I. Course Description:
ATTR 5551.01: Athletic Training Clinical IV (5 credits) is a practicum course that has two sections and is taken in the second year. The course has five credit hours and five contact hours. The instructor spends two contact hours with students in the classroom and three clinical contact hours at clinical sites on a weekly basis. The course meets face-to-face weekly for one hour and 50 minutes for 15 weeks. Instruction/review is a comprehensive approach to cover all content that students have learned over the previous academic year. Course requirements include oral proficiencies, clinical experience deliverables- clinical hour log, evaluation forms (clinical site, preceptor, and student), and journal reflection questions. Students are also required to present a detailed workbook of their season clinical rotation and a case study of an injury that occurred in the eight-week sport clinical rotation. A professional dissemination is also required, where a student must participate in a professional development project/presentation related to a topic in athletic training. A minimum of 90 hours of outside of class preparation for the semester is required for this course.

Prerequisites: Admission to Athletic Training Major. Successful completion of ATTR 5241.

James I. Perkins College of Education Diversity Statement is found at the following link: http://coe.sfasu.edu/about-us/

II. Intended Learning Outcomes/Goals/Objectives (Program/Student Learning Outcomes):
This academic program, along with its courses, is in compliance and supports the vision, mission, goals and core values of the College of Education and Stephen F. Austin State University. It is this philosophy and vision that helps to distinguish our graduates from those of other institutions.

PROGRAM LEARNING OBJECTIVES: The following are addressed within this course:

*1. Demonstrate a sound understanding of evidence-based practice concepts and their application by using a systematic approach to ask and answer clinically relevant questions that affect patient care.

*2. Demonstrate an ability to develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients'/patients' overall health and quality of life while incorporating the importance of nutrition and physical activity in maintaining a healthy lifestyle and in preventing chronic disease (e.g., diabetes, obesity, cardiovascular disease).

*3. Demonstrate the ability to perform clinical examination skills in order to accurately diagnosis and effectively treat their patients while applying clinical-reasoning skills throughout the physical examination process. The development of these skills requires a thorough understanding of anatomy, physiology, and biomechanics in order to assimilate data, select the appropriate assessment tests, and formulate a differential diagnosis.

*4. Demonstrate a sound understanding and application of the knowledge, planning, and skills in the evaluation and immediate management of the acute care of injuries and illnesses.

*5. Demonstrate proficiency in the understanding and application of therapeutic interventions that include therapeutic modalities, therapeutic rehabilitation, and therapeutic medicines designed to maximize the patient’s participation and health-related quality of life.

*6. Demonstrate the ability to recognize the role of mental health in injury and illnesses using interventions to optimize the restoration of participation and to refer these individuals as necessary.

*7. Demonstrate an understanding of risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management.

*8. Assess the development of a desire for professional development, ethical behaviors and responsibilities through a progression of clinical rotations, participation with professional organizations, and understanding of effective supervision and management in the athletic training clinic.

*9. Complete the Board of Certification (BOC) requirements for eligibility of the national board examination through the completion of the competencies and proficiencies as set forth and endorsed by the NATA-EC, BOC, and the CAATE.

COMPETENCY / STUDENT LEARNING OBJECTIVES: Upon completion of this course the student should be able to:

2020 Course Competencies

Standard 58: Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

Standard 60: Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

Standard 63: Use systems of quality assurance and quality improvement to enhance client/patient care.
Standard 64: Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:

- Use data to drive informed decisions
- Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
- Maintain data privacy, protection, and data security
- Use medical classification systems (including International Classification of Disease codes) and Terminology (including Current Procedural Terminology)
- Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.

Standard 66: Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogen Standards
- Regulations pertaining to over-the-counter and prescription medications

Standard 68: Advocate for the profession.

