I. Course Description

KINE 3292 offers 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. Prerequisites: Admission to the athletic training program and concurrent enrollment in KINE 3318.

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. You must complete this course with a grade of “B” or better to advance to the next clinical course in the AT Program.

III. State Adopted Proficiencies for Teachers 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

a. TExES COMPETENCIES

N/A

b. ATHLETIC TRAINING EDUCATION COMPETENCIES (CAATE 5th Ed.)

Evidence Based Practice (EBP):

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 librariesthat 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-analysis.

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.

Prevention and Health Promotion (PHP):

PHP-7. Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.

PHP-8. Identify the necessary components to include in a preparticipation physical examination as recommended by contemporary guidelines (eg, American Heart Association, American Academy of Pediatrics Council on Sports Medicine & Fitness).

PHP-9. Explain the role of the preparticipation physical exam in identifying conditions that might predispose the athlete to injury or illness.

PHP-10. Explain the principles of the body’s thermoregulatory mechanisms as they relate to heat gain and heat loss.

PHP-11. Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire,
hydration status, and environmental assessment (eg, sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).

**PHP-12.** Summarize current practice guidelines related to physical activity during extreme weather conditions (eg, heat, cold, lightning, wind).

**PHP-13.** Obtain and interpret environmental data (web bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions regarding the scheduling, type, and duration of physical activity.

**PHP-14.** Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual’s ability to participate in physical activity in a hot, humid environment.

**PHP-18.** Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.

**PHP-22.** Fit standard protective equipment following manufacturers’ guidelines.

**PHP-23.** Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices

**Acute Care of Injuries and Illnesses (AC):**

**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-8.** Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete’s injured body part.

**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 patient 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-11.** Determine when suction for airway maintenance is indicated and use according to accepted practice protocols.
AC-12. Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols.

AC-13. Utilize an automated external defibrillator (AED) according to current accepted practice protocols.


AC-15. Utilize a bag valve and pocket mask on a child and adult using supplemental oxygen.

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-19. Explain the proper procedures for managing external hemorrhage (eg, direct pressure, pressure points, tourniquets) and the rationale for use of each.

AC-20. Select and use the appropriate procedure for managing external hemorrhage.

AC-21. Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.

AC-22. Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.

AC-23. Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.


AC-25. Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.

AC-26. Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient’s injury.

AC-27. Explain the role of core body temperature in differentiating between exertional heatstroke, hyponatremia, and head injury.


AC-30. Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.

AC-31. Assist the patient in the use of a nebulizer treatment for an asthmatic attack.

AC-32. Determine when use of a metered-dose inhaler is warranted based on a patient’s condition

AC-33. Instruct the patient on the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.

AC-35. Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted based on a patient’s condition.

AC-37. Select and apply appropriate splinting material to stabilize an injured body area.

AC-38. Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury

AC-39. Select and implement the appropriate ambulatory aid based on the patient’s injury and activity and participation restrictions

AC-40. Determine the proper transportation technique based on the patient’s condition and findings of the immediate examination.

AC-41. Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.

AC-42. Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.

V. Course Objectives/Student Learning Outcomes

This course is designed to enable students to:

• Select & Fit appropriate standard protective equipment on patients for safe participation in sport and physical activity including: mouthguards, braces, other protective equipment.

• Demonstrate effective fabrication and application of preventative taping, wrapping, splints, braces and other protective devices.

• Demonstrate essential skill necessarily for emergency situations including CPR, AED, Epi Pen, Airway Adjuncts, Bleeding, and management of Spinal Injuries.

• Demonstrate knowledge of general anatomical terms and basic movement patterns needed to effectively apply protective tape, wraps, braces and other equipment.

• Demonstrate knowledge of Evidence Based Practice and applying this information to experiences during clinical time.
VI. Course Topics

*The major topics to be considered are:*

1. Risk management
2. Acute injury care
3. Prevention of injuries
4. Evidence-Based Practice

VII. Instructional Methods and Activities

*Methods and activities for instruction include:*

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 Preceptor)
D. High Impact Practices

Clinical Experiences – Internship

RCA Assignments – Clinical and medical writing intensive assignments, Internship, Undergraduate research

RCA Take-Home Message sharing and discussion – Collaborative Assignments and Projects, Internship

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 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 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 course 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 AT Program. The handbook is accessible on-line at http://athletictraining.tamucc.edu.

