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AT 4602 – Athletic Training Practicum IV Spring 2019

Course Information:

Course CRN #:	20459
Section #:	1
Credit Hours:	3
Prerequisites:	AT 238, AT 238L, AT 332, AT 332L, AT 444, and AT 449
Room Number:	Carter Center Athletic Training Lab
Course Time:	T/H – 9:30 AM-10:45 AM

Instructor Information:

Professor:	John C. Roberts, Jr., MEd, ATC
Office Location:	Carter Center 403: Middle Office
Office Phone:	(304) 384-6346
Office Fax:	(304) 384-5117
Email Address:	jcroberts@concord.edu
Office Hours:	Mon: 11:00 AM – 12:00 PM Tues: 1:00 PM – 2:00 PM Wed: 10:00 AM – 11:00 AM Thurs: 1:00 PM – 2:00 PM Fri: 9:00 AM – 10:00 AM

College/Department Website: <http://www.concord.edu/human-performance/node/1>

Athletic Training Program: <https://www.concord.edu/hpat/node/3>

Course Description/Rationale:

This fourth professional phase practicum course provides the student with clinical-based opportunities within a variety of athletic settings. Classroom and laboratory sessions are designed to introduce the learner to specific educational competencies and clinical proficiencies. The proficiencies will be practiced and assessed to given standards of achievement and linked to course previously taken. Students will be required to average approximately 15 clinical hours per week while assigned to a clinical rotation, in addition to the laboratory meeting each week. An area of emphasis will include general medicine.

The purpose of this course is to work toward mastery of skills and knowledge through classroom instruction, clinical education, and laboratory experiences. This course will also introduce you to current trends and issues affecting the profession of athletic training, and encourage professional involvement. Students are required to obtain a minimum of 200 clinical education hours throughout the semester. Furthermore, a minimum of 10 hours per week must be obtained, with no more than a semester average of 20 hours weekly. Clinical schedules are to be determined by the assigned preceptor, not the student. The class will meet weekly, however classroom hours will not be included in clinical education hour totals.

Course Management System: Blackboard

Hardware/Software Needed: Throughout this course we will be utilizing email, word processing, and PowerPoint presentations. Information managed on Blackboard will include, but is not limited to the syllabus and any needed revisions, assignment instructions and rubrics, class presentations, assigned readings, and grades. All assignments

must be turned in on time, typed and printed. Therefore, each student must have access to a reliable computer and printer. Emailed or hand written assignments will not be accepted unless the instructor has PREDETERMINED this to be acceptable within the related instructions.

Text requirements: Practicum IV Packet (CU Bookstore) see bookstore for price
Relevant NATA Position Statements (nata.org) free

Text Recommendations: Information covered will come mainly from texts utilized in AT 238, AT 238L, AT 332, AT 332L, AT 444, AT 449, and AT 406 so it is recommended (as was stated in these named courses) to retain the resources from these classes.

Concord University Educational Goal(s):

The educational programs of Concord University are designed to foster skills, knowledge, and attitudes applicable across a wide range of academic fields and professional careers in a culturally diverse, perpetually evolving global community

Baccalaureate degree programs, including the BS in AT with which this course is aligned, building on the General Studies program, and provide the opportunities for in-depth study in a student's chosen field(s).

Skills: Proficiency in interpreting data, integrating information, formulating ideas, thinking critically, and communicating with others, as demonstrated by the following competencies:

3. An ability to employ appropriate methods and technologies for conducting empirical and scholarly research, to interpret research findings, and to use insights gained from such research as a basis for informed decision making.
4. An ability to analyze, synthesize, and integrate elements, information and ideas.

National Standards: This course is structured as a core component within the CAATE Accredited Athletic Training Program. As such, the following Athletic Training Educational Competencies will be directly or indirectly addressed within this course:

AC-6	When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient's status.
AC-7	Differentiate between normal and abnormal physical findings (eg, pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology.
AC-9	Differentiate the types of airway adjuncts (oropharyngeal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airway in adult respiratory and/or cardiac arrest.
AC-10	Establish and maintain an airway, including the use of oro- and nasopharyngeal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment.
AC-16	Explain the indications, application, and treatment parameters for supplemental oxygen administration for emergency situations.
AC-17	Administer supplemental oxygen with adjuncts (eg, non-rebreather mask, nasal cannula).
AC-18	Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making.
AC-27	Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.
AC-28	Differentiate the different methods for assessing core body temperature.
AC-29	Assess core body temperature using a rectal probe.
AC-32	Determine when use of a metered-dosed inhaler is warranted based on a patient's condition.
AC-33	Instruct a patient in the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.
AC-34	Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.
AC-36:	Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:
a	sudden cardiac arrest

