

#### **Revised 9-07**

Application for Accreditation Services

Initial X Continuing

The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum standards of quality of entry level Athletic Training education programs. CAATE is sponsored by The American Academy of Family Physicians, the American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, and the National Athletic Trainers' Association (NATA).

The Standards for the Accreditation of Entry Level Athletic Training Education Programs (Standards) are used to prepare entry-level athletic trainers. It is each institution's responsibility to demonstrate compliance with these Standards in order to obtain and maintain recognition as a CAATE-accredited Athletic Training Education Program (ATEP).

These *Standards* are to be used for the development, evaluation, analysis, and maintenance of ATEPs. Via comprehensive and annual review processes, CAATE is responsible for the evaluation of a program's compliance with the *Standards*. The Standards provide minimum academic requirements; institutions are encouraged to develop sound innovative educational approaches that substantially exceed these *Standards*.

Application for accreditation services does not guarantee accreditation will be awarded. All materials submitted become the property of CAATE and will not be returned. All fees submitted are non-refundable and due at the time of application.

Institutional Type	Institutional Control/Ownership (check one)
<u>X Four-Year College or University</u>	State, County or Local Government For-Profit X Non-Profit (Private or Religious)
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University of La Verne	www.u	ılv.edu
Name of Sponsoring Institution	Sponsoring Institution W	eb Address (if applicable)
Western Association of Schools and Colleg	es (WASC)	
Name of regional or national accreditor recognizing t		
University of Le Verne Athletic Training Edu	restian Draman	
University of La Verne Athletic Training Edu Name of Program to be Accredited	ication Program	
Degree to be Granted: X Baccalaureat	e 🗌 Masters	
(Mark only one; if the institution wishes to have two differe submit two separate self-studies, as the programs will be		hen that institution must
Sponsoring Institution Officials		
Stephen C. Morgan	EdD	University President
Chief Executive Officer (please print)	Degree/Credentials	Working Title
Signature of Chief Executive Officer		Date
Ĵ		
Fred L. Yaffe	PhD Dean of the Col	loss of Arts and Saisnoos
Dean or Comparable Administrator (please print)	Degree/Credentials	lege of Arts and Sciences Working Title
	Degree/oreactinais	Working The
Signature of Dean or Comparable Administrator		Date
Marilyn T. Oliver	MS, ATC	
Program Director (please print)	Degree/Credentials (PhD, EdD)	
Signature of Program Director		Date

Return this completed application with your self-study and application fee to:

## Commission on Accreditation of Athletic Training Education (CAATE)

2201 Double Creek Drive, Suite 5006 Round Rock, TX 78664 512-733-9700

#### ATHLETIC TRAINING SELF-STUDY REPORT PROGRAM INSTITUTIONAL DATA FORM

#### SPONSORSHIP

- 1. Sponsoring Institution University of La Verne
- 2. Type and Name of Degree (e.g. BS in Athletic Training) BS in Athletic Training
- 3. In the box below, please provide the number of Clinical Education and Clinical Affiliated Sites, <u>including</u> the host institution, currently <u>used</u> by the Program.

### **6** - Current Clinical Education and Clinical Affiliated Sites

#### 4. Department Chair

- a. Name with Professional Credentials Paul Alvarez, PhD, ATC
- b. Office Address (Provide complete address including city, state and zip code) University of La Verne 1950 Third St La Verne, CA 91750
- c. Office Phone (909) 593-3511 x 4259
- d. Office Fax (909) 392-2760
- e. E-mail address alvarezp@ulv.edu

#### 5. Dean

- a. Name with Professional Credentials Fred L. Yaffe, PhD
- Diffice Address (Provide complete address including city, state and zip code) University of La Verne 1950 Third St. La Verne, CA, 91750
- c. Office Phone (909) 593-3511 x4188
- d. Office Fax (909) 392-2745
- e. E-mail address fyaffe@ulv.edu

#### 6. President / Chief Executive Officer (CEO)

a. Name with Professional Credentials Stephen C. Morgan, EdD

- b. Office Address (Provide complete address including city, state and zip code) University of La Verne Office of the President 1950 Third St. La Verne, CA, 91750
- **c. Office Phone** (909) 593-3511 x4900
- d. Office Fax (909) 392-0364
- e. E-mail address morgans@ulv.edu

#### PROGRAM DIRECTOR

#### 1. Program Director

- a. Name with Professional Credentials Marilyn Oliver, MS, ATC
- b. Office Address (Provide complete address including city, state and zip code) University of La Verne 1950 Third St La Verne, CA 91750
- **c. Office Phone** (909) 593-3511 x 4270
- d. Office Fax (909) 392-2760
- e. E-mail address oliverm@ulv.edu

f. Academic Rank\_and Title Professor, Movement and Sports Science Director, Athletic Training Education Program

g. BOC# 00008-0216

Year Certified 1978

h. Type of State Athletic Training Credential (license, certification, registration, exempt, NA)

NA

Current State Athletic Training Credential Number NA

## 2-6. Check either the YES or NO box to respond to each statement below as the statement relates to the current Program Director.

Program Director Qualifications	YES	NO
2. Full-time Employee of Host Institution	Х	

3.	Faculty Member of Host Institution with all faculty rights (including voting on faculty issues)	Х	
4.	Tenure-Track Academic Appointment	Х	
5.	Non-tenure Track Academic Appointment		Х
6.	Tenured Faculty Member at Host Institution	Х	

Self-Study Standards and Criteria

Section A: Sponsorship

A1. The sponsoring institution must be accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation.

Criteria for Review: - Reference to Appendix A	Appendix A: Document
Page Reference in Appendices Volume 1, Appendix A,:	A1 Copy of WASC
A1: Page 1	Commission Action
	Letter, reaffirming the
	accreditation of the
	University of La Verne

A2. Sponsoring institutions must submit documentation that it is authorized, under applicable law or other acceptable authority, to provide a program of postsecondary education. Institutions outside of the United States must submit documentation that the institution is recognized and authorized by a national or international authority to provide a program of postsecondary education.

Criteria for Review: - Reference to Appendix A	Appendix A: Document
Page Reference in Appendices Volume 1, Appendix A,: A2: Page 2	A2 Copy of letter from State of California Council for Private Postsecondary and Vocational Education,
	specifying exemption for WASC-accredited school and colleges, including California Education Code Section #

- A3. Current formal affiliation agreement(s) or memorandum(s) of understanding must be developed and endorsed by appropriate administrative personnel from all institutions (i.e., bearing signature authority). The agreement must delineate responsibilities for:
  - A3.1 program administration,
  - A3.2 instruction,
  - A3.3 supervision, and
  - A3.4 other functions as deemed appropriate by the sponsoring institution or the affiliate institution.

Criteria for Review: - Reference to Appendix A	Appendix A: Document(s)
Page Reference in Appendices Volume 1, Appendix A: A3: <b>Page 4</b>	A3 Sample of a completed formal affiliation agreement.

A4. Each affiliated clinical setting where students are assigned to a clinical instructor for student learning and/or clinical practice (excluding the ATEP sponsoring institution) must have an affiliation agreement. In the case where the administrative oversight of the clinical instructor differs from the affiliate site, formal agreements must be obtained from both parties.

Criteria for Review: - References to Appendix A	Appendix A: Table & Documents
Page References in Appendices Volume 1, Appendix A:	A4a Clinical Education Site
• • • • • • •	
A4a: Page 10	Table (Table A4a) for all
A4b: Page 11	clinical sites used during
	the last academic year.
	A4b Completed and dated
	signature pages of all
	same format contracts for
	each clinical affiliated
	site, listed on Table A4a,
	that is incorporated
	separately from the host
	institution; documents
	must include all
	appropriate signatures,
	with delineation by title or
	position of signature
	authority, for each site. If
	a clinical site is staffed by
	a third party, affiliation
	agreements must be
	secured from both the site
	and the staffing
	organizations.

#### Section B: Personnel

- B1. Program Director
  - B1.1 Requirements of the Position
    - The program director must:
      - B1.11 be a full-time position of the sponsoring institution,
      - B1.12 have full faculty status, rights, responsibilities, and privileges as defined by institution policy and be consistent with other similar positions at the institution,
      - B1.13 have programmatic administrative and supervisory responsibility recognized as a department assignment consistent with other similar assignments at the institution, and
      - B1.14 have an amount of released/reassigned workload that is necessary to meet the administrative responsibilities of this assignment. This released/reassigned workload must be consistent with similar assignments at the institution.

Criteria for Review: - References to Appendix B - Narrative	Appendix B: Documents
Page References in Appendices Volume 1, Appendix B: B1.1a: Page 16 B1.1b: Page 17	B1.1a <b>Program Director's faculty</b> appointment letter, contract, or other official institutional document
B1.13 and 1.14. Narrative: Explanation of administrative and supervisory responsibilities and release time.	indicating appointment continuing appointment to a full-time faculty
B1.13: The Program Director, Marilyn Oliver, is responsible for overseeing all aspects of the ATEP, including classroom teaching, curricular development, maintaining student information and portfolios, and representing the Program to agencies both within and outside the University. The Program Director reports to the Movement and Sports Science Department Chair, who recognizes the aforementioned responsibilities as being part of the Program Director's workload and departmental assignment. Additionally, during the fall semester, the Program Director spends several hours per week overseeing Pre-Program student observations in the La Verne Athletic Training Room. The Program Director chairs the Athletic Training Oversight Committee, the ATEP monthly meetings, and the on-campus ATC monthly meetings, and meets regularly with the Director of Athletic Training Services (HAT) and the Clinical Coordinator.	<ul> <li>position. Please delete all personal information (e.g. salaries)</li> <li>B1.1b Copies of pages from faculty handbook or other institutional document verifying requirements for full-time faculty position</li> </ul>
The Program Director also chairs the search committee for new ATEP faculty members and is	

responsible for mentoring those new faculty, and reports to the Department Chair regarding new faculty progress. The Clinical Coordinator oversees the clinical aspect of the Program on a daily basis and reports to the Director, who is ultimately responsible for that aspect of the Program. The Program Director, in collaboration with the Department Chair, plans and approves fiscal allocations for the Program.	
B1.14 A full-time faculty workload at ULV is 24 semester hours (sh) per academic year. The Program Director receives 40% load equivalence for PD responsibilities, combined for the fall and spring semesters. This is consistent with most similar assignments at the University. However, this does not include an assigned load for the January term. Request for overload pay for working full-time in January has been requested and, to this dsate, denied.	

