General Medical Educational Experience
395I

As a component of the Athletic Training major, students are required to complete a general medical experience that is composed of various rotations. Specifically, this 395I experience consists of an orthopaedic surgery rotation.

Students must independently plan these rotations at their discretion based on course schedules, clinical education assignment requirements, and availability of the venues. Students must coordinate these experiences in advance with their clinical preceptors to avoid potential scheduling conflicts. Students must be responsible to schedule these rotations in a timely fashion to assure their completion by the designated due dates; failure to do so will result in programmatic penalties. These hours count towards the weekly maximum total contact-hour limitation and must be appropriately logged in ATrack accordingly. Verification of completed observational hours will require endorsement by the supervising physical therapists via a paper-based signatory page that must be submitted to the practicum instructor. Upon receiving this signatory page, the Clinical Education Coordinator will approve these respective hours in ATrack.

- Failure to appropriately (correct days, times, locations, etc.) log general medical experience hours via ATrack, and providing the practicum instructor with the corresponding CORRECTLY COMPLETED verification form IN A TIMELY FASHION will result in negative consequences.

To help facilitate this requirement, it is strongly suggested that students speak with their preceptor(s) to explore any opportunities that may be available through the current clinical rotation. If a rotation has a low likelihood for this occasion, students should ask other preceptors at their assigned site/location to see if they would be willing to have another student attend an observation through a different clinical (sport) assignment.

- If needed, the Clinical Education Coordinator can provide verification of completed immunization/vaccination requirements, and related health documentation.

Below are a series of potential options, and mechanisms for completing this particular experience. Please work directly the practicum instructor to specifically structure this experience.

- Orthopaedic Surgery Rotation at Penn State Hershey Bone and Joint Institute – State College
  - You must complete this requirement during Fall Semester as a component of KINES 395I.
  - This rotation consists of approximately 3-5 hours of observation.
  - In order to schedule observations at Penn State Hershey Bone and Joint Institute – State College, students must submit an e-mail to careerobservation@hmc.psu.edu with the following specific heading in the subject line “KINES 395I Shadowing”. Alison Krajewski (ark114@psu.edu) MUST be courtesy copied (cc’d) on this e-mail. After sending this e-mail, students will receive an automated reply with a link to a mandatory online application that must be completed. In the application, it is required that students
include the following information under each respective “**Clinical or Research Area Requested**” subheading:

- **Department**: Orthopaedics  
- **Location**: Clinical  
- **Times and Dates**: Fall Semester 2014  
- **Observation Information**: Dr John Vairo, PhD, ATC; Department of Kinesiology; University Park PA; Fall Semester 2014  
- **Desired Goals**: Observe orthopaedic surgery procedures as part of the University’s athletic training education program  
- **How did you hear about this program**: Advisor/Teacher  
- **Graduation Requirement**: Yes  
- **Required by School**: Yes  
- **Hours Required**: 3-5

- **University Orthopedics Center (UOC not affiliated with Penn State)**  
  - In order to schedule observations at *University Orthopedics Center (UOC)*, students must submit a formal request to Alison Krajewski via e-mail at ark114@psu.edu.

- **Other health care facilities**  
  - Scheduling such experiences at other health care facilities are possible at the discretion of the practicum instructor in consultation with the Clinical Education Coordinator.  
  - Students may also elect to schedule this observation at an independent appropriate health care facility in the State College or surrounding area, or remote area of their preference. If students elect to schedule this with an entity other than Penn State Hershey, or UOC, they should follow the suggested strategies described below:  
    - Contact a local or remote medical, or allied health care facility, and let them know that you have to complete a mandatory educational experience.  
    - Explain that you are a professional preparation allied health care/athletic training student, and this is part of your general medical rotation requirement.  
    - You may tell these entities that you have completed Penn State University, and Hershey Medical Center immunization/vaccination requirements, and HIPAA training as well as related background clearances, and that you can provide associated documentation if needed.

With this being an accreditation standard to satisfy your degree requirements, it is strongly suggested that you complete this experience as soon as possible in the semester; **deferred grades are not an option**.

**Note:**  
*After you complete each rotation, you will be required to submit a SOAP note from your observation. In addition to the SOAP note, the form on the following page must be completed and signed by the related practitioner or professional. Please submit this form, along with the SOAP note to your practicum instructor.*
3951 General Medical Observation Documentation – Verification Form

Orthopaedic Surgery Rotation

Name of Student______________________________________________________________

Name and Credentials of Practitioner/Professional______________________________

Type of Medical Practice or Allied Health Field______________________________

Address of Practice________________________________________________________________

Contact Info of Practice_____________________________________________________

Dates & Hours of Observation__________________________________________________

Signature of Student and Date_________________________________________________

Signature of Practitioner/Professional and Date___________________________________

Last Modified 08/25/16  Changes are at the discretion of the PD & CEC