## TABLE OF CONTENTS: ASSESSMENT TOOLS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBP Reading Analysis Grid</td>
<td>1</td>
</tr>
<tr>
<td>Chapter 1: Introduction/Background Rubric</td>
<td>2-4</td>
</tr>
<tr>
<td>Chapter 2: Literature Review Rubric</td>
<td>5-7</td>
</tr>
<tr>
<td>Chapter 3: Methodology Rubric</td>
<td>8-10</td>
</tr>
<tr>
<td>Methodology Presentation Rubric</td>
<td>11</td>
</tr>
<tr>
<td>Manuscript Rubric</td>
<td>12</td>
</tr>
<tr>
<td>Written Assignment Rubric</td>
<td>13-14</td>
</tr>
<tr>
<td>PBL Case Packet Grading Sheet</td>
<td>15-21</td>
</tr>
<tr>
<td>Live Case Evaluations Rubric</td>
<td>22-23</td>
</tr>
<tr>
<td>Live Case Presentation Rubric</td>
<td>24-25</td>
</tr>
<tr>
<td>Generic Abilities Assessment</td>
<td>26-28</td>
</tr>
<tr>
<td>Psychomotor and Clinical Skills Assessment</td>
<td>29-31</td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
<tr>
<td>Sophomore Proficiencies</td>
<td>32-48</td>
</tr>
<tr>
<td>Junior Proficiencies</td>
<td>49-62</td>
</tr>
<tr>
<td>Senior Proficiencies</td>
<td>63-70</td>
</tr>
<tr>
<td>CITATION (AMA)</td>
<td>RESEARCH QUESTION</td>
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</table>

## Chapter 1: Introduction/Background Rubric

<table>
<thead>
<tr>
<th>POINTS:</th>
<th>95-100%</th>
<th>89-94%</th>
<th>83-88</th>
<th>74-82</th>
<th>Below 73%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure/Grammar: 20%, 2 points</td>
<td>Structural links are appropriate to paper's subject, purpose, audience, thesis, and disciplinary field. Uses clear transitions from point to point. Guides audience through chain of reasoning or progression of ideas. No grammatical errors throughout the work.</td>
<td>Structural links may be faulty, but each slide/subtopic clearly relates to paper's/presentation's thesis. Transitions link point to point but lack clarity and connection in some areas. Chain of reasoning and progression of ideas is present but may lack organization in areas. Minimal grammatical errors throughout the work.</td>
<td>The presentation lacks a consistent logical structure, which links ideas to the subject, purpose, audience, thesis, and disciplinary field. Transitions are basic in nature and lack clarity and connection to most areas. Chain of reasoning and progression of ideas is minimal and also lacks organization in some areas. There are grammatical errors present throughout the work.</td>
<td>Structural links are weak and not presented in a consistent and logical manner. Transitions are few, inappropriate, and are not logical. Chain of reasoning and progression of ideas is minimal with no organization present. There are many grammatical errors throughout the work.</td>
<td>Organization of the presentation is random in nature. Content may not relate well to thesis, audience, or disciplinary field. There are no clear transitions. Chain of reasoning and progression of ideas is not present. Unacceptable grammar throughout the work.</td>
</tr>
<tr>
<td>POINTS:</td>
<td>3.8-4</td>
<td>3.56-3.79</td>
<td>3.32-3.55</td>
<td>2.96-3.31</td>
<td>0-3.30</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td><strong>Synthesis of Information: 40%, 4 points</strong></td>
<td>Exceptionally synthesizes information from literature and thoroughly recognizes its relation to the case.</td>
<td>Appropriate synthesis of information from literature and its relation to the case is present.</td>
<td>Appropriate synthesis of information from literature and minimal recognition of its relation to the case.</td>
<td>Minimal synthesis of information from literature and no recognition of its relation to the case.</td>
<td>No synthesis of information from literature and no recognition of its relation to the case.</td>
</tr>
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</table>