Standard 69: Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- Assessment of the patient on an ongoing basis and adjustment of care accordingly
- Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
- Consideration of the patient’s goals and level of function in treatment decisions
- Discharge of the patient when goals are met or the patient is no longer making progress
- Referral when warranted

Standard 70: Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
- Drug overdose (including administration of rescue medications such as naloxone)
- Wounds (including care and closure)
- Testicular injury
- Other musculoskeletal injuries

Standard 71: Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient’s clinical presentation:
  - Cardiovascular system (including auscultation)
  - Endocrine system
  - Eyes, ears, nose, throat, mouth, and teeth
  - Gastrointestinal system
  - Genitourinary system
  - Integumentary system
  - Mental status
  - Musculoskeletal system
  - Neurological system
  - Pain level
  - Reproductive system
  - Respiratory system (including auscultation)
  - Specific functional tasks
- Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated
Standard 72: Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

Standard 73: Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:
- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control / proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

Standard 76: Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:
- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
- Re-examination of the patient on an ongoing basis
- Recognition of an atypical response to brain injury
- Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
- Return of the patient to activity/participation
- Referral to the appropriate provider when indicated

Standard 80: Develop, implement, and assess the effectiveness of programs to reduce injury risk.

Standard 81: Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

Standard 82: Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client’s activity.

Standard 88: Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:
- Strategic planning and assessment
- Managing a physical facility that is compliant with current standards and regulations
- Managing budgetary and fiscal processes
- Identifying and mitigating sources of risk to the individual, the organization, and the community
- Navigating multipayer insurance systems and classifications
- Implementing a model of delivery (for example, value-based care model)

Standard 89: Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

III. Course Assignments, Activities, Instructional Strategies, use of Technology:

Assignments:
A.) Clinical Hours - 15% of total grade:
- Rules and regulations during clinical experiences will adhere to the Graduate Athletic Training Policy and Procedures Manual.
- The athletic training student will have either an eight week or a sixteen week (full season) clinical experience during the course.
- Clinical hours should not fall below 160 hours (eight-week experience) and 340 hours (full season experience).
- The ATS should aim to complete on average 35 clinical hours per week during the non-immersive period.
- The ATS will have an immersive clinical experience during the first 8-weeks of the course. During the immersive clinical experience, the ATS will attend face to face classes on Mondays. Mondays will also be deemed the ATS mandatory designated day off from their clinical experience. For the remainder of the week, the ATS is expected to mirror the daily clinical hours of their preceptor, as set forth by their preceptor (e.g. 8:00am-5:30pm).
- Hours NOT obtained under a certified athletic trainer, or Texas state credentialed athletic trainer WILL NOT count towards the minimum hours set by the curriculum.
- Absences, tardiness, or laziness will not be tolerated.

The instructor will provide didactic instruction to the student during the two-hour class time. The instructor will provide organized, planned visits of supervision to students while at designated clinical sites.
Grading Scale for Clinical Hours

<table>
<thead>
<tr>
<th>Season Sport / Full Semester</th>
<th>8 week</th>
<th>400-500 clinical hours = 81-100 pts</th>
<th>&gt;300 clinical hours = 100 points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>300-399 clinical hours = 61-80 pts</td>
<td>&lt; 300 clinical hours = 80 points</td>
<td></td>
</tr>
</tbody>
</table>

Grading Scale for Non-Immersive Clinical Hours

<table>
<thead>
<tr>
<th>Clinical Hours (average of four weeks)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - 35 hrs.</td>
<td>90-100</td>
</tr>
<tr>
<td>29 - 24 hrs.</td>
<td>80-89</td>
</tr>
<tr>
<td>23 - 19 hrs.</td>
<td>70-79</td>
</tr>
</tbody>
</table>

Grade for the Immersive experience are dependent upon the ATS mirroring their preceptor's hours.

B.) Assignments - 15% of total grade:
1.) Quizzes
   - Quizzes will occur daily and may be delivered in a variety of ways- orally, hands-on application, paper, etc.
   - Any of the material covered from the previous class days could be on the quiz
   - Come to class prepared!

2.) Journal Reflections
   - Students will answer journal reflections periodically throughout the semester.
   - Journal reflections are worth 10 points.

3.) Season Workbook
   If you are in your Season Sport / Full semester, your assignment will be: Workbook - 20% of total grade (20 points each submission = 80 total points)
   - Diary of monthly fieldwork experience. To be submitted on the last day of the ending of a 4th week period = totaling 4 submissions / semester, no matter the clinical experience.
   - Diary should include but not limited to topics such as time spent at clinical site, work performed, conditions treated and treatments administered.
   - Progression of skills, interaction and involvement with the athletes / team and management should be evident in the diary.
   - Compile self-reflective notes on the nature and extent of the learning opportunities.
   - Prepare and present a power point presentation of your experience.

