

**ATTR 355 Clinical Experience in Athletic Training III
Fall 2009 Syllabus**

Class Time: M, W, F 11 – 11:50AM

Room: TBA

Credit Hours: 3

Instructor: Lindsey E. Eberman PhD, LAT, ATC

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Office Hours: Monday 6-9PM (ATRL), Wednesday 10-11AM & 1-2PM, by appointment

Required Texts: Rundle A, Carvalho M, & Robinson M; Cultural Competence in Health Care: ISBN 078796221X

Course Description: Students will complete structured practical rotations and demonstrate selected athletic training skills acquisition.

Prerequisite/Co-requisite: ATTR 256 and assignment of clinical experience by departmental committee; NATA Membership

Course Objectives: Structured clinical experience (minimum 200 hours) in athletic training practical rotations. Also requires mastery of advanced clinical skills and techniques in injury evaluation, modality application, post-surgical care, rehabilitation design, and other aspects of athletic training. Specific objectives are listed in the Competencies and Proficiencies Section of the course syllabus.

Clinical Education Requirements – *(Must be completed within 1 week of the start of classes. If not completed, student may not participate in 1st clinical rotation and will lose all credit for assignments associated with 1st rotation.)*

1. Criminal Background check
2. Blood Borne Pathogen Training
3. Sexual Harassment Training
4. HIPAA Training

Course Assignments and Requirements

1. Signed Policies and Procedures Handbook Acknowledgement Agreement
2. Rotation Introduction Form
3. Maintenance of Clinical Education hours of directed clinical experience (Weekly)
 - a. 200 hours total
 - b. 9 hrs/week [min] – 20 hrs/week [max]
 - c. No more than 7.5 hr/day
4. Signed and completed Approved Clinical Instructor evaluations of Athletic Training Student (2)
5. Signed and completed Athletic Training Student evaluations of Approved Clinical Instructor (2)
6. Comprehensive Clinical Proficiency Evaluation with attached injury evaluation form (2)
7. ATS Self-evaluations (2)
8. Clinical Proficiency demonstrations (must achieve 80% or better to receive credit)
9. Culture and Religion Project
10. Reflection Discussion Board (4)

Course Evaluation:

1. Handbook Acknowledgement Agreement	0.5%	
2. Rotation Introduction Form	0.5%	
3. Maintenance of Clinical Education hours	4%	
4. Evaluation by ACIs (2- 15% ea.)	30%	
5. Evaluations of ACIs (2- 1.5% ea.)	3%	Evaluates Clinical Proficiencies
6. Comprehensive Clinical Proficiency Evaluations (2- 10% ea.)	20%	Evaluates Clinical Proficiencies
7. ATS Self-evaluations (2- 0.5% ea.)	1%	
8. Clinical Proficiency demonstrations	20%	Evaluates Clinical Proficiencies
9. Culture and Religion Project	15%	Evaluates Cognitive Competencies
10. Reflective Discussion Board (4- 1.5% ea.)	6%	
Total	100%	

Late assignments will result in a ZERO for the assignment.

Failure to provide the ACI with at least 1 week to complete the evaluation will result in a ZERO.

Course Assignment Descriptions

Signed Policies and Procedures Handbook Acknowledgement Agreement

The Handbook Acknowledgement Agreement is found on page 3 of the Indiana State University Athletic Training Education Program Policies and Procedures Handbook. Student is expected to read and understand the policies therein and then sign to indicate he/she will abide by these policies. **Failure to complete this form by Friday, September 4, 2009 will result in termination from his/her clinical assignment.**

Rotation Introduction Form

The Rotation Introduction Form can be found on the Clinical Education Website in the "Courses" section. Student is expected to bring this form to his/her ACI on the first day of the Clinical Education experience. Students are expected to complete and sign the form with his/her ACI and provide to his/her course instructor on the following class meeting. **Failure to complete this form within 1 week of the semester/rotation start will result in termination from his/her clinical assignment.**

Maintenance of Clinical Education Hours (Weekly)

Weekly logging of clinical hours (200 hours minimum) provided via ATrack and verified by clinical instructor. The course instructor and Clinical Coordinator will view logged hours intermittently (at minimum 4 times throughout the semester) to ensure student is meeting expectations. Please note, Atrack will not allow you to back log hours longer than 1 week prior, so to acquire credit for hour completion, student must maintain WEEKLY logging. **Failure to obtain these hours will result in a failure of the class.**

Evaluation by ACI (2)

ACI evaluations of the ATS can be found on the Clinical Education Website in the "Courses" section. ACI will receive a reminder about evaluations 1 week prior to due date from the course instructor. ACI is expected to complete the evaluation using the appropriate hyperlink, print the evaluation, and discuss the formative/summative feedback with the student during a formal meeting. Course instructors will receive the data via Qualtrics (so student should not provide course instructor with hard copy of evaluation).

