General Medical Educational Experience

495F

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 495F experience consists of a primary care or allied health care 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.

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.

- **Primary Care or Allied Health Care Rotation**
  - You must independently coordinate and schedule this requirement during Spring Semester as a component of KINES 495F.
  - This rotation consists of observing a primary care practitioner or allied health professional for a total of 8 hours.
  - Please note that if you elect to observe a primary care practitioner, his/her specialty or setting must NOT be orthopaedic, and sports medicine.
  - If you elect to observe an allied health care professional, below please find an abbreviated list of qualifying personnel recognized by CAATE standards: Chiropractor, Dentist, Registered Dietitian, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Paramedic, Occupational Therapist, Optometrist, Orthotist, Pharmacist, Physical Therapist (KINES 395F), Physician Assistant, Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training.
  - If you chose, this rotation may be completed during Spring Break. Please inform the practicum instructor directly if you anticipate doing so.
    - This requirement may NOT be completed after Spring Break.
Health Care Facility Options

In order to schedule observations at Penn State Hershey Medical Group – State College, students must submit an e-mail to careerobservation@hmc.psu.edu with the following specific heading in the subject line “KINES 495F 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**: Primary Care | Family Medicine
- **Location**: Clinical
- **Times and Dates**: Spring Semester 2015
- **Observation Information**: Dr John Vairo, PhD, ATC; Department of Kinesiology; University Park PA; Spring Semester 2015
- **Desired Goals**: Observe physicians in a medical and allied health care setting 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**: 8

In order to schedule observations at University Orthopaedics Center (UOC), students must submit a formal request to Alison Krajewski via e-mail at ark114@psu.edu.

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; for example, some students may consider shadowing their former pediatrician. 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 primary care physician, or another allied health care professional (see CAATE list described above) and let them know that you have to complete a mandatory 8-hour observational experience.
- Explain that you are a professional preparation allied health care/athletic training student and this is part of your general medical rotation program 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 verification 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 the practicum instructor.
495F General Medical Educational Experience – Verification Form

*Primary Care or Allied Health Care Rotation (Non-Physical Therapy)*

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  Page 3 of 3