

GEORGE MASON UNIVERSITY
School of Recreation, Health, and Tourism

ATEP 456 — Practicum 5: Professional Integration (6)
Fall 2010

DAY/TIME	M W 12.00 – 1.15 pm	LOCATION:	BRH 246
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OFFICE LOCATION	208 C Bull Run Hall (BRH)	PHONE NUMBER:	703 993 2123
OFFICE HOURS	W 10.00 am – 12.00 pm and by Appt	FAX NUMBER:	703 993 2050
DEPT. WEBSITE	http://rht.gmu.edu/atep	CLASS WEBSITE	http://courses.gmu.edu

PRE- AND CO-REQUISITES

Pre-requisites: Formal acceptance to the professional phase of the ATEP; ATEP 150, 180, 250, 255, 256, 260, 265, 266, 270, 350, 355, 356, 360, 365, 366; BIOL 124, 125; HEAL 110, 230; PHED 300; current Emergency Cardiac Care (ECC) certification.

Co-requisite: Concurrently enrolled in ATEP 450.

COURSE DESCRIPTION

A clinical practicum field experience under the direct supervision of an Approved Clinical Instructor (ACI) with emphasis on professional skill integration.

COURSE OBJECTIVES

At the completion of this course students should be able to complete the following:

1. Apply theories, concepts, and philosophies learned through previous didactic and clinical experiences;
2. Identify and execute risk management and injury prevention techniques;
3. Assess and evaluate athletic injuries;
4. Provide acute care of injuries and illnesses;
5. Execute pharmacological interventions;
6. Utilize therapeutic modalities;
7. Implement therapeutic exercise;
8. Manage general medical conditions and disabilities;
9. Explain and evaluate nutritional aspects for the physically active;
10. Identify the need for psychosocial intervention, and refer to the appropriate professional;
11. Employ health care administration practices; and
12. Employ foundational behaviors of professional practice in athletic training.

COURSE OVERVIEW

This is the fifth of five clinical practicum experiences that provide students with adequate opportunities to practice and integrate cognitive learning with the associated psychomotor skills required for the profession of athletic training. This course embraces the 'Learning Over Time' concept by requiring students to master a logical progression of clinical proficiency and professional behavior assessments throughout the clinical experience. Students are required to integrate individual component skills (i.e., cognitive and psychomotor skill competencies) into global clinical proficiencies during

the clinical experience. Specific cognitive and psychomotor skill components as defined by the *NATA Educational Competencies* are formally taught, practiced, and assessed in the concurrent classroom and controlled laboratory (clinical course) settings. These clinical proficiency assessments, evaluated by ACIs, require students to reason methodically and determine which skills (cognitive learning) are appropriate in a given clinical practice situation and correctly perform these skills (psychomotor) in a manner befitting an entry-level athletic trainer (professional behavior). These proficiencies are associated with students in Level III of the ATEP and are a part of the associated Clinical Education Manual. Global clinical proficiencies are composed of two hierarchical categories: Clinical Proficiencies to be Challenged (assessing knowledge, skills, and professional behaviors learned in the current semester), and Clinical Proficiencies to be Mastered (assessing knowledge, skills, and professional behaviors learned in the prior semester). All clinical proficiencies are graded on a 20 point scale. Students must achieve a passing score of 17 or greater (80%) to demonstrate mastery of the clinical proficiency. Students not achieving a passing score must re-take the proficiency until they satisfactorily demonstrate mastery. Students are required to complete ‘Mastery Proficiencies’ by mid-semester in the clinical experience and submit the results to ATEP faculty for verification. As ‘Challenge Proficiencies’ assess cognitive and psychomotor skills that the students are learning in the current semester, students need only attempt (not necessarily pass) these proficiencies. Challenge Proficiencies are completed in the second half of the clinical experience. These ‘Challenge Proficiencies’ then become ‘Mastery Proficiencies’ for the following clinical experience where the student must now show mastery of the content via a passing score, thus demonstrating their ability to learn and improve over time. During each clinical experience students receive constructive feedback from their ACIs to allow them to improve and continue to ‘Learn Over Time’. This clinical experience allows students opportunities to practice and integrate the cognitive learning, with the associated psychomotor skill requirements associated with professional integration. In addition, students develop entry-level professional behaviors as Athletic Trainers defined by the *NATA Educational Competencies*.