#### B1.2 Responsibilities of the Position

The Program Director must have input to and assurance of the following program features:

- B1.21 organization and administration of all aspects of the educational program,
- B1.22 curricula planning and development,
- B1.23 fiscal and budgetary input and management as determined by the institution,
- B1.24 equitable distribution of educational opportunities at all clinical and classroom sites. This responsibility may be shared with a faculty member designated as a clinical coordinator; however, the Program Director has ultimate responsibility, and
- B1.25 recognizable institutional responsibility or oversight for the day-today operation, coordination, supervision, and evaluation of all components (academic and clinical education) of the ATEP.

Criteria for Review: - References to Appendix B	Appendix B: Document & Table
Page References in Appendices Volume 1, Appendix B:	B1.2a Program Director job
B1.2a: Page 26	description
B1.2b: Page 27	B1.2b Program Director
	Workload Table (Table
	B1.2b)

#### B1.3 Qualifications

The Program Director (PD) must:

B1.31 hold current national certification and be in good standing with the Board of Certification (BOC),

- B1.32 have a minimum of five years experience as a BOC-certified athletic trainer,
- B1.33 possess a current state credential for those states that require professional credentialing for athletic trainers, and
- B1.34 demonstrate teaching, scholarship, and service consistent with institutional standards.

Criteria for Review: - References to Appendix B	Appendix B: Documents
Page References in Appendices Volume 1, Appendix B: B1.3a: Page 28 B1.3b: Page 29 B1.3c: Page 30	B1.3a Current official PD BOC certification document (e.g. BOC card, certificate, or online verification)
	B1.3b Copy of PD current state certificate credential or official verification
	B1.3c Copy of PD full curriculum vitae

- B2. Faculty and Instructional Staff
  - B2.1 Qualifications

All faculty and instructional staff members assigned and responsible for the instruction of required coursework must be:

- B2.11 qualified through professional preparation and experience in their respective academic areas as determined by the institution,
- B2.12 recognized by the institution as faculty or instructional staff, and
- B2.13 familiar with and incorporate the Athletic Training Educational

Competencies as they pertain to their respective teaching areas.

Criteria for Review: - References to Appendix B - Narrative	Append	dix B:	Table & Documents
Page References in Appendices Volume 1, Appendix B:	B2.1a	ATEP	Faculty and
B2.1a: Page 33		Instru	ctional Staff Table
B2.1b: Page 37		(Table	e B2.1a) – Include all
B2.1c: Page 39		•	Faculty and Staff
			each courses listed
B2.13 Narrative: Describe how faculty and staff are		on the	e Competency and
educated about the NATA Athletic Training			ciency Matrix
Educational Competencies and how they are	B2.1b		Faculty/Adjunct
instructed to include that content in their courses.			intment letters or
			cation of faculty
			intment as
B2.13: Prior to the beginning of each academic year,			eated in university
the Program Director meets with MSS Department			og for faculty and
faculty members (including adjunct professors) who			listed on Table
will be teaching courses required in the ATEP and			. Please delete all
listed on the Competency and Proficiency Matrix.			onal information from
Faculty are given a list of the ATEP competencies and		•	intment letters (e.g.
proficiencies that are to be taught and/or evaluated		salari	
within the courses they are teaching, and access to	B2.1c		oleted A-1 vitae
the Fourth Edition of the NATA Athletic Training	52.10		

Educational Competencies. The Program Director also meets, prior to the start of the academic year, with the Department Chairs (Biology and Psychology) whose faculty will be teaching supporting (non-MSS) courses required as part of the ATEP major. Copies of the Fourth Edition of the NATA Athletic Training Educational Competencies are given to the Department Chairs and are examined and discussed at the meeting. A list is given of the specific Competencies and Proficiencies designated (as delineated on the Matrix) to their associated courses, and the importance of their inclusion is emphasized in the meeting. The Department Chairs share this information with the faculty assigned to teach the ATEP-supportive courses. Though not required, faculty members are encouraged to include the list of competencies and proficiencies in course syllabi.	forms for all ATEP faculty and instructional staff identified on Table B2.1a (ATEP Faculty and Instructional Staff), except for the Program Director. NOTE: If a course is offered in multiple sections by faculty outside of the Athletic Training program's home school/unit (e.g. Chemistry), please just list course and the unit on Table B2.1a as required; however, no A- 1 forms will be required for those individuals teaching the multiple section courses outside of home school/unit.
The Program Director follows-up with these faculty members and Department Chairs, prior to the start of each semester, with updates and reminders as to the importance of these competencies.	

- B2.2 Number
  - There must be sufficient faculty and instructional staff to:
  - B2.21 advise and mentor students,
  - B2.22 provide oversight of program clinical education and experiences,
  - B2.23 provide instruction and supervision on a regular planned basis, and B2.24 maintain student to faculty and instructional staff ratios to allow for
  - educational classroom and laboratory instruction and evaluation as consistent with institutional practice.

Appendix B: Tables
B2.1a ATEP Faculty and
Instructional Staff (Table
B2.1a)
B2.2 Student Clinical
Assignment Table (Table
B2.2)

B3. Clinical Faculty and Staff

B3.1 Clinical Instructor Educator (CIE)

- A CIE must be:
- B3.11 recognized and designated by the institution as the CIE for the

educational program,

- B3.12 BOC credentialed, for a minimum of three years,
- B3.13 designated and authorized by the institution to oversee Approved Clinical Instructor (ACI) training, and
- B3.14 knowledgeable in the content areas required for the training of Approved Clinical Instructors (ACI).
- B3.15 If more than one individual is designated as the CIE for the educational program, then at least one of those individuals must be a BOC credentialed athletic trainer.

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Criteria for Review: - References to Appendix B - Narrative	Appendix B: Documents
Page References in Appendices Volume 1, Appendix B: B3.1a: Page 55 B3.1b: Page 57 B3.1c: NA	B3.1a Documentation of formal recognition and designation of CIE responsibilities by institution
<ul> <li>B3.14 Narrative: Describe how CIE is knowledgeable of content areas of ACI training requirements.</li> <li>B3.14: Paul Alvarez, PhD, ATC is both the Clinical</li> </ul>	B3.1b Current official BOC certification document (e.g. BOC card, certificate, or online verification) for
Coordinator and the Clinical Instructor Educator for ULV's ATEP. His responsibility as CIE is included in the job description for the Clinical coordinator. He received his original Clinical Instructor Educator certification in 2001, and has conducted the four most recent ACI training sessions, all in 2007. The CIE attended the Bi-Annual Educators' Conferences in 2007 and 2003, is both a classroom professor and clinical ACI, and has taught athletic training courses each semester since 1989.	the CIE. B3.1c May include a copy of CIE training certificate or relevant continuing education/training in ACI content areas
Dr. Alvarez meets regularly with Program Director, Marilyn Oliver to discuss CAATE standards and ULV clinical education.	

- B3.2 Approved Clinical Instructor (ACI) Qualifications An ACI must:
  - B3.21 be credentialed in a health care profession as defined by the American Medical Association or American Osteopathic Association,
  - B3.22 be an ATC ® or appropriately credentialed health care professional for a minimum of one year, and
  - B3.23 not be currently enrolled in the athletic training education program at the institution,
  - B3.24 ACI training must include the following content areas: B3.241 learning styles and instructional skills,

- B3.242 review of the Athletic Training Educational Competencies,
- B3.243 evaluation of student performance and feedback,
- B3.244 instructional skills of supervision, mentoring, and administration,
- B3.245 program/institution-specific policies, procedures, and clinical education requirements,
- B3.246 legal and ethical behaviors,
- B3.247 communication skills,
- B3.248 appropriate interpersonal relationships, and
- B3.249 appropriate clinical skills and knowledge.
- B3.25 be trained/re-trained by the institution's CIE on a minimum of a three year cycle.

Criteria for Review: - References to Appendix B	Append	dix B: Table & Documents
Page References in Appendices Volume 1, Appendix B:	B3.2a	Approved Clinical
B3.2a: Page 58		Instructor/Clinical
B3.2b: Page 59		Instructor Table (Table
B3.2c: Page 67		B3.2a)
B3.2d: Page 68	B3.2b	Current official BOC
B3.2e: Page 81		certification document
B3.2f: Page 94		(e.g. BOC card, certificate,
		or online verification) for
		all ACIs listed on Table
		B3.2a
	B3.2c	1.5
		practice credential for all
		ACIs listed on Table B3.2a
	B3.2d	
		for all ACIs listed on Table
	D0.0-	B3.2a
	B3.2e	ACI training content and agenda
	B3.2f	ACI dated training roster
	00.21	documenting training for
		all ACIs listed on Table
		B3.2a
	1	50120

- B3.3 Approved Clinical Instructor (ACI) Responsibilities An ACI must:
  - B3.31 provide instruction and/or evaluation of the Athletic Training Educational Competencies,
  - B3.32 provide assessment of athletic training students' clinical proficiency
  - B3.33 have regular communication with the appropriate ATEP Administrator, and
  - B3.34 demonstrate understanding of and compliance with the policies and procedures of the ATEP.

Criteria for Review: - Narrative	Appendix B:
B3.31 – B3.34 Narrative: Describe how ACIs are	None

informed of responsibilities and description of how the ATEP is able to determine how ACIs meet those responsibilities.

B3.31-3.34: All ULV ACIs are provided initial instruction and introduction to *Athletic Training Education Competencies* (and given the 4<sup>th</sup> Edition *Athletic Training Education Competencies* book) within the ACI training session, which is required prior to serving as an ACI. All ULV ATEP competencies and proficiencies are instructed and evaluated within ATEP required courses. ACIs serve as supervisors of the ATEP students' clinical practicums, which are scheduled for both semesters of the student's junior and senior years. Each clinical practicum (under an ACI) is accompanied by a classroom/lab component, and the ULV on-campus instructor of record (also an ACI) is responsible for assessing students' competencies and proficiencies.

