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INTRODUCTION

The following documents have been prepared for the purpose of defining, instituting, and establishing an effective Athletic Training Program at Duquesne University. The purpose of this manual is to inform the Athletic Training Students, Clinical Preceptors, and the Athletic Training Faculty and Staff of the policies and procedures governing the Athletic Training Program.

This handbook will give direction and provide guidelines to frame decisions within the Athletic Training Program. The materials are fashioned to assist the athletic training faculty and instructional staff in maintaining effective and stimulating learning environments for the students, while always considering safe, effective, and appropriate care for the patients with whom they work.

As the educational process from admission through graduation requires continuing review and appropriate approval by University officials, the provisions of this handbook are to be considered directive in character. Information contained in this handbook is accurate and effective as of Fall 2020. The University, School and Department, therefore, reserve the right to change requirements and regulations contained herein, and to determine whether an individual has satisfactorily met the requirements for admission or graduation.

IMPORTANT NOTE: This publication is considered an agreement or contract between individual students and the Department. The Department of Athletic Training reserves the right to alter or amend the terms, conditions, and requirements herein, and to eliminate programs or courses as necessary. Once enrolled, students should consult on a regular basis with their Faculty Mentors and/or Academic Advisors for specific information regarding academic policies pertaining to their respective program.
Department Information
General Policies
HANDBOOK ACKNOWLEDGMENT AGREEMENT

My signature below indicates that I have read and understand the Department of Athletic Training 2020-2021 Policies and Procedures Handbook. I agree to abide by all policies found therein during my tenure in the Department of Athletic Training. No Department policy will supersede any similar RSHS or University policy unless verified by the Department Chair, Dean, or other higher University academic officer. If I fail to uphold this agreement, I am aware that I may be disciplined in accordance with Department, RSHS, and University policy.

Athletic Training Student Signature __________________________  Date __________

PROFESSIONAL CONDUCT AND CONFIDENTIALITY ACKNOWLEDGMENT AGREEMENT

Please read the following and sign below stating that you are aware of the confidentiality policy and agree to abide by the governance of this policy.

My signature below indicates that I, as an athletic training student, in compliance with HIPAA, RSHS Student Code of Conduct, and the Duquesne University Athletic Training Professional Behavior Policy, recognize that I have an obligation to myself, the patients/athletes/clients, coaches with whom I work, my clinical preceptors and supervising physicians, and to Duquesne University, to withhold from anyone, other than my immediate supervisors or other appropriate medical health professionals, any information I acquire professionally or socially which is considered professionally confidential. Confidential information also must be withheld from other communication opportunities such as online social media, social networking sites, blogs, forums or discussion boards. Confidential information includes any information about patients/athletes/clients’ medical conditions, the treatment of medical conditions, any information that I may acquire in locker rooms, athletic training facilities, physicians’ offices or otherwise which is considered to be non-public/confidential information. The unique opportunity that I have to observe and participate as a student health care professional will be jeopardized if I violate this confidentiality, may irrevocably destroy the rapport I establish with patients/athletes/clients, coaches, and physicians, and may result in my immediate dismissal from my clinical experience, the Athletic Training program, and/or the University. I also understand that I represent Duquesne University – Department of Athletic Training at all times, and, as a result, I will conduct myself in a professional manner, consistent with the RSHS Student Code of Conduct and Department of Athletic Training Professional Behavior Policy, at all times. I understand that if I fail to abide by this professional conduct statement and the statues included in the University Code of Conduct, RSHS Student Code of Conduct, and the Duquesne University Athletic Training Professional Behavior Policy, I am aware of the consequences that I will incur and accept that penalty.

Athletic Training Student Signature __________________________  Date __________

Please return to the Department of Athletic Training Office by the end of the first week of classes.
Mission Statement
It is our Department’s mission to create a positive learning environment that fosters the philosophy of serving God by serving students and preparing students to serve others through the provision of competent and compassionate Athletic Training care.

Goals of the Department
The goals of the Department are to…..

- Encourage and provide students with opportunities to examine their individual, moral and ethical foundations and to develop an appreciation of how these personal values affect their practice as individuals and health care professionals;
- Provide a variety of challenging and high quality didactic and clinical education experiences in Athletic Training for students that foster higher levels of thinking and prepares students for independent clinical practice;
- Encourage critical thinking and problem solving in both the education and practice of Athletic Training;
- Comply or exceed the professional practice and educational standards set by the National Athletic Trainers’ Association, the Board of Certification, and the Commission on Accreditation of Athletic Training Education, as well as those determined by state and federal law;
- Engender students to advance the profession of Athletic Training and to instill the value and importance of professional development and leadership;
- Encourage and promote the use of evidence-based methods in both the education and practice of Athletic Training;
- Promote development and recognition of the professional faculty and students as leaders in Athletic Training and research that advances the practice of Athletic Training.

Philosophy of the Department
Athletic Training students are presented with a high quality liberal arts education, as well as opportunities to obtain a superior education in both the clinical and didactic components of professional Athletic Training education. It is the philosophy of this Department that students are to be given every opportunity to reach their fullest potentials as students, individuals, and health care professionals. At all times, students and faculty are required to strive to maximize those potentials. We demand excellence, expect excellence, and are never satisfied to accept the status quo. The Department also firmly believes in evidence-based practice and encourages all members of the Department in their development, advancement, and dissemination of research and scholarship that underpins the practice of medicine, Athletic Training, and other health sciences.

(Revised 8/12)
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PREVENTION OF INFECTION AND DISEASE TRANSMISSION POLICY

The purpose of this policy is to protect the health and safety of the students enrolled in the Department of Athletic Training as they participate in the didactic and clinical education experiences required by the academic program in Athletic Training. It is designed to provide students, clinical preceptors, and faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers; the recommendations were established on the basis of "existing scientific data, theoretic rationale, applicability and potential economic impact."

Guidelines for Prevention of Exposure and Infection
1. All students must attend required OSHA and Blood-borne pathogen lecture annually to learn, practice, and be evaluated as successfully performing all skills and tasks that will assist them in limiting their exposure in health care settings.

2. To limit exposure, students are required to use proper hand washing techniques and practice good hygiene at all times.

3. Students are required to use Universal Precautions AT ALL TIMES when functioning as health care professional students in health care settings and/or working with potential sources of infectious disease.

Guidelines for Managing Potential Infection
1. A student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her clinical preceptor and to either the Clinical Education Coordinator or Department Chair.

2. A student, who demonstrates signs of infection or disease that may place him/her and/or his/her patients at risk, should follow the guidelines outlined in Table 1 and report those potential infections or diseases immediately to Health Service - Duquesne Union 2nd floor (412-396-1650). If a student is in doubt of his/her health risk, that student should immediately report to Health Service for evaluation by a qualified health professional. A student may utilize his/her family physician; however, the same requirements and notifications yielded from Health Service will be required of the personal physician.

3. If a student feels ill or demonstrates the signs/symptoms of infection (e.g. fever, diarrhea, other acute symptoms) that require him/her to miss more than one day of class or clinical experience, that student should be evaluated by Health Service or his/her family physician.

4. Upon review by Health Service or the personal physician, the student must make it known that he/she is an Athletic Training student and that he/she is required to furnish the Department with notification of his/her health status and ability to participate in the required academic and clinical activities of the educational program.
5. Upon receipt of the health status notification from Health Service or the family physician, the student must present that notification to the Department Chair or the Clinical Education Coordinator who will inform the other appropriate Athletic Training faculty who (in compliance with HIPAA) are required to know the student’s health status. The health notification will be placed in a sealed envelope in the student’s Department file.

6. The student is required to notify his/her clinical preceptor(s) of the need to miss clinical experiences; this need will be confirmed by the Clinical Education Coordinator with the designated clinical preceptor(s).

7. The student must either notify each course instructor or the Department Chair of the need to miss class time. Upon notification by the student for the need to contact the student’s professors, the Department Chair will assume responsibility for the notification of the student’s professors if the student is required to miss further class time.

8. The student should follow the Missed Class Policy as defined in the Athletic Training Handbook when any class or clinical assignment is missed, and should contact Ms. Kerri VanGelder if he/she wishes to have a class taped.

9. The student is responsible to keep the Department Chair and the Clinical Education Coordinator informed of conditions that require extended periods of time when the student is unable to meet the Program’s Technical Standards and/or missed class/clinical time. Additional health status notifications will be required until such time as the student is cleared to return to meet all technical standards and full participation in all academic and clinical requirements of the academic program.

10. If a student is required to miss more than 20% of didactic, laboratory, or clinical time during a semester, the Absenteeism and Tardiness Policy, located in the Department Handbook will be followed.
### TABLE 1. Work restrictions for health care personnel exposed to or infected with infectious diseases in health care settings.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Work Restriction</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis (pink eye)</td>
<td>Restrict from pt contact and contact w/ pt environment</td>
<td>Until discharge ceases</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Restrict from pt contact, pt environment, and classroom</td>
<td>Refer to COVID-19 Appendix</td>
</tr>
<tr>
<td>Diarrheal Diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute stage</td>
<td>Restrict from pt contact, contact w/patient's environment or food handling</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Convalescent stage</td>
<td>Restrict from care of high-risk pts</td>
<td>Until symptoms resolve; consult w/local and state officials regarding need for negative stool cultures</td>
</tr>
<tr>
<td><em>Salmonella</em> spp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Exclude from duty</td>
<td>Until antimicrobial therapy completed and 2 cultures obtained &gt;24 hrs apart are negative</td>
</tr>
<tr>
<td>Enteroviral infections</td>
<td>Restrict from care of infants neonates, and immuno-compromised patients and their environments</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Restrict from pt contact, contact w/patient's environment, and food handling</td>
<td>Until 7 days after onset of jaundice</td>
</tr>
<tr>
<td>Hepatitis B (Personnel with acute or chronic Hep B e antigenemia who perform exposure-prone procedures)</td>
<td>Do not perform exposure-prone procedures until counsel from an expert review panel has been sought; panel should make recommendations; refer to state regulations</td>
<td>Until HepB e antigen is negative</td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>Hands (herpetic whitlow)</td>
<td>Until lesions heal</td>
</tr>
<tr>
<td></td>
<td>Restrict from patient contact and contact with patient’s environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Orofacial</td>
<td>Evaluate for need to restrict from care of high-risk patient</td>
</tr>
<tr>
<td>Human Immunodeficiency virus (HIV)</td>
<td>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should make recommendations; refer to state regulations</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 7 days after rash appears</td>
</tr>
<tr>
<td>Post exposure</td>
<td>Exclude from duty</td>
<td>From 5th day after 1st exposure through 21st day after last exposure and/or 4 days after rash appears</td>
</tr>
<tr>
<td>Meningococcal infections</td>
<td>Exclude from duty</td>
<td>Until 24 hours after start of effective Therapy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disease</th>
<th>Work Restriction</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mumps</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 9 days after onset of parotitis</td>
</tr>
<tr>
<td>Post exposure</td>
<td>Exclude from duty</td>
<td>From 12th day after 1st exposure through 26th day after last exposure or until 9 days after onset of parotitis</td>
</tr>
<tr>
<td><strong>Pediculosis (lice)</strong></td>
<td>Restrict from patient contact</td>
<td>Until treated and observed to be free of adult and immature lice</td>
</tr>
<tr>
<td><strong>Pertussis (whooping cough)</strong></td>
<td>Exclude from duty</td>
<td>From beginning of catarrhal stage through 3rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy</td>
</tr>
<tr>
<td>Active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post exposure</td>
<td>Exclude from duty</td>
<td>Until 5 days after start of effective antimicrobial therapy</td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 5 days after rash appears</td>
</tr>
<tr>
<td>Post exposure</td>
<td>Exclude from duty</td>
<td>From 7th day after 1st exposure thru 21st day after last exposure</td>
</tr>
<tr>
<td><strong>Scabies</strong></td>
<td>Restrict from patient contact</td>
<td>Until cleared by medical evaluation</td>
</tr>
<tr>
<td><strong>Staphylococcus aureus Infection</strong></td>
<td>Restrict from contact with patients and patient's environment or food handling</td>
<td>Until lesions have resolved</td>
</tr>
<tr>
<td>Active (draining skin lesion)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrier state</td>
<td>No restriction, unless personnel are epidermiologically linked to transmission of the organism</td>
<td></td>
</tr>
<tr>
<td><strong>Streptococcal infection, group A</strong></td>
<td>Restrict from patient care, contact with patient's environment or food handling</td>
<td>Until 24 hours after treatment started</td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active disease</td>
<td>Exclude from duty</td>
<td>Until proved noninfectious</td>
</tr>
<tr>
<td><strong>Varicella (chicken pox)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active disease</td>
<td>Exclude from duty</td>
<td>Until all lesions dry and crust</td>
</tr>
<tr>
<td>Post-exposure</td>
<td>Exclude from duty</td>
<td>From 10th day after 1st exposure through 21st day (18th day if VZIG given) after last exposure</td>
</tr>
<tr>
<td><strong>Zoster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Localized (healthy person)</td>
<td>Cover lesions; restrict from care of high-risk patients</td>
<td>Until all lesions dry and crust</td>
</tr>
<tr>
<td>Generalized or localized in immunosuppressed</td>
<td>Restrict from patient contact</td>
<td>Until all lesions dry and crust</td>
</tr>
<tr>
<td>Post exposure</td>
<td>Restrict from patient contact</td>
<td>From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crust</td>
</tr>
<tr>
<td><strong>Viral respiratory infections, acute febrile</strong></td>
<td>Consider excluding from the care of high risk patients or contact with their environment during community outbreak of RSV and influenza</td>
<td>Until acute symptoms resolve</td>
</tr>
</tbody>
</table>
COMMUNICABLE DISEASE POLICY

The purpose of this policy is to protect the health and safety of the students enrolled in the Department of Athletic Training as they participate in the didactic and clinical education experiences required by the academic program in Athletic Training. It is designed to provide students, clinical preceptors, and faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers; the recommendations were established on the basis of “existing scientific data, theoretic rationale, applicability and potential economic impact.”

My signature below confirms that I have read, fully understand, and will abide by the Duquesne University Department of Athletic Training Communicable Disease Policy, which consists of Guidelines for Prevention of Exposure and Infection, Guidelines for Managing Potential Infection, and Restrictions for Health Care Professionals Exposed to or Infected with Infectious Disease. Furthermore, my signature indicates that I have been given the opportunity to discuss this document with my faculty advisor in the Athletic Training Department.

Student Name (printed): ________________________________

Student Signature: ____________________________________

Faculty Advisor Signature: ______________________________

Date: _______________________________________________
All RSHS students will be expected to be able to perform certain physical, mental, and emotional tasks in order to complete graduation and professional requirements, as measured by state and national certification, licensure, and registration processes. These tasks will vary from program to program, based upon the skills essential to the practice of each profession. Any student who believes that he/she does not possess one or more of the required skills and abilities OR who requires accommodation to meet the requirement(s), must seek assistance upon entrance into the School or immediately following any change of status from the Office of Freshman Development and Special Student Services to validate and document the need for accommodation. Any student, who after reasonable accommodations cannot perform the essential skills, may not be admitted or permitted to continue in his/her respective program. The following indicators are required, with or without accommodation:

Observation: A student must have sufficient sensory capacity to observe in the lecture setting, the laboratory, and the health care, or community setting. Sensory abilities must be adequate to perform the appropriate physical examination or assessment including functional vision, hearing, and tactile sensation to observe a patient’s condition and to elicit information appropriate to the particular discipline.

Communication: A student must be able to communicate effectively and professionally in academic, community, and health care settings and be able to demonstrate proficiency in both verbal and written English.

Motor: A student must have the ability to participate in basic diagnostic and therapeutic maneuvers and procedures. Motor function must be adequate to fully execute movements required to provide patient care including dependent transfer of an individual. A student must be able to negotiate patient care environments required in their particular discipline and be able to move between settings such as the classroom, health care facility, or community setting. Some physical tasks require the ability to transfer the equivalent of an adult human’s body weight. Physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in a variety of learning sites.

Intellectual: A student must be able to measure, calculate, reason, analyze, and integrate information as well as be able to comprehend spatial relationships of structures.

Social: A student must exercise good judgment and be able to function, appropriately and effectively, in the face of uncertainties inherent in clinical practice and must maintain mature, sensitive and effective professional relationships with faculty, students, patients and other members of the health care team.

___ (check only if applies) I require accommodation and have supplied the required documentation to the Office of Freshman Development & Special Student Services and/or the Athletic Training Department.

My Signature below indicates that I have read, understood, and I am currently (check one)

_______ Able to meet the requirements for the Performance Indicators without accommodation.

_______ Able to meet the requirements of the Performance Indicators with accommodation.

(Documentation must be gained from the Office of Freshman Development and Special Student Services)

_______ Unable to meet the requirements of the Performance Indicators with or without accommodation.

If my status changes at any time, I acknowledge that it is my responsibility to contact the Office of Freshman Development, Special Student Services, and the Department of Athletic Training.

_________________________________________________ _____________________
Student Signature Date

The list of Performance Indicators is an excerpt from the RSHS Academic Student Handbook.
CHANGE IN HEALTH STATUS & RETURN TO CLASS/LAB/CLINICAL EXPERIENCES

While all Athletic Training students are required annually to re-evaluate their abilities to meet the Technical Standards/Performance Indicators, often times there are changes in health that do not coincide with this yearly process. In the event of a change in health that causes a student to be either temporarily or permanently limited in his/her abilities to perform as an Athletic Training student (as defined in the Technical Standards) in the classroom, laboratory, and/or clinical setting, the student is required to follow the procedures delineated below. Further, if a student has been placed in a restricted or accommodated situation and wishes to return to full function again as an Athletic Training student, that student also must follow the procedures below. Failure to follow this procedure will delay the changes needed to integrate a student into his/her appropriate and safe level of practice.

### Change in Health Status Procedure

1. **The student should notify the Department Chair, in writing, of the change in health status.**
   a. If change in health status results in a change in the student’s abilities to perform the Technical Standards/Performance Indicators, then the student must have a physician (MD or DO), Nurse Practitioner, or Physician Assistant authorize this change of status. The MD/DO/NP/PA must have access to and acknowledge the Technical Standards document when authorizing this change in health status.
   b. If the change in health status does not result in a change in the student’s abilities to perform the Technical Standards, then no further follow-up is required.

2. **To officially document a change in ability to meet the Technical Standards, the student should complete a new Technical Standards/Performance Indicator form and return it to the Department Chair indicating his/her current abilities and/or limitations.**

3. **The student should present the Change of Health Status Form and the Technical Standards/Performance Indicator document to his/her physician, NP, or PA for completion and verification.**

4. **The student should provide the Department with either the Health Status Affidavit or a physician’s note or prescription, signed and dated by the physician, NP, or PA, to verify the change in health status.**

5. **The student should return the health status affidavit to the Athletic Training Department Chair or Clinical Education Coordinator. No student will be permitted to alter activities until the Change in Health Status Affidavit and Technical Standards/Performance Indicator forms are received by the Department.**

6. **Depending on the nature of the classroom, laboratory or clinical activities, the Department reserves the right to request that the student obtains more specific documentation from the certified medical practitioner to ensure safety.**
CHANGE IN ATHLETIC TRAINING
STUDENT HEALTH STATUS
AFFIDAVIT

(To be completed by Physician, Nurse Practitioner, or Physician Assistant)

________________________________________, a patient under my care, was seen by me on
Patient/Athletic Training Student’s Name

(Date)____________________, for a medical condition that may change the
patient’s ability to perform adequately in the athletic training curricular coursework
and/or clinical education experiences. Upon review of the Duquesne University
Department of Athletic Training’s Technical Standards/Performance Indicators, I do
hereby certify that this student’s health has changed, and his/her Athletic Training
classroom, laboratory, and clinical activities should be altered as follows:

(Please check only A, B or C)

☐ A. Student may return to all classroom, laboratory, and clinical activities with no
accommodations or restrictions.

☐ B. Student may return to: ☐ classroom, ☐ laboratory, ☐ clinical activities with the
following restrictions and/or accommodations:

(Please check all applicable boxes**)

☐ C. Student may not return to classroom, laboratory, and/or clinical activities at this
time. A follow up visit will determine a change in student health status.

Name of Certifying Medical Practitioner with professional credentials (e.g. MD, PA-C):
________________________________________________________________________
(Please Print)

Address:____________________________________________________________________
________________________________________________________________________

Medical Practitioner Signature________________________________________Date

Please return this Affidavit to the Duquesne University Department of Athletic Training,
122 HLSB, Pittsburgh, PA 15282; FAX: 412-396-4160.
Codes & Policies of Professional Conduct
RSHS Student Code of Conduct

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

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

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

RSHS Code of Conduct Guidelines

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

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

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

**DON’T:**
- Let the concern of attaining a specific grade compromise you or your peer’s academic integrity.
- Wait until it is too late to seek help.
- Use sample test questions the professor gives you as a means by which to select some and ignore other material for which the professor is holding you comprehensively responsible.

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

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

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

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

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

**DON’T:**
- Knowingly lie for a classmate to protect them being held accountable for their violations of the RSHS code.
- Fabricate any information that would positively or negatively affect someone being held accountable for a violation of the RSHS code.

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

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

**DON’T:**
- Just give the answers to a fellow student so they can complete an assignment.
- Just take the answers from a fellow student so you can complete an assignment.
- Copy anyone else’s assignment.
5) The ability to work and engage collegially with other professionals is essential and requires the professional to assume his/her fair portion of the required work. When working with others, the student must demonstrate respect, collegiality, and assume his/her fair share of the responsibility for the work.

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

**DON'T:**
- Wait until the last minute to do your share of the work.
- Do the whole group assignment by yourself.

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

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

**DON'T:**
- Underestimate the importance of ALL classes and therefore become apathetic towards professional codes of conduct.

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

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

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

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

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

**DON'T:**
- Provide professionally-oriented advice to people outside of clinical sites/labs or without supervision of an instructor.
• Utilize professional practice on non-clients/patients or outside pretense of a Duquesne student in a learning environment.

9) All types of patient/client interaction must be treated in a professional manner with consideration for and maintaining strict professional and confidential practices, respect for the patient/client, and unbiased quality care.

   **DO:**
   • Abide by HIPAA, always practicing patient confidentiality.
   • Remind others that patient confidentiality is important. Report any breaches of patient confidentiality.
   • Treat each patient/client with respect and deliver unbiased quality care.
   **DON’T:**
   • Ignore confidentiality standards for patients that come in for learning activities.

10) The student must know, understand, and abide by the professional code of ethics of his/her professional discipline and the Code of Conduct of Duquesne University.
DUQUESNE UNIVERSITY DEPARTMENT OF ATHLETIC TRAINING POLICY ON PROFESSIONAL BEHAVIOR

Section 1

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

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

Identification of Professional Behavior Issue

Standards for professional behavior are described in the Description of Professional Behaviors section of this document. Students are expected to behave according to these standards during academic and clinical learning experiences. If an academic or clinical faculty member identifies and documents a serious problem with a student’s professional behavior or inability to maintain a standard within the realm of acceptable professional behavior, the following protocol will be followed:

1. The faculty member will meet with the student to identify the behavior and

2. If the faculty determines that the student has an occurrence of an unprofessional behavior prior to the completion of his/her professional program, both the student and faculty member will meet with the Professional Behavior Committee [Committee] which will consist of all of the Athletic Training faculty members and 1 Rangos School of Health Science faculty member. It is the responsibility of the Committee to create a remediation plan and contract with the student.

3. The remediation plan and contract will include the following items:
   - A description of the specific behaviors that the student is expected to demonstrate.
   - The specific tasks that the student is expected to accomplish.
   - Time frames related to accomplishing the tasks and behaviors.
   - Repercussions for unsuccessful remediation or inability to meet the terms of the contract.
   - Who will monitor the terms of the contract.
   - How the terms of the contract will be monitored.
4. The Committee will meet again, at a time stated in the contract, to determine if the student has successfully completed the remediation plan and has met the terms of the contract.

5. The following are the repercussions resulting from unprofessional behavior.

   a. Immediate dismissal: Felony conviction or pleading no contest for behaviors that would prohibit the granting of BOC certification and/or Athletic Training state license/certification. Other behaviors may be determined to be non-remediable and require immediate dismissal.

   b. Probation: Behaviors that the Committee has determined are remediable. The terms of the probation and remediation will be outlined in the contract.

   c. Dismissal: Behaviors that the Committee has determined are remediable; however, the student has been unable or unwilling to remediate, as defined in the remediation plan and contract.

6. If a student is dismissed and the student believes that extenuating circumstances contributed to the dismissal, the student may appeal the decision to the RSHS Professional Behavior Committee. Additional details regarding the appeals process are located in the RSHS Academic Student Handbook.

7. If a student is found to be in violation of the Department and/or the RSHS Professional Behavior Policy, the University Student Code of Conduct will also be notified and may result in additional disciplinary action through the University.

Section 2

Description of Professional Behaviors

The National Athletic Trainers’ Association has developed the Code of Ethics and the Board of Certification has created the Standards of Professional Practice and Code of Responsibility that define specific abilities and behaviors that a graduate of a CAATE-accredited Athletic Training program should demonstrate. The core values include: accountability, altruism, compassion, caring, excellence, integrity, professional duty, and social responsibility. The generic abilities include: commitment to learning, interpersonal skills, communication skills, effective use of time and resources, use of constructive feedback, problem solving, professionalism, responsibility, critical thinking, and stress management. The following represents six essential behaviors that integrate items from these documents with a focus on the academic environment.

1. Integrity: Represents one’s own and others’ abilities honestly; is truthful and sincere; accepts responsibility for one’s actions; able to reflect on one’s personal reactions to encounters with others.

2. Respect: Adheres to confidentiality and professional boundaries; works toward conflict resolution in a collegial way,
demonstrates consideration for the opinions and values of others; shows regard for diversity.

3. **Responsibility:** Present and punctual for all learning experiences; able to cope with challenges, conflicts, and uncertainty; recognizes one’s limits and seeks help; recognizes the needs of others and responds appropriately; demonstrates willingness to discuss and confront problematic behavior of self and others.

4. **Competence:** Takes responsibility for one’s own learning; participates equally and collegially in groups; demonstrates self-reflection and accurate self-assessment; able to identify personal barriers to learning; works with faculty to manage learning difficulties.

5. **Maturity:** Demonstrates emotional stability; appropriately confident yet humble; demonstrates appropriate professional dress, demeanor and language; accepts constructive criticism and applies it in a useful way; inspires confidence in others; displays appropriate emotions; is not hostile; disruptive confrontational, aggressive or isolated; does not engage in behavior that endangers or threatens self or others.

6. **Communication:** Able to communicate effectively with others; demonstrates courteous and respectful communication, even in difficult situations; uses active listening; communicates with empathy and compassion.
Section 3

Professional Behavior Continuum

The *Professional Behavior Continuum* is a self-reflective tool for students to use to evaluate their professional behaviors during their progression through the professional phase of the Athletic Training program. Students are encouraged to meet with their Faculty Advisors to review their progress and to seek guidance as needed.

