

9-2013

# ATEP 540.01: Clinical Practicum in Athletic Training I

Jessica L. Moore

*University of Montana - Missoula*, [jessica.moore@mso.umt.edu](mailto:jessica.moore@mso.umt.edu)

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## Recommended Citation

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## ATEP 540 –Practicum in Athletic Training I

**Instructors:** Jessica Moore MEd, ATC, LAT, PES

**Campus:** U of MT - Missoula

**Office Phone:** 243-6816 **Cell:** 802-345-0263

**Office Hours:**

**E-mail:** Jessica.moore@mso.umt.edu

**Credit Hours:** 3

**Semester:** Fall 2013

**Office:** McGill 203

**Course Meeting Times:** *MCG235* Wednesday 12pm-2pm

**Course Prerequisites:** Professional ATEP Student

### Textbooks and Readings:

#### Recommended:

Prentice, W. E. (2014). *Principles of Athletic Training; A Competency-Based Approach* (14<sup>th</sup> Ed.). New York, NY: McGraw-Hill.

Beam, J. W. (2012). *Orthopedic Taping, Splinting, Wrapping, Bracing* (2<sup>nd</sup> Ed.). Philadelphia, PA: FA Davis Company

### Course Description:

Introduction to basic clinical experience working in a CAATE approved setting.

### Course Objectives: (See also Clinical Education Plan in Student Handbook)

1. Demonstrate an understanding of operational policies and procedures of an athletic training facility, clinic, or high school. This includes, but is not limited to opening and closing duties, cleaning, maintenance, preparing whirlpools and other modalities, administrative duties such as filing, and data entry
2. Develop a working knowledge and perform injury documentation, utilizing both paper and computerized systems
3. Modality set-up with parameters provided by clinical instructor or higher level professional athletic training student
4. Assist with the pre and post practice treatment of athletes
5. Initiate evaluation of injured athlete under the supervision of a clinical instructor (lower extremity injury)
6. Use appropriate medical terminology
7. Demonstrate ability to provide on field emergency management/injury management and assessment
8. Ability to select/fabricate/apply appropriate taping, wrapping, splinting, padding techniques

## **Evaluation of Student Outcomes:**

### **A) Journal:**

Each student will develop a journal containing his or her thoughts, ideas and concerns regarding daily clinical experiences. The journal will also include two specific assignments. One entry will contain a case study of one patient or an injury witnessed that you followed during the clinical rotation. You should describe not only the case/injury but also your involvement with the assessment(s), treatment and / or rehabilitation of the athlete. The case study might include /describe a copy of the evaluation, documentation of treatment, a discharge plan, a copy of correspondence you wrote to other medical providers, or any assistance you provided in planning, assessing performance and modifying such a case. Another journal entry will be an evaluation and reflection on **your** nutrition and exercise habits. You will keep track of your food/fluid intake, exercise habits, and sleep schedule, over a 4-day period (at least one of those days **must** be a weekend day). You are then asked to evaluate your data and provide recommendations for changes in your habits that you think are necessary to reach a position of increased health and wellbeing. Be sure to include with your journal submission all documentation used to track diet, exercise, and sleep habits.

The following guidelines should be followed in writing your journal entries:

- Submit at least one entry electronically **by 5:00 pm every other Wednesday. Late journals will not be accepted.** Students are not responsible for journals the first week of class or finals week.
- Each entry should follow the ALAC\* model described below.

#### **1. Action:**

Describe the type of clinical experience with which you were involved that week. For example: Women's soccer practice, baseball treatments in athletic training facility, men's basketball off-season conditioning; general observation in athletic training facility. Students might also choose to include a learning experience that was outside of the traditional clinical environment (e.g. studying with a fellow athletic training student) but that caused the student to critically reflect on past clinical experiences and to re-evaluate his / her clinical actions based on this recent awareness.

#### **2. Looking Back on the Action:**

Describe the overall results of the clinical experience described. For example, an entry might say: "Practice went without incident of injury, however the athletes were late getting in for treatments so pre-practice preparation was a bit rushed." OR "It started raining during practice so I had to watch for lightening but it never stormed so we made it through practice. "There did seem to be a lot of minor injuries on the field." More specifically you might also include:

- a. Types of duties, injuries and/ or treatments observed and / or participated (This might include your "case study" athlete)
- b. Practice, game, or travel experiences
- c. Problems associated with athlete, injury, or treatment
- d. Positive / negatives of the day

### **3. Awareness of Essential Aspects:**

In this section reflect on the experience and determine why you think something occurred the way it did, why you did something or acted toward someone in a certain way, your thoughts, feelings and/or attitudes toward the experience in #1 & #2, and why you think you felt that way. Describe relevant factors that may have influenced the situation and how/why they were relevant. This section requires careful thought and an honest analysis of your own actions and feelings. Your entry should be evident of critical thought and personal reflection.