Clinical proficiency instruction is first performed by the on-campus instructor of the classroom/lab course in which the specific proficiency is included. The proficiency is then demonstrated, practiced, and performed in the classroom/lab, and also practiced at the clinical site, under the supervision of an ACI. The clinical site ACIs also instruct and assess competencies and proficiencies as they arise as part of the students' "live" clinical experience. Evaluation of clinical proficiencies in comprehensive modules is also performed in MSS 499 Senior Seminar, as part of the student's capstone experience.

Students are interviewed by their prospective ACIs prior to beginning the clinical practicum. At that time, the students provide the supervising ACI with a notebook containing biographical information (introductory essay), list of completed courses and experiences, syllabi and calendars for the accompanying classroom/lab course, and the competencies and clinical proficiencies that are assessed within the course/lab. ULV's CC follows up with a visit or phone call to the supervising ACI, to give any further instructions or answer questions that the ACI might have.

Throughout the semester, the supervising ACI instructs and models professional athletic training tenets and domains of practice. The ACIs may, but are not required to, assess the specific proficiencies assigned to the course.	
At mid-term, ACIs submit a written evaluation of the students' strengths and weaknesses. The CC or PD visits the site at mid-term and at end-of-term, to observe both student and ACI. The ACI is interviewed at the end of each visit. At end of term, the ACI submits a final evaluation of the student's performance, and also assigns 60% of the student's grade for the course.	

- B3.4 Clinical Instructor (CI) Qualifications A CI must:
  - B3.41 be a credentialed health care professional as defined by the American Medical Association and the American Osteopathic Association,
  - B3.42 be appropriately credentialed for a minimum of one year. If a CI is credentialed for less than one year, the program must develop and document the implementation of a plan for supervision of that CI by an experienced credentialed CI that ensures the quality of instruction provided to the athletic training students.
  - B3.43 not be currently enrolled in the athletic training education program at the institutions.

Criteria for Review: - Reference to Appendix B - Narrative (if required)	Appendix B: Table & Documents
Page References in Appendices Volume 1, Appendix B: B3.2a: Page 58 B3.4a: Page 95 B3.4b: Page 95 B3.4c: Page 95	B3.2a Completed ACI/CI Table B3.2a B3.4a Current official BOC certification document (e.g. BOC card, certificate, or online verification) for
<ul> <li>B3.42 Narrative (if required): If certified less than one year, provide plan of supervision.</li> <li>B3.42: ULV currently has had only one CI who was credentialed for less than one year. That CI was an on-campus Graduate Assistant, attended ACI training (for knowledge regarding student education, supervision and other CAATE and Program regulations and</li> </ul>	all CIs who are ATCs listed on Table B3.2a B3.4b Copy of current state practice credential for all CIs listed on Table B3.2a B3.4c Completed A-1 vitae form for all CIs listed on Table B3.2a
practices), and was under the supervision of a ULV ACI whenever supervising a student. The CI was able to assess proficiencies only when the supervising ACI	

could co-sign the assessment. The ACI was responsible for assuring that the CI complied with all the policies and procedures of the ATEP. The CI also attended the monthly ULV ATC meetings to stay abreast of ULV and ATEP policies and procedures.

B3.5 Clinical Instructor (CI) Responsibilities

A CI must:

- B3.51 supervise the students during clinical and/or field experiences,
- B3.52 have regular communication with the appropriate ATEP administrator, and
- B3.53 demonstrate understanding of, and compliance, with the policies and procedures of the ATEP.

Criteria for Review: - Narrative	Appendix B:
B3.51 – 3.53 Narrative: Description as to how CIs are informed of responsibilities and description of how the ATEP is able to determine how CIs meet those responsibilities.	None
B3.51-3.53: As stated above in B3.42, ULV has had only one CI and that CI attended ACI training and monthly ULV ATC meetings to stay abreast of Program and CAATE policies and procedures. (Please refer to B 3.31-B3.34 narrative for ACI training and responsibilities.)	

B3.6 Medical and Other Health Care Personnel

There must be involvement of various medical and other health care personnel in formal classroom settings on a planned, annual, and continuing basis.

- B3.61 A minimum of two physicians (MD, DO) with differing specialties must participate in formal, scheduled classroom instruction that is a component of a required course(s).
- B3.62 A minimum of two allied health care professionals other than physicians, with differing specialties, with professional credentials other than, or in addition to, Certified Athletic Trainer must participate in formal, scheduled classroom instruction that is a component of a required course(s).

Criteria for Review: - References to Appendix B	Appendix B: Table & Documents
Page References in Appendices Volume 1, Appendix B:	B3.6a Completed Medical and
B3.6a: Page 96	Other Health Care
B3.6b: Page 97	Personnel Table (Table
	B3.6a)
	B3.6b Copies of course syllabi,
	which document Medical
	and Other Health Care

Personnel participation in
Personnel participation in
daily/weekly plan.

#### B4. ATEP Medical Director

The medical director must:

- B4.1 be an MD/DO who is licensed to practice in the state housing the ATEP, and
- B4.2 in coordination with the program director, act as a resource and expert for the medical content of the ATEP in both formal classroom and supervised clinical experiences.

Criteria for Review: - References to Appendix B - Narrative	Appendix B: Documents
Page References in Appendices Volume 1, Appendix B: B4.1a: Page 108 B4.1b: Page 112	B4.1a Medical Director professional vitae or A-1 Form
B4.2 Narrative - Description as to how MD/DO meets requirement of B4.2.	B4.1b Copy of Medical Director's current state medical license
B4.2.: The ULV Program Director, Marilyn Oliver, meets at least annually with the Medical Director, Dr. Christopher Chalian, to discuss the Program and to examine any changes in ATEP content and/or procedures. The most recent meeting was April 23, 2008. The Medical Director is scheduled as a guest presenter in MSS 418 each spring, and is the team orthopedic surgeon. As such, ATEP students have the opportunity to observe orthopedic surgeries at Casa Colina Centers for Rehabilitation Hospital, where the MD practices, as well as access him during injury assessment appointments at his office and during visits to the ULV Athletic Training Room.	

#### B5. Administrative and Support Staff

- B5.1 Equitable professional clerical/secretarial and other support staff must be available to support program personnel comparable to that which is provided to similar academic programs in the institution.
- B5.2 Clerical/secretarial and other support staff must be sufficient to support the program's mission and goals.

Criteria for Review: - Reference to Appendix B - Narrative	Appendix B: Document
Page Reference in Appendices Volume 1, Appendix B: B5.1: Page 113 B5.1 and B5.2 Narrative: Describe how staffing meets requirements described in B5.1 and B5.2.	B5.1 Official staff appointment documentation with evidence that ties appointment to ATEP (e.g. job description, letter

B5.1-B5.2: The ULV ATEP resides within the Department of Movement and Sports Sciences and thus utilizes the administrative and clerical staff allocated to the Department. This is comparable to other majors and departments/divisions within the University.	from administrator)
The MSS and Athletics Department share a full-time Secretary/Assistant to the AD and a Business Manager. The job description of the Secretary allocates 40% time to secretarial duties, assisting with business affairs, and special projects. The Secretary is assisted by several student workers. The Business Manager position allocates 25% time to assisting the MSS Department.	

#### Section C: Resources

- C1. Financial Resources
  - C1.1 The academic unit of the sponsoring institution must provide and manage adequate (as defined by C1.3), equitable, and continuing resources necessary to operate an athletic training education program.
  - C1.2 The ATEP budget must be consistent and comparable with other academic programs funded by the sponsoring institution.
  - C1.3 Funding must be available for the following essential needs and functions:
    - C1.31 expendable supplies,
    - C1.32 capital equipment,
    - C1.33 course instruction,
    - C1.34 operating expenses, and
    - C1.35 professional development.

Criteria for Review: - References to Appendix C - Narrative	Appendix C: Table & Document
Page References in Appendices Volume 1, Appendix C: C1a: Page 117 C1b: Page 119	C1a Completed Budget Table (Table C1) C 1b Purchase invoice, completed reimbursement
C1.1 – C1.3 Narrative: <b>Describe the consistency and</b> availability of, and management processes used for the distribution of financial resources for the ATEP.	form, that demonstrates the availability and use of funds for ATEP faculty professional
C1.1-C1.34: The ATEP resides within the MSS Department, and all Program expenses (with the exception of faculty development) are provided by the MSS budget. This budget includes expendable supplies, capital equipment, course instruction and operating expenses. To date, the ATEP has not had a separate line-item budget within the MSS department. The ATEP Director submits expense requests to the MSS Department Chair, and has not had any difficulty procuring the necessary Program funds.	development.
The MSS Department Chair submits the Department budget to the Dean of the College of Arts and Sciences, whose College budget is overseen by the Provost. This is consistent with comparable programs on campus.	
The ULV Administration has traditionally been, and continues to be, very supportive of the ATEP and the ATEP has not been denied any funds necessary for the maintenance of the Program.	

<ul> <li>C1.35: "The University of La Verne funds a variety of faculty professional activities, including:</li> <li>7<sup>th</sup> Year and Interim Sabbaticals</li> <li>Travel, Registration and Expense assistance for professional meetings and educational seminars</li> <li>Research Grants</li> <li>Tuition Remission</li> <li>(Faculty Handbook, Section 3 Benefits and Leaves)</li> </ul>	
The Board of Trustees allocates funds for the above activities and the Faculty Professional Support Committee administers the funds. The funds are equally available to all full-time faculty members at the University (which includes the ATEP faculty). Each year, ATEP faculty members are granted funds, upon request, for educational seminars and conferences. ATEP faculty members traditionally attend the Educators Conference (bi-annually), FWATA and NATA symposiums (annually) and other local educational seminars. ATEP faculty members have never been denied funding when available. Full-time staff athletic trainers are funded for continuing education by the Athletic Department, and annually attend FWATA and NATA symposiums.	
The Center for Teaching and Learning sponsors numerous faculty workshops each semester and offers individual assistance with incorporating innovative technology and techniques in teaching	
The University also supports and recognizes faculty achievements by sponsoring a faculty research day on campus and, in Spring 2006,established the ULV Academy, to "recognize the institution's outstanding researchers and to become an advocate for scholarship at the University". ULV Faculty Handbook, Section 9 Faculty Development	

#### Section D: Physical Resources

- D1. Facilities
  - D1.1 **Physical facilities must include:** 
    - D1.11 classrooms that are consistent in size and quality with classrooms used for similar academic programs at the sponsoring institution,
    - D1.12 laboratories that are consistent in size and quality with laboratories used for similar academic programs at the sponsoring institution,
    - D1.13 clinical facilities that are consistent in size and quality with clinical facilities used for similar academic programs at the sponsoring institution, and
    - D1.14 administrative offices must be provided for program staff and faculty on a consistent basis similar to other academic programs at the sponsoring institution.
    - D1.2 An athletic training facility and other clinical settings must provide the primary setting(s) in which the clinical portion of the athletic training educational program is conducted.
    - D1.3 The educational facilities for all instructional sites used for classroom and laboratory instruction must be equitable for students at each site; this includes distance or remote education sites.
    - D1.4 Classroom and laboratories must have seating, lighting, heating/cooling, and ventilation that will provide an atmosphere to facilitate the learning process.
    - D1.5 There must be designated space for confidential counseling of students by ATEP faculty.
    - D1.6 There must be secure, private storage space for student files and records.

