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ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.
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ATHLETIC TRAINING RESIDENCY

MISSION and VISION

OHIO UNIVERSITY (OHIO) COLLEGE OF HEALTH SCIENCES & PROFESSIONS (CHSP)

MISSION:

- We SERVE our communities (big and small).
- We SOLVE the world’s greatest health issues.
- We SUCCEED in training the next generation of health care professionals.

VISION:

- Our experiential and interdisciplinary philosophy means CHSP students learn to treat and optimize health through many lenses, readying them for a career path as tomorrow’s best nurses, social workers, dietitians, athletic trainers, physical therapists, hospital administrators and more.
- As a leader in population health, we embrace community partnerships to build collaborative, scalable solutions capable of meeting the era’s biggest crises and challenges.

OHIOHEALTH

MISSION: To improve the health of those we serve.

VISION: To provide exceptional care for all through experiences that earn a lifetime of trust.

OHIO - OHIOHEALTH ATHLETIC TRAINING RESIDENCY

MISSION: To educate and cultivate future leaders in the profession of athletic training to provide innovative and evidence-based healthcare for pediatric and adolescent sports medicine populations.

VISION: To provide early career athletic trainers an innovative program consisting of advanced study and mentored clinical practice focusing on the management and care of pediatric and adolescent patients. The residency aims to become a program where athletic trainers desire to transition their knowledge, skills and abilities into leadership roles and advanced clinical practice within youth sports medicine settings.

ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.
NONDISCRIMINATORY STATEMENT

OhioHealth is an equal opportunity employer and fully supports and maintains compliance with all state, federal, and local regulations. OhioHealth does not discriminate against associates or candidates because of race, color, religion, sex, sexual orientation, age, ancestry, national origin, veteran status, pregnancy, disability, marital status, or other characteristics protected by law. Equal employment opportunity is extended to all persons in all aspects of the associate-employer relationship including recruitment, hiring, training, promotion, transfer, compensation, discipline, reduction in staff, termination, assignment of benefits, and any other term or condition of employment.

Ohio University does not discriminate against any person in employment or educational opportunities because of race, color, religion, age, national origin, ethnicity, national ancestry, sex, pregnancy, gender, gender identity or expression, sexual orientation, military service or veteran status, mental or physical disability, or genetic information. The website, https://www.ohio.edu/equity-civil-rights/non-discrimination, lists information for inquiries regarding the University’s non-discriminatory policies, to receive discrimination / harassment complaints, and to monitor the institution’s compliance with state and federal non-discrimination law and regulations.

PROGRAM OUTCOMES

PROGRAM LEARNING OUTCOMES
1. Residents will be able to use patient and clinician-rated outcomes to develop a quality improvement plan.
2. Residents will be able to provide compassionate and high-quality healthcare efficiently and consistently.
3. Residents will be able to apply medical knowledge to improve pediatric and adolescent patient outcomes.
4. Residents will be able to demonstrate the ability to self-assess and implement feedback to promote personal and professional growth.
5. Residents will be able to function as a patient advocate through interprofessional collaboration and consideration of patient and family values.
6. Residents will be able to exhibit citizenship and professional engagement within the local or professional community.
7. Residents will be able to develop professional and collaborative relationships with members of the pediatric and adolescent healthcare team.
PROGRAM REPORTED OUTCOMES

The first residency class completed the program in the summer of 2022. The residency was built upon the Post-Professional Athletic Training Program at OHIO, which began its partnership with OhioHealth Sports Medicine (OHSM) in 2015 and graduated its first class in 2017. The table below reports program outcomes associated with the Dublin cohort of the OHIO Post-Professional Athletic Training Program (2017-2022) and Athletic Training Residency (2022-2023).

Table 1. Program Outcomes

<table>
<thead>
<tr>
<th>Graduating Class</th>
<th># Admitted</th>
<th>Retention Rate¹ (%)</th>
<th>#Hired by OHSM² (%)</th>
<th>#Placed in AT Jobs³ (%)</th>
<th>#Advancing Education (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>3</td>
<td>3/3 (100%)</td>
<td>1/3 (33%)</td>
<td>3/3 (100%)</td>
<td>0/3 (0%)</td>
</tr>
<tr>
<td>2018</td>
<td>5</td>
<td>3/5 (60%)</td>
<td>3/3 (100%)</td>
<td>3/3 (100%)</td>
<td>0/3 (0%)</td>
</tr>
<tr>
<td>2019</td>
<td>4</td>
<td>4/4 (100%)</td>
<td>1/4 (25%)</td>
<td>3/4 (75%)</td>
<td>0/4 (0%)</td>
</tr>
<tr>
<td>2020</td>
<td>5</td>
<td>4/5 (80%)</td>
<td>2/4 (50%)</td>
<td>4/4 (100%)</td>
<td>0/4 (0%)</td>
</tr>
<tr>
<td>2021</td>
<td>5</td>
<td>5/5 (100%)</td>
<td>5/5 (100%)</td>
<td>5/5 (100%)</td>
<td>0/5 (0%)</td>
</tr>
<tr>
<td>2022</td>
<td>6</td>
<td>6/6 (100%)</td>
<td>5/6 (83%)</td>
<td>6/6 (100%)</td>
<td>0/6 (0%)</td>
</tr>
<tr>
<td>2022*</td>
<td>5</td>
<td>5/5 (100%)</td>
<td>0/5 (0%)</td>
<td>3/5 (60%)</td>
<td>1/5 (20%)</td>
</tr>
<tr>
<td>2023</td>
<td>8</td>
<td>8/8 (100%)</td>
<td>4/8 (50%)</td>
<td>7/8 (88%)</td>
<td>1/8 (13%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>38/41 (93%)</td>
<td>21/38 (55%)</td>
<td>34/38 (92%)</td>
<td>2/38 (5%)</td>
</tr>
</tbody>
</table>

¹Retention rate is defined as those who remained for the entire term of program.
²Hired by OHSM represents those who accepted a job with OHSM working with a pediatric or adolescent population within 6 months of program completion.
³Placed in AT represents those who were hired in a job working with a pediatric or adolescent population within 6 months of program completion.
⁴Represents the first AT Residency cohort.

RESIDENCY PROGRAM PERSONNEL

Residency program personnel are composed of directors (Table 2), managers (Tables 3 and 4), associate managers (Table 5) as well as residency core (Table 6) and affiliated faculty (Tables 7 and 8). Residency core faculty are dedicated to the development, implementation, and evaluation of the program. Residency affiliated faculty serve as the collaborating and supervising athletic trainers at the resident’s clinical sites of practice.

In the event of an emergency that interferes with resident work responsibilities, the first contact should be your affiliated faculty at the affected clinical site(s) of practice (Tables 7 and 8). The second contact is Laura Harris, who serves as the residency director. When time permits, all conversations regarding personal emergencies must be followed with an email addressed to your residency affiliated faculty with carbon copies to (1) Laura Harris, (2) your OHSM manager.

ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.
and/or OhioHealth Physician Group (OPG) manager listed in Tables 3 and 4, and (3) your OHSOM associate manager listed in Table 5 (if applicable).

The chain of command becomes more imminent when the resident needs to express concerns of harassment or report unethical or dangerous behavior. In sensitive situations, residency affiliated faculty (Tables 7 and 8) at the clinical site(s) of practice should be the immediate report. It is the duty of the residency affiliated faculty to report information to Laura Harris and their OPG Manager (Table 4) or OHSOM Associate Manager (Table 5), whichever is appropriate. It is Laura Harris’ responsibility to communicate information to OHIO’s Office of Equity and Civil Rights Compliance. In the event the resident’s concerns involve behavior exhibited by the residency affiliated faculty, the initial report should be made to Laura Harris and the resident’s OPG Manager (Table 4) or OHSOM Associate Manager (Table 5), whichever is appropriate.

