# Minnesota State University Moorhead

# Masters of Science in Athletic Training (MSAT) Program

# Student Handbook

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## Introduction

Welcome to the Minnesota State University Moorhead Master of Science (Degree) in Athletic Training (MSAT) Program. This handbook will introduce the student to the policies and procedures of the MSAT program and describe what will occur during the upcoming two years as an athletic training student.

The MSAT program at MSUM is a 4-semester, rigorous cohort program. Once accepted into the MSAT program, the courses with an "AT," an MHA, and NURS prefix will be taken in a pre-determined sequence. In conjunction with the noted courses, all MSAT students will complete a variety of on and off-campus clinical experiences. The matriculation from a first-semester MSAT student to a fourth-semester MSAT student to a professional-level certified athletic trainer is long and (at times) difficult but will be filled with rewarding and exciting opportunities once completed.

The MSAT Program at MSUM is an academic major housed in the Department of Health and Human Performance (HHP) in the College of Science, Health, and the Environment (CSHE). Throughout 2024 and early in 2025, the AT faculty will seek to become a CAATE accredited program that requires successful completion of academic coursework and clinical experience under the direct supervision of a clinical instructor. Successful completion of the MSAT Program does not guarantee successful completion of the BOC examination.

## Mission

The mission of the Minnesota State University Moorhead Master's in Athletic Training Program is to transform students into passionate and collaborative athletic trainers dedicated to advancing the profession and enhancing the lives of others through patient-centered care, delivery of respectful and compassionate healthcare, evidence-based practice, and a commitment to lifelong learning through interdisciplinary education.

## Goals, Objectives, & Student Learning Outcomes (Master Assessment Plan) (Appendix A)

The goals, objectives, and student learning outcomes detail the assessment measures that will be used by the MSAT program to determine success. The goals, objectives, and student learning outcomes, aka "The Master Assessment Plan" is a living document that will be used for program assessment and quality improvement.

## Personnel and Responsibilities

### MSAT Faculty

*Dawn Hammerschmidt, Ph.D., LAT, ATC*

Responsibilities
- MSAT Program Director
- Oversee all aspects of the athletic training program
- Professor in the Department of Health and Human Performance
- Instruct courses within the MSAT
- Serve as advisor to pre-athletic training majors, exercise science majors, and MSAT students
- Administrative responsibilities related to CAATE annual reporting and maintaining CAATE accreditation

Biography
Dr. Hammerschmidt has been at MSUM since 1999. Dr. Hammerschmidt received her Bachelor's degree from NDSU. She worked as an athletic trainer at the Institute for Athletic Medicine in Wayzata, MN for one year. Dr. Hammerschmidt then moved back to the Fargo-Moorhead area and worked for MeritCare for the next three years before going back to school for her Master's in Education at NDSU. During that time, Dr. Hammerschmidt was a graduate assistant at NDSU and later became an assistant athletic trainer at her alma mater for the next four years. Dr. Hammerschmidt completed her Ph.D. in Human Development/Wellness at North Dakota State University in Fargo, ND in 2008.
Dr. Hammerschmidt has been professionally active through a number of athletic training organizations including the National Athletic Trainers' Association, Minnesota Athletic Trainers' Association, the Great Lakes Athletic Trainers' Association, The Board of Certification (BOC) and The Commission on Accreditation for Athletic Training Education.

*Jay M. Albrecht, Ph.D., LAT, ATC*
Responsibilities
- MSAT Clinical Education Director
- Assistant Professor in the Department of Health and Human Performance
- Coordination the athletic training clinical experiences and evaluation of the clinical site, approved clinical instructor, and athletic training student
- Instruct courses within MSAT
- Serve as advisor to pre-athletic training majors, exercise science majors, and MSAT students
- Secure clinical affiliated agreements between MSUM and clinical sites
- Assist curriculum coordinator with CAATE administration and reporting

Biography
Dr. Albrecht has been with MSUM since the fall of 2012. Dr. Albrecht received his Bachelor's degree(s) in Health Promotion/Exercise Science from the University of Iowa in 1998, and in Athletic Training from North Dakota State University (NDSU) in 2001. In the following (14) months, Dr. Albrecht completed his Master's in Education degree while working in a clinical setting for both Innovis Health (now Essentia Health) and MeritCare (now Sanford Health). During the fall of 2002, Dr. Albrecht became the Clinical Education Coordinator for athletic training education at NDSU, and at that same time, initiated his Ph.D. program in Human Development & Education (Emphasis: Wellness) which he completed in 2009. Dr. Albrecht has been professionally active and/or a member of the following athletic training and health-science affiliated organizations: The North Dakota Athletic Trainer's Association; The Minnesota Athletic Trainer's Association; The Great Lakes Athletic Trainers' Association, The National Athletic Trainers' Association, The American Red Cross; and the Minnesota Lion's Eye Bank.

*Ronda Peterson, MS, LAT, ATC*
Responsibilities

- Assistant Professor MSAT
- Course instruction with the HHP/MSAT

Biography
Ronda began working at MSUM in 1999. Prior to joining the Dragon athletic training staff, she was the head athletic trainer and instructor at Concordia College in Moorhead and employed by Red River Valley Sports Medicine Institute. Ronda earned her Bachelor of Arts degree from the University of Minnesota-Morris and then continued on for her Masters of Science degree in Athletic Training from Illinois State University. She worked as a graduate assistant at Illinois Wesleyan University during her two years there. Following her graduate work, Ronda was the head athletic trainer at the University of Minnesota-Morris for one year before her five-year stint at Concordia College. Ronda is and has been a member of the USA Fencing Sports Medicine Team since 2010. Ronda is also a Graston Technique instructor.

**Physicians:**
Dr. Dan Ostlie, MD
Essentia Health
Responsibilities

- MSUM MSAT Medical Director

**MSUM Preceptors:**

Shannon Curtin, MS, LAT, ATC
Minnesota State University Moorhead

Keith Wiedrich, MA, LAT, ATC, CSCS
Minnesota State University Moorhead

Kennedy Holwerda, MS, LAT, ATC
Minnesota State University Moorhead

Benjamin Spurgeon, MS, LAT, ATC
Minnesota State University Moorhead

Alexander Bertram, MS, LAT, ATC
Minnesota State University Moorhead

Austin Hills, MS, LAT, ATC
Minnesota State University Moorhead

Scott Witte, M.A., LAT, ATC
Fargo Davies High School

Jered Steen, LAT, ATC
Fargo Davies High School

Don Bruenjes, MS, LAT, ATC
Concordia College

Tessa Martin, MS, LAT, ATC
West Fargo Sheyenne High School

Ali Hoffman, LAT, ATC
West Fargo Sheyenne High School

Alex Simonitch, LAT, ATC
West Fargo High School

Jesse Differding, LAT, ATC
West Fargo High School

## Admission Requirements & Procedures

**https://www.mnstate.edu/academics/graduate/athletic-training/admission-application/**

### Athletic Training Application Deadlines

- Summer: April 1 (priority)

### Steps to Apply

You may begin your application before all documents are ready. ATCAS saves your progress, and you may return any time to continue updating your application.

1. Create your account in ATCAS
2. Select Master of Science in Athletic Training and click the "+" to add to your cart.
3. Complete the three general application sections.
4. Complete the fourth, MSUM section (See Application Requirements below).
5. Make sure to request all documents before submitting your application. Once you submit, you can no longer amend or upload additional documents.
6. Pay the $99 application fee.

The Admission and Graduate Studies Offices will verify your documents and requirements.

### MSUM 3 + 2 Accelerated Students Only

Current MSUM Exercise Science majors may apply to the MSAT program during the third year of the Exercise Science program. An Athletic Training faculty member will complete a careful review of the student's academic transcripts to determine the appropriate application timeline and start date.

- Interested 3 + 2 students will be academically advised by an Athletic Training faculty member.
- Ideally, 3 + 2 students would complete three years of undergraduate Exercise Science coursework then apply to the MSAT program. During the fourth year, students take a combination of undergraduate Exercise Science and graduate Athletic Training coursework.
- The undergraduate Exercise Science degree would be conferred in the fourth year and the MSAT in the fifth year.

### Athletic Training Admission Requirements

- A BS degree in Exercise Science from MSUM or another 4-year degree in health/science from a regionally accredited institution.
- A minimum cumulative GPA of 3.0 and at least 3.25 for the last 30 semester credits (300-level courses and above).
- Meeting with Athletic Training faculty via Zoom or in-person.
- (Preferred) Athletic Training Observation-25 hours.
- A background check is required before clinical experience starts (First fall semester).
- Students must have CPR/FA certification (Healthcare Provider or BLS).
- International students may complete the MSAT as a "double master's" with another program requiring sufficient in-person academic credits. All international student applications must be reviewed by the MSAT Program Director before determining eligibility consideration.

### Prerequisite Coursework

- A semester of Biology (Cell or Plant/Animal).
- A semester of Chemistry (General or Fundamental).
- A semester of Physics.
- Psychology (General)
- Human Anatomy
- Human Physiology

**Athletic Training Application Requirements**

We encourage early application. Applicants are reviewed based on admission requirements and seat availability.