Criteria for Review: - Reference to Appendices A & D - Narrative	Appendix D: Table
Page References to Appendices Volume 1, Appendix A: A4a: <b>Page 10</b>	A4a Clinical Education Site Table
Page References to Appendices Volume 1, Appendix D: D1: Page 121	D1 Classroom and Laboratory Table (Table D1)
D1.1 - D1.6. Narrative: <b>Provide an overview of the</b> facilities available for classroom and laboratory instruction, and for the facilities used by students for clinical experiences.	
D1 <u>Facilities</u>	
D1.1 Physical Facilities	
D1.11 The ATEP conducts its classes in classrooms available to all classes and departments on campus, and therefore classrooms are comparable to other programs. Classrooms B100, B101, and B202 in the Sports Science and Athletics Pavilion (SSAP), the location for the majority of ATEP core courses, are newly constructed (Fall 2006), and are equipped with	

SmartCarts/Podiums and adequate seating and workspace.

D1.12 The ATEP has a dedicated lab/classroom (SSAP B203) which is similar in size to labs available to other programs on campus (630 sq. ft.). This lab/classroom is furnished with eight treatment tables and stools, chairs, mobile instructional charts and models, SmartCart (multimedia mobile cart), storage for instructional supplies. It is adjacent to the B202 classroom, and both rooms are reserved for samehour lab courses, thus providing for a variety of instructional techniques, labs, and lessons.

D1.13 The on-campus clinical facility is the Athletic Training Room (ATR), a newly constructed (Fall 2007) facility. Within the ATR are three staff offices, a physician exam room, and a restroom. The offices are each 150 sq. ft. The treatment and rehabilitation areas are a combined 2350 sq. ft, and the hydro room is 230 sq. ft. These areas provide excellent space for both the care of collegiate athletes, and the clinical experience and education of ATEP students. There are no comparable programs or facilities on campus.

D1.14 Wing B, in the SSAP, contains the newly constructed (December 2006) faculty offices, which are at least comparable to (and better than most) faculty offices on campus (150-175 sq. ft.) The oncampus Program ACIs also have new (August 2007) offices within the Athletic Training Room which are, again, at least comparable (and better than most) offices on campus(square footage stated above in D1.13).

D1.2 The newly constructed ULV Athletic Training Room (located in SSAP wing C) is the primary clinical setting for the Program (size of facility listed above in D1.14) The additional clinical sites, as listed in Table A4a, are comparable to sites utilized by similar programs on campus (local medical and high school venues). Each site will be available for inspection during the CAATE on-site visit.

D1.3 The ULV ATEP utilizes no other educational	
facilities (other than the aforementioned clinical	
experience sites).	
D1.4 The ATEP classrooms and lab, constructed	
within the last two years, meet or exceed current	
building codes for educational facilities and have	
been equipped to provide sufficient seating, lighting,	
heating/cooling, and ventilation to provide	
atmospheres that facilitate the learning process.	
almospheres that facilitate the learning process.	
D4.5. Each ATED faculty member has an	
D1.5 Each ATEP faculty member has an	
individual, enclosed office, suitable for confidential	
counseling of students.	
D1.6 ATEP student files and records are kept	
securely locked in the Program Director's office.	
NOTE: If there are more than six affiliated off campus	
clinical education sites, a narrated video of all	
affiliated sites must be developed and sent with this	
self-study document to facilitate review of Clinical	
Sites. A full description of the requirements for this	
type of submission is included with the forms	
<b>provided.</b> See "Site Visit Requirements for Verification of	
Clinical Sites" for specific requirements.	

- D2. Learning and Instructional Resources
  - D2.1 The number and quality of instructional aids must allow for learning, practice, and evaluation during formal instruction and the clinical practice components of the ATEP.
  - D2.2 Instructional aids must be available to provide instruction and student practice of the clinical proficiencies and psychomotor competencies as identified in the *Athletic Training Educational Competencies*.
  - D2.3 At all distance or remote education sites, learning and instructional equipment and supplies used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students.
  - D2.4 At all distance or remote education sites, educational technology used for formal instruction and assessment must be comparable and equally accessible to all students regardless of location.

Criteria for Review: - Reference to Appendix D	Appendix D: Table
Page Reference in Appendices Volume 1, Appendix D:	D2 Completed Instructional
D2: Page 122	Aids Table for those Instructional Aids available at the academic institution; if not all aids

- D3. Therapeutic Modalities and Rehabilitation Resources
  - D3.1 The therapeutic modalities and rehabilitation equipment, identified in the psychomotor and clinical proficiency sections of the *Athletic Training Educational Competencies*, must be available for formal instruction and practice.
  - D3.2 Therapeutic modalities and rehabilitation equipment, appropriate to the clinical setting, must be available for clinical education purposes.
  - D3.3 At all distance or remote education sites, all therapeutic modalities and rehabilitation equipment used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

Criteria for Review: - References to Appendix D	Appendix D: Table
Page References in Appendices Volume 1, Appendix D:	D3 Completed Therapeutic
D3a: Page 124	Modalities and
	Therapeutic Exercise
	Equipment Table(s) for
	those Therapeutic
	Modalities and
	Therapeutic Exercise
	Equipment at the host
	institution, as well as <u>all</u>
	affiliated sites in which
	clinical education occurs.
	(Table D3)

- D4. First Aid and Emergency Care Equipment
  - D4.1 The first aid and emergency care equipment, identified in the *Athletic Training Educational Competencies,* must be available for formal instruction and practice.
  - D4.2 First aid and emergency care equipment, appropriate to the emergency action plan of the clinical setting, must be available for clinical education purposes.
  - D4.3 At all distance or remote education sites, all first aid and emergency equipment used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

Criteria for Review: - Reference to Appendix D	Appendix D: Table
Page Reference in Appendices Volume 1, Appendix D:	D4 Completed First Aid and
D4: Page 137 Emergency Care	

Equipment Table(s) for
that First Aid and
Emergency Care
Equipment at the host
institution. If not all
equipment is available at
the host institution,
provide a table(s) for the
location(s) where the
required equipment is
accessed by the program.
(Table D4)

- D5. Library and other Information Sources
  - D5.1 Students must have reasonable access to information resources needed to adequately prepare them to be entry-level professionals. This includes current editions of books, periodicals, and other reference materials in contemporary formats related to the programmatic goals.
  - D5.2 At all distance or remote education sites, all library and other information resources used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

Criteria for Review: - Reference to Appendix D - Narrative	Appendix D: Table
Page Reference in Appendices Volume 1, Appendix D: D5: <b>Page 138</b>	D5 Completed Required Textbook Table (Table D5)
D5.1 - D5.2 Narrative: <b>Describe library and information</b> sources available to students that are related to the profession of athletic training and or the BOC examination.	
D5 Library and Other Resources D5.1 Health science and medical resources are available to students, faculty, and staff of the University of La Verne through the Wilson Library. The library, located on the university's main campus in historic La Verne, is open more than 90 hours per week during the academic year. The Wilson Library website (http://www.ulv.edu/library) provides 24-hour access to electronic books and journals, as well as access to search for library materials in the library's online catalog, LEOpac (http://leopac.ulv.edu). Chat reference services are available 24/7 through the Questionpoint Ask a Librarian service giving users the ability to query a librarian at all hours of the day or night.	

The library houses over 188,000 books, and provides access through LEOpac to several thousand electronic books via NetLibrary and ebrary. The University Librarian and subject liaison have worked closely with the athletic training education program faculty to acquire appropriate health science and medical materials to support this program.

More than 32,700 periodicals are available to ULV students, faculty and staff through print subscriptions and electronic access. Through the website, users can conduct searches in electronic databases such as ProQuest Research Library, SportsDiscus, EBSCOHost Academic Search Premier, PsycArticles, and PsycInfo and retrieve full-text articles appropriate to their research. The Wilson Library faculty have identified a list of more than 550 journals appropriate to the athletic training education program that can be found in print or electronic formats at the Wilson Library.

When searching LEOpac for materials, if a user discovers that an item is not available at Wilson Library, they can click on a button at the top of the search screen that will automatically conduct a search of LINK+. LINK+ is a union catalog of materials for 53 public and academic libraries across California and Nevada, including Wilson Library. Through LINK+, users have access to more than 5.8 million unique titles held by the consortium libraries. When an item is found in the LINK+ catalog, the library user requests it electronically and the item is pulled from the owning library and sent via courier to Wilson Library. The turnaround time for this system is generally 48 to 72 hours from Monday through Friday, and there is no direct cost to the user, because the cost of the service is covered through the library budget.

