CLINICAL COMPONENTS
Integration of Competencies and Proficiencies: Courses Associated with Clinical Instruction

Athletic Training Clinicals I – V fit into the didactic/clinical progression, in that they are courses that allow the student to apply and synthesize cognitive and psychomotor skills taught in the didactic/laboratory settings. All clinical courses involve direct supervision with professionals possessing the appropriate licensure and/or certification.

Students are on the understanding that psychomotor skills and/or proficiencies must be performed under the direct supervision of a Preceptor until the final proficiency assessment has been successfully completed. It is also understood that real-time application and “teachable moments” can occur under the supervision of a Preceptor.

Courses offered are as follows:

**Year 1, Summer I**
- KIN 521 Athletic Training Clinical I 3hrs.
- KIN 554 Introduction to Athletic Training 3 hrs.

**Curriculum course content**
PPE components; PPE screening; Administrative paperwork; Injury tracking software; Design and layout of the athletic training room; Policy and procedures of the athletic training room; Emergency care; Protective methods; OSHA regulations; Environmental awareness; Introduction to Infrared modalities; OTC Medications; Recognition and management of injuries;

**Exposure**
Upper and lower extremity injuries; Equipment intensive; General medical; Emergency care;

**Year 1, Fall I**
- KIN 550 Research Design 3 hrs.
- KIN 532 Evaluation Techniques of the Lower Extremity 3 hrs.
- KIN 532 Evaluation Laboratory 1 hr.
- KIN 522 Athletic Training Clinical II 2 hrs.
- KIN 570 General Medical Conditions 3 hrs.
- KIN508 Emergency Care 3 hrs.

**Curriculum course content**
Environmental awareness; Management and regulation of OTC medications; Recognition and assessment of lower extremity injuries; Orthopaedic diagnostic testing; SOAP writing; Facility design; General medical conditions; Pathology; Pharmacology; Emergency care (CPR, AED, OSHA, BBP); Research methodology and scholarship

**Exposure**
Upper and lower extremity injuries; Equipment intensive; General medical; Emergency care;

**Year 1, Spring I**
- KIN 531 Therapeutic Modalities 3 hrs.
- KIN 531L Therapeutic Modalities Laboratory 1 hr.
KIN 533 Evaluation Techniques of the Upper Extremity 3 hrs.
KIN 533L Evaluation Laboratory 1 hr.
KIN 534 Management Strategies in Athletic Training 3 hrs.
KIN 541 Athletic Training Clinical III 2 hrs.

Curriculum course content
Recognition and assessment of upper extremity injuries; SOAP writing; Therapeutic modalities; Tissue trauma and healing; Professional Development and Responsibilities; Facility design; Communication skills; Organization and Administration

Exposure
Upper and lower extremity injuries; Equipment intensive; General medical; Emergency care; Strength and conditioning; High school

Year 2, Fall II
KIN 574 Advanced Athletic Training 2 hrs.
KIN 536 Therapeutic Exercise 3 hrs.
KIN 536L Therapeutic Exercise Laboratory 1 hr.
Elective from NATA Domain Content 3 hrs.
KIN 551:01 Athletic Training Clinical V 3 hrs.

Curriculum course content
Therapeutic exercise; Sports nutrition; Instrument assisted soft-tissue mobilization; Corrective Exercise Assessment

Exposure
Physical therapy; Orthopedic clinic; Orthopedic surgeries; General medical; Dependent on the student's selection for a Preceptor and clinical site, possibilities are: High school; Equipment intensive; Upper extremity injuries; Lower extremity injuries

Year 2, Spring II
KIN 560 Psychophysiology 3 hrs.
KIN 530 Seminar in Athletic Training 2 hrs.
KIN 537 Orthopedic Surgical Rehabilitation 2 hrs.
KIN 537L Orthopedic Surgical Rehabilitation Lab 1 hrs.
KIN 551:02 Athletic Training Clinical V 3 hrs.

Curriculum course content
Preparation for BOC national examination; Professional development; Psychosocial issues; Orthopedic surgical rehabilitation

Exposure
Physical therapy; Orthopedic clinic; Orthopedic surgeries; General medical; Dependent on the student's selection for a Preceptor and clinical site, possibilities are: High school; Equipment intensive; Upper extremity injuries; Lower extremity injuries
F: Clinical Skill Integration

Through the natural progression of the athletic training major the proficiencies, as defined in the NATA Athletic Training Educational Competencies (5th ed.), have been individually broken down into clinical skill objectives. The clinical skill objectives were then categorized into the following: Level I and Level II. Levels I and II may vary in opportunities based on the semester progression of didactic course offerings. However, most of the Level I skills have already been introduced in the didactic setting and will be further discussed in a later semester / course. Completed assessments will be kept in the ATS’ file.

