2012

ATTR 401 Clinical Experience 6

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Course Title: Clinical Experience 6
Course Number: ATTR 401
Credit Hours: 2 hours
Class Times: Tuesday; 11:30-12:45
Term: Spring 2012

Catalogue Description: This course includes a lab and a clinical component. Emphasis is on advanced injury assessment techniques, referral, and professional development. This course allows the athletic training student the opportunity to gain clinical and administrative skills while practically applying current practices, principles and techniques in athletic training under appropriate supervision in a real-world setting.

INSTRUCTORS: Tina Davlin-Pater, Ph.D., ATC office: 745-3430 email: davlin@xavier.edu
Jody Jenike, Dave Fluker, Katie Svhilik, Julie Blowers

OFFICE HOURS: Tuesdays & Thursdays from 9:00 - 10:00 am & 1:00 – 2:00 pm

Course Objectives:
1. Demonstrate knowledge of the systems of the human body.
2. Describe the anatomical and physiological growth and development characteristics as well as gender differences across the lifespan.
3. Explain directional terms and cardinal planes used to describe the body and the relationship of its parts. (DI-C4)
4. Describe the principles and concepts of body movement including functional classification of joints, arthokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprioception. (DI-C5)
5. Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests. (DI-C6)
6. Explain the relationship of injury assessment to the systematic observation of the person as a whole. (DI-C7)
7. Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes. (DI-C8)
8. Explain the roles of special tests in injury assessment. (DI-C10)
9. Explain the role of postural examination in injury assessment including gait analysis. (DI-C11)
10. Describe strength assessment using resistive range of motion, break tests, and manual muscle testing. (DI-C12)
11. Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician. (DI-C13)
12. Describe and identify postural deformities. (DI-C15)
13. Describe and know when to refer common eye pathologies from trauma and/or localized infection (e.g., conjunctivitis, hyphema, corneal injury, sty, scleral trauma). (MC-C4)
14. Describe and know when refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen). (MC-C5)
15. Describe and know when to refer common pathologies of the mouth, sinus, oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis). (MC-C6)
16. Obtain a medical history of the patient that includes a previous history and a history of the present injury. (DI-P1)
17. Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemorrhosis, and discoloration. (DI-P2)
18. Perform inspection/observation of postural, structural, and biomechanical abnormalities. (DI-P3)
19. Palpate the bones and soft tissues to determine normal or pathological characteristics. (DI-P4)
20. Measure the active and passive joint ROM using commonly accepted techniques. (DI-P5)
21. Grade the resisted joint range of motion/manual muscle testing and break tests. (DI-P6)
22. Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures. (DI-P7)
23. Apply appropriate special tests for injuries to the specific areas of the body. (DI-P8)

25. Document the results of the assessment including the diagnosis using standardized record-keeping methods and maintaining patient confidentiality. (DI-P10)

26. Demonstrate the ability to perform a musculoskeletal assessment of the upper extremity, lower extremity, head/face, and spine, for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. (DI-CP1)

27. Demonstrate the ability to identify acquired or congenital risk factors for injury.

28. Demonstrate the ability to make appropriate recommendations for the correction of acquired or congenital risk factors for injury.

29. Demonstrate the ability to diagnose a patient’s condition following an assessment and determine and apply immediate treatment and/or referral in the management of the condition.

30. Demonstrate a general and specific 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.

31. Students will demonstrate the use of appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.

32. 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)