Table 2. Athletic Training Residency Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dick, Natalie</td>
<td><a href="mailto:natalie.dick@ohiohealth.com">natalie.dick@ohiohealth.com</a></td>
<td>AT Residency Medical Director</td>
</tr>
<tr>
<td>Davis, Bill</td>
<td><a href="mailto:bill.davis@ohiohealth.com">bill.davis@ohiohealth.com</a></td>
<td>OhioHealth Sports Medicine Director</td>
</tr>
<tr>
<td>Harris, Laura</td>
<td><a href="mailto:harrisL2@ohio.edu">harrisL2@ohio.edu</a></td>
<td>AT Residency Program Director</td>
</tr>
<tr>
<td>Stibel, Katrina*</td>
<td><a href="mailto:katrina.stibel@ohiohealth.com">katrina.stibel@ohiohealth.com</a></td>
<td>AT Residency Associate Program Director</td>
</tr>
</tbody>
</table>

*Core Faculty

Table 3. OhioHealth Sports Medicine Managers

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hite, Chris</td>
<td><a href="mailto:christopher.hite@ohiohealth.com">christopher.hite@ohiohealth.com</a></td>
<td>540-538-6557</td>
</tr>
<tr>
<td>Neville, Eddie</td>
<td><a href="mailto:eddie.neville@ohiohealth.com">eddie.neville@ohiohealth.com</a></td>
<td>614-284-0012</td>
</tr>
<tr>
<td>Stibel, Katrina*</td>
<td><a href="mailto:katrina.stibel@ohiohealth.com">katrina.stibel@ohiohealth.com</a></td>
<td>614-557-2084</td>
</tr>
<tr>
<td>Wolshire, Jayson</td>
<td><a href="mailto:jayson.wolshire@ohiohealth.com">jayson.wolshire@ohiohealth.com</a></td>
<td>937-572-9910</td>
</tr>
</tbody>
</table>

*Core Faculty

Table 4. OhioHealth Physician Group Practice Managers / Administrators

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright, Jeff</td>
<td><a href="mailto:jeffe5y.bright@ohiohealth.com">jeffe5y.bright@ohiohealth.com</a></td>
<td>614-595-5945</td>
</tr>
<tr>
<td>Davis, Nicole</td>
<td><a href="mailto:nicole.davis2@ohiohealth.com">nicole.davis2@ohiohealth.com</a></td>
<td>614-499-5085</td>
</tr>
<tr>
<td>Johnson, Michelle</td>
<td><a href="mailto:michelle.johnson2@ohiohealth.com">michelle.johnson2@ohiohealth.com</a></td>
<td>614-301-7473</td>
</tr>
<tr>
<td>Peppel, Scott</td>
<td><a href="mailto:scott.peppel@ohiohealth.com">scott.peppel@ohiohealth.com</a></td>
<td>614-905-6511</td>
</tr>
<tr>
<td>Rygalski, Chad</td>
<td><a href="mailto:chad.rygalski@ohiohealth.com">chad.rygalski@ohiohealth.com</a></td>
<td>614-205-9894</td>
</tr>
</tbody>
</table>
Table 5. OhioHealth Sports Medicine Associate Managers

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betz, Caleb</td>
<td><a href="mailto:caleb.betz@ohiohealth.com">caleb.betz@ohiohealth.com</a></td>
<td>740-601-7227</td>
</tr>
<tr>
<td>Conley, Alexis</td>
<td><a href="mailto:alexis.conley@ohiohealth.com">alexis.conley@ohiohealth.com</a></td>
<td>614-432-4535</td>
</tr>
<tr>
<td>Damschroder, Kelly</td>
<td><a href="mailto:kelly.damschroder@ohiohealth.com">kelly.damschroder@ohiohealth.com</a></td>
<td>567-204-0723</td>
</tr>
<tr>
<td>McHenry, Sean</td>
<td><a href="mailto:sean.mchenry@ohiohealth.com">sean.mchenry@ohiohealth.com</a></td>
<td>614-657-4247</td>
</tr>
<tr>
<td>Parker, Lisa</td>
<td><a href="mailto:lisa.parker2@ohiohealth.com">lisa.parker2@ohiohealth.com</a></td>
<td>419-565-7866</td>
</tr>
<tr>
<td>Sczpanski, Jeff*</td>
<td><a href="mailto:jeff.sczpanski@ohiohealth.com">jeff.sczpanski@ohiohealth.com</a></td>
<td>740-816-4798</td>
</tr>
<tr>
<td>Summanen, Tom</td>
<td><a href="mailto:tom.summanen@ohiohealth.com">tom.summanen@ohiohealth.com</a></td>
<td>440-670-4634</td>
</tr>
<tr>
<td>Weible, Ryan*</td>
<td><a href="mailto:ryan.weible@ohiohealth.com">ryan.weible@ohiohealth.com</a></td>
<td>614-506-2743</td>
</tr>
</tbody>
</table>

*Core Faculty

Table 6. Residency Core Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peppel, Scott</td>
<td><a href="mailto:scott.peppel@ohiohealth.com">scott.peppel@ohiohealth.com</a></td>
<td>614-905-6511</td>
</tr>
<tr>
<td>Sczpanski, Jeff</td>
<td><a href="mailto:jeff.sczpanski@ohiohealth.com">jeff.sczpanski@ohiohealth.com</a></td>
<td>740-816-4798</td>
</tr>
<tr>
<td>Stibel, Katrina</td>
<td><a href="mailto:katrina.stibel@ohiohealth.com">katrina.stibel@ohiohealth.com</a></td>
<td>614-557-2084</td>
</tr>
<tr>
<td>Weible, Ryan</td>
<td><a href="mailto:ryan.weible@ohiohealth.com">ryan.weible@ohiohealth.com</a></td>
<td>614-506-2743</td>
</tr>
</tbody>
</table>

Table 7. Middle or High School Residency Affiliated Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Clinical Site</th>
<th>Email</th>
<th>Cell Phone</th>
</tr>
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<tbody>
<tr>
<td>Budd, Justin</td>
<td>Hilliard Bradley HS</td>
<td><a href="mailto:justin.budd@ohiohealth.com">justin.budd@ohiohealth.com</a></td>
<td>402-515-5280</td>
</tr>
<tr>
<td>Huffer, Zach</td>
<td>Buckeye Valley HS</td>
<td><a href="mailto:zach.huffer@ohiohealth.com">zach.huffer@ohiohealth.com</a></td>
<td>740-803-0249</td>
</tr>
<tr>
<td>Kitchen, Addam</td>
<td>Central Crossing HS</td>
<td><a href="mailto:addam.kitchen@ohiohealth.com">addam.kitchen@ohiohealth.com</a></td>
<td>440-752-2937</td>
</tr>
<tr>
<td>Orth, Lauren</td>
<td>Westerville North HS</td>
<td><a href="mailto:lauren.orth@ohiohealth.com">lauren.orth@ohiohealth.com</a></td>
<td>740-815-0238</td>
</tr>
<tr>
<td>Powell, Kylie</td>
<td>Pickerington Central HS</td>
<td><a href="mailto:kylie.powell@ohiohealth.com">kylie.powell@ohiohealth.com</a></td>
<td>215-264-8993</td>
</tr>
<tr>
<td>VanHorn, Jennifer</td>
<td>Thomas Worthington HS</td>
<td><a href="mailto:jennifer.vanhorn@ohiohealth.com">jennifer.vanhorn@ohiohealth.com</a></td>
<td>614-975-1659</td>
</tr>
<tr>
<td>Westenberger, Boston</td>
<td>Worthington Kilbourne HS</td>
<td><a href="mailto:boston.waltenberger@ohiohealth.com">boston.waltenberger@ohiohealth.com</a></td>
<td>419-605-8884</td>
</tr>
</tbody>
</table>
Table 8. Physician Practice Residency Affiliated Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Physician(s)</th>
<th>Email</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estes, Tiffany</td>
<td>Austin Musick, DO</td>
<td><a href="mailto:tiffany.estes@ohiohealth.com">tiffany.estes@ohiohealth.com</a></td>
<td>614-582-5859</td>
</tr>
<tr>
<td></td>
<td>Benjamine Ahrens, DO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freeman, Kaitlin</td>
<td>Monique Brady, MD</td>
<td><a href="mailto:kaitlin.freeman@ohiohealth.com">kaitlin.freeman@ohiohealth.com</a></td>
<td>740-815-2284</td>
</tr>
<tr>
<td></td>
<td>Donald Lemay, DO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ryan Siegel, DO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hammer-Phillips, Kari</td>
<td>Doug DiOrio, MD</td>
<td><a href="mailto:kari.hammer-phillips@ohiohealth.com">kari.hammer-phillips@ohiohealth.com</a></td>
<td>740-412-6788</td>
</tr>
<tr>
<td>Ashton, Kyler</td>
<td>John Hedge, DO</td>
<td><a href="mailto:kyler.ashton@ohiohealth.com">kyler.ashton@ohiohealth.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vismai Sinha, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Justin Stumph, DO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eddington, Mike</td>
<td>Jason Foster, MD</td>
<td><a href="mailto:mike.eddington@ohiohealth.com">mike.eddington@ohiohealth.com</a></td>
<td>614-352-3541</td>
</tr>
<tr>
<td>Gooden, Cadee</td>
<td>Jason Diehl, MD</td>
<td><a href="mailto:cadee.gooden@ohiohealth.com">cadee.gooden@ohiohealth.com</a></td>
<td>614-633-8829</td>
</tr>
<tr>
<td></td>
<td>Thomas Hospel, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kristen Lafferty, DO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richardson, Kate</td>
<td>Ben Burkham, MD</td>
<td><a href="mailto:kathryn.richardson@ohiohealth.com">kathryn.richardson@ohiohealth.com</a></td>
<td>440-655-6566</td>
</tr>
<tr>
<td>Snyder, Grace</td>
<td>Craig Fortman, DO</td>
<td><a href="mailto:grace.snyder@ohiohealth.com">grace.snyder@ohiohealth.com</a></td>
<td>614-736-0560</td>
</tr>
<tr>
<td></td>
<td>Justin Stumph, DO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.
TERMS OF EMPLOYMENT