If an item is not available via LINK+ library users can request materials through LEODelivers!, an ILLiad interlibrary loan service. Users can create their own account, and request items either directly from the article databases or manually fill out a form on the LEODelivers! website. This service is free to faculty, students, and staff. The turnaround time for this service averages between 3-9 working days for

materials to be received. All articles are delivered electronically to expedite their retrieval. LEODelivers! also functions as a document delivery service for students and faculty who are do not reside near the Main Campus. Users can request items that are owned by Wilson Library to be sent to their home; in this case the only cost to the students and faculty is the return postage of materials.	
As students, faculty, or staff of the athletic training education program identify books or periodicals that they feel should be added to the Wilson Library collection, they are invited to submit purchase information to the departmental librarian liaison. The liaison then works with the program faculty to prioritize the requests and add suggested materials as the library budget allows.	
The ATEP website ( <u>http://athletictraining.ulv.edu</u> ) includes a library link to Athletic Training and related educational resources.	
ATEP students are required to take the BOC computerized assessment exams as part of MSS 324 and MSS 499.	
ATEP faculty utilize CD-ROMs for instruction that are accessible to students upon request/check-out.	
D5.2 There are no distance or remote education sites utilized by the ULV ATEP.	

Section E: **Operational Policies and Fair Practices** 

- **Program Admission and Advertisements** E1.
  - Program admission criteria (E1.11a-E1.13) must be clearly defined and E1.1 published consistently in official institution academic documents, handbooks, and/or other published and announced information sources. It is not necessary to have all information in all documents, but there must be appropriate reference to a publicly accessible document that includes all program admission criteria. Program admission criteria must include: E1.11 technical standards.

    - E1.12 competitive admissions process, and
    - E1.13 transfer and retention policies.
  - Program admission criteria must be available to prospective and current E1.2 students.
  - E1.3 Program policies, procedures, and requirements must be accurate and consistent in all published and announced information sources (e.g., websites, catalogs, recruiting materials).
  - Announcements and advertising must accurately reflect current E1.4 terminology of the profession and program offered (e.g., BOC, athletic training student, and the title of athletic training).
  - E1.5 Student and faculty recruitment, student admission, and faculty employment practices must be non-discriminatory with respect to race, color, creed, gender, sexual orientation, age, disabling conditions (handicaps), and national origin and must be consistent with defined institutional policy.
  - Academic tuition, fees, and other ATEP required costs to the student must E1.6 be made known to all applicants and current students in official institutional documents (e.g., published and announced information sources).
  - E1.7 The institution must have a published procedure available for processing student and faculty grievances.
  - E1.8 Policies and processes for student withdrawal and for refund of tuition and fees must be published in official institutional publications or other announced information sources and made available to applicants.
  - E1.9 Policies and procedures governing the award of funding available for workstudy, scholarship, or other funding opportunities must be made available to all students.
  - E1.10 Work-study, scholarship, or other funding opportunities must not require students to perform athletic training skills or services as a replacement of certified athletic training staff.
  - E1.11a The welfare of all athletic training students must be protected by liability insurance that can be documented through declaration pages or other legally-binding documents.

Criteria for Review: - References to Appendix E	Appendix E: Table & Documents
Page References in Appendices Volume 1, Appendix E:	E1a Admissions Materials and
E1a: Page 141	Advertisements Table
E1b: Page 143	(Table E1a) – List of
E1c: Page 160	materials/information

E1b	available to prospective students, as well as how and where that info may be accessed Copies of Admissions Materials and Advertisements listed on Admissions Materials and Advertisements Table E1a
E1c	Copy of declaration page or other legally-binding documentation of student liability insurance

#### Section F: Health and Safety

- F1. A physical examination by a MD/DO/NP/PA must verify that the student is able to meet the physical and mental requirements with or without reasonable accommodation of an athletic trainer. This examination must include:
  - F1.1 a medical history,
  - F1.2 an immunization review, and
  - F1.3 evidence of a physical examination that is maintained by the institution in accordance with established confidentiality statutes.

	<b>,</b>
Criteria for Review: - References to Appendix F - Narrative	Appendix F: Documents
<ul> <li>Page References in Appendices Volume 1, Appendix F: F1a: Page 163 F1b: Page 164</li> <li>F1.1 – F1.3 Narrative: Describe when physical examinations are required, where the completed physical examination are housed on campus, and how the ATEP verifies that all currently enrolled students have completed this requirement.</li> <li>Narrative: F1.1-F1.2: Physical examinations for ATEP students are required at the time of formal application to the Program. The physical exam includes a medical history, proof of current immunizations, and a physical examination. These records are kept in the individual student's file, held in the Program directors office.</li> <li>F1.2: Clinical practicum courses are not taken by pre- program students, so all program students registering for a practicum course will have been through the formal application and acceptance process, which includes the physical exam.</li> </ul>	<ul> <li>F1a Physical exam criteria and blank physical examination form</li> <li>F1b Verification of physical examination completion, housed on campus, for all students involved in clinical education – may be a copy of a blinded (last name only deleted) form or official verification form</li> </ul>

F2. Technical standards required for admission to the program must be clearly defined, published, and approved by appropriate institutional representatives having the authority to act on behalf of the institution; these requirements must be readily accessible to current and prospective students. Students who are unable to meet the technical standards and who require accommodations must attain verification by a physician or appropriate institution disability officer as defined by sponsoring institution policy.

Appendix F: Documents
F2 One completed (signed, last name (only) of the student
blinded/blackened and

required, where the completed technical standards are housed, and how the ATEP verifies that all currently enrolled students have completed this requirement.	dated) copy of technical standards document
F2: Technical Standards are required upon formal application into the ATEP. The Standards are published and accessible on the Athletic Training Website in the Policies and Procedures Manual. The technical standards document for each student, with student signature, is maintained in the student's file, held in the PD's office. Students are not admitted into the ATEP unless technical standards are completed and submitted to PD.	
Students who fail to meet the technical standards are referred to the Director of Student Health Services and Services for Students with Disabilities As stated in the ATEP Policies and Procedures Manual, the Program, in collaboration with the Director of Services for Students with disabilities, will try, if possible, to accommodate students who fail to meet the technical standards. If not possible, the Director of Services for Students with Disabilities will verify the student's status as unable to meet standards or be accommodated.	

F3. Athletic training students must be officially enrolled in the clinical portion of the program, be formally instructed and formally assessed on athletic training clinical skills as part of a required course prior to performing those skills on patients.

Criteria for Review: - Narrative	Appendix F:
F3 Narrative: Describe ATEP policy as it relates to F3 and provide a description as to how students and CIs/ACIs are informed of this policy.	None
F3: ATEP courses are designed, and sequenced, so that students receive formal instruction, lab practice, and proficiencies assessment of clinical skills prior to performing those skills on patients. Students must be officially enrolled in a Practicum Course during clinical experience. Students are informed of this policy at the beginning of each ATEP course, each semester. ACIs are informed of this policy both during ACI training and at the start of each student's clinical experience under their supervision, when they receive a portfolio/folder containing course information and	

student skills/proficiencies experience. The Program's CC also verbally reminds the ACI about these policies,	
prior to the beginning of the student s' clinical	
experience.	

F4. An active communicable disease policy must be established, published in program documents that are accessible to current students, and enforced for ATEP students by program personnel.

Criteria for Review: - Reference to Appendix F - Narrative	Appendix F: Document
Page Reference to Appendices Volume 1, Appendix F: F4: <b>Page 166</b>	F4 Copy of Communicable Disease Policy
F4 Narrative: <b>Describe how the ATEP verifies that all</b> students and CIs/ACIs are informed of this requirement.	
F4: The ATEP active communicable disease policy is included in the Policies and Procedures Manual accessible on the ATEP web site. All prospective and current ATEP students are required to read the Manual. All CIs/ACIs are informed of this communicable disease policy in ACI training, and also have access to the Manual, which they are required to read. Program personnel are very zealous in enforcement of the policy.	

## F5. Electrical modalities and electrical safeguards (e.g., GFIs) must annually pass safety inspections and be calibrated by a qualified technician at all clinical sites.

Criteria for Review: - References to Appendices D & F	Appendix F: Table & Documents
Page References in Appendices Volume 1, Appendix D:	D3 Therapeutic Modalities
D3: Page 124	and Therapeutic Exercise
	Equipment Table(s) (Table
Page References to Appendices Volume 1, Appendix F:	D3)
F5: Page 167	F5 Documentation of
	electrical checks and
	calibrations for all
	electrical modalities listed
	on Table D3, signed/dated
	by qualified technicians,
	for every modality at each
	Clinical Site delineated in
	Table A4a.

- F6. The students must comply with Occupational Safety and Health Administration or appropriate blood-borne pathogen procedures. Students must have:
  - F6.1 formal blood-borne pathogen training before being placed in a potential exposure situation. This includes participation in all clinical settings and situations including the clinical observation portion of the clinical education experience (if applicable).
  - F6.2 annual education in pathogen and infection control,
  - F6.3 access to and utilize appropriate blood-borne pathogen barriers,
  - F6.4 access to and utilize proper sanitary precautions, and
  - F6.5 access to appropriate biohazard disposal equipment and procedures at each clinical site.

Criteria for Review: - References to Appendix F - Narrative	Appendix F: Documents
Page References in Appendices Volume 1, Appendix F: F6a: <b>Page 187</b> F6b: <b>Page 189</b>	F6aCopy of OSHA or blood- borne pathogen PolicyF6bProvide a copy/copies of the Blood-borne pathogen
F6 Narrative: Describe how students have access to and are instructed to utilize proper blood-borne pathogen procedures.	training roster(s) for the most recent academic year documenting that all students currently
F6.1: All prospective ATEP students enroll in MSS 235 as their first pre-Program class. Blood-borne pathogen education, including OSHA guidelines, location and use of appropriate blood-borne pathogen barriers, equipment, and supplies, is conducted at the beginning of the course, prior to any observation experiences. Documentation (signed copy of the ATEP Blood—borne pathogen awareness and understanding statement) is maintained in the MSS 235 clinical notebook, located in the ULV ATR (primary observation site).	involved in patient contact have been trained
F6.2: ATEP Program students receive annual education and review of OSHA and ULV blood-borne pathogen and infection control procedures at a mandatory training session, held prior to the start of the academic year and any clinical experiences.	
F6.3-5: Appropriate blood-borne pathogen barriers, equipment, and supplies, are easily accessible to students at all clinical locations. All ATEP personnel and ACIs consistently model, and stringently mandate, proper use of appropriate blood-borne pathogen barriers, sanitary precautions, and procedures for use of equipment, including disposal	

methods.		
	methods.	