### **4. Creation of Alternative Methods of Action:**

After careful reflection and awareness of relevant factors influencing your above actions, determine how, if at all, **you** might do something different and based on this, describe any plans or goals you will set. For example, perhaps you determined that your lack of involvement during treatments was mainly due to your shyness and the fact that you don't know any of the athletes. Therefore, perhaps you decide to introduce yourself to all athletes and make an honest attempt to get to know them by asking questions and by asking the certified to help you get involved during treatments. (In your next journal entry, you may then write about how this worked, how you felt, any other plans or goals you might now establish to earn the athletes trust more, etc.)

**\*\*\*Journals that are not submitted in this format will not be given credit!!!\*\*\***

### **B) Completion of Clinical Proficiencies**

Completion of clinical proficiencies as assigned in the course. It is the student's responsibility to ensure that all clinical proficiencies are kept current and appropriate signatures are obtained.

### **C) Practical Examination**

Students will complete a comprehensive examination covering educational competencies and proficiencies learned from the first year in the academic program. This examination will have a written and practical component.

### **D) Clinical Rotations**

Students will complete clinical rotations gaining a minimum of 250 clinical hours with assigned clinical instructor. At the conclusion of each rotation, students will complete a self-evaluation and an evaluation of his/her clinical instructor.

### **E) Completion of/Participation in Weekly Review Activities**

Each week activities and/or assignments will be given to help students review clinical skills. Each student will be expected to complete or turn in these assignments for evaluation/feedback as directed.

### **F) Case Study**

You will be required to submit a research based case study that you observe or evaluate during your clinical experiences this semester. The subject of your research case study will be of your choosing, but should focus on evidence-based practices associated with emergency management/management of emergent situations. The organization, format, and content of each case study should be similar to an article in a medical or health care journal adhering to current AMA style (ex: Journal of Athletic Training). The paper

should be 5-10 double-spaced (12-point) word-processed pages, excluding references. Students should choose a topic that will actively engage them in the research and writing process.

**Attendance:** Attendance is required. You will be allowed 1 unexcused absence, after which unexcused absences will result in a loss of 3% off the final grade for each incident. Three tardy arrivals to class will amount to 1 unexcused absence. As this class is directly involved in the daily workings of the University of Montana Athletic Training facility, it is understood that students may be required to miss class for team travel. This is excused, ***provided prior notification is given.***

**Grading Criteria:**

Participation	5%
Case Report (SOAP Note)	5%
Clinical Proficiencies	20%
Practical Exam	20%
Case Study	10%
Clinical Rotation (evaluations, performance, completion of hours)	30%
Journals	<u>10%</u>
	100%

- All course requirements must be completed with a grade of C or better to successfully complete this course.

**Grading Scale:**

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

The instructor reserves the right to award + or – grade where deemed appropriate

**Americans with Disabilities Act (ADA):**

The University of Montana upholds the ADA by providing reasonable accommodations to individuals with disabilities. If anyone requires a reasonable accommodation to adequately perform the duties of the class, please see the instructor as soon as possible so that specific plans can be made.

**Academic Misconduct:**

All assignments and exams are intended to be individual efforts unless otherwise assigned as a group project. Plagiarism is a violation of the law and against the Student Code of Academic Integrity. Any plagiarism or use of someone’s paper will result in the student receiving an “F” for the final grade in the course. Further action will be at the instructor’s discretion in accordance with the University of Montana’s policy and procedures.

**EMERGENCY PREPAREDNESS AND RESPONSE**

As members of a learning community we all have responsibilities for each other that extend beyond the teaching/learning experience and transcend our roles in that dimension. We are, as human beings, responsible for the protection and well-being of other members of our group, and

one dimension of our individual and group responsibility in that area relates to how we prepare for, and respond to, emergencies. Toward that end, the following are important:

- In the event we need to evacuate the building, our primary route will be through the main doors to McGill Hall located on the west side of the building. If that route is blocked, our secondary route will be through the east door located toward the north end of this wing of the building.
- If you hear an alarm or are told to evacuate, always assume the emergency is real. Be sure to take coats, backpacks and valuables since the building may be closed for some time.
- Everyone should report to either the designated outdoor rally point or the indoor rally point (should conditions make it necessary to seek shelter in another building). Our outdoor rally point is in the area to the west of McGill Hall – at least 300 feet from the building exit. Our indoor rally point is in the Adams Center Lobby. We should reconvene as a group at the rally point so we can determine if anyone is missing.
- Do not use elevators as a means of evacuating, and do not use cell phones until safely away from the building.
- As the instructor of this course, I would ask students who feel they may require assistance in evacuating to privately inform me of that need. Together we will preplan appropriate assistance.
- I would also request that students with a medical condition that could present an emergency privately inform me of that situation. Again, this notification is so we can preplan an appropriate response should an emergency occur.
- As soon as the class roster stabilizes, I will route a sign-up sheet for students to identify whether or not they possess current first aid and/or CPR certification. This information will be passed on to the Facility Emergency Coordinator for use should a need for first aid expertise arise.