OR

8-Week Case Study
If you are in the 8-week rotation, your assignment will be: Case Study presentation – 20% of total grade
   - Present a case study – injury, treatment technique

*Those in a basketball (split AY rotation) will do the Case Study during the fall semester and the Workbook during the spring semester. Everyone will end up doing both, as to when it is completed will be dependent on your clinical assignments. These assignments will carry over into KIN 551:02.

Workbook Presentation Rubric

<table>
<thead>
<tr>
<th>Category</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>8  5  3 1</td>
</tr>
<tr>
<td>Category</td>
<td>Points</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Quality of Information</td>
<td></td>
</tr>
<tr>
<td>Exceptional Insight</td>
<td>10</td>
</tr>
<tr>
<td>Good Insight</td>
<td>8</td>
</tr>
<tr>
<td>Average Insight</td>
<td>5</td>
</tr>
<tr>
<td>Minimal Insight</td>
<td>3</td>
</tr>
<tr>
<td>No Insight</td>
<td>1</td>
</tr>
<tr>
<td>Quality of Self-Reflection</td>
<td></td>
</tr>
<tr>
<td>Exceptional Perspective</td>
<td>10</td>
</tr>
<tr>
<td>Good Perspective</td>
<td>8</td>
</tr>
<tr>
<td>Average Perspective</td>
<td>5</td>
</tr>
<tr>
<td>Minimal Perspective</td>
<td>3</td>
</tr>
<tr>
<td>No Perspective</td>
<td>1</td>
</tr>
<tr>
<td>Mechanics</td>
<td></td>
</tr>
<tr>
<td>No Errors</td>
<td>10</td>
</tr>
<tr>
<td>Few Errors</td>
<td>8</td>
</tr>
<tr>
<td>Many Errors</td>
<td>5</td>
</tr>
<tr>
<td>Way Too Many Errors</td>
<td>3</td>
</tr>
</tbody>
</table>

Total points = _______ / 40 x 2 = 80 points possible
The assigned preceptor will grade the ATS on the demonstrated role play response to the scenario. 

b) Provide supporting evidence.

The ATS will utilize the patient's data in Typhon to report patient care from initial injury to RTP. The ATS will print the patient record, present the patient case, and treatment plan. The ATS will demonstrate compliant health care practice with mandatory reporting obligations in response to a scenario given.

Standards of Professional Practice, National Athletic Trainers' Association

5.) Health Informatics EBP Clinical Case Study (Completed during full season immersive clinical experience; ATTR 5551.01 or 5551.02)

The ATS will select a long-term rehab (minimum 4 weeks) patient from their immersive experience where they have provided care from initial injury to RTP. The ATS will utilize the patient's data in Typhon to report patient-based outcomes and create a treatment plan. The ATS will print the patient record, present the patient case, and treatment plan via recorded presentation (Due to COVID-19).

6.) Mandatory Reporting Assignment- Due 10.25.21

The ATS will research the state and national mandatory reporting obligations required for athletic trainers. Refer to the BOC Standards of Professional Practice, National Athletic Trainers’ Association, and Texas Department of Licensing and Regulation.

The ATS will demonstrate compliant health care practice with mandatory reporting obligations in response to a scenario given from the assigned preceptor. The ATS will utilize the BOC Standards of Professional Practice.

The ATS must 

a) Demonstrate compliant health care practice in response to the given scenario

b) Provide supporting evidence.

The assigned preceptor will grade the ATS on the demonstrated role play response to the scenario.
Demonstration is compliant with state, national, and BOC Standards of Professional Practice, and offer clear, in-depth responses to the scenario. Sufficient evidence presented to support scenario response.

Demonstration is mostly compliant with state, national, and BOC Standards of Professional Practice, and is clear, reasonable, well-developed to the scenario. Some evidence presented to support scenario response.

Demonstration is not compliant with state, national, and BOC Standards of Professional Practice, and is brief and/or vaguely align to the scenario. No evidence presented to support scenario response.

Total points: _______/ 10

7.) Patient Case Log – DUE 9.20.2021
The ATS will provide a printed patient case log with a written report of a patient encounter. The printed case log must include the following:

- Diagnostic codes
- Procedural codes
- Patient evaluation documentation
- Patient treatment documentation
- Patient rehabilitation documentation

A written report (2 paragraphs minimum) is required and should include all details of the patient, treatment(s), rehab protocol, etc.