<table>
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<tr>
<th>POINTS:</th>
<th>.95-1</th>
<th>.89-.94</th>
<th>.83-.88</th>
<th>.74-.82</th>
<th>0-.73</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statement of Purpose and Hypothesis: 10%, 1 point</strong></td>
<td>Problem is clearly communicated throughout work.</td>
<td>Problem is somewhat communicated throughout work.</td>
<td>Problem is clear although not communicated throughout work.</td>
<td>Problem is not clear; limited representation of idea throughout work; focus is not manageable.</td>
<td>Problem is not identified in work; concept of idea/purpose is void.</td>
</tr>
<tr>
<td>Problem statement is identified.</td>
<td>Specific Aims and Hypothesis are identified.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Statement of Assumptions and Limitations:</strong> 10%, 1 point</td>
<td></td>
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<tr>
<td>----------------------------------------------------------</td>
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</tr>
<tr>
<td>Applicable assumptions and limitations are identified.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>A majority of assumptions and limitations are identified.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Important/applicable assumptions and/or limitations are not clearly identified.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Assumptions and/or limitations are not clearly identified.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assumptions and/or limitations are not identified.</td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>POINTS:</strong></th>
<th>1.9-2</th>
<th>1.79-1.89</th>
<th>1.66-1.78</th>
<th>1.48-1.65</th>
<th>0-1.64</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>References: 20%, 2 points</strong></td>
<td>AMA citation style is utilized appropriately and also uses sufficient evidence from primary sources to support thesis and specific points.</td>
<td>AMA citation style is utilized appropriately but often uses non-primary sources to support thesis and specific points.</td>
<td>AMA citation style is often misused and lacking where appropriate; frequent use of non-primary sources to support thesis and specific points.</td>
<td>AMA citation style is not utilized; thesis and specific points are often presented without citation.</td>
<td></td>
</tr>
</tbody>
</table>
## Chapter 2: Literature Review Rubric