# F7. Students must have access to a written emergency action plan at each clinical site where assigned for clinical education.

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Criteria for Review: - Reference to Appendix F	Appendix F: Documents
Page Reference in Appendices Volume 1, Appendix F: F7: <b>Page 190</b>	F7 Copy of emergency action plan for <u>each</u> clinical site, except for emergency
F7 Narrative: Describe when and how students receive information regarding EAPs, and the location of hard copies of these plans on each site	medicine (e.g. ambulance, emergency room) site(s).
F7: Prospective and pre-ATEP students are initially educated regarding planning and implementation of EAPs in MSS 235, in order to understand the necessity and importance of such plans. ACIs at all clinical sites will discuss the EAPs of their site, including the location of the EAP document, at the beginning of the ATEP students' clinical experience under their supervision. The ULV ATEP also maintains copies of clinical site EAPs and students will be given a copy upon their assignment to specific sites.	

Section G: Student Records

- G1. Student records must be maintained in a secure location(s), be accessible to only designated program personnel, and document the following:
  - G1.1 evidence of completion of published admission criteria,
  - G1.2 verification of all completed clinical experiences,
  - G1.3 student and ACI/CI signed clinical experience evaluations,
  - G1.4 completed clinical competencies and proficiencies including skill/technique acquisition and learning over time evaluations,
  - G1.5 completed and signed technical standards,
  - G1.6 written documentation of a physical examination, including immunizations, by a MD/DO, NP, or PA,
  - G1.7 remediation and disciplinary actions,
  - G1.8 appropriate academic progress (e.g., grade tracking/completion forms, advisement forms),
  - G1.9 written documentation of current first aid, CPR, and AED training consistent with the *Athletic Training Educational Competencies*, and
  - G1.10 written documentation of annual blood-borne pathogen training.

Criteria for Review: - Reference to Appendix G	Appendix G: Table
Page Reference in Appendices Volume 1, Appendix G: G1: <b>Page 225</b>	G1 Student Records Table (Table G1) – includes a listing of documents/records maintained on each student and their location(s)

## Section H: Outcomes

H1. Programs must routinely secure qualitative and quantitative data to determine the outcomes and effectiveness of the program. These outcomes must relate to the program's stated educational mission and goals and include measures related to didactic and clinical instruction, student learning (both clinical and didactic), and overall program effectiveness. The specific volume and nature of outcome information is influenced by the individual character of the institution and should be in keeping with other academic programs within the institution.

Criteria for Review: - Reference to Appendix H - Narrative	Appendix H: Document
Page Reference in Appendices Volume 2, Appendix H: H1: <b>Page 226</b>	H1 Copy of Program Mission and Goals
H1 Narrative: Describe the relationship among/between the ATEP mission and goals and the assessment techniques used by the ATEP to determine didactic and clinical instruction, student learning (both clinical and didactic), and overall program effectiveness	
H1 The Mission of the University of La Verne Athletic Training Education Program is to challenge and prepare students to successfully enter the profession of athletic training. In pursuit of this mission, the ATEP faculty and staff will provide a rich, stimulating, challenging, yet nurturing, environment in which the student can integrate didactic and clinical studies.	
Specifically stated in the <u>Program Goals and</u> <u>Objectives:</u> "The primary objective of the University of La Verne ATEP is to produce graduates who are fully qualified and prepared to pass the BOC examination. Students will be become knowledgeable in the intellectual skills, and competent in the psychomotor skills, of the twelve content areas comprising the professional practice of athletic training. Students will be able to successfully select, and proficiently apply, the appropriate athletic training skills when working with physically active populations."	
Therefore, the assessment techniques used by the ATEP are designed to examine all aspects of the Program that would contribute to the above-stated goal, including: faculty effectiveness in didactic instruction (course evaluations by students,	

classroom visitations by Department Chair, PD, and/or departmental faculty colleagues), ACI effectiveness in clinical instruction (ACI and site evaluations by both students and CC), students' course progress and grades, clinical proficiency assessments, BOC passing rates, senior students evaluations of the ATEP, post-grad surveys, employers surveys of graduate preparedness for employment). In combination, these assessment techniques provide a gauge for the effectiveness of the Program in preparing students to successfully pass the BOC exam.	
La Verne faculty, staff, ACIs and students meet regularly to discuss both the results of these assessments and the ATEP, overall. Not all students will take the BOC exam, (nor is it required by the ATEP), but the above assessment techniques should provide evidence that all who complete the ATEP program will be prepared to do so.	
In addition to the aforementioned objectives, the La Verne faculty and staff constantly promote and encourage the ATEP students to reflect the positive values delineated in the Mission Statements of the University and those of the ATEP. Recent evidence that the ATEP Mission Statement is embraced by ATEP students is the "Adopt-A-Highway" participation by the Athletic Training Student Club (ATSC), featured in the NATA News, February, 2008 (Community Service goal statement ), the sixth consecutive year of student presentations at the Far West Athletic Trainers Association (FWATA) Annual Symposium (Lifelong Learning goal statement), and the inaugural Bill Cramer Professional Development Award, presented to the La Verne ATEP in June, 2008.	

H2. There must be a comprehensive (master) assessment plan to evaluate all aspects of the educational program. Assessments used for this purpose may include, but are not limited to, clinical site evaluations, clinical instructor evaluations, completed clinical proficiency evaluations, academic course performance, employer and/or alumni surveys, senior exit evaluations, and BOC examination passing rates.

Criteria for Review: - Reference to Appendix H - Narrative Appendix H: Document

Page Reference in Appendices Volume 2, Appendix H:	H2 Copy of Comprehensive
H2: Page 228	(Master) Assessment Plan
H2 Narrative: <b>Provide an overview of the</b>	
Comprehensive (master) assessment plan for the educational program.	
Student assessment is an essential element of a	
professional preparation program. In order to promote	
the development of the student, assessment should	
become increasingly complex and more	
comprehensive in nature, culminating in "capstone" experiences that attempt to measure if the student is	
ready to assume his/her role as a health care	
professional.	
To this end, assessment of La Verne ATEP students is structured on a continuum of three levels, designed to	
measure progress of the student toward three primary	
objectives. At the first (Pre-Program) level, students	
are being evaluated for admittance into the academic	
program. At the second (Program) level, students are	
being evaluated towards the achievement of athletic training content objectives in preparation for the BOC	
Examination. At the third (Pre-Professional) level,	
students are being evaluated for possible	
postgraduate work and future employment as athletic	
training professionals. Evaluations, based on the	
assessment tools listed below, are structured toward these objectives and compiled in each student's ATEP	
file.	
The specific function and depth of the assessment is	
dependent upon the level the student is in the program. Assessment tools include:	
Pre-Program Observation Hours evaluation	
Evaluation of Student Clinical Experience	
Mid-term Academic Progress Report	
<ul><li>Academic transcripts</li><li>Program Application</li></ul>	
Clinical proficiency modules	
Mid-year Satisfactory Progress	
Annual Progress review /Self-Assessment	
A copy of the Senior thesis, with accompanying	
<ul><li>rubric-based evaluation</li><li>Resume</li></ul>	
Letters of recommendation	

- BOC Assessment Exam Results
- Cumulative Evaluation form/Self-assessment
- Exit survey

Additionally, clinical Instructors, clinical sites, classroom instructors, and the program as a whole are to be evaluated. Assessment tools include: course evaluations, peer visitations, ACI and Site evaluations, BOC passing rates, senior students evaluations of ATEP, post-grad surveys, employers surveys of graduate preparedness for employment).

- H2.1 The evaluation plan must include, minimally, assessments that are designed to evaluate:
  - H2.11 achievement outcomes relative to the educational mission and goals of the program,
  - H2.12 effectiveness of learning,
  - H2.13 quality of didactic instruction, and
  - H2.14 quality of clinical instruction.

Criteria for Review: - Reference to Appendix H	Appendix H: Documents
Page Reference in Appendices Volume 2, Appendix H:	H2.1 Provide one completed
H2.1: Page 232	blinded (last name only
	deleted) copy of each type
	of evaluation tool listed in
	Comprehensive (master)
	Assessment Plan

H2.2 The ATEP must provide data that demonstrates effectiveness as related to:

- H2.21 achievement of educational mission and goals of the program,
- H2.22 effectiveness of learning,
- H2.23 quality of didactic instruction, and
- H2.24 quality of clinical instruction.

Criteria for Review: - Reference to Appendix H	Appendix H: Documents
- Narrative	
Page Reference in Appendices Volume 2, Appendix H:	H2.2 Provide summary data for
H2.2: Page 278	those evaluations
H2.2 Narrative: Describe how the data collected from each evaluation tool cited in the Comprehensive Assessment Plan is used to demonstrate effectiveness in each of the categories listed.	conducted during the last two academic years

H2.21 The primary goal of the Program is to "produce graduates who are fully qualified and prepared to pass the BOC examination" (Program Goals and Objectives, Appendices Volume 2, Appendix H, H2.2, page 226). Thus, the BOC passing rates for La Verne ATEP students is the definitive demonstration of the <u>achievement of the overall Program goal</u> for those who take the exam. Student grades, transcripts, and clinical proficiency scores, and results from senior student evaluations of ATEP, post-grad surveys, and employer surveys of graduate preparedness for employment are also used to demonstrate the achievement of the Program mission and goals.	
H2.22 The <u>effectiveness of learning</u> is demonstrated through the use of mid-term academic progress reports, academic transcripts, clinical proficiency module scores, quality of the senior thesis, and BOC Assessment Exam results. Senior student evaluations of ATEP, post-grad surveys, and employer surveys of graduate preparedness for employment also demonstrate effectiveness of learning.	
H2.23 The <u>quality of didactic instruction</u> is gauged by course evaluations, faculty peer visitations, student grades, BOC Assessment Exam results, senior student evaluations of the ATEP.	
H2.24 The <u>quality of clinical instruction</u> is evaluated by the Student Evaluation of Approved Clinical Instructor (ACI) and Clinical Experience Site results, Evaluation of Student Clinical Experience (by supervising ACI), the interviews/visits of the ACI and site by the CC, as well as by clinical proficiency module scores.	