Patient Case Log Rubric

<table>
<thead>
<tr>
<th>Category</th>
<th>Outstanding (10)</th>
<th>On Target (8)</th>
<th>Needs improvement (6)</th>
<th>Did not follow all instructions (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Submission is free of typographical and grammatical errors, clearly written and</td>
<td>Submission contains 3-5 typographical or grammatical errors, lacks consistency</td>
<td>Submission contains &gt;5 typographical or grammatical errors, is poorly formatted or</td>
<td>Submission contains &gt;5 typographical or grammatical errors, lacks flow or appropriate</td>
</tr>
<tr>
<td></td>
<td>formatted, and exhibits realistic documentation of that in an athletic training</td>
<td>or flow.</td>
<td>lacks flow, and would be unrealistic or unreasonable documentation in an athletic</td>
<td>formatting, or could not be utilized in athletic training documentation.</td>
</tr>
<tr>
<td></td>
<td>setting.</td>
<td></td>
<td>training setting.</td>
<td></td>
</tr>
<tr>
<td>Patient Encounter</td>
<td>Patient encounter report is well-written, describes areas for quality improvement,</td>
<td>Patient encounter report is clearly written, describes areas for quality</td>
<td>Patient encounter report needs improvement in clarity, organization, and/or content.</td>
<td>Patient encounter report is lacking content or poorly written. Few data were</td>
</tr>
<tr>
<td></td>
<td>is supported by data, and includes relevant, feasible solutions. Includes</td>
<td>improvement, is mostly supported by data, and includes somewhat relevant/feasible</td>
<td>Some areas for quality improvement are describe, with some supporting data. Solutions</td>
<td>described to support suggestions for quality improvement or solutions. Is missing most of</td>
</tr>
<tr>
<td></td>
<td>diagnostic and procedural codes, evaluation, treatment, and rehabilitation.</td>
<td>solutions. Includes diagnostic and procedural codes, evaluation, treatment,</td>
<td>may be farfetched or irrelevant. Does not include all diagnostic codes, evaluation,</td>
<td>the required portions of the patient encounter.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and rehabilitation documentation.</td>
<td>treatment, and rehabilitation documentation.</td>
<td></td>
</tr>
</tbody>
</table>

Total points: _______/ 25

8.) Preceptor Projects
These projects will utilize the athletic training student’s assigned preceptor to encourage discussion of topics to complete each Project.

a.) Preceptor Project – Injury Risk – Due 11.29.21
The ATS will use quality assurance and improvement to improve patient care. The ATS will then review the injury data from case logs in their 16-week immersive or eight-week clinical experience and develop an injury protocol to reduce injury. Their assigned preceptor will review the created protocol and video the ATS implementing the protocol with a patient(s).
The ATS will review and evaluate the data, looking for ways to enhance care of the patient group. The ATS will develop and demonstrate their own strategies to enhance patient care from the data. The ATS will provide answers to the following questions from discussion with their assigned preceptor:

- How have they used patient data in the past to improve patient care?
- Explain what was done and the developmental process they used to change/create what was done
- Did what they created/changed result in a reduction of injuries or a change in RTP, etc? If so explain how.

The following items are required to complete the project:

- Patient care enhancement or Injury Reduction strategies from given patient data
- Answers from questions discussed with assigned preceptor
- Newly created injury protocol from 16-week immersive or eight-week clinical experience. The protocol was created from reviewing injury data at clinical site.
- Video of the ATS implementing newly created protocol at assigned clinical site.
- A short letter with signature is required by the preceptors verifying evidence of the discussion.

b.) Preceptor Project- Administrative Concepts- Due 9.27.21

Those ATS who are assigned the specialty healthcare clinical experience (physicians, surgery, etc.) during weeks 1-8 of the course will submit the assignment on 11.15 of the course, instead of week six. The ATS will create the following administrative concepts for their own high school/institution and present to the assigned preceptor:

- **Strategic planning and assessment** – Development of vision and mission statements; conduct needs assessment from an administrative view. Examine the purpose of the program. Determines whether the program is consistent with the overall mission of the institution or organization.
- **Managing a physical facility that is compliant with current standards and regulations**- Facility Compliance (ADA, HIPAA)
- **Managing budgetary and fiscal processes** – Budget Process (PO, Accounts payable)
- **Identifying and mitigating sources of risk to the individual, the organization, and the community**- Assess strengths and weaknesses of the program in order to make it better.
- **Student/Patient Health Insurance systems**- Specific insurance systems most often utilized- self-insurance, primary coverage, and secondary coverage. Different policies offered at venue (i.e. Accident insurance, catastrophic insurance, disability insurance, etc.).
- **Implementing a model of delivery** (for example, value-based care model)- Value based care model delivers healthcare in a manner in which the focus is on the quality of services rendered. The model focuses on what the patient needs for short-term and long-term health.