<table>
<thead>
<tr>
<th>POINTS:</th>
<th>95-100%</th>
<th>89-94%</th>
<th>83-88</th>
<th>74-82</th>
<th>Below 73%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure/Grammar: 20%, 2 points</td>
<td>Structural links are appropriate to paper's subject, purpose, audience, thesis, and disciplinary field. Uses clear transitions from point to point. Guides audience through chain of reasoning or progression of ideas. No grammatical errors throughout the work.</td>
<td>Structural links may be faulty, but each slide/subtopic clearly relates to paper's/presentation's thesis. Transitions link point to point but lack clarity and connection in some areas. Chain of reasoning and progression of ideas is present but may lack organization in areas. Minimal grammatical errors throughout the work.</td>
<td>The presentation lacks a consistent logical structure, which links ideas to the subject, purpose, audience, thesis, and disciplinary field. Transitions are basic in nature and lack clarity and connection to most areas. Chain of reasoning and progression of ideas is minimal and also lacks organization in some areas. There are grammatical errors present throughout the work.</td>
<td>Structural links are weak and not presented in a consistent and logical manner. Transitions are few, inappropriate, and are not logical. Chain of reasoning and progression of ideas is minimal with no organization present. There are many grammatical errors throughout the work.</td>
<td>Organization of the presentation is random in nature. Content may not relate well to thesis, audience, or disciplinary field. There are no clear transitions. Chain of reasoning and progression of ideas is not present. Unacceptable grammar throughout the work.</td>
</tr>
<tr>
<td>POINTS:</td>
<td>5.7-6</td>
<td>5.34-5.69</td>
<td>4.98-5.33</td>
<td>4.44-4.97</td>
<td>0-4.34</td>
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<td>--------</td>
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</tr>
<tr>
<td><strong>Synthesis of Information: 60%, 6 points</strong></td>
<td>Exceptionally synthesizes information from literature and thoroughly recognizes its relation to the case. Presentation recognizes full complexity of its thesis—identifies all pertinent literature. Identifies the significance of the study through gaps in the literature.</td>
<td>Appropriate synthesis of information from literature and its relation to the case is present. Presentation recognizes most complexities of its thesis.</td>
<td>Appropriate synthesis of information from literature and minimal recognition of its relation to the case. Presentation recognizes some complexity of its thesis.</td>
<td>Minimal synthesis of information from literature and minimal recognition of its relation to the case. Presentation recognizes minimal complexity of its thesis.</td>
<td>No synthesis of information from literature and no recognition of its relation to the case. Presentation is too vague and lacks substance of its thesis.</td>
</tr>
<tr>
<td><strong>AMA Format &amp; Use of References: 20%, 2 points</strong></td>
<td>AMA citation style is utilized appropriately and also uses sufficient evidence from primary sources to support thesis and specific points. Appropriate use of subheadings are present.</td>
<td>AMA citation style is utilized appropriately and occasionally uses non-primary sources to support thesis and specific points. A majority of appropriate subheadings are present.</td>
<td>AMA citation style is utilized appropriately but often uses non-primary sources to support thesis and specific points. Missing appropriate subheadings to appropriately disseminate information.</td>
<td>AMA citation style is often misused and lacking where appropriate; frequent use of non-primary sources to support thesis and specific points. Lack of</td>
<td>AMA citation style is not utilized; thesis and specific points are often presented without citation. Lack of subheadings.</td>
</tr>
<tr>
<td>POINTS: Structure/Grammar: 30%, 9 pts</td>
<td>95-100%</td>
<td>89-94%</td>
<td>83-88</td>
<td>74-82</td>
<td>Below 73%</td>
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<tr>
<td>--------------------------------------</td>
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</tr>
<tr>
<td>Structural links are appropriate to subject, purpose, audience, thesis, and disciplinary field</td>
<td>8.55-9</td>
<td>8.01-8.54</td>
<td>7.47-8</td>
<td>6.65-7.46</td>
<td>0-6.64</td>
</tr>
<tr>
<td>Uses clear transitions from point to point.</td>
<td>Structural links may be faulty, but each slide/subtopic clearly relates to thesis.</td>
<td>Transitions link point to point but lack clarity and connection in some areas.</td>
<td>Transitions are basic in nature and lack clarity and connection to most areas.</td>
<td>Transitions are few, inappropriate, and are not logical.</td>
<td>Organization of the presentation is random in nature. Content may not relate well to thesis, audience, or disciplinary field.</td>
</tr>
<tr>
<td>Guides audience through chain of reasoning or progression of ideas.</td>
<td>Chain of reasoning and progression of ideas is present but may lack organization in areas.</td>
<td>Chain of reasoning and progression of ideas is minimal and also lacks organization in some areas.</td>
<td>Chain of reasoning and progression of ideas is minimal with no organization present.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No grammatical errors throughout the work.</td>
<td>Minimal grammatical errors throughout the work.</td>
<td>There are grammatical errors present throughout the work.</td>
<td>There are many grammatical errors throughout the work.</td>
<td></td>
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<td></td>
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<tr>
<td>POINTS:</td>
<td>17.1-18</td>
<td>16-17</td>
<td>14.9-15.9</td>
<td>13.3-14.8</td>
<td>0-13.2</td>
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</tr>
<tr>
<td>Identification of proper methodology/procedures</td>
<td>All the information outlined below is included, based upon study design. Subject info: number, demographics, inclusion/exclusion criteria. Instrument: manufacturer, validity/reliability. Statistics: appropriate choice of statistical analysis.</td>
<td>Incorrect identification of 1 of the factors from the subheadings listed in column 95-100%. All applicable factors are not clearly stated.</td>
<td>Missing 1 component/factor from the subheadings listed in column 95-100%.</td>
<td>Missing multiple components/factors from the subheadings listed in column 95-100%.</td>
<td>Incorrect identification of all the factors from the subheadings listed in column 95-100%.</td>
</tr>
<tr>
<td>POINTS:</td>
<td>2.85-3</td>
<td>2.67-2.84</td>
<td>2.49-2.66</td>
<td>2.22-2.48</td>
<td>0-2.21</td>
</tr>
<tr>
<td>AMA Format &amp; Use of References: 10%, 3 pts</td>
<td>AMA citation style is utilized appropriately and also uses sufficient evidence from</td>
<td>AMA citation style is utilized appropriately and occasionally uses non-primary sources to support thesis and</td>
<td>AMA citation style is often misused and lacking where appropriate; frequent use of non-primary</td>
<td></td>
<td>AMA citation style is not utilized; thesis and specific points are</td>
</tr>
<tr>
<td>primary sources to support thesis and specific points.</td>
<td>primary sources to support thesis and specific points.</td>
<td>specific points.</td>
<td>sources to support thesis and specific points.</td>
<td>often presented without citation.</td>
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<tr>
<td></td>
<td>Below 73%</td>
<td>74-79%</td>
<td>80-84%</td>
<td>85-89%</td>
<td>90-100%</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td>Information was not presented in a cohesive fashion, and the applicable information was either not present or difficult to construe.</td>
<td>Student does not provide isolate the inclusion of solely applicable information.</td>
<td>Student provides a majority of applicable information, but it is not delivered in a cohesive manner.</td>
<td>Student provides all applicable information in a concise and cohesive manner.</td>
<td>Student provides all applicable information in a concise and cohesive manner.</td>
</tr>
<tr>
<td><strong>Critical Thinking</strong></td>
<td>Student struggles to justify actions with or without appropriate literature.</td>
<td>Student is able to rationalize course of action, but lacks the justification with appropriate literature.</td>
<td>Student is able to rationalize a majority of their actions through appropriate literature.</td>
<td>Student is able to rationalize thought process, but lacks the justification with appropriate literature for all avenues.</td>
<td>Student is able to rationalize thought process and defend course of action with appropriate literature.</td>
</tr>
<tr>
<td><strong>Confidence</strong></td>
<td>Student did not demonstrate confidence expected of a senior-level AT student.</td>
<td>Student demonstrated minimal confidence.</td>
<td>Student demonstrated confidence through certain aspects of the evaluation.</td>
<td>Student demonstrated confidence throughout a majority of the evaluation.</td>
<td>Student demonstrated confidence throughout entire evaluation process.</td>
</tr>
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</table>
# Manuscript Rubric