Resident appointment contracts are offered by OhioHealth as a “C-2 level athletic trainer, resident.” These contracts are non-renewable and span a 12-month period beginning in July. Initial employment is contingent upon (1) obtaining an Ohio license from the Ohio Occupational Therapy, Physical Therapy, Athletic Trainers (OTPTAT) Board prior to July 1 of the contract year, and (2) successful completion of the new associate orientation (NAO) process, which includes a background check, drug screen, and health assessment (see Appendix A and B). These NAO screens are conducted free-of-charge by OhioHealth Associate Health and Wellness. Failure to meet the terms of employment will result in termination of the offer of employment, resulting in dismissal from the Athletic Training Residency Program.

Ongoing employment is contingent upon (1) acceptable grades in residency course work and (2) acceptable clinical performance. Please refer to the section, “Program Requirements” for more details. Failure to meet either of these two contingencies will result in termination of employment. Termination will result in dismissal from the Athletic Training Residency Program.

Residents are provided an extensive onboarding program throughout the month of July. This onboarding coincides with summer courses (i.e., Athletic Training Administration and Psychosocial Issues in Athletic Training). Direct patient care officially begins on the first day of fall sport activities (i.e., typically August 1) and ends on a Friday corresponding with the week of June 30.

CARDIOPULMONARY RESUSCITATION CERTIFICATION (CPR)

CPR certification must be valid while residents are under an employment contract with OhioHealth. A lapse in certification may result in immediate suspension from clinical duties until rectified. This may result in a reduction in pay depending upon the length of suspension from duties.

Upon enrollment, the Program accepts CPR certification from all providers as defined by the NATA BOC; however, within 30 days of the initial date of employment with OhioHealth, CPR certification must be obtained through the American Heart Association, which is offered to employees through OhioHealth. This certification must include Automated External Defibrillator (AED) training. Documentation (scan or screenshot both sides of the certificate) must be provided to the residency director.
BOARD OF CERTIFICATION (BOC) CREDENTIAL

Prior to completing new associate orientation and entering an employment contract, each residency candidate is required to obtain BOC certification. Proof of BOC certification is required in the form of scanning or screenshotting a copy of the BOC certificate, which should indicate the resident’s name, date of certification, and certification number.

OHIO OTPTAT ATHLETIC TRAINERS’ LICENSE

Prior to completing new associate orientation and entering an employment contract, the residency candidate is required to obtain Ohio licensure as a practicing athletic trainer. Proof of Ohio licensure is required in the form of downloading a copy of the Ohio OTPTAT online verification, which should indicate the resident’s name, date of expiration, and the license number.

Ohio licensure must be valid while residents are under an employment contract with OhioHealth. A lapse in licensure will result in immediate suspension from clinical duties until rectified. This may result in a reduction in pay depending upon the length of suspension from duties.

NPI REGISTRATION

Residents are required to obtain an NPI registration number as a practicing clinician. A registered NPI number must be provided to the residency director.

NATIONAL ATHLETIC TRAINERS’ ASSOCIATION (NATA) MEMBERSHIP

Residents are required to be members of the NATA. The resident’s NATA membership number should be provided to the residency director.

LIABILITY INSURANCE

OhioHealth will provide professional liability coverage (1 million per incident/3 million aggregate) while working under an employment contract as a resident. However, residents are also required to obtain their own professional liability insurance to work at various tournaments, such as those hosted by the Ohio High School Athletic Association (OHSAA).

BACKGROUND CHECK

Because pediatric and adolescent populations are considered a vulnerable population, school systems in the state of Ohio require school personnel to submit to a criminal background check prior to engaging in activities sponsored by the school. As such background checks are a condition of employment with OhioHealth; the background check will be processed at no cost to
the residency candidate. For more information on the new associate health and wellness screen, visit Appendix A and B of this handbook.

If results indicate the residency candidate has been convicted of a disqualifying crime, the candidate may no longer be considered for employment, which will also result in dismissal from the Athletic Training Residency Program.

**DRUG SCREEN**

Any medication bottles prescribed to the residency candidate should be presented at the time of the drug screen. For more information on the new associate health and wellness screen, visit Appendix A and B of this handbook.

All non-negative results are determined by a Medical Review Officer (MRO) representing OhioHealth. Drugs, chemicals, or conditions that will result in a non-negative test include the following: (1) illegal drugs, (2) prescription drugs for which the candidate does not have a prescription, (3) dilute samples, (4) nonbiologic samples, (5) adulterated samples, and (6) samples that are outside the body temperature range at point of collection.

If a candidate’s drug screen results are determined to be non-negative due to illegal drugs, prescription drugs for which the candidate does not have a prescription, nonbiologic samples, and/or adulterated samples, the candidate may no longer be considered for employment, which may also result in dismissal from the Athletic Training Residency Program.

If a candidate’s drug screen results are determined to be non-negative dilute samples, a second test is required. The second sample must be submitted within 24 hours of notification of the original test results. In the event the candidate fails to resubmit within the specified timeline, the candidate may no longer be considered for employment, which may also result in dismissal from the Athletic Training Residency Program.

Samples which fall outside the temperature range of 90-100 degrees at point of collection will require a second sample, submitted under direct supervision on the same day as the original sample. In the event the candidate fails to resubmit on the same day as the original sample, the candidate may no longer be considered for employment, which may also result in dismissal from the Athletic Training Residency Program.

**HEALTH ASSESSMENT**

During the health assessment, OhioHealth will provide needed vaccinations, tests, and titers listed below at no cost to the residency candidate. Religious and medical exemptions may be granted to those who meet the exemption criteria. For more information on the new associate health and wellness screen, visit Appendix A and B of this handbook.
Table 9. Health History and Vaccinations

