



Department of Kinesiology
ATR 4093: Clinical Preceptorship
2 Units

Fall 2019

Meeting days: Friday	Instructor: Nicole Cosby
Meeting times: 7:30 am	Office phone: (619) 849-2901
Meeting location: K1	E-mail: ncosby@pointloma.edu
Any additional info:	Office hrs: By Email
Final Exam:	Canvas Login: canvas.pointloma.edu

COURSE DESCRIPTION and AIM

This course aims to provide you with in-depth study and eventual mastery of the knowledge and skills you will need as a health professional to perform basic general medicine evaluations on patients in the clinical setting. Students will be prepared and asked to contribute to each clinical setting (general medicine, orthopedic, physical) as requested by their onsite preceptor(s).

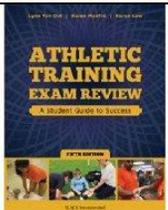
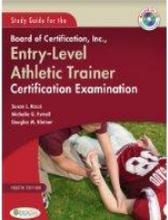
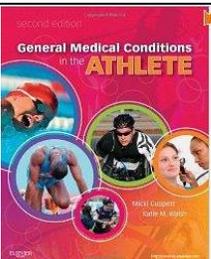
In the process, you will develop an emerging mastery of the Educational Competencies of the NATA’s Educational Council (See Appendix D for details on these Competencies in preparation for the Board of Certification Examination for Athletic Trainers)

To be successful in this course, students must take ownership of learning materials that might seem very interesting, but will help them grow and develop clinicians that take a multifaceted approach to patient evaluation and treatment.

STUDENT LEARNING OUTCOMES

1. All students will perform at an “autonomous” level on proficiency testing as evaluated by their Approved Clinical Instructor
2. All students will receive 85% or better during evaluations with Approved Clinical Instructor in the areas of personal performance, education competence, psychomotor skill and clinical proficiency
3. Students will be able to pass the MOC NATA BOC examination by 70% at the end of the Fall semester
4. Students will be able to illustrate their knowledge of an assigned general medical condition as assessed with an oral presentation rubric by presenting to peers and healthcare professionals
5. Students will be able to score a high satisfactory (80%) or better (100%) during their oral presentation on a general medical condition
6. Students will be able observe and make treatment/rehabilitation based decisions using evidence based medicine based on a patient interaction during rotation. These observations and treatment decisions will be made in written form using a case study format.

REQUIRED TEXTS AND RECOMMENDED RESOURCES

Required Textbooks											
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FINAL EXAMINATION POLICY

Successful completion of this class requires taking the final examination **on its scheduled day**. The final examination schedule is posted on the [Class Schedules](#) site. No requests for early examinations or alternative days will be approved.

PLNU COPYRIGHT POLICY

Point Loma Nazarene University, as a non-profit educational institution, is entitled by law to use materials protected by the US Copyright Act for classroom education. Any use of those materials outside the class may violate the law.

PLNU ACADEMIC HONESTY POLICY

Students should demonstrate academic honesty by doing original work and by giving appropriate credit to the ideas of others. Academic dishonesty is the act of presenting information, ideas, and/or concepts as one's own when in reality they are the results of another person's creativity and effort. A faculty member who believes a situation involving academic dishonesty has been detected may assign a failing grade for that assignment or examination, or, depending on the seriousness of the offense, for the course. Faculty should follow and students may appeal using the procedure in the university Catalog. See [Academic Policies](#) for definitions of kinds of academic dishonesty and for further policy information.

PLNU ACADEMIC ACCOMMODATIONS POLICY

If you have a diagnosed disability, please contact PLNU's Disability Resource Center (DRC) within the first two weeks of class to demonstrate need and to register for accommodation by phone at 619-849-2486 or by e-mail at DRC@pointloma.edu. See [Disability Resource Center](#) for additional information.

PLNU ATTENDANCE AND PARTICIPATION POLICY

Regular and punctual attendance at all classes is considered essential to optimum academic achievement. If the student is absent from more than 10 percent of class meetings, the faculty member can file a written report which may result in de-enrollment. If the absences exceed 20 percent, the student may be de-enrolled without notice until the university drop date or, after that date, receive the appropriate grade for their work and participation. See [Academic Policies](#) in the Undergraduate Academic Catalog.

Clinical Course Credit Hour and Clinical Hour Policy

Each clinical course within the athletic training program is worth 2 or 3 units of credit. See below for course credit hour and clinical hour expectations:

- 1 course credit hour = 50 - 99 hours of clinical experience
- 2 course credit hours = 100 - 149 hours of clinical experience
- 3 course credit hours = 150 - 199 hours of clinical experience
- 4 course credit hours = 200 - 249 hours of clinical experience

Each clinical course syllabi have specific clinical hour policies and expectations regarding the completion of these clinical hours. Please see course syllabus for more information. See clinical education progression for more details on clinical education hour requirements.