VIII. Evaluation and Grade Assignment

The methods of evaluation and the criteria for grade assignment are:

A. Methods and Percentage of Final Course Grade Each Assessment Constitutes

1. Traditional Assessment

20% - Reflective Clinical Writing Assignments (RCAs), Assignments, Workshops, Hours Log

Syllabus Acknowledgement Form (10 points)

Monthly Hours Logs (3 x 10 points)

CATs (2 x 50 points)

Workshop Attendance (3 x 10 points)

Completed Mid Term Self Eval & Meeting with Preceptor (20 points)

Completed Final Eval & Meeting with Preceptor (20 points)

Electronic Portfolio (20 points)

40% - Proficiencies & Final Practical Exam

Clinical Competencies (105 x 15 points each)

Final Practical Exam (200 points)

1575 points

40% - Clinical Evaluations

Clinical Evaluation Score (average of all final clinical evaluations)

100 points

B. Grading Scale

90.00-100% = A

80.00-89.99% = B

70.00-79.99% = C
60.00-69.99% = D  
< 60.00% = F

IX. Course Schedule and Policies

A. Tentative Course Schedule for KINE 2192 – Clinical II (Spring 2015)

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/26</td>
<td>Intro</td>
<td>P29</td>
</tr>
<tr>
<td>02/02</td>
<td>PPR, stretching</td>
<td>P 1-18</td>
</tr>
<tr>
<td>02/09</td>
<td>Environmental Conditions, Wound Care</td>
<td>p. 19-28; CAT#1 Assigned</td>
</tr>
<tr>
<td>02/16</td>
<td>Emergency &amp; Acute Care - Splinting</td>
<td>p. 30-35</td>
</tr>
<tr>
<td>02/23</td>
<td>Emergency &amp; Acute Care – CPR, AED, Shock</td>
<td>p. 36-49; CAT #1 Due by midnight</td>
</tr>
<tr>
<td>03/01</td>
<td>Emergency &amp; Acute Care – Heat/Cold Illness</td>
<td>p. 50-55</td>
</tr>
<tr>
<td>03/08</td>
<td>Emergency &amp; Acute Care – Asthma, Burns</td>
<td>p. 64-68</td>
</tr>
<tr>
<td>03/15</td>
<td>Spring Break – NO CLASS</td>
<td></td>
</tr>
<tr>
<td>03/22</td>
<td>Equipment Fitting</td>
<td>p. 69-75; CAT #2 Assigned</td>
</tr>
<tr>
<td>03/29</td>
<td>Prophylactic Bracing</td>
<td>p. 77-80</td>
</tr>
<tr>
<td>04/05</td>
<td>Taping, Wrapping, Padding – LE</td>
<td>p. 81-94; CAT#2 Due by midnight</td>
</tr>
<tr>
<td>04/12</td>
<td>Taping, Wrapping, Padding – UE</td>
<td>p. 112-125</td>
</tr>
</tbody>
</table>

|        | FINAL                                      | TBA                              |

*The instructor reserves the right to change the schedule to cover all subjects thoroughly.*
B. Class Policies

Reflective Clinical Experience Assignments (RCAs): Topics for writing will be posted on the Blackboard throughout the semester. 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.

Assigned Competencies: Competencies will be assigned weekly by the course instructor. Competency skills must initially be practiced with a peer and/or Preceptor and a signature from the peer and/or Preceptor must be obtained on the top of the skill sheet. Each student will then be evaluated by their assigned Preceptor for evaluation of each skill. Competencies will be checked by the course instructor periodically for completion. Prior to students treating, caring for, or instructing an athlete or patient in the clinical environment, the Athletic Training Student must first have completed the corresponding competency evaluation for that skill.

Students who do not complete ALL assigned clinical competency 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.

Final Practical Exam: The final practical exam will be held during finals week as close to the time assigned for this course as possible. Typically, the practicals will take longer than the time we are allotted so we will take your exam schedule into consideration when scheduling times for the final practical exams.

The final practical examination will consist of the student randomly drawing different scenarios and perform several palpations, special tests, and a complete injury evaluation. Students will also be asked to defend their diagnosis and decisions and explain the rationale for why their diagnostic conclusion.