## H2.3 The program must document an ongoing plan for obtaining the outcome data delineated in H2.2

Criteria for Review: - Narrative	Appendix H:
H2.3 Narrative: <b>Describe how the ATEP Master Plan for</b> assessment will be maintained or altered in the future.	None

The assessment tools described or listed above in H2 are ongoing and will be maintained. Improvements made this past academic year included the addition of on-line surveys (replacing hard-copy surveys) for both the Graduate and Employer surveys. The on-line format included data assessment tools, making the requisite data information easier to compile, evaluate, and disseminate. ACI and site evaluation documents, and student mid-term progress reports and senior surveys will be moving to on-line administration this coming academic year (2008-2009). Also, this past year, the Program Director received help from the Associate Dean of the College of Arts and Sciences with data summary and assessment.	
Communicating the assessment results (specifically the students' assessments of their ACIs) has not always been done in a timely manner, and the Program Director and Clinical Coordinator will continue to work on improving this aspect.	

H3. Programs that include distance education (i.e., online learning), or remote education components, must provide documentation of instructional effectiveness of any distance education or off-campus educational components in relation to the overall program and its impact on all students of the program of both on and off-site locations.

Criteria for Review: - Narrative	Appendix H:
H3 Narrative: Should the ATEP utilize distance or remote education components the ATEP must provide a comparison of all outcomes for local vs. distance education learning.	None
La Verne's ATEP currently has no remote education components.	

Section I. Curriculum and Instruction

- 11. Description of the Program The athletic training education program must be an undergraduate or graduate program that offers a major or graduate equivalent in athletic training. The undergraduate major or graduate major equivalent must be:
  - 11.1 consistent with other majors offered within the institution,
  - 11.2 identified as an academic athletic training major program in institutional academic publications, and
  - 11.3 indicated on the official transcript of the student as is normally designated for other undergraduate majors or graduate major equivalents at the institution.

Criteria for Review: - References to Appendix I	Appendix I: Documents
Page References in Appendices Volume 2, Appendix I:	I1a Provide official university
l1a: Page 342	document that describes
l1b: Page 343	how academic majors are
11c: Page 344	determined at the institution
	<ul> <li>Provide copies of institutional academic publications that list the Athletic Training program as an academic major</li> <li>Provide a copy of a student transcript indicating that Athletic Training is the student's major</li> </ul>
	(NOTE for I1: If Athletic Training
	is a degree program, please
	provide this evidence in lieu of
	evidence of academic major)

- 12. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include:
  - 12.1 program mission and goals,
  - 12.2 curriculum and course sequence,
  - I2.3 clinical education, and
  - 12.4 clinical and didactic requirements for completion of the major or graduate major equivalent.

Criteria for Review: - References to Appendix I - Narrative	Appendix I: Documents
Page References to Appendices Volume 2, Appendix I: I2a: Page 348 I2b: Page 351 I2c: Page 358	I2aProgram CourseSequence List – includesacademic term, courseprefix and number, coursename, and course credit

I2.1 Narrative: <b>Describe how/where students may</b> access program's mission and goals	I2b Copy of Institutional requirements for completion of academic
ATEP students may access the Program's mission and goals in the ATEP Policies and Procedures Manual, located on the ATEP web site at http://athletictraining.ulv.edu. The Policies and Procedures Manual is required reading in the first Pre- Program course, MSS 235, again prior to application into the ATEP, and also in MSS 415.	major program in Athletic Training I2c Copies of catalog, program website, and related recruiting publications
I2.3 Narrative: <b>Describe the clinical education portion</b> of the academic program.	
The clinical education portion of the academic program is contained within the four semesters of practicum courses, taken sequentially after formal matriculation into the Program, (junior and senior academic years). Students submit application for clinical assignment for each of these four practicums, and must compete the clinical education matrix, iincluding experience with male and female athletes/patients, football (equipment intensive), high school, and rehab-intensive clinic.	

13. The content of the curriculum must include formal instruction in the expanded subject matter as identified in the *Athletic Training Educational Competencies*. Formal instruction must involve teaching of required subject matter with instructional emphasis in structured classroom and laboratory environment(s).

Criteria for Review: - References to Appendix I	Appendix I: Documents	
Page References in Appendices Volume 2, Appendix I: I3a: Page 361	I3a Completed copy of the Matrix for the 4 <sup>th</sup> edition o the NATA Athletic Training Educational	
	Competencies	

14. Clinical experiences must follow a logical progression that allows for increasing amounts of clinically-supervised responsibility. The clinical education plan must follow and reinforce the sequence of formal classroom and psychomotor skill learning.

Criteria for Review: - Narrative	Appendix I:
I4 Narrative: Describe how programs clinical experiences meet the requirements described in I4	None
I4. Clinical experiences in the ATEP follow formal	

application and acceptance into the Program and are preceded by pre-program courses in which students are introduced to the profession of athletic training, learn foundational concepts and practice beginning skills. Students enrolled in pre-program courses are engaged in observations of certified athletic trainers both at La Verne and in other venues and are certified in First Aid/ CPR/AED. As students are tested and assessed (by faculty/staff ACI) as minimally competent in certain basic skills (application of heat, cold, taping and bandaging), they can begin to apply these skills under the direct supervision of an ACI. This pre-program education is essential in preparing the student to progress into the first clinical course in the Program Level, MSS 324 Evaluation and Assessment of Lower Extremity Injuries, with accompanying lab and 12-week clinical experience, MSS 325 Practicum I.

The faculty instructor (an ACI) for MSS 324, is also the instructor of record for Practicum I and instructs a required weekly lab class, where clinical skills are practiced and assessed, progressively, to accompany the students' 12-week clinical experience. Students in Practicum I are assigned to an ACI working in a traditional athletic training venue, where the population has a high rate of lower extremity injuries. Thus, the educational competencies and clinical proficiencies progressively learned and demonstrated by the students, in the classroom and in the lab, can be utilized at the clinical experience site. The supervising ACI at the clinical experience site receives, from each assigned student, a clinical experience folder, which includes a brief student biography, previous courses taken, current course syllabus, with accompanying calendar of competency and proficiency testing. The site ACI may provide additional clinical proficiency assessment, evaluates the student at mid-term and end-of-term, and is responsible for 60% of the academic grade for Practicum I.

This model, didactic and lab instruction with accompanying clinical experience, is also utilized the following semester for MSS 326 Evaluation and Assessment of Upper Extremity Injuries and MSS 327 Practicum II. This allows for progressive and

increasing amounts of clinically-supervised student responsibility, both within the semesters and within the academic year.

The final two clinical experiences are scheduled in what is referred to as the Program's Pre-Professional Level (traditional senior year). The students in this level focus on the transition from undergraduate student to the practicing professional and/or graduate student, with courses covering management and administration of athletic training, research techniques, team management, and additional rehab skills. Students also take the Senior Seminar course, which incorporates a research paper, a final proficiency assessment, and the BOC Self-Assessment computer exams. The senior-year clinical experiences are the primary focus of MSS 454 Team Management and MSS 411 Practicum III.

In Team Management, students are assigned to an ACI who works with a specific sports team. Students will have completed courses, with the included competencies and proficiency skills, in evaluation and assessment, documentation, modalities, exercise and rehabilitation and will be able to utilize these skills as they experience an entire sports season, from preseason planning and pre-participation physicals, through practices and games, communicating with team doctors and other health care professionals, and ending with post-season duties, reflections, and evaluations.

Practicum III is an off-site clinical experience in a rehab intensive clinic. Students will have previously completed MSS 412 Therapeutic Modalities and also MSS 410 Exercise and Rehabilitation, a combination didactic and lab course and will be able to advance their skills in this increasingly important domain, as they gain insights and experience in the Clinical setting.

Both Team Management and Practicum III have regularly scheduled meetings with the instructor-ofrecord (an on-campus instructor/ACI) to continue learning, reviewing, and assessing the assigned competencies and clinical proficiencies.

From the first semester in MSS 235 Introduction to Athletic Training, to the final evaluations in Senior Seminar, Team Management and Practicum III, the La Verne ATEP is designed to sequence and progress the student from fledging freshman with rudimentary understanding and preliminary skills to an experienced pre-professional, with high-levels of clinically-supervised responsibility, ready for BOC certification and a career in athletic training

- 15. Clearly written course syllabi are required for all courses that deliver content contained in the *Athletic Training Educational Competencies*. Syllabi must include:
  - 15.1 course title, number, and term,
  - l5.2 course instructor,
  - I5.3 learning objectives,
  - 15.4 specific evaluation criteria and weightings,
  - 15.5 objective course completion criteria, and
  - 15.6 daily/weekly topics in sufficient detail to determine course content relative to assigned competencies and clinical proficiencies.

Criteria for Review: - References to Appendix I	Appendix I: Documents	
Page References in Appendices Volume 2, Appendix I: I5: Page 411	I5 Provide copies of the course syllabi for all those courses included in	
	the Matrix	

## on J: Clinical Education

- J1. The athletic training curriculum must include provision for clinical experiences under the direct supervision of a qualified ACI or CI (see Section B) in an appropriate clinical setting.
  - J1.1 ACI or CI must be physically present and have the ability to intervene on behalf of the athletic training student to provide on-going and consistent education.
  - J1.2 The ACI or CI must consistently and physically interact with the athletic training student at the site of the clinical experience.
  - J1.3 There must be regular planned communication between the ATEP and the ACI or CI.
  - J1.4 The number of students assigned to an ACI or CI in the clinical experience component must be of a ratio that will ensure effective education and should not exceed a ratio of eight students to a clinical instructor in the clinical setting.

Criteria for Review: - References to Appendices B & J	Appendix J: Documents
Page Reference in Appendices Volume 1, Appendix B:	B3.2a Completed ACI/CI Table
B3.2a: Page 58	B3.2a
Page Reference in Appendices Volume 2, Appendix J:	J1 Clinical Supervision
J1: Page 502	Policy
U U U U U U U U U U U U U U U U U U U	

J2. Clinical experiences must provide students with opportunities to practice and integrate the cognitive learning, with the associated psychomotor skills requirements of the profession, to develop entry-level clinical proficiency and professional behavior as an Athletic Trainer as defined by the NATA Educational Competencies.