<table>
<thead>
<tr>
<th>Vaccination Type</th>
<th>INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Flu</strong></td>
<td>The resident is required to obtain an annual flu vaccination by December 1. Residents can receive the vaccination at any OhioHealth healthcare location at no cost. The resident may also obtain an annual flu vaccination from a healthcare provider of their choice; however, documentation must be submitted to OhioHealth Associate Health and Wellness.</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB) Skin Testing (TST)</strong></td>
<td>One-step TB Skin Testing (TST) will be completed at OhioHealth Associate Health and Wellness. The intradermal PPD test must be placed and read within 2-3 days at Associate Health and Wellness. If you have previously tested positive for TB, please bring all health records to your scheduled appointment. For residents who may find it difficult to return for the intradermal PPD reading within 2-3 days, you may request a blood draw instead.</td>
</tr>
<tr>
<td><strong>MMR (Measles - Mumps - Rubella)</strong></td>
<td>Evidence of the two-dose series MMR (i.e., Rubeola IgG Titer, Mumps IgG Titer, Rubella IgG Titer) will be required.</td>
</tr>
<tr>
<td><strong>Varicella (chickenpox)</strong></td>
<td>Evidence of varicella immunity will be required.</td>
</tr>
<tr>
<td><strong>COVID-19</strong></td>
<td>Residents must provide evidence of a COVID-19 vaccine; boosters are recommended. For those who have not previously received the COVID-19 vaccine, the vaccine is available at OhioHealth Associate Health and Wellness. If you elect to use an outside agency, your medical benefits as an employee of OhioHealth (if enrolled) will cover the cost of the vaccine. Documentation must be submitted to OhioHealth Associate Health and Wellness.</td>
</tr>
<tr>
<td><strong>Hep B (Hepatitis B)</strong></td>
<td>Residents who have previously received a Hep B vaccination 10 or more years ago are strongly encouraged to obtain a titer at OhioHealth Associate Health and Wellness to determine the status of your immunity. For those who have not previously received a Hep B vaccination, it is highly recommended that you request the vaccine from OhioHealth Associate Health and Wellness.</td>
</tr>
</tbody>
</table>

The Athletic Training Residency recognizes that if immunity is not established to MMR and/or Varicella, a new vaccination series may be required and repeated over time. If the resident remains on schedule, there will be no risk of termination. However, failure to remain on the recommended vaccination schedule may result in suspension or termination of the employment contract, including suspension or dismissal from the Athletic Training Residency Program.

ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.
RESIDENT PAYMENT

Residents are provided a 12-month appointment, which includes a full-time salary that is based upon an hourly rate of $21.84, with the option to choose medical and health benefits, retirement, flexible spending, and/or a health savings account. Clothing, medical supplies, tuition reimbursement and $1000 in continuing education funds are also available. Salary payments are dispersed every two weeks on Fridays. The first payment will be provided after you have successfully completed (1) new associate orientation and (2) associate health and wellness screens (ie., background check, drug screen and health assessment).

REQUEST FOR TIME AWAY PAY (TAP)

Time off benefits are offered to residents. Time Away Pay (TAP) is a single bank of hours that can be used for personal and family needs such as vacation, personal time, short-term illnesses, and bereavement leave. A formal request for planned time off should begin with a conversation with the residency affiliated faculty. If verbally approved by the residency affiliated faculty, a formal request should be made through Kronos at least ten business days in advance. Residents who report an illness during their clinical work must report their illness to their residency affiliated faculty and OHSM associate manager and OPG practice manager (if applicable) as soon as possible.

The TAP bank balance is displayed in Kronos and on pay slips. The number of accumulated TAP hours is based upon your initial date of employment and the number of hours worked in a pay period. At the end of the employment contract, residents may elect to have unused TAP time paid out.

TAP is not available for use within the first three months of employment; thus, any approved time taken during the first three months of employment will be unpaid. More information on specific types of leave can be found at: https://www.ohiohealthrewards.com/myrewards/mylife/time-off.


TERMINATION OR SUSPENSION OF EMPLOYMENT

No later than the last day of employment, residents are expected to return all facility keys and their OhioHealth issued iPad to their residency affiliated faculty. Failure to comply with this will
result in an academic hold being placed on the University academic account, resulting in an inability to schedule future courses, obtain grades, transcripts and/or certificates of completion.

Usernames and passwords issued by OhioHealth to access Healthy Roster, EPIC, OhioHealth email, or any other database will be deactivated within 24 hours of the last day of employment. The University email will remain active for as long as you maintain it.

**TERMINATION BY OHIOHEALTH**

Residents are bound by OhioHealth’s Human Resources Policy for Performance Management (702.100) as well the rules and regulations established by the Ohio OTPTAT Board and the NATA BOC. Thus, residents are expected to conduct themselves in a professional manner. Examples of unprofessional behaviors include, but are not limited to, a failure to submit the documentation listed under “Terms of Employment,” failure to produce adequate patient medical documentation upon site visits and audits, patterns of tardiness or absenteeism, poor clinical performance (eg., incompetence, inefficient or negligent practice, inability to practice independently, harassment, intimidation, exploitation, breaches of confidentiality, insubordination, etc.).

In the event concerns are identified or expressed by program personnel concerning resident behavior or performance, the Program Disciplinary Committee will meet to discuss the concerns and determine the future status of the resident’s employment contract and ultimate status in the program. A decision by the Program Disciplinary Committee that indicates a resident’s failure to comply with any rules or regulations established by the aforementioned organizations or the program may result in termination of the employment contract, leading to dismissal from the Athletic Training Residency Program.

**PROGRAM DISMISSAL BY OHIO UNIVERSITY**

Residents must maintain a cumulative GPA of 3.0 (on a 4.0 scale) throughout the program. A resident earning less than 3.0 is considered in violation of the program expectations and will be placed on probation. Probability status indicates that the resident has the next semester to improve their cumulative GPA to at least 3.0. A second semester that results in a cumulative GPA below 3.0 will result in dismissal from the Athletic Training Residency Program, which will include termination of the employment contract with OhioHealth. Residents will be unable to earn a certificate of completion without a minimum cumulative GPA of 3.0.

**AT RESIDENT RESIGNATION**

Residents may resign prior to the expiration of their employment contract with a formal letter of resignation, specifying the last date of employment and salary disbursement. This letter should be submitted to the Athletic Training Residency Director and OHSM Director.
Resignation means that the terms of the previously agreed upon employment contract have not been fulfilled, which ceases salary disbursement. Depending upon the indicated last date of employment, enrollment in the academic semester and program may also be withdrawn. Refunds of tuition are contingent upon drop dates. For information regarding drop deadlines and refunds, residents are referred to: https://www.ohio.edu/registrar/register.

LEAVE OF ABSENCE

When circumstances prohibit the ability to fulfill academic and/or clinical responsibilities, residents may request a leave of absence from their academic and/or clinical responsibilities if they are in good standing with the program at the time of the request. All foreseeable leaves of absence must be requested and approved prior to leaving the program. To be reinstated following a granted leave of absence, the resident must notify the residency director in writing so that the reentry process can be initiated.

A resident who does not return to clinical work and enroll in residency courses within the proposed timeline established in the request for academic leave of absence will be considered dropped from the program, resulting in a permanent suspension of the employment contract with OhioHealth.

CLINICAL LEAVE PROCESS: Residents should be aware that a leave of absence from clinical responsibilities may result in a suspension of payment throughout the leave. If a leave of absence is desired from OhioHealth, the resident must work with their respective OHSM Manager(s) and Associate Health and Wellness.

ACADEMIC LEAVE PROCESS: To request an academic leave of absence, the resident must submit a written request to the residency director stating (1) the reason for the leave and (2) the expected duration of the leave. Approved leaves will be documented for the resident in writing, with a copy forwarded to the University Graduate College for recording in the resident’s file. It is the responsibility of the resident to resolve all issues pertaining to financial support, financial aid, and any outstanding debt to the University prior to a leave of absence.

In the event the requested leave of absence occurs during an academic semester, the resident may seek the assignment of “PR ” or “I” instead of dropping the courses. The granting of a “PR” is available for all courses, except AT 5300 and 6210, for which an “I” is the only option. A “PR” must be granted by the course instructor and requires that the course requirements be resolved before a certificate of completion can be awarded. The granting of an “I” offers a temporary extension to complete course work; this extension expires at the conclusion of the following semester’s second week. In the event “I” course work is not completed by the University’s deadline; the grade will automatically revert to an “F.” This will result in dismissal from the program and permanent suspension of the employment contract with OhioHealth.

ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.
ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.
RESIDENCY REPORTS AND EVALUATIONS

MONTHLY HOUR LOGS
A Qualtrics questionnaire will be generated and sent to residents at the end of each month throughout the residency. This hour log will require the resident to document clinical work hours, mentored hours, physician experience hours, and academic study hours.

CLINICAL EVALUATIONS
The Professionalism Assessment Tool is a self-assessment instrument completed by the resident upon program entry and exit.