1. **Integrity:**
   - Lacks honesty
   - Lacks personal responsibility
   - Lacks self-reflection
   - Always honest
   - Accepts responsibility for actions
   - Exceptional self-reflection

2. **Respect:**
   - Disrespectful of confidentiality/professional boundaries
   - Does not resolve conflict in respectful/collegial way
   - Disrespectful of others’ opinions/ values
   - Disrespectful of diversity
   - Respects confidentiality/ professional boundaries
   - Resolves conflict in respectful/collegial way
   - Respects others’ opinions/ values
   - Respects diversity

3. **Responsibility**
   - Is not present/ punctual for learning
   - Does not cope w/ challenge/ conflict/ uncertainty
   - Does not recognize limits/ seek help
   - Does not recognize others’ needs
   - Does not confront problematic behavior
   - Present/ punctual for learning
   - Copes w/ challenge/ conflict/ uncertainty
   - Recognizes limits and seeks help
   - Recognizes/ responds to others’ needs
   - Confronts problematic behavior

4. **Competence**
   - Does not take responsibility for learning
   - Lacks self-reflection
   - Unequal/ non-collegial participation
   - Does not identify learning barriers
   - Does not manage learning difficulties
   - Takes responsibility for learning
   - Self-reflective
   - Equal/ collegial participation
   - Identifies learning barriers
   - Manages learning difficulties

5. **Maturity**
   - Lacks emotional stability
   - Lacks confidence/ humility
   - Lacks professional dress/ language
   - Does not use constructive criticism
   - Inappropriate behavior (hostile, aggressive…)
   - Demonstrates emotional stability
   - Confident and humble
   - Professional dress/language
   - Excellent use of constructive criticism
   - Appropriate behavior

6. **Communication**
   - Ineffective communication w/ others
   - Lacks respect/ courteousness
   - Lacks empathy/ compassion
   - Lacks active listening skills
   - Communicates effectively w/ others
   - Respectful/ courteous communication
   - Communicates w/ empathy/ compassion
   - Uses active listening skills
Section 4
Behavioral Expectations During Learning Activities

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

The following behaviors are expected in the academic setting.

1. **Attend and participate in all scheduled learning activities at the scheduled times.** Students who are unable to attend class due to personal illness or emergency are required to notify the course faculty prior to the scheduled class time. Respect your faculty and your classmates; be on time.

2. **Optimal use of time during learning experiences.** Students are expected to complete readings and assignments according to assigned dates/times in order to be prepared for learning experiences. Active participation is expected and students are to engage in fair and collegial group activities.

3. **Recognize learning problems and seek faculty guidance.** Students are expected to recognize learning difficulties and ask the course faculty for guidance. Students should develop a plan of learning that may include additional learning strategies, tutorial assistance, and use of University and external resources.

4. **Integrity.** Academic dishonesty will not be tolerated in any form and under any circumstance. Issues of academic improprieties will be addressed according to the guidelines outlined in the RSHS Student Handbook.

5. **Professional Attire.** Students are expected to portray the appearance of a responsible health care professional. Classroom guidelines include that clothing must be worn that does not expose the abdomen, chest, or buttocks. Hats and clothing with unprofessional wording or pictures are prohibited. In the laboratory portion of some courses, students will be required to wear clothing that permits the exposure of portions of the body as appropriate for the practice of clinical skills. Professional dress is required for activities that include guest speakers or patients and learning activities external to the University. Professional dress includes: Department nametags, (men) dress pants and shirt, dress shoes; (women) dress pants or skirts, tailored tops, close-toed dress shoes. Tattoos and body piercings should be concealed. Excessive piercings and/or facial and tongue piercings must be removed. Long hair must be tied back for learning experiences that involve patients, and acrylic nails are discouraged due to the risk of spreading infection. **Duquesne University Athletic Training student name tags are required for all general medical and clinic/hospital experiences and for interaction with guest speakers or the public.**
Section 5

Professional Behavior Committee

The Professional Behavior Committee consists of the Athletic Training faculty members and one Rangos School of Health Science faculty member.

**Current Members:**
- Jason S. Scibek, PhD, LAT, ATC  Program Director
- Joseph Shaffer, PhD, LAT, ATC  AT Faculty Member
- Sarah A. Manspeaker, PhD, LAT, ATC  AT Faculty Member
- Erica Beidler, PhD, LAT, ATC  AT Faculty Member
- Anne L. Burrows, DPT, PhD  RSHS Faculty Member
The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

1. Members Shall Practice with Compassion, Respecting the Rights, Welfare, and Dignity of Others

1.1 Members shall render quality patient care regardless of the patient’s race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.2. Members’ duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

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


2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.

2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.

2.3. Members shall refrain from, and report illegal or unethical practices related to athletic
training.

2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.

2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

3. Members Shall Maintain and Promote High Standards in Their Provision of Services

3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.

3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

4. Members Shall Not Engage in Conduct That Could Be Construed as a Conflict of Interest, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient’s Health and Well-Being.

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

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

4.3. Members shall not place financial gain above the patient’s welfare and shall not participate
in any arrangement that exploits the patient.

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

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

**Board of Certification Standards of Professional Practice**

**Code of Professional Responsibility**

**Version 3.1 – October 2017**

**Introduction**

The mission of the Board of Certification Inc. (BOC) is to provide exceptional credentialing programs for healthcare professionals. The BOC has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers’ Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as “Athletic Trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

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

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

I. Practice Standards

II. Code of Professional Responsibility

I. Practice Standards

**Preamble**

The primary purpose of the Practice Standards is to establish essential duties and obligations imposed by virtue of holding the ATC® credential. Compliance with the Practice Standards is 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 standard immediate care procedures used in 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, practice in the area of diagnostic reasoning and medical decision making.

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 outcomes 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.

II. Code of Professional Responsibility

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

Code 1: Patient Care Responsibilities
The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient’s race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law

1.2 Protects the patient from undue harm and acts always in the patient’s best interests and is an advocate for the patient’s welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are impaired or engaged in illegal or unethical practice

1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies,

1.4 Communicates effectively and truthfully with patients and other persons involved in the patient’s program, while maintaining privacy and confidentiality of patient information in accordance with applicable law

1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values

1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain

1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient
1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan
   1.7.1 Does not make unsupported claims about the safety or efficacy of treatment

**Code 2: Competency**

The Athletic Trainer 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 or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards

3.2 Practices in accordance applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.3 Practices in collaboration and cooperation with others involved in a patient’s care when warranted; respecting the expertise and medico-legal responsibility of all parties

3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services

3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training

3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.6 Does not guarantee the results of any athletic training service

3.7 Complies with all BOC exam eligibility requirements

3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful

3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, applicant files, documents or other materials without proper authorization

3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event

3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training

3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training

3.13 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing candid, honest and timely responses to requests for information

3.14 Complies with all confidentiality and disclosure requirements of the BOC and existing law
3.15 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

3.16 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

**Code 4: Research**
The Athletic Trainer or applicant who engages in research:
   4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
   4.2 Protects the human rights and well-being of research participants
   4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or healthcare delivery

**Code 5: Social Responsibility**
The Athletic Trainer 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 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 AT; 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
Signature Page

This confirms that I have read, fully understand, and will abide by the Duquesne University Department of Athletic Training Professional Behavior document. I have been given the opportunity to discuss this document with my faculty advisor in the Athletic Training Department.

Student Name (printed): _______________________________________

Student Signature: ___________________________________________

Faculty Advisor Signature: _____________________________________

Date: _________________________________________________________
DUQUESNE UNIVERSITY DEPARTMENT OF ATHLETIC TRAINING
SOCIAL MEDIA POLICY

Athletic training students are prohibited from posting any material on social media pertaining to patients with whom the students have interacted while enrolled in the Athletic Training Program at Duquesne University. Furthermore, any posts that violate patient confidentiality, or that affect the integrity of Duquesne University, Duquesne University personnel, academic programs within the Rangos School of Health Sciences, supervised clinical sites, and any other healthcare providers or staff members associated with affiliated organizations will constitute a violation of this policy.

Prohibited posting will include, but are not limited to; patient name, protected patient health information (including physical and mental health, location of care, form of payments, and specific details to interactions with the patient or any information that could potentially lead to the identification of the patient even if a name was not provided such as the nature of care & treatments rendered, patient participation or playing status, role or position of patient within the team or organization) and derogatory statements towards staff members, healthcare providers or specific healthcare facilities.

Social media includes, but is not limited to; collaborative projects (i.e. Wikipedia), blogs (i.e. Twitter), social networking sites (i.e. Facebook, Google+, Instagram, Vine, Snapchat), content communities (i.e. YouTube), virtual social worlds (i.e. Second Life), virtual game worlds (i.e. World of Warcraft), podcasts, and online discussion forums.

Any students in violation of this policy will face immediate action consistent with the Professional Behavior Policy of the Department of Athletic Training, the Rangos School of Health Sciences Code of Conduct and the Duquesne University Student Code of Conduct.
General Academic Policies
& Resources
S.M.A.R.T. GOALS

Specific, Measureable, Acceptable, Realistic, and Timely Professional Goals

SMART Goals are identified and written by the student, and evaluated and approved by the student’s Supervising Athletic Trainer and Faculty Advisor at the start of each academic semester. These goals are used by the students to assist him/her in identifying and making improvements in three areas – 1) Cognitive (Knowledge he/she wishes to learn/improve), 2) Psychomotor (Professional skills he/she wishes to learn/perfect), and 3) Affective (Professional behaviors/attitudes he/she wishes to learn/perfect). Copies of the student’s goals are retained by the student and Practicum course instructor until the end of the academic semester. At the midpoint and end of the semester, each student will do self-evaluations of his/her success in achieving the goals that were set for the semester using the GAS (Goal Attainment Scaling) system and discuss those outcomes with his/her Faculty Advisor and Clinical Preceptor. The final copy of the student’s goals and GAS ratings will be stored in each student’s Department file. Each student should retain a copy of the final self-evaluation for his/her professional portfolios which are evaluated during the senior year.

SMART goals should be written using the following criteria:

- **Specific** – What do you wish to achieve? **Goals should be specific enough to ensure that they can be evaluated for achievement.** There should be enough detail so that there is no indecision as to what topic, skill or behavior the student is seeking to improve/achieve.
- **Measurable** – What will you plan to do that will you achieve the goal? **Goals should describe exactly what you will do (strategy/method/mode) (that can be measured) to achieve the goal.**
- **Acceptable** - How will you determine if you have met the goal? There must be benchmarks that you will use to determine that you actually met the goal/did what you set out to do.
- **Realistic** - Both the goal and the plan to achieve that goal must be realistic and feasible.
- **Time frame** – What is the ultimate timeline for the achievement of the entire goal.

Examples of high quality goals:

**(Cognitive)** I will learn and be able to apply my comprehensive knowledge of the structures, functions, and common injuries of the shoulder. Achievement of grades of “B” or better on the Art & Science II shoulder exams (OP and Written), my grade on the shoulder unit in biomechanics, as well as the positive feedback I get from my CI about work with athletes who have shoulder injuries will be the manner by which I will determine if I have met this goal by the end of the spring semester.

**(Psychomotor)** I will improve the quality, efficiency, and speed of my taping techniques. The positive feedback that I get from my CI, the athletes/patients, as well as the lack of negative outcomes (e.g. athlete injuries body area taped, gets blisters or tape cuts) will determine if I have met this goal by the end of my winter experience.

Examples (continued)

**(Affective)** I will adjust in a professional manner, without childish complaints or attitude, to the unexpected changes that occur in both my academic and clinical schedules. The
positive feedback about my professional demeanor (either on my evaluations and/or verbally) that I get from my CI and/or coaching staff will determine if I have met this goal by the end of both of my clinical experiences this semester.

Methods to Evaluate SMART Goals  
(Goal Attainment Scaling [GAS])

At the end of each semester, as part of the requirements for the Clinical Practicum course, each student will do a self-evaluation of his/her achievement of the semester goals, by indicating, in the space provided, whether the goal had been achieved using the Goal Attainment Scaling (GAS) system. GAS scoring is based upon the following 5-point scale. Students should place their GAS scores under each of the three SMART Goals along with a brief explanation for the rationale for the assignment of that score.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Expected level of success achieved</td>
</tr>
<tr>
<td>+1</td>
<td>Success better than expected</td>
</tr>
<tr>
<td>+2</td>
<td>Success achieved is most favorable outcome</td>
</tr>
<tr>
<td>-1</td>
<td>Level of achievement less than expected</td>
</tr>
<tr>
<td>-2</td>
<td>Level achieved least favorable</td>
</tr>
</tbody>
</table>

(Most users score “no change” at -2)

Modified from: [http://www.uvic.ca/services/counselling/assets/docs/Smart%20Goals.pdf](http://www.uvic.ca/services/counselling/assets/docs/Smart%20Goals.pdf)
Student Name: ___________________________ Clinical Assignment: ____________________

Clinical Preceptor: ______________________ Semester: Fall  Spring  JR  SR (circle)

Faculty Advisor: _________________________ Clinical Level:  I   II   III   IV (circle)

GOAL SETTING – Be ‘SMART’
S=Specific Goal  M=Measure of Goal  A=How Goal is Attainable  R=Results of Goal  T=Time to Reach

1. **Please set a Cognitive (learning) goal, using the SMART Method, for this semester.**
(Example) I will learn and be able to apply my comprehensive knowledge of the structures, functions, and common injuries of the shoulder. Achievement of grades of “B” or better on the Art & Science II shoulder exams (OP and Written), my grade on the shoulder unit in biomechanics, as well as the positive feedback I get from my Clinical Preceptor about work with athletes who have shoulder injuries will be the manner by which I will determine if I have met this goal by the end of the spring semester.

Self-Evaluation Score and Rationale:

2. **Please set a Psychomotor (skill) goal, using the SMART method, for this semester.**
(Example) I will improve the quality, efficiency, and speed of my taping techniques. The positive feedback that I get from my Clinical Preceptor, the athletes/patients, as well as the lack of negative outcomes (e.g. athlete injures body area taped, gets blisters or tape cuts) will determine if I have met this goal by the end of my winter experience.

Self-Evaluation Score and Rationale:

3. **Please set an Affective (attitudinal/behavioral) goal, using the SMART Method, for this semester.**
(Example) I will adjust in a professional manner, without childish complaints or attitude, to the unexpected changes that occur in both my academic and clinical schedules. The positive feedback about my professional demeanor (either on my evaluations and/or verbally) that I get from my Clinical Preceptor will determine if I have met this goal by the end of both of my clinical experiences this semester.

Self-Evaluation Score and Rationale:

Student’s Signature: ___________________________ DATE: __________
Clinical Preceptor’s Signature: ___________________________ DATE: __________
Faculty Advisor’s Signature: ___________________________ DATE: __________

Please make two copies of the completed form; 1) Retain one copy for your records and 2) Provide the second copy to your Clinical Preceptor. 3) Return the original form to the Clinical Practicum course instructor by deadline included in the course syllabus.
ADDITIONAL PROGRAM COSTS

While a majority of the costs for equipment, lab supplies, and learning materials are covered through student tuition and fees (e.g. AT gear bags and supplies), there are other costs that are the financial obligation of the students enrolled in the Athletic Training program. A summary of those costs are listed below; however, this list is neither exhaustive nor exclusive to all student financial obligations. **Those items listed in italicized print** are not required of students, but students may choose to participate.

**Freshman Year**
- Books and required course materials
- Physical examination and inoculation costs

**Sophomore Year**
- Books and required course materials
- Application fees for required Criminal Record Check and Child Abuse Clearance ($~10/each)
- Act 114 – Fingerprint Check ($~27)
- CPR Mask & Certification ($~25)
- Transportation to off-campus clinical sites*

**Junior Year**
- Books and required course materials
- PPD Booster inoculation (~$20)
- Flu Shot (~$20)
- Transportation to off-campus clinical sites*
- Anatomy tool deposit (will be returned when equipment is returned at end of semester)
- Required uniform and fanny pack costs (~$200)
- Possible drug testing cost for clinical experiences (~$45 per site)

**Senior Year**
- Books and required course materials
- PPD Booster inoculation (~$20)
- Flu Shot (~$20)
- Transportation to off-campus clinical sites*
- Personal Portfolio Development
- Possible drug testing cost for clinical experiences (~$45 per site)

<table>
<thead>
<tr>
<th>AT Professional Dues &amp; Expenses</th>
<th>Certification Examination Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUSAT $25</td>
<td>BOC Exam</td>
</tr>
<tr>
<td>NATA $124 (includes EATA &amp; PATS membership)</td>
<td>Registration $30 for NATA members</td>
</tr>
<tr>
<td>Professional conference attendance cost varies per meeting and location (NATA, EATA, PATS). Membership fees result in reduced conference registration fee.</td>
<td>Registration $60 for non-NATA members</td>
</tr>
<tr>
<td></td>
<td>Exam cost $330</td>
</tr>
<tr>
<td></td>
<td>EMT Registration &amp; Exam $100</td>
</tr>
<tr>
<td></td>
<td>CSCS Exam</td>
</tr>
<tr>
<td></td>
<td>NSCA Member/Non-member $340/$475</td>
</tr>
<tr>
<td></td>
<td>PES Registration &amp; Exam TBD</td>
</tr>
</tbody>
</table>

*Students must have transportation for at least three of the required four clinical experiences, beginning in the fall semester of the junior year. Sophomores will be able to rideshare to clinical sites with upperclassmen. Distances traveled (0-38 miles) and parking options vary for each clinical experience; therefore, transportation costs vary accordingly. Public transportation is an option for many of our clinical sites. For additional details or questions, please consult Dr. Shaffer and/or Dr. Scibek.
COURSE DESCRIPTIONS BY SEMESTER

SPRING FRESHMEN YEAR

ATHT 120 Elements of Athletic Training, Information Literacy and Scientific Terminology 3/0 credits
As evidence based medicine evolves and continues to drive high quality patient care, athletic trainers will be driven to embrace this patient care paradigm. To fully engage in evidence-based patient care athletic training students will need to master scientific terminology and the information literacy process. Information literacy is an intellectual framework for identifying, finding, understanding, evaluating, using and disseminating information. This course will serve as the gateway to the information literacy process with special emphasis on athletic training. Courses within the athletic training curriculum will rely on and continue to build upon the introductory skills & knowledge obtained in this course.

FALL SOPHOMORE YEAR

ATHT 201 Essential Concepts & Techniques in Athletic Training I 3 credits
This course provides pre-professional students with an introduction to the basic and essential elements of Athletic Training including professional CPR, AED, and emergency first aid, and the prevention, recognition and management of environmental conditions and their effects on the body. Students are also introduced to the recognition and management of spinal cord and head injuries, evaluation, diagnosis and management techniques for the lower body, including taping and wrapping techniques, the development of medical notation techniques, and other fundamental concepts relating to injury and illness care. Students will also begin to develop an understanding of the professional and ethical responsibilities of a certified athletic trainer. Students must enroll concurrently in ATHT 201L. Corequisites: BIOL 207/208

ATHT 201/L Essential Concepts & Techniques in Athletic Training I Lab 0 credits
Through this course, students are provided with an opportunity to develop and refine skills learned in Essential Concepts and Techniques in Athletic Training I. Students participate in laboratory sessions and activities associated with lecture content and requirements. Students must acquire 50 hours of guided observation/clinical experience in athletic training, under the supervision of a certified athletic trainer. Students must enroll concurrently in ATHT 201.

SPRING SOPHOMORE YEAR

ATHT 202 Essential Concepts in Athletic Training II 3 credits
This course builds upon content presented in ATHT 201: Essential Concepts and Techniques in Athletic Training I. Pre-professional students are provided with basic and essential information regarding common general medical conditions, and evaluation, diagnosis and management techniques for the upper body, including taping and wrapping techniques. Additionally, fundamental concepts relating to injury and illness prevention, care and management are discussed. Students are also presented with information and skill development opportunities with respect to pre-participation evaluations, equipment safety and fitting, and medical supply organization and management. Students must enroll concurrently in ATHT 202L. Pre-Requisites: ATHT 201/201L, Corequisites: BIOL 209/210

ATHT 202/L Essential Concepts in Athletic Training II Lab 0 credits
Through this course students are provided with an opportunity to develop and refine skills learned in Essential Concepts and Techniques in Athletic Training II. Students participate in laboratory sessions and activities associated with lecture content and requirements. Students must acquire 75 hours of guided observation/clinical experience in athletic training, under the supervision of a certified athletic trainer. Students must enroll concurrently in ATHT 202.
**FALL JUNIOR YEAR**

**ATHT 302**  
**Art & Science of Athletic Training I**  
3 credits  
This course provides students with opportunities to learn examination, diagnostic, and treatment techniques required to recognize, diagnose, and manage common pathologies found in the lower extremities: foot, ankle, leg, knee, hip, and pelvis. Students are instructed and evaluated on clinical skills needed to perform a comprehensive examination including the acquisition of a comprehensive history, observation and palpation techniques, range of motion evaluation, manual muscle testing techniques, cardiovascular and neurological function assessment, special tests, functional and activity-specific testing, and appropriate referral. Prerequisites: **ATHT 202/202L, BIOL 207/208 and 209/210.**

**ATHT 302/L**  
**Art & Science of Athletic Training I Lab**  
0 credits  
This laboratory includes the skills needed to correctly perform the examination, diagnosis, and treatment of conditions of the lower extremity and pelvis. Students must enroll concurrently in ATHT 302.

**ATHT 315**  
**Athletic Training Practicum I**  
2 credits  
The content of this practicum course includes professional comprehensive review of the anatomical structures and functions of the cervical spine, face, head, and internal organs. The other major component of this course includes the recognition, development and refinement of the evaluative skills, as well as emergency and clinical management of pathologies and conditions of the cervical spine, face, head, and internal organs. Students must enroll concurrently in ATHT 315L. Prerequisites: **ATHT 202/202L**

**ATHT 315L**  
**Athletic Training Practicum I Lab**  
1 credit  
This clinical course provides students with opportunities, under the direct supervision of a certified athletic trainer or other licensed health care provider, to apply the knowledge and clinical skills developed and evaluated in the classroom to the athlete/patient populations at local high school and college/university clinical affiliated sites. Students are required to participate in a maximum of 15 hours/week of clinical experiences in accordance with the departmental guidelines. This course is graded on an Honor/Pass/Fail basis. Students must enroll concurrently in ATHT 315. Prerequisites: **ATHT 202/202L**

**HLTS 315**  
**Anatomy**  
5 credits  
This course is designed to provide Athletic Training and Occupational Therapy students with a relatively broad picture of human anatomy with a special emphasis on the musculoskeletal, peripheral nervous, and peripheral circulatory systems. There is also an introduction to the structure and content of the thoracic, abdominal and pelvic cavities. The course consists of both a lecture and a laboratory component. The laboratory component is required. Prerequisites: **ATHT 202/L, BIOL 207/208 and 208/209**

**HLTS 315/L**  
**Anatomy Lab**  
0 credits  
During laboratory sessions, students will be directed in the dissection and study of human cadavers. Students must enroll concurrently in HLTS 315.

**HLTS 425**  
**Therapeutic Modalities**  
3 credits  
This course provides an introduction to therapeutic modalities used to treat patients in clinical practice. Lecture material will include a brief overview of the scientific foundation of how the modality operates as well as the physiological response that results. The indication, contraindications and evidence to support the use of the modalities will also be addressed and used in activities that exercise clinical decision-making skills. The laboratory portion of the class involves practical application of the lecture material. As in the laboratory portion of the class, activities that exercise clinical decision-making skills will be performed. Students must enroll
concurrently in HLTS 425L.  **Prerequisites:** PHYS 201 or 202

**HLTS 425L  Therapeutic Modalities Lab**  0 credits
The laboratory portion of the class involves practical application of therapeutic modalities lecture material. As in the laboratory portion of the class, activities that exercise clinical decision-making skills will be performed. Students must enroll concurrently in HLTS 425.

**HLTS 430/W  Principles of Research**  3 credits
To adequately prepare students to work in the ever-evolving health care arena, this course builds upon the basic statistical principles learned in MATH 225 and helps students to become intimately involved in the activities that support evidence-based practice and the development of research to address clinical questions in Athletic Training. As part of the course requirements, students will delve into scientific and professional practice literature to determine best practices and appropriate standards of care. Research design, analysis, and writing skills are emphasized in this class. Students must enroll concurrently in HLTS 430L. **Prerequisite:** MATH 225

**HLTS 430L  Principles of Research Lab**  0 credits
In this laboratory, students read and critique current scientific literature, as well as present current findings that impact clinical practice. Students also develop a critically appraised topic paper, which involves a critical review of the literature and the assembly of a scholarly manuscript that follows a traditional research publication format. Students must concurrently enroll in HLTS 430W.

**SPRING JUNIOR YEAR**

**ATHT 303  Art & Science of Athletic Training II**  3 credits
This course is designed to provide the students with knowledge and psychomotor skills in evaluation techniques, recognition of common pathologies, and initial management procedures of the upper extremity and spine. Previous learning and clinical skills developed in ATHT 302 are reinforced and built upon during this course. Students must enroll concurrently in ATHT 303L. **Prerequisites:** ATHT 302/302L, HLTS 315/315L

**ATHT 303/L  Art & Science of Athletic Training II Lab**  0 credits
Previous learning and clinical skills developed in ATHTR 302L are reinforced and built upon during this laboratory. This lab includes the skills needed to correctly perform the examination, diagnosis, and treatment of conditions of the upper extremity and spine. Students must enroll concurrently in ATHT 303.

**ATHT 306  Therapeutic Exercise & Reconditioning**  4 credits
This course provides students with a solid foundation of the theory and practice associated with the design, implementation, progression, and supervision of rehabilitation programs. Content of this course includes skillful rehabilitation examination, establishment of realistic goals, development of scientifically-supported rehabilitation and reconditioning plans, as well as correction for substitution patterns during rehabilitation performance. Rehabilitation techniques include progression and sequencing, examination and assessment, and application and recording of soft tissue and joint mobilization; range of motion and flexibility exercises; strength and muscle endurance exercises; balance, coordination, and agility activities; plyometric exercises; and functional and activity-specific exercises for return to full participation. Students must enroll concurrently in ATHT 306L. **Prerequisites:** HLTS 320 or 315, 425; ATHT 302/302L

**ATHT 306/L  Therapeutic Exercise & Reconditioning Lab**  0 credits
This laboratory includes the performance of rehabilitation techniques including progression and sequencing, examination and assessment, and application and recording of soft tissue and joint
mobilization; range of motion and flexibility exercises; strength and muscle endurance exercises; balance, coordination, and agility activities; plyometric exercises; and functional and activity-specific exercises for return to full participation.

