KINE 4333
Organization and Administration
(3 credit hours)
FALL 2004
R 6:00-8:50

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Supplemental Texts: Competencies in Athletic Training, 3rd Edition NATAEC

Prerequisite: KINE 2320, 3320, 3324, 3333, 3330, 4336; admission into the Athletic Training Education Program; or permission of the instructor. Requires concurrent placement in a clinical education/field experience rotation.

Purpose: A study of the administrative issues and management theories that may be encountered in athletic training. Special emphasis is placed on the practical application of concepts related to legal liability, facility design and maintenance, documentation, financial management, health insurance, and general day-to-day operations.

Course Objectives: See attached Competencies in Athletic Training.

Evaluation: Chapter Exams (10 @ 50 points) 500 A = 90% = 1395-1550
Chapter Worksheets (10 @ 20 points) 200 B = 80% = 1240-1394
Argumentative Essays (2 @ 60 points) 120 C = 70% = 1085-1239
Policy & Procedure Manual 200 D = 60% = 930-1084
Participation in Class Discussions 50 F = <60% = < 930
Clinical Education/Field Experience Hours 50
Clinical Performance Evaluation 100
CEUs (5 contact hour minimum) 50
Notebook 30
Preparation for Texas Licensure Exam
Written Study Plan 25
Draft of Licensure Application 25
Comprehensive Athletic Training
Written Exams (pre & post) 100
Comprehensive Athletic Training Practical Exam 100

Grading Scale: 1550
Chapter Exams: Students will complete 10 chapter exams that will assess their understanding of the content within each chapter of *Management Strategies in Athletic Training*. Students will complete these exams on their own time. Each chapter exam must be completed by the deadline specified in the course schedule.

Chapter Worksheets: Students will be provided with study questions for the readings at least one week prior to the class in which the topic will be discussed. Students will be responsible for writing brief answers to the study questions and turning these in to the instructor during the class when the topic will be discussed.

Argumentative Essays: Students shall write two essays designed to assess problem-solving skills in hypothetical health care administration scenarios. Students will be given a written scenario and a set of questions. Students will respond to the questions (all responses must be typewritten) and submit their responses by the deadlines specified in the course schedule. Criteria used to evaluate students' responses include ability to identify the primary problem(s) of the case, ability to argue effectively (with evidence and logic), ability to present reasonable counterarguments, and skill in developing solutions for the problem(s). (see attached scoring rubric)

Policy & Procedure Manual: An important element in assessing athletic trainers' ability to manage an athletic medicine program is the extent to which they can plan for the major procedural elements they are likely to face in actual practice. Students will be provided with a description of a hypothetical athletic training program and set of policies developed by the institution's policy board. Students will be required to develop a procedures manual for the athletic medicine program that both implements the intentions of the policy board and provides a set of working directions for every aspect of the athletic training program. This project will replace the final exam and will be due on the day the final exam would normally be scheduled. This will be a group project with each student serving as a member of a policy & procedures committee that has been charged with developing a comprehensive manual. The committee will elect a chair, who will coordinate the committee’s efforts; however, all students must contribute equally to the completion of the project. Students will assess their peers' contributions to the project, and this assessment will serve as a factor in determining each student's grade for this portion of the course.

Participation in Class Discussions: The value that students will gain from this course is directly related to their level of participation in class discussions. Students will be expected to read the appropriate chapters and cases from the textbook before coming to class.

Clinical Education/Field Experience Hours: Students must complete an assigned clinical education/field experience rotation in either an on- or off-campus approved clinical site. Students must earn a minimum of 10 hours per week within their clinical rotation and submit signed documentation of these hours. Depending on the student’s current number of clinical hours, he/she may have to complete more than 10 hours per week to insure that they meet the clinical hour requirements for
eligibility to take the Texas Advisory Board of Athletic Trainers’ State Licensure Exam.

Clinical Performance Evaluation: Students must be evaluated by their assigned ACI or CI using the Level 4A Clinical Performance Evaluation Tool. This evaluation will assess your ability to integrate the Level 3B proficiencies into your daily clinical experience as well as your general performance in your clinical rotation (professionalism, communication skills, etc.). This evaluation is completed at both midterm and at the end of the semester.