Three comprehensive instruments designed to assess the resident’s summative clinical performance must be completed: (1) Athletic Training Resident Self-Evaluation in August and April, (2) Affiliated Faculty’s Evaluation of Athletic Training Resident in September and May, and (3) Physician’s Evaluation of Athletic Training Resident in June. An abbreviated mid-year evaluation will also be completed by the resident’s affiliated faculty member and residency director in January; this process will include a collaborative goal setting meeting between the resident and residency director.

In June, residents must complete an exit questionnaire.

In cases where a residency affiliated faculty member or director rates the resident’s performance as poor (i.e., item ratings are consistently at or below 50%), the Program Disciplinary Committee will meet to discuss the resident’s clinical performance and determine the future status of the resident’s employment contract and ultimate status in the program. For specific expectations, rules and regulations governing conditions of employment, refer to the section, “Termination by OhioHealth.”

SITE VISITS
Residents will be formatively evaluated each semester by the residency director through site visits, audits, and regular communications with the residency affiliated faculty. To be determined as meeting clinical performance expectations, site visits conducted by the residency director or a designated OHSM Associate Manager or OPG Manager must indicate that the resident is “meeting” or “exceeding” expectations. In cases where residents are assessed as “needs improvement,” the Program Disciplinary Committee will meet to establish an action plan.
**RESIDENCY CURRICULUM**

**CLINICAL WORK**

Residents are expected to produce a minimum of 40 hours of clinical work per week. Weeks that include one of the six-paid holidays (ie., New Year’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas) or any combination of the approximate three-weeks of TAP (Time Away Pay) are exempt from the 40-hour expectation. For each day off, residents should subtract eight-hours from the 40-hour minimum.

Clinical work includes athletic training services provided at the resident’s assigned school, physician practice, and required tournaments and substitute coverage sites. Athletic training services include patient care, clinical administrative duties, meetings, medical documentation, data collection and analysis for your capstone project, and creation of continuing education presentations as assigned by OHSN.

Of the required 1760 minimum hours (ie. 52–8 = 44 weeks; 44 weeks * 40 hours = 1760), no less than 500 of the hours must be mentored experiences include those experiences where the affiliated faculty, associate manager, manager, collaborating physician, residency director, or other senior-athletic training is collaborating with the resident (eg., within the same clinic, site, tournament, field, etc.). Mentored experiences will also include times where goals, problems, issues, challenges, and successes are discussed with the resident. This will include journal clubs, meetings amongst providers, and Program or OHSN hosted continuing education.

**DUTY HOURS**

According to The Accreditation Council for Graduate Medical Education (ACGME), residents are prohibited from completing more than 80 duty hours per week. Duty hours are defined as clinical and academic activities related to the program. However, duty hours do NOT include reading and preparation time spent away from the primary site, physician practice, and classroom.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over 4 weeks). Additionally, residents are prohibited from exceeding 24 hours of continuous clinical and academic activities.

**PEDIATRIC AND ADOLESCENT CLINICAL PRACTICE FOCUS**

Of the required 1760 minimum hours, 80% (ie., 1408 hours) must be spent providing athletic training services to a pediatric and adolescent population.
PHYSICIAN PRACTICE EXPERIENCE

Residents are required to complete a minimum of 315-hours within their assigned OhioHealth Physician Group (OPG) office. These assignments will be shared with residents no later than August. The exact start date will be scheduled based upon the practice’s need. To determine their physician practice schedule, residents are required to email their primary contact at the physician practice and carbon copy the physician practice manager / administrator.

Residents will complete a total of two different trainings prior to beginning their physician practice experience. The first training will be completed in October and/or November and will be scheduled by the program. This training will prepare residents to use EPIC, the electronic medical record system used by OPG offices and include a cluster of self-paced online modules through OhioHealth University. These modules include the following topics but are not limited to: (1) medical chaperone, (2) minus the bias, and (3) stand by me. These must be completed prior to the first clinical day at the assigned OPG office. The second training is in-person and will be scheduled by the program. This final training will provide the resident with the knowledge and procedural skills to administer EKGs, immunizations and perform phlebotomy.

TOURNAMENT AND SUBSTITUTE COVERAGE

OHSM requires each resident to work at least one shift during the following events. More may be assigned if additional tournament contracts are obtained throughout the year. In the event of conflict with tournaments or events hosted at your assigned school, the school’s clinical responsibilities will remain the priority.

- OhioHealth Grandview Yard Half & Quarter Marathon – August 6, 2023 (Sun)
- US Figure Skating National Championships – January 22-28, 2024 (Mon-Sun)
- US Figure Skating Developmental Camps – January 29-31, 2024 (Mon-Weds)
- The Arnold Festival – February 29 – March 3, 2024 (Th-Sun)
- Cap City Marathon – April 27, 2024 (Sat)

RESIDENCY COURSE SCHEDULE

Table 10. Residency Course Schedule

<table>
<thead>
<tr>
<th>Summer</th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT 6110 (3) – AT Administration</td>
<td>AT 6210 (3) – Human Anatomy</td>
<td>AT 5300 (3) – Manual Therapy</td>
</tr>
<tr>
<td>AT 6360 (2) – Psych in AT</td>
<td>AT 6400** (3) – EBP I</td>
<td>AT 6410** (3) – EBP II</td>
</tr>
</tbody>
</table>

**Capstone project will be part of the EBP courses.
The Athletic Training Residency Program consists of 17-credit hours. Only courses passed with a grade of C or better may count towards completion of the residency certificate. No courses listed above may be taken as a credit “CR” option.

**COURSE ATTENDANCE**

Attendance is expected in all classes. Situations where a resident must miss class should be resolved beforehand with the class instructor. Class times and clinical responsibilities must be balanced and prioritized. Excessive absences (even University-excused absences) as determined by the instructor may inhibit a student’s ability to complete a course and the program successfully.

**CAPSTONE PROJECT**

Residents will complete a collaborative capstone project that is related to their clinical settings as part of the requirements for successful completion of the program. The first step of the capstone involves proposing a quality improvement project as part of AT 6400. This proposal will then be executed and analyzed as part of AT 6410. The analysis should be based upon data including, but not limited to patient and/or clinician outcomes collected during clinical work. The final quality improvement project is expected to be suitable for a conference presentation as an abstract or poster as well as to provide a measure of quality improvement for OHSM clinical sites and programs.

**PROGRAM POLICIES**

**ACADEMIC BREAKS (WINTER, SPRING, SUMMER)**

The University academic calendar governs the schedule of courses taken by the resident. This schedule is independent of the responsibilities of the employment contract. Each clinical practice site will vary in its designated work responsibilities throughout the times that coincide with traditional winter, spring, and summer academic breaks.

It is highly recommended that the resident and the residency affiliated faculty discuss medical coverage that coincides with winter, spring, and summer academic breaks. This discussion should occur on or near the first day of each sport season so that holiday travel and medical coverage are balanced effectively considering requested TAP (Time Away Pay). Failure to follow these recommendations will result in denial of requested TAP.

**ACADEMIC DISHONESTY**

Academic integrity and honesty are basic values of Ohio University. Residents are expected to follow standards of academic integrity and honesty. Academic misconduct is a violation of the

**ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.**
Ohio University Student Conduct subject to a maximum sanction of disciplinary suspension or expulsion as well as a grade penalty in the course.

The term “academic misconduct” includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism, collaboration on assignments assigned to be independent, using the same work for more than one course, and dishonest practices in connection with writing assignments, examinations, and quizzes. Furthermore, the use of artificial intelligence (e.g., ChatGPT) to generate, copy, and plagiarize is considered a dishonest practice. While using these technologies as part of the search for resources is acceptable, submitting words and prose that are not the intellectual property of the student is considered a violation of the Ohio University Student Conduct. For this course, any suspected infractions will be referred via a Formal Student Conduct Referral to The Office of Community Standards and Student Responsibility for procedural review and hearing.

GRADE AND DISCIPLINARY APPEALS

A resident may file a formal appeal in the event they have concerns with a corrective action that they believe has not been resolved in a prudent manner. The appeal may be filed in response to a decision made by the program faculty that adversely affects their standing in the program or negatively affects their ability to complete the program successfully.