GRADING CRITERIA:
1. Quizzes: = 180 points
2. Taping Exam Assistance: = 10 points * you will need to assist with 1 taping exam for ATTR 301: Clinical Experience 4 * The first test is on 2/23, the second test is on 4/19.
3. Reflection Journal = 30 points
4. Proficiency Labs = 70 points * Students must achieve 80% proficiency on each evaluation. Evaluations may be repeated until this level is achieved.
5. Clinical Experience Hour & Log Form = 12 points * Clinical hours must be recorded and initialed by the ACI/CI daily.
6. Mid-Term Evaluation of the Clinical Experience = 48 points * The self-evaluation portion of the evaluation must be filled out by you then reviewed and completed by your CI. * You must meet with your CI to review the evaluation and then return it to the Clinical Coordinator by the date assigned.
7. End of Clinical Experience Evaluation = 120 points * This evaluation uses a likert scale (items ranked 1-5). An average score of 5 = 120 points. An average score of 4 = 108 points. An average score of 3 = 96 points. An average score of 2 = 84 points. An average score of 1 = 72 points.
8. Student's Evaluation of the Clinical Instructor = 7.5 points * You must complete this evaluation and return it to the Clinical Coordinator by the date assigned.
9. Student's Evaluation of Clinical Site. = 7.5 points * You must complete this evaluation and return it to the Clinical Coordinator by the date assigned.

Grading Scale:
A = 100-90%  B+ = 89-87%  B = 86-83%  B- = 82-80%  C+ = 79-77%  C = 76-73%
C- = 72-70%  D+ = 69-67%  D = 66-63%  D- = 62-60%  F = below 60%
Attendance: The specific days and times you will need to be present at each clinical experience will be specific to each experience. You will be expected to work out a schedule with your assigned ACI/CI. Attendance will be monitored. You will receive a warning after the first unexcused absence. The next unexcused absence will result in a failing grade. Absences will only be excused for unavoidable and documentable events, or with prior approval from the instructor. Each unexcused absence from the weekly lab after the first offense results in 20 points deducted from the final point total for the course. Absences will only be excused for sport assignment travel, or for unavoidable and documentable events. All absences must have prior approval of the instructor.

CLINICAL PROFICIENCIES
There are many clinical proficiencies associated with this course. Students must pass each clinical proficiency to pass the course. Students will not be permitted to progress to next clinical experience course until all assigned clinical proficiencies for this course have been demonstrated with at least 80% proficiency

<table>
<thead>
<tr>
<th>Score</th>
<th>Performance</th>
<th>Recommendation</th>
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| 2 = Excellent  
Pass / Competent | Student performs the skill/task/technique/evaluation without guidance or prompting. Student is complete, thorough and takes the necessary steps (in sequence). Student demonstrates confidence and professionalism. | The student should be allowed to perform the skill in the clinical setting with direct supervision. |
| 1 = Proficient  
Pass / Competent  
At least 80% | Student performs the skill/task/technique/evaluation with guidance or prompting. Student takes the necessary steps (in sequence) and demonstrates professionalism. | The student should be allowed to perform the skill in the clinical setting with close direct supervision. |
| 0 = Fail  
Fail / Not Competent | Student needed support throughout the skill/task/technique/evaluation. Student is unable to perform the skill safely or effectively. Student misses key elements. Student was unorganized or employed incorrect management techniques. | The student should not be allowed to perform the skill in the clinical setting. |

* A record of your clinical proficiency scores will be kept in your file in the program directors office. You and your assigned ACI/CI will be informed of your score and the associated recommendation following each clinical proficiency evaluation.
** Performing a clinical proficiency on a patient may only occur after you have passed a proficiency with a minimum score of 1, have the permission of your assigned ACI/CI, and are under the direct supervision of your assigned ACI/CI.

Protocol for failing a clinical proficiency assessment:
Students who do not demonstrate proficiency on an initial attempt will be provided two additional opportunities to demonstrate proficiency. A second attempt will incur a 15% penalty on the grade associated with the proficiency. A third attempt will incur an additional 5% penalty. It is the student’s responsibility to contact the instructor to schedule the retake.

Students who do not demonstrate proficiency after three attempts will be required to meet with the course instructor and program director to determine the proper intervention. Interventions will be determined on a case by case bases and may include, but are not limited to the following; additional readings, assignments, guided study, tutoring, retaking the associated course, and/or probation.