- ATCAS application
- A professional resume (including education, work, and volunteer experience).
- Official transcripts from all post-secondary institutions from which you earned credit toward your undergraduate degree.
- Three letters of recommendation. At least one of the three letters should be from someone who can speak to your academic skills. Non-academic recommendations should come from people who you have collaborated with professionally, such as a work supervisor.
- A personal statement is required as part of the general application. The personal statement should include a brief synopsis of your educational background and why you wish to pursue Athletic Training as a profession.

For questions about the program or the application process please call Graduate Studies 218.477.2134 or email graduate@mnstate.edu.
Visit the ATCAS Applicant Help Center for detailed application instructions.
Questions about completing the application:
Call | ATCAS Customer Service at 617.612.2075
Email | support@atcas.myliaison.com
Chat help for applicants is available.
(Google Chrome and Firefox are the preferred browsers)

## Exercise Science/Master of Athletic Training 3+2 Program

| YEAR | FALL | SPRING | SUMMER | CREDITS |
|---|---|---|---|---|
| 1 | **COMM 100** LASC #1A Speech 3<br>**ENG 101** LASC #1B 3<br>**BIOL 115/L** LASC #3 Organismal 4<br>**PSY 113** LASC #5 Gen. Psy. 3<br>**MATH 127, 134, 234** LASC #4 (Algebra, Statistics) 3 | **HLTH 110** Personal Hlth & Well. 3<br>**HLTH 330** Disease Prev. 2<br>**BIOL 111/L** LASC #3 Cell Bio. 4<br>**LASC** #2 3<br>**LASC** #5/#7/#10/WI 3 | | 31 |
| 2 | **CHEM 150/L** LASC #3 Gen Chem I 4<br>**EXS 202** SC Tech. 1<br>**EXS 302** SC Design 2<br>**EXS 320** Anatomical Kines. 3<br>**LASC** #6 3<br>**LASC** #5/#10/WI 3 | **EXS 321** Human Phys. 3<br>**EXS 311** Motor Learning 2<br>**AT 220** Care & Prev. 3<br>**AT 210** Med. Term. 1<br>**LASC** #5/#7/#10/WI 3<br>**LASC** #8 (BIOL 248) Suggested Public Hlth. 3<br>**CHEM 210/L** LASC #3 Gen Chem I 4 | | 31+ |
| | Apply to Grad School | Apply to Grad School | | |
| 3 | **PHYS 160/L** LASC #3 Gen Phys. I 4<br>**HLTH 305** Nutrition 3<br>**BIOL 323/L** Human Anatomy 4<br>**EXS 310/WI** Sport & Play 3 | **EXS 420** Biomechanics 3<br>**EXS 421** Exercise Phys. 3<br>**EXS 473** Ex. Testing & Int. 3<br>**AT 225** AT Emerg. 3<br>**BIOL 349/L** Human Phys. 4<br>**EXS** Elective 3-4 | **EXS 469** Intern. 2<br>**AT 600 AT Tech.** 3 | 28+ UG<br>3 Grad |
| | | Exercise Science Degree Conferred Spring 4th yr. | | |
| 4 | **EXS 365** Ex Prog. Design 3<br>**BIOL 423/LWI** Adv. Gross Ana. 4<br>**AT 669** Internship 1<br>**AT 610** EDI I 4<br>**MHA 628** HC Delivery Sys. 3<br>**AT 625 AT Clinical I** 2 | **EXS 402** SC Practicum 1<br>**LASC** #6/#9/WI 3<br>**EXS 469/LASC/EXS** elective 2-3<br>**MHA 638 HLTH Inf. Sys.** 3<br>**AT 626 AT Clinical II** 2<br>**AT 615 EDI II** 4 | | 14 UG<br>19 Grad |
| 5 | **MHA 605 HC Quality** 3<br>**AT 620 Research Seminar** 3<br>**AT 627 AT Clinical III** 3<br>**AT 630** Gen. Med. 2<br>***AT 669** Internship 1<br>*Can be taken in consultation with program director/clinical ed director | **NURS 662 PPP for Health Prof.** 3<br>**AT 692 AT Clinical Immersion** 4 | | 18 Grad |

**MSUM/MSAT & Graduate Policies and Procedures**

The following information is required for CAATE accreditation purposes, specifically CAATE Standards 23, 24, 25, and 26

The specific policy or required information is listed followed by the public university or program web location.

**CAATE Standard 23** The institution/program has written policies and procedures that ensure the rights and responsibilities of the program students. These policies and procedures are available to the public and must include the following:

23A Academic Dishonesty policy:
https://www.mnstate.edu/about/policies-procedures/list/academic-honesty/

23B Grievance policy:
https://www.mnstate.edu/student-life/student-services/accessibility/contact/grievance-complaint/

23C Matriculation requirements
https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&chapterid=669&loaduseredits=True

23D Nondiscrimination policies
https://www.mnstate.edu/about/policies-procedures/list/equal-opportunity/

23E Policies for student withdrawal and refund of tuition and fees
https://www.mnstate.edu/cost-aid/tuition-fees/refunds/

23F Technical Standards of essential functions
MSAT Program Handbook

**CAATE Standard 24** Prospective and enrolled students are provided with relevant and accurate information about the institution and program. These policies and procedures are available to the public and must include the following:

24A Academic calendars
https://www.mnstate.edu/academics/calendars/

24B Academic curriculum and course sequence
Please see Exercise Science/Masters in Athletic Training 3+2 Program (above)
Also see link below (24C same weblink)

24C Admission process (including prerequisites courses)
https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&chapterid=668&topicgroupid=6298&loaduseredits=True

24D All costs associated with the program, including (but not limited) tuition, fees, refund policies, travel costs, and clothing
https://www.mnstate.edu/academics/graduate/athletic-training/cost/

https://www.mnstate.edu/cost-aid/tuition-fees/student-fees/
https://www.mnstate.edu/cost-aid/tuition-fees/personal-property/

24E Catalogs
https://www.mnstate.edu/registrar/catalogs/

https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&loadusereditS=True

24F Criminal background check policies:
https://www.mnstate.edu/academics/graduate/athletic-training/admission-application/

https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&chapterid=669&topicgroupid=6304&loaduseredits=True

24G Degree requirements:
https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&chapterid=669&loaduseredits=True

24H Financial Aid:
https://www.mnstate.edu/financial-aid/

24I Grade policies
https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&chapterid=669&topicgroupid=6304&loaduseredits=True

24J Immunization requirements
https://my.mnstate.edu/admissions/immunizations

24K Information about athletic training supplemental clinical experiences, including travel expectations to clinical sites
MSAT Program Handbook

24L Matriculation requirements:
https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&chapterid=669&loaduseredits=True

24M Nondiscrimination policies:
https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&chapterid=669&loaduseredits=True

24N Procedures governing the award of available funding for scholarships:
https://www.mnstate.edu/cost-aid/scholarships/

24O Program mission, goals, and expected outcomes
MSAT Handbook and https://mnstate.edu/academics/graduate/athletic-training/accreditation

24P Recruitment and admissions information, including admission criteria, policies regarding transfer of credit, and any special considerations used in the process
https://www.mnstate.edu/academics/graduate/athletic-training/admission-application/

24Q Technical standards or essential functions
MSAT Handbook

**CAATE Standard 25** The program posts data detailing its student achievement measures.

Program graduation rate
Program retention rate
Graduate placement
First-time pass rate on the Board of Certification examination

https://mnstate.edu/academics/graduate/athletic-training/student-outcomes

**CAATE Standard 26** Students are protected by and have access to written policies and procedures that protect the health and safety of clients/patients and the student. At a minimum, the policies and procedures must address the following:

26A A mechanism by which clients/patients can differentiate students from credentialed providers:
When enrolled in clinical education, MSAT students will wear an identification badge with their picture and education information. This lanyard will differentiate students from credentialed providers.

26B A requirements for all students to have emergency cardiac care training before engaging in athletic training and supplemental clinical experiences:
A majority of students come to the program with a current emergency cardiac care certificate. MSAT students begin the program with a summer course (AT 600) that includes an emergency cardiac care unit. This course is taken prior to any clinical education beginning in the fall.

26C Blood-borne pathogen protection and exposure plan procedures that are immediately accessible (including requirements that student receive training, before being placed in a potential exposure situation and annually thereafter, and that students have access to and use appropriate blood-borne pathogen barriers and control measures at all sites):
MSAT students complete a Blood-borne pathogen unit with the MSUM Environmental Health & Safety/Public Safety Officer during the summer AT 600 course. BBP training is completed prior to clinical education beginning in the fall. See Appendix C in Handbook.

26D Calibration and maintenance of equipment according to manufacturer guidelines:
Calibration and maintenance of equipment is completed at the MSUM Athletic Training Facility on an annual schedule. See uploaded yearly calibration document.

26E Communicable and infectious disease transmission procedures that are immediately accessible:
See Communicable and Infectious Disease Policy and Procedures in Appendix D of MSAT Handbook. All clinical education sites have PPE available to the MSAT student.