The following are required for the project:

- Submission of materials created from above listed items.
- ATS must present ALL listed items to the assigned preceptor.
- Preceptor provides a score based on ATS performance of listed items and presentation.

## PRECEPTOR PROJECT RUBRIC

<table>
<thead>
<tr>
<th>Category</th>
<th>Outstanding (5)</th>
<th>On Target (4)</th>
<th>Under Developed (3)</th>
<th>Novice (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narrative</strong></td>
<td>The narrative is original, substantive, and offers a clear, insightful, in-depth response to the assignment directions and questions.</td>
<td>The narrative is right on target, clear, reasonable, well-developed to the assignment directions and questions.</td>
<td>The narrative is brief and/or too general, and/or vaguely aligns to assignment directions and questions.</td>
<td>The narrative is minimal and/or vague in its content, and/or does not align to assignment directions and questions.</td>
</tr>
<tr>
<td>Preceptor Interaction</td>
<td>Extensive evidence is provided that discussion occurred with assigned preceptor(s).</td>
<td>Adequate evidence is provided that discussion occurred with assigned preceptor(s).</td>
<td>Inadequate evidence is provided that discussion occurred with assigned preceptor(s).</td>
<td>No evidence that discussion occurred with assigned preceptor(s).</td>
</tr>
<tr>
<td>Quality of Information</td>
<td>Provided exceptional insight to project by citing several supporting details and/or examples. Provided enriching content applicable to topic.</td>
<td>Provided adequate insight to project by citing many supporting details and/or examples. Provided average content applicable to topic.</td>
<td>Provided inadequate insight to project by citing some supporting details and/or examples. Provided minimal content applicable to topic.</td>
<td>Provided poor insight to project by citing minimal supporting details and/or examples. Provided poor content applicable to topic.</td>
</tr>
<tr>
<td>Organization</td>
<td>Information has extremely logical content delivery.</td>
<td>Information has logical content delivery.</td>
<td>Information has minimally logical content delivery.</td>
<td>Information has poor content delivery.</td>
</tr>
<tr>
<td>Mechanics / Professionalism</td>
<td>No grammatical, spelling or punctuation errors were noted, followed APA format.</td>
<td>A couple of grammatical, spelling, or punctuation errors and/or 1-2 APA mistakes were noted.</td>
<td>Few grammatical, spelling, or punctuation error and/or 3-4 APA mistakes were noted.</td>
<td>Many grammatical, spelling, or punctuation errors, and/or APA mistakes were noted.</td>
</tr>
</tbody>
</table>
V. Tentative Course Outline/Calendar:

<table>
<thead>
<tr>
<th>DAY</th>
<th>DISCUSSION</th>
<th>REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 08.23</td>
<td>Introduction; Syllabus; Clinical Expectations; Professionalism -Specialty Healthcare; Discuss Ask your Preceptor Project -Administrative Concepts Introduce Proficiency #1- Lower Extremity Evaluation</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
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</tr>
<tr>
<td>2 – 08.30</td>
<td>Quiz 1; Preceptor Projects Scenarios; Suggested Student Topics to Review Review Electrocardiogram</td>
<td></td>
</tr>
<tr>
<td>3 – 09.6</td>
<td>Quiz 2; Proficiency #1 DUE Introduce Prof. #2- Traumatic Brain Injury Assessment Electrocardiogram Skills Test</td>
<td></td>
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<tr>
<td>4 – 09.13</td>
<td>Quiz 3; Journal Reflection #1 Guest Speaker- Ask Your Preceptor Project- Injury Risk Review Emergency Conditions</td>
<td></td>
</tr>
<tr>
<td>5 – 09.20</td>
<td>Quiz 4; Proficiency #2 DUE Introduce Prof. #3- Therapeutic Exercise- Non-Surgical Simulation #1 Typhon Patient Case Log Due</td>
<td></td>
</tr>
<tr>
<td>6 – 09.27</td>
<td>Quiz 5; Scenarios Preceptor Project- Administrative Concepts Project Due</td>
<td></td>
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<tr>
<td>7 – 10.4</td>
<td>Quiz 6; Proficiency #3 DUE Introduce Proficiency #4 – Upper Extremity / Torso Evaluation Check in</td>
<td></td>
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<tr>
<td>8 – 10.11</td>
<td>Quiz 7; Journal Reflection #2 Scenarios; Review Skills</td>
<td></td>
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<tr>
<td>9 – 10.18</td>
<td>Quiz 8; Proficiency #4 DUE Introduce Proficiency #5: Clinical General Medical Conditions Scenarios</td>
<td></td>
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<tr>
<td>10 – 10.25</td>
<td>Quiz 9; Journal Reflection #3; Scenarios; Review Skills Mandatory Reporting Assignment</td>
<td></td>
</tr>
<tr>
<td>11 – 11.1</td>
<td>Quiz 10; Proficiency #5 Due; Check in Scenarios</td>
<td></td>
</tr>
<tr>
<td>12 – 11.8</td>
<td>SFA Nursing Simulations – Meet there @ 11:00am</td>
<td></td>
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<tr>
<td>13 – 11.15</td>
<td>Check in; Skills Application (Preceptor Project- Administrative Concepts Project due-Ashauna &amp; Lauren)</td>
<td></td>
</tr>
<tr>
<td>11.11-11.19</td>
<td>Proficiency #6: Comprehensive Proficiency Testing with Dr. Watts</td>
<td></td>
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<tr>
<td>14 – 11.29</td>
<td>Thanksgiving Break</td>
<td></td>
</tr>
<tr>
<td>15 – 12.6</td>
<td>Season Workbook Presentations Preceptor Project- Injury Risk Project Due</td>
<td></td>
</tr>
<tr>
<td>Final Week</td>
<td>Health Informatics EBP Case Study Due (16-week CE Only)</td>
<td></td>
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**ALL DATES AND ASSIGNMENTS ARE TENTATIVE**

Attendance will be recorded daily, but will not have an associated score. Participation with daily discussions is expected.

VI. Readings (Required and recommended—including texts, websites, articles, etc.):

Required Text:
The following books from other courses will be utilized:

VII. Course Evaluations:
Near the conclusion of each semester, students in the Perkins College of Education electronically evaluate courses taken within the PCOE. Evaluation data is used for a variety of important purposes including:
1. Course and program improvement, planning, and accreditation;
2. Instruction evaluation purposes; and
3. Making decisions on faculty tenure, promotion, pay, and retention.

As you evaluate this course, please be thoughtful, thorough, and accurate in completing the evaluation. Please know that the PCOE faculty is committed to excellence in teaching and continued improvement. Therefore, your response is critical!

In the Perkins College of Education, the course evaluation process has been simplified and is completed electronically through MySFA. Although the instructor will be able to view the names of students who complete the survey, all ratings and comments are confidential and anonymous, and will not be available to the instructor until after final grades are posted.

VIII. Student Ethics and Other Policy Information: Found at [https://www.sfasu.edu/policies](https://www.sfasu.edu/policies)

**Class Attendance and Excused Absence: Policy 6.7**

Regular, punctual attendance, documented participation, and, if indicated in the syllabus, submission of completed assignments are expected at all classes, laboratories, and other activities for which the student is registered. Based on university policy, failure of students to adhere to these requirements shall influence the course grade, financial assistance, and/or enrollment status. The instructor shall maintain an accurate record of each student’s attendance and participation as well as note this information in required reports (including the first 12 day attendance report) and in determining final grades. Students may be excused from attendance for reasons such as health, family emergencies, or student participation in approved university-sponsored events. However, students are responsible for notifying their instructors in advance, when possible, for excusable absences. Whether absences are excused or unexcused, a student is still responsible for all course content and assignments. Students with accepted excuses may be permitted to make up work for up to three weeks of absences during a semester or one week of a summer term, depending on the nature of the missed work. Make-up work must be completed as soon as possible after returning from an absence.