ATHT 316    Athletic Training Practicum II   1 credit
This course involves the discussion and application of appropriate professional and clinical behaviors in emergency situations as they relate to the patient, as well as emergency, allied health, and medical personnel. Students learn examination and diagnostic techniques needed to recognize and manage emergency situations and conditions. Emergency Medical Technician (EMT) course work is a component of the course; however, pursuit of EMT certification is voluntary. Prerequisites: ATHT 302/L, 315/315L

ATHT 316L    Athletic Training Practicum II Lab   2 credits
This is a continuation of the clinical experiences encountered in Athletic Training Practicum I Lab; however, students now are encouraged to apply knowledge and clinical skills gained from the current and previous semester coursework and clinical practica to further enhance and refine their skills and abilities as an athletic trainer under the direct supervision of a certified athletic trainer or other licensed health care provider. Students spend 15-20 hours per week as part of this course participating in their clinical education experiences. This course is graded on an Honor/Pass/Fail basis. Prerequisites: ATHT 302/302L, 315/315L

ATHT 400L (Elective)    Emergency Medical Technician Practicum   0-1 credit
This course provides students with the opportunity to complete the necessary learning, laboratory, and clinical experiences required by the PA Department of Health to become an emergency medical technician. Co/Prerequisites: ATHT 316 or permission of the instructor

ATHT 404    Health and Medicine I   3 credits
Health and Medicine I is the first of two courses. The course will include lectures, group participation, and laboratory sessions. This course will include gross dissection in anatomy lab of the internal organs and information on basic and in-depth concepts of normal and pathological function of these organ systems. The organ systems in this semester’s course include circulatory, cardiac, respiratory, digestive, urinary, and reproductive. Students will be required to recognize medical conditions, determine a course of management, treatment, and referral, and understand both normal and pathologic functions of the body’s systems. Information on pharmacology is also presented in this course. Students will be expected to identify pharmacological terminology, pharmacokinetic principles, pharmacodynamics principles, medication management, and drug categories pertinent to athletic trainers. Students will further develop their history and physical examination skills. Prerequisites: BIOL 111/113, ATHT 315/315L; HLTS 315/315L

HLTS 437    Functional Kinesiology & Biomechanics   3 credits
This lecture/laboratory course is designed to study the elements of normal human motion. Specifically, the course will focus on integrating the "Laws of Nature" which influence movement with anatomical concepts, and the concepts of osteokinematics and arthrokinematics of joints. There will also be an emphasis on how these "Laws" and concepts influence normal and pathological motion. The course will also examine the elements of typical locomotion and the gait deviations that result from the disruption of these elements. The course will consist of both lecture and laboratory components. During lecture sessions material pertaining to the specific osteology, myology, arthrology, arthrokinematics, and osteokinematics of specific joints will be presented to the participants for their consideration and discussion. Students must enroll concurrently in HLTS 437L. Prerequisites: HLTS 315/L or 320/L.
HLTS 437/L  Functional Kinesiology & Biomechanics Lab  0 credits
This lecture/laboratory course is designed to study the elements of normal human motion. Specifically, the course will focus on integrating the "Laws of Nature" which influence movement with anatomical concepts, and the concepts of osteokinematics and arthrokinematics of joints. There will also be an emphasis on how these "Laws" and concepts influence normal and pathological motion. The course will also examine the elements of typical locomotion and the gait deviations that result from the disruption of these elements. Laboratory sessions will involve observations, palpations and discussions of both simple and complex human movements. With the guidance of the course faculty, the course participants will execute lab activities designed to integrate information and fundamental concepts pertinent to human movement. Prerequisites: HLTS 315/L or 320/L.

FALL SENIOR YEAR

ATHT 405  Health and Medicine II  3 credits
Health and Medicine II is the second of two courses on health and pathophysiology. Topics in this semester will include the endocrine system, the immune system, fluid balance, musculoskeletal pathologies, neurological pathologies, the senses, integumentary system, shock, and cancer. Students will be required to recognize medical conditions, determine a course of management, treatment, and referral, and understand both normal and pathologic functions of the body’s systems. Students are also expected to understand the prevention, transmission, and medications used in the treatment of contagious conditions. Students will also develop an understanding of drug abuse concepts. To encourage and further advance students’ understanding and appreciation for these topics, they will shadow a physician and create a case study based on a patient observed during that experience. The course will include lectures, group participation, and laboratory sessions. Prerequisites: BIOL 111/113, ATHT 316/316L; HLTS 315/315L

ATHT 406W  Psychosocial Issues in Healthcare  3 credits
This course allows students to explore, develop and refine their personal values and ethical foundations as they relate to the psychosocial aspects of healthcare and professional practice. Special emphasis is placed on the psychology of injury and catastrophe, recognition of psychological conditions, counseling and intervention strategies, and the utilization of mental imagery and other psychological skills. Exploration of professionalism, leadership, communication, diversity, inter-relationships between patients, families and the medical community, stress management, burnout, and ethical questions associated with injury, sport and general healthcare also are discussed. Prerequisites: Psych 103

ATHT 407W  Physiology of Exercise Lab  3 credits
This course prepares students to understand the physiological changes that occur in the body when it undergoes the stress of exercise and physical activity. Students are prepared to become actively involved in the measurement, management, and enhancement of the physiological effects including the creation and utilization of the different energy systems, muscular function and enhancement, and the function and enhancement of the cardiorespiratory system. Students also are expected to apply those advanced physiological concepts in the development of a comprehensive year-round physical conditioning program (according to the standards established by the National Strength and Conditioning Association) to maximally enhance function and performance. Students must enroll concurrently in ATHT 407L. Prerequisites: BIOL 111/113, 209/210; CHEM 131; HLTS 315/L
ATHT 407 L  Physiology of Exercise Lab  0 credits
This course prepares students to apply their understanding of the physiological changes that occur in the body when it undergoes the stress of exercise and physical activity. Students will be required to measure, analyze, manage, and make prescriptive recommendations based upon data they gather on human subjects in the areas of muscle flexibility and work, anaerobic and aerobic activities, maximum oxygen utilization, cardiac function, and pulmonary function. Students must enroll concurrently in ATHT 407W.

ATHT 410  Athletic Training Practicum III  1 credit
This course involves discussions of professional behaviors and the application of those professional behaviors in a variety of health care settings, as well as the requirements and opportunities available in emerging practice settings. Course requirements include preparation for advanced graduate education, preparation for the BOC examination, the development of professional interview skills, a professional resume, and cover letter. Further, students will learn to develop and assess the contents of a professional portfolio, as well as complete designated clinical proficiencies which will require the successful and professional application of clinical skills, decision making, and critical thinking. Students must enroll concurrently in ATHT 410L.
Prerequisites: ATHT 303/303L, 306/306L, 316/316L, HLTS 425

ATHT 410L  Athletic Training Practicum III Lab  2 credits
This clinical course requires students to build upon past clinical experiences and learning to prepare them to assume more responsibility and autonomy while participating in assigned clinical experiences with athletes and patients at local high schools, universities, clinics, and professional sport teams. Under the direct supervision of certified athletic trainers and other licensed health care professionals, students assume even greater responsibility for the total care of the assigned athletes and patients. This increased responsibility includes thorough and professional evaluations, as well as appropriate design and implementation of rehabilitation and reconditioning programs. Students spend 15-20 hours per week as part of this course participating in their clinical education experiences. This course is graded on an Honor/Pass/Fail basis. Students must enroll concurrently in ATHT 410. Prerequisites: ATHT 303/303L, 306/306L, 316/316L, HLTS 425

ATHT 412 (UCSL)  Organization & Administration in Athletic Training  3 credits
This course provides students with information that enhances their abilities to function effectively as professional Athletic Trainers and to enhance their awareness of current administrative, professional, organizational, and legal issues in Athletic Training. Topics include emergency planning, creating budgets, facility design, record keeping, medical billing, insurance, professional organizations, and liability. Students examine and discuss concepts in community service work, explore administrative needs of local community groups, and develop administrative response plans, using a service learning model, to address community groups' actual needs. This course meets the University Service Learning requirements.

SPRING SENIOR YEAR
ATHT 402/W  Nutrition and Weight Management  3 credits
This course requires students to develop a comprehensive understanding of the structure and function of the essential nutrients, their physiological effects on the body, and the methods by which those nutrients may influence health, function and performance. Students discuss theories of body composition analysis and the application of those analyses to the development of safe, effective, comprehensive and individualized diet and exercise prescriptions. Current and scientific information on eating disorders, disordered eating, weight management, special dietary considerations, ergogenic aids and food safety also are discussed. Students must enroll concurrently in ATH 402L. Prerequisites: CHEM 131, ATHT 407W/407L
ATHT 402/L  Nutrition and Weight Management Lab  3 credits
This laboratory requires students to apply information of essential nutrients, their physiological effects on the body, and the methods by which those nutrients may influence function and performance, with body composition analyses, to develop unique, patient-specific comprehensive dietary analyses and nutrition and exercise plans. Students must enroll concurrently in ATHT 402.

ATHT 411  Athletic Training Practicum IV  2 credits
The content of this practicum course includes discussions of advanced professional behaviors and skills with the primary emphasis on the refinement and advancement of professional behaviors and skills. As part of this course, students are required to observe a surgery and give a case study presentation, participate in mock national board examinations that utilize external professional evaluators, as well as a professional portfolio presentations. Discussions and activities emphasizing interprofessional education, various aspects of healthcare advancements and healthcare reform are included in this course. Advanced knowledge and psychomotor skill opportunities in content areas such as casting, special splinting, appropriate brace and equipment selection, manual therapy techniques, and movement screening also are included in this course. Students must enroll concurrently in ATHT 411L. Prerequisites: ATHT 410/410L

ATHT 411L  Athletic Training Practicum IV Lab  1 credit
This is a continuation of the clinical experiences encountered in Athletic Training Practicum III Lab; however, students now are encouraged, while still working under the direct supervision of a certified athletic trainer and other licensed health care providers, to assume more responsibility and even greater autonomy in preparation for employment and/or advanced graduate education. Students also are encouraged to participate in field experience opportunities in practice arenas in which they may wish to practice in the future. Students spend 15-20 hours per week as part of this course participating in their clinical education experiences. This course is graded on an Honor/Pass/Fail basis. Students must enroll concurrently in ATHT 411. Prerequisites: ATHT 410/410L

ATHT 414W  Medical Perspectives in Athletic Training  2 credits
This course is designed to expose students to a wide variety of resources and professionals in medicine and other health professions and to assist the students in the development of appreciation for those professions with whom Athletic Trainers work. Medical and other health professionals provide students with advanced learning opportunities and information designed to enhance the knowledge, skills, and interdisciplinary approach to care provided by the sports medicine team. Prerequisites: ATHT 405, 410/410L, BIO 209/210

ATHT 416  Applied Science of Physical Performance  3 credits
Expanding upon the knowledge and skills developed and evaluated in past coursework, students are required to utilize knowledge and skill to develop and participate in peer teaching activities that include the presentation and analysis of a sport or physical activity. The required components of presentations include biomechanical analysis of skills required for the sport/activity, biomechanical analysis of common chronic and acute injuries associated with the activity, the physiological requirements and rules and regulations of the activity, as well as other special health considerations commonly associated with the activity. Students must enroll concurrently in ATHT 416L. Prerequisites: ATHT 306/306L, 407W/407L

ATHT 416/L  Applied Science of Physical Performance Lab  0 credits
This laboratory requires students to actively engage and participate in all physical activities presented in the peer teaching units. Students must enroll concurrently in ATHT 416.
ATHT 420  (Elective) Integrated Training for Performance Enhancement  3 credits
This course, emphasizing performance enhancement, provides students with learning opportunities to develop the necessary knowledge and psychomotor skill to achieve national certification as a Performance Enhancement Specialist (PES), awarded by the National Academy of Sports Medicine (NASM). This course is designed specifically as an elective for Athletic Training majors. **Prerequisites:** ATHT 410

ATHT 420/L (Elective) Integrated Training for Performance Enhancement Lab  0 credits
This laboratory requires students to apply the knowledge and psychomotor skills learned in the course to the development of appropriate and safe evaluations and programming defined by the National Academy of Sports Medicine (NASM) Performance Enhancement Specialist certification. This laboratory requires students to actively engage and participate in all activities and skills presented in the certification process. **Prerequisites:** ATHT 410

ATHT 421  Applied Therapeutic Exercise  2 credits
This course assists students in the development of a deeper understanding of the theories and advanced practices of therapeutic exercise and reconditioning. The course encompasses case management, advanced manual and rehabilitation theories and skills, and encourages students to think critically and solve patient problems more effectively in the delivery of safe, effective, and multi-faceted approaches to rehabilitation. Students are required to understand and apply the theories and therapeutic skills associated with gait training, traditional and creative rehabilitation tools, PNF techniques, joint mobilizations, core stabilization, manual therapy, and orthotics evaluation and construction. Students must enroll concurrently in 421L. **Prerequisites:** ATHT 306/306L, 316/316L

ATHT 421/L  Applied Therapeutic Exercise Lab  0 credits
This laboratory requires students to demonstrate and instruct the following: gait training, traditional and creative rehabilitation tools, PNF techniques, joint mobilizations, core stabilization, manual therapy, and orthotics evaluation and construction. Students must be enrolled concurrently in ATHT 421.
ADDITIONAL REQUIRED TRAINING 
AND ELECTIVE CERTIFICATIONS

As part of the course work in Athletic Training at Duquesne, all students will be required to receive additional education and certification in 4-5 different areas – CPR/AED (Automated External Defibrillator), First Aid, OSHA/Bloodborne Pathogen, PIAA Weight Assessor, and HIPAA. There are no additional fees, beyond the purchase of a CPR supplies, for the additional required certifications. As part of the course work during the sophomore year, all students will be educated and certified in American Heart Association CPR/AED and First Aid for the Professional Rescuer; during Athletic Training Practicum I Lab, junior students will be re-certified in American Heart Association CPR for the Professional Rescuer with AED Training.

Every year, beginning with the sophomore year, all students receive bloodborne pathogen training and are evaluated for their knowledge and skills in compliance with the regulations issued by the Occupational Safety and Health Administration governing student/employee exposure to bloodborne pathogens in the school/workplace under Section VI(b) of the Occupational Safety and Health Act of 1970 that became effective in March 1992. Juniors and Seniors receive this training as part of the Professional Phase Orientation program, and Sophomores receive the training as part of the Essential Concepts and Techniques in Athletic Training course.

In addition to these certification requirements, all students are educated and receive certificates of training under the Health Insurance Portability and Accountability (HIPAA) Act 45CFR164.530(b)(1). This training occurs as part of the RSHS Professional Student Orientation program.

ELECTIVE SPECIALTY CERTIFICATIONS

There also are three (3) additional certification that are made available to all students enrolled in the Athletic Training program –Performance Enhancement Specialist (PES) Certification through the National Academy of Sports Medicine, Strength and Conditioning Specialist Certification (CSCS) through the National Strength and Conditioning Association, and Emergency Medical Technologist (EMT) certification through the Pennsylvania Department of Health course at Duquesne. These three certifications are tied to coursework included during the (ATHT 316) Athletic Training Practicum II, (ATHT 400L) EMT Practicum, (ATHT 407) Physiology of Exercise, and (ATHT 421) Integrated Training for Performance Enhancement courses. There will be additional fees required for materials and to register for the examinations associated with these certifications. The EMT course will require additional class meetings and clinical experiences, which will be explained to the students in the beginning of the AT Practicum II course.

Revised August 2013
ACADEMIC DIFFICULTY POLICY

Following each examination in the professional phase of the program, the academic status of all professional phase students will be assessed to identify students in jeopardy of falling below the required 3.0 QPA for the academic semester and to identify deficiencies (at or below a "C") in any course.

**Policy 1.** If a student has entered the semester on academic probation, has had difficulty in past similar courses, or is found to be in jeopardy early in the current semester (after first set of examinations), that student will be required to meet with his/her faculty advisor to develop an academic preparation plan. In developing the plan the student and advisor will discuss:

1. modifications in academic preparations
2. the utilization of tutoring/review sessions
3. seeking assistance from course instructors
4. reductions in clinical education experiences

**Policy 2.** If the student continues to struggle (<70%) by mid-semester, he/she will be required to follow the procedures below; the student’s compliance with these requirements will be documented in the student’s file.

1. decrease his/her clinical experience hours to no more than 10 hours,
2. attend mandatory individual tutoring or group study/review sessions, and
3. seek additional feedback and assistance from the course instructor

**Policy 3.** If after two-thirds of the academic semester a student continues to struggle, clinical experience will be suspended, and he/she will be required to

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

*Revised 8/17*
ATTENDANCE and TARDINESS POLICY

Class and Laboratory Attendance
Students are expected to attend all professional courses at all times; failure to attend class/lab sessions regularly will negatively impact your academic and clinical performance and ultimately your future successes in athletic training. Professional class attendance requires students to be present for the entire class meeting; late arrival and/or early departure from class will be considered a missed class meeting.

1. A student must petition a course instructor, at least 48 hours in advance of the requested absence, to miss a class session; however, the student is responsible for all materials presented or evaluated, including competencies and clinical proficiencies, during any missed session.

2. In the event of illness or other health condition that warrants missing class, it is the student’s responsibility to contact the Department Chair or every instructor for that semester. The student is also responsible to inform the Department Chair of the need to contact all the course instructors.

3. A student may not petition a course instructor to miss class on days on which guest speakers are scheduled. Missed classes on days when speakers are scheduled are unexcused absences.

4. If absence from a course occurs on the day of an examination, it will be at the discretion of the instructor as to whether the examination may be made up by the student and whether the student will be required to take an alternate version of the exam.

5. If a student is perceived by the course instructor as being absent from class too frequently due to illness or other personal matters, a current note from a MD/DO/NP/PA/counselor, on official letterhead or prescription pad, will be required to verify the necessity of the class absence(s). Failure of a student to provide the required note to the Department Chair within 1 week of the request will result in the missed class(es) being counted as unexcused, regardless of the reason for the missed class(es).

6. Students missing class(es) are encouraged to have the class session audio taped; arrangements for audio taping should be made with Ms. Kerri VanGelder (412-396-4766) prior to the scheduled course time. Students must return the audio tapes to Ms. VanGelder within one week of their return; failure to return the audio tapes will cause a student to become ineligible for future audiotaping of classes.

7. ***Any student missing > 20% of total class sessions or total class/laboratory time in a course, regardless of reason for absence (excused or unexcused), will be required to do remediation and may either receive an Incomplete “I” grade until the work is completed or may be required to repeat the course at the discretion of the instructor. All missed clinical proficiencies must be remediated and evaluated before a student may pass the course.
Clinical Experience Attendance
Clinical education is an essential and vital aspect of the student’s education. Clinical education involves clinical course requirements that bear the same weight and student responsibility as do the didactic/laboratory courses.

1. Students are expected to attend and participate and engage fully all clinical and field experiences at all scheduled times; lack of attendance or failure to fully engage in learning & practice will negatively affect your skill development, performance as an entry level athletic trainer, and may delay your successful completion of the Athletic Training program.

2. Students enrolled in the Clinical Practicum in Athletic Training courses are required to successfully complete all clinical education requirements of the clinical courses in which they are enrolled, with the expectation that each clinical experience will meet the requirements listed below while classes are in session. Students may exceed these requirements when classes are not in session; however, there is no requirement to do so. A student will remain in a clinical experience until that clinical experience is completed (e.g. end of a sport season) as determined by the Supervising Athletic Trainer in conjunction with the Clinical Education Coordinator.

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Student Year</th>
<th>Minimum days/week</th>
<th>Maximum days/week</th>
<th>Average Minimum/ Maximum hours/week*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>Junior</td>
<td>3 days/week</td>
<td>6 days/week</td>
<td>10/20 hours</td>
</tr>
<tr>
<td>Fall</td>
<td>Senior</td>
<td>5 days/week</td>
<td>6 days/week</td>
<td>16/30 hours</td>
</tr>
<tr>
<td>Spring</td>
<td>Junior</td>
<td>4 days/week</td>
<td>6 days/week</td>
<td>16/30 hours</td>
</tr>
<tr>
<td>Spring</td>
<td>Senior</td>
<td>4 days/week</td>
<td>6 days/week</td>
<td>16/30 hours</td>
</tr>
</tbody>
</table>

*Average minimum/maximum weekly hours are based upon a monthly assessment of hours (total hours divided by weeks in month).

3. To arrange a scheduled absence from a clinical assignment, the student must ask permission from the Clinical Preceptor at least 72 hours in advance of the absence; however, students having knowledge of a need to miss a clinical assignment before the 72 hour period, should discuss that need with his/her Clinical Preceptor as far in advance of the date as possible.

4. The release of a student from a clinical responsibility is at the discretion of the Clinical Preceptor. If there is a concern with a Clinical Preceptor’s decision, the Clinical Education Coordinator and/or the Department Chair should be consulted immediately.

5. In the event of unscheduled absences (e.g. illness, emergencies) from scheduled clinical site responsibilities, the student must contact his/her Clinical Preceptor as soon as it is realized that the student will not be able to fulfill clinical education responsibilities. In the event that this is not possible, the student may contact the Department of Athletic Training who will relay this information to the clinical preceptor.

6. If a student is perceived by the preceptor as being absent from the clinical education experience too frequently due to illness or other personal matters, a
current note from a MD/DO/NP/PA/counselor, on official letterhead or prescription pad, will be required to verify the necessity of the absence(s). Failure of a student to provide documentation to the Clinical Education Coordinator within 1 week of the request will result in the missed experiences being counted as unexcused, regardless of the reason, and will necessitate remediation, which may include repeating the clinical experience at the discretion of the instructor. All missed proficiencies must be remediated and evaluated before a student may pass the course.

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Anticipated Weekly Requirement</th>
<th>Anticipated Maximum Hours Achieved</th>
<th>Anticipated Minimum Hours Achieved</th>
<th>Anticipated Fall Athlete Hours</th>
<th>Anticipated Winter Athlete Hours</th>
<th>Anticipated Spring Athlete Hours</th>
<th>Anticipated Lacrosse Athlete Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester Sophomore Year</td>
<td>14 weeks</td>
<td>50 hrs</td>
<td>50 hours</td>
<td>50 hrs</td>
<td>50 hrs</td>
<td>50 hrs</td>
<td>50 hrs</td>
</tr>
<tr>
<td>Spring Semester Sophomore Year</td>
<td>14 weeks</td>
<td>75 hours</td>
<td>75 hours</td>
<td>75 hrs</td>
<td>75 hrs</td>
<td>75 hrs</td>
<td>75 hrs</td>
</tr>
<tr>
<td>Gen. Med Experience Jr &amp; Sr Years</td>
<td>3 weeks</td>
<td>12 hours</td>
<td>12 hours (4 hrs/wk)</td>
<td>12 hours</td>
<td>12 hrs</td>
<td>12 hrs</td>
<td>12 hrs</td>
</tr>
<tr>
<td>Pre-Season Junior Year</td>
<td>2 weeks</td>
<td>80 hours (40 hrs/wk)</td>
<td>40 hours (20 hrs/wk)</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
</tr>
<tr>
<td>Fall Semester Junior Year</td>
<td>14 weeks</td>
<td>280 hours (20 hrs/wk)</td>
<td>140 hrs (10 hrs/wk)</td>
<td>160 hrs (8 weeks)</td>
<td>240 hours</td>
<td>240 hours</td>
<td></td>
</tr>
<tr>
<td>*Winter Break Junior Year</td>
<td>4 weeks</td>
<td></td>
<td>64 hours (16 hrs/wk)</td>
<td></td>
<td>64 hours (16 hrs/wk)</td>
<td>64 hours (16 hrs/wk)</td>
<td></td>
</tr>
<tr>
<td>Spring Semester Junior Year</td>
<td>14 weeks</td>
<td>420 hours (30 hrs/wk)</td>
<td>224 hrs (16 hrs/wk)</td>
<td>280 hours + 40 (SB)</td>
<td>180 hours (8 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer Athlete Experience</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>252 hours</td>
<td>250 hours</td>
<td>252 hours</td>
<td>252 hours</td>
</tr>
<tr>
<td>Pre-Season Senior Year</td>
<td>2 weeks</td>
<td>80 hours (40 hrs/wk)</td>
<td>40 hours (20 hrs/wk)</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
</tr>
<tr>
<td>Fall Semester Senior Year</td>
<td>14 weeks</td>
<td>420 hours (30 hrs/wk)</td>
<td>224 hrs (16 hrs/wk)</td>
<td>170 hours (8 weeks)</td>
<td>320 hours</td>
<td>320 hours</td>
<td></td>
</tr>
<tr>
<td>*Winter Break Senior Year</td>
<td>4 weeks</td>
<td></td>
<td>64 hours (16 hrs/wk)</td>
<td></td>
<td>64 hours (16 hrs/wk)</td>
<td>64 hours (16 hrs/wk)</td>
<td></td>
</tr>
<tr>
<td>Spring Semester Senior Year</td>
<td>14 weeks</td>
<td>420 hours (30 hrs/wk)</td>
<td>224 hrs (16 hrs/wk)</td>
<td>280 hours + 40 (SB)</td>
<td>180 hours (8 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total w/out Soph Yr &amp; Gen. Med.</td>
<td>-</td>
<td>1700 hours</td>
<td>892 hours</td>
<td>1020 hours</td>
<td>1020 hours</td>
<td>1020 hours</td>
<td>1020 hours</td>
</tr>
<tr>
<td>Total with Soph Yr &amp; General Medical Experience (included)</td>
<td>(137 hrs total)</td>
<td>1837 hours</td>
<td>1029 hours</td>
<td>1157 hours</td>
<td>1157 hours</td>
<td>1157 hours</td>
<td>1157 hours</td>
</tr>
</tbody>
</table>

*Fall student athletes will have winter break and holiday break experiences along spring break and a summer experience.
*Winter student athletes will have abbreviated fall and spring semester experiences along with a summer experience.
‡Spring student athletes will have abbreviated spring semester experiences along with a summer experience.
§Lacrosse student athletes will have winter break experience along with a summer experience.
$Student placed on clinical restrictions for academic reasons may not achieve the 12hr/week minimum
★Students engaged in a professional organization experience should refer to Professional Organization Clinical Hour Policy in the Appendices for additional details.
7. ***A student missing ≥ 20% of total clinical education sessions or total clinical education time, regardless of reason for absence (excused or unexcused), will be required to do remediation and may either receive an Incomplete “I” grade until the work is completed or may be required to repeat the clinical experience at the discretion of the instructor. All missed clinical proficiencies must be remediated and evaluated before a student may pass the course.

8. A student not engaging fully in his/her clinical experience(s) may be dismissed by the Clinical Preceptor, given a failing grade for that experience with elimination of all hours accrued at the clinical site, and/or undergo remedial restitution.

9. Students who are recognized by the University as student-athletes will be held to the same clinical education requirements as are non-athletes; however, the timing of those clinical experiences will be modified according to the stipulations described in the Student-Athlete Clinical Education Contract and delineated below.

**Tardiness**
Tardiness for class or a clinical experience is unprofessional and will not be tolerated. It is the student’s responsibility to make sure that he/she allows sufficient time to arrive promptly for all classes, laboratories, and clinical experiences.

1. A student delayed from attending a required class due to clinical experiences must obtain a notice from the Clinical Preceptor on the day of the experience, acknowledging the rationale for the tardiness and its relationship to the clinical assignment; however, it is the discretion of the course instructor as to whether the student will be granted permission to enter the classroom/laboratory after the class has begun.