26F Immunization requirements for students:
All MSUM students are required to prove immunization against diptheria, Tetanus, (TDAP or TD) measles, mumps, and rubella (MMR). These immunizations are required in order to registration for courses at MSUM. Clinical education sites may require additional immunizations (such as TB and Hep B).

https://my.mnstate.edu/admissions/immunizations

26G Patient/client privacy protection (FERPA and HIPAA):
MSUM complies with the Family Educational Rights and Privacy Act (FERPA). All student academic records are maintained by the Registrar's Office with Academic Advisors having access to an advisee's academic record. Faculty complete yearly training regarding FERPA. Health Insurance Portability and Accountability Act (HIPAA) protection and confidentiality is dependent on each specific clinical education site. Some clinical education sites require an online module to be completed by the student prior to beginning clinicals.

https://www.mnstate.edu/registrar/data-privacy/

26H Radiation exposure (as applicable) procedures that are immediately accessible:
NA

26I Sanitation precautions, including ability to clean hands before and after patient encounters:
Engineering and work practice controls are available at each clinical site (see 26 J and 26 K).
See 26 J and 26 K

26J Venue-specific training expectations (as required):
Students will receive an orientation to each clinical site prior to beginning clinical experiences. It may be an orientation that happens the first day they start at a new clinical site/venue.

26K Venue-specific critical incident response procedures (for example, emergency action plans) that are immediately accessible to students in an emergency situation:
Affiliated clinical site/venue specific critical incidence procedures will be kept on file with the Memorandum of Agreement (MOA)(Affiliated Agreement) for each clinical site the MSAT program utilizes. Students may access the critical incidence procedures prior to beginning at a clinical site but will receive orientation when they start.

**The MSUM Graduate Bulletin** - Policies and Regulations section contains:
https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&chapterid=669&topicgroupid=6304&loaduseredits=True

- Registration
- Course Load
- Graduate Course Designations
- Graduate Courses Taken by Undergraduate Students Policy
- Auditing Courses
- Credit for Non-Academic Experience
- Graduate Grade and Grade Point Policy
- Grade and Grade Points
- Incomplete Grades
- Continuing/Continuous Registration in a Graduate Program Policy
- Re-Application to a Graduate Program
- Dual Graduate Degree Policy
- Graduate Appeals Policy
- Dismissal from a Graduate Program
- Certification/Licensure
- Background Checks

**The MSUM Graduate Bulletin** – General Degree Requirements:
https://navigator.mnstate.edu/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=46&chapterid=669&topicgroupid=6303&loaduseredits=True

- Number of Credits Required for a Graduate Degree
- Graduate Residence and Transfer of Credit Policy
- Graduate Academic Warning and Suspension Policy

- Graduate Time Limit on Program Completion Policy
- Graduate Written Comprehension Examination, Oral Defense, and Research Policy

**MSAT Program Requirements for Continuation:**
MSAT students are expected to complete the necessary academic and clinical requirements of the program. In addition, athletic training students are expected to follow the NATA Code of Ethics and the BOC Code of Ethics. Examples of actions/behaviors which require disciplinary action include, but are not limited to:

- Failing to maintain academic standards
- Incomplete MSAT documentation (clinical experience documentation, immunizations, etc.)
- Missing required clinical experience times/hours
- Conduct unbecoming of an athletic training student and potential health care professional

*Disciplinary Actions:*

1. 1st action
    - Written and/or verbal warning
    - Probation period for improvement (as deemed by the program director/clinical education director)
    - Contract for improvement
2. 2nd action
    - Written and verbal warning
    - Meeting with program director/clinical education director
    - Probation (1 semester in length)
    - Contract for improvement
3. 3rd action
    - Expulsion from the program

Grievance Procedures
In the event a MSAT student has a grievance against faculty, staff, and preceptors. Specific steps should be taken to resolve the situation. Examples include, but are not limited to:

- Harassment
- Unfair practices
- Dishonesty
- Lack of professionalism

Student Policies & Procedures pertaining to specific grievances can be found at:
https://www.mnstate.edu/student-life/student-services/accessibility/contact/grievance-complaint/
*Procedures:*

1. Communicate the problem/issue with the individual to assure that miscommunication/misconception had not occurred.
2. Try to resolve the issue with the individual first.
3. If a resolution cannot be met, inform the individual that a grievance is being filed.
4. Communicate the grievance to the program director or clinical education director and complete the MSUM grievance form. If the grievance is against one of the aforementioned persons, the grievance should be filed with the faculty member not involved with the grievance.
5. The grievance will be reviewed by the program director, clinical education director (or both), and/or the appropriate MSUM faculty/staff.

## Clinical Education Experience Information/Requirements

The MSAT program utilizes numerous athletic training and allied health or medical settings to provide the MSAT student with a well-rounded clinical experience. Clinical experience provides the MSAT student with

actual patient contact and provides clinical activities where the MSAT student can apply knowledge, skills, and abilities that have been formally instructed and evaluated under the direct supervision of a MSAT faculty/professor. Current clinical experience sites include:

- MSUM
- Concordia College
- Fargo Davies High School
- West Fargo Sheyenne High School
- West Fargo High School

Policies and procedures for each specific clinical site/venue will be available to the MSAT student at the approved clinical site.

In each of the four academic semesters that a student is enrolled in the MSAT Program, students are required to be enrolled and complete one of the MSAT Clinical Experience (CE) courses (AT 669, AT 625, AT 626, AT 627, and AT 692) in the stated sequence. During their CE course, students will be assigned to one of the approved clinical sites and to a preceptor. Students will be evaluated by their assigned preceptor regarding their clinical performance (as deemed appropriate for the student's level in the program) and professional behaviors.

**Costs Associate d with the MSAT Program**

| Cost | How the student is charged | Amount |
|---|---|---|
| 1. Clothing – MSUM Athletic training gear | Personal Property Fee | Approximately $200.00 |
| 2. Supplies - suturing, scissors, casting, etc. | Personal Property Fee | Approximately $200.00 |
| 3. American Red Cross (ARC) Basic Life Support (BLS cert.) | Personal Property Fee | $75.00 |
| 4. Identification Badge | Personal Property Fee | $20.00 |
| 5. Background Check | Self-pay at website | $ 50.00 |
| 6. Insurance | Covered under MSUM insurance POLICY, A student may elect to purchase self-insurance policy | Prices vary depending on company |
| 7. ATU Subscription | Self-pay at website | Cohort pricing $99.00/one -year, $160.00/two-year, $219.00/three-year |
| 8. Textbooks | Self-pay | Variable depending on semester |
| 9. Memberships | Self-pay at website | $80.00-$100.00 |
| 10. Clinical Experience Travel | Self-pay | Variable |

**Explanation of Costs:**

1. MSAT students will be required to wear MSUM Athletic Training apparel at clinical sites. Students are assessed a Personal Property Fee in AT 600 (summer year one).
2. Specific supplies that a student will need include scissors, suturing kits, casting supplies. This area will fluctuate depending on inventory.
3. American Red Cross fee helps cover a two-year certification for students throughout the program.
4. Identification Badge – will be worn during clinical experience to delineate a student from a patient and licensed caregiver.
5. Background checks - All students will be required to complete a background check.
6. Insurance – MSUM has a policy that covers students involved in clinical experiences. A student may elect to purchase a plan for additional coverage.
7. ATU Subscription – a subscription will be utilized throughout a student's career in the MSAT.

8. Textbook costs will vary each semester depending on the instructor's chosen option.
9. Memberships – A student membership to NATA (which then includes the district and state membership) is encouraged
10.. Travel to clinical sites – will be the students' responsibility. A majority of the program's clinical sites during the first three semesters are generally located in the Fargo/Moorhead metro area (15 -20 miles).

*MSAT students are charged a Personal Property Fee in AT 600 at the start of the program (summer).

**Clinical Experience Requirements**

Prior to beginning the clinical experience, students must have the following documents completed and on file with a program administrator (program director/clinical education director).

1. Essentia Health Clinician Nexus Student Profile (clinic setting only) completed, including, but not limited to information noted below in Item #3.
2. Sanford Student Confidentiality Statement & Orientation Form (this includes HIPAA orientation)
3. Completion of immunizations/vaccinations as required by MSUM (Appendix E), Essentia Health, and Sanford Health Systems, these specifically include:
    a. MMR Vaccination documentation (MSUM MSAT)
    b. Hepatitis B (must begin series) (MSUM MSAT)
    c. TB (annually) (MSUM MSAT)
    d. Tdap (MSUM MSAT)
    e. Varicella or Titer (verification) (MSUM MSAT)
    f. Flu Shot (annually)
    g. Current school year COVID-19 attestation statement
    h. COVID-19 Vaccination survey
    i. Current Essentia Health Orientation Guide
        i. Federal/Criminal Background Study that includes the following elements:
            1. ID Trace Pro (address locator)
            2. County Criminal Record History (unlimited jurisdictions)
            3. National Criminal Database Search, including (but not limited to):
                a. Multiple AOC/DOC/DPS criminal data sources
                b. Federal Bureau of Investigation (FBI) Terrorist List
                c. Federal/State/Local Wanted Fugitive Lists
                d. Sexual/Violent Offender Registries
            4. FACIS Level 1includes (but not limited to):
                a. (OIG) Office of Inspector General
                b. (GSA) General Services Administration Excluded Parties Listing
                c. (OFAC) Office of Foreign Assets Control SDN Search
                d. (ORA/FDA) Office of Regulatory Affairs/Food & Drug Administration Debarment List
                e. (ORI) Office of Research Integrity Administration Action List

4. Technical Standards – Appendix B
5. Criminal background check (see above in Item #3 – Subpoint "i") -- fee determined by agency conducting the background check)
6. Bloodborne Pathogen Training – Appendix C (annually – AT 600 summer session)
7. Completed BLS or Healthcare Provider CPR/AED training (or currently in progress)
8. Clothing Fee subject to change but is currently approximately $150.00)

**Clinical Supervision Policy**

The MSAT program values the interaction between the athletic training student and the preceptor as a valuable learning experience. All MSAT students must be directly supervised by a preceptor. Direct supervision means there must be potential for constant visual or available auditory interaction between the

MSAT and the preceptor. The assigned or designated preceptor must be able to physically intervene on behalf of both the individual needing treatment and the MSAT in an assigned clinical setting. Instances where a student is left alone without the option of visual or auditory interaction during their clinical experience activities should be reported to the program director or clinical education director immediately.

