Clinical Experiences in Athletic Training VIII

I. COURSE DESCRIPTION
A field based professional experience to provide the student the opportunity to apply knowledge and theory related to the philosophy, principles, and competencies of the athletic training profession.

II. RATIONALE
Students interested in becoming a Certified Athletic Trainer (ATC) must complete the required field experience and skill proficiencies prior to applying to sit for the Board of Certification (BOC) exam.

III. STATE ADOPTED PROFICIENCIES FOR TEACHER AND/OR ADMINISTRATORS/COUNSELORS –
1. LEARNER-CENTERED KNOWLEDGE: The teacher possesses and draws on a rich knowledge base of content, pedagogy, and technology to provide relevant and meaningful learning experiences for all students.
2. LEARNER-CENTERED INSTRUCTION: To create a learner-centered community, the teacher collaboratively identifies needs; and plans, implements, and assesses instruction using technology and other resources.
3. EQUITY IN EXCELLENCE FOR ALL LEARNERS: The teacher responds appropriately to diverse groups of learners.
4. LEARNER-CENTERED COMMUNICATION: While acting as an advocate for all students and the school, the teacher demonstrates effective professional and interpersonal communication skills.
5. LEARNER-CENTERED PROFESSIONAL DEVELOPMENT: The teacher, as a reflective practitioner dedicated to all students’ success, demonstrates a commitment to learn, to improve the profession, and to maintain ethics and personal integrity.

IV. TExES COMPETENCIES AND CAATE COMPETENCIES & PROFICIENCIES
a. TExES Competencies: N/A

b. NATIONAL COMPETENCIES & PROFICIENCIES FOR ATHLETIC TRAINING (CAATE 4th Ed.)

Risk Management Proficiencies Taught & Evaluated:
• 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.

Diagnosis Proficiencies Taught & Evaluated:
• 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**: Rib
- **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 & Face
- **DI-CP1.18**: Tempromandibular Joint

**Medical Conditions Proficiencies Taught & Evaluated**

- **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 Brain
  - **MC-CP1.3**: Face, including the Maxillofacial Region
  - **MC-CP1.4**: Thorax, including 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

**Acute Care Proficiencies Taught & Evaluated**

- **AC-P3a**: Activate an emergency action plan
- **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.

**Therapeutic Modalities Proficiencies Taught & Evaluated**

- **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
Therapeutic Exercise Proficiencies Taught & Evaluated

- **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
Psychosocial Proficiencies & Competencies Taught & Evaluated

- PS-C8: 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.
- PS-C9: Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.
- 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.

Nutritional Aspects Proficiencies Taught & Evaluated

- 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.

Administration Proficiencies Taught & Evaluated

- AD-P1: Develop risk management plans, including facility design, for safe and efficient health care facilities.
- AD-P2: Develop a risk management plan that addresses issues of liability reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.
- AD-P3: Develop policy and write procedures to guide the intended operation of athletic training services within a health care facility.
- AD-P4: Demonstrate the ability to access medical and health care information through electronic media.
- AD-P5: Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).
- AD-P6: Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.
- AD-P7: Use a comprehensive patient-file management system that incorporates both paper and electronic media for purposes of insurance records, billing, and risk management.
- AD-P8: Develop operational and capital budgets based on a supply inventory and needs assessment.

Professional Development Competencies & Proficiencies Taught & Evaluated

- PD-C1: Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
- PD-C2: Describe the process of attaining and maintaining national and state athletic training professional credentials.
- PD-C3: Describe the current professional development requirements for the continuing education of athletic trainers and how to locate available, approved continuing education opportunities.
- PD-C8: Summarize the current requirements for the professional preparation of the athletic trainer.
- PD-P1: Collect and disseminate injury prevention and health care information to health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents’ nights, parent/teacher organization [PTO] meetings, booster club meetings, workshops, and seminars).
- PD-P2: Access by various methods the public information policy-making and governing bodies used in the
guidance and regulation of the profession of athletic training (including but not limited to state regulatory boards, NATA, BOC).