LEVEL I: Skills that are formally instructed in a didactic setting, possibly evaluated in a laboratory setting, and finally assessed in a clinical setting. The ATS will have the opportunity to perform the final assessment, or proficiency mastery and achieve an ≥80% passing grade of individual clinical skill objectives. Some of the level I’s may be sufficiently evaluated in a didactic setting. Documentation to support completion will be obtained from the various instructors of those courses.

LEVEL II: Skills that are formally instructed in a didactic setting, possibly evaluated in a laboratory setting, and finally assessed in a clinical setting. The progression of skill difficulty will permit the ATS an opportunity to achieve an ≥80% passing grade of individual clinical skill objectives. This will also include the advancement of skills that have been formally instructed in a didactic setting, possibly evaluated in a laboratory setting, and finally assessed in a clinical setting. Within this level, clinical skill objectives learned throughout the curriculum will be collectively evaluated through complex, comprehensive performance/assessment. This level will involve an integration of clinical skill objectives performed throughout the curriculum. These cannot be performed if lower level skills have not met the ≥80%, passing rate. Assessment of level II skills will be performed during Clinical V, KIN 551.

G: Clinical Proficiencies

Cognitive content of each domain are introduced and formally evaluated in lecture courses. While affective domains are not evaluated in curriculum, this “hidden curriculum” will be discussed and emphasized throughout the program. In compliance with the University’s and Athletic Training Major’s mission statements, it is hoped that “personal development and growth to becoming competent and ethical professionals” is achieved.

Clinical proficiencies can be a compilation of the three educational settings (didactic, laboratory, clinical), application of cognitive knowledge and psychomotor skills, or new cognitive content and/or psychomotor skill introduced during the two-hour lecture on designated class days of each clinical course. Proficiencies are primarily evaluated in the prospective clinical course. Psychomotor competencies that are cognitively introduced, physically practiced and evaluated in a laboratory course, become a continuum into the concurrent and proceeding clinical courses. Skills that are taught towards the end of an academic semester are carried over to the beginning of the next academic semester as review, thus supporting the learning over time theory. Mastery over time is permitted and enforced throughout every course, particularly the clinical courses.

Clinical proficiencies are introduced and/or reviewed during the two hour “classroom” session. The student, from the date of receiving the proficiency assessment instrument, is allowed a specified amount of time to perform two practices, a final assessment, and if needed, may re-take if the performance score is below 80% (The specified time will vary depending on the
clinical course). The student must document that two different practices occurred with a peer and a clinical instructor before the final assessment can be performed. Practices may count in a simulated scenario and/or if real-time application occurred. Proficiencies may be practiced with peers, Preceptors, Course Instructor, or GATP Faculty; however, the final proficiency evaluation must be scored with a Preceptor, Course Instructor, or GATP Faculty. If the student should not successfully perform an ≥80%, or “B”, the proficiency assessment instrument is returned to the student and must be completed during “dead week.” (“Dead week” is the last week before finals where University policy does not permit introduction of any new assignments to the student.)

Upon successful completion of the clinical proficiencies during the first semester, the student will be able to perform these skills under the direct supervision of a Preceptor, during the second clinical experience. This will build semester upon the semester. A continuation of clinical evaluations from the first semester will occur in addition to the new competencies and proficiencies introduced during the second clinical course. Content of the second clinical experience will reflect the didactic and laboratory content of signs and symptoms of injuries, organization and administration, experience evaluation of the lower extremity, and research interpretation. Rotations during this semester are with Preceptors located at SFA, area high schools, EMS services, and SFA Student Health Services.

With successful completion of the second semester, the student will continue clinical experiences at on-site/off-site affiliations. Again, clinical evaluations will assess skills learned from the previously completed clinicals, in addition to the new competencies and proficiencies introduced during the third clinical course. Content of the third clinical experience will reflect didactic and laboratory content of therapeutic modalities, general medical conditions, evaluation of the upper extremity, and research interpretation. Rotations during this semester are with Preceptors located at SFA, area high schools, EMS services, and SFA Student Health Services.

During the 5th and 6th semesters, clinical skill objectives learned throughout the curriculum will be collectively evaluated through complex, comprehensive performance/assessment. This level will involve an integration of clinical skill objectives performed throughout the curriculum. These cannot be performed if lower level skills have not met the ≥80%, passing rate.

**Summer Internships:**

1. It is voluntary, on your own laurels to improve yourself.
2. Please give a copy of the acceptance letter along w/ the dates that this will occur to both the Clinical Coordinator and Program Director.