<table>
<thead>
<tr>
<th>Wt. of each criteria</th>
<th>F</th>
<th>D-/D/D+</th>
<th>C-/C/C+</th>
<th>B-/B/B+</th>
<th>A/A-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student does not demonstrate comprehension, does not perform work expected of a Senior-level college student</td>
<td>Student demonstrates work at a lower level expected of a Senior-level college student; student has a basic understanding of concepts but has difficulty articulating/demonstrating information</td>
<td>Student presents with novice level work of a Senior-level college student; student can articulate/demonstrate comprehension of subject matter at a basic level; student lacks in demonstration of critical thinking.</td>
<td>Student demonstrates comprehension and critical thinking regarding subject matter. Student's work presents with minor grammar issues and/or organizational concerns. Student work is at a Senior level college student.</td>
<td>Student demonstrates comprehension and critical thinking regarding subject matter. Student demonstrates work superior to that of a Senior-level college student. Student's work presents with minimal grammar concerns.</td>
</tr>
<tr>
<td>Content:</td>
<td>0-35</td>
<td>36-41</td>
<td>42-47</td>
<td>48-53</td>
<td>54-60</td>
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<tr>
<td>Organization:</td>
<td>0-13</td>
<td>13.5-15.5</td>
<td>15.75-17.9</td>
<td>18-20</td>
<td>20.25-22.5</td>
</tr>
<tr>
<td>Grammar: spelling, sentence structure, etc.</td>
<td>0-17</td>
<td>18-21</td>
<td>21-23</td>
<td>24-26</td>
<td>27-30</td>
</tr>
<tr>
<td>All Components: see JAT requirements for appropriate components based upon manuscript design.</td>
<td>0-8.5</td>
<td>9-10</td>
<td>10.5-11.5</td>
<td>12-13</td>
<td>13.5-15</td>
</tr>
<tr>
<td>Citations: uses proper AMA formatting, uses appropriate citations, uses enough citations, appropriately cites work</td>
<td>0-13</td>
<td>13.5-15.5</td>
<td>15.75-17.9</td>
<td>18-20</td>
<td>20.25-22.5</td>
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</table>

Comments:

Final: ____/150
<table>
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<tr>
<th>Written Assignment Rubric (article critiques, survey analysis, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structure/Grammar: 20%</strong></td>
</tr>
<tr>
<td><strong>95-100%</strong></td>
</tr>
<tr>
<td>Structural links are appropriate to paper's subject, purpose,</td>
</tr>
<tr>
<td>audience, thesis, and disciplinary field</td>
</tr>
<tr>
<td>Uses clear transitions from point to point.</td>
</tr>
<tr>
<td>Guides audience through chain of reasoning or progression of</td>
</tr>
<tr>
<td>ideas.</td>
</tr>
<tr>
<td>No grammatical errors throughout the work.</td>
</tr>
<tr>
<td><strong>89-94%</strong></td>
</tr>
<tr>
<td>Structural links may be faulty, but each slide/subtopic clearly</td>
</tr>
<tr>
<td>relates to paper's/presentation's thesis.</td>
</tr>
<tr>
<td>Transitions link point to point but lack clarity and connection</td>
</tr>
<tr>
<td>in some areas.</td>
</tr>
<tr>
<td>Chain of reasoning and progression of ideas is present but</td>
</tr>
<tr>
<td>may lack organization in areas.</td>
</tr>
<tr>
<td>Minimal grammatical errors throughout the work.</td>
</tr>
<tr>
<td><strong>83-88</strong></td>
</tr>
<tr>
<td>The presentation lacks a consistent logical structure, which</td>
</tr>
<tr>
<td>links ideas to the subject, purpose, audience, thesis, and</td>
</tr>
<tr>
<td>disciplinary field.</td>
</tr>
<tr>
<td>Transitions are basic in nature and lack clarity and connection</td>
</tr>
<tr>
<td>to most areas.</td>
</tr>
<tr>
<td>Chain of reasoning and progression of ideas is minimal and</td>
</tr>
<tr>
<td>also lacks organization in some areas.</td>
</tr>
<tr>
<td>There are grammatical errors present throughout the work.</td>
</tr>
<tr>
<td><strong>74-82</strong></td>
</tr>
<tr>
<td>Structural links are weak and not presented in a consistent</td>
</tr>
<tr>
<td>and logical manner.</td>
</tr>
<tr>
<td>Transitions are few, inappropriate, and are not logical.</td>
</tr>
<tr>
<td>Chain of reasoning and progression of ideas is minimal with</td>
</tr>
<tr>
<td>no organization present.</td>
</tr>
<tr>
<td>There are many grammatical errors throughout the work.</td>
</tr>
<tr>
<td><strong>Below 73%</strong></td>
</tr>
<tr>
<td>Organization of the presentation is random in nature. Content</td>
</tr>
<tr>
<td>may not relate well to thesis, audience, or disciplinary field.</td>
</tr>
<tr>
<td>There are no clear transitions.</td>
</tr>
<tr>
<td>Chain of reasoning and progression of ideas is not present.</td>
</tr>
<tr>
<td>Unacceptable grammar throughout the work.</td>
</tr>
</tbody>
</table>
| Synthesis of Information: 60% | Exceptionally synthesizes information from literature and thoroughly recognizes its relation to the case.  
Presentation recognizes full complexity of its thesis-identifies all pertinent literature.  
Identifies the significance of the study through gaps in the literature. | Appropriate synthesis of information from literature and its relation to the case is present.  
Presentation recognizes most complexities of its thesis. | Appropriate synthesis of information from literature and minimal recognition of its relation to the case.  
Presentation recognizes some complexity of its thesis. | Minimal synthesis of information from literature and minimal recognition of its relation to the case.  
Presentation recognizes minimal complexity of its thesis. | No synthesis of information from literature and no recognition of its relation to the case.  
Presentation is too vague and lacks substance of its thesis. |
|-----------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| AMA Format & Use of References: 20% | AMA citation style is utilized appropriately and also uses sufficient evidence from primary sources to support thesis and specific points.  
Appropriate use of subheadings to disseminate information. | AMA citation style is utilized appropriately and occasionally uses non-primary sources to support thesis and specific points.  
A majority of appropriate subheadings are present. | AMA citation is utilized appropriately but often uses non-primary sources to support thesis and specific points.  
Missing appropriate subheadings to appropriately disseminate information. | AMA citation style is often misused and lacking where appropriate; frequent use of non-primary sources to support thesis and specific points.  
Lack of appropriate subheadings. | AMA citation style is not utilized; thesis and specific points are often presented without citation.  
Lack of subheadings. |
## PBL Case Packet Grading Sheet

<table>
<thead>
<tr>
<th>Component</th>
<th>Score Options</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of Problem: 5%</td>
<td>1 2 3 4 5</td>
<td>(x 5) = _____</td>
</tr>
<tr>
<td>Structure and Grammar: 20%</td>
<td>1 2 3 4 5</td>
<td>(x 4) = _____</td>
</tr>
<tr>
<td>Synthesis of Information: 30%</td>
<td>1 2 3 4 5</td>
<td>(x 6) = _____</td>
</tr>
<tr>
<td>Clinical Implications: 30%</td>
<td>1 2 3 4 5</td>
<td>(x 6) = _____</td>
</tr>
<tr>
<td>Resources: 15%</td>
<td>1 2 3 4 5</td>
<td>(x 3) = _____</td>
</tr>
</tbody>
</table>