## Clinical Experience Evaluations

At the end of each clinical rotation, students are required to complete a series of evaluations. Sixteen week rotations will require a formative (8 weeks) and summative evaluation. (16 weeks).

1. Athletic Training Student Evaluation of the Preceptor
    - Students can find this evaluation form posted under the respective MSAT Clinical Experience course in D2L. A paper copy and an electronic submission (via the students D2L clinical experience course shell) of this completed form must be submitted to the clinical education director within one week following the completion of the clinical experience.

2. Athletic Training Student Evaluation of the Clinical Site
    - Students can find this evaluation form posted under the respective MSAT Clinical Experience course in D2L. A paper copy and an electronic submission (via the students D2L clinical experience course shell) of this completed form must be submitted to the clinical education director within one week following the completion of the clinical experience.

3. Athletic Training Students Self-Reflection of Clinical Experience
    - This self-reflection evaluation mirrors the Preceptors Evaluation form noted above. MSAT students must fill out this form prior to meeting with their Preceptor to discuss collectively the evaluations. Students can find this evaluation form posted under the respective MSAT Clinical Experience course in D2L. A paper copy and an electronic submission (via the students D2L clinical experience course shell) of this completed form must be submitted to the clinical education director within one week following the completion of the clinical experience.

4. Preceptor's Evaluation of the MSAT Student Skills
    - Students are required to give their Preceptor the MSAT Student Skills evaluation form 10-days-to-2-weeks prior to the last week of their clinical experience during any given clinical experience block period. Once the Preceptor has completed the evaluation form, the MSAT student must meet with the Preceptor to review the evaluation, sign, and date the form. Students can find this evaluation form posted under the respective MSAT Clinical Experience course in D2L. A paper copy and an electronic submission (via the students D2L clinical experience course shell) of this completed form must be submitted to the clinical education director within one week following the completion of the clinical experience.

**Clinical Hour Policy**

It is expected that the MSAT student be present in clinical education tied to the following courses:

AT 669: Athletic Training Internship/Preseason/Fall Camp Clinical Experience A & B (August of MSAT Year 1 and August of MSAT Year 2 respectively)

AT 625: Athletic Training Clinical Experience I (Fall semester 1st Year MSAT Student)

AT 626: Athletic Training Clinical Experience II (Spring semester 1st Year MSAT Student)

AT 627: Athletic Training Clinical Experience III (Fall semester 2nd Year MSAT Student)

AT 692: Athletic Training Immersive Clinical Experience (Spring semester 2nd Year MSAT Student

- Most clinical rotation experiences in the MSAT program will be set-up in 8-week blocks.
- The initial clinical experience for a 1st-year MSAT student will be 16-weeks, taking place on-site at MSUM - depending on cohort size.
- MSAT students will complete four 8-week blocks per year in the MSAT program with the exception of their initial semester (of year one), and possibly their final semester during year two.
- Internship//Preseason/fall camp session that takes place prior to each academic school year. Internship/Preseason/fall camp sessions generally begin the 2nd week in August, culminating the day prior to the start of the fall academic semester.
- Over the course of the MSAT student's education at MSUM, each student will complete an additional total of 7-to-8 clinical rotation blocks each at approximately 8-weeks in length.
- While minimum time requirements largely depend on the setting, the MSAT Program has established a day minimum requirement. When applicable and in conjunction with a Preceptors approval, each MSAT student should be scheduled to be physically present at their assigned clinical site 4-to-5 days (on average) per week.
- The MSAT Program strives to have students in an assigned clinical experience setting 20-to-30 hours per week averaged over the length of the assigned clinical rotation experience.
- When available and assigned, general medical clinical experience hours will be dependent on hours allowed by each individual/general medical clinic setting.
- Clinical Immersive experience will be dependent on the students' goals. Anticipated immersive clinical settings/sites should be discussed and secured (when possible) by the end of the students' first year in the program.

**AT 669: Athletic Training Internship/Preseason/Fall Camp Clinical Experience** A & B (August of MSAT Year 1 and August of MSAT Year 2 respectively) (Fall semester 1st Year MSAT Student – 1 credits)
MSAT students are required to complete a clinical rotation for a minimum of 4x-to-5x/week for each assigned clinical rotation block. Minimum hour requirements for the semester would be ~20 hours with a maximum hour limit of ~30 hours.

**AT 625: Athletic Training Clinical Experience I** (Fall semester 1st Year MSAT Student – 2 credits)
The 1st Year MSAT student is expected to be at their assigned clinical rotation for a minimum of 4x-to-5x/week for each assigned clinical rotation block. Minimum hour requirements for the semester would be ~20 hours with a maximum hour limit of ~30 hours.

**AT 626: Athletic Training Clinical Experience II** (Spring semester 1st Year MSAT Student - 2 credits)
The 1st Year MSAT student is expected to be at their clinical rotation for a minimum of 4x-to-5x/week for each clinical rotation block. Minimum hour requirements for the semester would be 20 hours with a maximum hour limit of ~30 hours.

**AT 627: Athletic Training Clinical Experience III** (Fall semester 2nd Year MSAT Student – 3 credits)
The 2nd Year MSAT student is expected to be at their assigned clinical rotation for a minimum of 5x-to-6x/week for each assigned clinical rotation block. Minimum hour requirements for the semester would be ~25 hours with a maximum hour limit of ~ 35 hours.

**AT 692: Athletic Training Clinical Immersive Experience** (Spring semester 2nd Year MSAT Student)
The 2nd Year MSAT student is expected to be at their assigned clinical rotation for a minimum of 5x-to-7x/week for this assigned clinical rotation block, for a minimum of eight weeks. Minimum hour requirements for the semester would be ~30 hours with a maximum hour limit of ~40 hours.

## Dress Code

During a student's clinical experience, proper MSUM athletic training apparel and name badges must be worn. Specific clinical site attire will be at the discretion of the supervising preceptor which may include, but not limited to:

Practices
- Shirts: Red or black polos, gray T-shirt, or sweatshirt
- Shorts/pants: Black or khakis (warm-ups are acceptable)
- Name badge

Games
- Shirts: Black polo or white sweater, and/or long sleeve polo
- Shorts/pants: Black dress pants or khakis
- Name badge

In the event of cold weather or rain, students should consult with their preceptor about appropriate clothing.

## Personal Appearance

Regardless of the clinical experience setting students should present themselves in a professional manner. Students must be well groomed and follow appropriate hygiene practices. In the event a student's personal habits are not acceptable for the clinical site, they will be removed from the clinical site and must individually consult with their preceptor. Students will follow the dress code and personal appearance guidelines/rules of each specific clinical site.

Piercings - Lip and tongue piercings will NOT be allowed while working during the clinical experiences. Since there is potential to perform CPR, rings or studs may hinder your ability to get a tight seal and/or be a host for infectious fluids.

## Blood Borne Pathogen Exposure – Appendix C

Students may encounter blood and other bodily fluids during their clinical experiences. Students who believe that they may have been exposed to a blood borne pathogen will report to their supervising preceptor as soon as possible. The preceptor will follow the MSUM or specific clinical site (if applicable) Blood Borne Pathogen Exposure Plan. A copy of the MSUM Blood Borne Pathogen Exposure Plan is in Appendix C. Students will receive formal training from the MSUM Health & Safety Officer during AT 600 (summer) prior to any clinical experience.

## Communicable Disease Policy – Appendix D

Students enrolled in the MSAT must be aware of the possibility of being exposed to communicable diseases. If a student is exposed to a communicable disease in any setting (home, school, community, affiliated site) during the period in which they are enrolled in a clinical experience, they must immediately report the exposure to their Preceptor, Clinical Education Director, or Program Director. The Clinical Education Director or Program Director will consult with the appropriate health care professional(s) and determine what action should be taken. The student will be excused immediately from their clinical experience until the current state of the student's health is determined.

When a student is exposed to a communicable disease they must consult with a physician or nurse practitioner and provide appropriate documentation before continuing in their clinical experience. The outcome of the consultation will determine when the student may return to their clinical experience.

