

AT 399: Pre-Season Workshop

1 Credit

Instructors: The UWSP Athletic Training Staff –

Students are assigned to individual clinical preceptors (CPs). The course is also taught with the oversight and assistance of the Program Director and Clinical Coordinator. Contact information for staff members will be given to you.

Offices: 040 HESA

Workshop description: This 1 credit workshop is designed to serve as a clinical component and exposure for university *pre-season* experiences. The focus of this workshop is *immersion and skill practice*. In particular, focus will be given to prevention, risk management and emergency care for formal skill review. During the course of the practicum, students will also have the opportunity to review and practice skills in injury assessment and evaluation, therapeutic modalities and therapeutic exercise. The student will be assigned to pre-season clinical rotations with an approved clinical instructor(s) to gain clinical exposure to the university's pre-season environment, as well as have the opportunity to practice skills previously learned.

Courses previously taken: AT 200, 251, 201, 300, 301, 302, 362, 370, 380, 381, and 382

Course objectives:

- To fully immerse the student into the pre-season clinical setting and provide opportunities to practice all previously learned skills in athletic training.
- To practice and improve communication skills with administration and patients.
- To improve personal and professional leadership qualities and characteristics.
- To assess skill aptitude on previously learned clinical proficiencies in emergency care and prevention of injury and various learning over time experiences.
- To assist the student in gaining confidence while performing clinical skills in athletic training.
- To gain quality clinical experience with a CP.

Course requirements:

- Students will be required to **actively** participate and complete a pre-season clinical rotation with their assigned CP(s). Students will be assigned to an on-campus CP. Weekends are mandatory for this rotation. Schedule will be determined by the CP.
- 2 Learning over Time experiences from any of the following categories: assessment and evaluation, therapeutic modalities, or therapeutic exercise. Students cannot do the LOT experiences in the same category.
- Proficiency assessment of selected emergency care and prevention skills.
- Approved clinical instructor evaluation of clinical rotation.
- Athletic training student will evaluate the CP and the site of the clinical rotation.

Clinical hours/credit policy:

1. Students enrolled in AT 399: Pre-season Workshop will be assigned to a pre-season clinical rotation (see dates above) on campus in which she/he will be supervised and evaluated by an Approved Clinical Preceptor/s (CP).
2. The athletic training student will have a time schedule created by the CP that is fair and will provide the number of hours necessary to achieve the course objectives. It is essential for the student to remember the goals of this rotation. This is going to set the stage for a good year and your professional abilities to handle pre-season responsibilities once you leave UWSP. Days, nights, weekends will be required.

3. Athletic training students must complete and submit her/his clinical hours to the clinical coordinator during the rotation. At the end of each week, the student must have the CP initial the total number of hours accumulated that week.
4. The athletic training student will be evaluated by the CP at the end of the rotation. The athletic training student will also have to evaluate the CP and the site of the clinical rotation.

Evaluation and assessment:

- **Proficiency evaluation (50% of grade):** Students must demonstrate competency in all assigned clinical proficiencies as determined by the athletic training staff. Many of the skills for this rotation will be done as a group and will be assessed by the staff as we work together. If the student is not proficient in the skill, the student will be graded accordingly and asked to repeat the skills at a later time. Students must receive a 3.0 or higher on the 4.0 scale to be considered proficient. Any skills that are graded below a 3.0 must be repeated for a CP until skill acquisition is displayed. Students **must complete** all skills and LOTs in order to receive any points. Students will not be given partial grades for an incomplete packet.
- **Student evaluation (50% of grade):** Each student will have an evaluation done by the CP at the end of the rotation.
- **CP evaluation:** Each student will do a final evaluation of the CP and clinical site at the end of the rotation.

Grading scale:

- This practicum is graded. It is different than other practicum courses since you will not do a formal practical. The packets and skill performance will count for 50% of your grade while the CP evaluation will be the other 50% of your grade. You will be assessed on professional qualities as well as your skill performance throughout the clinical rotation. The evaluation scale is below.