b	brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture
c	cervical, thoracic, and lumbar spine trauma
d	heat illness including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia
e	exertional sickling associated with sickle cell trait
f	rhabdomyolysis
g	internal hemorrhage
h	diabetic emergencies including hypoglycemia and ketoacidosis
i	asthma attacks
j	systemic allergic reaction, including anaphylactic shock
k	epileptic and non- epileptic seizures
l	shock
CE-7	Identify the patient's participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient's life.
CE-13	Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient's perceived pain, and the history and course of the present condition.
CE-16	Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.
CE-17	Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.
CE-18	Incorporate the concept of differential diagnosis into the examination process.
CE-19	Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status.
CE-20:	Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:
b	inspection/observation
f	neurological assessments (sensory, motor, reflexes, balance, cognitive function)
g	respiratory assessments (auscultation, percussion, respirations, peak-flow)
h	circulatory assessments (pulse, blood pressure, auscultation)
i	abdominal assessments (percussion, palpation, auscultation)
j	other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)
CE-21:	Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include:
f	Joint play (arthrokinematics)
i	Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate)
j	Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow)
k	Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)
l	Genitourinary function (urinalysis)
m	Ocular function (vision, ophthalmoscope)
n	Function of the ear, nose, and throat (including otoscopic evaluation)
o	Dermatological assessment
p	Other assessments (glucometer, temperature)
CIP-3	Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making the appropriate recommendations for individual safety and activity status.

CIP-4:	Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient's goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.
c	head
d	neck
e	thorax
f	spine
CIP-5	Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.
CIP-6	Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care (eg, CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).
CIP-7	Select and integrate appropriate psychosocial techniques into a patient's treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk, and/or relaxation.
CIP-8	Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer's role of informed patient advocate in a manner consistent with current practice guidelines.
EBP-1	Define evidence-based practice as it relates to athletic training clinical practice.
EBP-2	Explain the role of evidence in the clinical decision-making process.
EBP-3	Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.
EBP-4	Describe a systematic approach (eg, five step approach) to create and answer a clinical question through review and application of existing research.
EBP-5	Develop a relevant clinical question using a pre-defined question format (eg, PICO= Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes)
EBP-6	Describe and contrast research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.
EBP-7	Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (eg, Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.
EBP-8	Describe the differences between narrative reviews, systematic reviews, and meta-analyses.
EBP-9	Use standard criteria or developed scales (eg, Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.
EBP-10	Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.
EBP-11	Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).
EBP-12	Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).

EBP-13	Understand the methods of assessing patient status and progress (eg, global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.
EBP-14	Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.
HA-22	Develop specific plans of care for common potential emergent conditions (eg, asthma attack, diabetic emergency).
PD-7	Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.
PD-10	Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public).
PD-11	Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.
PHP-5	Explain the precautions and risk factors associated with physical activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.
PHP-17	Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to:
c	Traumatic brain injury
d	Exertional heat stroke
f	Exertional sickling
h	Cervical spine injury
PHP-26	Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.
PHP-27	Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.
PHP-28	Administer and interpret fitness tests to assess a client's/patient's physical status and readiness for physical activity.
PHP-30	Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.
PHP-31	Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
TI-10	Integrate self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans.
TI-11	Design therapeutic interventions to meet specified treatment goals.
a	Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.
d	Instruct the patient how to correctly perform rehabilitative exercises.
e	Apply the intervention, using parameters appropriate to the intended outcome.
TI-13	Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including, therapeutic massage, myofascial techniques, and muscle energy techniques.
TI-14	Describe the use of joint mobilization in pain reduction and restoration of joint mobility.
TI-15	Perform joint mobilization techniques as indicated by examination findings.
TI-28	Properly assist and/or instruct the patient in the proper use, cleaning, and storage of drugs commonly delivered by metered dose inhalers, nebulizers, insulin pumps, or other parenteral routes as prescribed by the physician.

Additional Course Objectives Based on the Programmatic Outcomes Assessment Plan:

In addition to the above University Goals and National Standards, during and after completion of this course, students should possess an understanding of relative athletic training knowledge that will enable them to:

- I:D – Demonstrate the ability to educate patients, participant, parents, general population, and appropriate personnel with the intent of preventing activity related injuries and conditions.
- II:A – Demonstrate the ability to conduct a comprehensive individual history, though observation, and relevant review of medical records.
- II:B – Demonstrate the ability to correctly identify and diagnosis orthopedic injuries and medical conditions related to or effecting physical activity.
- II:C – Demonstrate the ability to appropriately educate patients, and appropriate individuals, regarding clinical findings and outcome prognoses.
- II:D – Understand how to effectively and efficiently conduct evidence-based practice (EBP) and research.

Miscellaneous Instructor Objectives not included in Programmatic Outcomes Assessment Plan:

1. Understand the BOC Role Delineation Study and how it applies to entry level athletic training education and the development Board of Certification Exam,
2. Introduce strategies and tools aimed at assisting candidates preparing to sit for the Board of Certification Exam.

