

**University of Connecticut  
Neag School of Education  
Department of Kinesiology  
Fall 2009**

Course Title/ Number: Sports Medicine Experience  
EKIN 3115 (1 credit, to be repeated four times)

Meeting Time and Place: Individual Assignments

Instructor: Lindsay J. DiStefano, PhD, ATC  
Gampel Pavilion, Room 202  
Office: (860) 486-1118  
e-mail: lindsay.distefano@uconn.edu

**COURSE DESCRIPTION**

This course offers athletic training students an opportunity to engage in a variety of environments to broaden students' awareness and appreciation of athletic training professional opportunities for service and employment.

**COURSE OBJECTIVES**

- A. Sports Medicine Rehabilitation Clinic:**
- a. Observe allied health professionals (physical therapists, physical therapy aids, and/or athletic trainers) evaluating, treating, and implementing rehabilitation programs to patients.
  - b. Assist allied health professionals with evaluation, treatment, and rehabilitation.
  - c. Critically think about the rehabilitation programs observed and discuss the goals, progressions, regressions, and any questions with clinical instructors.
- B. General Medicine Rotation:**
- a. Observe health care providers evaluate and treat patients with a variety of conditions.
  - b. Review conditions and treatments observed following each day of this experience and pursue additional knowledge through independent learning as necessary.
- C. Teaching Experience:**
- a. Assist course instructor with preparation and administration of undergraduate athletic training course
  - b. Help instructor teach and engage with athletic training students
- D. Research Experience:**
- a. Assist investigators with data collection
  - b. Discuss purpose, methods, and results with investigator (s)
  - c. Read relevant literature independently to improve understanding of the research project
  - d. Assist investigators with any other task relevant to the research project
- E. Community Engagement Experience:**
- a. Volunteer medical services for any of the following:
    - i. Large university sports event (ie. NCAA tournament)
    - ii. Large community athletic event (ie. Boston Marathon, Special Olympics)

- iii. Professional or semi-professional internship
- iv. Other as approved by program director or clinical coordinator
- b. Interact with other medical providers to provide health care services
- c. Network with other medical providers to learn about their profession, employment setting, and future opportunities

**OBJECTIVE EVALUATION**

Complete the following & turn in by 12:00 pm (FALL = SEPT 15<sup>th</sup>) or (SPRING = FEB 1<sup>st</sup>):

- Contact your assigned supervisor/s and review the course objectives with them (listed above)
- **Sports Medicine Experience Contract** signed by the assigned supervisor
- **Sports Medicine Experience Tentative Schedule** signed by your supervisor

Complete NO later than 12:00 pm on the official last day of classes:

- **Hours Documentation Sheet**, with a full completion of required hours & signed by supervisor.
- Completed **Sports Medicine Experience Student Evaluation**.
- Completed **Sports Medicine Experience Journal**
- Completed **Supervisor Evaluation** forms (completed by the person with whom you completed most hours).

**METHOD OF EVALUATION**

**\*Incomplete experiences will NOT be carried over into the following semester without prior approval of Dr. Mazerolle or Dr. DiStefano**

Submit signed <i>Contract</i> and <i>Tentative Schedule</i>	10%
Completion of hours and submission <i>Hours</i>	30%
<i>Sports Medicine Experience Student Evaluation</i>	20%
<i>Sports Medicine Supervisor Evaluation</i>	30%
<i>Sports Medicine Experience Journal</i>	10%

**\*\*\*\*Tardiness results in an automatic 10% deduction of the assignment daily**

**GRADING SCALE**

<b>A:</b> 93-100%	<b>B-:</b> 80-82%	<b>D+:</b> 67-69%
<b>A-:</b> 90-92%	<b>C+:</b> 77-79%	<b>D:</b> 63-66%
<b>B+:</b> 87-89%	<b>C:</b> 73-76%	<b>D-:</b> 60-62%
<b>B:</b> 83-86%	<b>C-:</b> 70-72%	<b>F:</b> 59%↓

**Sports Medicine Experience Journal**

This journal is designed to help you reflect and retain your sports medicine experiences. You can handwrite or type the journal. Spelling and grammar will not be assessed as we encourage you to “free form” write in order to get your thoughts into your journal. Each session should have an entry. Some entries may be short, but some should be long. Please address what you observed, did, thought during the session. The grading will primarily be pass/fail as this assignment is designed to help you remember your experiences.