- **PD-P3**: Develop and present material (oral, pamphlet/handout, written article, or other media type) for an athletic training-related topic.
- **PD-P4**: Develop a research project (to include but not limited to case study, clinical research project, literature review) for an athletic training-related topic.

V. COURSE OBJECTIVE AND OUTCOMES
This course is intended to serve as a capstone class to incorporate components of previous clinical experiences and courses together as a review and integration of skills previously learned. Objectives of the course include:

- Plan, design and evaluate a fitness plan specific to patient needs
- Select & apply appropriate standard protective equipment to minimize the risk of injury
- Develop and implement effective policies and procedures for risk management
- Demonstrate musculoskeletal assessment, diagnosis, and treatment/rehab plan for upper and lower extremity injuries, spinal injuries, and head/facial injuries
- Demonstrate general and specific assessment, diagnosis, and treatment plan for general medical conditions
- Synthesize information obtained from a patient to determine appropriate use of therapeutic modalities for treatment of injuries/illnesses using all appropriate precautions
- Demonstrate ability to intervene and make appropriate referrals for a patient with suspected substance abuse or mental health problem
- Demonstrate and implement appropriate motivational techniques into a patient’s treatment or rehabilitation program
- Demonstrate the ability to counsel a patient in proper nutrition for his/her activity level
- Demonstrate the ability to recognize disordered eating, establish a helpful professional relationship and make appropriate referrals
- Develop a risk management plans for a particular facility
- Develop policies and procedures help guide the operation of athletic training services
- Use appropriate terminology to communicate with other health care professionals, patients, coaches and administration
- Develop an operational and capital budget based on inventory and need for athletic training services

VI. COURSE TOPICS
1. Risk Management
2. Diagnosis
3. Medical Conditions
4. Acute Care
5. Therapeutic Modalities
6. Therapeutic Exercise
7. Psychosocial
8. Nutritional Aspects
9. Administration
10. Professional Development

VII. INSTRUCTIONAL METHODS AND ACTIVITIES
   A. Traditional Experiences: 5% (lecture/discussion; demonstration; guest speaker)
   B. Clinical Experiences 20% (clinical education, laboratory demonstration)
   C. Field Experiences 75% (clinical experience under the supervision of your CI)

The course will include clinical education (hands-on application) in the Athletic Training Center (IH 179), TAMUCC venues, as well as at affiliated sites as approved through the TAMUCC Athletic Training Education Program. Students will receive clinical experience hours under the supervision of a clinical preceptor who will evaluate each student’s performance during assigned clinical experiences. Additionally, student skills will be evaluated by the assigned preceptor. Athletic Training Students will be assigned to a clinical preceptor by the Program Director and Clinical Education Coordinator. Students will be expected to complete reflective clinical experience assignments (RCA) as well as weekly proficiency assignments as assigned by the instructor. Clinical hours must be reported on a weekly basis. Preceptors will also use “teachable moments” during the field experience
to broaden the student’s educational experience.

Communication for the course will be enhanced with the use of Blackboard which will contain the course calendar, e-mail, discussion, and gradebook. Also, a copy of the syllabus will be provided on Blackboard.

Each student is responsible for reading and accessing the Athletic Training Student handbook for specific guidelines, policies and procedures pertaining to the ATEP. The handbook is accessible on-line at www.athletictraining.tamucc.edu.