Course Requirements:

1. **Clinical Experience Hours**

Clinical Experience Hours will be recorded through the A-Track online system. **Students have 3 days to log hours in the A-Track system for approval. Any hours you attempt to log after 3 days will not be accepted.** Students enrolled in this practicum will be required to fulfill **a minimum of 200 hours of clinical experience.** All clinical experience hours must be submitted by the Monday of finals week. Students will not be permitted to do more than an **average of 20 hours** of clinical experiences each week. Clinical experience should be performed on a consistent basis throughout the semester and during times learning opportunities exist. Hours should be scheduled with your Preceptor on a minimum of a weekly basis to ensure the maximum number of learning opportunities are available to the student. Students are not to dictate their schedules to Preceptor's. Clinical experience schedules are arranged at the discretion of the Preceptor. The student is responsible to adhere to the schedule once it is set by the Preceptor. Outside work, social, community service, etc. responsibilities not directly related to classroom or clinical experiences should not interfere with or influence a Preceptor's ability to establish a weekly schedule for a student. It is also the students' responsibility to develop and practice good time management skills, therefore studying for an exam or completing assignments should not be considered directly related or an excuse to miss or adjust scheduled clinical experiences. Students should discuss any required accommodations with the assigned Preceptor before or on the first day of the clinical assignment.

To ensure consistent and regular clinical experiences are being performed and to prevent students from overcommitting or being required too many hours, students will be graded on clinical hours in two different manners.

- a. Total Clinical Experience Hours for the semester must be at least 200 hours. This will have a point value of 200 points toward your final grade. Extra points/credit will not be given for hours above 200. Any student who does not obtain the minimum of 200 clinical education hours will receive a 0/200 in this grade category. This will therefore result in a grade no higher than 80% in the practicum which, when combined with other scores, will prevent further matriculation through the ATP. There are ample opportunities to obtain clinical experiences throughout the semester so hours will not be rounded up or down, meaning 199 hours and 59 minutes will not be credited as 200 hours. **These points will be awarded at the end of semester and will be worth 20% of the final grade.**
- b. Students will also receive credit for weekly hour accumulation as follows. Each weekly hour accumulation will be worth 10 points for a total of 150 points for the entire semester. If the weekly minimum of 10 hours is not achieved the student will receive a grade of 0/10 for that week. Note: 9 hours and 59 minutes is not 10 hours. If a student accumulates more than 10 hours they will receive the full 10 point allocation, but will not receive additional points for extra hours. Extra hours may not carry over into subsequent weeks. **These points will be accumulated throughout the semester and will be weighted as 20% of your final grade.**

Each student is responsible for keeping an accurate log of their clinical hours and experiences on the A-track system. **Students have three days to log hours in the A-Track system for approval. Any hours attempted to log after three days will not be accepted. One time per semester, students may submit a Missing Hours Log Sheet for one day, signed by the preceptor in the event it is forgotten on A-Track. After this one time allowance, forgotten hours will not be logged or counted toward totals.**

Hours will only contribute to the above clinical experiences after the Preceptor have approved them on A-Track. The Preceptor has the right and responsibility to adjust the logged hours based on actual attendance and/or student performance. Clinical hours should be productive and used for skills practice

and evaluation, clinical proficiency practice and assessment. Clinical weeks for practicum records will begin on Mondays and end on Sundays.

Any student with an extenuating circumstance that will prohibit them from meeting the minimal requirements of this Practicum course must provide a written request for an incomplete grade (I) including a written plan on how they plan to fulfill all of the requirements of this course. (Examples include: Staying at the end of the semester to complete clinical hours, coming back early to complete hours, etc.) This letter is to be sent to the Program Director, Clinical Education Coordinator, and Practicum Instructor and is due at least 4 WEEKS prior to the last day of class. Failure to complete this request will result in an unsatisfactory grade in the practicum course. An extenuating circumstance will be situationally defined and/or accepted by the Clinical Education Coordinator, but will not include poor time management, forgetfulness, or irresponsibility.

2. **Beginning, Mid-, and End of Rotation Evaluations**

Clinical performance evaluations are also a part of this course. 1) You and your preceptor will complete a Beginning-of-Rotation Evaluation form. This is not meant to be an actual evaluation, but rather a chance for both parties to establish a standard of expectation from one another. 2) Your primary preceptor will complete a Mid-Semester Evaluation of your clinical performance as well. 3) An End-of-Rotation Evaluation form will be completed by all preceptors you work with during the semester. 4) You will complete a confidential End of Rotation Preceptor Evaluation. 5) You will also complete a Facility/Site Evaluation related to the physical characteristics of the site, not the preceptor. These evaluations will be completed on the A-Track System. Each evaluation will be worth 50 points. You will lose 5% of the point allocation for evaluations for each day they are late. This means you will need to communicate with your Preceptor prior to the due dates listed in the syllabus to ensure they are completed. If you have made every effort to communicate with your Preceptor (you must have documented proof of communication) and your Preceptor has not completed the evaluation for you, then you should inform the practicum instructor and the clinical coordinator prior to the due date. If you have any evaluations missing at the end of the semester, you will lose the full 5% points allocated to this grading criterion. Your point total will be dependent on how many different rotations you have but will still be weighted as 5% of your final grade regardless of your number of rotations.