## General Conduct

The clinical experience portion of the MSAT is an extension of the academic program. To ensure an appropriate learning environment, it is imperative that the student engage in behaviors that facilitate academic and professional success. The following are general guidelines that students must follow during their clinical experiences.

1. Maintain a professional demeanor/disposition at all times.
2. Respect and protect the confidentiality of the athletes/patients/clients and the athletic training program as it pertains to the sensitivity of medical records. https://www.mnstate.edu/registrar/data-privacy/ (MSUM FERPA Policy)
3. Be responsible for duties and assignments by completing them, notifying the preceptor when planning to be absent.
4. No instructions, treatments, medication, or other duties shall be performed unless formally educated and evaluated in the classroom or lab setting.
5. Be responsible for recording clinical hours and patient-contact hours daily. Hours must be signed weekly by the preceptor at that clinical site.
6. Cooperate and communicate respectively with the preceptor.
7. Continually strive to improve athletic training knowledge, skills, and abilities.
8. Be responsible when using the clinical site supplies by not wasting tape, bandages, padding, etc.

## MSAT Scholarship Opportunities

Minnesota State University Foundation Scholarship Office offers three specific Athletic Training Scholarships each year to athletic training students. The following MSUM Foundations Scholarships are available each year through the online Scholarship Application – typically due each year by February 1st. The following are the specific Athletic Training Scholarships:

- Cynthia "Sam" Booth Scholarship – amount differs each year depending on the market
- Excellence In Athletic Training – amount differs each year depending on the market
- Steve Bowman Scholarship – amount differs each year depending on the market

Minnesota Athletic Trainers Association (MATA)

- Professional Level Scholarship (see www.mnata.com for more information)
- Post Professional Scholarship (see www.mnata.com for more information)

Great Lakes Athletic Trainers Association (GLATA)

National Athletic Trainers Research/Education Foundation (NATA)

- See www.natafoundation.org/education/scholarships

## Athletic Training Professional Conferences

Minnesota Athletic Trainers Association Annual Symposium/Meeting

- Typically held each spring

Great Lakes Athletic Trainers Association Annual Symposium/Meeting

- Typically held each spring in March

National Athletic Trainers Association Annual Symposium/Meeting

- Typically held each year in June

**Appendix A**

**Master Assessment Plan**

**Program Student Learning Outcomes (SLO) and Objectives:**

Student Learning Outcome #1
Students will complete a variety of clinical learning experiences culminating in an immersive experience that demonstrates and practices patient care with respect to cultural competency and in collaboration with other health care professionals.

*Hallmarks of SLO #1 = Diversity, Equity, and Inclusion; Interprofessional Practice; Interprofessional Education*

*MSAT SLO #1 aligns with the MSUM University wide SLO - Negotiate ethical relationships with people who have different backgrounds, life experiences, cultures, beliefs, and values*

1.1 – Students will complete a variety of clinical experiences:

Assessment/Timing:

- Clinical Site Evaluation / 2-4x/year
- AT 669 Internship Evaluation / 1x/year
- AT 692 Clinical Immersion/Capstone Project /Final Semester

1.1– Students will complete a variety of clinical experiences:

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 1.1 | Clinical Site Evaluation | Score of 4 or ↑ | | |
| 1.1 | AT 669 Internship Evaluation | Score of 4 or ↑ | | |
| 1.1 | AT 692 Clinical Immersion/Capstone Project | 80% or ↑ | | |

/3 objectives met

Student Learning Outcome #2
Students will employ proficient critical thinking and clinical decision-making skills grounded within evidence-based practice using a medical-based education model centered around the five practice domains of athletic training.

*Hallmark of SLO #2 = Evidence-Based Practice*

*MSAT SLO #2 aligns with the MSUM University wide SLO - Apply critical thinking skills in deliberative decision-making and problem-solving*

2.1– Students will demonstrate critical thinking and clinical decision making skills within the BOC practice domains of athletic training

Risk Reduction, Wellness, and Health Literacy
Assessment, Evaluation, and Diagnosis
Critical Incident Management
Therapeutic Intervention
Health Care Administration and Professional Responsibility

Assessment/Timing:

- AT Skills Evaluation (Domains) 4x-8x/year
- AT 669 Internship Evaluation / 1x/year
- BOC Summary Examinations / 4-6x year
- Practical Exams / 5-10x/year
- Program 1st time BOC Pass Rate / Annually (until we reach a three-year aggregate)
- Program Graduation Rate /Annually

2.1– Students will demonstrate knowledge related to the BOC practice domains of Athletic Training and the CAATE Core Competencies of Athletic Training Education:

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 2.1 | AT Skill Evaluations Risk Reduction, Wellness, and Health Literacy (BOC Domain 1) | Score of 3.5 or ↑ | | |
| 2.1 | AT Skill Evaluations Assessment, Evaluation, and Diagnosis (BOC Domain 2) | Score of 3.5 or ↑ | | |
| 2.1 | AT Skill Evaluations Critical Incident Management (BOC Domain 3) | Score of 3.5 or ↑ | | |
| 2.1 | AT Skill Evaluations Therapeutic Intervention (BOC Domain 4) | Score of 3.5 or ↑ | | |
| 2.1 | AT Skill Evaluations Health Care Administration and Professional Responsibility (BOC Domain 5) | Score of 3.5 or ↑ | | |
| 2.1 | AT 669 Internship Evaluation | Score of 3.5 or ↑ | | |
| 2.1 | BOC Summary Exams Overall Cohort Average | 70% or ↑ | | |
| 2.1 | Practical Exams ATu MiniSIMS & MacroSIMS Overall Cohort Average | 85% or ↑ | | |
| 2.1 | Program 1st time BOC Pass Rate | 100% | Will not be able to measure until spring 2026 | |
| 2.1 | Program Graduation Rate | 100% | Will not be able to measure until spring 2026 | |

/10 objectives met

2.2 – Students will demonstrate competency related to the CAATE Core Competencies of Athletic Training within the Master of Athletic Training curriculum. Core competencies include Patient Centered Care, Interprofessional Practice and Interprofessional Education, Evidence-Based Practice, Quality Improvement, Health Care Informatics, Professionalism, and Patient/Client Care

Assessment/Timing:

- Curriculum Course Grades

First Year Cohort:

AT 600 – Athletic Training Techniques / 1x/year
AT 669 - Athletic Training Internship/ 1x/year (repeatable)
AT 610 - Examination, Diagnosis, and Intervention I/ 1x/year
AT 615 - Examination, Diagnosis, and Intervention II/ 1x/year
AT 625 – Athletic Training Clinical Experience I/ 1x/year
AT 626 – Athletic Training Clinical Experience II/ 1x/year
MHA 628 – Healthcare Delivery Systems/ 1x/year
MHA 638 – Health Information Systems/ 1x/year

Second Year Cohort

AT 669- Athletic Training Internship/ 1x/year (repeatable)
AT 620 – Research Seminar/ 1x/year
AT 6__ - Examination, Diagnosis, and Intervention III/ 1x/year
AT 627– Athletic Training Clinical Experience III/ 1x/year
AT 692 – Athletic Training Clinical Immersion/ 1x/year
MHA 605 – Healthcare Quality/ 1x/year
NURS 662 – Pathophysiology, Pharmacology, and Physical Assessment for Health Professionals / 1x/year

- Program Retention Rate/Annually

2.2 – Students will demonstrate competency related to the CAATE Core Competencies of Athletic Training within the Master of Athletic Training curriculum. Core competencies include Patient Centered Care, Interprofessional Practice and Interprofessional Education, Evidence-Based Practice, Quality Improvement, Health Care Informatics, Professionalism, and Patient/Client Care

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 2.2 | Course Grade<br>AT 600 – Athletic Training Techniques | Grade of "B" or better | | |
| 2.2 | Course Grade<br>AT 662 – Athletic Training Internship (repeatable 1st and 2nd year) | Grade of "B" or better | | |
| 2.2 | Course Grade<br>AT 610 - Examination, Diagnosis, and Intervention I | Grade of "B" or better | | |
| 2.2 | Course Grade<br>AT 615 - Examination, Diagnosis, and Intervention II | Grade of "B" or better | | |
| 2.2 | Course Grade<br>AT 625 – Athletic Training Clinical Experience I | Grade of "B" or better | | |
| 2.2 | Course Grade<br>AT 626 – Athletic Training Clinical Experience II | Grade of "B" or better | | |
| 2.2 | Course Grade<br>MHA 628 – Healthcare Delivery Systems | Grade of "B" or better | | |

| | | | | |
|---|---|---|---|---|
| 2.2 | Course Grade<br>MHA 638 – Health Information Systems | Grade of "B" or better | | |
| 2.2 | Course Grade<br>AT 620 – Research Seminar | Grade of "B" or better | | |
| 2.2 | Course Grade<br>AT 6__ - Examination, Diagnosis, and Intervention III | Grade of "B" or better | | |
| 2.2 | Course Grade<br>AT 627– Athletic Training Clinical Experience III | Grade of "B" or better | | |
| 2.2 | Course Grade<br>AT 692 – Athletic Training Clinical Immersion | Grade of "B" or better | | |
| 2.2 | Course Grade<br>MHA 605 – Healthcare Quality | Grade of "B" or better | | |
| 2.2 | Course Grade<br>NURS 662 – Pathophysiology, Pharmacology, and Physical Assessment for Health Professionals | Grade of "B" or better | | |
| 2.2 | Program Retention Rate | 100% retention; summer start to fall semester, fall semester to spring semester cohort one | For the first two years of the program (2024-2025 and 2025-2026), we will measure semester to semester retention until the first cohort graduates in Spring 2026 | |

/15 objectives met

2.3– Students will demonstrate the ability to locate and interpret research in athletic training.