VIII. EVALUATION AND GRADE ASSIGNMENT
A. Performance Assessment

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<tr>
<th>Percentage</th>
<th>Component</th>
<th>Points</th>
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<tbody>
<tr>
<td>20%</td>
<td>Syllabus Acknowledgement Form</td>
<td>10 points</td>
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<tr>
<td></td>
<td>Monthly Hours Logs (4 x 10 points)</td>
<td>40 points</td>
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<tr>
<td></td>
<td>RCAs (2 x 50 points)</td>
<td>100 points</td>
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<tr>
<td></td>
<td>Workshop Attendance (3 x 10 points)</td>
<td>30 points</td>
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<tr>
<td></td>
<td>Completed Mid Term Self Eval &amp; Meeting with Preceptor (20 points)</td>
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<td>Completed Final Eval &amp; Meeting with Preceptor (20 points)</td>
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<td>Electronic Portfolio (20 points)</td>
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<td>Exit Exam (200 points)</td>
<td>200 points</td>
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<tr>
<td></td>
<td>Review/Practice Questions (13x20)</td>
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<tr>
<td>40%</td>
<td>Clinical Scenarios</td>
<td>700 points</td>
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<td>Projects (4x40)</td>
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<td></td>
<td>Case Study Presentation (200 points)</td>
<td>200 points</td>
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</tbody>
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B. Grading Scale

- 90-100% = A
- 80-89% = B
- 70-79% = C
- 60-69% = D
- < 60% = F

IX. COURSE SCHEDULE AND POLICIES
A. Tentative Course Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>1/28</td>
<td>Risk Management &amp; Emergency Care Situations</td>
</tr>
<tr>
<td>2/4</td>
<td>Evaluation/ Diagnosis of UE Injuries</td>
</tr>
<tr>
<td>2/11</td>
<td>Evaluation/Diagnosis of LE Injuries</td>
</tr>
<tr>
<td>2/18</td>
<td>Medical Conditions</td>
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<td>Medical Conditions</td>
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<td>3/4</td>
<td>Psychosocial &amp; Nutritional Considerations</td>
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<td>3/11</td>
<td>Spring Break</td>
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<tr>
<td>3/18</td>
<td>Modalities</td>
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<td>3/25</td>
<td>Rehabilitation of the UE</td>
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<tr>
<td>4/1</td>
<td>Rehabilitation of the LE</td>
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<tr>
<td>4/8</td>
<td>Policies &amp; Procedures Development</td>
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<tr>
<td>4/15</td>
<td>Risk Management Planning</td>
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<tr>
<td>4/22</td>
<td>Taping &amp; Bracing</td>
</tr>
<tr>
<td>4/29</td>
<td>Facility Design Project Presentation</td>
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<tr>
<td>4/6</td>
<td>Case Study Presentation - Final</td>
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<td></td>
<td>Exit Exam – Computer Based</td>
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<td>By Appointment</td>
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</tbody>
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B. Class Policies

Clinical Evaluations
Each student will be evaluated by their Preceptor(s) at the end of the semester. This evaluation will be used to provide feedback to the Athletic Training Student and also plays a strong role in determining the final course grade.

Reflective Clinical Experience Assignments
Topics for writing will be announced in class and posted on Blackboard. Assignments should be submitted to the instructor via Blackboard and should include practical learning experiences that occurred during the clinical experience. Each assignment should be typed, have the date at the top of the page, use APA citations and a copy must be kept in the student’s clinical portfolio. Assignments should not include names or identifiable information of athletes or patients in order to maintain confidentiality. Medical terminology is strongly encouraged as well as any insight or reflection of care provided.

Projects
Projects will be assigned in class with written instructions provided on Blackboard. Project rubric grading will also be provided on Blackboard. By the designated due date, the project should be submitted to the instructor in person or via Blackboard. A copy of the project should be added to the student’s portfolio.

Exam Review Questions
Exam Review Questions will be assigned weekly from Hale & Long (2010). Each assignment will be worth 20 points. Questions must be completed on time to receive full credit.

Exit Exam
Students in their last academic year must take an exit exam which will be available in Clinical Experiences VIII. The exam will be delivered via Blackboard and will be proctored. Topics and questions included will be submitted by faculty in the Department of Kinesiology and will include most courses in the “major requirements” and “special foundations” courses as listed on the BS in Athletic Training Degree Plan. Athletic Training Students applying for the Board of Certification exam, must pass the exit exam with a 70% or higher in order for the ATEP Director to endorse the student to sit for the exam. Although students can take the exam an unlimited number of times, the first attempt will be graded and included in the course grade for KINE 4194 Clinical Experiences in Athletic Training VIII. (from ATEP Student Handbook).