Continuing Education Units: There are a variety of continuing education opportunities offered each semester through the Department of Kinesiology, the Athletic Training Education Program, the Ben Hogan Sports Therapy Institute, and other sports medicine institutions or organizations. You are expected to obtain a minimum of 5 contact hours of continuing education outside of scheduled class activities. These continuing education hours must be documented on the attached CEU Documentation Form. Note: Documentation verifying your attendance must be attached to the CEU Documentation Form.

Notebook: At the end of the semester, each student is required to turn in his/her course notebook for a grade. The three-ring notebook is expected to be neat and organized with section tabs and a table of contents. The notebook should include class notes, handouts, articles, exams, and worksheets. When returned, this notebook should be placed in your athletic training portfolio.

Department of Kinesiology and University Academic Policies

Department of Kinesiology – Drop Policy
It is the responsibility of the student to add or drop classes or withdraw from school within the appropriate time frame established by the University Registrar. (The departments are not allowed nor obligated to add or drop students from classes.) Deadlines can be found in the current Schedule of Classes. Deadlines may differ for Graduate Students and Undergraduate Students.

Americans with Disabilities Act
If you require an accommodation based on disability, I would like to meet with you in the privacy of my office the first week of the semester to be sure you are appropriately accommodated.

Grade Grievance Deadline Policy
The student has one calendar year from the date a grade is assigned to initiate a grievance. The normal channels are: Department Chair or Program Director; Academic Dean; and the Provost.

The Department of Kinesiology Grade Requirement
As stated in the undergraduate catalog, you are required to earn a “C” or better in ALL Kinesiology and Health courses to maintain your status as a Kinesiology major. Therefore, in the future, you will be required to retake any Kinesiology course in which you earned a “D” or “F”. These classes must be taken at UTA. If a “D” or “F” grade is earned you will need to contact your academic advisor, since you will need permission to continue to take Kinesiology and Health courses until the grade is replaced.
with a “C” or better grade. If you have any questions regarding this policy, please contact your academic advisor.

**Student Support Services:** The University supports a variety of student success programs to help you connect with the University and achieve academic success. They include learning assistance, developmental education, advising and mentoring, admission and transition, and federally funded programs. Students requiring assistance academically, personally, or socially should contact the Office of Student Success Programs at 817-272-6107 for more information and appropriate referrals.

**Academic Dishonesty:** Academic dishonesty is a completely unacceptable mode of conduct and will not be tolerated in any form at The University of Texas at Arlington. All persons involved in academic dishonesty will be disciplined in accordance with University regulations and procedures. Discipline may include suspension or expulsion from the University.

“Academic dishonesty includes, but is not limited to, cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts.” (Regents’ Rules and Regulations, Part One, Chapter VI, Section 3, Subsection 3.2, Subdivision 3.22).

**Bomb Threats:** If anyone is tempted to call in a bomb threat, be aware that UTA will attempt to trace the phone call and prosecute all responsible parties. Every effort will be made to avoid cancellation of presentations/tests caused by bomb threats. Unannounced alternate sites will be available for these classes. Your instructor will make you aware of alternate class sites in the event that your classroom is not available.

**Library Information:** Bobbie Stevens Johnson is the Department of Kinesiology Librarian. She can be reached at 817-272-3000, ext. 4985 and by e-mail at Johnson@library.uta.edu. You will find online databases for researching Exercise and Sport Studies at: http://www.uta.edu/library/mavinfo/sport.html
HEALTH CARE ADMINISTRATION

Cognitive Domain

1. Describes the organization and administration of pre-participation examination and screening including, but not limited to, maintaining medical records, developing record keeping forms, scheduling personnel, and site utilization.

2. Lists the components of a medical record, such as permission to treat, emergency information, treatment documentation, and release of medical information.

3. Identifies the advantages and disadvantages associated medical record keeping, including the issues of paperwork, electronic data, security, record keeping systems, and confidentiality.