Evaluation of ACI (2)

ATS evaluations of the ACI can be found on the Clinical Education Website in the "Courses" section. The student is expected to complete the evaluation using the appropriate hyperlink, print the evaluation, and discuss the formative/summative feedback with the ACI during a formal meeting. Course instructors will receive the data via Qualtrics (so student should not provide course instructor with hard copy of evaluation).

Comprehensive Clinical Proficiency Evaluation (2)

Comprehensive Clinical Proficiency Evaluations can be found on the Clinical Education Website in the "Courses" section. The student is expected to print the form and keep it with them at his/her clinical site. This form is used to evaluate the student's ability to treat ONE PATIENT at one particular time in the rotation. For instance, Sally (patient) arrives to ATR with shoulder pain. ATS evaluates Sally and creates an immediate treatment plan. ATS applies a cold modality and provides Sally with take home/return to play instructions. ACI assesses ATS on his/her evaluation and treatment of Sally using the Comprehensive Clinical Proficiency Evaluation, including documentation of incident. ATS makes a copy of this documentation (withholding patient identity) and completes the assignment by bringing the Evaluation form and Patient Care documentation to the scheduled class discussion day. **THIS IS A SINGLE INCIDENT REPORT, NOT AN ON-GOING EVALUATION OF THE STUDENT.**

ATS Self-Evaluations

ATS self-evaluations can be found on the Clinical Education Website in the "Courses" section. Student is expected to complete the self-evaluation on-line. The student does not need to provide the instructor with a hard copy of the evaluation.

Clinical Proficiency demonstrations

Student is expected to complete ALL assigned clinical proficiencies (listed in Clinical Proficiencies Section of syllabus) by the end of the semester. In cases where the student is found not proficient upon assessment during class sessions, additional time may be necessary to practice and be reassessed outside of normal class hours. Proficiencies must be evaluated AT LEAST once throughout the semester, but may be evaluated more to attain mastery skill. A grade of D+ or lower (in the course) will be assigned if any clinical proficiency has not been completed or passed by the end of the semester.

Culture and Religion Project

Chapter 11 of your book, Cultural Competence in Health Care outlines the assignment for this course. During Week one, we will select your respective cultures and religions for this project.

Reflection Discussion Board

Four times throughout the semester you are expected to write about an administrative, clinical (prevention/recognition/treatment), and personal communication event that occurred at your clinical site on an individual discussion board. Only the instructor will have access to your submission. The instructor will respond to your submission and dialogue is expected. Upon completion of the dialogue, the instructor will indicate as much in a posted response.

Grading Scale:

A	> 92.5%	C+	= 76.5-79.4%
A-	= 89.5-92.4%	C	= 72.5-76.4%
B+	= 86.5-89.4%	C-	= 69.5-72.4%
B	= 82.5-86.4%	D+	= 66.5-69.4%
B-	= 79.5-82.4%	D	= 62.5-66.4%
		D-	= 59.5-62.4%
		F	< 59.4%

**Indiana State University
Athletic Training Department
Fall 2009**

Course Schedule:

Date	Topic	Assignment
Wed Aug 26	Brief Introduction Move to new Classroom	
Fri Aug 28	Atrack Tutorial Culture/Religion Selection for Project	Bring list of 3 Cultures/Nations of interest for project (not in book)
Mon Aug 31	Practice Scenarios – Thoracic and Lumbar Spine	
Wed Sept 2	Practice Scenarios – Thoracic and Lumbar Spine & Modalities	
Fri Sept 4	Clinical Evaluation – Thoracic and Lumbar Spine & Modalities	
Mon Sept 7	NO CLASS- LABOR DAY	
Wed Sept 9	Clinical Evaluation – Thoracic and Lumbar Spine & Modalities	<i>Program Meeting 7AM (Fountain – Pictures)</i>
Fri Sept 11	NO CLASS – Ironman Wisconsin Open Lab with Megan Finn	Reflective Discussion Board #1 Due
Mon Sept 14	Clinical Evaluation – Thoracic and Lumbar Spine & Modalities	
Wed Sept 16	Clinical Evaluation – Thoracic and Lumbar Spine & Modalities	
Fri Sept 18	Walk & Talk – Part 1 Cultural Traditions (p 1-52)	Read and be prepared for Class Discussion
Mon Sept 21	Practice Scenarios – Head & Face, Thorax/Abdomen (Orthopedics)	
Wed Sept 23	Clinical Evaluation – Head & Face, Thorax/Abdomen (Orthopedics)	
Fri Sept 25	Walk & Talk – Part 1 Cultural Traditions (p 53-97)	Read and be prepared for Class Discussion
Mon Sept 28	Clinical Evaluation – Head & Face, Thorax/Abdomen (Orthopedics)	
Wed Sept 30	Practice Scenarios – Shoulder/Upper Arm	
Fri Oct 2	Walk & Talk – Part 2 Religious Traditions (p 101-106)	Read and be prepared for Class Discussion
Mon Oct 5	Practice Scenarios – Shoulder/Upper Arm	
Wed Oct 7	Clinical Evaluation – Shoulder/Upper Arm & Modalities	<i>Program Meeting 7AM</i>
Fri Oct 9	NO CLASS – FALL BREAK	
Mon Oct 12	Clinical Evaluation – Shoulder/Upper Arm & Modalities	

Wed Oct 14	Clinical Evaluation – Shoulder/Upper Arm & Modalities	
Fri Oct 16	Walk & Talk – Part 2 Religious Traditions (p 107-160)	Read and be prepared for Class Discussion Reflective Discussion Board #2 Due
Mon Oct 19	<i>Comprehensive Clinical Proficiency Evaluation Discussion</i>	Mid-semester Evaluations Due
Wed Oct 21	Practice Scenarios – Elbow/Forearm	
Fri Oct 23	Walk & Talk – Part 3 Tools (p 161-169)	Read and be prepared for Class Discussion
Mon Oct 26	Clinical Evaluation – Elbow/Forearm & Modalities	
Wed Oct 28	Clinical Evaluation – Elbow/Forearm & Modalities	
Fri Oct 30	Walk & Talk – Part 3 Tools (p 175-202)	Read and be prepared for Class Discussion
Mon Nov 2	Practice Scenarios – Wrist/Hand	
Wed Nov 4	Clinical Evaluation – Wrist/Hand	<i>Program Meeting 7AM</i>
Fri Nov 6	Clinical Evaluation – Wrist/Hand	
Mon Nov 9	Practice Scenarios – Head & Face, Thorax/Abdomen (General Medical)	
Wed Nov 11	Practice Scenarios – Head & Face, Thorax/Abdomen (General Medical)	
Fri Nov 13		Reflective Discussion Board #3 Due
Mon Nov 16	Clinical Evaluation – Head & Face, Thorax/Abdomen (General Medical)	
Wed Nov 18	Clinical Evaluation – Head & Face, Thorax/Abdomen (General Medical)	
Fri Nov 20	Clinical Evaluation – Head & Face, Thorax/Abdomen (General Medical)	
Mon Nov 23	NO CLASS – CROSS COUNTRY NATIONAL CHAMPIONSHIPS	
Wed Nov 25	Walk & Talk – Appendices (p 203-222)	Each Student is responsible for teaching their classmates about a section
Fri Nov 27	NO CLASS – THANKSGIVING BREAK	
Mon Nov 30	Fitness Program Development Proficiency	Guest Speaker – Mike Calawerts
Wed Dec 2	Fitness Program Development Proficiency	<i>Program Meeting 7AM</i>
Fri Dec 4	Walk & Talk – Oral presentation of findings (5-7 min each)	Culture and Religion Project
Mon Dec 7	Fitness Program Development Proficiency	
Wed Dec 9	Fitness Program Development Proficiency DUE	Reflective Discussion Board #4 Due
Fri Dec 11	<i>Comprehensive Clinical Proficiency Evaluation Discussion</i>	End-of-semester Evaluations Due
Mon Dec 14	Finals week	Clinical Proficiencies Due

Program Meetings are mandatory.