Clinical Hour Grading Scale – 200 points

<i>Clinical Hours</i>	<i>Points</i>
100-114 hours	160
115-129 hours	180
130-149 hours	200

ACTIVE LEARNING AND EVIDENCE BASED MEDICINE

Active Learning

Your active participation in this class will be required. You will be responsible for your own learning by reviewing class material before and after class. I will guide you in this process; however, in the end the onus of learning will be your responsibility. **Become intrinsically motivated to improve yourself and your understanding of therapeutic modality treatments** and techniques; if you do this you will succeed every time.

Here are some KEYS to success:

- o EFFORT (Work hard)

- o APPROACH (Work smart)
- o ATTITUDE (Think positively)

Evidence Based Medicine

Evidence based medicine (EBM) is the integration of clinically relevant research, clinical skills and experience, and patient preferences and values (Sackett et al 2000). The increased awareness **and focus on the practice of Evidence Based Medicine comes from our daily need for valid information about diagnosis, prognosis, therapy, and prevention.** We want to ask local questions about the effectiveness of therapeutic modalities and design ways to find answers. The EBM portion of this course is **designed so students can explore therapeutic modalities commonly used in the athletic training setting** and determine what **evidence is available to support their current uses.**

COURSE REQUIREMENTS

ase Note: *The PLNU Catalog states that 1 semester unit represents an hour of class per week, and 2 hours of preparation are normal for each hour of class. Therefore, if you spend about 4 hrs per week outside of class in preparation, you will significantly increase your chances of doing well!*

Course Assignments

A. Course Rotations, Continuity and Chapel Attendance

1. Clinical Rotations are 5 weeks long with the exception of the semester long PLNU Athletic Training Clinic rotation.
2. In addition to the 5 week long rotations with a General Medicine Practitioner, a Physical Therapist and an Orthopedic Surgeon, students will also be expected to spend at minimum 3 clinical hours in the PLNU clinic the entire fall semester.
3. The General Medical, Physical Therapy, and Orthopedic Surgery rotations requirements are 2 days a week for 4-hour shifts. Therefore, you are expected to complete 8 hours a week, or a total of 40 hours over a 5-week period for each rotation.
4. Some of the students may have clinical rotations that interfere with Chapel attendance. I have tried my best to schedule your rotations so that you can make it back to campus for Chapel. In the event that a student misses Chapel please note the following message from the provost: **Each semester, there are over 50 opportunities for chapel credits (about 4 per week). Fr/So are required to get 32 of those 50+ and Jr./Sr. are required to get 25 of those 50+ opportunities. So, if one equates exemptions for opportunities actually missed and then wants that number deducted from their required attendance, one grossly over weights a single missed opportunity since what is required is far less than what is available. The other factor is that chapel attendance is counted on the semester basis rather than on a week by week basis. So to meet the required amount students have to average less than 2 a week (for JR/SR), in a given week where they don't have conflicts, they could get up to 4 chapel credits.**

B. Clinical Case Reports (50 points each)

Case studies of clients with whom the student works during each clinical rotation. One case report is required for **each rotation** and **due the Monday** of the fourth week of each rotation at colloquy in hard copy.

C. Journaling (50 points each)

The student will chronicle, preserve and present the achievements realized during the term. Student will log the events of **each day** worked in the OR/clinic rotations of this course including comment on the roles played by the various medical professionals with whom the student works.

Every five weeks (at the conclusion of each rotation) the student will turn in their journal along with a summary at colloquy. The summary should include:

- a. Highlights/provocative events and cases
- b. Significant areas of professional and personal growth during the clinical experience
- c. Plans for professional/personal growth
- d. Plans for post-graduation. Does this change during each rotation?
 - e. Mentoring: how is it going? Any areas of concern in regards to your mentee, things your mentee might be right that deserve attention.

D. Clinical Performance Assessments

1. Students will be assessed on the educational competencies and clinical proficiencies in assignments and/or one-on-one sessions with Dr. Cosby or other preceptors in the PLNU clinic.
2. In the final week of your surgical, physical therapy, and general medicine clinical rotations the preceptor will assess the student's clinical performance on the ***Assessment of Student Clinical Performance by the preceptor*** (online). In the PLNU rotation **midterm** and **final** assessments are performed by Dr. Cosby. These periodic assessments are vital for students to know how they are perceived by clinical professionals and performing clinical. The written assessment of the student's developmental progress in each of the clinical proficiencies will be retained in the student portfolio, and by the Program Director.