- The resident shall write a formal statement summarizing the incident and rationale for appeal. This statement should include new information and/or, a clarification of something that was not understood at the time of the corrective action or assigned grade.
- The written documentation must be presented to the Athletic Training Residency Director and OHSM Director within three business days (ie., Monday-Friday) after notification of the corrective action or grade which is in dispute.
- The Athletic Training Residency Director and OHSM Director will have five business days following the submission of the written documentation to review the appeal and inform the resident of their decision regarding the outcome. This decision will be provided in writing.
- If the resident is not satisfied with the directors’ decision, they may appeal to OhioHealth’s Advice and Counsel Center (ACC) regarding issues related to employment with OhioHealth and to the Director of the Division of Athletic Training at Ohio University for issues related to academic performance. These appeals must be made within 15 business days of the original appeal filing.

BLOODBORNE PATHOGEN POST-EXPOSURE

Athletic Trainers are an OSHA (Occupational Safety and Health Administration) Category 1 risk for exposure to potentially infectious materials. This requires employers to offer no-cost training addressing bloodborne pathogens prior to potential exposure. This training occurs remotely.
through modules available online through OhioHealth University. Successful completion of the online bloodborne pathogen training is required as a condition of OhioHealth employment.

Category 1 risk for exposure to potentially infectious materials also mandates employers provide a route to report exposure and receive cost-free testing and counseling if needed to determine if exposure has resulted in disease. The steps outlined below must be followed in the event the resident is exposed to blood or other potentially infectious materials.

1. Resident must wash hands and any other potentially exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.
2. The exposed resident should report to an OhioHealth Emergency Department as soon as possible after the exposure.
3. Reporting includes completion of the Exposure Documentation form, which can be obtained from the resident’s OhioHealth associate manager or OPG manager. Documentation items include but are not limited to the route(s) of exposure, the circumstances surrounding the exposure, instrument/device type and brand, identification of the source individual and identification number if known and the source’s physician.
4. The source individual’s blood will be tested as soon as feasible and after consent is obtained to determine Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV), and Hepatitis C virus (HCV) infectivity. If consent is obtained, blood will be tested as prescribed in the appropriate facility’s policy governing such tests. If consent cannot be obtained from the source, immediately contact OhioHealth Infection Prevention and Control to initiate timely review of the case and determination of significant exposure. Upon concluding its review of the case, Infection Prevention and Control shall contact the Office of the General Counsel to evaluate the next steps.
5. Results of the source individual’s testing shall be made available to the exposed resident, provided that no information as to the source individual’s identity may be provided. These results must be provided in writing and shall be accompanied by a written statement that reads, “This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for the purpose of the release of HIV test results for diagnosis.”
6. The resident is counseled on bloodborne pathogen exposure and a copy of the evaluating coordinator’s written opinion will be given to the resident within 15 days of the evaluation. This evaluation includes whether Hepatitis B vaccination is indicated, and if the resident has received such vaccination; that the resident has been informed of the results of the evaluation; and that the resident has been told about any medical
conditions resulting from exposure to blood or other potentially infectious materials which require future evaluation and treatment.

7. If the resident consents to baseline blood collection but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days upon notification to a laboratory supervisor. If, within 90 days of the exposure incident, the resident elects to have the baseline sample tested, such testing shall be done as soon as feasible.

INCLEMENT WEATHER

If OHIO’s Dublin Campus closes due to inclement weather or other unforeseen issues, classes will be cancelled. Notifications will come from Laura Harris or a representative of the College of Health Sciences and Professions’ (CHSP) Dean’s Office. Please be aware that the OHIO alert system (https://www.ohio.edu/facilities/emergency-management/notification-system) may include Athens campus closures as well as Dublin. Notifications indicating a closure of “main,” or “Athens” campus, do not represent the status of the Dublin campus.

The decision to cancel classes is independent of decisions regarding resident’s clinical practice sites. It is the responsibility of the resident to access information regarding clinical practice site closures and the impact such closures will have on scheduled athletic activities or physician office business. Such notifications will not come from the Athletic Training Residency Director.

MOONLIGHTING

Moonlighting refers to employment as an independent athletic trainer or other employment that is outside the score of the residency. Residents are prohibited from moonlighting without the prior written approval of Athletic Training Residency Director and OHSM Director. Residents will never be required to engage in moonlighting.

ACADEMIC PROCESSES

PROGRAM COST

The anticipated total cost of tuition and fees associated with the residency is approximately $10,000 for residents of Ohio and $10,400 for non-residents. There is also an approximate $150 course fee associated with AT 6210 (Human Anatomy).

Table 11. Residency Tuition Schedule

<table>
<thead>
<tr>
<th>Charge Description</th>
<th>Per Credit Hour Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructional Fee</td>
<td>505</td>
</tr>
<tr>
<td>General Fee</td>
<td>78</td>
</tr>
</tbody>
</table>
ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Info System / Network Fee</td>
<td>4</td>
</tr>
<tr>
<td>Technology Fee</td>
<td>6</td>
</tr>
<tr>
<td><strong>Ohio Resident Total</strong></td>
<td>593</td>
</tr>
<tr>
<td>Out-of-State Resident Fee</td>
<td>19</td>
</tr>
<tr>
<td><strong>Out-of-State Resident Total</strong></td>
<td>612</td>
</tr>
</tbody>
</table>

**Costs may vary based upon Board of Trustee votes and amendments.

**COURSE REGISTRATION**

Course offerings can be located at: [https://webapps.ohio.edu/classes/search.htm](https://webapps.ohio.edu/classes/search.htm). Once course and section numbers have been identified, residents may use the web registration system at: [https://my.ohio.edu](https://my.ohio.edu) >> Academics >> My OHIO Student Center to register for courses. A tutorial video is available at: [https://www.ohio.edu/registrar/registration-faq](https://www.ohio.edu/registrar/registration-faq).

All residents have access to the Degree Audit Reporting System (DARS) prior to registration. The DARS indicates what courses have been completed and which requirements have yet to be fulfilled. DARS can also be accessed online at: [http://www.ohio.edu/registrar/darsonline.cfm](http://www.ohio.edu/registrar/darsonline.cfm).
SUCCESSFUL COMPLETION

TERMS OF SUCCESSFUL COMPLETION
To successfully complete the Athletic Training Residency Program and obtain a certificate of completion, the resident must demonstrate the following:

- A cumulative GPA of at least 3.0, representing the residency courses
- A grade of no less than a “C” in all residency courses
- A consistent rating of “meets or exceeds expectations” and a score of 75% or higher on Resident Clinical Evaluations
- A successfully completed capstone project as determined by the residency director

APPLICATION TO GRADUATE
Following the completion of the spring academic semester, each resident must apply for “graduation” and pay the application fee (~$25). The application deadline is usually mid-July. Residents can expect a reminder through email from the Athletic Training Residency Director as well as notification through their My OHIO Student Center at the beginning of summer semester.

RESIDENT BEHAVIORAL EXPECTATIONS

CONFIDENTIALITY
All patient information must be held in strict confidence. The sharing of medical information is to be limited to patient care or legitimate medical education purposes. A breach of patient confidentiality will be regarded as a serious offense and may result in termination of the employment contract leading to dismissal from the Athletic Training Residency.

PUNCTUALITY
Residents shall be punctual in attending their clinical sites of practice. Tardiness and absenteeism are not acceptable for practicing professionals. Residents who will be late or absent due to unforeseen circumstances must immediately contact their impacted residency affiliated faculty and the Athletic Training Residency Director. Any instance of tardiness or absenteeism should be accompanied by an appropriate excuse. Ongoing issues may result in termination of the employment contract leading to dismissal from the Athletic Training Residency.
**DRESS CODE**

Residents should clarify the enforced dress code with their residency affiliated faculty before the first day of clinical work. At all times, OhioHealth and Athletic Training Residency branded clothing is acceptable. At no time shall residents wear the logos of competing medical centers or the logos of other institutions of higher education.