If the semester ends prior to a student passing a clinical proficiency, the student will receive an “incomplete” for the course. It is Xavier University policy that a grade of “incomplete” must be changed to a letter grade within 15 days of the start of the following semester. Again, it is the student’s responsibility to contact the course instructor to schedule the retake. If a student does not pass each clinical proficiency with a minimum score of 80%, the student will be required to retake and pass this course before taking the following clinical experience course. This may result in the student needing to complete an additional semester at Xavier University beyond the traditional 4-year plan.
CLINICAL EXPERIENCES:
Students are assigned to a clinical instructor for practical experiences in athletic training. Athletic Training students are expected to perform athletic training duties in their assigned clinical experience setting at a level that does not exceed their experience and competence. Athletic Training Students are not to serve in the capacity of a staff Certified Athletic Trainer. Clinical experiences may include one or more of the following: 1) sport(s) that primarily involve the upper extremity (racquet sports, throwing sports, volleyball, swimming, etc), 2) sport(s) that primarily involve the lower extremity (soccer, track, cross-country, basketball, football, etc), and 3) exposure to various medical specialties.

GENERAL EXPECTATIONS FOR EACH ON-CAMPUS CLINICAL EXPERIENCE:
1. Assist the staff athletic trainer with administration of physicals.
2. Assist the staff athletic trainer with practice and game preparation.
3. Assist the staff athletic trainer and team physicians with injury reports.
4. Assist the staff athletic trainer with the daily treatment log.
5. Assist the staff athletic trainer with preparation of travel supplies and emergency information.
6. Responsible for confidentiality of all medical information related to members of the team and support personnel.
7. Responsible for meetings with a staff athletic trainer concerning the status of their team member's medical issues.
8. Responsible for setting appointments with injured athletes for the staff athletic trainer.
9. Assisting the staff athletic trainer with injury prevention, injury evaluation, physician appointments and rehabilitation.
10. Responsible for proper care, usage, & return of all equipment provided by the staff athletic trainer (ie. keys, kit, etc.).
11. Responsible for any additional duties as assigned by the staff athletic trainers.

* There will be no make-up exams without prior approval from the instructor.

Academic Honesty: In accordance with University policy as outlined in the University catalog.
Clinical Experience 6 Outline

Jan 10 Introduction / Syllabus
Cardinal Planes, Directional Terms, Joints, Muscles, & Bones, Kinesiology Terminology, Evaluation & Injury Assessment, Shoulder Review

Jan 17 Shoulder Quiz
Shoulder Injury Evaluations

Jan 24 Shoulder Quiz
Shoulder Injury Evaluations
* Reflection journal entries from 1-9 to 1-22 due

Jan 31 Elbow Quiz
Elbow Injury Evaluations

Feb 7 Wrist, Hand, Finger Quiz
Wrist, Hand, Finger Evaluations
* Reflection journal entries from 1-23 to 2-5 due

Feb 14 Head & Brain Quiz
Head Injury Evaluations

Feb 21 Upper Spine Quiz
Upper Spine Injury Evaluations
* Reflection journal entries from 2-6 to 2-19 due

Feb 28 Thorax & Lower Spine Quiz
Thorax & Lower Spine Injury Evaluations

Mar 6 Spring Break

Mar 13 Thorax & Lower Spine Quiz
Thorax & Lower Spine Injury Evaluations
* Reflection journal entries from 2-20 to 3-4 due

Mar 20 Hip Quiz
Hip Injury Evaluations

Mar 27 Hip Quiz
Hip Injury Evaluations
* Reflection journal entries from 3-5 to 3-25 due

Apr 3 Knee Quiz
Knee Injury Evaluations

Apr 10 Knee Quiz
Knee Injury Evaluations

Apr 17 Foot, Ankle, Lower Leg Quiz
Foot, Ankle, Lower Leg Evaluations
* Reflection journal entries from 3-26 to 4-15 due

Apr 24 Evaluations – All joints

May 1 Tuesday – 10:30-12-20: Reflective Journal Paper Due

* This schedule may change
Reflection Journal

**Purpose:** Reflective learning is the exercise of thinking about experiences retrospectively in order to learn from them. Reflective writing can help to bridge the transition between clinical experience and current knowledge by encouraging thoughtful analysis and deeper understanding.