*The above course schedule is subject to change at the professor's discretion.

****Policies****

Attendance Policy

Attendance in class AND at all PROGRAM MEETINGS is **mandatory**. More than three absences will result in the deduction of 10 percentage points from your final grade. More than three incidences of tardiness will result in the deduction of 5 percentage points from your final grade.

Academic Integrity

Students are expected to follow the guidelines stipulated in The Code of Student Conduct. The code is available at: <http://www.indstate.edu/sjp/code.html>. The Academic Integrity Policy will be explained on the 1st Day of Classes. Students are expected to avoid all forms of academic dishonesty, including, cheating on examinations, plagiarism, falsification, forgery, and obstruction, multiple submission, facilitating academic dishonesty, misconduct in research and creative endeavors, misuse of academic records, misuse of intellectual property, and violation of ethical and professional standards. Students who violate academic integrity will receive a failing grade in this course, or in severe cases, be suspended or expelled from the University. Culture and Religion Project will be submitted to www.tunitin.com on or before the due date. A detailed explanation for submission guidelines will precede the due date.

Laptops in the Classroom

Because this class will often be a hands-on classroom experience, students are permitted to bring laptop computers to class on a limited basis. All computing processes during class should be directly connected to classroom presentations/assignments. You will not be permitted to check email messages, send or receive instant messages, or personal computing during class. Should issues arise with laptop conduct, you may be instructed to discontinue laptop use during class. If you fail to comply with the laptop policy, you may be excused from class.

Cellular Phone Policy

Students are not permitted to use cellular phones during class time. This includes calling, text messaging, instant messaging, calculator usage, web searching, game playing, etc. Failure to follow this policy may result in dismissal from the classroom and a ZERO for any coursework completed OR attendance on that day.

Classroom Behavior

Students are expected to behave professionally in-class according to the Indiana State University code of conduct <http://indstate.edu/sjp/docs/code.pdf>. In addition, students should dress appropriately for class activities, use professional language, come to class prepared, following course policies and the Student Policy and Procedures, treat classmates, faculty, and approved clinical instructors with respect, and following the NATA Code of Ethics and Standards of Professional Practice.

Classroom Accommodations

Indiana State University seeks to provide effective services and accommodation for qualified individuals with documented disabilities. If you need an accommodation because of a documented disability, you are required to register with Disability Support Services at the beginning of the semester. Contact the Director of Student Support Services. The telephone number is 237-2301 and the office is located in Gillum Hall, Room 204A or www.indstate.edu/sasc/dss. The Director will ensure that you receive all the additional help that Indiana State offers. If you will require assistance during an emergency evacuation, notify your instructor immediately. Look for evacuation procedures posted in your classrooms.

Competencies and Proficiencies

Cognitive Competencies

PD-C17.0 Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.

PS-C8.0 Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.

Clinical Proficiencies

TM-CP1.0 Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed

modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.

TM-CP1.1 Infrared Modalities

TM-CP1.2 Electrical Stimulation Modalities

TM-CP1.3 Therapeutic Ultrasound

TM-CP1.4 Mechanical Modalities

TM-CP1.5 Massage and other Manual Techniques

DI-CP1.0 Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.

DI-CP1.9 Ribs

DI-CP1.10 Cervical Spine

DI-CP1.11 Shoulder Girdle

DI-CP1.12 Upper Arm

DI-CP1.13 Elbow

DI-CP1.14 Forearm

DI-CP1.15 Wrist

DI-CP1.16 Hand, Fingers & Thumb

DI-CP1.17 Head and Face

DI-CP1.18 Temporomandibular Joint

MC-CP1.0 Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient's readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient's status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.

MC-CP1.2 Head, including the Brain

MC-CP1.3 Face, including the Maxillofacial Region

MC-CP1.4 Thorax, including the heart and lungs

MC-CP1.5 Abdomen, including the abdominal organs, the renal and urogenital systems

MC-CP1.6 Eyes

MC-CP1.7 Ear, Nose, and Throat

RM-CP1.0 Plan, implement, evaluate, and modify a fitness program specific to the physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient's status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.