- Residents are encouraged to wear a watch with a second hand or digital timer during clinical work. This will assist in assessing heart and respiratory rates.
- Clothing should be clean, wrinkle-free and in good repair.
- Clothing should not interfere with mobility or clinical duties and should fit well, not be overly tight, or revealing.
- In accordance with SHEA (Society for Healthcare Epidemiology of America), all shirts must have sleeves.
- Skirts and shorts should not be shorter than where the fingertips touch the legs when the arms are held in anatomical position; alternatively, shorts should have a 6-inch or greater inseam.
- Shoes and socks / hosiery must always be worn to prevent shoe slipping during patient transfers in emergent situations.
- In accordance with SHEA (Society for Healthcare Epidemiology of America), sandals, canvas shoes and open toed shoes are prohibited. Closed toed flats are preferred so to decrease the risk of sharps injury and permit mobility during patient care, transfers, and transport.

A pattern of behavior that fails to comply with the items listed above may result in termination of the employment contract leading to program dismissal.

**GROOMING**

Good grooming is essential to enable healthcare providers to perform their professional duties as well as create a professional appearance.

- Long fingernails are prohibited. Nails should be no more than ⅛ inch long to decrease bacterial load and allow proper hand sanitation. Artificial fingernails or items affixed to fingernails have been shown to be an infection hazard and are prohibited in patient care activities.
- Hair should be pulled back or otherwise kept out of the face so that it does not interfere with vision, communication, or the performance of clinical skills. Facial hair must be kept neat and well-trimmed.
• Jewelry should be minimal, professionally tasteful, and not interfere with performance of clinical procedures (eg., jewelry has been shown to increase bacterial load on clinician’s hands and interfere with proper hand sanitation).
  o Jewelry that cannot be decontaminated daily should not be worn.
  o Visible piercings are limited to the ears. One pair is preferred.
  o Exceptions for religious or medical alert jewelry will be considered.

A pattern of behavior that fails to comply with the items listed above may result in termination of the employment contract leading to program dismissal.

HYGIENE

Proper hygiene is critical for controlling disease transmission and creating a professional appearance. Residents are required to maintain impeccable personal hygiene. Daily hygiene includes clean skin and hair, regular use of deodorant/antiperspirants, and regular dental hygiene. Makeup and cologne/perfume should be minimal and not distracting. Frequent hand washing or alcohol-based hand sanitizer application prior to patient contact is expected.

Ongoing issues may result in termination of the employment contract leading to program dismissal.

TRANFERRING INTO A GRADUATE DEGREE

OHIO UNIVERSITY DOCTOR OF ATHLETIC TRAINING DEGREE

Following completion of the residency, students who have a master’s degree can stack the residency course work onto the Doctor of Athletic Training (DAT) degree offered online through OHIO. Three of the proposed residency courses are required courses within the DAT clinical track (AT 6360, AT 6400, AT 6410); the other three courses (AT 6110, AT 6210, AT 5300) fulfill nine of the twelve required elective credit hours within the DAT. An example of the DAT curriculum is illustrated below, with residency courses in red.
ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.

Table 10. Doctor of Athletic Training: Clinical Track

<table>
<thead>
<tr>
<th>Year</th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AT 6160 (3) – Patient-Oriented Outcomes</td>
<td>AT 6222 (3) – Stats for AT Practice</td>
</tr>
<tr>
<td></td>
<td>IHS 5513 (3) – Health Informatics</td>
<td>AT 6400 (3) – Evidence Based Practice I</td>
</tr>
<tr>
<td></td>
<td>AT 6410 (3) – Evidence Based Practice II</td>
<td>PT 7150 (2) – Imaging in Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Elective (3) – AT Administration</td>
<td>Elective (3) – Human Anatomy</td>
</tr>
<tr>
<td>2</td>
<td>AT 6350 (3) – Sport Injury Risk Assessment</td>
<td>AT 6360 (3) – Psychosocial Issues in AT</td>
</tr>
<tr>
<td></td>
<td>AT 6410 (3) – Evidence Based Practice II</td>
<td>AT 6120 (2) – Leadership in AT</td>
</tr>
<tr>
<td></td>
<td>HLTH 6100 (3) – Quality Improvement</td>
<td>AT 6310 (3) – Neuromechanics</td>
</tr>
<tr>
<td></td>
<td>Elective (3) – Manual Therapy</td>
<td>Elective (3)</td>
</tr>
</tbody>
</table>

Information about the DAT can be located at: https://www ohio.edu/chsp ahsw athletic-training/doctor-athletic-training. Residents interested in applying to the DAT can find information about program requirements and the application process at: https://www ohio.edu/chsp ahsw athletic-training/apply. Those residents who elect to stack their residency course work onto the DAT have up to six calendar years (18 semesters) to complete the remaining 25 credit hours. Fall or spring admission is an option.

OTTERBEIN UNIVERSITY MASTER OF SCIENCE IN ALLIED HEALTH DEGREE

Following completion of the residency, an online master’s degree in allied health is available through Otterbein University; this program has two tracks: (1) Healthcare Administration for 30 total credit hours, and (2) Exercise and Health Science for 36 total credit hours. For those residents who have a bachelor’s degree, the OHIO-OhioHealth Athletic Training Residency has developed a pathway that allows up to 12 of the 17 earned credit hours to transfer directly into Otterbein’s Master of Science in Allied Health. More information about the master’s program is available at: https://www otterbein.edu/gradschool/allied-health/.
APPENDIX A: HEALTH ASSESSMENT INSTRUCTIONS
Associate Health and Wellness

Pre-Employment Health Assessment and Drug Screen

- Please schedule your appointment no later than Tuesday before your start date. If an appointment is not available prior to Tuesday, please call WorkHealth Central Scheduling 614-566-WORK (9675).
- Your health assessment will be held in Associate Health and Wellness (locations below).
  - Please allow at least 60 minutes for this appointment. You will need to stay in the department until you can provide a sample for drug screening. Additional, a blood draw may be required.
- Important - If you are late for your appointment, you may need to reschedule. Rescheduling may delay the start of your employment.
- All employment offers are contingent upon the successful completion of the health assessment, required immunizations, drug and nicotine screen.

Please bring the following to your health assessment appointment:

- A photo ID (valid driver’s license, passport or state ID)
- Completed health history form and respirator fit form, if a direct care provider (enclosed in packet)
- Vaccination / Immunization and TB testing records
- Prescription medication bottles

Information about Health Requirements at OhioHealth:

Everyone at OhioHealth is responsible for keeping our patients safe. This means that all OhioHealth associates must meet certain health requirements to prevent spreading communicable diseases and provide safe care.

- You must be physically able to do the job you have been offered. If you have a disability and need accommodations, please discuss your needs with the nurse.
- You cannot take substances that may impair your judgement at work. If you take prescription medications, please bring your prescription bottles with you, to your health assessment appointment. Certain medications, even if they are prescribed to you, cannot be taken while you are at work.
- You must have completed TB testing prior to working at OhioHealth. You may be required to complete TB testing on a periodic basis once you have started working. If you have previously tested positive for TB, please bring all of your records with you, to your health assessment appointment.
- Certain vaccines / immunizations are required for all associates, regardless of patient contact. These include:
  - Measles, Mumps and German Measles (MMR)
  - Chickenpox (Varicella)
  - Influenza
  - Other vaccines / immunizations depending on the needs of the area

The nurse will assess for immunity during your health assessment appointment. If you are not immune, you will receive vaccines / immunizations. If you are unwilling or unable to take the required vaccines / immunizations, you may not be able to work at OhioHealth.

At your appointment, you will meet with a Registered Nurse to complete the following:

- Vaccination / Immunization and Health History review
- Vital signs and vision testing
- Urine sample for drug and nicotine screening
- TB testing
- Respiratory Fit Testing for candidates who will be working in patient care areas
- Blood testing may be required
After your appointment you may need to follow up at an Associate Health and Wellness office for further TB testing or vaccine requirements. Failure to comply may delay the start of your employment.

If you have questions prior to your scheduled appointment, please feel free to call Associate Health and Wellness (locations listed below).