Attendance

Each student must meet with his/her ACI during the first week of the semester to develop a weekly schedule. Students must accrue a minimum of 300 hours during the entire semester (approximately 10-20 hours per week). Students are expected to be on time, attend all class meetings and clinical experiences as mutually agreed upon with the Coordinator of Clinical Education, course instructor and the ACI. Excused absences include the following: illness (must bring a receipt or note from a doctor), family death, athletic/academic event, and others at the discretion of the ACI and course instructor. For known upcoming absences, students must contact the ACI and the course instructor at least one week in advance of the missed class or clinical experience. In the case of illness or some other unforeseen absence, the student must contact the ACI and the course instructor via e-mail or telephone.

Accreditation Standards

Upon completion of this course, students will meet the following Commission on Accreditation of Athletic Training Education (CAATE) and clinical proficiencies:

Code	Clinical Proficiency
RM-CP1	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.

RM-CP2	Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.
RM-CP3	Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.
DI-CP1	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-CP1.1	Foot and Toes
DI-CP1.2	Ankle
DI-CP1.3	Lower Leg
DI-CP1.4	Knee (tibiofemoral and patellofemoral)
DI-CP1.5	Thigh
DI-CP1.6	Hip/Pelvis/Sacroiliac Joint
DI-CP1.7	Lumbar Spine
DI-CP1.8	Thoracic Spine
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	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-CP1.1	Derma
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
AC-CP1	Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
TM-CP1	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
EX-CP	Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP1	Program for injuries to the upper extremity
EX-CP1.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP1.2	Exercises to Improve Muscular Strength
EX-CP1.3	Exercises to Improve Muscular Endurance

EX-CP1.4	Exercises to Improve Muscular Speed
EX-CP1.5	Exercises to Improve Muscular Power
EX-CP1.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP1.7	Exercises to Improve Agility
EX-CP1.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP1.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
EX-CP2	Program for injuries to the lower extremity
EX-CP2.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP2.2	Exercises to Improve Muscular Strength
EX-CP2.3	Exercises to Improve Muscular Endurance
EX-CP2.4	Exercises to Improve Muscular Speed
EX-CP2.5	Exercises to Improve Muscular Power
EX-CP2.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP2.7	Exercises to Improve Agility
EX-CP2.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP2.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
EX-CP3	Program for injuries to the trunk
EX-CP3.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP3.2	Exercises to Improve Muscular Strength
EX-CP3.3	Exercises to Improve Muscular Endurance
EX-CP3.4	Exercises to Improve Muscular Speed
EX-CP3.5	Exercises to Improve Muscular Power
EX-CP3.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP3.7	Exercises to Improve Agility
EX-CP3.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP3.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
EX-CP4	Program for injuries to the spine
EX-CP4.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP4.2	Exercises to Improve Muscular Strength
EX-CP4.3	Exercises to Improve Muscular Endurance
EX-CP4.4	Exercises to Improve Muscular Speed
EX-CP4.5	Exercises to Improve Muscular Power
EX-CP4.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP4.7	Exercises to Improve Agility
EX-CP4.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP4.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

PS-CP1	Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. 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 intervention and referral should be documented using standardized record-keeping methods.
PS-CP2	Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.
NU-CP1	Demonstrate the ability to counsel a patient in proper nutrition. This may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.
NU-CP2	Demonstrate the ability to recognize disordered eating and eating disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.

REQUIRED READINGS

1. ATEP Clinical Education Manual: Professional Integration
2. ATEP Student Handbook.

EVALUATION

The course instructor assigns the final grade based on several specific requirements for evaluation as detailed below. The ACI will supply scoring and relative open-ended feedback on the Mid Semester Clinical Performance Evaluation, Final Clinical Performance Evaluation, and Clinical Proficiency Evaluations.