E. Individual Monthly Meeting with Dr. Cosby (see syllabus)

Senior level ATEP students will meet with Dr. Cosby once a month to discuss their preparation strategies for the BOC, career goals, office site preceptorships and life of course!!! (See tentative schedule for dates)

F. General Medicine Presentations (100 points)

As part of the requirements for completing the ATEP, students will select a general medicine topic and will be responsible for creating an in class presentation that is 45'-1 hour in length. Topics for these presentations will include:

- | | |
|-----------------------------|--|
| ✓ Eyes, Ear, Nose, Throat | ✓ Abdomen: Organs, Urogenital |
| ✓ Seizure and TBI | ✓ Musculoskeletal Infection |
| ✓ ThorPreceptor: Heart | ✓ CNS: Degenerative Diseases/Neoplasms |
| ✓ ThorPreceptor: Lungs | ✓ Mental Health Conditions |
| ✓ Dermatological Conditions | ✓ Bone, Joint, Soft Tissue Disorders |

G. General Medicine Screening

During the clinical practicum students will become proficient and assessed on the following general medicine skills/techniques:

✓ Ophthalmic Examination	✓ Abdominal Examination
✓ Otoscopic Examination	✓ General Neurological Examination
✓ Blood Pressure Examination	✓ Asthma Inhaler
✓ Heart and Lung Auscultations	✓ Thermometer
✓ Pulse Assessments	✓ Pupillary Reflex and Reaction
✓ Body Composition Calculations	✓ Eye Motility and Acuity
✓ Urinalysis	✓ Laceration Management

H. Mentorship of Junior ATS

The student will work closely with the junior athletic training student(s) he/she is assigned to (see appendix for student assignments). During the bi-monthly meeting, progress and goals will be discussed as well as strength/weaknesses of the mentee. The student should discuss **progression of mentee** in their **journal**. At the end of the semester the student will turn in a **reflection paper about his/her role as a mentor**.

I. Peer Assisted Teaching/Evaluation

The student will help review proficiencies that are assigned to the juniors and evaluate them. The student will evaluate (autonomous/with prompting/needs improvement) a minimum of 8-10 proficiencies for each of their mentees. During this evaluation the student will be able to give an evaluation of with prompting/needs improvement. This is the Juniors time to get feedback from you prior to asking an ATC to pass of a proficiency.

J. Study Preparation for BOC Examination

- a. Weekly standardized tests derived from the Arnheim text will be provided to be completed at the student's discretion for the BOC certification exam preparation.
- b. Van Ost assignments and exams: weekly critical thinking assignments will be assigned by domains. Online exams will be given throughout the semester.
- c. It is highly encouraged to complete all assignments weekly in preparation for the Mock exams.
- d. Creating a weakness diary. Students will be expected to turn in a diary which states the areas of their weakness. Specifically, students will have questions that they missed on the tests taken in Arnheim. They will also develop a plan of action for studying □ all the way to April.

K. Moc Examinations

Students will take 2 NATA MOC examinations. One examination at mid semester and a final MOC BOC examination at the end of the semester. This is done to give the students of gauge of where they sit going into the Spring semester and preparing the Board examination in April.

Course Exams

Arnheim Equizzes (14x20)

Online quizzes will be posted at the end of each module to asses student learning. Please see tentative schedule for due dates.

Midterm BOC MOC Exam (100 points each)

The material covered in class up to the point of the exam will be tested.

Final BOC MOC Exam (100 points)

Cumulative exam comprised of written questions and practical skills testing.

ASSESSMENT AND GRADING

A. Case Reports (3@50 pts each)	150
B. Journaling (3@50 pts each)	150
C. General Medicine Presentations	100
D. Arnheim Equizzes (14@20 pts each)	280
E. Midterm BOC MOC	100
F. Final BOC MOC	100
TOTAL	880

All assignments are due at the beginning of the class period in which they were assigned. Classes missed due to athletic events, planned family functions or athletic training assignments must be planned and arranged with the professor before class.

ATR 493 Clinical Preceptorship I Course Incompletion Policy

Students involved in the summer course offering of ATR 493 – Clinical Preceptorship I will be responsible for the following clinical internship hours:

Rotation 1

Physical Therapy - Rehab United Point Loma
2x/wk for 5 wks or 40 hrs total
9/9 - 10/11

Rotation 2

General Medical - TBA
2x/wk for 5 wks or 40 hrs total
10/14 - 10/22

Rotation 3

Orthopedic Surgery Observation - Dr. Valleta
5 surgical observation days
Anytime during the semester

Rotation 4

PLNU Sports Medicine Center
1x/wk for 15 wks or up to 49 hrs total
9/3-12/20

NOTE: It is your responsibility to maintain your class schedule. Should the need arise to drop this course (personal emergencies, poor performance, etc.), you have responsibility to follow through (provided the drop date meets the stated calendar deadline established by the university), not the instructor.