Sincerely,

Associate Health and Wellness

David P. Blom Administrative Campus
3430 OhioHealth Parkway
Columbus, OH 43214
614-955-2502
(1st floor immediately to the left of the main entrance)

OhioHealth Marion General Hospital
1000 McKinley Park Drive
Marion, OH 43302
740-383-8959
(Basement)

OhioHealth Mansfield Hospital
335 Glessner Ave.
Mansfield, OH 44903
419-526-8119
(1st floor near ER)

OhioHealth O’Bleness Memorial Hospital
Athens WorkHealth
Castrop Center
75 Hospital Drive, Suite 370
Athens, Ohio 45701
740-331-7063
APPENDIX B: HEALTH HISTORY FORM
ASSOCIATE HEALTH AND WELLNESS

HEALTH HISTORY

NAME (LAST, FIRST, MIDDLE INITIAL) ___________________________ DATE OF BIRTH ___________________________

STREET ADDRESS ___________________________________________ SSN# ___________________________

CITY, STATE, ZIP ___________________________________________ PHONE ___________________________

EMERGENCY CONTACT _________________________________________ PHONE ___________________________

PERSONAL HISTORY AND REVIEW OF SYSTEMS: X if yes.

<table>
<thead>
<tr>
<th>PERSONAL HISTORY:</th>
<th>(continue comments, if any)</th>
<th>ANXIETY/NERVOUSNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASLES</td>
<td></td>
<td>NUMBNESS</td>
</tr>
<tr>
<td>GERMAN MEASLES</td>
<td></td>
<td>SMOKING</td>
</tr>
<tr>
<td>MUMPS</td>
<td></td>
<td># PACKS A DAY</td>
</tr>
<tr>
<td>CHICKEN POX</td>
<td></td>
<td>UNUSUAL FATIGUE</td>
</tr>
<tr>
<td>WHOOPING COUGH</td>
<td></td>
<td>UNUSUAL WEAKNESS</td>
</tr>
<tr>
<td>EPILEPSY</td>
<td>REVIEW OF SYSTEMS:</td>
<td>UNABLE TO SLEEP</td>
</tr>
<tr>
<td>BONE OR JOINT DISEASE</td>
<td>FREQUENT HEADACHES</td>
<td>SKIN TROUBLE</td>
</tr>
<tr>
<td>ARTHRITIS</td>
<td>BLURRY VISION</td>
<td>BACK PAIN</td>
</tr>
<tr>
<td>JAUNDICE</td>
<td>EYE PAIN</td>
<td>LATEX ALLERGY</td>
</tr>
<tr>
<td>TUBERCULOSIS</td>
<td>HEARING LOSS</td>
<td>BROKEN BONES</td>
</tr>
<tr>
<td>DIABETES</td>
<td>FREQUENT INFECTIONS</td>
<td>HEAD INJURIES</td>
</tr>
<tr>
<td>CANCER</td>
<td>RINGING IN EARS</td>
<td>BLOOD</td>
</tr>
<tr>
<td>HIGH OR LOW BLOOD PRESSURE</td>
<td>CHRONIC COUGH</td>
<td>SURGERY (IF YES, LIST)</td>
</tr>
<tr>
<td>ASTHMA</td>
<td>COUGHING BLOOD</td>
<td>1.</td>
</tr>
<tr>
<td>HIVES/RASHES</td>
<td>SHORTNESS OF BREATH</td>
<td>2.</td>
</tr>
<tr>
<td>STROKE</td>
<td>CHEST PAIN</td>
<td>3.</td>
</tr>
<tr>
<td>HEART ATTACK</td>
<td>SWOLLEN ANKLES</td>
<td>4.</td>
</tr>
<tr>
<td>LIVER DISEASE</td>
<td>IRREGULAR HEART BEAT</td>
<td>HOSPITALIZATION (IF YES, LIST)</td>
</tr>
<tr>
<td>KIDNEY DISEASE</td>
<td>LOSS OF APPETITE</td>
<td>1.</td>
</tr>
<tr>
<td>HERNIA</td>
<td>TROUBLE SWALLOWING</td>
<td>2.</td>
</tr>
<tr>
<td>ALCOHOL/DRUG PROBLEM (IF YES, COMMENT)</td>
<td>NAUSEA OR VOMITING</td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>ABDOMINAL PAIN</td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>FAINTING SPELLS</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>DIZZINESS</td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>TREMORS</td>
<td>3.</td>
</tr>
</tbody>
</table>

List all Medications presently taking including non-prescription drugs and herbal remedies (optional)

<table>
<thead>
<tr>
<th>1.</th>
<th>3.</th>
<th>5.</th>
<th>7.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>4.</td>
<td>6.</td>
<td>8.</td>
</tr>
</tbody>
</table>

Do you have any limitations that would keep you from performing the duties of your job? □ No □ Yes, if yes explain. ____________________________________________________________

Are there any accommodations that you need our company to make to perform this job? □ No □ Yes, if yes explain. ____________________________________________________________

Any other information that might be useful? □ No □ Yes, if yes explain. ____________________________________________________________

(for office use only)
Reviewed by: ___________________________ Date: ___________________________ Comments ____________________________________________________________

(Revised 12/18/2009)
APPENDIX C: ATHLETIC TRAINING RESIDENCY COMPLIANCE & ACKNOWLEDGMENT FORM

ALL RESIDENTS ARE SUBJECT TO THE EXPECTATIONS OUTLINED IN THE ATHLETIC TRAINING RESIDENCY PROCEDURAL HANDBOOK AND THE OHIO GRADUATE COLLEGE HANDBOOK.
ATHLETIC TRAINING RESIDENCY
COMPLIANCE AND ACKNOWLEDGMENT FORM

By signing below, I, ________________________________, indicate that I have read, understand, and agree to abide by all of the policies and requirements of the Ohio University – OhioHealth Athletic Training Residency in Pediatrics, which are outlined in this procedural handbook. My questions about these policies and requirements have been answered, and I understand that the Athletic Training Residency Director and OhioHealth Sports Medicine Director and Managers can answer additional questions should they arise. This agreement is in effect for the duration of the program, or until updated by program personnel.

Furthermore, I am aware that I will be provided extensive onboarding and training throughout the month of July in preparation for working at my primary site. This onboarding mostly occurs in conjunction with the summer courses, AT 6110 (Administration & Clinical Instruction in AT) and AT 6360 (Psychosocial Issues in AT). Additional trainings will occur in October and/or November in preparation for clinical work at my assigned physician practice.

I am specifically aware of the requirements to maintain employment with OhioHealth and what may lead to termination and program dismissal:

• Maintenance of certifications (CPR, BOC) and licensure (Ohio OTPTAT Board) [pg. 11-12]
• Maintenance of NATA membership, NPI registration, and liability insurance [pg. 12]
• Approved background check, drug screen, and health assessment [pg. 12-13]
• Substance abuse [pg. 18]
• Failure to report convictions or arrests [pg. 19]

I am specifically aware of the program’s required documents and assessments, which will be used in part to determine my standing throughout the program:

• Monthly hour logs [pg. 19]
• Clinical evaluations (PAT, AT Resident Self-Evaluation, Affiliated Faculty’s Evaluation of AT Resident, Physician’s Evaluation of AT Resident, etc.) [pg. 19]
• Site visit audits and evaluations [pg. 20]
• Terms of successful completion GPA [pg. 27]

I am specifically aware of the program’s required curricular components:

• Clinical work [pg. 20]
• Pediatric and adolescent clinical practice focus [pg. 21]
• Physician practice experience [pg. 21]
• Tournament and substitute coverages [pg. 21]
• Residency course schedule and attendance [pg. 22]
• Capstone project [pg. 22]
I am specifically aware of the requirements and behavioral expectations to successfully complete the AT Residency:

- Confidentiality [pg. 27]
- Punctuality [pg. 27]
- Dress code [pg. 28]
- Grooming [pg. 28]
- Hygiene [pg. 29]

I understand that any violation of the Ohio University – OhioHealth Athletic Training Residency in Pediatrics policies or requirements carries consequences such as suspension up to and including termination of the employment contract and program dismissal. I also understand that the Athletic Training Residency carries a professional responsibility to report student and programmatic outcomes to Ohio University and its regional (Higher Learning Commission) and professional (Commission on Accreditation of Athletic Training Education) accrediting organizations. I, thereby, authorize the residency to provide information about me including my name, likeness, demographic, and educational information to such accrediting agencies as part of program reporting requirements and to future credentialing agencies, such as the National Athletic Trainers’ Association Board of Certification, to establish eligibility for future specialty certifications.

____________________________________________________________________
Printed Name

____________________________________________________________________
Signature            Date