Evaluation of Clinical Performance: Students performance in the clinical setting will be formally assessed by their CP at the end of the rotation. Students also will have informal verbal evaluations at the end of each week to help with progress and give appropriate feedback on clinical skills and professional behavior – this will occur when time sheets are signed. Students will meet with the CP to discuss the evaluations.

Students must achieve an average score of >3.0/5.0 on their performance to stay in good academic standing for the ATEP. If the average score is below a 3.0 average, the student will meet with the clinical coordinator and program director. This can result in academic probation for the following semester.

- Scale:** 5(Excellent) – performs duties/skills extremely well, very professional
 4(Above avg) – performs duties/skills better than average in a professional manner
 3(Avg) – performs duties/skills as well as expected at this level, minimum CP intervention
 2(Below avg) – performs duties/skills at unsatisfactory level, constant intervention from CP
 1(Deficient) – needs remedial aid in this area prior to advancing clinical education
 N(Not applicable) – CP did not observe this duty/skill, or ATS has not acquired skill yet

The points earned from the CP evaluation will be tallied and then averaged. This average will then be turned into a percentage grade. The format used for this will be:

5 = 100%	4 = 90%	3 = 80%	2 = 70%	1 = 60%
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For example, if the student receives a 3.8 average score on the evaluation, it will translate into an 88%. According to the letter grades, this would be B+ work. To receive an “A” for clinical performance, students will consistently have to perform above average (4) and attain some excellent (5) ratings to reflect this type of performance.

GRADING SCALE:

Final grades will be awarded as follows:

A: 94-100%	C: 73-76%	D: 60-64%
A-: 90-93%	C-: 70-72%	F: 59% or below
B+: 87-89%	D+: 65-69%	

AT 399/400 – Pre-season Practicum and Practicum VI

This proficiency packet is designed to help the senior-level student review skills previously learned in emergency care, prevention and risk management, and evaluation and diagnosis. The skills are broken down into review sections for the student. Review skills are to be practiced and evaluated by the course instructor or supervising ACI.

Clinical Proficiency Grading Key

One of the three following grading scales will be used to assess the student's proficiencies.

- 4 - Demonstrates proficiency in skill with only confirmation from the CP/evaluator
- 3 - Demonstrates proficiency in skill with verbal guidance from the CP/evaluator
- 2 - Completes skill with psychomotor guidance from CP/evaluator
- 1 - Unable to complete skill

EQUIPMENT FITTING/TAPING/BRACING			
Skill	Evaluation and Comments		
Helmet/head gear	Date:	Date:	Comments:
Proper Fit	1 2 3 4	1 2 3 4	
Key checks: Forehead, ears, occipital, cheeks, facemask, chinstrap	1 2 3 4	1 2 3 4	
Shoulder pads	Date:	Date:	Comments:
Proper fit and selection	1 2 3 4	1 2 3 4	
Key checks: Deltoid, clavicle, scapula, sternum, ROM/neck opening	1 2 3 4	1 2 3 4	
Footwear	Date:	Date:	Comments:
Evaluation of foot type	1 2 3 4	1 2 3 4	
Selection and Proper fit	1 2 3 4	1 2 3 4	
Mouthguard	Date:	Date:	Comments:
Selection and Proper fit	1 2 3 4	1 2 3 4	
Rib brace/guard	Date:	Date:	Comments:
Selection and Proper fit	1 2 3 4	1 2 3 4	
Prophylactic ankle brace	Date:	Date:	Comments:
Selection and Proper fit	1 2 3 4	1 2 3 4	
Prophylactic knee brace	Date:	Date:	Comments:

Selection and Proper fit	1 2 3 4	1 2 3 4	
Prophylactic taping	Date:	Date:	Comments:
Upper Extremity	1 2 3 4	1 2 3 4	
Upper Extremity	1 2 3 4	1 2 3 4	
Lower Extremity	1 2 3 4	1 2 3 4	
Lower Extremity	1 2 3 4	1 2 3 4	
Custom made pad/protective equipment	Date:	Date:	Comments:
Type:	1 2 3 4	1 2 3 4	
Regulations for sport	1 2 3 4	1 2 3 4	

ENVIRONMENTAL CONDITIONS AND PATIENT CARE

Skill	Evaluation and Comments		
Assessing environment	Date:	Date:	Comments:
Hot box or sling psych	1 2 3 4	1 2 3 4	
Recommendations for activity	1 2 3 4	1 2 3 4	
Lightning plan	1 2 3 4	1 2 3 4	
Prevention	Date:	Date:	Comments:
Assessing weight charts	1 2 3 4	1 2 3 4	
Assessing hydration	1 2 3 4	1 2 3 4	
Hydration plan	1 2 3 4	1 2 3 4	
Identification/Care	Date:	Date:	Comments:
Heat exhaustion s/s	1 2 3 4	1 2 3 4	
Heat exhaustion care	1 2 3 4	1 2 3 4	
Heat stroke s/s	1 2 3 4	1 2 3 4	
Heat stroke care	1 2 3 4	1 2 3 4	

EMERGENCY SKILLS AND PATIENT CARE

Skill	Evaluation and Comments		
EAPs	Date:	Date:	

Implementation	1 2 3 4	1 2 3 4	
Communication	1 2 3 4	1 2 3 4	
Spine Boarding with pads	Date:	Date:	
Never compromised spine	1 2 3 4	1 2 3 4	
Proper stabilization	1 2 3 4	1 2 3 4	
Removal of face mask	1 2 3 4	1 2 3 4	
Decision-making ability i.e. clothing removal, transport, communication	1 2 3 4	1 2 3 4	
Spine Boarding without pads	Date:	Date:	
Never compromised spine	1 2 3 4	1 2 3 4	
Proper stabilization	1 2 3 4	1 2 3 4	
Decision-making ability i.e. clothing removal, transport, communication	1 2 3 4	1 2 3 4	
Ambulatory aid	Date:	Date:	
Proper assistance getting off field for selected injury	1 2 3 4	1 2 3 4	
Crutch – fitting and instruction	1 2 3 4	1 2 3 4	
Splinting (upper)	Date:	Date:	
Proper stabilization	1 2 3 4	1 2 3 4	
CMS checks	1 2 3 4	1 2 3 4	
Decision-making ability	1 2 3 4	1 2 3 4	
Splinting (lower)	Date:	Date:	
Proper stabilization	1 2 3 4	1 2 3 4	
CMS checks	1 2 3 4	1 2 3 4	
Decision-making ability	1 2 3 4	1 2 3 4	
Wound Care	Date:	Date:	
Universal Precautions	1 2 3 4	1 2 3 4	

Proper care of selected wound	1 2 3 4	1 2 3 4	
Proper dressing and protection	1 2 3 4	1 2 3 4	
s/s for referral or infection	1 2 3 4	1 2 3 4	
Anaphylaxis	Date:	Date:	
Recognize s/s	1 2 3 4	1 2 3 4	
Use of epinephrine	1 2 3 4	1 2 3 4	
Continuation of care	1 2 3 4	1 2 3 4	
Asthma	Date:	Date:	
Recognize s/s	1 2 3 4	1 2 3 4	
Use of inhaler	1 2 3 4	1 2 3 4	
Continuation of care	1 2 3 4	1 2 3 4	

Patient scenario: Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.

Date:

Overall evaluation: 1 2 3 4

Comments on performance:

PREVENTION – PATIENT HISTORY AND MEDICAL INFORMATION

Patient information	Date:	Date:	
Review of medical hx	1 2 3 4	1 2 3 4	
Decision on patient health and participation	1 2 3 4	1 2 3 4	
Medical files and proper documentation	1 2 3 4	1 2 3 4	