Assessment/Timing:

- AT 620 Research Seminar Project (Case Study, CAT, Literature Review) / 1x/year
- AT 692 Athletic Training Clinical Immersion/Capstone / 1x/year
- AT 692 Student Academic Conference / 1x/year

2.3– Students will demonstrate the ability to locate and interpret research in athletic training.

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 2.3 | AT 620 Research Seminar Project (Case Study, CAT, Literature Review) | 80% or ↑ | | |
| 2.3 | AT 692 Athletic Training Clinical Immersion/Capstone | 80% or ↑ | | |
| 2.3 | AT 692 Student Academic Conference | 100% participation in oral or poster presentation | | |

/3 objectives met

2.4 - Students will be able to evaluate the best available evidence and apply it to deliver high-quality patient care.

Assessment/Timing:

- AT 620 Research Seminar Project (Case Study, CAT , Literature Review) / 1x/year
- AT 692 Athletic Training Clinical Immersion/Capstone / 1x/year
- AT 692 Student Academic Conference / 1x/year

2.4– Students will be able to evaluate the best available evidence and apply it to deliver high-quality patient care.

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 2.4 | AT 620 Research Seminar Project (Case Study, CAT, Literature Review) | 80% or ↑ | | |
| 2.4 | AT 692 Athletic Training Clinical Immersion/Capstone | 80% or ↑ | | |
| 2.4 | AT 692 Student Academic Conference | 100% participation in oral or poster presentation | | |

/3 objectives met

## Student Learning Outcome #3

Be able to communicate effectively, through verbal and written skills, with the patients and other health care professionals.

*Hallmarks of SLO #3 = Communication; Patient-Centered Care*

*MSAT SLO #3 aligns with the MSUM University wide SLO - Demonstrate effective written and oral communication, including use of appropriate technology*

3.1– Students will demonstrate proficiency in oral communication skills.

Assessment/Timing:

- AT Skill Evaluations (Oral Communication Professional Skills) / 2-4x/year
- Practical Exams / 5-10x/year
- AT 620 Research Seminar Presentation / 1x/year
- AT 692 Student Academic Conference / 1x/year

3.1– Students will demonstrate effective oral communication skills

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 3.1 | AT Skill Evaluations | Score of 3.5 or ↑ | | |
| 3.1 | Practical Exams | 80% or ↑ | | |
| 3.1 | AT 620 Research Seminar Presentation | 80% or ↑ | | |
| 3.1 | AT 692 Student Academic Conference | 100% participation in oral or poster presentation | | |

/4 objectives met

3.2– Students will demonstrate proficiency in written communication.

Assessment/Timing:

- AT Skill Evaluations (Written Communication Professional Skills) / 2-4x/year
- AT 620 Research Seminar (Case Study, CAT , Literature Review) / 1x/year
- AT 692 Student Academic Conference / 1x/year

3.2– Students will demonstrate effective written communication

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 3.2 | AT Skill Evaluations | Score of 3.5 or ↑ | | |
| 3.2 | AT 620 Research Seminar (Case Study, CAT, Literature Review) | 80% or ↑ | | |
| 3.2 | AT 692 Student Academic Conference | 100% participation in oral or poster presentation | | |

/3 objectives met

3.3 - Students will engage effectively with their Preceptor.

Assessment/Timing:

- Preceptor Evaluation / 2-4x/year

3.3 - Students will engage effectively with their Preceptor.

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 3.3 | Preceptor Evaluation | Score of 3.5 or ↑ | | |

/1 objective met

## Student Learning Outcome #4

Students will provide athletic training patient-centered care within the ethical, professional, clinical, and legal parameters of the Board of Certification (BOC), National Athletic Trainers' Association (NATA), and/or state practice acts.

*Hallmarks of SLO #4 = Patient-Centered Care; Professionalism*

*MSAT SLO #4 aligns with the MSUM University wide SLO - Demonstrate intellectual preparedness for success in professional life, bolstered by integrative experiences and technological competence*

4.1– Students will demonstrate effective professional skills, attitudes, and behaviors

Assessment/Timing:

- AT Skill Evaluations / 2-4x/year

4.1– Students will demonstrate effective professional attitudes and behaviors

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 4.1 | AT Skill Evaluations | Score of 3.5 or ↑ | | |

/1 objective met

4.2– Students will understand and emulate the role of the preceptor

Assessment/Timing:

- Preceptor Evaluation / 2-4x/year

4.2– Students will understand and emulate the role of the preceptor

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 4.2 | Preceptor Evaluation | Score of 3.5 or ↑ | | |

/1 objective met

## Student Learning Outcome #5

## Students will advocate for the profession and health care needs of clients, patients, communities, and varying populations.

*Hallmark of SLO #5 = Professionalism*

*MSAT SLO #5 aligns with the MSUM University wide SLO - Demonstrate civic awareness and responsibility, both locally and globally*

5.1– Students will demonstrate involvement and service to the profession

Assessment/Timing:

- Interprofessional/Interdisciplinary Education Opportunity /Annually
- Attend a local, state, district, or national athletic training conference or event / Annually
- Membership in a university, or state, or district or national athletic training professional organization / Annually

5.1– Students will demonstrate involvement and service to the profession

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 5.1 | Interprofessional/Interdisciplinary Opportunity | 75% of total students attend | | |
| 5.1 | Attend a local, state, district, or national athletic training conference or event | 75% of total students attend | | |
| 5.1 | Membership in a university, state, district, or national athletic training professional organization | 75% student membership | | |

/3 objectives met

5.2 – Student will demonstrate employment status

Assessment/Timing:

- Program Graduate Placement Rate/Annually

5.2 – Student will demonstrate employment status

| Objective | Assessment | Benchmark | Results | Objective Achieved Yes/No |
|---|---|---|---|---|
| 5.2 | Program Graduate Placement Rate | 100% Placement upon graduation | Will not be able to measure until Spring/summer 2026 | |

/1 objective met

## Appendix B

### Masters in Athletic Training (MSAT)
### Technical Standards for Admission & Matriculation

The MSAT Program at Minnesota State University Moorhead is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the athletic training program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student may not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the Board of Certification (BOC) exam.

Candidates for selection to the MSAT must demonstrate the following technical standards; an example is given beneath each standard and the level in which the student would have to demonstrate that particular standard:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgements and to be able to distinguish deviations from the norm.
   a) *Acquires and maintains skill in rescue breathing and CPR, including two-person skills and the use of a bag-valve –mask and a pocket mask.*
   b) *Performs the correct techniques for moving an injured person safely onto a spine board for stabilization and transportation purposes.*
   c) *Operates and applies contemporary therapeutic modalities (electrical stimulating currents, thermotherapy, cryotherapy, diathermy, ultrasound, intermittent compression, cervical and lumbar traction, laser, EMG, and biofeedback, soft tissue massage, and other contemporary therapeutic modalities) according to established guidelines.*

2. Possess postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.
   a) *Visually identifies clinical signs associated with common injuries and illnesses, such as the integrity of skin and mucous membranes, structural deformities, edema, and discoloration.*
   b) *Applies appropriate stress tests for ligamentous or capsular instability based on principles of joint positioning, segmental stabilization, and force.*
   c) *Palpates bony and soft tissue structures to determine normal or pathological tissue(s).*
   d) *Demonstrates the appropriate application of contemporary therapeutic exercises including the following: (junior level).*
      i. *Isometric, isotonic, and isokinetic exercise*
      ii. *Eccentric versus concentric exercise*
      iii. *Open- versus closed-kinematic chain exercise*
      iv. *Elastic, mechanical, and manual resistance exercise*
      v. *Joint mobilization exercise*
      vi. *Plyometrics-dynamic reactive exercise*
      vii. *Proprioceptive neuromuscular facilitation (PNF) for muscular strength/endurance, muscle stretching, and improved range of motion*

viii. *Exercises to improve neuromuscular coordination and proprioception*
ix. *Passive, active, and active-assisted exercise*
x. *Cardiovascular exercise, including the use of stationary bicycles, upper-body ergometer, treadmill, and stair climber*
xi. *Aquatic therapy*
xii. *Functional rehabilitation and reconditioning*
xiii. *Sport-specific activity*
xiv. *Soft-tissue mobilization*

3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgements and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
   a) *The student will demonstrate appropriate communication skills:*
      i. *The student will calm, reassure, and explain a potentially catastrophic injury to an injured adult or child, athletic personnel, and/or family member*
      ii. *The student will effectively communicate and work with physicians, emergency medical technicians (EMT's), and other members of the allied health care community and sports medicine team*
      iii. *The student will appropriately communicate with athletic personnel and family members*
      iv. *The student will use ethnic and cultural sensitivity in all aspects of communication*
      v. *The student will communicate with diverse community populations*