2. In the event of other reasonable, unforeseen circumstances (e.g., car breakdown, traffic delay, accident) that may prevent the student from arriving on time for class or a clinical experience, the student must inform the course instructor, the Department of Athletic Training Office, and/or Clinical Preceptor promptly on that day. Should these types of reasonable and unforeseen circumstances become a regular pattern of activity, it is the prerogative of the course instructor and/or Clinical Preceptor to:
   a. Deny the student access to the class or clinical experience for that day, thereby resulting in an unexcused absence.
   b. Require the student to remediate the time missed with a required assignment.

(Revised 7/14)
OFF-CAMPUS LEARNING OPPORTUNITIES GUIDELINES AND LIABILITY

This information is designed to answer the most common questions and provide a few simple guidelines regarding the liabilities and problems associated with off campus learning opportunities.

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

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

DEPARTMENT GUIDELINES
- Whenever possible, commercial transportation and/or University vehicles should be used to transport students to required off-campus learning sites.
  - When this is not possible, students and faculty should use the least number of vehicles possible to transport the students to a venue.

- Students, faculty, and staff are recommended to use common sense in regard to transportation to and from University-required activities.

- If there are any specific questions, please contact the Office of Risk Management at x6677.
MENTORING and ADVISEMENT PROGRAM

Mentorship

A mentor is a trusted counselor or guide, a tutor, and a coach. While commonly mentoring relationships evolve over periods of time, as trust and respect are developed between individuals, the Department of Athletic Training has created this mentoring program to facilitate both evolved and scheduled mentoring opportunities. The purpose the Athletic Training mentoring program at Duquesne University is three-fold: 1) to provide each student with a contact person with whom he/she can discuss all matters, ranging from personal to professional, 2) to help to ensure that the information presented during the didactic portion of the curriculum is applied appropriately and safely in clinical education experiences, and 3) to provide each student with a role-model who is able to observe a student’s activities both in didactic and clinical education experiences. There are two types of mentors in this program – Peer and Faculty.

Peer Mentors are assigned by year; for example, one mentoring group may contain one senior, one junior, and three sophomore level students. While assigned student mentors are provided for all sophomore through senior level students, students also are free and encouraged to develop evolved mentoring relationship with peers, as well as faculty and staff members.

In addition to a peer mentor, each professional phase student enrolled in clinical education, Dr. Keith Gorse will serve as his/her Faculty Mentor who is responsible to provide mentorship and guidance for the student during clinical experiences. Dr. Gorse will visit the Athletic Training student and the clinical preceptors(s) at the Clinical Site at least twice per academic semester. While Dr. Gorse is the primary Faculty Mentor for student clinical experiences, students also are encouraged to use all Athletic Training faculty, clinical preceptors, and graduate assistants as clinical education mentors. Both formal and informal student mentoring is encouraged highly by the Department.

ADVISEMENT PROGRAM

In addition to the Mentorship Program described above, professional phase students also are assigned Faculty Advisors with whom they are required to meet at least twice formally per semester (beginning and mid-semester) and later at the discretion or desire of either the faculty advisor and/or the student. The Advisement Program provides each student with a consistent faculty advisor who is able to provide the student with direction and guidance on a wide spectrum of topics. Faculty advisor is assigned permanently to each student for the duration of his/her enrollment at Duquesne; however, if either the faculty advisor or student wishes to change advisor/advisee assignment, the Department Chair determines the best, new arrangement. Open office hours also are maintained by the faculty for student advisement and professional mentoring. Sophomore students are assigned to Dr. Gorse and the graduate assistant student(s) assisting with the pre-professional program. However, students may use all faculty and staff as advisors.

(Revised: July 2014)
PEER MENTOR PROGRAM

1. **OBJECTIVES:** *The purpose of this program is to:*
   A. Develop better communication among classes of athletic training students;
   B. Assist students in the transition from one academic year to the next;
   C. Provide students with opportunities to develop professional collegial relationships;
   D. Provide students with resources to assist them in developing a better understanding about the requirements of the academic program, as well as University life;
   E. Develop leadership qualities in the upper level students;
   F. Develop teamwork and camaraderie among all AT students.

2. **PROGRAM:**
   A. The goal of this program is to match and bring together senior, junior and sophomore athletic training student to improve the overall learning and professional relationships within the Department of Athletic Training.

   B. The initiation phase of this program occurs during the first 3 weeks of the Fall academic semester. The senior student / junior student matching will be completed during the first two weeks of September. The sophomore students will be matched with junior / senior mentor groups during the 3rd week of September.

   C. Periodic formal and informal meetings of the mentor groups will continue throughout the fall and spring semesters and will be required during at least one Mentoring Breakfast session per semester.

3. **PROCESS:**
   A. The senior and junior classes will meet during Orientation Day. They will be given a brief biography assignment which will be due during the first Monday of classes. The completed biographies will be placed on the bulletin board in the hallway next to Room 132 for review and consideration.
      i. The biography will include a short self-description of the student in both academic and extracurricular settings. Areas that may be included are high school and college life, family background, athletic training experiences, and social functions. The biography should be no more than one page in length.

   B. Within two weeks, all senior and junior students will be expected to review all of the biographies.

   C. By the end of the second week, senior and junior students will submit a priority list of three potential peer mentors with whom they would like to collaborate.
D. The faculty will match the selections. The program will be implemented during the 2nd week of classes.

E. Senior / junior mentor teams will be matched with sophomore students during the 3rd week of September.

F. Sophomores will be required to complete the same biography project, as did the juniors and seniors during the first day of Essential Concepts and Techniques class. During the second class, all students will provide personal biographies which will be posted on the hallway bulletin board outside of Room 132 for review.

G. Sophomore, junior and senior students will submit a priority list of 3 potential peer mentors with whom they would like to collaborate.

H. The faculty will match the selections.

4. MENTORING INTERACTIONS:
   A. Purpose: To ensure regular contact between groups of peer mentors.
   B. Formally, the Department of Athletic Training will host regularly scheduled meetings at least once a semester that all students involved in the mentoring program are required to participate. Generally, these Mentoring Breakfasts are held one hour before the start of class (i.e., 7:00 AM) for one hour. Breakfast is provided by the Department.
   C. Students also are encouraged to arrange informal peer mentor interactions to allow for more free communications and assistance between students. Typical activities include gaining appropriate clinical experience opportunities, to asking questions or gaining clarification of professional expectations or developing higher levels of professional camaraderie.

   NOTE: Any student experiencing difficulty in locating or engaging regularly with his/her designated peer mentor(s), should contact the Department Chair immediately.

(Revised 7/10)

FRESHMAN FUNDAMENTALS

Freshman Fundamentals is designed to introduce Athletic Training students to the Scope of Practice of Athletic Training in a fun but educational manner. These sessions involve both discussions and opportunities for experimentation with the basic skills of Athletic Training. This opportunity is available to all currently enrolled freshman Athletic Training and prospective transfer students. Sessions are scheduled generally once per month at a time that is available to most Athletic Training freshman level students. Students will be informed of this opportunity during Pre-Professional meetings of the School, as well as through direct and indirect communications from the Department.
PROFESSIONAL ORGANIZATIONS

Professional organizations are important vehicles for learning and promotion of interaction professional development. Membership in professional organizations allows health care professionals to increase knowledge of current issues in the profession, foster a sense of fellowship and camaraderie among peers and contribute to the organization's direction, success, and influence.

Athletic Trainers are often highly involved in their organizations. If it were not for the support and motivation of our national professional organization, the National Athletic Trainers’ Association, Inc. (NATA), the profession of Athletic Training may never have become recognized as an allied health profession.

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

Joining the local organizations, Duquesne University Students in Athletic Training (DUSAT) and PATS, can be excellent ways to get started professional organizations. Successful professionals often have begun their successful journeys as members of professional organizations.

ORGANIZATIONS AND WEBSITES

| National Athletic Trainers’ Association (NATA) | www.nata.org |
| Eastern Athletic Trainers’ Association, Inc (EATA) | www.goeata.org |
| Pennsylvania Athletic Trainers’ Society, Inc. (PATS) | www.gopats.org |
| Duquesne University Students in Athletic Training (DUSAT) | @DUSAT1 (Twitter) |
| | www.instagram.com/dusat1 |
| Duquesne University Athletic Training | www.duq.edu/athletictraining |
| | www.facebook.com/DuquesneUniversityAthleticTraining |
| | www.instagram.com/duqathletictraining |
National Athletic Trainers' Association
The National Athletic Trainers’ Association, Inc. was formed in 1950 and has grown tremendously over the past several years. The organization has established a Code of Ethics for all members, elevated educational and professional standards, advanced the athletic training profession, and obtained recognition by the American Medical Association of Athletic Trainers as clinicians in allied health. The NATA publishes a quarterly professional journal, the Journal of Athletic Training, and a monthly newsletter, NATA News for its members. The NATA also holds an annual symposium and regional educational forums where members have the opportunity to keep abreast of new developments in the profession and exchange ideas. The organization is constantly working to improve both the quality and status of Athletic Training in the United States and abroad. Scholarships are available yearly through the NATA Research and Education Foundation, to qualified student members of the NATA. Over $1,000,000 in scholarships has been given to athletic training students over the past several years. More information on these scholarships can be obtained at the organization’s web site. Membership applications are at www.nata.org

Eastern Athletic Trainers' Association, Inc (EATA)
The Eastern Athletic Trainers’ Association was first formed in January 1949. Today, the EATA serves as an umbrella organization that encompasses all of NATA Districts I and II. All NATA members who reside within these geographic boundaries are automatically members of the EATA. There are no dues required for being an EATA member. The EATA has continued to grow and holds a joint district meeting on an annual basis. Through the EATA, District I and II also provide for student scholarships and support research in the field of Athletic Training. Further information may be obtained at www.goeata.org

Pennsylvania Athletic Trainers' Society, Inc. (PATS)
The Pennsylvania Athletic Trainers’ Society, Inc. was inaugurated in 1976. Today, there are over 3500 members of PATS, and the organization continues to grow. An annual symposium and clinical meeting gathers Pennsylvania's Athletic Trainers together for educational and social opportunities. The Society strives to further the professional ability of members through education, provide opportunities for the exchange of ideas with other health professionals, and contribute to the profession of Athletic Training within the Commonwealth. PATS also offers several $2,000 academic scholarships to student members of the organization. You also would be eligible for the Southwest PATS River Run Scholarship that is offered in addition to the regular PATS scholarships. These scholarships are only available to student members of PATS. More information on becoming a student member and these scholarships can be obtained at the organization’s web site. Membership applications are available at www.gopats.org If you become an NATA member, you automatically become a member of PATS, but you also can be a member of PATS and not a member of the NATA.

Duquesne University Students in Athletic Training (DUSAT)
The Duquesne University Students in Athletic Training is an organization in which students can advance their knowledge, understanding and application of athletic training practices both within and external to the Duquesne University community. DUSAT provides educational as well as fundraising opportunities that allow students to acquire additional resources to attend professional functions, provides an environment where free exchange of ideas and information can occur in a relaxed atmosphere, and involves students in service activities that support those in need locally, nationally, and internationally. All athletic training students are strongly recommended to join and become active in DUSAT.
WRITING INTENSIVE COURSE GUIDELINES

Beginning with the fall semester of 1994, Duquesne University implemented writing intensive requirements for all undergraduate students who matriculated in the fall of 1993. This program requires that, prior to graduation, all of the above students and those who follow them must successfully complete the two University Core Writing courses plus four Writing Intensive courses offered by their school and/or department. The Department of Athletic Training offers several required writing intensive courses which are delineated with a "W" in the course number. Students who complete the required number of credit hours for their discipline but who do not fulfill the above requirement will not be permitted to graduate.

Our intention is to graduate students who demonstrate an ability to write English at a level of proficiency that enables them to communicate effectively both with professionals within their disciplines and with people in the general society.

Because most of the courses to be offered are located within the disciplines, the University Writing Committee and the Academic Council thought it best to let the experts within those fields determine the nature and quality of writing which is expected of successful practitioners within those fields. There are, however, several general guidelines which you should follow in creating the writing intensive courses in your school or department. They are as follows:

- At least one-fourth to one-third of the student's final grade in Writing Intensive courses should be based upon the student's writing performance.

- Several formal papers or reports should be assigned. Depending upon the discipline, these papers could take the form of research papers, interpretive papers, case studies, critical analyses, proposals, in-class writing exercises, etc.

- The instructor is expected to comment upon the student's writing on each of the assignments and to offer suggestions for improvement. The instructor should require that at least one paper be revised and be resubmitted for a final grade.

- The instructor should spend some in-class time discussing writing. Students may be asked to perform pre-writing exercises, analyze and discuss papers, compare papers, examine particularly well-written papers, write in journals to summarize ideas, etc.

- The instructor should emphasize those qualities generic to all good writing but build into the course exercises that illustrate the kinds of writing expected of professionals within the discipline for which the student is training.

- The instructor should emphasize the necessity of revision and editing which is inherent in all good writing.

Source: Duquesne University Faculty Handbook
It is the policy of the Department of Athletic Training that students who score less than 75% on the writing portion/grade on a project(s) must seek writing assistance from the Writing Center. Documentation of a meeting session(s) is mandatory and is automatically sent from the Writing Center to the course instructor. Other students who wish to take advantage of these writing services are encouraged to do so.

**THE WRITING CENTER** - Located in Room 216 of College Hall, the Writing Center assists students in developing their writing skills. It provides intensive one-on-one tutoring of students in substantive writing problems, such as thesis statements, organization and form, and the development of ideas, as well as the basis of concepts of grammar, usage and style. The Writing Center is not an editing or proofreading service. Consultants do not correct or complete student's writing. They offer a teaching service. It is more effective if students learn from their mistakes, thereby becoming more capable and confident in their writing.

http://www.duq.edu/academics/resources-and-technology/writing-center

A complete draft is not needed to visit. All a student needs is a writing task and a willingness to engage actively in conversation about his/her work.

**Individual Consulting Sessions**
Their trained graduate and undergraduate student writing consultants offer one-on-one consulting sessions to writers free of charge. Coming prepared is the best way to get the most from a session. Bring in:
- any text to be discuss, including course assignments, résumés, web sites, presentations, and other writing projects.
- writing at any stage of the writing process, from outlines and notes to drafts and revisions.
- texts from any discipline across campus.
- any writing project a student wishes to discuss, including non-school writing.
- an electronic copy of the work so the student can revise during the session.

**Appointments are REQUIRED.** Appointment spots fill up quickly, so make an appointment.

**Computer, Research, and Writing Resources**
At its main location in 216 College Hall, the Writing Center has:
- computers available that you can use during sessions to revise papers, consult digital writing and research resources, and work on multimedia texts.
- a library of print research and writing resources, including citation manuals, grammar handbooks, and dictionaries.
- handouts on a wide variety of writing topics, including paraphrasing and summarizing, using commas and dashes, and APA and MLA citation.

**Workshops**
The Center often offers small-group workshops for students on writing topics. Workshop topics, locations, and times are posted and sent out over email each semester.
Pre-Professional Requirements and Information
SOPHOMORE CLINICAL EDUCATION

Sophomore Athletic Training students will be required to accumulate 50 hours of clinical education during the Fall semester and an additional 75 hours during the Spring semester, for a total of 125 hours as part of the requirements for ATHT 201/L Essential Concepts and Techniques in Athletic Training I Lab and ATHR 202/L Essentials Concepts and Techniques in Athletic Training II Lab. All clinical education hours must be completed under the direct supervision of a Certified Athletic Trainer. The first 15 clinical education hours must be acquired through the observation/practical experience of the sophomore students and three assigned Approved Clinical Preceptors at Duquesne University. Students are then required to coordinate their clinical education experiences at all affiliated clinical sites with their assigned junior and/or senior student mentors to gain clinical experiences in multiple settings. Students may begin to employ athletic training skills in these clinical settings once those skills have been evaluated and approved by a Clinical Preceptor; students are not to use any athletic training skills until they have been evaluated by a Clinical Preceptor. Twelve (12) weekly homework assignments (graded pass/fail) will be given each semester to coordinate classroom and clinical learning experiences.

Clinical experience hours should be recorded and validated daily by the Clinical Preceptor on the specific pre-professional clinical time cards. Any hours not validated by a Clinical Preceptor on a daily basis will not be accepted. At the end of each week, the completed time card must be submitted to Dr. Keith Gorse. The deadline for submitting these clinical education time cards will be the Monday following the experience week. Cards not received by the deadline, WILL NOT BE ACCEPTED, and the clinical experience hours will be voided. All clinical and field experience hours should be recorded in decimals to the hundredth place (e.g. 3 ½ hours = 3.5, 4 hours and fifteen minutes = 4.25).

IMPORTANT: Fall semester clinical education hours must be completed by the last day of classes in December, and the Spring semester clinical hours must be completed by the last day of classes in April / May. Failure to complete the required hours will result in a “Fail” grade in the Essential Concepts of Athletic Training I in the Fall semester and Essential Concepts of Athletic Training II in the Spring semester.

FALL

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<tr>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<tbody>
<tr>
<td>15 hours (minimum) on campus (Must be with 3 assigned preceptors)</td>
<td>Senior Mentor Sites Minimum of 15 hours (assigned senior mentor)</td>
<td>Senior Mentor Sites Minimum of 12 hours (assigned senior mentor)</td>
<td>Junior Mentor Sites Minimum of 8 hours (assigned junior mentor)</td>
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SPRING

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<th>January</th>
<th>February</th>
<th>March</th>
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<tr>
<td>Senior Mentor Site Minimum of 20 hours (assigned senior mentor)</td>
<td>Senior Mentor Site Minimum of 20 hours (assigned senior mentor)</td>
<td>Junior Mentor Sites Minimum of 20 hours (assigned junior mentor)</td>
<td>Junior Mentor Sites Minimum of 15 hours (assigned junior mentor)</td>
</tr>
</tbody>
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REQUIREMENTS RELATED TO REPORTING ABUSE

The Pennsylvania Child Protective Services Law as it relates to Athletic Trainers

As persons under the jurisdiction of the Department of State’s Bureau of Professional and Occupational Affairs who, in the course of their employment, occupation or practice of the profession, come into contact with children - athletic trainers, in addition to physical therapists, are REQUIRED to report or cause a report to be made when they have reasonable cause to suspect that a child is abused.

The important thing to remember when reporting child abuse is that the child abuse setting can occur in two different situations:

I. Family situations
II. School employee situations

I. Family situations occur at home and involve any non-accidental serious mental or physical injury. Because these cases involve families, they are reported to the Department of Public Welfare’s 24 hour tollfree telephone reporting system, CHILD LINE, at 1-800-932-0313. Mandated reporters are encouraged to identify themselves and where they can be reached should additional information be needed. The reporter shall have immunity from civil and criminal liability.

Once a report of suspected abuse is filed, CHILD LINE forwards it to the local county children and youth agency which must begin an investigation within 24 hours of the report. If the agency decides that the report is a valid instance of child abuse, services that are required to prevent further maltreatment of the child are provided.

Within 48 hours of the oral report to CHILD LINE, a written report must be made to the appropriate county children and youth agency. Forms can be obtained from the county agency.

II. School employee situations involve some form of sexual exploitation in the school setting. In these cases, the perpetrator is a school employee. If one suspects a school employee is abusing a child, that person should immediately notify the person in charge (i.e., school administrator). Upon notification, the person in charge shall assume the responsibility and have legal obligation to report the abuse to the local police. The Department of Public Welfare deals with family situations; however, the school employee situations involve criminal actions, and these cases should be reported to the local police.

A person who is required to report a case of suspected child abuse who willfully fails to do so commits a summary offense for the first violation and a misdemeanor of the third degree for a second or subsequent violation.

Reporting Suspected Child Abuse
Roles and Responsibilities of Licensed Professionals

How does the Child Protective Services Law impact licensed professionals?

The Pennsylvania Child Protective Services Law (CPSL) was signed into law in 1975 and was amended in 1994. The amendments are intended to further enhance the protection of children from abuse and reabuse; to provide rehabilitative services so as to ensure the child's well-being; and to preserve, stabilize and protect the integrity of family life, whenever appropriate.

Although many professional licensees have been mandated to report suspected abuse since initial passage of the CPSL, the 1994 amendments are intended to encourage more complete reporting.

The 1994 amendments mandate that the Department of State make training and educational programs and material available for all professional licensing boards whose licensees are responsible for reporting child abuse. In addition, each licensing board with jurisdiction over professional licensees identified as mandated reporters were required to promulgate regulations regarding the responsibilities of reporting. The regulations...
clarify that the CPSL takes precedence over any professional standard that might otherwise apply in order to protect children from abuse.

**Who is required to report suspected child abuse?**

Persons, who in the course of their employment, occupation or practice of their profession come into contact with children, shall report or cause a report to be made when they have reasonable cause to suspect that a child coming before them in their professional capacity is an abused child.

Persons under the jurisdiction of the Department of State's Bureau of Professional and Occupational Affairs who are required to report include, but are not limited to, any licensed physician; osteopath; psychologist; funeral director; dentist; optometrist; chiropractor; podiatrist; intern; registered nurse; licensed practical nurse; hospital personnel engaged in the admission, examination, care or treatment of persons; social service workers and mental health professionals. In addition, any person may make such a report if there is reasonable cause to suspect that a child has been abused.

**What is child abuse?**

Child Abuse, as defined in the CPSL, includes any of the following:

- any recent act or failure to act by a perpetrator which causes non-accidental serious physical injury to a child under 18 years of age;
- an act or failure to act by a perpetrator which causes non-accidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years of age;
- any recent act, failure to act or series of such acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or exploitation of a child under 18 years of age;
- serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.

The CPSL defines sexual abuse or exploitation as the employment, use, persuasion, inducement, enticement or coercion of any child to engage in or assist any other person to engage in any sexually explicit conduct or any simulation of any sexually explicit conduct for the purpose of producing any visual depiction, including photographing, videotaping, computer depicting or filming, of any sexually explicit conduct or the rape, sexual assault, involuntary deviate sexual intercourse, aggravated indecent assault, molestation, incest, indecent exposure, prostitution, statutory sexual assault or other form of sexual exploitation of children.

**Who can be a perpetrator?**

A perpetrator can be a parent of a child, or a person responsible for the welfare of a child who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control. Also, an individual residing in the same home as a child or a paramour of a child's parent, can be a perpetrator.

**What is CHILDLINE?**

CHILDLINE is a 24 hour toll-free telephone reporting system operated by the Department of Public Welfare to receive reports of suspected child abuse.

**What should you do if you suspect a child has been abused?**

If you have reasonable cause to suspect that a child has been abused, a report should be made immediately by telephone to CHILDLINE at 1-800-932-0313. Within 48 hours of the oral report, a written report must be made to the appropriate county children and youth agency by the reporter. Forms can be obtained from the county agency.

Whenever the reporter is a member of the staff of a medical or other public or private institution, school, facility or agency, the reporter shall immediately notify the person in charge. Upon notification, the person in charge or the designated agent shall assume the responsibility and have the legal obligation to report to the Department of Public Welfare and the county agency. The person in charge shall notify the reporter once the report is made to CHILDLINE.
What occurs once a report is filed?

Once a report of suspected child abuse is filed, CHILD LINE forwards it to the local county children and youth agency, which must begin an investigation within 24 hours of the report, decide if the report is a valid instance of child abuse, and if so, arrange for or provide the services that are needed to prevent further mistreatment of the child and preserve the family unit.

Will the reporter know whether the child was abused and what is being done to protect the child from further abuse?

Reporters may receive information from their county children and youth agency regarding the final status of the report and the services provided for or arranged by the agency.

What happens to the reporter?

Mandated reporters are encouraged to identify themselves and where they can be Mandated reporters are encouraged to identify themselves and where they can be

Does a reporter face liability?

A person who participates in good faith in making a report, cooperating with an investigation, testifying in a proceeding arising out of an instance of suspected child abuse, the taking of photographs or the removal or keeping of a child shall have immunity from civil and criminal liability.

Are there penalties for failing to report suspected child abuse?

A person who is required to report a case of suspected child abuse who willfully fails to do so commits a summary offense for the first violation and a misdemeanor of the third degree for a second or subsequent violation.

For more information, please contact the board office.
Professional Requirements
and Information
REQUIREMENTS FOR ENTRANCE INTO THE PROFESSIONAL PHASE

The following items are required documents or procedures that must be completed prior to the start of the First Professional Semester. Duquesne University, the Rangos School of Health Sciences, and the Department of Athletic Training have the authority to change or amend these requirements as needed. If requirements change during the students’ tenure in the program, the students will be required to comply with the most current policy.

- Overall QPA ≥2.75 by the end of the spring term of the sophomore year and have no failing grades; all AT pre-requisite courses must be attempted by the end of the spring term of the sophomore year.
- Grades of “B” or better in both ATHT 201 and ATHT 202
- Passing Grades in ATHT 201L and ATHT 202L
- Proof of American Heart Association CPR/AED for the Professional Rescuer (Course requirement of ATHT 201)
- Proof of 125 hours of Clinical Experience (Course requirement of ATHT 201 and ATHT 202)
- Proof of OSHA/Bloodborne Pathogen Training (Course requirement of ATHT 201 and Professional Phase Orientation)
- Proof of HIPAA Training (Completed during Professional Phase Orientation Program)
- FBI Criminal Record Check/ PA Criminal Record Check/ Child Abuse Clearance
- Proof of current Health Insurance
- Signed Technical Standards/Performance Indicator Document
- Completed Pre-Clinical Health Requirements including: (Freshman Year) – Form available at (http://www.duq.edu/health-sciences/_pdf/Pre-Clinical_Health_Requirement_09.pdf)
  - Tuberculin Skin Test – PPD (re-evaluated during junior and senior year)
  - Tetanus Booster (If not current within the last 10 years)
  - Hepatitis B Vaccine and Surface Antibody Titer
  - Proof of Immunity against Rubella, Rubeola, and Varicella
  - Flu Shot
  - RPR Serologic Test
  - Physical Examination by MD, DO, NP, or PA
  - Health History Information Form (required for entrance into University)
- Completed Interview with Faculty & Receive a Positive Recommendation (Spring of Sophomore year)
  - Payment for Required Professional Supplies (e.g., required uniform)  Reviewed 7-14
All Duquesne University Athletic Training Students are educated and tested annually on the knowledge and skills associated with the final regulations issued by the Occupational Safety and Health Administration governing student/employee exposure to bloodborne pathogens in the school/workplace under Section VI(b) of the Occupational Safety and Health Act of 1970, (which regulations became effective March 6, 1992), and as may be amended or superseded from time to time (the "Regulations"), including but not limited to responsibility as "the employer" to provide all employees (allied health students) with:

(a) information and training about the hazards associated with blood and other potentially infectious materials,

(b) information and training about the protective measures to be taken to minimize the risk of occupational exposure to bloodborne pathogens,

(c) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials, and

(d) information as to the reasons the employee should participate in Hepatitis B vaccination and post-exposure evaluation and follow-up.