3. **Proficiency Assessment**

The student will be assessed on the proficiencies assigned for this practicum level. Students will be evaluated by the Practicum Instructor or the assigned Preceptor and expected to obtain an 80% or better on all individual proficiencies listed for the course. If a student does not obtain an 80% or better on proficiencies, they can continue to practice and be assessed again until they are able to do so, but all proficiencies associate with this course must be completed in one academic semester. **Any check-off dealing with hands on skills should be performed on an actual patient when available and appropriate and not simply “talked about”.** If appropriate, at the instructor’s discretion, some proficiencies may be completed as group activities in class or assigned as out of class work. It is preferred that proficiencies be completed during an actual clinical experience. If no such experience presents itself, only then should the Preceptor provide the student with a “mock scenario” in order to evaluate the student’s proficiency. Further instructions are will be provided by the Practicum Instructor and are included within the Proficiency section of the Practicum Packet.

IF, AT THE END OF THE SEMESTER, THE STUDENT HAS NOT OBTAINED PROFICIENCY AT 80% OR BETTER ON ALL PROFICIENCIES, THE STUDENT WILL RECEIVE A ZERO FOR THIS PORTION OF THE CLASS GRADING CRITERION. THIS WILL CAUSE THE STUDENT TO HAVE TO RETAKE THIS COURSE AND WILL NOT ALLOW MATRICULATION THROUGH THE ATP. IN THIS INSTANCE A STUDENT’S GRADUATION WILL BE DELAYED BY AT LEAST 1 YEAR.

Proficiencies are meant to assess effectiveness, efficiency, appropriateness, correctness, confidence, and timeliness of a student’s ability to perform a specific task. Proficiencies are meant to ensure students are rehearsing and learning knowledge and skills over time. Students are not required to demonstrate mastery of skills, but rather that they are on the path toward mastery in accordance with their current level of matriculation and education. As such the following sign off procedures will be required for completion and approval:

- 1) Prior to requesting the preceptor evaluate and approve a proficiency, the student must review the check-off with another student.
- 2) The assisting student must initial and date the check-off once they are comfortable the student has demonstrated competence.
- 3) The student may request the preceptor evaluate their proficiency at least 24 hours after the first student review and approval. (If the preceptor witnessed the student perform the same skill on a live patient, the student review is not required and may be skipped at the preceptor's discretion).
- 4) Students not successfully completing the check-off with the preceptor on their first attempt, may request a second attempt at least 24 hours after the first one. (The reviewing student must also complete the check-off they approved if the student does not pass the first attempt).
- 5) If more than two attempts are required, the preceptor should refer the student back to the practicum instructor for remediation on that topic.

4. **Case Study / Evidence Based Research Project**

As has been required in previous Practicum courses, each student will be required to present an injury/condition they have evaluated and treated during their clinical rotations. However, the case study associated with Practicum IV will have an in-depth focus utilizing the knowledge gained from experience and evidence-based research and practically applying it into evidence-based practice.

Using one of your previously written case studies, most likely associated with a previous athletic training practicum assignment, the student should develop a PICO question in order to compare one or more therapeutic treatments, rehabilitation conditions, or modality techniques to a current case that has presented with the same or similar injury. Such a PICO question was required at the conclusion of every rubric for previous practicum related case studies. These previously developed questions may serve as a guide for this assignment. The comparison stated in the PICO question should be researched to determine an alternative and appropriate course of action to be implemented into a new case. Using the results of the current/new case, this paper and presentation will compare and contrast the results of the case study, not only to current literature and published research (as has been done with previous case study assignments), but with your previous case study as well. If the student does not feel as though they will be presented with a similar case, based on the rarity of those injuries, see the instructor for further instructions/options. A previously published case study may be used for a baseline comparison, but will have to be utilized and researched quickly after an injury presents itself in order to create a PICO question and conduct research to determine an alternative and appropriate course of action to be implemented into the new case. Further instruction, explanation, and grading information for this assignment will be provided by the instructor and included in the *Practicum IV Proficiency Packet*.

Students will be expected to “fine-tune” the previously returned case study and literature review, conduct further research as needed, conduct a therapeutic treatment, rehabilitation, or modality treatment plan incorporating the new research based on the stated PICO question and presenting an updated literature review and case comparison. Further instruction, explanation, and grading information for this assignment will be included by the practicum instructor and available Blackboard in the practicum course shell and/or the ATP 100 shell.

5. **Journal**

When logging hours on A-Track as previously described. Students must include a comment or summary of the events during the clinical experience. This entry should not simply be a list of tasks performed. It is preferred entries provide a level of insight describing what the student learned, a question that arose, or an interesting and thought provocative experience. This will allot for 5% of the final grade. Since it is likely students will not all have the same number of clinical experiences, the grade will be determined based on the percentage of log entries with a journal summary. If the student worked multiple times and has multiple entries in a single day, each entry must have a journal summary.