**ALL Sports Medicine Experiences must be assigned or approved by the Clinical Coordinator.**

**Students must complete 4 experiences: General Medicine, Sports Medicine/Rehabilitation Clinic + any other two.**

**General Medicine Experience 35 hours**

Experience Requirements:

1. An athletic training student must observe or assist an AMA/AOA recognized Health Care Professional performing evaluations, treatment or medical procedures.
2. This may occur in a traditional physicians' office, operating room, emergency room, etc.
3. A **minimum of 30 hours must be obtained in the office** and **only 5 hours** can be obtained observing surgeries or evaluations with a different MD, DO or PA.

**Sports Medicine / Rehabilitation Clinic Experience 25 hours**

Experience Requirements:

1. An athletic training student must observe or assist an ATC or PT in a sports medicine clinic.
2. All hours must be obtained at the same assigned facility.

**Community Engagement Experience 25 hours**

Experience Directions:

1. Students are encouraged to identify non-profit organizations to creatively apply his or her sports medicine skills.
2. This experience is open to a variety of experience but must be approved by the Clinical Coordinator.
3. All hours MUST be supervised by a recognized allied health care professional (ATC, PT, EMT, DO, MD, etc.). All supervisors will be cleared by either Dr. DiStefano or Dr. Mazerolle.
4. Hours can be completed at any large scale interscholastic or intercollegiate tournament or championship. Ex: high school state games, conference or national championships
5. Hours can be completed at any "not-for-profit" community service-type athletic event. Ex: Nutmeg State Games, Boston marathon, Special Olympics
6. **Summer sports / team camps are NOT acceptable**

**Teaching Assistant Experience 25 hours**

Experience Requirements:

1. An athletic training student must assist with preparing and teaching any athletic training education core course.
2. Students must have had taken the course one year prior to being a teaching assistant.
3. Will be completed during the spring of junior year or senior year.

**Research Assistant Experience 25 hours**

Experience Requirements:

1. An athletic training student must assist in any portion of the research process.
2. Research projects must be related to sports medicine.
3. Research projects must be directed by a university faculty or medical staff.
4. Work done for class assignments will not satisfy this requirement.
5. Students cannot act as subjects.

**UCONN Athletic Training Education Sports Medicine Experience Contract**

**Supervisor:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Athletic Training Student:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

In fulfilling Athletic Training Education Program requirements, all students must participate in the sports medicine experience rotation. These rotations are designed to offer the student an environment in which they can observe a variety of learning environments. These rotations are designed to be completed over the course of one semester. The student will observe approximately 2-3 hours weekly until 25-35 hours of observation is completed.

**Athletic Training Student's Responsibilities**

1. The athletic training student is required to attend and be on time for all scheduled hours and educational in-services. If the student is unable to attend the scheduled hours, he/she is responsible for informing and making arrangements with their supervisor in advance.
2. The athletic training student will adhere to all current rules, laws, and guidelines of the Athletic Training Education Program and clinical site including, but not limited to, a dress code that meets the standards of the institution and the NATA Code of Ethics.
3. The athletic training student will document and submit a record of rotation hours and activities. The athletic training student will then forward this form to the Clinical Coordinator at the completion of the hours.
4. The athletic training student is encouraged to keep an open line of communication with the Clinical Coordinator and Director of Athletic Training Education regarding the strengths and weaknesses of the experience.

**Supervisor's Responsibilities:**

1. The Supervisor is responsible for advancing the knowledge of the Athletic Training Student. The supervisor must provide a learning environment in which the student can expand their aptitude of Athletic Training. This environment should not be threatening or intimidating in any way, but should challenge the student regularly.
2. The supervisor will have consistent contact and informal educational sessions with the athletic training student. During that contact the supervisor is expected to discuss conditions, issues, injuries, and or illnesses.
3. The supervisor is encouraged to keep an open line of communication with the Clinical Coordinator and Director of Athletic Training Education regarding the strengths and weaknesses of the experience.

I, undersigned, have read and agree to the above outlined responsibilities. I further agree to do my part in making this clinical rotation a positive learning experience.