4. Lists the current injury/illness surveillance and reporting systems such as, but not limited to, National Electronic Injury Surveillance System (NEISS), National Athletic Head and Neck Injury Registry, and the National Collegiate Athletic Association (NCAA).

5. Lists the various methods for recording patient information, and compares the strengths and weaknesses of each approach.


7. Describes the universal precautions mandated by the Occupational Safety and Health Administration (OSHA), and discusses how they apply to the athletic trainer.

8. Summarizes the function of accrediting agencies for health care facilities.

9. Identifies the process of obtaining state regulatory acts for athletic trainers, and becomes familiar with locally relevant statutes, rules, and regulations.

10. Explains the advantages and disadvantages of the various commercial software programs and technologies used by a certified athletic trainer (statistical, educational, injury record keeping).

11. Explains the computer needs of an effectively operated athletic training facility.

12. Describes the various types of insurance policies (health maintenance organization [HMO], personal provider organization [PPO], fee-for-service) and the procedures for filing health care insurance claims.

13. Identifies the common insurance benefits and exclusions identified within health care insurance policies.

14. Uses accepted medical terminology and abbreviations (SOAP, CPT and HCFA coding).

15. Explains the components of the budgeting process, including purchasing, requisition, and bidding.

16. Illustrates the basic architectural considerations that relate to the design of a safe and efficient clinical practice setting.

17. Describes the duties of personnel management, including (1) recruitment and selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, and (4) employment performance evaluation.

18. Lists the components of a strategic plan that uses a model that helps in the development of a vision and mission statement and in the analysis of strengths, weaknesses, opportunities, and threats (SWOT).
19. Identifies the principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of athletic health care services.
20. Interprets the role and function of nondiscriminatory and unbiased employment practices, which do not base decisions on race, gender, sexual orientation, disability, religion, national origin, or age.
21. Describes typical community-based emergency health care delivery plans, including communication and transportation systems.
22. Recognizes and appraises emergency action plans, which include on-site care, notification of emergency medical services (EMS), location of exits, and other relevant information, for the care of acutely injured or ill individuals.
23. Identifies the typical availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems.
24. Interprets the typical administrative policies and procedures that govern first aid and emergency care, such as those pertaining to parents/guardians, informed consent, media relations, incident reports, and appropriate record keeping.
25. Identifies the basic components of a comprehensive athletic injury emergency care plan, which include (1) personnel training, (2) equipment needs, (3) availability of emergency care facilities, (4) communication, (5) transportation, (6) activity or event coverage, and (7) record keeping.
26. Assembles an emergency action plan for all settings that includes on-site care, notification of EMS or appropriate personnel, and location of exit and evacuation routes.
27. Selects sideline emergency care supplies and equipment that are necessary and appropriate for the setting.
28. Summarizes basic legal concepts, such as, but not limited to, standard of care, scope of practice, liability, negligence, informed consent, and confidentiality, as they apply to a medical or allied health care practitioner’s performance of his or her responsibilities.
29. Describes federal and state infection control regulations and guidelines as they pertain to the prevention, exposure, and control of infectious disease.
30. Lists the components of a comprehensive risk management plan that addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
31. Describes the necessary communication skills for interaction with physicians, allied health care providers, caretakers, and others who work closely with the certified athletic trainer.
32. Formulates a plan to promote the profession of athletic training and those services that certified athletic trainers perform in a variety of employment settings, such as high schools and colleges, professional and industrial settings, and community-based health care facilities.
33. Differentiates the roles and responsibilities of the certified athletic trainer and other medical and allied health personnel to provide care to athletes and others involved in physical activity.
34. Identifies contemporary personal and community health issues and the commonly available school health services, community health agencies, and community-based psychological and social support services.
35. Describes the role and function of various community-based medical, paramedical, and other health care providers.
36. Describes the roles of various personnel in the organization of activity sessions and methods of instruction for athletes and others involved in physical activity.
37. Explains the protocol that governs the referral of patients to medical or paramedical specialists and other health care providers.
38. Describes the basic components of organizing and coordinating a drug testing and screening program.
39. Locates and interprets current banned-drug lists that are published by various governing athletic associations (National Collegiate Athletic Association [NCAA], United States Olympic Committee [USOC], International Olympic Committee [IOC], etc).
40. Describes the continuing education process for certified athletic trainers as outlined by the NATA Board of Certification, Inc./National Organization for Competency Assurance (NATABOC/NOCA), National Commission for Certifying Agencies (NCCA), and Joint Review Committee-Athletic Training/Commission on the Accreditation of Allied Health Education Programs (JRC-AT/CAAHEP).
41. Identifies the current developments, missions, objectives, and professional activities of other allied health and medical organizations and professions.
42. Understands the NATA Code of Professional Practice and the NATA Board of Certification, Inc./National Organization for Competency Assurance (NATABOC/NOCA), National Commission for Certifying Agencies (NCCA), and Joint Review Committee-Athletic Training/Commission on the Accreditation of Allied Health Education Programs (JRC-AT/CAAHEP).
43. Identifies the roles and responsibilities of allied health care personnel in providing services to athletes and others involved in physical activity.
44. Constructs a basic research design and statistical interpretation pertaining to the formulation and interpretation of a case study, outcome measurement, and literature review and interpretation.