4. The ability to record the physical examination results and a treatment plan clearly and accurately.
   a) *Uses appropriate medical documentation to record injuries and illnesses (client encounters, history, progress notes, discharge summary, physician letters, treatment encounters).*
   b) *Demonstrates the ability to organize a comprehensive patient-file management system that uses both paper and electronic media.*
   c) *Uses appropriate terminology in the communication and documentation of injuries and illnesses.*

5. The capacity to maintain composure and continue to function well during periods of high stress.
   a) *See 3 a) i*

6. The perseverance, diligence, and commitment to complete the athletic training education program as outlined and sequenced.
   a) *See MSAT curriculum.*

7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
   a) *See MSAT Clinicals AT 669, AT 625, AT 626, AT 627, and AT 692*
   *The courses are the student's clinical requirements for the degree.*

8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
   a) *Appreciates the roles and responsibilities of medical and allied health care providers and respects the systems that each provider works within.*
   b) *Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the administration and implementation of health care delivery systems.*
   c) *Accepts the professional responsibility to satisfy certified athletic trainers' continuing education requirements.*

9. Occupational requirements according to the US Department of Labor. Strength demands include being able to lift 20-50lbs occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly. Physical demands include

Frequently talking, hearing, stooping, kneeling, crouching, reaching, and handling. Occasionally fingering and feeling. Environmental demands include Frequent exposure to weather and moderate exposure to noise.
*a) See 2 a – d*

Candidates for selection to the MSAT will be required to verify they understand and meet these technical standards or that they believe that, with reasonable accommodation, they can meet the standards.

If there is a request for reasonable accommodations to be made, it is the policy of Minnesota State Colleges and Universities to provide reasonable accommodations to students with disabilities when such accommodations are directly related to admission and matriculation through the MSAT program. Prospective students who may need reasonable accommodations for the admissions process and the matriculation through the MSAT program should contact Chuck Eade, Director of Accessibility Resources at MSUM at Charles.Eade@mnstate.edu for further consultation. Students admitted to the MSAT program who self-identify with a disability or functional need are encouraged to request academic accommodations by contacting Accessibility Resources at Accessibility@mnstate.edu.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards. I understand that if I am unable to meet these standards I will not be admitted into the program.

_____ _____

MSAT Signature Date Signed

**Appendix C**

**Minnesota State University Moorhead**

**Bloodborne Pathogens Program**

## CAMPUS POLICY

Minnesota State University Moorhead recognizes that employees of this campus may encounter routine or non-routine occupational exposure to bloodborne pathogens including hepatitis B virus (HBV), hepatitis C virus (HBC) and human immunodeficiency virus (HIV). This written exposure control program has been developed by Minnesota State University Moorhead to eliminate or minimize employee exposure to blood or other potentially infectious materials and is intended to comply with the requirements of OSHA standard 29 CFR 1910.1030, Bloodborne Pathogens.

The Safety Administrator has been designated as the exposure control program coordinator and will be responsible for enforcement, review (annually or more frequently when determined necessary), and maintenance of this program.

## EXPOSURE DETERMINATION:

The following exposure determination has been made without regard to the use of personal protective equipment:

A. The following are job classifications in which all employees have occupational exposure to blood or other potentially infectious materials (regardless of frequency):

| JOB TITLE | DEPARTMENT/LOCATION |
|---|---|
| Athletic Trainers | Athletics |
| Early Education Center Teacher | Early Education Center |
| Clinical Faculty | School of Nursing & Healthcare Leadership |
| Campus Security Officers | Public Safety |
| Campus Security Supervisors | Public Safety |
| Safety Administrator | Environmental Health & Safety |
| General Maintenance Workers | Physical Plant |

Master Plumber Physical Plant

Speech Language Hearing Sciences Clinicians Speech Language Hearing Sciences

*Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in this Exposure Control Plan.*

The following work practice controls will be utilized at Minnesota State University Moorhead, hereinafter referred to as "the facility", and enforced by department supervisors:

1. Employees MUST wash their hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
2. Employees MUST wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment.
3. Employees MUST wash their hands with soap and running water as soon as feasible after using an appropriate antiseptic. Hand cleaners or towelettes are acceptable only where handwashing facilities are not feasible.
4. Contaminated needles and other sharps shall not be bent, recapped, or removed unless no alternative is feasible, or such action is required by a specific medical procedure. Such recapping or needle removal must be accomplished by use of a mechanical device (needle well) or a one-handed technique. **SHEARING OR BREAKING OF CONTAMINATED NEEDLES IS PROHIBITED.**
5. Contaminated reusable sharps shall be placed in appropriate containers immediately or as soon as possible after use until properly re-processed.
6. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
7. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
8. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.
9. Specimens of blood or other potentially infectious materials (OPIM) shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

## PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is provided to employees at no cost to them. Training is provided by Environmental Health and Safety in the use of the appropriate PPE for the tasks or procedures employees

will perform. PPE may be obtained through department supervisor and safety administrator who are responsible for ensuring that it is available and that employees know where PPE is located for their department.

There are several types of PPE available for employee use. The usage will be determined based on potential hazards the employee is exposed for the job and task.

All employees using PPE must observe the following precautions:

* Wash hands immediately or as soon as feasible after removal of gloves and another PPE
* Remove PPE after it becomes contaminated, and before leaving the work area
* Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised
* Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
* Never wash or decontaminate disposable gloves for reuse
* Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
* Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface

**Housekeeping**

By observing universal precautions, the facility will ensure that the entire worksite is maintained in a clean and sanitary condition. The following is a written schedule for housekeeping:

1) Equipment: It will be ensured that all equipment and environmental work surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials by trained employees
2) Work Surfaces: All contaminated work surfaces will be decontaminated after completion of procedures, after spill body fluids, and at the end of the work shift, if the surface has become contaminated since the last cleaning. Work surfaces include countertops, exam tables, mobile med-carts, etc. The following materials may accomplish decontamination:

Bleach solution of one part bleach to ten parts water or other germicides

NOTE: Please consult with the facility's Safety Administrator, the exposure control program coordinator, if you have questions regarding specific cleaning and decontamination

3) Protective Coverings: Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment or environmental surfaces shall be removed and replaced as soon as feasible when they become obviously contaminated and at the end of the work shift
4) Trash Cans: All bins, pails, cans, and similar receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected, cleaned, and decontaminated weekly or as soon as feasible upon visible contamination.
5) Sharps: Contaminated sharps shall be discarded immediately or as soon as feasible in approved containers. CAUTION: Broken glassware that may be contaminated shall not be picked up directly with the hands. It must be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps. Furthermore, any mechanical device which is contaminated must be de-contaminated following use or as soon as feasible.

NOTE: Reusable sharps that are contaminated with blood or other potentially infectious materials will be stored or processed so that employees do not have to reach by hand into the containers where these sharps have been placed.

6) Sharps Containers: Installed Sharps containers will be inspected monthly by the Safety Administrator to ensure they are not allowed to become overfilled. The containers must be closable, puncture resistant, leak-proof on sides and bottom, and labeled or color-coded in accordance with paragraph. Additionally, sharps containers will be located as close as feasible to the immediate area where sharps are used.

**Labeling**

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials. These labels shall include the following legend:

These signs shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting color. Alternately, red bags or containers may be substituted for labels. The Safety Administrator is responsible for periodic review of compliance with labeling requirements.

**Hepatitis B Vaccination**

The Safety Administrator will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is inadvisable.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Hepatitis B Vaccination Declination & Consent Form is kept at Human Resources.

Vaccination will be provided by Clay County Public Health.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

**Post-Exposure Evaluation and Follow Up**

Should an exposure incident occur, contact Public Safety at the number 218-477-2449.

The employee should consider immediately seeking a confidential medical evaluation if it's an emergency. Employee should contact Human Resources to follow Worker's Compensation procedure. Following the initial first aid (clean the wound, flush eyes, or other mucous membrane, etc.), the following activities will be performed:

* Document the routes of exposure and how the exposure occurred.

* Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

* Obtain consent and plan to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
* If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
* Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
* After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
* If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
* The Safety Administrator is responsible for providing the following information to the healthcare professional following an exposure incident and prior to medical evaluation:
    - A copy of 29 CFR 1910.1030.
    - A description of the exposed employee's duties as they relate to the exposure incident.
    - Documentation of the route(s) of exposure and circumstances under which exposure occurred.
    - Results of the source individual's blood testing, if available.
    - All medical records relevant to the appropriate treatment of the employee including vaccination status.

* When medically indicated, Post-exposure prophylaxis (PEP) will be provided, as recommended by the U.S. Public Health Service. For this to be effective the post- exposure prophylaxis must be given within 1 to 2 hours after exposure. The exposed employee will be sent to a medical provider for counseling and determination if PEP should be given. Note: Make sure the facility has PEP available and that you have an agreement with the facility that they will see the employee immediately upon arrival.
* Counseling will be made available to the employee upon request.
* Within 15 days of completion, a copy of the evaluating healthcare professional's written opinion shall be obtained by Human Resources Director and provided to the employee. This written opinion will be limited to the following information:
    - That the employee has been informed of the results of the evaluation.
    - That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (OTHER FINDINGS OR DIAGNOSES SHALL REMAIN CONFIDENTIAL AND NOT BE INCLUDED IN THE WRITTEN REPORT).