6. **Role Playing**

Students will be randomly assigned a role or point of view related to an athletic training hot topic, current event, or likely professional situation. General topics will be determined by the class. Positions regarding topics will be randomly assigned. Each student will be required to do research or preparation in order to

perform given tasks or defend assigned position(s) of an issue. Points will be awarded based on the student's professionalism, preparedness, and performance in each role playing assignment. When appropriate consideration will be given to an individual's/team's ability to present and defend topic(s) as well as provide a persuasive argument with and against another individual's/team's assigned the opposing view. Students may use any form of media or presentation materials deemed relevant and appropriate for the assigned role. At the conclusion of each assignment all applicable materials (ex, PowerPoints, typed and bulleted notes, handouts, charts, etc.) will be collected for grading. Role playing assignments and activities may take the form of many situations, including, but not limited to medical, orthopedic or emergency situations, debates or acting out professional scenarios related to patients, parents, coaches, administrators, physicians, or any number of areas where professionalism is a must to maintain a standard of care and/or avoid conflict.

7. **Other Assignments and Examinations**

Students may be required to complete written, online, oral, and/or practical examinations for simulated scenarios based on course content and related materials from AT 238, AT 238L, AT 332, AT 332L, AT 444, and AT 449. Lab experiences and hands-on practice will be a major component of this class. Throughout the semester, assignments and labs will be scheduled during and outside of class to deepen and master students' knowledge, psychomotor skills, and professionalism. This will often require the student to come to class having already prepared to participate, present, and/or teach certain skills and/or topics. Examples include, but are not limited to: Article Critiques, S.O.A.P Note Practice, Online Quizzes, In-services, and/or Class Presentations etc. Further directions will be given during class.

Miscellaneous Course Performance and Participation Expectations:

Class members (student/instructor) will and should be/have:

1. Be on time for class.
2. Be prepared for class when class starts, not 5 minutes after class starts.
3. Common courtesy – do not talk over one another, **no cell phones, no text messaging**, etc.
4. **Class participation and discussion are encouraged, but side conversations are not, either talk for the whole class to hear, or do not talk at all.**
5. Stay focused throughout class, we will try to be out on time every week, but please do not pack up early.
6. Stay caught up if not ahead on any readings and assignments. At this level in your academic career late assignments will not be tolerated.
7. Ask questions when you are not sure about something.
8. Have mutual respect for your instructor as well as your fellow classmates.
9. Some assignments may be in the form of online discussions. All students will practice professionalism and responsibility in these assignments. It is okay to disagree with other professionals and with classmates, but disrespect or inappropriate language or behaviors will not be tolerated. Courteousness, professional, and respect will always be demonstrated. Students not adhering to this standard will receive a zero for and related assignments. Repeated offences may be subject to removal from the course or referral to the appropriate university administrators.
10. Evaluated for grammar and presentation.
11. While points may not be given for professionalism, points will be deducted for lack professionalism regarding any and all assignments. Unless otherwise instructed, all assignments will be:
 - a. Typed in Times New Roman
 - b. 12-point font
 - c. Double spaced
 - d. AMA references and citations when appropriate
 - e. Stapled in the upper left corner & page numbers in the upper right corner
 - f. Name, date, class, assignment (titles as appropriate) on a separate cover sheet
12. To stay with the flow of the courses content, this class will switch back and forth between lecture and lab. Lecture sessions may be relocated to the lab or lab sessions may include lecture content. Please pay attention throughout the semester as any predetermined changes not already listed on the syllabus will be announced in class.

Grading Policy:

Clinical Experience Hours semester total	20%
Clinical Experience Hours weekly total	15%

Completion of A-Track Evaluations (Student and Preceptor)	2.5%
Proficiency Assessment	20%
Case Study	10%
Journal Entries	2.5%
Professional Education Requirements	20%
Other Assignments, Role Play, & Examinations	10%

Grading Scale:

90-100%	=	A
80-89%	=	B (must receive a “B” or higher for graduation from the ATP)
70-79%	=	C
60-69%	=	D
59-0%	=	F

Make-up Policy and Late Work:

As future health care professionals you are held to high standards similar to those of professionals. As such, all assignments must also be printed, prepared, and turned in at the beginning of class on the scheduled due date. Emailed assignments will receive an automatic 5% reduction in grade unless otherwise stated by the instructor. Points will be deducted at the beginning of class if not turned in at that time. This deduction will equal 5% of the grade in question. **NO** assignments will be accepted after this point and will be recorded as a zero. Exams and in-class quizzes will not be permitted to complete late unless **previously** arranged with the instructor by the student. If one of these grading criteria is missed due to an emergent situation or condition or a religious or cultural belief it is the student’s responsibility to contact the instructor prior to the next class meeting. Once the

Refer to the quiz grade guidelines regarding the policy for missed grades. Students reporting late to class will have the same time deadline for completing an in-class quiz/assignment (Ex: a student reporting to class 5 minutes late in the middle of a 10-minute quiz, will have the remaining 5 minutes to complete the quiz, a student reporting 15 minutes late to class will receive a zero). Any work not turned in when it is collected at the beginning of class will be accepted with deductions for being late. This includes reasons related to printing lines or computer troubleshooting. If there are such concerns it is the student’s responsibility to inform the instructor with ample time to address the situation (ample time is at least the day before an assignment is due, not 10 minutes before class). Generally such deductions will be 5 points or 5% of the grade for the related assignment. No assignments will be accepted more than 24 hours late.