Psychomotor Domain
1. Develops a plan/drawing of a safe and efficient health care facility.
2. Develops a risk management plan that addresses issues of liability reduction, security, fire, facility hazards, electrical and equipment safety, emergency preparedness, and hazardous chemicals (manufacturer safety data sheets [MSDS]).
3. Develops a policies-and-procedures manual for a health care facility that meets the guidelines set forth by the accrediting agencies.
4. Demonstrates the ability to access medical and health care information through electronic media.
5. Uses appropriate medical documentation to record injuries and illnesses (client encounters, history, progress notes, discharge summary, physician letters, treatment encounters).
6. Demonstrates the ability to organize a comprehensive patient-file management system that uses both paper and electronic media.
7. Develops an operational and capital budget based on a supply inventory and needs assessment.
8. Demonstrates the ability to prepare a sample design for scientific research in the areas of a case study, outcome measurement, and literature review.

Affective Domain
1. Appreciates the roles and responsibilities of medical and allied health care providers, and respects the systems that each provider works within.
2. Appreciates the roles and functions of various medical and paramedical specialties as well as their respective areas of expertise in the acute care of injuries and illnesses to athletes and others involved in physical activity.
3. Values the need for sideline emergency care supplies and equipment as deemed necessary for all athletic training settings.
4. Appreciates the importance of an emergency action plan that is tailored for a specific venue or setting.
5. Accepts the value of a common medical language and terminology to communicate within and between the health professions.
6. Accepts the professional, ethical, and legal parameters that define the proper role of the certified athletic trainer in the administration and implementation of health care delivery systems.
7. Appreciates the roles and relationship between the NATA, NATABOC/NOCA, NCCA, and JRC-AT/CAAHEP.
8. Recognizes and accepts the need for organizing and conducting health care programs for athletes and other physically active individuals on the basis of sound administrative policies and procedures.
9. Accepts the responsibility for completing the necessary paperwork and maintaining the records associated with the administration of health care programs.
10. Respects the roles and cooperation of medical personnel, administrators, and other staff members in the organization and administration of athletic training service programs.
11. Recognizes and accepts the importance of good public relations with the media (radio, TV, press), the general public, other medical and allied health care personnel, and legislators.
12. Recognizes the certified athletic trainer's role as a liaison between athletes, physically active individuals, caretakers, employers, physicians, coaches, other health care professionals, and any individual who may be involved with the care provided by the certified athletic trainer.

Athletic Training Clinical Proficiencies

Teaching Objective 1:

The student will demonstrate appropriate communication skills.