Signed:

______________________________
Faculty’s Signature

______________________________
Student’s Signature

(Revised 8/07)
HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPAA)

During the Professional Student Orientation Program, junior students are formally trained in HIPAA and are required to abide by those HIPAA policies and procedures at all times regardless of clinical practice setting. Students who do not understand or have a question about the applicability of a situation to HIPAA standards, should request and receive further training. Students who fail to abide by HIPAA standards at any time are subject to removal and/or failure of the clinical experience, removal from the Athletic Training program, and/or removal from the University in coordination with School and University policy. Upon completion of the HIPAA training, students receive a Certificate of Training that is valid for 3 years; however, upon graduation from Duquesne University, students may be required to become re-certified through their employers dependent upon the type of employment setting. Students are required to maintain their own copy of this Certificate of Training.

Statement of Adherence to HIPAA Polices and Procedures

I, the undersigned, as a practicing health professional student who has a "need to know" in regard to patient health information, certify that I have received HIPAA training and will abide by all the policies and procedures as defined by HIPAA regardless of practice setting. I acknowledge that, at any time I do not understand or have a question about the applicability of a situation to HIPAA standards, I can request and receive further training. Finally, I acknowledge the fact that if I fail to abide by HIPAA standards at any time that I may be subject to removal and/or failure of my clinical experience, removal from the Athletic Training program, and/or removal from the University.

__________________________________________
Student’s Signature

________________________
Date

________________________________
Student’s Printed Full Name

(Revised – 6-11)
FBI CRIMINAL RECORD CHECK, PENNSYLVANIA CRIMINAL RECORD CHECK, AND CHILD ABUSE RECORD CHECK

It is the policy of Duquesne University’s Department of Athletic Training to work in compliance with the standards described in the (1) Pennsylvania Child Abuse History Clearance Check, (2) Pennsylvania State Criminal Record Check, (3) FBI Federal Criminal History Records Check, and the (4) Pennsylvania Child Abuse Continuing Education On-Line Course. It is this Department’s policy that these four clearances must be obtained by all students enrolled in clinical experiences in Athletic Training to assure the safety of not only the student athletes in the Clinical Affiliated High School sites, but also the Athletic Training students. Students will be provided application materials during the Essential Concepts and Techniques course in the Fall of the Sophomore year. Both applications should be completed to indicate that the clearance forms should be sent directly to the student applicant, NOT the Department of Athletic Training.

1. PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE INSTRUCTIONS

Note: The Pennsylvania Child Abuse History Clearance form has been revised/updated. The previous version of the form (CY 113 12/99) will continue to be accepted for one year from the effective date of this notice, which is April 1, 2012. The revised/updated version of the form is (CY 113 (UF) 6/11). The form number is located in the bottom right hand corner of the form.

The form CANNOT be submitted electronically via email or online. Once the form is completely filled out it must be printed and mailed to:

ChildLine and Abuse Registry
Department of Public Welfare
PO Box 8170
Harrisburg, PA 17105-8170

You can print as many copies of the form as you need. The Department of Public Welfare’s Office of Children, Youth and Families – ChildLine and Abuse Registry will accept copies of the form as long as the applicant’s original signature is on the form when it is mailed in to their office.

1. The instructions for how to complete the Pennsylvania Child Abuse History Clearance form are now included on page three of the form and can be printed for easy reference when completing the form. Failure to comply with the instructions that are attached to the form will cause considerable delay in processing the results.
2. Applicants can now type their information directly onto the form or the form can be printed and the information can be hand written onto the form.
3. If the information is typed directly onto the form, the information will NOT be able to be saved on a computer unless the computer has a licensed version of the acrobat adobe software. Therefore, please be sure to print the completed form before closing the document so that the information typed on the form is not lost.
4. If you have trouble accessing the form you may need to download the latest version of Adobe Reader, which is available free on the internet.

NOTE: ALL information that has been entered directly onto the form will be lost if you close the form prior to printing the form (if your computer does not have a licensed version of the Acrobat Adobe software).
Once the form is received in the ChildLine and Abuse Registry’s Background Check Unit, the results of the Pennsylvania Child Abuse History Clearance will be mailed to the applicant’s address that was noted on the form within 14 days from the date that the clearance is received in that office.

**CY113 form – English Child Abuse Clearance**

For questions related to the Pennsylvania Child Abuse History Clearance, please contact the ChildLine Verification Unit at 717-783-6211 or toll free at 1-877-371-5422.

2. **PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK INSTRUCTIONS**

Below is the link to the Pennsylvania Criminal Record Check form (SP4-164): [Pennsylvania State Police Request for Criminal record Check Form (SP4-164)](https://epatch.state.pa.us/Home.jsp)

Applicants can also go to the Pennsylvania Access To Criminal History website and apply for their criminal record check online with the Pennsylvania State Police at: [https://epatch.state.pa.us/Home.jsp](https://epatch.state.pa.us/Home.jsp)

If you have questions about the Pennsylvania State Police Request for Criminal Record Checks form (SP4 164), please call: (717) 783-9973 or toll free 1-888-783-7972.

3. **FEDERAL BUREAU OF INVESTIGATION (FBI) CRIMINAL BACKGROUND CHECK INSTRUCTIONS**

All of the following individuals are now required to submit Federal Bureau of Investigation (FBI) criminal history background checks in addition to child abuse and Pennsylvania State Police background checks as a condition of employment/approval:

- Prospective foster and adoptive applicants and their adult household members;
- Individuals who want to operate child care facilities;
- Individual who want to work in child care facilities;
- Individuals seeking to operate child care services;
- Individuals applying for employment with a significant likelihood of regular contact with children;
- Self-employed family day care providers;
- Family day care home household members age 18 and over who live in the home at least 30 days in a calendar year;
- Community Rehabilitation Residential (CRR) host home families; and
- Respite provider families.

Current employees and providers of child care facilities are not required to obtain FBI clearances as a condition of continued employment by the same legal entity or continued operation. Employees may transfer to another child care service under the same organization without having to obtain FBI clearances as a condition of transferring. This follows the same procedures already in law under the Child Protective Services Law.

An employee hired on a provisional basis will have to submit proof of application for an FBI criminal history clearance in addition to the current provisional hiring requirements in the Child Protective Services Law. The length of the provisional hire period is unchanged. Pennsylvania residents may be hired on a provisional basis for a single period of no more than 30 days. Out-of-state residents may be hired on a provisional basis for a single period of no more than 90 days.

Prospective employees applying to engage in occupations with a significant likelihood of regular contact with children, in the form of care, guidance, supervision or training must obtain background checks as a condition of employment. These individuals, including but not limited to social service
workers, psychiatrists, hospital personnel, counselors and therapists, librarians and doctors. Any additional requirements surrounding provisional hiring periods or licensing implications related to the completion of background checks for these individuals should be directed to the appropriate licensing entity.

The Department of Public Welfare is utilizing Cogent Systems to process fingerprint-based FBI criminal background checks. The fingerprint based background check is a multiple step process. For more information and to begin the registration process, go to:


For question about your FBI Clearance, please contact the FBI/Adam Walsh Unit at 717-783-6211 or 1-877-371-5422.

For more information regarding Act 114, and background check requirements for public schools, private schools and student teachers go to the Pennsylvania Department of Education website or contact the Department of Education at RA-PDE-SchoolService@pa.Gov.

4. PENNSYLVANIA CHILD ABUSE REPORTING
Mandatory Act 31 Child Abuse Continuing Education On-Line Course

PA. Website: http://www.reportabusepa.pitt.edu/
Athletic Training Clinical Education
PROFESSIONAL PHASE CLINICAL EDUCATION POLICY

Clinical education is designed to present students with opportunities to practice and apply the knowledge and skills gained in the classroom in carefully selected and supervised practical situations. The clinical portion of the students’ education is housed within the six laboratory courses (i.e. ATHT 201L, 202L, 315L, 316L, 410L, 411L). To be a successful health care practitioner, it is essential that students take every opportunity to practice and refine their skills during clinical education. There also are specific requirements, as mandated by CAATE and the BOC that students must achieve as part of those experiences. Furthermore, students must pass all clinical knowledge, skills and abilities (KSA’s) assigned to those laboratory courses to pass those courses. The KSA’s are embedded within the clinical integrated proficiencies (CIPS), which serve as the framework for the clinical evaluations used to evaluate student performance during their clinical education experiences. Clinical integrated proficiencies are designed to allow for opportunities to synthesis and integrate knowledge, skills and clinical decision making into actual patient/client care. They are global in nature as we rarely perform athletic training skills in isolation of one another when treating a patient – we treat and manage the patient through an entire continuum of care.

All students, involved in clinical education, must be supervised at all times by a Certified Athletic Trainer.

The Clinical Education Coordinator, in conjunction with the Athletic Training faculty, determines clinical assignments; it is the faculty’s goal to provide all students with similar yet comprehensive experiences and opportunities. All students are given opportunities to experience several practice settings (i.e. high school, collegiate, professional, clinic/industrial, and general medical), while gaining exposure to conditions that affect the upper and lower extremities, are equipment intensive, and include exposure to diverse patient populations. To ensure this comprehensive education, students are not permitted a second experience with any previously-assigned clinical preceptor. Through clinical education, students develop and are evaluated by the athletic training faculty and approved clinical preceptors on specific clinical competencies and proficiencies. These competencies and proficiencies are delineated by level of student.

Based upon Dr. Turocy’s educational research published in the Journal of Athletic Training, students who gain approximately 1200 hours of clinical education have a higher passing rate on the BOC examination than those who acquire less or significantly more hours. Based upon these findings and over 20 years of program graduate data, Duquesne Professional Phase Athletic Training Students are required to gather a minimum of 1000 clinical education experience hours, as part of the four Athletic Training Clinical Practicum courses, based upon the following criteria. These hour limits will be in effect while classes are in session and not during camp or holidays.

### Clinical Education Experience Requirements

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Student Year</th>
<th>Minimum days/week</th>
<th>Maximum days/week</th>
<th>Average Minimum/Maximum hours/week*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>Junior</td>
<td>3 days/week</td>
<td>6 days/week</td>
<td>10/20 hours</td>
</tr>
<tr>
<td>Fall</td>
<td>Senior</td>
<td>5 days/week</td>
<td>6 days/week</td>
<td>16/30 hours</td>
</tr>
<tr>
<td>Spring</td>
<td>Junior</td>
<td>4 days/week</td>
<td>6 days/week</td>
<td>16/30 hours</td>
</tr>
<tr>
<td>Spring</td>
<td>Senior</td>
<td>4 days/week</td>
<td>6 days/week</td>
<td>16/30 hours</td>
</tr>
</tbody>
</table>

*Average minimum/maximum weekly hours are based upon a monthly assessment of hours (total hours divided by weeks in month).

Sophomore Athletic Training students are required to gather 50 hours of clinical education and observation experiences during the Fall semester and 75 hours during the Spring semester as part of the two pre-professional athletic training courses offered during the sophomore year. Only one clinical practicum course is offered each semester for professional phase students. Clinical
assignments are made based upon the semester rather than the sport seasons; therefore, students normally complete one clinical assignment each semester. All students must complete a minimum of one clinical assignment during each semester.

Students who may be involved in athletics or other education-based programs on campus may register for their second practicum assignment during the Spring semester; however, those students will complete their clinical education during the summer months and other University holidays under the direct supervision of a Certified Athletic Trainer (ATC®) approved by the Department of Athletic Training. A summary of the plan for those involved in athletics to achieve a sufficient number of clinical experiences may be found below.

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Anticipated Weekly Requirement</th>
<th>Anticipated Maximum Hours Achieved</th>
<th>Anticipated Minimum Hours Achieved</th>
<th>Anticipated Fall Athlete Hours*</th>
<th>Anticipated Winter Athlete Hours*</th>
<th>Anticipated Spring Athlete Hours^</th>
<th>Anticipated Lacrosse Athlete Hours^</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester Sophomore Year</td>
<td>14 weeks</td>
<td>50 hrs</td>
<td>50 hours</td>
<td>50 hrs</td>
<td>50 hrs</td>
<td>50 hrs</td>
<td>50 hrs</td>
</tr>
<tr>
<td>Spring Semester Sophomore Year</td>
<td>14 weeks</td>
<td>75 hours</td>
<td>75 hours</td>
<td>75 hrs</td>
<td>75 hrs</td>
<td>75 hrs</td>
<td>75 hrs</td>
</tr>
<tr>
<td>Gen. Med Experience Jr &amp; Sr Years</td>
<td>3 weeks</td>
<td>12 hours</td>
<td>12 hours (4 hrs/wk)</td>
<td>12 hours</td>
<td>12 hrs</td>
<td>12 hrs</td>
<td>12 hrs</td>
</tr>
<tr>
<td>Pre-Season Junior Year</td>
<td>2 weeks</td>
<td>80 hours (40 hrs/wk)</td>
<td>40 hours (20 hrs/wk)</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
</tr>
<tr>
<td>Fall Semester Junior Year</td>
<td>14 weeks</td>
<td>280 hours (20 hrs/wk)</td>
<td>140 hrs (10 hrs/wk)</td>
<td>160 hrs (8 weeks)</td>
<td>240 hours</td>
<td>240 hours</td>
<td></td>
</tr>
<tr>
<td>*Winter Break Junior Year</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td>64 hours (16 hrs/wk)</td>
<td>64 hours (16 hrs/wk)</td>
<td>64 hours (16 hrs/wk)</td>
<td></td>
</tr>
<tr>
<td>Spring Semester Junior Year</td>
<td>14 weeks</td>
<td>420 hours (30 hrs/wk)</td>
<td>224 hrs (16 hrs/wk)</td>
<td>280 hours + 40 (SB)</td>
<td>180 hours (8 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer Athlete Experience</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>252 hours</td>
<td>250 hours</td>
<td>252 hours</td>
<td>252 hours</td>
</tr>
<tr>
<td>Pre-Season Senior Year</td>
<td>2 weeks</td>
<td>80 hours (40 hrs/wk)</td>
<td>40 hours (20 hrs/wk)</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
</tr>
<tr>
<td>Fall Semester Senior Year</td>
<td>14 weeks</td>
<td>420 hours (30 hrs/wk)</td>
<td>224 hrs (16 hrs/wk)</td>
<td>170 hours (8 weeks)</td>
<td>320 hours</td>
<td>320 hours</td>
<td></td>
</tr>
<tr>
<td>*Winter Break Senior Year</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td>64 hours (16 hrs/wk)</td>
<td>64 hours (16 hrs/wk)</td>
<td>64 hours (16 hrs/wk)</td>
<td></td>
</tr>
<tr>
<td>Spring Semester Senior Year</td>
<td>14 weeks</td>
<td>420 hours (30 hrs/wk)</td>
<td>224 hrs (16 hrs/wk)</td>
<td>280 hours + 40 (SB)</td>
<td>180 hours (8 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total w/out Soph Yr &amp; Gen. Med.</td>
<td>-</td>
<td>1700 hours</td>
<td>892 hours</td>
<td>1020 hours</td>
<td>1020 hours</td>
<td>1020 hours</td>
<td>1020 hours</td>
</tr>
<tr>
<td>Total with Soph Yr &amp; General Medical Experience (included)</td>
<td>(137 hrs total)</td>
<td>1837 hours</td>
<td>1029 hours</td>
<td>1157 hours</td>
<td>1157 hours</td>
<td>1157 hours</td>
<td>1157 hours</td>
</tr>
</tbody>
</table>

* Fall student athletes will have winter break and holiday break experiences along with a summer experience.
*^ Winter student athletes will have abbreviated fall and spring semester experiences along with a summer experience.
^ Spring student athletes will have abbreviated spring semester experiences along with a summer experience.
^ Lacrosse student athletes will have winter break experience along with a summer experience.
§ Student placed on clinical restrictions for academic reasons may not achieve the 12hr/week minimum
¥ Students engaged in a professional organization experience should refer to Professional Organization Clinical Hour Policy Appendix.
Consistent with RSHS policy, it is mandatory that all students are responsible for transportation to and from affiliated sites for a minimum of three of the four clinical experiences. **Access to a vehicle is required**, as most clinical affiliations are not accessible via public transportation. Further, by CAATE Standards, students must be granted **at least one day off** from clinical education in every 7 days during the academic semester. **Clinical experience hours will be decreased according to the Academic Difficulty Policy for students who are in academic distress.** All attempts are made to have housing and meals paid by the sponsoring institution when the student is participating in a clinical assignment that requires student’s involvement in clinical education at times outside of the regular University calendar. It is the student’s responsibility to monitor his/her progress in gaining the required clinical experience hours.

**The general policies and regulations for the Practicum Laboratory Assignments are as follows:**

1. All clinical education experiences must be approved by the Department of Athletic Training and be performed under the direct supervision of Certified Athletic Trainer or other appropriately credentialed health care professional who is qualified to serve as a clinical preceptor. Assignment to a clinical education experience is done by the Department of Athletic Training in a manner to ensure that all students get all required experiences. All due consideration is given to ensure equity in regard to distance and requirement for transportation. All students, however, will have some clinical experiences that will require longer travel times/distances.

2. All clinical education hours must be documented on the **Clinical Hour Recording Cards.** Instructions for the use of these cards may be found in this handbook.

3. All students are required to complete a SMART Goal sheet prior to the start of each semester’s clinical experience. These identified goals should be approved by the clinical preceptor, as well as the student’s faculty advisor. Upon completion of approval (with all signatures), the goals should be evaluated and maintained in accordance with the SMART Goal Policy.

4. Athletic training students should remain after the patients’ scheduled times to complete injury/treatment documentation, and restock medical kits. **No student may leave the athletic training facility for the day without the permission of his/her Clinical Preceptor.**

5. During clinical experiences, athletic training students are expected to monitor all activities and perform only those clinical skills that have been evaluated by Clinical Preceptors. These clinical activities may include, but not be limited to, providing water and ice as needed, administering first aid, performing evaluations, and conducting rehabilitation and reconditioning activities with patients.

6. **NO HOMEWORK SHOULD BE DONE** at the clinical site unless the Clinical Preceptor grants permission, and no student should provide Athletic Training skills to anyone without the supervision of a Certified Athletic Trainer.

7. According to NCAA rules, athletic training students may be asked to participate in Drug Testing as either a participant or as a member of the medical staff. Failure to meet NCAA drug standards or to comply with NCAA policy will result in immediate failure of that clinical education experience.

8. Athletic training students are expected to learn the rules and safety considerations for each patient population with whom they are working. It is the Athletic Trainer’s responsibility to prevent injuries from occurring, and by knowing the rules and expectations of the activity; an Athletic Trainer may be better able to prevent injury.
9. Athletic training students are expected to attend all games, meetings, scheduled patient care
times and practices as determined by the clinical preceptor to whom they are assigned. If an
athletic training student is ill, or must miss a required event, it is the student's responsibility to
contact the Clinical Preceptor prior to the time of the scheduled event/experience and to gain
permission to miss clinical education.

10. A student not engaging fully in his/her clinical experience(s) may be dismissed by the Clinical
Preceptor or Department of Athletic Training, given a failing grade for that experience with
elimination of all hours accrued at the clinical site, and/or undergo remedial restitution

11. The Clinical Education Coordinator, the current clinical preceptor, and the clinical preceptor
identified for the student's next assignment should be consulted as to the dates of starting and
ending clinical experience. The ending date of the current experience will take priority over the
starting date of a new clinical education opportunity.

12. Any outside University-sponsored responsibility (e.g., Orientation or Resident Assistant) must
be done in coordination with the responsibilities for the Athletic Training Program. These two
schedules must coordinate. In order to accomplish this successfully, extra-curricular or work
assignment schedules should be discussed with both your clinical preceptor and faculty
advisor. Open communication with your clinical preceptor is essential for your development as
an Athletic Training professional.

13. Athletic training students are encouraged to maintain a logbook/journal to chronicle their
experiences and are required to complete all clinical assignments as designated by the clinical
practicum syllabi. Student log books should contain no patient personal or identifying information
and be maintained in a manner that is consistent with HIPAA.

13. Athletic training students are evaluated twice formally during the course of each clinical
experience with the exception of the junior spring clinical assignment which is only evaluated at
the end of the experience. The student is required to complete the mid-experience evaluation as
a self-evaluation to identify areas of strength or areas of improvement; this evaluation is shared
between the clinical preceptor and the student. The final evaluation, done by the clinical preceptor
and discussed with the student, serves as a basis for the clinical education grade. Successful
completion of all competencies and clinical proficiencies designated for the clinical practicum is
required.

14. The use of drugs and/or alcohol by an Athletic Training student will not be tolerated prior to or
during any athletic training medical experience, including travel time, practice, and/or games. If
there is suspicion of use, the student is subjected to a formal investigation conducted in
accordance with the RSHS Professional Code of Conduct and the Department Professional
Behavior Policy.

15. Sports gambling (e.g. wagering on contests, participating in pools/brackets where money is
exchange) will not be tolerated at any time. This is a violation of NCAA rules and may
jeopardize the NCAA standing of the entire University. If there is suspicion of gambling, the
student is subjected to a formal investigation by the Department and may be passed on to the
School and the Office of Student Life as deemed appropriate by the Athletic Training
Department. Failure to comply with these guidelines will result in immediate failure of the
clinical education experience.

16. Athletic training students are expected to behave and act as professionals at all times in
accordance with the RSHS Student Code of Conduct and the Department of Athletic Training
Behavior Policy. Fraternization, dating, or other inappropriate behaviors with minors and/or student athletes at any of the high schools is unethical, illegal, and will not be tolerated by the Department of Athletic Training. Violation of this policy will result in immediate removal from the clinical site and possible dismissal from the program.

17. Fraternization with the students-athletes on your team, and/or patients under your care is unprofessional and presents a conflict of interest. This inappropriate activity will be evaluated and adjudicated in accordance with the RSHS Student Code of Conduct and the Department Professional Behavior Policy.

18. Athletic training students are expected to adhere to the rules and regulations established by Duquesne University, the Rangos School of Health Sciences, the Department of Athletics, the Department of Athletic Training, HIPAA, the NCAA, the PIAA, and other governing body or employer for that clinical site.

19. Athletic training students are expected to follow strictly all policies set forward in this handbook, as well as those specified by the clinical preceptor(s). Students who violate the rules and policies put forth by this handbook and those put forth by the clinical preceptor(s) are subject to the disciplinary procedures outlined later in this section.

Professional Phase Clinical Education – Deficient Clinical Experience

When students are struggling academically or have been placed on academic probation, as per Department or School policy, clinical hour requirements are reduced. In many cases, these students will be deficient in meeting their semester clinical experience hours, resulting in both an “I” grade for the appropriate level of AT Practicum Lab and an inability to meet the minimum clinical hour requirement outlined for their respective level. To satisfy this deficiency, the Department has two options from which students may select: a Summer Clinical Experience option and a Non-Summer Clinical Experience option. In both cases, the number of deficient hours would be calculated in advance. Intensive Christmas Holiday Break and Spring Break experiences may also be available depending on clinical preceptor availability.

Summer Clinical Experience Option

1. Students have the option to participate in clinical experiences during the summer months between their Junior and Senior years.
2. Summer clinical experiences may be in the local Pittsburgh area with a Program approved clinical preceptor or at a location of the student’s choice if a qualified clinical preceptor can be identified, and the clinical site meets all CAATE and Program requirements.
3. If a student chooses to stay local, he/she would be required to utilize a current clinical preceptor site already identified as providing a clinical experience that meets all program requirements.
4. If a student chooses to gain clinical experiences outside of the Pittsburgh area, he/she must seek approval by both the working institution and the Department of Athletic Training. All University, School and Department contracts and documentation must be completed before a student begins any clinical experience.
5. Student clinical experience hours must be completed in a manner consistent with Program policy. This would include the completion of GOAL sheets, clinical hour time documentation, self and formal evaluations, and clinical site/preceptor evaluation.
Completion of these requirements will be established between the student and Clinical Education Coordinator.

6. A student must complete all requirements prior to any change in the "I" (incomplete) Grade in the appropriate Practicum Lab course to a “P” (pass) or “H” (honors) grade to meet the Program clinical education requirements.

Non-Summer Clinical Experience Option

1. A student must participate in a strong and time-intensive fall pre-season clinical experience. Pre-season usually occurs for a two week period before classes begin. Students must maximize the number of quality hours obtained during that pre-season period.

2. A student must complete all requirements prior to any change in the “I” Grade in the appropriate Practicum Lab course to a “P” or “H” grade to meet the Program clinical education requirements.

3. Students must stay on course through the Fall and Spring semesters of their Senior year to ensure that the minimal clinical hour requirements are completed by the time of graduation.*

4. Students will not be able to graduate or become eligible to take the BOC Examination until all clinical experience requirements have been completed. Students not able to complete the minimal hour requirements by the time of graduation will be required to complete the required clinical hours in a given time during the summer after their Senior year, and while students may be permitted to participate in graduation exercises, they will not receive their diploma or CAATE Certificates of Completion until all Program requirements are met.

*NOTE: Should a student experience academic difficulty or be placed on academic probation during the senior year that impacts his/her ability to meet the practicum lab requirements or the clinical hours requirements during the Fall or Spring Semester of their senior year, there is no guarantee that the student will be able to complete the clinical education requirements (course or clinical hours) prior to graduation.

Professional Phase Clinical Education – Deficient Clinical Experience & Academic Dismissal

Occasionally, a student is removed entirely from his/her clinical education experiences to provide the student with more resources and time to enable him/her to avoid academic dismissal. Under these circumstances a student may be in jeopardy of receiving an (I) incomplete grade for the respective Practicum Lab. Failure to complete the Practicum Lab requirements will result in the (I) incomplete grade reverting to a Failing grade for the Practicum Lab. Academic dismissal precludes a student from being able to complete these incomplete course requirements after the academic dismissal date.

In the event that the student has been removed from his/her clinical education experience and academic dismissal is likely to occur, ALL clinical evaluations must be completed prior to the final exam period of that respective semester. In doing so, this will ensure that if the student is dismissed, all course requirements will have been met, regardless of whether the student is functioning at a clinical site. Should a situation of this nature arise, the student and Clinical Education Coordinator will set a date and time to complete the required evaluations and skill assessments.
Disciplinary Action
In the event of an infraction of the policies and procedures by a student, the Department of Athletic Training has the authority to review the case and decide upon the repercussions, which may include actions to dismiss the student from the Athletic Training Program. Each case is subject for review and evaluation based upon the RSHS Student Code of Conduct and the DU Athletic Training Professional Behavior Policy; however, the following guidelines also may be used by the clinical preceptors for disciplinary actions.

FIRST INCIDENT: The clinical preceptor warns the athletic training student of the problem/incident. The clinical coordinator is notified and a notation of that offense and recommendations for remediation are documented in the student's permanent file.

SECOND INCIDENT: The clinical preceptor warns the athletic training student of the problem/incident. The Clinical Education Coordinator is notified immediately by the Clinical Preceptor, followed by formal written notification to the student, including recommendations for improvement, which is copied and stored in the student permanent file. The student and incident will also be reviewed and evaluated by the Department's Professional Behavior Committee for violation of the RSHS Student Code of Conduct and/or the DU Athletic Training Professional Behavior Policy.