\_\_\_\_\_  
Athletic Training Student

Date: \_\_\_\_\_

\_\_\_\_\_  
Clinical Supervisor

Date: \_\_\_\_\_

\_\_\_\_\_  
Clinical Coordinator

Date: \_\_\_\_\_







3. What were the strengths of your supervisor & the assigned environment?

Please evaluate your performance objectively. Please place the appropriate response in each category as listed below.

1=Unacceptable 2=Improvement needed 3=Satisfactory 4=Good 5=Outstanding

PROFESSIONAL RESPONSIBILITIES: \_\_\_/45

- \_\_\_ Demonstrates a strong work ethic on a daily basis
- \_\_\_ Demonstrates professional honesty and integrity
- \_\_\_ Demonstrates professionalism in daily activities
- \_\_\_ Demonstrates dedication to the clinical experience
- \_\_\_ Demonstrates a willingness to learn (asks questions, etc)
- \_\_\_ Demonstrates flexibility with changing schedules/events
- \_\_\_ Demonstrates confidence in his/her abilities
- \_\_\_ Demonstrates initiative with clinical duties
- \_\_\_ Is on time and ready for the experience

INTERPERSONAL SKILLS: \_\_\_/35

- \_\_\_ Demonstrates appropriate boundaries between personal and professional duties
- \_\_\_ Demonstrates appropriate demeanor and rapport with coaches, patients, and staff
- \_\_\_ Demonstrates proper and appropriate communication with ACI/CI, staff, and patients
- \_\_\_ Demonstrates a positive attitude towards athletic training and health care
- \_\_\_ Demonstrates appropriate level of empathy with athletes/patients
- \_\_\_ Demonstrates appropriate communication with other health care professionals
- \_\_\_ Demonstrates the ability to properly educate patients regarding injuries/conditions

GENERAL KNOWLEDGE \_\_\_/15

- \_\_\_ Demonstrates critical thinking
- \_\_\_ Demonstrates proper problem solving techniques
- \_\_\_ Demonstrates proper/appropriate medical terminology

## *Sports Medicine Experience Supervisor Evaluation*

\_\_\_\_\_  
SUPERVISOR NAME

\_\_\_\_\_  
STUDENT NAME

Please provide the Athletic Training Education Staff and student with feedback on your interaction with the athletic training student.

Please feel free to share and discuss your feedback with the student directly.

---

Please evaluate the athletic training student's performance objectively. Please place the appropriate response in each category as listed below.

1=Unacceptable    2=Improvement needed    3=Satisfactory    4=Good    5=Outstanding

PROFESSIONAL RESPONSIBILITIES: \_\_\_/45

- \_\_\_ Demonstrates a strong work ethic on a daily basis
- \_\_\_ Demonstrates professional honesty and integrity
- \_\_\_ Demonstrates professionalism in daily activities
- \_\_\_ Demonstrates dedication to the clinical experience
- \_\_\_ Demonstrates a willingness to learn (asks questions, etc)
- \_\_\_ Demonstrates flexibility with changing schedules/events
- \_\_\_ Demonstrates confidence in his/her abilities
- \_\_\_ Demonstrates initiative with clinical duties
- \_\_\_ Is on time and ready for the experience

INTERPERSONAL SKILLS: \_\_\_/35

- \_\_\_ Demonstrates appropriate boundaries between personal and professional duties
- \_\_\_ Demonstrates appropriate demeanor and rapport with coaches, patients, and staff
- \_\_\_ Demonstrates proper and appropriate communication with ACI/CI, staff, and patients
- \_\_\_ Demonstrates a positive attitude towards athletic training and health care
- \_\_\_ Demonstrates appropriate level of empathy with athletes/patients
- \_\_\_ Demonstrates appropriate communication with other health care professionals
- \_\_\_ Demonstrates the ability to properly educate patients regarding injuries/conditions

GENERAL KNOWLEDGE \_\_\_/15

- \_\_\_ Demonstrates critical thinking
- \_\_\_ Demonstrates proper problem solving techniques
- \_\_\_ Demonstrates proper/appropriate medical terminology

1. Identify at least three skills or concepts discussed with this student.

(Please continue on back)