Specific Outcomes

1. The student will
   a. calm, reassure, and explain a potentially catastrophic injury to an injured adult or child, athletic personnel, and/or family member
   b. effectively communicate and work with physicians, emergency medical technicians (EMTs), and other members of the allied health care community and sports medicine team
   c. appropriately communicate with athletic personnel and family members
   d. use ethnic and cultural sensitivity in all aspects of communication
   e. communicate with diverse community populations

Teaching Objective 2:

The student will use contemporary multimedia, computer hardware, and software as related to the practice of athletic training.

Specific Outcomes

1. The student will access information and manage data using contemporary multimedia, computer equipment, and software. This should include, but not be limited to, use of the following:
   a. word processing software  
ed. injury tracking software
b. file management systems  
  f. the World Wide Web 
  c. spreadsheets  
  g. communication (e-mail) 
  d. budgeting software  
  h. presentation software 

**Teaching Objective 3:**

The student will demonstrate the ability to perform record keeping skills with sensitivity to patient confidentiality.

**Specific Outcomes**

1. The student will 
   a. use standardized record keeping methods (e.g., SOAP, HIPS, HOPS) 
   b. select and use injury, rehabilitation, referral, and insurance documentation 
   c. use progress notes 
   d. organize patient files to allow systematic storage and retrieval 

**Teaching Objective 4:**

The student will demonstrate the ability to develop athletic training facilities and administrative plans.

**Specific Outcomes**

1. The student will demonstrate the ability to develop facility design plans that include, but are not limited to, the following components:
   a. basic floor plan design 
   b. facility evacuation 
   c. basic rehabilitation and treatment area plans 
2. The student will demonstrate the ability to develop administrative plans that include but are not limited to, the following components:
   a. risk management 
   b. developing policies and procedures 
   c. developing budget (expendable and capital) 
   d. addressing facility hazards 

**Teaching Objective 5:**

The student will demonstrate the ability to prepare and interpret sample design for scientific research.

**Specific Outcomes**

1. The student will interpret the following basic literature: 
   a. case study 
   b. outcome measurement, including statistical interpretation 
   c. literature review 

**CLINICAL PROFICIENCIES TO BE EVALUATED**

**Teaching Objective 1:**

The student will relate the findings of a physical examination to determine the appropriate course of treatment.

**Specific Outcomes**

1. The student will perform a physical examination to identify the current inflammatory stage.
2. The student will perform a physical examination and interview to identify the indications, contraindications, and precautions to various treatment protocols.

Teaching Objective 2:

The student will demonstrate the ability to apply therapeutic modalities.

Specific Outcomes

Electrotherapy
1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and apply the following:
   a. sensory-level pain control treatment
   b. noxious-level pain control treatment
   c. motor-level pain control treatment
   d. muscle re-education treatment
   e. muscle pumping treatment
   f. muscle atrophy retardation treatment
   g. acute edema treatment
   h. muscle splinting/spasm treatment
   i. iontophoresis treatment
2. The student will set-up and apply the following types of electrical stimulation units:
   a. monophasic stimulator (e.g., high volt stimulation)
   b. biphasic stimulator (e.g., Transcutaneous Electrical Nerve Stimulation [TENS], Neuromuscular Electrical Stimulation [NMES])
   c. direct current (e.g., iontophoresis)
   d. alternating current (e.g., interferential, NMES)
   e. multifunction electrical stimulation devices

Ultrasound
1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and apply the following:
   a. thermal ultrasound treatment
   b. non-thermal ultrasound treatment
   c. combination electrical-stimulation/ultrasound treatment
   d. phonophoresis treatment
   e. indirect application of ultrasound treatment (underwater, bladder)

Traction
1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and apply the following:
   a. mechanical traction
   b. manual traction
   c. positional traction

Intermittent Compression
1. The student will demonstrate the ability to select the appropriate parameters for and then prepare and apply intermittent compression to the upper and lower extremities.

Therapeutic Massage
1. The student will demonstrate the ability to prepare and apply a massage treatment.
2. The student will demonstrate the ability to properly perform the following therapeutic massage strokes:
   a. effleurage
   d. tapotement
b. petrissage
c. friction (circular, transverse)
e. vibration
f. myofascial release techniques