THIRD INCIDENT: The athletic training student is removed from the clinical site and notation of the incident is made in the student's permanent file. The DU Athletic Training Professional Behavior Policy will be the only procedure followed at this time.

Revised: 8-1-17
DIRECT SUPERVISION OF ATHLETIC TRAINING STUDENTS

In accordance with the requirements of CAATE and the Board of Certification (BOC), the Department of Athletic Training has developed the following policy for all clinical supervision situations.

1. The clinical preceptor must be physically present, at all times, to intervene on behalf of the patient being treated. Athletic training students must have daily personal and verbal contact with their designated clinical supervisor/clinical preceptor. During that contact, the clinical preceptor and the students should discuss conditions, which may affect the athletes/patients along with any injuries/illnesses being treated. Some form of educational instruction should be included in all discussions.

2. There must be modes for immediate communication available at all athletic training and medical facilities at all times. These modes of communication include walkie-talkies, phones (on-site), and cellular phones, if no on-site phone is available.

3. Athletic Training students should have access to all appropriate athletic training and medical facilities as designated by the clinical preceptor.

4. Clinical Preceptors are responsible to conduct a regularly scheduled educational session for all athletic training students under their supervision.

5. Unsupervised activities are not permitted or supported by the academic program; and therefore, the experiences cannot be required by the either Duquesne or by any clinical preceptor. For more information on this policy, please refer to the Clinical Education and Supervision Requirements found in this handbook.

Revised: 6-11
# TIME LINE FOR PRACTICA LAB REQUIREMENTS

## 2020 Fall Semester

<table>
<thead>
<tr>
<th>Month</th>
<th>DUE DATES</th>
<th><strong>DUE DATES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>+ Fall Semester EAP/SOP Acknowledgement forms</td>
<td>September 1</td>
</tr>
<tr>
<td>September</td>
<td>+ Fall Goals Due to Faculty Advisor</td>
<td>September 10</td>
</tr>
<tr>
<td></td>
<td>+ Junior/Senior Class PPD Testing (cost - $20) (Check All Health Requirements)</td>
<td>September TBD (10:45am – Rangos 120)</td>
</tr>
<tr>
<td>October</td>
<td>+ Flu Shots for All Junior / Senior Class (cost - $20) (Health Services – Student Union)</td>
<td>October TBD</td>
</tr>
<tr>
<td></td>
<td>+ Fall Self-Evaluations Due to Clinical Coordinator</td>
<td>October TBD</td>
</tr>
<tr>
<td></td>
<td>+ Mid-Semester Faculty Advisor Meeting</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>+ Announce Spring Semester Clinical Assignments</td>
<td>November 1</td>
</tr>
<tr>
<td>November</td>
<td>+ Fall Clinical Site and Clinical Preceptor Survey Opened (Survey Monkey)</td>
<td>December TBD</td>
</tr>
<tr>
<td>December</td>
<td>+ Self-Evaluation of Fall Goals Due to Clinical Coordinator</td>
<td>December TBD</td>
</tr>
<tr>
<td></td>
<td>+ Fall Formal Evaluations (CIPS) Due to Clinical Coordinator</td>
<td>December TBD</td>
</tr>
</tbody>
</table>

## 2021 Spring Semester

<table>
<thead>
<tr>
<th>Month</th>
<th>DUE DATES</th>
<th><strong>DUE DATES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>+ Spring Semester EAP/SOP Acknowledgement forms</td>
<td>January TBD</td>
</tr>
<tr>
<td></td>
<td>+ Spring Goals Due to Faculty Advisor</td>
<td>January 21</td>
</tr>
<tr>
<td>March</td>
<td>+ Spring Self-Evaluations (CIPS) Due to Clinical Coordinator</td>
<td>March TBD</td>
</tr>
<tr>
<td></td>
<td>+ Mid-Semester Faculty Advisor Meeting</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>+ Junior Clinical Education Goals/Aspirations Survey</td>
<td>March TBD</td>
</tr>
<tr>
<td>April</td>
<td>+ Spring Clinical Site and Clinical Preceptor Survey Opened (Survey Monkey)</td>
<td>April TBD</td>
</tr>
<tr>
<td></td>
<td>+ Self-Evaluation of Spring Goals Due to Clinical Coordinator</td>
<td>April TBD</td>
</tr>
<tr>
<td></td>
<td>+ Spring Formal Evaluations (CIPS) Due to Clinical Coordinator</td>
<td>April TBD</td>
</tr>
<tr>
<td></td>
<td>+ Announce Spring Semester Clinical Assignments</td>
<td>April TBD</td>
</tr>
<tr>
<td></td>
<td>+ Student Athlete Contracts Due: For All Sophomores/Juniors</td>
<td>April TBD</td>
</tr>
</tbody>
</table>

## 2021 Summer Term

<table>
<thead>
<tr>
<th>Month</th>
<th>DUE DATES</th>
<th><strong>DUE DATES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>+ Spring Semester EAP/SOP Acknowledgement forms</td>
<td>May TBD</td>
</tr>
<tr>
<td>June</td>
<td>+ Spring Self-Evaluations (CIPS) Due to Clinical Coordinator</td>
<td>June TBD</td>
</tr>
<tr>
<td>July</td>
<td>+ Spring Clinical Site and Clinical Preceptor Survey Opened (Survey Monkey)</td>
<td>July TBD</td>
</tr>
<tr>
<td>August</td>
<td>+ Spring Formal Evaluations (CIPS) Due to Clinical Coordinator</td>
<td>August TBD</td>
</tr>
</tbody>
</table>

* Students turning in material(s) past deadline will be penalized in the final grade for the Practicum Lab course.*
DEPARTMENT DRESS POLICY

GENERAL INFORMATION
1. Professional presentation as an athletic training student must occur at all times regardless of setting. Professional presentation includes appropriate attire, demeanor, proper hygiene, and interactions/communication with patients and supervisors.
2. To ensure patient and student safety, the following jewelry items are not permitted to be worn during clinical education experiences: nose rings, eyebrow rings, tongue piercings, long necklaces, excessive finger rings and bracelets, and excessive ear piercings.
3. Personal hygiene requirements include the following: hair must be clean, out of the eyes, and unobtrusive while performing athletic training duties. Long hair should be tied back so as to not interfere with clinical skills. Hands and fingernails should be clean at all times, and fingernails must be at an appropriate length as to not harm patients, peers, or serve as a potential health hazard; acrylic nails are discouraged due to increased risk of infection.
4. When placed at a Clinical Site outside of Duquesne University, please check with the Clinical Preceptor to determine appropriate attire. If there is no dress code required at that site, you must follow the policy set by Duquesne University's Department of Athletic Training.
5. Appropriate attire must be professional at all times and may not reveal undergarments or body areas that would be considered inappropriate in a professional environment.
6. Professional dress is expected of students when attending professional meetings, representing the Department of Athletic Training, during guest speaker presentations, and when otherwise requested by the Athletic Training faculty.
7. Student must refrain from wearing Duquesne University Athletic Training uniforms or other clothing items that bear the name of Duquesne University Athletic Training when not representing the Department and/or when engaged in social or other activities that are not consistent with the professional expectations of the Department.

CLASSROOM ATTIRE FOR LECTURE/LABORATORY COURSES
1. Clothing should be of an appropriate color and style that is reflective of Duquesne University. These colors will typically include red, navy, white, gray, black or khaki, but may include other colors, consistent with apparel sold on campus displaying Duquesne University logo/graphics. All clothing should be Duquesne and program appropriate.
2. Attire with affiliated site logos is permissible by instructor permission; however, students should be prepared with Duquesne color appropriate attire at the instructor's request.
3. Students wearing items advertising institutions that we are not affiliated with may be asked to change into program appropriate attire.
4. Laboratory appropriate clothing includes, shorts, tights, t-shirts, and tank tops/sports bras, which will allow students to move and function both as a patient and student clinician.
5. Hats and/baseball caps are not permitted inside classroom spaces.

PROFESSIONAL ATTIRE FOR CLINICAL EXPERIENCES (Sport Setting - Practice)
1. Collared shirts either plain or with Duquesne University, affiliated site logo, or no logo are required for sports practices. Appropriate, site specific, professional t-shirts (i.e. dry-fit) will be permissible with preceptor permission/approval.
2. Nametags should be worn at all times while working as an Athletic Training student in the clinical affiliate sites where the other health professionals wear nametags.
3. Appropriate socks and soft-bottomed shoes must be worn at all times. No sandals or flip-flops permitted.
4. Shorts and pants should be of appropriate length and worn on or above the hips. Ripped or patched clothing, rolled up pants, jeans or jean shorts or items of clothing where undergarments are exposed will not be permitted.
5. In cold weather, the outer-most layer of sweatshirts or jackets should be either a Duquesne University item or contain a logo, which advertises the host institution/clinical site.
6. All shirts must be tucked in or worn appropriately at all times.
7. Clothing should be of an appropriate color when representing Duquesne University. These colors include red, navy or royal blue, white, gray, black or khaki.
8. Bill-forward baseball caps are only permitted for outdoor activities.

PROFESSIONAL ATTIRE FOR CLINICAL EXPERIENCES (Sport Setting - Events)
1. For outdoor events, swimming and diving events, clothing should be coordinated between the other staff and the Athletic Training students attending the game. Clothing should consist of a Duquesne University Athletic Training or applicable institution's collared shirt, khaki or blue pants, a Duquesne University jacket (when appropriate), socks, and clean/laced sneakers.
2. For indoor activities, women should wear appropriate low/flat, closed-toe shoes, business, or business casual professional attire. If dresses and skirts are worn, they should be of appropriate fit/length to allow ease of movement and discretion.
3. For indoor activities, men should wear a dress shirt and tie with dress pants and closed-toe shoes. A sports jacket is optional, unless required by the coaching staff.
4. Travel attire should be consistent with the coaching staff and should be professional.
5. Bill-forward baseball caps are only permitted for outdoor activities.

PROFESSIONAL ATTIRE FOR CLINICAL EXPERIENCES AND GUEST SPEAKERS (General Medical, Rehabilitation and Hospital Setting)
1. Check with the assigned Clinical Preceptor to determine appropriate attire. If there is no dress code required at that site, the student should mimic the attire worn by the clinical preceptor. Students always should wear their Department nametags.
2. Generally, business casual clothing is worn in rehabilitation settings; however, at times, slightly more formal attire is expected.
3. Business casual attire and AT Department nametags are required on days when there is/are guest speaker(s) presenting to the class unless that class is either a laboratory requiring “hands on” activities or you are notified by your faculty instructor that business casual attire is not required.
4. Hospital experiences/observation of surgery may require the student to wear or borrow the hospital's scrubs or other authorized clothing. You may be asked to change into scrubs-shirt, pants, shoe covers, and head cover. You must remove your outer street clothes to be in proper scrub attire. Open toed shoes are not allowed. Tennis shoes are recommended. Limit the amount of jewelry worn and perfume is not allowed. Cell phones are not allowed in the operating rooms. Lockers for your clothes will be provided; however, it is recommended that you bring no items of value with you when you observe surgery.

REMEMBER, THE IMAGE THAT YOU ARE PROJECTING MUST BE PROFESSIONAL.

Attire Ranking:

<table>
<thead>
<tr>
<th>Attire Ranking</th>
<th>Casual</th>
<th>Business Casual</th>
<th>Business Attire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jeans, Shorts, T-shirts, Sneakers/Sandals</td>
<td>Khakis, Slacks, Golf Shirts, Sweaters, Dress Shirts but no tie, comfortable shoe</td>
<td>Suits, Dresses, Pant Suits, Ties, Dress Shoes</td>
</tr>
</tbody>
</table>

Revised 8-19
RECORDING CLINICAL EXPERIENCES

All Athletic Training students in both the pre-professional or professional phases of the program must maintain a record of the clinical experience hours while being supervised directly by a Certified Athletic Trainer (ATC) or other qualified health care professional who is designated as the Clinical Preceptor. It is the student’s responsibility to update daily, with accuracy and honesty, the Clinical Hour Recording Card and to obtain the Clinical Preceptor’s signature at the end of each week (or end of clinical experience in the case of general medical or sophomore experiences).

The Clinical Preceptor(s) and the Clinical Education Coordinator will review the cards for accuracy and demonstration of compliance with the clinical experience hours policy. A new card must be used for each new month. At the end of each month, the completed time card must be signed and dated by the supervising Athletic Trainer (Clinical Preceptor) and submitted to the Department of Athletic Training Clinical Coordinator. The deadline for submission of the completed clinical education time cards is five (5) business days after the last day of the month; all clinical and field experience hours should be recorded in decimals to the hundredth place (e.g. 3 ½ hours = 3.5, 4 hours and fifteen minutes = 4.25).

NOTE: Clinical Experience hour cards submitted after the fifth business day after the required deadline will not be accepted and hours will not be counted, unless other arrangements have been made with the Clinical Education Coordinator.

Students enrolled in the Clinical Practicum in Athletic Training Laboratory courses are required to successfully complete all clinical education requirements of the clinical courses in which they are enrolled, with the expectation that each clinical experience will meet the requirements listed below while classes are in session. Students may exceed these requirements when classes are not in session; however, there is no requirement to do so. A student will remain in a clinical experience until that clinical experience is completed (e.g. end of a sport season) as determined by the Clinical Preceptor in conjunction with the Clinical Education Coordinator. Students missing 20% or more clinical experience time (unless previously authorized by the Department of Athletic Training), regardless of reason for absence, will be required to do remediation and may either receive an Incomplete “I” grade until the work is completed or may be required to repeat the clinical experience at the discretion of the clinical course instructor. All students must pass all clinical proficiencies associated with each clinical course to pass the clinical course.

A student not engaging fully in his/her clinical experience(s) may be dismissed by the Clinical Preceptor, given a failing grade for that experience with elimination of all hours accrued at the clinical site, and/or undergo remedial restitution.

If a student is on academic probation, in jeopardy of going on academic probation or has been notified of academic concerns and issues related to the Academic Difficulty Policy, the student will be required to turn in Clinical Experience Hours Card on a weekly basis.

(Revised 8-16-16)
SELECTION CRITERIA FOR CLINICAL EXPERIENCES WITH PROFESSIONAL SPORTS, ENTERTAINMENT, & CLINICAL ORGANIZATIONS

Currently, the Department of Athletic Training has four professional phase clinical experience opportunities with professional sport/entertainment organizations in the Pittsburgh area (Pittsburgh Steelers, Pittsburgh Penguins, Pittsburgh Pirates, Pittsburgh Ballet Theater) and one advanced clinical practice setting, the Steadman Clinic, located in Vail, CO. These experiences may not be available each year at the discretion of the organization.

If a student is interested in pursuing one of these experiences, he/she must demonstrate a sincere passion for the opportunity and must meet all of the criteria for eligibility that are explained below. If the student meets the selection criteria, he/she will write a personal statement on the topic, “My unique skills/abilities that qualify me for this experience and what I hope to gain from the experiences”. Students also must develop and submit a professional résumé, along with the personal statement to the Clinical Education Coordinator by the designated due date. The Clinical Education Coordinator will forward the application packet of only those students who meet the eligibility requirements to the Head Athletic Trainer or site coordinator. These Athletic Trainers will select the candidates who in their opinions are best suited for the experience and bring that/those candidates in for interviews. There is no guarantee that the organization will select Duquesne students for this experience annually. Students interested in the Pittsburgh Ballet Theater and/or Steadman Clinic should inform the Clinical Education Coordinator during the first month of the senior year.

Eligibility for Professional & Remote Clinical Education Experiences

- **Good → Excellent Didactic and Clinical Grades** during the professional phase of the program. Students must have a "B" grade or better in all Athletic Training courses and clinical requirements during the fall, winter, and spring clinical experiences. Students who are currently on academic or School/Department probation at the time of application, or who have had previous probationary status but have not yet achieved an overall professional QPA of 3.0 are not eligible for this clinical experience.

- **Good → Excellent Personal Attributes** as determined by review of their Fall and Winter Practicum evaluations and feedback of the student behaviors from class and other observations. Students should have a score of "2" or better in all categories in all clinical experience evaluations conducted previously.

- Each student must write a Personal Statement on the topic, “My unique skills/abilities that qualify me for this experience and what I hope to gain from the experiences”. This essay should be grammatically correct and presented in a professional cover letter format.

- Candidates must receive a positive written recommendation from a Certified Athletic Trainer with whom the student has worked. This recommendation should discuss the student's skills and abilities, as well as professionalism displayed. This recommendation should be in a sealed envelope with their signature on the back and included in the students’ application packet. Athletic Training faculty may NOT be solicited for this letter of recommendation.

* During the application process, the Department of Athletic Training cannot be held accountable for the frequency, method and/or type of communication that is conducted between the students and the professional sport/entertainment professionals.

**As part of the clinical experiences, students will be expected to be available for mini-camp, summer camp, winter break (hockey and ballet), and through the entire sport seasons.

Revised: 8-19
Responsibilities & Expectations for Professional Clinical Experiences

Pittsburgh Steelers
1. Assist the Athletic Training Staff in all matters pertaining to the supervision and/or administration of prevention, treatment, and rehabilitation of all athletes as recommended by the Team Physician and consultants.
2. Assist the Athletic Training Staff with upkeep and supervision of the proper records of each athlete with regard to nature of injury and/or illness, treatment given, date, medical authorization, medical information releases, physical exams, medical referrals, surgical reports, and x-ray information.
3. Assist with the supervision and coordination of the rehabilitation of athletes, pre and post season testing as prescribed by the Team Orthopedic Surgeon and consultants.
4. Assist with the coordination of all pre and post-season physical exams.
5. Assist with the care and upkeep of all exercise and therapeutic modalities utilized in rehabilitation. Responsible for the care and upkeep of all practice field equipment as related to Athletic Training.
6. Maintain the stock of all disposable items used in the training room. Report low inventory of items to Assistant Athletic Trainer for re-order. Ensure stock is in a visible and useable location.
7. Assist with all Biodex rehabilitation and testing.
8. Assist with the coordinate and maintain an updated emergency list, phone list, and injury lists in the computer.
9. Assist in the coordination of moving of all athletic training room equipment and supplies to and from summer training camp. Temporary athletic training room should be fully operational the first day of camp.
10. Responsible for the organization and packing of all athletic training room equipment for away games. Maintain appropriate medical and emergency kits for practice and game.
11. Responsible for sideline set-up at all games and scrimmages.
12. Assist the Athletic Training Staff with the work assignments associated with off-season pre-draft screening of perspective players, including free agents, combined physicals and draft.
13. Assist with the coordination of all IMPACT concussion baseline testing and subsequent post concussion re-testing.
14. Assist with the organization and production of a year-end injury and treatment summary.
15. Assist with the coordination of the team dentist, the scheduling of mouthpiece impressions, and ordering of mouth guards. Responsible for maintaining mouth guards, along with back-ups, for each individual athlete.
16. Assist with the coordinate of the team ophthalmologist eye exams for contact lenses, and the ordering of player contact lenses. Responsible for maintaining contacts, along with prescriptions and back-ups, for each individual athlete.
17. Maintain a neat and orderly facility.

UPMC Sports Medicine - Pittsburgh Ballet
Prior to the first day of the clinical experience
1. Discuss learning objectives and goals of the clinical rotation with your clinical preceptor
2. Discuss additional learning opportunities available thru UPMC Sports Medicine including observation in the following areas;
   a. Sports performance
   b. Sports nutrition
   c. Mental training
   d. Observe surgery and in physician’s office as physician extender
Prior to the first day of the clinical experience
3. Develop weekly calendar with Clinical Preceptors

On the first day of the clinical experience
1. Please arrive at the Pittsburgh Ballet Theater lobby area at least 15 minutes prior to the start of the treatment time to tour the facility and meet the staff and dancers
2. Dress in an appropriately professional manner; if unsure, consult with Clinical Preceptor.

For the duration of the clinical experience
1. Please arrive at the Pittsburgh Ballet Theater studio area at least 5 minutes prior to the start of the treatment time to review the dancer therapy list and discuss treatment plans with the Clinical Preceptor.
2. Administer first aid treatment for any injuries sustained by the dancers.
3. Provide rehabilitation to the dancers.
5. Complete daily treatment log.
6. Assist in keeping the athletic training room, first aid area, and clinical area safe, clean, and organized.
7. Provide on site injury evaluation and treatment of dancers for all performances.
8. Perform other duties as assigned or requested by Clinical Preceptor.

Pittsburgh Pirates
1. Arrive for all home games and practices fifteen (15) minutes before scheduled time.
2. Dress in an appropriately professional manner; if unsure, consult with Clinical Preceptor.
3. Assist the Athletic Training Staff in all matters pertaining to the supervision and/or administration of prevention, treatment, and rehabilitation of all athletes as recommended by the Team Physician and consultants.
4. Assist the Athletic Training Staff with upkeep and supervision of the proper records of each athlete with regard to nature of injury and/or illness, treatment given, date, medical authorization, medical information releases, physical exams, medical referrals, surgical reports, and x-ray information.
5. Assist with the supervision and coordination of the rehabilitation of athletes, in-season testing as prescribed by the Team Orthopedic Surgeon and Consult
6. Assist with the coordination of all in-season physical exams.
7. Assist with the care and upkeep of all exercise and therapeutic modalities utilized in rehabilitation. Responsible for the care and upkeep of all practice field equipment as related to Athletic Training.
8. Maintain the stock of all disposable items used in the athletic training room. Report low inventory of items to Assistant Athletic Trainer for re-order. Ensure stock is in a visible and useable location.
9. Responsible for dugout and bullpen set-up at all games.
10. Maintain a neat and orderly facility.
11. Stay after all home games and practices until all evaluations, treatments, and rehabilitations have been completed.
Pittsburgh Penguins

**Practice**
1. Show up 2 hours before every practice… DON’T BE LATE!
2. Fill hot and cold tubs (hot tub around 100-105º, cold tub 55º).
3. Always try to keep at least 2 ice bags in Gatorade cooler.
5. Have hydrocollator packs ready for players.
6. Provide ultrasound and electrical stimulation treatments as needed.
7. Assist in player stretches, pre-practice massages, and post-practice flushes (all players participate in post-practice flush treatments).
8. Keep the counter clean and stocked at all times
9. Watch players on ice during practice or help Chris Stewart with paperwork or other jobs as assigned.
11. Be prepared to wrap ice on players and answer any questions they may have.
12. STOCK TOWELS!!! EMPTY LAUNDRY BASKET!!
13. Minor equipment duties (e.g. if a player breaks a stick, you may have to grab him a new one)

**Games**
1. Be at Consol Center 3 hours before game time – BE ON TIME!!
2. Fill hot and cold tubs (hot tub around 100-105º, cold tub 55º).
3. Modalities as needed (e.g. hot and cold packs, US, E-stim).
4. Have 3 ice bags ready for Head Athletic Trainer to take to bench during warms-up along with an AED and his medical pack.
5. Locate EMS during warm-up to review EAP.
6. Remain in dressing room between periods to fulfill any requests or needs of players and/or medical staff.
7. Make 10 ice bags for post-game treatments.
8. Assist in massages after game.

**General information**
1. BE ON TIME all the time!!
2. Keep the athletic training room as clean as possible.
3. Be confident in your answers; Staff Athletic Trainers will constantly drill you with questions.
4. ALWAYS make sure that the towels and taping tables are stocked.
5. Participate in as much activity as possible. Do not be afraid to answer player questions or to participate with rehabilitations or treatments whenever possible.
6. Have fun and be respectful.
STUDENT-ATHLETE CONTRACTUAL AGREEMENT

The Department of Athletic Training supports the student-athletes who are enrolled in the Athletic Training Program and who have chosen to continue their athletic careers at Duquesne University. The Athletic Training Program permits full participation by freshman and sophomore Athletic Training student-athletes; however, to ensure compliance with all academic standards and fulfillment of all academic and clinical requirements of our CAATE-accredited program, it is essential that all professional phase students continue their participation in their athletic endeavors in compliance with the agreement below.

As an athlete at Duquesne University and a Professional Phase student in the CAATE-accredited Athletic Training Program, by signing this form I, hereby agree to uphold the following contractual requirements during my tenure as a student-athlete and a student enrolled in the Athletic Training Education Program.

1. I will designate one sport season/segment per academic year in which I will not be required to participate in my Athletic Training clinical experiences. I have the option to select which season/segment in which I will participate. I will submit this contract with the appropriate signatures and information to the Athletic Training Clinical Education Coordinator in accordance with the schedule below.

<table>
<thead>
<tr>
<th>Athlete</th>
<th>Contract Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sophomore and Professional Phase students participating in fall or winter sports</td>
<td>First school day in May</td>
</tr>
<tr>
<td>All Professional Phase students participating in spring sports</td>
<td>First school day in October</td>
</tr>
</tbody>
</table>

2. During the non-designated season/segment, pursuit of my degree in Athletic Training, including but not limited to clinical education, is my first priority and will take precedence over any sport requirement. I may participate in team activities, practices, and/or competitions that do not interfere with my Athletic Training student responsibilities and academic successes. Any physical conditioning or other responsibilities that are required by my coach will be secondary to my Athletic Training requirements.

3. Should I be identified by the Department of Athletic Training as struggling in my academic or clinical courses, I not only will be required to comply with the Department’s Academic Difficulty Policy, I also will be required to reduce my involvement/time in my non-designated season/segment activities at a rate consistent with the amount of time that clinical experiences are reduced.

4. In situations where my clinical experience and sport activities have been reduced, I understand that should my grades and academic status improve to where I am meeting all AT academic requirements, those activities will be reinstated to levels consistent with the improvement.
5. I realize that by participating in one sport season/segment that I am deferring one of my clinical experiences to the summer between my junior and senior years. I understand that I will receive an **incomplete grade** for ATHT 316L - Athletic Training Practicum II Lab course. After completion of the summer clinical experience, the appropriate grade will be assigned, and the **incomplete grade** will be changed.

6. I understand that I must meet all of the **clinical education experiences of the Program**, supervised by an appropriately credentialed Athletic Trainer or other appropriately credentialed health care provider approved by the Program, and be competent in all of the proficiencies set forth by the Department of Athletic Training prior to my graduation in May. If my hours **are not completed** by the beginning of the final examination week of my senior year and/or my competencies are not fulfilled, I will complete the unfinished clinical hours and/or clinical skill evaluation(s) during the summer months until such time that I meet all requirements needed to graduate; submission of signed time cards will serve as verification of completed clinical experience hours.

7. I agree to fulfill the clinical experience requirement (minimum of 250 hours) that was deferred during my designated sport season/segment, **during the summer months** between the junior and senior years, at a clinical site contracted with the Department. Since I will not be enrolled in didactic coursework simultaneously with this experience, I may exceed the standard hour delineation, but I may not exceed a regular 40 hour clinical experience week.

8. I agree to work with the Athletic Training Clinical Education Coordinator, to arrange my summer clinical experience(s). I realize that failure to abide by the policies above will delay my graduation until all curricular and program requirements are completed.