Tentative Course Schedule

<i>Week</i>	<i>Topic/Presenters</i>
<i>1</i>	<i>Introduction to course; Orientation to clinical affiliates</i> <i>How to take the test???</i>

2	<i>Medical Evaluation Techniques and Equipment</i>
3	<i>Pharmacokinetics & Pharmacodynamics</i>
2	<i>Blood disorders in the athletic population</i> <i>Protective Equipment</i>
3	<i>Cardiac Disorders</i> <i>Clinical Practice: Heart Sounds, rhythm, Pulse, BP</i> <i>Special Populations</i>
4	<i>Genitourinary/Gyn Disorders</i> <i>Urinalysis</i> <i>Clinical Practice: S/S & care of disease</i>

5	<p><i>Dermatology</i></p> <p><i>Seizure and MTBI</i></p> <p><i>Clinical Practice: Neural Assessment</i></p>
6	<p><i>Fitness Assessment</i></p> <p><i>Clinical Practice: Fitness Assessment</i></p> <p><i>Eye, Ear, Nose Throat</i></p> <p><i>Clinical Practice: Ophthalmic, nasal, throat, ear exam</i></p>
7	<p><i>Musculoskeletal infection, Bone, Joint, Soft Tissue Disorders</i></p> <p><i>Abdomen</i></p>
8	<p><i>Respiratory Disorders</i></p> <p><i>Clinical Practice: Lung sounds</i></p>

Three double-spaced, twelve point font computer generated pages. Please reference no less than 4 published refereed journal articles. This paper should be formatted in the AMA acceptable style. For further detail see: <http://www.nata.org/sites/default/files/JAT-Authors-Guide-2010.pdf>

YOUR CASE STUDIES SHOULD INCLUDE AND WILL BE GRADED ON THE FOLLOWING CONTENT:

Page formatting:

- ✓ 8 ½ by 11 inch paper
- ✓ Double spaced
- ✓ 1 inch margins
- ✓ Include line counts (i.e. line numbers) to facilitate the review process

Manuscripts should include the following:

- ✓ Title page (no more than 12 words or 85 characters)
- ✓ Abstract (no more than 150 words) and Three key words on a standalone page
- ✓ Body of the case study should include:
 - Personal data of the patient (age and sex, race, marital status, occupation)
 - Chief complaint of the patient
 - History of the chief complaint (this should include symptoms that made patient present to physician)
 - Results of physical examination (initial evaluation) – physician findings
 - Diagnosis
 - Treatment (surgery, referred to physical therapy etc)
 - Rehabilitation protocol (if none present maybe make a suggestion of what that might look like...i.e. what would you do with the patient...use your references to back you up)
 - Criteria for return to play (when, how and what do use to determine when the patient can return to practice, work, competition etc)
 - Deviation from the norm (what makes this case unique)

Grammatical Errors, Typos and misuse of terms

- ✓ Three errors are allowed within the document. Anything above this will result in a decrease of your grade by one letter. I.e. if you originally got an A on the paper but you had greater than 3 errors your grade will be reduced to a B.

Assignment Learning Outcomes

1. Students will be able observe and make treatment/rehabilitation based decisions using evidence based medicine based on a patient interaction during rotation. These observations and treatment decisions will be made in written form using a case study format.
2. Students will be able to submit at least one of their case studies to the Journal of Athletic Training for publication in the Case Report section of the journal

No	Competency
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-16	Use a peak-flow meter to monitor a patient's asthma symptoms, determine participation status, and make referral decisions.
PHP-17b	Asthma
PHP-30	Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.
PHP-44	Assess body composition by validated techniques.
CE-20g	respiratory assessments (auscultation, percussion, respirations, peak-flow)
CE-20h	circulatory assessments (pulse, blood pressure, auscultation)
CE-20i	abdominal assessments (percussion, palpation, auscultation)
CE-20j	other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope, otoscope, urinalysis, glucometer, temperature)
CE-21h	Neurologic function (sensory, motor, reflexes, balance, cognition)
CE-21i	Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate)
CE-21k	Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)
CE-21l	Genitourinary function (urinalysis)

CE-21m	Ocular function (vision, ophthalmoscope)
CE-21n	Function of the ear, nose, and throat (including otoscopic evaluation)
CE-21o	Dermatological assessment
CE-22	Determine when the findings of an examination warrant referral of the patient.
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 a patient in the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.
AC-36e	exertional sickling associated with sickle cell trait
AC-36i	asthma attacks
PS-12	Identify and refer clients/patients in need of mental healthcare.
PS-13	Identify and describe the basic signs and symptoms of mental health disorders (eg, psychosis, neurosis; sub-clinical mood disturbances (eg, depression, anxiety); and personal/social conflict (eg, adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.
PD-8	Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.
CIP-3	Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making the appropriate recommendations for individual safety and activity status.
CIP-5	Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.