**Total:**

**Additional Comments:**
## PBL Case Packet Rubric

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
<td>Problem is clearly communicated throughout work.</td>
<td>Problem is clear and somewhat communicated throughout work.</td>
<td>Problem is clear although not communicated throughout work.</td>
<td>Problem is not clear; limited representation of idea throughout work; focus is not manageable.</td>
<td>Problem is not identified in work; concept of idea/purpose is void.</td>
</tr>
<tr>
<td><strong>Structure and Grammar</strong></td>
<td>Structural links are appropriate to paper’s subject, purpose, reader, thesis, and disciplinary field</td>
<td>Structural links may be faulty, but each subtopic clearly relates to paper’s thesis.</td>
<td>The packet lacks a consistent logical structure, which links ideas to the subject, purpose, reader, thesis, and disciplinary field.</td>
<td>Structural links may be faulty, but each slide/subtopic clearly relates to paper’s presentation’s thesis.</td>
<td>Organization of the packet is random in nature. Content may not relate well to thesis, reader, or disciplinary field.</td>
</tr>
<tr>
<td></td>
<td>Uses clear transitions from point to point.</td>
<td>Transitions link point to point but lack clarity and connection in some areas.</td>
<td>Transitions are basic in nature and lack clarity and connection to most areas.</td>
<td>Transitions are few, inappropriate, and are not logical.</td>
<td>There are no clear transitions.</td>
</tr>
<tr>
<td></td>
<td>Guides reader through chain of reasoning or progression of ideas.</td>
<td>Chain of reasoning and progression of ideas is present but may lack organization in some areas.</td>
<td>Chain of reasoning and progression of ideas is minimal and also lacks organization in some areas.</td>
<td>Chain of reasoning and progression of ideas is minimal with no organization present.</td>
<td>Chain of reasoning and progression of ideas is not present.</td>
</tr>
<tr>
<td></td>
<td>No grammatical errors throughout the work.</td>
<td>Minimal grammatical errors throughout the work.</td>
<td>There are grammatical errors present throughout the work.</td>
<td>There are many grammatical errors present throughout the work.</td>
<td>Unsatisfactory grammar throughout the work.</td>
</tr>
<tr>
<td></td>
<td>Paper consistently utilizes headings and proper sentence structure as well as bullets, tables and graphs as needed.</td>
<td>Majority of paper consistently utilizes headings and proper sentence structure as well as bullets, tables and graphs as needed.</td>
<td>Paper utilizes headings and proper sentence structure but not consistently. Bullets, tables and graphs are used as needed.</td>
<td>Paper demonstrates minimal use of headings and proper sentence structure.</td>
<td>Paper does not utilize headings and proper sentence structure.</td>
</tr>
<tr>
<td><strong>Synthesis of Information</strong></td>
<td>Exceptionally synthesizes information from literature and thoroughly recognizes its relation to the case.</td>
<td>Appropriate synthesis of information from literature and its relation to the case is present.</td>
<td>Appropriate synthesis of information from literature and minimal recognition of its relation to the case.</td>
<td>Minimal synthesis of information from literature and minimal recognition of its relation to the case.</td>
<td>No synthesis of information from literature and no recognition of its relation to the case.</td>
</tr>
<tr>
<td><strong>Implications for Clinical Practice</strong></td>
<td>Correctly interprets case and addresses all clinical implications appropriately based on current literature.</td>
<td>Correctly interprets case and addresses most clinical implications appropriately based on current literature.</td>
<td>Interpretation of case is logical and addresses some clinical implications based on current literature.</td>
<td>Interpretation of case is not logical and minimally addresses clinical implications based on current literature.</td>
<td>Lacks understanding of clinical implications based on current literature.</td>
</tr>
<tr>
<td></td>
<td>Relevance of differential diagnosis to case is clearly stated and defended by the supporting literature.</td>
<td>Relevance of differential diagnosis is clearly stated and moderately supported by the literature.</td>
<td>Relevance of differential diagnosis to case is stated and minimally defended by the supporting literature.</td>
<td>Relevance and defense of differential diagnosis to case minimally stated.</td>
<td>Relevance of differential diagnosis to case is not stated.</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>AMA citation style is utilized appropriately and also uses sufficient evidence from primary sources to support thesis and specific points.</td>
<td>AMA citation style is utilized appropriately and occasionally uses non-primary sources to support thesis and specific points.</td>
<td>AMA citation is utilized appropriately but often uses non-primary sources to support thesis and specific points.</td>
<td>AMA citation style is often misused and lacking where appropriate; frequent use of non-primary sources to support thesis and specific points.</td>
<td>AMA citation style is not utilized; thesis and specific points are often presented without citation.</td>
</tr>
</tbody>
</table>
PBL Presentation Grading Sheet