9. I understand that I may not acquire clinical experiences with my own sports team, as these experiences would not be covered by the University’s liability insurance; however, if my schedule permits, I may participate in clinical experiences for special athletic events and/or in experiences available outside of the sport in which I am participating. During my designated sport season/segment, my sport requirements will take precedence over my athletic training clinical requirements; however, my athletic training academic requirements still will take precedence over all.

10. I understand that if my in-season sport commitments are reduced (e.g. reductions in practice, competitions, travel) that a) I must communicate these changes in sport commitments to the Clinical Education Coordinator and b) I will not take on other commitments (i.e. employment opportunities) prior to communicating with the Clinical Education Coordinator.
My signature below indicates that I have read and understand the requirements of this contract. I agree to abide by the policies listed above. I realize that my failure to abide by the policies above may prevent me from graduating with my Bachelor of Science degree in Athletic Training. The signatures of my coach, the Assistant Athletic Director for Academics, and the Athletic Training Department Chair indicate that they also understand the stipulations of this contract and attest that they will not place any undo pressure on the student athlete to violate this contract.

____________________________________/____________________________/
Student Athlete’s Signature   Sport   Season/Segment (Fall- Winter-Spring)

_____________________________________          ______________________________
Head Coach’s Signature   Date of Signature

_____________________________________          ______________________________
Assistant Athletic Director for Academics Signature   Date of Signature

_____________________________________        __________________________________
Athletic Training Department Chair’s Signature   Date of Signature

cc:   Assistant Athletic Director for Academics
      David Harper, Athletic Director
      Head Coach

(Revised: August 16, 2016)
SUMMER CLINICAL EDUCATION APPLICATION

Students who are required to participate in a summer clinical education experience as part of the ATHT 316L - Athletic Training Practicum II Lab, must complete this application and return it to the Clinical Education Coordinator by April 1st. Students are strongly encouraged to participate in summer clinical experiences in the greater Pittsburgh-Washington County areas; however, the Department of Athletic Training is willing to consider a unique clinical experience outside of the Pittsburgh area, provided that that student, the identified clinical preceptor, and the clinical facility itself meet all the requirements of the Department of Athletic Training as defined in this handbook. The Department of Athletic Training reserves the right to reject any clinical site or clinical preceptor who does not meet the programmatic and CAATE health and safety requirements. The following information must be provided by the student before the Clinical Education Coordinator and the Department Faculty can approve a summer clinical education experience:

Student Name: ____________________________________________

Location Desired (circle one): Greater Pittsburgh Area       Outside of Pittsburgh

NOTE:
Greater Pittsburgh Area: If the student desires a clinical experience in the Pittsburgh vicinity, the Department of Athletic Training will assign the student to a clinical affiliate already identified and approved by the Department.

Outside Of Pittsburgh: The student must provide the following information to the Clinical Education Coordinator by April 1st. Students not submitting this request by April 1st will be required to participate in a clinical experience in the Greater Pittsburgh area.

<table>
<thead>
<tr>
<th>This information must be completed if student desires clinical affiliation outside of Pittsburgh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Clinical Site: __________________________</td>
</tr>
<tr>
<td>Address of Clinical Site: _________________________</td>
</tr>
<tr>
<td>Identified Clinical Preceptor: ____________________</td>
</tr>
<tr>
<td>BOC Number: ___________ Years Certified as an ATC: ___________</td>
</tr>
<tr>
<td>State Credential Number: ___________ State(s) in which credentialed: ___________</td>
</tr>
<tr>
<td>Phone #: _____________________________ Fax #: ___________________________</td>
</tr>
<tr>
<td>Email Address: _______________________</td>
</tr>
</tbody>
</table>

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Duquesne University Athletic Training Clinical Education Resource Fund

General Information
This fund provides for a monetary award that is designed to be used to help defray travel and other clinical education expenses incurred by our students. The annual fund award in the amount of $400.00 will be granted to a deserving student at the end of his/her junior year.

Student Eligibility
Minimum Requirement: Junior Athletic Training Student in good standing throughout the first year of the professional phase.
   - Academic Standing – 3.0 Professional QPA
   - Clinical Standing - Passing Marks for All Clinical Evaluations

Award Amount: $400.00

Application Procedure
Written Requirements (provided in electronic format):
1. Five Hundred Word Essay:
   “What professional and academic achievements make me deserving of this award and how I will use the award money”
2. Professional Resume
3. Two Letters of Recommendations
   - At least one letter from a Clinical Preceptor. No Athletic Training Faculty letters.

Selection Criteria:
1. Completed Written Requirements
2. Academic Grades for Junior Year - Fall and Spring Semesters
3. Volunteer & Professional Activities (listed in resume)
4. Interview top three Candidates with Resource Fund Committee Members.
   - Committee comprised of two DU AT Alumni and Clinical Education Coordinator

Annual Award Time Line
Written Materials Deadline: March 15, 2021
Student Interviews: End of March, 2021
Award Announcement: April 15, 2021
Duquesne University Athletic Training
Clinical Education Resource Fund Award Application

NAME: ______________________________________ PHONE: ____________
ADDRESS: __________________________________________________________

JUNIOR YEAR CLINICAL EXPERIENCES: Clinical Site and Clinical Preceptor

Fall Assignment: ________________________________
Winter Assignment: ________________________________
Spring Assignment: ________________________________

PLEASE INCLUDE:

1. 500 Word Essay
2. Professional Resume
3. 2 Letters of Recommendation

SUBMIT ONLINE TO:

Dr. Keith Gorse – Clinical Education Coordinator: gorse@duq.edu

APPLICATION (Post-marked) DEADLINE: March 15, 2021
Duquesne University Athletic Training
Clinical Education Resource Fund
Evaluation Rubric

<table>
<thead>
<tr>
<th></th>
<th>Very Good 3 points</th>
<th>Good 2 points</th>
<th>Average 1 point</th>
<th>Poor 0 points</th>
<th>Student Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACADEMIC</td>
<td>Very Good Academic Record</td>
<td>Good Academic Record</td>
<td>Average Academic Record</td>
<td>Poor Academic Record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; 3.50</td>
<td>&gt; 3.25</td>
<td>&gt; 3.00</td>
<td>&lt; 3.00</td>
<td></td>
</tr>
<tr>
<td>ACTIVITIES (Prof. &amp; Vol.)</td>
<td>Significant Professional &amp; Volunteer Activities</td>
<td>Several Professional &amp; Volunteer Activities</td>
<td>Minimal Professional &amp; Volunteer Activities</td>
<td>No Professional &amp; Volunteer Activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Active in many A.T. activities and is a strong leader.</td>
<td>Participates in several A.T. activities but not a leader</td>
<td>Minimal participation in A.T. activities and no leader qualities</td>
<td>No participation in A.T. activities</td>
<td></td>
</tr>
<tr>
<td>ESSAY</td>
<td>Strong Essay</td>
<td>Good Essay</td>
<td>Average Essay</td>
<td>Poor Essay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thoughts are well articulated with proper paragraph construction, sentence structure, and spelling.</td>
<td>Thoughts are well articulated with some issues involving paragraph construction, sentence structure, and/or spelling.</td>
<td>Thoughts are articulated fairly well with issues involving paragraph construction, sentence structure, and/or spelling.</td>
<td>Thoughts are not articulated very well with issues involving paragraph construction, sentence structure, and spelling.</td>
<td></td>
</tr>
<tr>
<td>LETTERS</td>
<td>Both letters describe candidate as exceptional in clinical education &amp; professionalism</td>
<td>Both letters describe candidate as good in clinical education and professionalism</td>
<td>Both letters describe candidate as average in clinical education &amp; professionalism</td>
<td>Both letters describe candidate as poor in clinical education and professionalism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The candidate speaks exceptionally well and answers all of the questions in a professional manner.</td>
<td>The candidate speaks well and answers most of the questions in a professional manner.</td>
<td>The candidate is not a clear speaker and answers some of the questions in a professional manner.</td>
<td>The candidate can not answer any of the questions clearly or in a professional manner.</td>
<td></td>
</tr>
</tbody>
</table>

STUDENT TOTAL SCORE: ____________
PROFESSIONAL LIABILITY INSURANCE POLICY
INFORMATION

ASSIGNED CLINICAL EXPERIENCES
The University carries professional liability insurance to cover the actions of all Certified Athletic Trainers employed by Duquesne University and functioning on behalf of the University, as well as all Athletic Training students *ONLY* when they are involved in a supervised clinical experience assigned by and meeting the *guidelines set forth by the Department of Athletic Training*. Any questions should be directed to the Office of Risk Management (412-396-4895) or the Department of Athletic Training (412-396-4766).

OUTSIDE ACTIVITIES NOT AFFILIATED WITH THE DEPARTMENT
*Any other outside athletic training volunteer activities not required nor part of a recognized Departmental activity by the Department are not covered* by the Duquesne University liability insurance policy. If an athletic training student intends to provide athletic training services outside of his/her responsibilities as an Athletic Training Student that would require him/her to otherwise utilize athletic training skills, the student is encouraged to assure that there is an appropriately credentialed Athletic Trainer and/or physician available to supervise the activity. The student also is encouraged to carry his/her own *liability insurance policy* to cover him/her during these activities. Marsh U.S. Consumer is the NATA-recommended company; however, there are other insurance companies that offer professional liability insurance (e.g., HPSO). For more information on personal liability insurance, please visit the NATA website (www.nata.org).

**Marsh U.S. Consumer**
12421 Meredith Drive
Urbandale, IA 50398
Phone: 1-800-503-9230
Website: [www.personal-plans.com/product/marsh/](http://www.personal-plans.com/product/marsh/)
Email: plsteam2@marshpm.com
Insurer: Chicago Insurance Company

"Marsh Affinity Group Services, the official group insurance administrator of the NATA, has been providing professional liability insurance to Athletic Trainers nationwide for more than 25 years. Marsh also administers the NATA sponsored Catastrophe Major Medical Insurance, Disability Income Plan, and Group Term Life Insurance."

**Healthcare Providers Service Organization**
Customer Service
159 East County Line Road
Hatboro, PA 19040
Phone: (800) 982-9491
Fax: (800) 739-8818
Website: [www.hpso.com](http://www.hpso.com)
Email: service@hpso.com

"Through the advantage of group buying power, HPSO is able to offer you insurance protection tailored to your professional needs and available at affordable group rates. With over 25 years of experience, HPSO now protects over 650,000 different healthcare professionals."
Driving Directions to Clinical Education Off-Campus Sites
(All directions are departing from Duquesne University)

AHN SPORTS MEDICINE (Northside Office)
Travel EAST on Fifth Avenue. Turn RIGHT onto MARKET ST. Market St becomes 6th Street. Follow 6th Street, across 6th Street Bridge. 6th Street becomes FEDERAL ST. Turn SLIGHT RIGHT onto S. COMMONS. Turn LEFT onto E. COMMONS. Turn RIGHT onto FEDERAL ST. Building will be on your LEFT.

AHN / HUMAN MOTION - SPORTS MEDICINE SERVICES (Gibsonia Office)
Merge onto I-579 N via the ramp on the left toward Veterans Bridge. Merge onto PA-28 N toward Etna. Merge onto PA-8 N via EXIT 5B on the left toward Butler. Straight on PA-8 N approx. 8.5 miles to Richland Mall (left side). AGH Sports Medicine Service office is in the Richland Mall complex.

AVONWORTH HIGH SCHOOL
Merge onto I-579 N via the ramp on the left toward Veterans Bridge. Merge onto I-279 N via the exit on the left. Take the Camp Horne Rd exit, EXIT 8. Keep left to take the ramp toward PA-65/Emsworth. Turn left onto Camp Horne Rd. Turn right onto Josephs Lane. 304 JOSEPHS LN is on the right.

BALDWIN HIGH SCHOOL
Travel WEST on Forbes Avenue. Turn LEFT at the corner of Forbes and 5th Avenue onto the entrance ramp to the Liberty Bridge. The LIBERTY BRIDGE becomes LIBERTY TUNNELS. At the end of the tunnel, continue straight ahead on W LIBERTY AVE; however, move immediately to the far RIGHT lane. Take the Ramp to the RIGHT indicated as Route 51 South toward UNIONTOWN. Continue on Route 51 South for approximately 5 miles, and following the main intersection with Baptist Road, the ramp to the high school entrance will be on the LEFT.

BETHEL PARK HIGH SCHOOL
Take the Parkway West to the Fort Pitt Tunnels. Take Banksville Road. Follow Banksville Road through five traffic lights, following the signs for Route 19 South. Stay in the right lane and continue to follow the signs for Route 19 (will bear off to the RIGHT) as it enters into the heart of Mt. Lebanon. Follow signs for Route 19 South to the intersection of Fort Couch Road and Rt. 19. Make a LEFT turn at the light. Travel through six traffic lights. At the sixth traffic light (Bethel Church Road), turn LEFT. Follow Bethel Church Road to the first traffic light (Church Street). Turn LEFT onto Church and follow to the school entrance on the Left. The gymnasium building is the last campus building (on the left) accessible from the school access road. There is a school parking lot just past the building on the right.
Carnegie Mellon University
Take Forbes Avenue (east) into Oakland. Pass the Carnegie Museum on the right at Morewood Avenue. Get into the right lane. Follow this lane past the main entrance into the University. At the next traffic light (in front of the main entrance to the CMU parking garage), turn right into the parking garage and look for empty parking spots in the section closest to the entrance. Athletic Training Room is located under dormitory building at 50 yard line of football field - down the steps.

Central Catholic High School
Take Forbes east toward Oakland. Pass the University of Pittsburgh. Make a left turn onto Morewood Avenue. Take Morewood to Fifth Avenue. Turn RIGHT onto Fifth Avenue and travel approximately 1/4 mile. The School is on the LEFT, and parking is located behind the building.

Chartiers Valley High School
Take Parkway west over the Fort Pitt Bridge and Tunnel. Continue on 279 S to the Carnegie Exit. Get off at Carnegie exit. The road will come to a Y, bear Left at the Y and follow signs 124 into Heidelberg. Go through 1 stop light; at the next stop sign bear Left onto Washington Road. Stay on Washington road through a few red lights. Look for the McDonalds Restaurant on the right, as you pass the Restaurant, the next red light, bear right onto Thoms Run Road. Follow Thoms Run Road a short distance. The entrance is on the left-hand side.

Chatham University
Take Forbes Avenue east toward Oakland. Pass the University of Pittsburgh and Carnegie Mellon University. Make a LEFT onto Morewood Ave. Take Morewood to Fifth Avenue; turn RIGHT onto Fifth Avenue. Travel on Fifth Avenue to the intersection with Woodland Road. Make a RIGHT turn onto Woodland Road and follow this road up a winding hill, bearing LEFT at the "Y" in the road to Athletic and Fitness Center.

Fox Chapel High School
Travel past Mellon Arena, and take the middle lane that leads you to the Veteran’s Bridge (576 North) to North 28 towards Etna. Get off at the Fox Chapel Exit. At the stop sign, go left. This is Fox Chapel Road. Follow (approx. 3 mi) to red light, go straight through. Follow approx 1/2 mile. Go right on Field Club Road, the entrance to Fox Chapel High School will be on the left hand side.

Hampton High School
Merge onto I-579 N via the ramp on the left toward Veterans Bridge. Merge onto PA-28 N toward Etna. Merge onto PA-8 N via EXIT 5B on the left toward Butler. Turn right onto Wildwood Rd Ext. 4589 SCHOOL DR is on the right.
**KEYSTONE OAKS HIGH SCHOOL**
Travel WEST on Forbes Avenue. Turn LEFT at the corner of Forbes and 5th Avenue onto the entrance ramp to the Liberty Bridge. The LIBERTY BRIDGE becomes LIBERTY TUNNELS. At the end of the tunnel, continue straight ahead on W LIBERTY AVE. Follow West Liberty Avenue past the first entrance to Pioneer Avenue to the second entrance of Pioneer Avenue at the top of hill in front of Eat n Park. Turn LEFT and follow Pioneer Avenue for one block. Then, turn RIGHT onto McNeilly Road. Keystone Oaks HS will be on the right about 3 blocks down the hill.

**GREATER PITTSBURGH PHYSICAL THERAPY & SPORTS MEDICINE**
Take Parkway West towards the Airport. Take Route 60 to Cherrington Parkway Exit. Get off exit and go straight through the intersection. Go into Industrial Park area. Go to 3rd building on right side - #700 building. Turn RIGHT into the Parking lot. Rehabilitation Center is on ground floor.

**LA ROCHE COLLEGE**
Take the Veterans Bridge (I 279) continue north to Exit 18 (McKnight Road). Travel on McKnight Road approximately 6 miles - pass Ross Park Mall on the right. After passing Ross Park Mall, there is a McDonald's At the second light after the McDonald's, go straight through and immediately veer off to the right onto Babcock Boulevard. Go about a mile to La Roche Campus.

**MANNING PHYSICAL THERAPY & SPORTS MEDICINE (Castle Shannon Office)**
Travel WEST on Forbes Avenue. Turn LEFT at the corner of Forbes and 5th Avenue onto the entrance ramp to the Liberty Bridge. The LIBERTY BRIDGE becomes LIBERTY TUNNELS. At the end of the tunnel, continue straight ahead on W LIBERTY AVE; however, move immediately to the far RIGHT lane. Take the Ramp to the RIGHT indicated as Route 51 South toward UNIONTOWN. Continue on Route 51 South for approximately 3.5 miles, and following the main intersection with Route 88. Turn Right onto Rout 88 and go about 2 miles. Manning PT and Sport Medicine Clinic is on the Right Side.

**MOON HIGH SCHOOL**
Take Parkway West toward Airport -- take 60 North to Beers School Road. Make a right on to Beers School Road. At the Dunkin' Donut Shop make a Right. Go through 1 light. Look for small Brown Entrance Sign on the right hand side.

**NORTH ALLEGHENY HIGH SCHOOL**
Take the Veterans Bridge (579 North) to I 279 North to the Wexford exit. Take a Right, which will be 910 E. Follow to red light, go straight. At the next stop sign, go Right (landmark: Delicatessen) Go to next stop sign and make a Right on to Rt 19. Go approximately 5 lights and look on the Right hand side for Entrance into the High School.
**NORTH HILLS HIGH SCHOOL**
Follow 279 North to Belleview/Westview exit. At exit ramp, turn right toward Westview. Follow up hill and bear right at the top of hill (onto Highland Avenue) Follow to T. Turn left on Rt. 19N. Go to 1st light at the top of the hill and turn right onto Rochester Road. Follow down the hill and the High School is on the Left side. Follow down the hill, and the entrance to the high school complex is on the left side. Once through the entrance, travel up the hill and park to the right of the high school (in front of the middle school). The Athletic Training Room is located in the middle school building; take the left entrance into the building; the AT facility will be on the right side of the hallway.

**OAKLAND CATHOLIC HIGH SCHOOL**
Take Forbes east toward Oakland. Pass the University of Pittsburgh. Make a left turn onto Morewood Avenue. Take Morewood to Fifth Avenue. Turn RIGHT onto Fifth Avenue and travel approximately 1/4 mile. Turn Left onto Craig St. Address: 144 N Craig St, Pittsburgh, PA 15213

**PINE RICHLAND HIGH SCHOOL**
Take Veterans Bridge to 1-279 North. Go about 12 miles on I-79 North to Exit 75 (Warrendale Bayne Road). At Exit turn RIGHT onto Warrendale Bayne Rd / Red Belt. Follow Red Belt for 4 miles. Turn left onto Mars Road. Mars Road will turn into Warrendale Road. Pine Richland High School will be on the Left.

**PITTSBURGH BALLET TRAINING COMPLEX**
Travel WEST on Forbes Avenue toward 6th Avenue. At Grant Street, turn RIGHT and follow Grant Street until it becomes Liberty Avenue. The Training Complex is located at 2900 Liberty Avenue on the Left side of the street.

**PITTSBURGH PIRATES (PNC Park)**
Start out going west on Forbes Ave toward 6th Ave. Turn right onto Grant St. Take the 1st left onto 5th Ave. Turn right onto Liberty Ave. Take the 1st left onto 6th St. 6th St becomes Roberto Clemente Bridge. Roberto Clemente Bridge becomes Federal St. Stadium is on your left.

**PITTSBURGH RIVERHOUNDS (High Mark Stadium - Station Square)**
Start out going west on Forbes Ave toward 6th Ave. Turn left onto Grant St. Turn right onto Fort Pitt Blvd. Take the 1st left onto Smithfield St. Smithfield St becomes Smithfield St Bridge. Take the 1st left onto W Station Square Dr/Station Sq/Bessemer Ct. Go to Stadium - passed the Sheraton Hotel.

**PITTSBURGH STEELERS (Southside Complex)**
Go through Armstrong Tunnels. Make a left on to 2nd avenue. Go approximately 2 miles, make a right, and go over the Hot Metal Bridge. After crossing the bridge, take the 1st left to the UPMC Sports Complex. Go straight until the 3rd building. Turn right into parking area of the 3rd building. This is the Pittsburgh Steelers Practice Facility.
ROBERT MORRIS UNIVERSITY (Main Campus)
Take Parkway 376/60 west towards airport. Follow 376/60 North to University Blvd. Make a right on University Bld, and follow approx. (2 mi.) You will see the entrance to Robert Morris College on the Right hand side.

ROBERT MORRIS UNIVERSITY (Neville Island - Ice Hockey)

ROBINSON PHYSICAL THERAPY
Take 279 South through the Fort Pitt Tunnel. Follow I-279 South to the intersection/exit ramp for I 79 North. Follow 79 North to the Crafton Exit. At the bottom of the exit ramp, make a left on Steubenville Pike. The center is on the left-hand side approximately 2 miles. (Moon Run Fire Department is across the street).

SHADY SIDE ACADEMY (Senior School)
Take Veterans Bridge to North 28 toward Etna. Get off at the Fox Chapel Exit. At the stop sign, go left. This is Fox Chapel Road. Follow (approx. 3 mi) to the red light; go straight through. Follow approx. ½ mile. Look for Shady Side Academy entrance on left hand side (Small stone pillars). Proceed into the long driveway; at the T in the road, turn right and follow the road ¼ of the way around the oval (just past the dining hall). Turn right and head down the hill; just past the tennis courts on the right, turn left in front of the football field/track.

UPMC SPORTS MEDICINE (Southside Complex)
Go through Armstrong Tunnels. Make a left on to 2nd avenue. Go approximately 2 miles, make a right, and go over the Hot Metal Bridge. After crossing the bridge, take the 1st left to the UPMC Sports Complex.

UPMC - DR. LARRY JOHN & ASSOCIATES (UPMC St. Margaret Hospital)
Take Veterans Bridge to Route 28. Take Route 28 to Delafield Exit. Make a left at end of ramp. Make the first left into the St. Margaret Complex. Hospital is on the right - Medical Arts Building is the first building on the left. Parking is behind the Medical Arts Building. Parking is $3.00. You can purchase a token in any of the buildings.

WEST ALLEGHENY HIGH SCHOOL
Follow Parkway west - 279 S. through Fort Pitt tunnel to 79 S. to Rt. 22/30 (Weirton exit) Take 22/30 to the Imperial Exit. At the stop sign, turn right. At the next intersection, go straight. This is West Allegheny Road. Entrance to the school is on the Left.

Revised 8/2017
CLINICAL PRECEPTOR INFORMATION
CLINICAL PRECEPTOR SUPERVISING AGREEMENT

Academic Year: 2020-2021  Clinical Affiliate Site: _______________

A Clinical Preceptor is the person designated by the Clinical Affiliate and approved by the Department of Athletic Training at Duquesne University to educate students in the clinical setting. In return for assistance with the daily Athletic Training services provided by the students, the Clinical Preceptor provides mentorship, education, advice, and guidance to those Duquesne University Athletic Training student(s) (ATS) with whom he/she has agreed to work. A Clinical Preceptor, who may also be trained by the Department as an Approved Clinical Preceptor, is expected to maintain current knowledge and practice as an Athletic Trainer and to re-enforce the information taught within the academic program. Students working with the Clinical Preceptor must directly supervised by the assigned BOC-Certified Athletic Trainer at all times and may not be used to replace or take the position of a Certified Athletic Trainer at any time.

Junior level students are assigned directly to a Clinical Preceptor, and these students will be rotated through clinical experiences on a schedule based upon the Fall and Spring semesters. Senior level students also will be assigned directly to a Clinical Preceptor, and these students will be rotated through clinical experiences on a schedule based upon the Fall and Spring Semesters. Junior and Senior students may apply, to actual patients, only those skills that have been formally instructed and evaluated during their coursework, but this should not preclude a CI from maximizing the opportunities afforded in “teachable moments”. All students should be encouraged to practice all skills on their peers or Clinical Preceptors to improve their abilities until such time that they are deemed proficient enough to use the skills(s) on actual patients. Sophomore (Pre-Professional) students periodically may request permission to observe and participate in activities at your clinical site along with his/her student mentor who is assigned to your site; these sophomore students will have limited experience, but should be supervised in the same manner as the junior and senior level students and follow the same rules regarding the use and practice of skills.

If a Clinical Preceptor identifies that a student is not meeting the defined clinical education expectations appropriate to that student’s level in the program, it is his/her responsibility to 1)inform the student of these concerns, and 2)inform the Department of Athletic Training Clinical Education Coordinator immediately. At this time, the Department’s Student Professional Behavior Policy will be enacted. Please refer to the AT Department Policy and Procedure Manual for more information on this policy. At any time, if the Clinical Preceptor determines that any ATS fails to meet the expectations of the clinical assignment or presents a potentially hazardous or harmful situation for the clinical affiliate, that Clinical Preceptor may request to have the ATS removed before the end of the assigned experience. Clinical Preceptors are requested to share any incidences of concern, regardless of the magnitude, with the Clinical Education Coordinator and/or Program Director promptly before they become an issue that requires removal of the student. The following agreements are made between the Clinical Preceptor(s) and the Department of Athletic Training in the John G. Rangos, Sr. School of Health Sciences at Duquesne University.

Clinical Preceptor Agreement
1. I will have constant contact and supervision, as well as daily informal educational sessions, with my assigned ATS. During that contact, I will discuss with the student conditions injuries and or illnesses that may affect the patients and inform the ATS of his/her progress and/or concerns.
Clinical Preceptor Agreement (continued)

2. It will be my responsibility to ensure that I am available to intervene at all times on behalf of both the ATS and the patient as part of my direct supervision requirements.

3. I will ensure that the ATS has appropriate and equitable access to equipment and facilities during his/her clinical experience.

4. I will conduct regularly scheduled weekly educational sessions with the ATS under my supervision.

5. I will uphold the policies and procedures of the Department of Athletic Training as defined in the Department of Athletic Training Policy and Procedure Manual.

6. I will have available and share with the assigned ATS the emergency action plan and bloodborne pathogens exposure plan for my clinical site, as well as any appropriate information and updates on the patients with whom he/she is working.