**Academic Accommodation for Students with Disabilities: Policy 6.1 and 6.6**

- To obtain disability related accommodations, alternate formats and/or auxiliary aids, students with disabilities must contact the Office of Disability Services (ODS), Human Services Building, and Room 325, 468-3004 as early as possible in the semester. Once verified, ODS will notify the course instructor and outline the accommodation and/or auxiliary aids to be provided. Failure to request services in a timely manner may delay your accommodations. For additional information, go to [http://www.sfasu.edu/disabilityservices/](http://www.sfasu.edu/disabilityservices/).

**Student Academic Dishonesty: Policy 4.1**

Abiding by university policy on academic integrity is a responsibility of all university faculty and students. Faculty members must promote the components of academic integrity in their instruction, and course syllabi are required to provide information about penalties for cheating and plagiarism, as well as the appeal process.

**Definition of Academic Dishonesty**

- **Academic Dishonesty** includes both cheating and plagiarism. Cheating includes but is not limited to
  a. Using or attempting to use unauthorized materials to aid in achieving a better grade on a component of a class;
  b. The falsification or invention of any information, including citations, on an assigned exercise; and/or
  c. Helping or attempting to help another in an act of cheating or plagiarism.

- **Plagiarism** is presenting the words or ideas of another person as if they were your own. Examples of plagiarism are
  a. submitting an assignment as one's own work when it is at least partly the work of another person;
  b. submitting a work that has been purchased or otherwise obtained from the Internet or another source;
  c. incorporating the words or ideas of an author into one's paper or presentation without giving the author credit.

**Penalties for Academic Dishonesty**

Penalties may include, but are not limited to reprimand, no credit for the assignment or exam, re-submission of the work, make-up exam, failure of the course, or expulsion from the university.
Student Appeals
A student who wishes to appeal decisions related to academic dishonesty should follow procedures outlined in Academic Appeals by Students (6.3).

Withheld Grades: Policy 5.5
At the discretion of the instructor of record and with the approval of the academic unit head, a grade of WH will be assigned only if the student cannot complete the course work because of unavoidable circumstances. Students must complete the work by the deadline set by the instructor of record, not to exceed one calendar year from the end of the semester in which they receive a WH, or the grade automatically becomes an F, except as allowed through policy [i.e., Military Service Activation (6.14)]. If students register for the same course in future semesters, the WH will automatically become an F and will be counted as a repeated course for the purpose of computing the grade point average.

Student Code of Conduct: Policy 10.4
Interference or disruption of students, faculty, administration, staff, the educational mission, or routine operations of the university is prohibited. Such activity includes, but is not limited to, behavior in a classroom or instructional program that interferes with the instructor or presenter’s ability to conduct the class or program, or the ability of others to profit from the class or program. To remain in the vicinity of activity that is disrupting normal university functions when requested to leave by a university official is prohibited. Bystanders, if their presence incites or adds to the disruption, as well as more active participants in the disruptive activity, may be in violation of this policy as well. Engaging in physical violence of any nature against any person. This includes fighting; assaulting; battering; using a knife, gun, or other weapon; or acting in a manner that threatens or endangers the physical health or safety of any person or causes a reasonable apprehension of such harm.

The instructor shall have full discretion over what behavior is appropriate/inappropriate in the classroom. Students who do not attend class regularly or who perform poorly on class projects/exams may be referred to the Early Alert Program at SFA.

SFASU values students’ mental health and the role it plays in academic and overall student success. SFA provides a variety of resources to support students mental health and wellness. Many of these resources are free, and all of them are confidential.

On-campus Resources:
SFASU Counseling Services
www.sfasu.edu/counselingservices
3rd Floor Rusk Building
936-468-2401

SFASU Human Services Counseling Clinic
www.sfasu.edu/humanservices/139.asp
Human Services Room 202
936-468-1041

Crisis Resources:
Burke 24-hour crisis line 1(800) 392-8343
Suicide Prevention Lifeline 1(800) 273-TALK (8255)
Crisis Text Line: Text HELLO to 741-741

IX. Other Relevant Course Information:
• Please ask QUESTIONS.
• Remember, practice makes perfect.
• Establish study groups.
• Do not leave studying to the last minute.
• Purchase and utilize some kind of daily planning tool (i.e. paper planner; reminders of all assignments/tests in phone, etc)