**ATEP 540**  
**Tentative Course Schedule for Fall 2013**  
(syllabus is subject to change at discretion of instructor)

- W Aug 28 -** Course Syllabus  
Role/Responsibility of Healthcare providers  
Hospital Trauma Level System
- W Sept 4 –** Wound Care/Blister Care
- W Sept 11 –** On Field Assessment/Injury Management (Primary & Secondary Survey)  
On Field Assessment/Management (scenarios)
- W Sept 18 –** Medical Terminology
- W Sept 25 –** Medical History - SAMPLE, OPQRST
- W Oct 2 –** SOAP Notes/Documentation
- W Oct 9 –** Emergency Management – Traction Splint, Vacuum Splint, T-Pod, etc  
Emergency Management (Scenarios)
- W Oct 16 –** Lower Extremity Bracing/Taping (Review)
- W Oct 23 –** Upper Extremity Bracing/Taping (Review)
- W Oct 30 -** Advanced Padding/Splinting Techniques  
Advanced Padding/Splinting Techniques (Scenarios)
- W Nov 6 -** Skill Review (Fitting Protective Equipment, Sling Psychrometer)
- W Nov 13 -** Modalities Review and Scenarios
- W Nov 20 –** Basic Evaluation Skills  
Fake that Pathology (Scenarios)
- W Nov 27** **NO CLASS THANKSGIVING BREAK**
- W Dec 4 -** Open Skills for Practice
- Dec 9-13 Finals Week**

AHAT 540 - Practicum in Athletic Training I

Code	Description	Instructed	Evaluated
AC-2	<input type="checkbox"/> Differentiate the roles and responsibilities of the athletic trainer from ... other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.		
AC-3	<input type="checkbox"/> Describe the hospital trauma level system and its role in the ... transportation decision-making process.		
AC-4	<input type="checkbox"/> Demonstrate the ability to perform scene, primary, and secondary surveys.		
AC-5	<input type="checkbox"/> Obtain a medical history appropriate for the patient's ability to ... respond.		
AC-6	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> Determine when suction for airway maintenance is indicated and use ... according to accepted practice protocols.		

AC-12	<input type="checkbox"/> Identify cases when rescue breathing, CPR, and/or AED use is indicated ... according to current accepted practice protocols.		
AC-13	<input type="checkbox"/> Utilize an automated external defibrillator (AED) according to current ... accepted practice protocols.		
AC-14	Perform one- and two- person CPR on an infant, child and adult.		
AC-15	<input type="checkbox"/> Utilize a bag valve and pocket mask on a child and adult using ... supplemental oxygen.		
AC-16	<input type="checkbox"/> Explain the indications, application, and treatment parameters for ... supplemental oxygen administration for emergency situations.		
AC-17	<input type="checkbox"/> Administer supplemental oxygen with adjuncts (eg, non-rebreather mask, ... nasal cannula).		
AC-18	<input type="checkbox"/> Assess oxygen saturation using a pulse oximeter and interpret the results ... to guide decision making.		
AC-19	<input type="checkbox"/> Explain the proper procedures for managing external hemorrhage (eg, ... direct pressure, pressure points, tourniquets) and the rationale for use of each.		
AC-20	<input type="checkbox"/> Select and use the appropriate procedure for managing external ... hemorrhage.		
AC-21	<input type="checkbox"/> Explain aseptic or sterile techniques, approved sanitation methods, and ... universal precautions used in the cleaning, closure, and dressing of wounds.		
AC-22	<input type="checkbox"/> Select and use appropriate procedures for the cleaning, closure, and ... dressing of wounds, identifying when referral is necessary.		
AC-23	<input type="checkbox"/> Use cervical stabilization devices and techniques that are appropriate to ... the circumstances of an injury.		
AC-24	<input type="checkbox"/> Demonstrate proper positioning and immobilization of a patient with a ... suspected spinal cord injury.		
AC-25	<input type="checkbox"/> 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	<input type="checkbox"/> 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-37	<input type="checkbox"/> Select and apply appropriate splinting material to stabilize an injured ... body area.		
CE-23	<input type="checkbox"/> Describe current setting-specific (eg, high school, college) and ... activity-specific rules and guidelines for managing injuries and illnesses.		
CIP-1	<input type="checkbox"/> Administer testing procedures to obtain baseline data regarding a ... client's/patient's level of general health (including nutritional habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient. This will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur, and explaining the role of exercise in maintaining overall health and the prevention of diseases. Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change. Refer to other medical and health professionals when appropriate.		
CIP-2	<input type="checkbox"/> Select, apply, evaluate, and modify appropriate standard protective ... equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.		
CIP-6	<input type="checkbox"/> 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).		
PHP-20	<input type="checkbox"/> Summarize the basic principles associated with the design, construction, ... fit, maintenance, and reconditioning of protective equipment,		

	including the rules and regulations established by the associations that govern its use.		
PHP-21	☐ Summarize the principles and concepts related to the fabrication, ... modification, and appropriate application or use of orthotics and other dynamic and static splints.		
PHP-22	Fit standard protective equipment following manufacturers' guidelines.		
PHP-23	☐ Apply preventive taping and wrapping procedures, splints, braces, and ... other special protective devices.		
TI-16	☐ Fabricate and apply taping, wrapping, supportive, and protective devices ... to facilitate return to function.		