Students reporting that they will be missing class ahead of time, unless in emergent medical, religious, or cultural situations, will need to turn in due assignments or take quizzes/exams before the scheduled class. Students will not be permitted to discuss answers with students until the entire class has completed and turned them in. Such actions will be considered cheating and the student will receive a zero for all related grading. Student-athletes submitting Excused Absence forms will be permitted to miss class and make-up assignments as appropriate. However, such forms are only for permission to miss class, any work related to that class or conversations related to make-up work must be initiated by the student for each instance. All work will be due prior to the missed class, not after, unless the timeline for when the assignment instructions were provided was insufficient based on what the instructor deems as appropriate.

Course Timeline (Schedule of Assignments/Assessments/Presentations):

Date(s)	Topic/Activity	Readings, Lab Prep & Assignments	Important Due Dates
Tues, Jan. 15th	Introduction to Course Preview Semester Content & Assignments Instructions -Review EBP Case Study & Research Project -Review Role Playing Topics BOC Preparation	Assign Packet Signatures Assign BOC Extended PDNA Assign BOC ATLAS Module Assign BOC Study Schedule Assign NATA EBP Modules A-Track Journals	
Thurs. Jan. 17 th	Review Proficiency Packet		Practicum Packet, Forms, & Signatures

			PDNA Modules ATLAS Module BOC Study Schedule
Tues, Jan. 22 nd	Review Proficiency Packet Review PDNA Strengths & Weaknesses		
Thurs, Jan 24 th	Cumulative EBP Summary & Review		EBP Level 2 Modules Due
Tues, Jan. 29 th	Gen Med History and Palpations Lab/Review/Quiz		
Thurs. Jan. 31 st	Gen Med Auscultations & Vitals		
Tues, Feb. 5 th	Cardiac & Respiratory Evaluation/Tx		
Thurs. Feb. 7 th	Specific Cardiac & Respiratory Conditions		
Tues, Feb. 12 th	OP Exam 1		
Thurs. Feb. 14 th	ENT Lab		
Tues, Feb. 19 th	Eye Evaluation Lab		
Thurs. Feb. 21 st	Cranial Nerves, Dermatomes Myotomes, & Reflexes		
Tues, Feb. 26 th	Skin Disorders & Infectious Diseases		
Thurs. Feb. 28 th	OP Exam 2		
Tues, Mar. 5 th	Clinical Skills: TBD based on PDNA & ACES Review	Student Led Class	Mid Rotation Evals Due Mid Rotation Goals Reviews
Thurs. Mar. 7 th	Clinical Skills: TBD based on PDNA & ACES Review	Student Led Class	Case Study Topic, Consent Form, PICO Worksheet, & 3 New References
Tues, Mar. 12 th	Spring Break		
Thurs. Mar. 14 th	Spring Break		
Tues, Mar. 19 th	Psychosocial Article Discussion		Psychosocial Article Critiques Due
Thurs. Mar. 21 st	Yoga & BOC Pep Talk		Proficiencies Due
Tues, Mar. 26 th	Role Play		BOC Exam Window
Thurs. Mar. 28 th	Role Play		BOC Exam Window
Tues, Apr. 2 nd	Role Play		BOC Exam Window
Thurs, Apr. 4 th	Role Play		BOC Exam Window
Tues, Apr. 9 th	BOC Debrief & Senior Exit Interview		
Thurs, Apr. 11 th	Research Topics (possible guest lecture)		
Tues, Apr. 16 th	Research Topics (possible guest lecture)		
Thurs, Apr. 18 th	Transition to Practice		Case Study Papers Due
Tues, Apr. 23 rd	Transition to Practice		
Thurs, Apr. 25 th	Case Presentations (10-20 min each)		
Tues, Apr. 30 th	Case Presentations (10-20 min each)		
Thurs, May 2 nd	Case Presentations (10-20 min each)		Case Study Abstract Due

Mon, May 6 th	OP Proficiency Final (Individually scheduled anytime in semester after completion of proficiencies)		All Misc. Packet Info, Preceptor Evals, Clinical Hours, Journals Due @ noon
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*The above Semester At-A-Glance schedule may be altered at the discretion of the instructor. Students enrolled in this course will be notified immediately of any changes or alterations to this schedule. Some sections of this course may be cancelled since the required clinical experiences hours may justify the earned credit for this course. However, such cancellations are the sole discretion of the instructor. Much of this course will vary based on when students take the BOC exam.