Statement of Problem: 5%

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>(x 1) =</th>
</tr>
</thead>
</table>

Structure: 10%

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>(x 2) =</th>
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</table>

Synthesis of Information: 30%

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>(x 6) =</th>
</tr>
</thead>
</table>

Clinical Implications: 30%

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>(x 6) =</th>
</tr>
</thead>
</table>

Presentation Style: 20%

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>(x 4) =</th>
</tr>
</thead>
</table>

Resources: 5%

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>(x 1) =</th>
</tr>
</thead>
</table>

Total:  

Additional Comments:
<table>
<thead>
<tr>
<th><strong>Problem</strong></th>
<th><strong>5</strong></th>
<th><strong>4</strong></th>
<th><strong>3</strong></th>
<th><strong>2</strong></th>
<th><strong>1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
<td>Problem is clearly communicated throughout work.</td>
<td>Problem is clear and somewhat communicated throughout work.</td>
<td>Problem is clear although not communicated throughout work.</td>
<td>Problem is not clear; limited representation of idea throughout work; focus is not manageable.</td>
<td>Problem is not identified in work; concept of ideal/purpose is void.</td>
</tr>
<tr>
<td><strong>Structure</strong></td>
<td>Structural links are appropriate to paper’s/presentation’s subject, purpose, audience, thesis, and disciplinary field. Uses clear transitions from point to point. Guides audience through chain of reasoning or progression of ideas.</td>
<td>Structural links may be faulty, but each slide/subtopic clearly relates to paper’s/presentation’s thesis. Transitions link point to point but lack clarity and connection in some areas. Chain of reasoning and progression of ideas is present but may lack organization in areas.</td>
<td>The presentation lacks a consistent logical structure, which links ideas to the subject, purpose, audience, thesis, and disciplinary field. Transitions are basic in nature and lack clarity and connection to most areas. Chain of reasoning and progression of ideas is minimal and also lacks organization in some areas.</td>
<td>Structural links may be faulty, but each slide/subtopic clearly relates to paper’s/presentation’s thesis. Transitions are few, inappropriate, and are not logical. Chain of reasoning and progression of ideas is minimal with no organization present.</td>
<td>Organization of the presentation is random in nature. Content may not relate well to thesis, audience, or disciplinary field. There are no clear transitions. Chain of reasoning and progression of ideas is not present.</td>
</tr>
<tr>
<td><strong>Implications for Clinical Practice</strong></td>
<td>Correctly interprets case and addresses all clinical implications appropriately based on current literature.</td>
<td>Correctly interprets case and addresses most clinical implications appropriately based on current literature.</td>
<td>Interpretation of case is logical and addresses some clinical implications based on current literature.</td>
<td>Interpretation of case is not logical and minimally addresses clinical implications based on current literature.</td>
<td>Lacks understanding of clinical implications based on current literature.</td>
</tr>
<tr>
<td><strong>Presentation</strong></td>
<td>Clearly demonstrates ability to articulate statement of purpose &amp; information to audience without reading notes/slides. Presentation and related materials is free of grammatical/spelling errors. Student demonstrates full knowledge by thoroughly answering questions, with elaboration. Demonstrates exceptional ability to utilize public speaking skills.</td>
<td>Clearly demonstrates ability to articulate statement of purpose and information to audience with occasional reading of notes/slides. Presentation and related materials present with minor grammatical/spelling errors. Student demonstrates full knowledge by answering most questions, but does not elaborate. Demonstrates average ability to utilize public speaking skills.</td>
<td>Demonstrates some ability to articulate statement of purpose and information to audience with occasional reading of notes/slides. Presentation and related materials present with some grammatical/spelling errors. Student demonstrates some knowledge and understanding by answering some questions, but does not elaborate. Demonstrates minimal ability to utilize public speaking skills.</td>
<td>Demonstrates minimal ability to articulate statement of purpose and information to audience without using notes/slides. Presentation and related materials present with considerable grammatical/spelling errors. Student demonstrates difficulty in answering questions. Demonstrates below average ability to utilize public speaking skills.</td>
<td>Lacks ability to articulate purpose &amp; information to audience without reading notes/slides. Presentation and related materials present with significant grammatical/spelling errors. Student is uncomfortable with material &amp; not prepared to answer questions. Demonstrates no ability to utilize public speaking skills.</td>
</tr>
<tr>
<td>Resources</td>
<td>AMA citation style is utilized appropriately and also uses sufficient evidence from primary sources to support thesis and specific points.</td>
<td>AMA citation style is utilized appropriately and occasionally uses non-primary sources to support thesis and specific points.</td>
<td>AMA citation style is utilized appropriately but often uses non-primary sources to support thesis and specific points.</td>
<td>AMA citation style is often misused and lacking where appropriate; frequent use of non-primary sources to support thesis and specific points.</td>
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</table>
Sacred Heart University Athletic Training Program
Problem-Based Learning (PBL) Facilitator Packet