Assigned Proficiencies
Comprehensive Proficiencies scenarios will be assigned weekly by the course instructor. Students who do not complete ALL assigned clinical proficiency check-offs during the course of the semester with a passing grade WILL NOT be admitted into the next clinical level until ALL assigned clinical proficiency evaluations have been completed. Students in clinical VIII are required to have completed all clinical requirements (I-VIII) prior to graduation.

Case Study Presentation Final
The final exam in this course will be a presentation of a case study which the student has firsthand experience with. The presentation will be delivered to an audience of both professionals and students and will be 15-20 minutes in length. The following case information should be the minimum included in the presentation: anatomy & physiology of injury or illness, mechanism, evaluation findings, diagnosis/diagnoses, rehabilitation protocol/progression, evidence based questioning, critical review of the evidence, and reflective conclusion. Professional dress is required.

Weekly Clinical Hours
Students must gain a minimum of 200 clinical hours this semester in order to successfully pass the course. Additionally, students may not exceed 20 hours during any giving week. It is the student’s responsibility to accurately record hours on the designated timesheet each day (located on the computer in the Athletic Training Center IH 179). Failure to do so may result in a reduction of the clinical education grade for that semester. Falsifying the timesheet will result in immediate disciplinary action (behavioral incident report). It is the student’s ultimate responsibility with the assistance of the preceptor to ensure that the appropriate numbers of hours are being met and not exceeded. Additionally, it is required that each student have 1 day with no clinical experiences hours
**each seven day period.** Students should collaborate with their preceptors to make weekly schedules. In order for students to successfully complete the Clinical Experiences course with a passing grade, they must meet the monthly hour requirement. Failure to do so will result in a failing grade in the Clinical Experiences course, and the student will not be able to proceed to the next clinical level/course.

The goal of clinical hours is that there is direct contact with patient care and that students are gaining valuable experience utilizing clinical skills during this time. Thus, hours may only be counted for practices, competitions, scheduled treatment and rehabilitation sessions, time at clinic rotations, office visits, evaluations, and surgeries (not study time, clinical (lab) class, proficiency skills practice or tests, study table, workshops etc.). The experience gained is much more valuable that the time spent at each clinical site. In other words, the goal is not to log hours, but rather have meaningful time in the clinical setting with patients.

At the end of each month, that month’s hours should be printed off and initialed by your Preceptor. The Clinical Education Coordinator will record completed hours each month **ONLY** when the hours have been initialed by the Preceptor. Clinical hour sheets will be kept in the student’s permanent record. It is ultimately the student’s responsibility to attend scheduled clinical hours each week and record the hours promptly. Any issues that arise due to hours or your schedule should be resolved between the student and the Preceptor as soon as possible with clear communication. If the issue is not taken care of, communicate this with the Clinical Education Coordinator in a timely manner.

All Clinical Rotations will begin on **Wednesday, January 23, 2013.** You are responsible for meeting with your Preceptor to set a schedule prior to that date.

**Request for Special Opportunity:**
**Request for Special Opportunity** forms may be utilized for special occasions for which a student may request additional time at their assigned clinical experience (i.e. hosting home events, traveling with the team, etc) or outside of their regular clinical rotation (i.e. observing surgery, helmet fitting day at a high school, etc). This form, when signed by their assigned Preceptor and the Clinical Education Coordinator in advance, will allow a student to have more than 20 clinical contact hours in a week since it will provide a special learning opportunity. There is no limit of Request for Special Opportunity per semester.

**Request for Absence**
**Request for Absence** forms may be utilized for special situations for which a student may request time away from their assigned clinical experience (i.e. wedding, family reunion, family vacation). There is a limit of one (1) Request for Absence per semester.