Accessibility/Accommodations:

Concord University is committed to responding to the needs of students with disabilities as defined by the Americans with Disabilities Act. Please inform your instructor at the beginning of the class semester if you have a disability and are requesting accommodations. It is your responsibility to self-disclose that you are requesting accommodations. The University and instructor will provide you with a reasonable accommodation. You should register with CU’s Disability Services Office, located in the Athens campus Jerry and Jean Beasley Student Center, Bottom Floor, across from the Campus Post Office. The Disability Services Office phone is 304-384-6086 or you can email the Director, Nancy Ellison, at nellison@concord.edu for assistance.

Academic Dishonesty:

Academic dishonesty is morally unacceptable as well as destructive to the learning and teaching atmosphere. Academic dishonesty includes the giving or receiving of improper help on examinations or assignments, falsifying documents, and plagiarism (the act of stealing and using, as one’s own, the ideas or the expression of the ideas of another). Such dishonesty can lead to a variety of penalties — including but not limited to failure of assignment, failure of course, loss of institutional privileges, or dismissal from the University. (See University Catalog Academic Policies and Procedures.)

Concord University Honor Code: A Concord University Honor Code was approved by students, staff, faculty, administration, and the CU Board of Governors. The Code states:

"As a member of the Concord University Community I will act with honesty and integrity in accordance with our fundamental principles and I will respect myself and others while challenging them to do the same."

The Honor Code is intended to unite the Concord community behind a culture of honesty, integrity, and civility.

ANY ATTEMPT TO RECORD CLINICAL EXPERIENCE HOURS THAT WERE NOT ACTUALLY COMPLETED WILL BE CONSIDERED ACADEMIC DISHONESTY

Attendance:

Regular class attendance is part of a student’s academic obligation at Concord. Irregular attendance may affect academic performance adversely and is detrimental to the atmosphere of a class. (See University Catalog Academic Policies and Procedures.)

Attendance Policy Specific to AT 4602: This is a professional level course and carries with it higher standards and expectations of professionalism. Part of the goal of this senior level course is a transition to practice. In an effort to mimic real life expectations, attendance and punctuality are expected and required but will not count as a contributing percentage of the grade for this course nor will it be recorded on a daily basis. However, in-class assignments and quizzes will not be permitted make-ups (see Make-Up and Late Work Policy). Patterns of absenteeism and tardiness will be addressed on an individual basis. If the instructor perceives absenteeism as an issue for a student, the instructor will begin to record attendance and deduct points from exam grades for respective sections for the individual(s).

The following situations will be considered excused absence guidelines:

1. **You** are hospitalized and provide a doctor's note. Doctor's appointments may or may not be accepted with at the instructor's discretion and only with a note. Students are expected to schedule appointments around classes unless an emergency exists.
2. Death in the family. Please notify instructor prior to departure from school. Notification does not need to be face-to-face
3. Participation in a college or professional program recognized activity with **advanced notice**. This includes sport travel as an athlete or an athletic training student. Failure to notify the instructor at least 24 hours in advance will not be excused. Athletic training student coverage of on-campus practices, games, or clinical responsibilities will not be excused.
4. Surgical observation pre-approved by the clinical education coordinator.
5. A job or graduate school interview with **advanced notice**,
6. Class is cancelled by the University or instructor
7. Legitimate religious or cultural expectations will be discussed on an individual basis, but conversations must be initiated by the student with **advanced notice** when possible.
8. **Advanced notice** is not an email 10 minutes before class. **Advanced notice** is face-to-face at least 24 hours when possible or a phone call if last minute,
9. Tardiness will also not be tolerated.
10. *****STUDENTS WHO ARE USING THEIR CELL PHONES IN CLASS FOR ANY PURPOSES NOT DIRECTLY RELATED TO THE DAY'S CONTENT OR WITHOUT THE INSTRUCTOR'S PERMISSION WILL BE ASKED TO LEAVE THE CLASS WITH NO WARNING AND WILL NOT BE PERMITTED TO MAKE UP GRADES FOR THAT DAY.*****
11. Students not dressed or prepared to participate in pre-announced labs will be asked to go home to change and report back to class. All attendance and tardy related policies will apply.

The instructor will not initiate conversations needed regarding missed classes. It is the student's responsibility to check with the instructor about assignments, materials, and other information missed during any absence or tardy. Make-up work will **not** be permitted for unexcused absences. If a student is absent during a test/evaluation period, it is his/her responsibility to make arrangements to take the test/evaluation prior to the next scheduled class meeting. An unexcused absence will **not** permit you to make-up a missed assignment or in-class lab experience. The student is expected to initiate conversations regarding missed work for an excused absence prior to missing the class. All assignments, exams, labs, or other items for grade will be turned in by a deadline set at the instructor's discretion. In most cases this will mean the student must complete the graded work prior to the missed deadline.