**Evaluation of Exposure Incidents**

Due to the potentially severe consequences resulting in exposure incidents, the circumstances regarding these incidents will be investigated with the upmost priority. Employees MUST notify supervisor immediately following any exposure incident. The Safety Administrator will be responsible for investigating the circumstances of exposure incidents immediately following each incident. A copy of the exposure incident investigation form is included in the appendix.

The facility will review the circumstances of all exposure incidents to determine

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, gown, etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee’s training

The Safety Administrator will record all injuries from contaminated sharps in the facilities Sharps Injury Log.

If it is determined that revisions need to be made, the Safety Administrator will ensure that appropriate changes are made to this ECP. *(Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*

**Training**

All employees with occupational exposure will receive training at the time of initial assignment, every year thereafter, and whenever changes affect the employee's exposure. Employees will receive part of the training through virtual training platform. The Safety Administrator will be responsible for coordinating site-specific training sessions. The combination of training methods will cover following topics:

A) An explanation of the bloodborne pathogens standard (29 CFR 1910.1030) and the fact that a copy of this standard will be accessible to employees at all times on the EHS site.

B) A general explanation of the epidemiology and symptoms of bloodborne diseases.

C) An explanation of the modes of transmission of bloodborne pathogens.

D) An explanation of the facility's exposure control plan and the means by which employees can obtain a copy of the written plan.

E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

F) An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice, and personal protective equipment.

G) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.

H) An explanation of the basis for selection of personal protective equipment.

I) Information on the hepatitis B vaccine and a statement that the vaccine will be offered free of charge.

J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

M) An explanation of the signs and labels and/or color coding that is used in the facility.

N) An opportunity for interactive questions and answers with the person conducting the training session.

Training records are completed for each employee upon completion of training. These documents will be kept for a retention period of **three calendar years** in Department of Human Resources.

**Recordkeeping**

Human Resources is responsible for maintaining records regarding the exposure control plan, and for ensuring that all medical records are kept confidential.

The following records will be kept on file:

A. A file for each employee with occupational exposure to blood or other potentially infectious materials including the name and social security number of the employee, and their Hepatitis B Vaccination Declination & Consent form.
B. A copy of all results of examinations, medical testing, and follow-up procedures following an exposure incident.
C. The employer's copy of the healthcare professional's written opinion regarding post-exposure evaluation and follow-up.
D. A copy of the information provided to the healthcare professional regarding post-exposure evaluation and follow-up.

The above records will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the bloodborne pathogens standard or by law. These documents will be kept for a retention period of the duration of employment, plus 30 years.

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Safety Administrator.

**Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous (skin penetrating) injuries from contaminated sharps are also recorded in the Sharps Injury Log.

All incidences must include at least:

- The date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

*Last Reviewed by MSUM Environmental Safety Office: 10/19/2023*

## Appendix D

## Communicable Disease Policy

Students enrolled in the MSAT program must be aware of the possibility of being exposed to communicable diseases. If a student is exposed to a communicable disease in any setting (home, school, community, and/or an affiliated site) during the period in which they are enrolled in a clinical experience, they must immediately report the exposure to their Preceptor, Clinical Education Director, and/or Program Director. The Clinical Education Director or Program Director will consult with the appropriate health care professional(s) and determine what action should be taken. The student will be excused immediately from their clinical experience until the current state of the student's health is determined.

When a student is exposed to a communicable disease they must consult with a physician or nurse practitioner before continuing in their clinical experience. The outcome of the consultation will determine when the student may return to their clinical experience.

The following list provides an example of communicable diseases as identified on the Center for Disease Control website – 2024 National Notifiable Conditions (Historical):
https://ndc.services.cdc.gov/search-results-year/

- Anaplasmosis
    - *Anaplasma phagocytophilum*
- Anthrax
- Arboviral diseases, neuroinvasive and non-neuroinvasive
    - California serogroup virus diseases
    - Chikungunya virus disease
    - Eastern equine encephalitis virus disease
    - Powassan virus disease
    - St. Louis encephalitis virus disease
    - West Nile virus disease
    - Western equine encephalitis virus disease
- Babesiosis
- Botulism
    - Botulism, foodborne
    - Botulism, infant
    - Botulism, other
    - Botulism, wound
- Brucellosis
- Campylobacteriosis
- Cancer
- *Candida auris*, clinical

- *Candida auris*, screening
- Carbapenemase-Producing Organisms (CPO)
- Carbapenemase-Producing Organisms, clinical
- Carbapenemase-Producing Organisms, screening
- Carbon monoxide poisoning
- Chancroid

- *Chlamydia trachomatis* infection
- Cholera
- Coccidioidomycosis
- Congenital syphilis
  - Syphilitic stillbirth
- Coronavirus Disease 2019 (COVID-19)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue virus infections
  - Dengue
  - Dengue-like illness
  - Severe dengue
- Diphtheria
- Ehrlichiosis
  - *Ehrlichia chaffeensis*
  - *Ehrlichia ewingii*
  - *Ehrlichia muris eauclairensis*
  - *Ehrlichia*, other spp. or unspeciated
- Foodborne Disease Outbreak
- Giardiasis
- Gonorrhea
- *Haemophilus influenzae*, invasive disease
- Hansen's disease
- Hantavirus infection, non-Hantavirus pulmonary syndrome
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis A, acute
- Hepatitis B, acute and chronic
  - Hepatitis B, acute
  - Hepatitis B, chronic
- Hepatitis B, perinatal infection
- Hepatitis C, acute
- Hepatitis C, chronic
- Hepatitis C, perinatal infection
- HIV infection (AIDS has been reclassified as HIV Stage III)
- Influenza-associated pediatric mortality
- Invasive pneumococcal disease
- Invasive *Cronobacter* infection Among Infants
- Lead in Blood
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Measles
- Melioidosis
- Meningococcal disease
- Mpox virus infection
- Mumps
- Novel influenza A virus infections

- Pertussis
- Pesticide-related illness and injury, acute
- Plague
- Poliovirus, Paralytic Poliomyelitis and Nonparalytic Poliovirus Infection
    - Poliovirus, Nonparalytic Poliovirus Infection
    - Poliovirus, Paralytic Poliomyelitis
- Psittacosis
- Q fever
    - Q fever, acute
    - Q fever, chronic
- Rabies, animal
- Rabies, human
- Rubella
- Rubella, congenital syndrome
- *Salmonella* Paratyphi infection (*Salmonella enterica* serotypes Paratyphi A, B [tartrate negative], and C [*S.* Paratyphi])
- *Salmonella* Typhi infection (*Salmonella enterica* serotype Typhi)
- Salmonellosis
- Severe acute respiratory syndrome-associated coronavirus disease
- Shiga toxin-producing *Escherichia coli*
- Shigellosis
- Silicosis
- Smallpox
- Spotted fever rickettsiosis
- Streptococcal toxic shock syndrome
- Syphilis
    - Syphilis, early non-primary non-secondary
    - Syphilis, primary
    - Syphilis, secondary
    - Syphilis, unknown duration or late
- Tetanus
- Toxic shock syndrome (other than streptococcal)
- Trichinellosis
- Tuberculosis
- Tularemia
- Vancomycin-intermediate *Staphylococcus aureus* and Vancomycin-resistant *Staphylococcus aureus*
- Varicella
- Varicella deaths
- Vibriosis
- Viral hemorrhagic fever
    - Crimean-Congo hemorrhagic fever virus
    - Ebola virus
    - Lassa virus
    - Lujo virus
    - Marburg virus
    - New World arenavirus - Chapare virus
    - New World arenavirus – Guanarito virus
    - New World arenavirus – Junin virus
    - New World arenavirus – Machupo virus
    - New World arenavirus – Sabia virus

- Waterborne Disease Outbreak
- Yellow fever
- Zika virus disease
    - Zika virus disease, congenital
    - Zika virus disease, non-congenital

## Appendix E

## Immunization Requirements

Proof of the following needs to be completed prior to the beginning of clinical experience:

_____ Hepatitis B
Date of immunization

_____ Varicella (Chickenpox)
Date of immunization

_____ MMR
Date of immunization

_____ Tdap (Tetanus, Diphtheria, and Pertussis)
Date of immunization

_____ Meningococcal
Date of immunization

Influenza and Covid-19 while not program requirements, maybe an additional requirement at a specific clinical site.

_____ Influenza
Date of immunization

_____ Covid-19
Date of immunization

The Clinical Education Director maintains/files a hard copy of each student's proof of immunizations.
Students who are in the 3+2 program would follow the following immunization policy but would need proof of additional immunizations prior to beginning clinical experiences.

**Acknowledgement of MSAT Program Policies & Procedures**

I, _____, have read and understand the Minnesota State University Moorhead Athletic Training Student Handbook. I agree to follow the rules and guidelines as outlined in the manual. I also understand that failure to comply with these rules and guidelines may result in consequences as set forth in this manual.

_____

MSAT Student Signature

_____

Date