**Incident Reports**
Each incident report that a student receives over the course will **automatically decrease the final class grade.** Minor Violations (see ATS Handbook) will result in the deduction of five (5) points from the final course percentage grade. Examples of “minor violations” include but are not limited to reporting late to clinical experience assignments, not wearing appropriate professional attire, and displaying poor sportsmanship. Moderate Violations (see ATS Handbook) will result in the deduction of fifteen (15) points from the final course percentage grade. Examples of “moderate violations” include but are not limited to unprofessional conduct, failure to abide by the Athletic Training Student Handbook or Policies and Procedures at a clinical site, and unexcused absences. Severe Violations (see ATS Handbook) will result in the deduction of twenty-five (25) points from the final course percentage grade. Examples of “severe violations” include but are not limited to violating professional code of ethics, endangering the safety of a student-athlete, and violating university regulations. Any student receiving a Moderate to Severe Violation must meet with the ATEP Director immediately to discuss disciplinary action and assignment modification (if necessary).

**Participation**
Each student enrolled in this course has been accepted into the ATEP. Therefore, each student is expected to participate willingly and fully in the activities that we will practice throughout this course. Choosing not to participate will result in an Incident Report of a severity determined by the situation. Every person enrolled in this course should have a strong desire to learn and participate. Appropriate adjustments will be made for students with disabilities (per recommendations of University Disability Services), illness and/or injury (with a physician’s note).
**Academic Integrity/Plagiarism**

As per the university catalog, “university students are expected to conduct themselves in accordance with the highest standards of academic honesty. Academic misconduct for which a student is subject to penalty includes all forms of cheating, such as illicit possession of examinations or examination materials, forgery, or plagiarism. (Plagiarism is the presentation of the work of another as one’s own).

Penalties that may be applied to individual cases of academic dishonesty include one or more of the following:

1. Written reprimand.
2. Requirement to re-do work in question.
3. Requirement to submit additional work.
4. Lowering of grade on work in question;
5. Assigning grade of ‘F’ to work in question;
6. Assigning grade of ‘F’ for course;
7. Recommendation for more severe punishment

**Dropping a Class**

I hope that you never find it necessary to drop this or any other class. However, events can sometimes occur that make dropping a course necessary or wise. Please consult with me before you decide to drop to be sure it is the best thing to do. Should dropping the course be the best course of action, you must initiate the process to drop the course by going to the Student Services Center and filling out a course drop form. Just stopping attendance and participation WILL NOT automatically result in your being dropped from the class. Friday Mar 30, 2012 is the last day to drop a class with an automatic grade of “W” this term.

**X: TEXTBOOKS**

**XI: BIBLIOGRAPHY**

**XII. GRADE APPEALS**

As stated in University Rule 13.02.99.C2, Student Grade Appeals, a student who believes that he or she has not been held to appropriate academic standards as outlined in the class syllabus, equitable evaluation procedures, or appropriate grading, may appeal the final grade given in the course. The burden of proof is upon the student to demonstrate the appropriateness of the appeal. A student with a complaint about a grade is encouraged to first discuss the matter with the instructor. For complete details, including the responsibilities of the parties involved in the process and the number of days allowed for completing the steps in the process, see University Rule 13.02.99.C2, Student Grade Appeals, and University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures. These documents are accessible through the University Rules Web site at [http://www.tamucc.edu/provost/university_rules/index.html](http://www.tamucc.edu/provost/university_rules/index.html). For assistance and/or guidance in the grade appeal process, students may contact the Office of Student Affairs.

**XIII. DISABILITY ACCOMMODATIONS**

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please call or visit Disability Services at (361) 825-5816 in Corpus Christi Hall 116.

If you are a returning veteran and are experiencing cognitive and/or physical access issues in the classroom or on campus, please contact the Disability Services office for assistance at (361) 825-5816.
I, (print name)____________________________________________, certify by my signature that I have read and understand the class policies that have been presented in the class syllabus for KINE 4194-Clinical Experiences in Athletic Training VIII at Texas A&M University-Corpus Christi.

Athletic Training Student Signature ______________________________Date_______________

Instructor Signature ______________________________ Date_______________