Criteria for Review: - Narrative	Appendix J:
J2 Narrative: Describe how program addresses	None
integration to develop clinical proficiency and	
professional behaviors (i.e. Learning Over Time) as an	
Athletic Trainer.	
The narrative in section I4, addressing the "logical	
progression of clinical experience allowing for	
increasing amounts of clinically-supervised	
responsibility and reinforcing the sequence of formal	
classroom and psychomotor skill learning" also	
speaks to the requirements of J2, the opportunity for	
the students to practice and integrate the cognitive	
learning with the associated psychomotor skills.	
In further explanation, students are co-enrolled in a	
didactic course and a clinical experience practicum	
course for both semesters of the junior year (Program	
Level): MSS 324 with 325 (Practicum I), and MSS 326	
with 327 (Practicum II). For these two practicum	
courses, the students have both a lab instructor and a	
clinical experience ACI, thus integrating the	
development of clinical proficiencies (practice and	
evaluation with the lab instructor followed by	
application supervised by the clinical ACI).	
Professional behavior is modeled with actual	
athletes/patients by the practicing ACIs at the clinical	
site. The lab instructor is also the instructor for the	
accompanying didactic class (MSS 324 or MSS 326,	
respectively) which allows for a seamless transition of	
didactic instruction and knowledge assessment, with	
laboratory practice and proficiency evaluation.	
In the senior year (Pre-professional Level), students	
are enrolled in MSS 454 Team Management and MSS	
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i a a a a a a a a a a a a a a a a a a a	411 Practicum III, both with a lab instructor and a clinical experience ACI. Students are enrolled in MSS 415 Management and Organization in Athletic Training, which includes study and examination of what constitutes professional behavior, and also enrolled in MSS 499 Senior Seminar, which includes the capstone requirement of taking the BOC computerized self-assessment exams and a final practical (clinical proficiency) exam. Each spring, for the past six years, La Verne ATEP students have presented at the District 8 Far West Athletic Trainers' Association (FWATA) annual symposium, further evidence of the ATEP's promotion of learning-over- time and professional practice, which includes contributions to the profession itself.
F F C F S F	Throughout the three Levels of the ATEP, professionalism is stressed; from the dress code included in the Policies and Procedures Manual, to encouragement of student NATA and District membership, to supporting student professional development with funds for attendance and participation at educational meetings and symposiums, and the examples of involvement in professional committees, modeled by the La Verne faculty and athletic training staff.

- J3. Clinical experiences must be contained in individual courses that are completed over a minimum of two academic years.
  - J3.1 Course credit must be consistent with institutional policy or institutional practice.
  - J3.2 Courses must include objective criteria for successful completion.
  - J3.3 There must be opportunities for students to gain clinical experiences associated with a variety of different populations including genders, varying levels of risk, protective equipment (to minimally include helmets and shoulder pads), and medical experiences that address the continuum of care that would prepare a student to function in a variety of settings and meet the domains of practice delineated for a certified athletic trainer in the profession.
  - J3.4 Student clinical experiences must be conducted in such a way to allow the ATEP faculty/staff to regularly and frequently evaluate student progress and learning, as well as the effectiveness of the experience.
  - J3.5 The students' clinical experience requirements must be carefully monitored.
    - J3.51 The length of clinical experiences should be consistent with other comparable academic programs requiring a clinical or supervised

practice component. Such policies must be consistent with federal or state student work-study guidelines as applicable to the campus setting.

J3.52 Consideration must be given to allow students comparable relief (days off) from clinical experiences during the academic year as compared to other student academic and student activities offered by the institution (e.g., other health care programs, athletics, clubs).

Criteria for Review: - References to Appendix J - Narrative	Appendix J: Documents
Page References in Appendices Volume 2, Appendix J: J3a: Page 503 J3b: Appendix I, I5 MSS 325 (page 433), MSS 327 (page 443), MSS 411(page 467), MSS 454 (page 481) J3c: Page 508	J3a Clinical Education Policy(ies) that address criteria included in J3 J3b Clinical course syllabi – provided as part of I5 Appendix, do not duplicate; cite page numbers.
J3 Narrative: Describe how program addresses criteria included in J3. Also describe where the Clinical Education Policy(ies) are published and how students have access to them.	J3c Student clinical experience hour logs by semester/term for the full academic year. If not recorded by ATEP,
J3: Clinical experiences are contained within the syllabi for the following courses: MSS 325 Practicum I, MSS 327 Practicum II, MSS 411 Practicum III, and MSS 454 Team Management. These courses are sequenced, as listed above, and only one practicum per semester is allowed to be scheduled, thus taking a minimum of two academic years (four semesters) to complete. These courses may be taken only upon formal admission into the Program. Additional information regarding Clinical Educational Policies are contained in the Policies and Procedures Manual, available in downloadable form on the ATEP web site. All-ATEP meetings are held monthly, and clinical education policies are discussed at these meetings.	provide documentation as to how ATEP monitors student clinical experience hours and comparable relief as described in J3.5.
J3.1 Each of the practicum courses are one semester hour, which is consistent with University practice.	
J3.2 Each course, imbedded within the syllabus, has objective criteria for completion. Clinical proficiencies, covered and evaluated in each practicum, are included in the matrix for that course. The criteria for completion were updated during the fall 2007 semester, and students were informed of the changes	

prior to the semester. Meetings with individual classes (juniors, seniors) were held to further explain and to gather feedback. The changes made included a longer (minimum 12 weeks and 120 hours) time period for the clinical experience section of Practicums I, II, and III, and high school and off-campus clinical rehab rotations were required as part of the practicum experience. These practicums include one hour per week with the professor of record, in classroom/lab presentation, demonstration, practice, and proficiency assessment. The off-campus ACI to whom the student is assigned may, but is not required to, formally assess the students' clinical proficiency skills and is encouraged to do so as the situation arises. Formal assessment for all proficiencies, skills and scenariobased, takes place in the classroom/lab.

For Practicums I and II, students must enroll concurrently in a corresponding didactic course: MSS 324 Assessment and Evaluation of Lower Extremity Injuries with MSS 325 Practicum I, MSS 326 Assessment and Evaluation of Upper Extremity Injuries with MSS 327 Practicum II). Positive student feedback, test scores, and instructor evaluations support this model of concurrent enrollment for these courses

MSS 410 Exercise and Rehabilitation is sequenced one year before the corresponding Practicum III. Although students tend to prefer same semester enrollment, this year separation allows a great "learning over time" opportunity, as well as an additional year in rehab protocol practice.

J3.3 Students must apply for clinical education assignments, and must indicate on the application which of the following populations and settings have been experienced: male; female; upper extremity injury intensive; lower body injury intensive; collegiate; high school; football (equipment intensive); clinical rehab (general population). Students are required to obtain clinical experience in each of the listed areas. General medical experience is required as part of the curriculum and assignments within MSS 400 General Medical Conditions.

J3.4 All Program students are assigned to a minimum of one practicum at ULV in the first Program year (junior year). This allows early and very regular evaluation by La Verne on-campus faculty and ACIs. Students involved in off-campus practicums are visited by the CC or PD twice per practicum, and the ACIs are encouraged to give feedback as often as desired, or necessary for student improvement/mediation. Students in both on-campus and off-campus clinical experiences must submit mid- semester grade checks to the PD, and mid-semester evaluations are submitted, by the assigned ACI, to the CC. Semi-weekly lab assignments and skills practice sheets practice are required by the instructor of record for Practicums I and II.	
J3.51 Students record clinical experience hours, daily, on University of La Verne Athletic Training Education Program Clinical Experience Log (example on page 509). These hours are validated weekly by the supervising ACI. The logs are maintained by the student, throughout the semester, are checked regularly by the clinical experience course instructor, and are submitted to the instructor at the end of the semester. These logs are then copied and submitted to the PD for inclusion in the student's Program file.	
The length of the clinical experience (12 weeks) is consistent with other programs on campus, and is based on a 20-hr week, per federal work-study guidelines for university students.	
J3.52 As stated above, student clinical experience logs are carefully monitored by the supervising ACI and the course instructor. Students are required to have a minimum of one-day relief from clinical experience per week during the semester, which is consistent with mandates for athletics and other clubs on campus. Students are encouraged to take two days off from clinical experience, in order to maintain a high level of academic grades and classroom performance.	

J4. The clinical experience must allow students opportunities to practice with different patient populations and in different athletic or allied health care settings.

Criteria for Review: - Narrative	Appendix J:
J4 Narrative: Describe how the program meets the criteria defined in J4.	None
J4: As stated previously in Section J3.3, students must apply for clinical education assignments, and must indicate on the application which of the following populations and settings have been experienced: male; female; upper extremity injury intensive; lower body injury intensive; collegiate; high school; equipment intensive; clinical rehab (general population). Students are required to obtain clinical experience in each of the listed areas and are given a clinical assignment based on the patient populations and settings the student still needs to experience. General medical experience is required as part of the curriculum and assignments within MSS 400 General Medical Conditions.	

## J5. All clinical education sites where students are gaining clinical experience must be evaluated by the ATEP on an annual and planned basis.

Criteria for Review: - Reference to Appendix J - Narrative	Appendix J: Document
<ul> <li>Page Reference in Appendices Volume 2, Appendix J: J5: Page 512</li> <li>J5 Narrative: Describe how the program meets the criteria defined in J5.</li> </ul>	J5 <b>Copy of one completed</b> clinical site evaluation form for <u>each</u> clinical site listed on Table A4a, signed/dated by person completing evaluation
J5: All clinical education sites are visited by the Curriculum Coordinator (or by the Program Director) at least once each semester and during each student's clinical practicum assignment. The CC interviews both the student and the supervising ACI at that visit, and observes the student "at work" gaining clinical experience. The CC completes a written summary/review of each visit, which is shared with the PD.	

J6. At least 75% of the student's clinical experiences must occur under the direct supervision of an ACI or CI who is an ATC®.

Criteria for Review: - Reference to Appendix B	Appendix J:	Table
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Page Reference in Appendices Volume 1, Appendix B: B3.2a: Page 58	B3.2a <b>ACI</b> /	CI Table B3.2a