7. I will evaluate the ATS on the knowledge, skills and abilities encompassed in the clinically integrated proficiencies located in the appropriate Athletic Training Practicum experience form twice (mid and end) during each student’s clinical experience. I will discuss my findings with the ATS before I forward the evaluation(s) to the Department of Athletic Training at the designated time. The first (mid-experience) evaluation involves a student self-evaluation (formative), as well as the clinical preceptor’s evaluation. This evaluation should be used to inform the student of his/her progress and identify areas needed for improvement before the end of the semester. The second evaluation is a summative evaluation of the ATS performance for the entire experience and will be used to assign a grade for the Clinical Practicum course.

8. I understand that the Department and I will determine student clinical responsibilities, attire, behavior, demeanor, patient contact hours, and activities. I will comply with the laws, rules, and guidelines found in the Duquesne University Athletic Training Department Policy and Procedure Manual, the NATA Code of Ethics, and the Pennsylvania Medical Practice Act. I also agree to the following Clinical Education standards.

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<th>Student Clinical Experience Standards</th>
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*Average minimum/maximum weekly hours are based upon a monthly assessment of hours (total hours divided by weeks in month).

9. I understand that I must attend, as frequently as possible, the annual "Continuing Education Day" held during the spring semester. Topics such as curricular issues, clinical teaching methods, and current relevant topics are discussed; CEU’s are provided. Clinical Preceptor Training is required of all Clinical Preceptor involved with formal clinical experience placement; formal Clinical Preceptor Training now may be done on-line through the Department and/or during scheduled Preceptor Training Sessions.

Department of Athletic Training Agreement

1. The Department of Athletic Training will contact each Clinical Preceptor at least two (2) times during each clinical experience to discuss student progress and learning. The Clinical Education Coordinator will visit each clinical site where students are assigned at least two times per semester. These visits are not meant to interfere with the Clinical Preceptor/student
Department of Athletic Training Agreement (continued)

relationship. It has been developed solely to maintain a strong connection between the
clinical and didactic components of the program. The Clinical Preceptor, however, is
encouraged to contact the Clinical Education Coordinator or Program Director at any time for
clarifications and assistance.

2. It is the responsibility of the Department of Athletic Training to update the Clinical Preceptor
at the Clinical Site of changes in policy, schedules, or curriculum that may affect the Clinical
Preceptor’s responsibilities.

3. Students must comply with the laws, rules, and guidelines aforementioned. Failure to
comply will result in the following penalty; an exception to this penalty will be made if the
student’s action/conduct leads or may lead to immediate and/or serious
ramifications/penalties for the Affiliated Site, patient, or the University. No penalty will be
assessed to the student until dialog between the Department of Athletic Training Clinical
Education Coordinator and/or Program Director has occurred; however, immediate removal of
a student from the clinical site can occur at the request of the Clinical Preceptor and/or the
appropriate University official.

1st incident: A verbal warning to the student, and notification provided to the Duquesne
Clinical Education Coordinator.

2nd incident: A second verbal warning to the student, and notification to the Clinical
Coordinator followed by a formal written notification which is placed in
the student's file. The Department's Professional Behavior Policy
will be invoked, and a student remediation plan will be developed.

3rd incident: Removal of the student from clinical site and continuation of the student
remediation plan developed in accordance with the Department's Professional
Behavior Policy.

4. Each student must be evaluated, two times during each clinical experience, using the form
found in the Policy and Procedure Manual at a time pre-determined by the Department of
Athletic Training. The Clinical Education Coordinator will inform each Clinical Preceptor
when it is time to conduct these evaluations and will be available to assist the Clinical
Preceptor with the completion of these evaluations if necessary.

5. The Department of Athletic Training’s Clinical Education Coordinator will evaluate each
clinical site on a yearly basis for the minimum standards as designated in the Department’s
Policy and Procedure Manual. The assigned Athletic Training student(s) also will evaluate
the Clinical Preceptor and clinical site at the end of each experience. These evaluations will
be used to determine future placement of students to the site(s). This feedback will be
shown to the Clinical Preceptor and be used, in part, to determine future placement of
students.

6. The Department of Athletic Training will provide continuing education opportunities for its
Clinical Preceptors whenever possible in exchange for the services rendered for its students.
These CEU opportunities will be announced in advance of the scheduled sessions. A
Clinical Preceptor will be required to notify the Department of his/her intention to participate in
a CEU opportunity to allow sufficient time to process all required Board of Certification (BOC)
paperwork.

7. Duquesne University will offer all Clinical Preceptors opportunities to gain unpaid adjunct
clinical faculty appointments with all of the benefits associated with adjunct faculty
appointments; however, the Clinical Preceptor must complete all required University contract
paperwork to complete this appointment process.
My/our signature(s) below signifies that I/we agree with the provisions set herein this document for the academic year of 2020-2021.

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<th>Preceptor Signature</th>
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Clinical Site Mailing Address:

__________________________________________

Athletic Training Facility Phone #:

__________________________________________

FAX Number:

__________________________________________

Revised: 8/2021
NOVICE CLINICAL PRECEPTOR SUPERVISION AGREEMENT

In accordance with the CAATE Standards, a Certified Athletic Trainer (ATC®) must have at least one year of experience as an ATC to be eligible to serve as a qualified clinical preceptor for Athletic Training students enrolled in a CAATE-accredited program. An ATC® with less than one year of certification may serve as a Novice Clinical Preceptor if that ATC® is properly supervised by a qualified Clinical Preceptor, and there must be a delineated and followed plan for regular communication and direction between the Clinical Preceptor and the Novice Clinical Preceptor. The Duquesne University Novice Clinical Preceptors supervision plan is defined as follows.

1. The Novice Clinical Preceptor may supervise only one student at a time during each clinical experience/practicum. Supervision is defined as being physically present with the student at all times and able to intervene on behalf of both the athlete/patient, as well as the student.

2. There must be regular, daily communication between the Clinical Preceptor and the Novice Clinical Preceptor at which time the progress and learning of the student(s) under the direction of the Novice Clinical Preceptor are to be discussed.

3. The Novice Clinical Preceptor must attend a Duquesne University Clinical Preceptor Workshop during the year that he/she begins to work with the Duquesne University Athletic Training Students. A Novice Clinical Preceptor must be BOC-certified at the time of this Workshop.

4. In the event of a student problem or concern, the Novice Clinical Preceptor must discuss that concern with the supervising Clinical Preceptor and/or the Duquesne Department of Athletic Training to identify the proper remedy for the situation.

5. Whereas a Novice Clinical Preceptor is strongly encouraged to provide Athletic Training Students with regular evaluation and feedback on their progress, the actual evaluation of clinical proficiencies and the clinical evaluation remains the responsibility of the identified Clinical Preceptor.

6. The Novice Clinical Preceptor is permitted to endorse student time cards to validate clinical experience hours under the direct supervision of the Novice Clinical Preceptor.

7. The Novice Clinical Preceptor will be evaluated by the Department of Athletic Training using the same evaluation tools used for the Clinical Preceptor. The decision to retain a Novice Clinical Preceptor will be consistent with those standards used for other Clinical Preceptors.

Failure by the Novice Clinical Preceptor to abide by the provisions set forth in this Supervision Plan will result in immediate removal of the Novice Clinical Preceptor from the Department of Athletic Training.

(Approved July 2006)
NOVICE CLINICAL PRECEPTOR AGREEMENT

I, ____________________________, acknowledge that since I do not possess the required qualifications to serve independently as a Clinical Preceptor for the Duquesne University’s Athletic Training Education Program,

I do agree to serve in the capacity of a Novice Clinical Preceptor during the ________________ academic year. I also agree to abide by the Duquesne University Supervision Plan for Novice Clinical Preceptors delineated above.

My designated Clinical Preceptor is ____________________________, who has supervisory direction for my clinical preceptor duties.

__________________________
(1) Printed Name of Novice Clinical Preceptor ____________________________ Date

__________________________
Signature of Novice Clinical Preceptor

__________________________
(2) Printed Name of Supervising Clinical Preceptor ____________________________ Date

__________________________
Signature of Supervising Clinical Preceptor
CLINICAL EDUCATION AND SUPERVISION REQUIREMENTS

All Duquesne Athletic Training students must be supervised directly at all times when involved in clinical education experiences required by the Athletic Training Education program.

**Direct Supervision** means constant visual and auditory interaction between the student and the Clinical Preceptor. The Clinical Preceptor shall be physically present at all times to intervene immediately on behalf of the individual being treated.

Athletic training students must have daily personal and verbal contact with their designated Clinical Preceptor. During that contact, the Clinical Preceptor and the students should discuss conditions, which may affect the athletes, injuries, and illnesses. Some form of educational instruction should be included in all discussions.

Should an incident occur that may require the Clinical Preceptor to leave a student unsupervised for a very brief period of time (e.g. called to another part of the facility, natural break), the student may remove him/herself from the clinical situation until the Clinical Preceptor returns or the student may function voluntarily, for no more than 15 minutes of time, as a First Aider until the Clinical Preceptor returns or the 15 minutes of time has expired.

**Definition of a First Aider** – A First Aider may stabilize, provide immediate first aid, CPR and summon assistance when an injury occurs. A First Aider may not evaluate, treat, or make a decision on an injury. A student may not be required to function as a First Aider. No student, functioning as a First Aider, may make medical decisions beyond first aid and emergency care.

First Aider situations are entirely voluntary, and a student has the right and ability to choose not to function as a First Aider. If a student chooses to function as a first aider, that student may not utilize any Athletic Training skills and must not exceed the First Aid responsibilities delineated below. If further assistance is needed in interpreting the policy, please contact either Dr. Keith Gorse (412-396-5959) or Dr. Jason Scibek (412-396-5960).
MINIMUM REQUIREMENTS FOR ACCEPTANCE AS A CLINICAL EDUCATION SITE

To be considered an acceptable clinical site for the Department of Athletic Training, the site must have available the following equipment, facility, and personnel:

1. At least one BOC-Certified Athletic Trainer or licensed healthcare provider is on-site for every six athletic training students being supervised during the clinical education experience.

2. Emergency equipment, an available emergency action plan for all athletic facilities, and a bloodborne pathogens exposure plan as deemed appropriate for the type of clinical site. Such items may include backboard, splints (vacuum or air), blood pressure cuff, and stethoscope.

3. Standard Operating Procedures signed and approved by designated team physician or medical director.

4. Direct access to a telephone or other readily accessible communication device.

5. System and proper storage of documentation of medical records - SOAP, Daily Injury Log, or Computer Access Program.

6. Therapeutic Modalities - Superficial Heat and Cold (minimum).

7. All electrical modalities and other electrical equipment must have current (annual) inspection by qualified electrician or electrical engineer, and all appropriate therapeutic modalities must be calibrated annually by a qualified technician.

8. Adequate space in the Athletic Training facility, including hydrotherapy and treatment area, to allow for student instruction as well as clinical care.

9. Established and maintained Universal Precautions, appropriate removal of contaminated waste, and compliance with OSHA standards.

10. Availability of running water for proper hand washing and cleaning.

11. All electrical equipment near water or utilizing water, must be plugged into a GFI.

12. Approval by appropriate administrator(s) for affiliation agreement with Duquesne University.

Reviewed: July 06
Duquesne University offers adjunct faculty members a variety of helpful fringe benefits. These services require you to present an ID card, so it is important that you obtain one. You can obtain one by contacting the office of Human Resource Management (412-396-6575).

**Bookstore:** Adjunct faculty receives a ten percent discount at the University Bookstore located on Forbes Ave. next to the Power Center.

**Computing and Technology Services (CTS):** Adjunct faculty may attend workshops on software packages or how to use the Internet at a nominal fee. Contact the CTS Help Desk at (412-396-4357) for details. Adjunct faculty receives educational discounts on computer hardware through the University Computer Store (105 Student Union Building). Contact the Campus Computer Connection (412-396-5645) for details.

**Center for Teaching Excellence:** Adjunct faculty may schedule individual consultation through the CTE. Free workshops are offered throughout the academic year. Contact Dr. Laurel Willingham-McLain, Director, (412-396-5177) for details.

**Computer Use:** Most buildings have public computing laboratories tailored to the needs of the departments or schools housed in that building. Check with your department or school to identify the laboratory most convenient for your use.

**Library Privileges:** Adjunct faculty enjoys faculty borrowing and use privileges at the library.

**Recreational Facilities:** Adjunct faculty receives free use of campus facilities including the Power Center and the Towers Swimming Pool.
APPENDICES
APPENDIX A

ATHLETIC TRAINING CURRICULAR PLAN

Pre-Professional Phase
First Year

Fall Semester - 15 credits
UCOR 101 *Thinking & Writing Across the Curriculum (3 cr.)
BIOL 111/L Biology I: Cells, Genetics, and Development/Lab 4/0 cr.
CHEM 131/L Fundamentals of Chemistry 1/Lab (5/0 cr.)
PSYC 103 Introduction to Psychology (3 cr.)

Spring Semester - 15 credits
UCOR 102 *Imaginative Literature & Critical Writing (3 cr.)
ATHT 120 Elements of Athletic Training, Information Literacy & Scientific Terminology (3 cr.)
xxx *Social Justice Core (3 cr.)
xxx *Global Diversity Core (3 cr.)
xxx *Creative Arts Core (3 cr.)

Second Year

Fall Semester - 17 credits
PHYS 201/L/R Physics for Life Sciences I/Lab/Recitation (3/1/0 cr.)
ATHT 201/L Essential Concepts & Techniques in Athletic Training I/Lab (3/0 cr.)
BIOL 207 Anatomy and Physiology I (3 cr.)
BIOL 208 Anatomy and Physiology I Lab (1 cr.)
UCOR 253 or 254 Health Care Ethics or Health Care Ethics: Philosophy (3 cr.)
UCOR 132 *Basic Philosophical Questions (3 cr.)

Spring Semester - 16 credits
BIOL 209 Anatomy and Physiology II (3 cr.)
BIOL 210 Anatomy and Physiology II Lab (1 cr.)
ATHT 202/L Essential Concepts & Tech in Athletic Training II /Lab (3/0 cr.)
MATH 225 Introduction to Biostatistics (3 cr.)
COMM 102 Public Speaking/Faith & Reason Core (3 cr.)
xxx *Theology Core (3 cr.)

* Core Curriculum courses may be interchanged.
NOTE: If Public Speaking is taken at Duquesne, it will also meet the Faith & Reason core requirement.
Professional Phase
Third Year

Fall Semester - 17 credits
ATHT 302/L Art & Science of Athletic Training I/Lab (3/0 cr.)
ATHT 315 Athletic Training Practicum I (2 cr.)
ATHT 315L Athletic Training Practicum I Lab (1 cr.)
HLTS 315/L Anatomy (with dissection lab) (5/0 cr.)
HLTS 425/L Therapeutic Modalities (3/0 cr.)
HLTS 430W/L Principles of Research (3 cr.)

Spring Semester - 16 credits
ATHT 303/L Art & Science of Athletic Training II/Lab (3/0 cr.)
ATHT 306/L Therapeutic Exercise & Reconditioning/Lab (4/0 cr.)
ATHT 316 Athletic Training Practicum II (1 cr)
ATHT 316L Athletic Training Practicum II Lab (2 cr.)
ATHT 404 Health & Medicine I (3 cr)
HLTS 437/L Functional Kinesiology/Biomechanics Lab (3/0 cr.)

Fourth Year

Fall Semester - 18 credits
ATHT 405 Health & Medicine II (3 cr.)
ATHT 406W Psychosocial Issues in Healthcare (3 cr.)
ATHT 407W/L Physiology of Exercise/Lab (3/0 cr.)
ATHT 410 Athletic Training Practicum III (1 cr.)
ATHT 410L Athletic Training Practicum III Lab (2 cr.)
ATHT 412 Organization & Administration in Athletic Training (3 cr.)
xxx Elective or Directed Study (3 cr.)

Spring Semester - 13 credits
ATHT 402W/L Nutrition & Weight Management/Lab (3/0 cr.)
ATHT 411 Athletic Training Practicum IV (2 cr.)
ATHT 411L Athletic Training Practicum IV Lab (1 cr.)
ATHT 414 Medical Perspectives in Athletic Training (2 cr.)
ATHT 416/L Applied Science of Physical Performance/Lab (3/0 cr.)
ATHT 421/L Applied Therapeutic Exercise/Lab (2/0 cr.)
ATHT 420/L ** Integrated Training for Performance Enhancement (1-3/0 cr.)

[W] - Denotes Writing Intensive Course
**Department Elective (Does not include KSA’s)
APPENDIX B

SUMMER CLINICAL EDUCATION EXPERIENCES

Based upon the curricular design of the Duquesne University Athletic Training program, summer clinical education experiences are not a required part of the curriculum. Students typically engage in their clinical education experiences concurrently with the fall and spring didactic coursework, except under special circumstance.

In the majority of fall clinical education experiences the clinical education experience commences with pre-season camp (early August start date) and continues until the end of the fall semester. Students are made aware of this start date during the sophomore interview process (March/April) and through routine discussions with the Clinical Education Coordinator throughout the sophomore year. Students enrolled in fall clinical education experiences are enrolled in the appropriate athletic training practicum laboratory course (ATHT 315/L: Athletic Training Practicum I Laboratory for juniors or ATHT 410/L: Athletic Training Practicum III Laboratory for seniors).

Students enrolled in spring clinical education experiences are enrolled in the athletic training practicum laboratory courses (ATHT 316/L: Athletic Training Practicum II Laboratory for juniors or ATHT 411/L: Athletic Training Practicum IV Laboratory for seniors). The spring clinical education experience commences with the start of spring semester, but may (in the case of student-athletes) begin during the Christmas holiday break (see Student-Athlete Policy). Spring clinical education experiences typically run through the end of the spring semester except when students are participating in clinical education experiences linked to the Student-Athlete contract, are deficient (or require remediation) in semester clinical education experiences, or are engaged in a professional sport clinical education experience. In these cases where students continue their clinical education experience beyond the end of the spring semester, students receive an incomplete (I) grade for the respective athletic training practicum laboratory course in which he/she is enrolled. Upon completion of the experience, a final grade is submitted for the experience.

FALL SEMESTER PRE-SEASON CLINICAL EDUCATION EXPERIENCES

Junior and senior Athletic Training students are assigned to specific clinical education sites and clinical preceptors. Fall semester clinical experience start dates correspond with the start of pre-season. All fall clinical education experiences are directly linked to an athletic training practicum laboratory (ATHT 316/L for juniors and ATHT 410/L for seniors). In addition to the Clinical Education Coordinator providing students notice regarding approximate starting dates for the fall experience, students are instructed to discuss exact start dates with the assigned clinical preceptor. These start dates correspond with the start of pre-season, with collegiate sport pre-season occurring on or about the first week of August and secondary school/high school preseasons starting on or about the second week of August. Students are expected to be available for the start of pre-season unless other arrangements have been discussed with the preceptor and the Clinical Education Coordinator.
APPENDIX C

PROFESSIONAL SPORT/ENTERTAINMENT ORGANIZATION PROFESSIONAL PHASE CLINICAL EDUCATION POLICY ADDENDUM

Given the unique nature of the professional sport clinical experiences (i.e. Pirates, Steelers) the expectations relative to time commitment associated with these experiences deviates from the Department’s professional clinical education policy. As described in the professional phase clinical education policy, students engaged in professional sport clinical education opportunities are expected to participate in mini-camps, summer camps, sessions during the holiday seasons, pre-season activities, and any additional events that occur throughout the sporting season.

Due to this, educational accommodations are made for those students who are chosen for the professional sport clinical experiences. For example, those students completing an experience with the Pirates, given the timing of the season, will receive an incomplete (I) grade for ATHT 316/L: Athletic Training Practicum II Laboratory at the end of the spring semester. Students will receive a final grade for this course at or near the MLB All-Star Break. The remainder of the baseball season is then captured in ATHT 410/L: Athletic Training Practicum III Laboratory in the fall semester. Similarly, for students completing an experience with the Steelers, mini-camps and summer camps will align with ATHT 316/L, while pre-season is captured in ATHT 410/L.

In accordance with the nature and increased responsibilities of the professional sport experiences, only students who possess a high-level of maturity and sound clinical skills are selected as the time commitment exceeds the standard clinical education hours policy. Prior to accepting this clinical assignment, it is made clear to students that they may accumulate >20 hours per week during these experiences and are expected to commit to no fewer than 15 hours per week. Questions and concerns regarding the time commitment throughout the experience are to be discussed with the clinical preceptor and Clinical Education Coordinator.
APPENDIX D

THERAPEUTIC EQUIPMENT & INSTRUCTIONAL AID SAFETY POLICY

In effort to maintain the health and safety of students, faculty and staff within the Department of Athletic Training, the following policies have been put in place as it relates to the equipment and instructional aids for the Department of Athletic Training.

**Therapeutic Modalities & Electrical Equipment**

1. The Department of Athletic Training and all affiliated sites will abide by the minimum manufacturer’s recommendation or federal, state, or local ordinance regarding specific equipment calibrations and maintenance.

2. For all modalities and electrical equipment, working in conjunction with the Department of Physical Therapy, outside agencies will be contracted on an annual, or as needed according to minimum manufacturer recommendations, to perform the necessary electrical checks and equipment calibration maintained by the Department of Athletic Training and the Department of Physical Therapy and housed within the Rangos School of Health Sciences. These equipment checks include all modalities and exercise equipment.

3. Safety checks associated with this equipment will occur annually, typically in late July or early August at Duquesne University.

4. All equipment will be continually evaluated throughout the year to ensure proper and appropriate function. Any electrical equipment or modalities that begin to function inappropriately or incorrectly or any equipment that is determined to require repair is immediately removed from student use until a qualified technician is able to evaluate and repair the equipment as needed.

5. The Department of Athletic Training will maintain documentation of all equipment inspections, calibrations, safety checks and repairs.

6. The Department of Athletic Training will maintain documentation of all equipment inspections, calibrations and safety checks conducted on the therapeutic electrical equipment maintained by the clinical education sites with which we have active affiliation agreements.

**Therapeutic Exercise Equipment & Instructional Aids**

1. The Department of Athletic Training will perform annual and as needed assessments of therapeutic exercise equipment and instructional aids based upon manufacturer recommendations.

2. The equipment inspection and assessment will be performed in late July or early August, annually.
3. Periodic assessments of the equipment will also be performed when equipment is being used for classroom/laboratory purposes, to ensure proper function prior to use in the classroom environment with students.

4. Any equipment found to be broken or in need of repair is removed from the classroom environment until it can be repaired or replaced.

5. All clinical education sites used by the Department of Athletic Training, including both on-campus and off-campus sites are required to conduct annual safety checks of all therapeutic equipment and instructional aids. As part of the initial assessment of any clinical education site, the Clinical Education Coordinator will verify that annual equipment checks are performed at the site.
APPENDIX E

COVID-19 MANAGEMENT POLICIES

Discontinuing Home Isolation for Persons with COVID-19:
Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. Specifically, researchers have reported that people with mild to moderate COVID-19 remain infectious no longer than 10 days after their symptoms began, and those with more severe illness or those who are severely immunocompromised remain infectious no longer than 20 days after their symptoms began. Therefore, CDC has updated the recommendations for discontinuing home isolation as follows:

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days* have passed since symptom onset and
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and
- Other symptoms have improved.

*A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts. See Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance).

Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

Role of testing for discontinuing isolation or precautions:
RT-PCR testing for detection of SARS-CoV-2 RNA for discontinuing isolation could be considered for persons who are severely immunocompromised†, in consultation with infectious disease experts. For all others, a test-based strategy is no longer recommended except to discontinue isolation or other precautions earlier than would occur under the symptom-based strategy outlined above.

The test-based strategy requires negative results using RT-PCR for detection of SARS-CoV-2 RNA under an FDA Emergency Use Authorization (EUA) for COVID-19 from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).† See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19).

†All test results should be final before isolation is ended. Testing guidance is based on limited information and is subject to change as more information becomes available.
Other Considerations
Note that recommendations for discontinuing isolation in persons known to be infected with SARS-CoV-2 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to SARS-CoV-2. CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.

These recommendations will prevent most, but cannot prevent all, instances of secondary spread. The best available evidence suggests that recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely. Studies have not found evidence that clinically recovered persons with persistence of viral RNA have transmitted SARS-CoV-2 to others.
APPENDIX F

PROGRAM ATTENDANCE POLICY ADDENDUM

COVID-19 CONSIDERATIONS: This is a challenging time, and the department faculty are here to provide students with the support they need to achieve academic success. In order to make appropriate and fair accommodations for situations related to COVID-19, students are first and foremost responsible for the following:

- **Immediate and frequent communication with department faculty** when a situation arises. If communications are delayed by the student, accommodations may not be possible.
- **Take care of yourself both mentally and physically.** If you are feeling physically ill please communicate with the department faculty and follow the guidelines set forth by the University. If you are feeling mentally unwell please communicate with the department faculty who can provide support and directives on seeking further care if needed.

Additionally, the following recommendations serve as the framework for accommodations in the event of a personal illness or death/illness of an immediate family member related to COVID-19.

- **Personal illness:**
  - Remaining in the Pittsburgh region:
    - 4 days of **excused absences** from school and clinical experience
  - Traveling outside of the Pittsburgh region:
    - 4 days of **excused absences** from school and clinical experience
    - Potential mandatory 14-day self-isolation upon return
    - Dependent upon the travel location
    - Remote learning accommodations will be provided
    - Final ruling based upon the discretion of the department faculty

- **Illness of an immediate family member:**
  - An illness of an immediate family member does not fulfill the requirements for an excused absence, unless the student is functioning as the primary caregiver. It is critical that the student communicate with faculty regarding these matters should there be a need to take an unexcused absence. If an unexcused absences is taken, the following criteria are in effect. Remaining in the Pittsburgh region
    - An unexcused absence on the day of a course activity, lab, quiz, or exam will result in a score of ‘0’.
  - Traveling outside of the Pittsburgh region
    - An unexcused absence on the day of a course activity, lab, quiz, or exam will result in a score of ‘0’.
Potential mandatory 14-day self-isolation upon return
- Dependent upon the travel location
- Remote learning accommodations will be provided
- Final ruling based upon the discretion of the department faculty

*** Please note that an unexcused absence on the day of a course activity, lab, quiz, or exam will result in a score of '0'. Regardless, all graded activities, assignments, and evaluations must be completed in order to receive a grade for each course.

- **Death or illness of an immediate family member:**

  The University recognizes bereavement for death to include people of your immediate family (defined as spouse, parent, son, daughter, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandchild or grandparent).

  - Remaining in the Pittsburgh region:
    - **4 days of excused absences** from school and clinical experience
  - Traveling outside of the Pittsburgh region:
    - **4 days of excused absences** from school and clinical experience
    - Potential mandatory 14-day self-isolation upon return
      - Dependent upon the travel location
      - Remote learning accommodations will be provided
      - Final ruling based upon the discretion of the department faculty

Per the Department of Athletic Training’s Policies & Procedures Handbook, any student missing >20% of total class sessions or total class/laboratory time in a course, regardless of reason for absence (excused or unexcused), will be required to do remediation and may either receive an Incomplete “I” grade until the work is completed or may be required to repeat the course at the discretion of the instructor. All missed clinical proficiencies must be remediated and evaluated before a student may pass the course. For further information, please see the Attendance and Tardiness policy in the handbook.