Clinical Hours

Students must gain a minimum of 100 clinical hours this semester in order to successfully pass the course. Additionally, students may not exceed 10 hours during any giving week. It is the student’s responsibility to accurately record hours (www.e-value.net). 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.

Students enrolled in two clinical education courses, such as the case for students in the accelerated program, must meet the hours requirement for both courses.

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.

Once student enter hours in E*Value, the assigned Preceptor will receive notifications to approved those hours logged. At the end of each month, the Clinical Education Coordinator will check the hours log record to ensure both the students and preceptors have entered and approved hours for the given month. Any issues that arise due to hours or 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 21, 2015** unless students have requested to start early (students are allowed to start as early as Jan 1st with the Program Director’s permission).

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 AT Program Director immediately to discuss disciplinary action and assignment modification (if necessary).

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.

Attendance & Tardiness

Participation: Each student enrolled in this course has been accepted into the AT Program. Therefore, each student is expected to participate willingly and fully in the activities that we will practice throughout this course. Choosing not to participate or attend 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).

Late work /Make-up Exams

If you miss the deadline for an assignment (i.e. RCA), you can still choose to turn it in for partial credit. If you are to turn it in on the next day, there will be 20% deduction; 40% the day after, and it increases until it reaches 100% (no credit) on the 5 days after the due date. For the final practical exam, you will be assigned a specific time slot. If you are not present when your name is called, it will result in zero points and no make-up exam will be allowed.

Extra Credit

Extra credit will not be given in this course as this class is field-/experience-based.

Cell Phone/Electronic Device Usage

The use of such devices is prohibited during the class other than the class purposes (i.e. viewing PowerPoints, taking notes).

Academic Integrity/Plagiarism.

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, falsification, forgery, complicity or plagiarism. (Plagiarism is the presentation of the work of another as one’s own work.)

Disciplinary action for academic misconduct is the responsibility of the faculty member assigned to the course. The faculty member is charged with assessing the gravity of any case of academic dishonesty, and with giving sanction to any student involved.

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, such as dismissal from the program or from the University.

See the University Catalog for more information.

**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. (Include date for semester) is the last day to drop a class with an automatic grade of “W” this term.

**Preferred methods of scholarly citations**

Whenever citation is required, it must be done in the APA format.

**Classroom/professional behavior**

Texas A&M University-Corpus Christi, as an academic community, requires that each individual respect the needs of others to study and learn in a peaceful atmosphere. Under Article III of the Student Code of Conduct, classroom behavior that interferes with either (a) the instructor’s ability to conduct the class or (b) the ability of other students to profit from the instructional program may be considered a breach of
the peace and is subject to disciplinary sanction outlined in article VII of the Student Code of Conduct. Students engaging in unacceptable behavior may be instructed to leave the classroom. This prohibition applies to all instructional forums, including classrooms, electronic classrooms, labs, discussion groups, field trips, etc.

**Statement of Civility**

Texas A&M University-Corpus Christi has a diverse student population that represents the population of the state. Our goal is to provide you with a high quality educational experience that is free from repression. You are responsible for following the rules of the University, city, state and federal government. We expect that you will behave in a manner that is dignified, respectful and courteous to all people, regardless of sex, ethnic/racial origin, religious background, sexual orientation or disability. Behaviors that infringe on the rights of another individual will not be tolerated.

**Grade Appeals**

As stated in University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures, 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 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. For assistance and/or guidance in the grade appeal process, students may contact the Dean’s office in the college in which the course is taught or the Office of the Provost.

**Disabilities 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.

**Statement of Academic Continuity**
In the event of an unforeseen adverse event, such as a major hurricane and classes could not be held on the campus of Texas A&M University–Corpus Christi; this course would continue through the use of Blackboard and/or email. In addition, the syllabus and class activities may be modified to allow continuation of the course. Ideally, University facilities (i.e., emails, web sites, and Blackboard) will be operational within two days of the closing of the physical campus. However, students need to make certain that the course instructor has a primary and a secondary means of contacting each student.

X. Required or Recommended Readings

Textbook:

1. Course Packet available at the University Book store

Recommended or Supplemental Reading:


XI. Bibliography

The knowledge bases that support course content and procedures include:


2. Peer-reviewed literature related to orthopedic evaluation.


XII. List of Supplies

N/A