Expectations Document

This form is a guide to explain and clarify the ACI expectations of the student. Both student and ACI will read and sign this document together at the initial meeting to help ensure that all parties understand their respective responsibilities and duties.

Mid Semester Clinical Performance Evaluation

The ACI will complete the evaluation and assign a letter grade based on the student's clinical performance. ACIs are encouraged to discuss the results of the evaluation with the student.

Final Clinical Performance Evaluation

The ACI will complete the evaluation and assign a letter grade based on the student's clinical performance. ACIs are encouraged to discuss the results of the evaluation with the student.

Throughlines

The student is required to complete two throughline reflective entries.

Clinical Proficiency Evaluations in Manual

The student will complete a must complete all clinical proficiency evaluations associated with the previous and current courses. These evaluations will be assessed by each student's ACI.

Evaluation of ACI/Clinical Site Survey

This survey will be conducted via Survey Monkey in order to collect feedback about the ACI and clinical site. A link to the survey will be provided in an email.

Class Assignments

The student will complete multiple class assignments over the course of the semester. More details will be given in class.

Comprehensive Final Examination

There will be a practical final examination administered at the time deemed by the official university schedule.

GRADING

Course Grading Scale

ASSESSMENT METHOD	NUMBER	POINTS EACH	POINTS TOTAL
Expectations Document	1	25	25
Mid Semester Clinical Performance Evaluation	1	100	100
Final Clinical Performance Evaluation	1	100	100
Throughlines	2	50	100
Clinical Proficiency Evaluations in Manual	Variable	Variable	Pass/Fail
Evaluation of ACI/Clinical Site Survey	1	25	25
Class Assignments	Variable	Variable	50
Comprehensive Final Examination	1	100	100
TOTAL	—	—	500

The student's final letter grade will be earned based on the following scale:

A: 465 – 500 pts. (93%)	C+: 385 – 399 pts. (77%)
A-: 450 – 464 pts. (90%)	C: 365 – 384 pts. (73%)
B+: 435 – 449 pts. (87%)	C-: 350 – 364 pts. (70%)
B: 415 – 434 pts. (83%)	D: 315 – 349 pts. (63%)
B-: 400 – 414 pts. (80%)	F: < 315 pts.



- ❖ All students are held to the standards of the George Mason University Honor Code [See <http://www.gmu.edu/catalog/apolicies/#Anchor12>]
- ❖ University policy states that all sound emitting devices shall be turned off during class unless otherwise authorized by the professor
- ❖ Students with disabilities who seek accommodations in a course must be registered with the Office of Disability Services (ODS) and inform the instructor, in writing, at the beginning of the semester [See www.gmu.edu/student/drc]
- ❖ For additional School of Recreation, Health, and Tourism information, please visit the website at <http://rht.gmu.edu>

WEEK	TENTATIVE TOPIC*	ASSIGNMENTS
1	Introduction to Course and Syllabus	
2	Research and Scholarship in Athletic Training	Throughlines 1
3	Examining the Body of Knowledge in Athletic Training	Expectations document
4	Evidence-Based Practice/ Reviewing the Literature	
5	Athletic Trainers as Practitioners and Educators – Knowledge Dissemination	
6	NATA Position Statements	Position Statements Presentations
7	NATA Position Statements	Position Statements Presentations
8	Young Professionals – Guest Speaker	Mid-Term Clinical Performance Evaluation- October 20th 2010
9	Emerging Fields in Athletic Training	
10	Professionalism in Athletic Training	
11	Preventing Burnout – Guest Speaker	
12	Continuing Education in Athletic Training	Evidence-Based Practice Project
13	Expert Witness in Athletic Training – Guest Speaker	
14	Coaches and Athletic Trainers – Guest Speaker	AT Knowledge Dissemination Project
15	Thank You, Surveys, Closing Points, Reflection	Throughlines 2
Final	Comprehensive Final Examination	Final Clinical Performance Evaluation Dec 20th 2010

**Faculty reserve the right to alter syllabus as necessary*