* Your journal will be kept confidential and not shared with anyone. This project is designed to be a learning experience for you and you should feel free to be candid.

**Association with Ignatian Pedagogy & Values:**

*Discernment* is a process of making choices when the options are between several possible courses of action, all of which are potentially good. It is the practice of critically questioning the work you are doing and reflecting on its effectiveness and impact on others. It is intentionally reviewing your work to ascertain its effectiveness in reaching the goals you have set. *Cora Personalis* means, “care for the (whole, individual) person”. This is an attitude of respect for the dignity of each individual (including yourself). *Men & Women for others;* remind yourself that all the knowledge you work to gain allows you to better serve the patients / athletes.

**Requirements:**

Keep a weekly journal reflecting on your academic and clinical experiences. I only expect you to write one paragraph for each week. Write an end-of-term paper summarizing what you have learned about yourself over the semester.

If you get stuck on what to write, consider the following:

This isn’t a list of what you saw or studied during the week like you might write in a daily log or diary. This is a look back on the previous week and your reactions to the experiences. Your entries will be based on what happened during the week, but will include your perceptions about what occurred.

Write about the super cool injury you saw or helped evaluate. Why was it especially interesting? Do you think you would be better able to handle a similar situation in the future (or did this experience make you feel less confident)? Does this situation make you want to increase your knowledge in a particular area? How does the experience relate to previous things you have learned in the classroom or in other clinical experiences?

What behavior was modeled for you in your clinical assignment this week that you wish to emulate in the future? What behavior was modeled for you in your clinical assignment this week that plan to avoid in the future?

Frustrated with your CI or with a particular athlete you are working with? Write about their behavior and why it’s frustrating. Looking back on a situation that occurred in the future (or did this experience make you feel less confident)? Does this situation make you want to increase your knowledge in a particular area? How does the experience relate to previous things you have learned in the classroom or in other clinical experiences?

Consider your own behavior over the week. Were you slammed with class work or roommate drama and just phoning it in, or were you able to leave outside distractions behind and focus? Did you have a good week or do you wish you could change something? If you could go back in time one week, would you change how you reacted to something or maybe review a particular subject (because now you know a particular injury would happen – or your CI put you on the spot and a quick review would have made the situation better)?

What was the single most challenging thing that happened this week in your clinical assignment? What was the single most challenging thing that happened this week in one of your AT courses? What was an unexpected obstacle you encountered this week? Did you have an impact on a patient’s life this week?

Are you really excited about something you are learning in one of your AT classes? Are you super frustrated with one of AT classes? Reflect on what is making you frustrated, and maybe consider a couple of strategies to make the situation better. Again, feel free to vent, but then consider what you might be able to learn about yourself from the situation.

* Your entries should be thoughtful, and more then just a couple of sentences.
* Each entry should deal with what you have learned / studied / experienced related to athletic training.
* Talk in specifics with examples, rather than with complete vagueness.
Grading:
Completion of a journal entry each week = 15 points
Final Paper = 15 points
Total = 30 points

*perfect spelling & grammar are not a requirement of your weekly journal
*readable thoughtful reflection is a requirement to earn points for the week

Reflection Journal Final Paper
Due Tuesday May 1st at 10:30

Total points: 15

Instructions:
Read over your journal entries for the entire semester.
Write a 2-page paper summarizing what you have learned about yourself over the semester.

If you having trouble thinking of what to write, consider asking yourself the following questions:

What were the challenges you faced? How did you handle these challenges? Would you change anything about how you handled or managed these challenges?

Did you have an impact on a patient's life this semester?