Preceptors will be instructed to address clinical experience absence or tardiness related concerns. If issues are not satisfactorily resolved according to the preceptor and the student, the clinical education coordinator and the practicum instructor may intervene accordingly. Issues found to be the fault of the students may negatively affect the practicum grade based on the hourly course requirements previously stated.

Emergency Alert System:

In an effort to increase safety and security on our campus, Concord University encourages everyone to register for instant text message alerts. Alerts will only be used for security and safety notices. All students, faculty, and staff are eligible to receive text message alerts on their cell phones or email alerts. Please contact the IT Help Desk for further assistance (304-384-5291).

Emergency Information:

Emergency/courtesy telephones are located at the main entrance of each residence hall and at various other locations on campus. Emergency telephones can be identified by the flashing blue light and will provide the user with a direct link to Public Safety at the press of a button. To report an on-campus emergency, call 304-384-5357 or 911. The Office of Public Safety is located on the bottom floor of the Rahall Technology Center. For further emergency information go to: <http://www.concord.edu/administration/office-public-safety>.

Inclement Weather Policy:

As a general policy, the University will remain in normal operations during adverse weather conditions. In the event of severe weather conditions, the following may occur:

University Closure

No students or employees are to report.

Classes Cancelled

Students do NOT report BUT employees are expected to report to work at their normal time.

Operating on an Inclement Weather Delay

Under this schedule, all 8 a.m. classes will start at 10 a.m. Students and faculty will follow the Inclement Weather Schedule. (See <http://www.concord.edu/emergency-alerts> for Athens/Beckley Inclement Weather Schedules.)

**Announcements invoking the late schedule or other options referenced above are aired on area radio and television stations and are sent as text and email messages to those enrolled for this service.*

INCLEMENT WEATHER SCHEDULE:

<u>Regular</u> MWF Classes	<u>Inclement</u> MWF Classes	<u>Regular</u> TR Classes	<u>Inclement</u> TR Classes
8:00-8:50	10:00-10:40	8:00-9:15	10:00-11:00
9:00-9:50	10:45-11:25	9:30-10:45	11:05-12:05
10:00-10:50	11:30-12:10	11:00-12:15	12:10-1:10
11:00-11:50	12:15-12:55	12:30-1:45	1:15-2:15
12:00-12:50	1:00-1:40	2:00-3:15	2:20-3:20
1:00-1:50	1:45-2:25	3:30-4:45	3:25-4:25
2:00-2:50	2:30-3:10		
3:00-3:50	3:15-3:55		

Student Conduct:

In classrooms, online, laboratories, and during any activities that are part of course requirements, students are expected to observe reasonable rules of conduct.

Technology Services:

Contact the CU Help Desk at extension 5291 from campus or 304-384-5291 off campus. You may also e-mail cuhelpdesk@concord.edu.

Academic Success Center:

The mission of the Academic Success Center is to work with students individually to help achieve their academic, personal and career goals. They work in collaboration with each student to develop good study skills and to enhance academic success. The Academic Success Center (ASC) at Concord University is a place for students to come for help--whether it is assistance with coursework, advising, financial aid, or another reason. They are here to help students. The ASC has many resources to help you with your coursework, including:

- **Drop-In Tutoring** - referring you to one of the peer tutors for help with your class
<https://apps.concord.edu/tutoring/>
- **ASC Study Hall** - one-on-one assistance with study skills; organized study groups; mentor program. Stop by the ASC office in the Rahall Atrium, Suite 243!
- **Khan Academy** (link is external) - a free online resource with over 3,200 videos with instruction on everything from arithmetic to physics, finance, and history and hundreds of skills to practice at your own pace. <https://www.khanacademy.org/>
- **SMARTHINKING** - a free online tutoring program that provides tutors 24/7 for most classes
<http://hub.concord.edu/academicsuccess/node/6>
- **Web Resources** - there are many excellent websites to assist with your success in college.
<http://hub.concord.edu/academicsuccess/node/4>

Sexual Harassment & Assault

Federal law, Title IX, and Concord University policy prohibits discrimination, harassment, and violence based on sex and gender (Including sexual harassment, sexual assault, domestic/dating violence, stalking, sexual exploitation, and retaliation). If you or someone you know has been harassed or assaulted, you can receive

confidential counseling support through the Concord University Counseling Center (304-384-5290). Alleged Violations can be reported non-confidentially to the Concord University Title IX Coordinator at 304-384-6327 or titleix@concord.edu. Reports to Campus Security can be made at (304-384-5357). As an employee at Concord University, **I am a mandatory reporter** which means I must report any sexual misconduct I am made aware of. This includes verbal or written (such as in an assignment) disclosures of sexual harassment or sexual assault.

Syllabus Disclaimer: "This syllabus is subject to change based on the needs of the class. Please check it regularly."