To ensure consistency among our problem-based practicum courses, the following information and resources are intended to serve as a platform for achieving this goal and to serve as a vehicle for further collaboration and refinement of our Practicum/PBL pedagogical design. This is a working document!

<table>
<thead>
<tr>
<th><strong>Class Preparation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure facilitators meet weekly for prep</td>
</tr>
<tr>
<td>• Have PBL groups individually set ground rules (i.e., learning contracts) and post them in the class</td>
</tr>
<tr>
<td>• Ensure applicable models or reference materials are available for all course meetings</td>
</tr>
<tr>
<td>• Encourage students to bring relevant previous course texts and notes to course meetings</td>
</tr>
<tr>
<td>• Lead course instructor responsible for providing course documents (e.g., assessment forms, cases, etc.) and blackboard course development and management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Brainstorm Session</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong> = set group direction/tasks, not solve case</td>
</tr>
<tr>
<td>1. Have students decide how they want the session to run (1st year students will need direction here)</td>
</tr>
<tr>
<td>2. Students should use white board to determine:</td>
</tr>
<tr>
<td>• What we know, What we don’t know and What we need to know</td>
</tr>
<tr>
<td>3. Debrief with group on how first brainstorm session went and what could change to improve the process</td>
</tr>
<tr>
<td>4. Have students take a few minutes to jot down comments on Individual Assessment Form</td>
</tr>
<tr>
<td>5. Provide Discussion Grids to students</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Discussion Session</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong> = group should make connections between their individually researched material to the case and their peers research</td>
</tr>
<tr>
<td>1. Completed Discussion Grids should be distributed to group members and the facilitator prior to the Discussion Session.</td>
</tr>
<tr>
<td>2. Students should use the whiteboard to identify interconnections/relationships between information presented and the case</td>
</tr>
<tr>
<td>3. Ensure key case issues are addressed</td>
</tr>
<tr>
<td>4. Debrief with group how first session went and what could be improved</td>
</tr>
<tr>
<td>5. Following the discussion session, facilitators should post a DISCUSSION POST QUESTION on blackboard for each group to respond to prior to the completion of their group packets. (Discussion posts should focus on laboratory skills and procedures related to the case).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Presentation Session</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong> = group should demonstrate and articulate an evidenced based approach to the case and be able to justify their clinical decisions</td>
</tr>
<tr>
<td>1. Case packets should be posted before the presentation session on Blackboard</td>
</tr>
<tr>
<td>2. Encourage creativity in presentation but not at the expense of coverage of the salient case points</td>
</tr>
<tr>
<td>3. Require all members be participants/presenters</td>
</tr>
<tr>
<td>4. Use PBL Presentation Rubric and PBL Presentation Grading Sheet</td>
</tr>
<tr>
<td>5. Two instructors must provide feedback/grade within one week, on one group's case packet and presentation through informal feedback after presentation and also through PBL Case Packet Rubric and PBL Case Packet Grading Sheet.</td>
</tr>
</tbody>
</table>
### Exam Format

1. Mid-term and final should include a case interpretation, and applicable objective items
2. Starting 2nd year second semester (e.g., AT 220), on-line testing should be promoted using the RESPONDUS software.
3. Arrange at beginning of semester computer lab time for exams if needed.
4. Arrange for additional practical exam instructors and models as needed
5. A compressed triple-jump format should be utilized for AT 220, 221, & 222
6. In AT 220, 221, & 222 the student should be evaluated by one instructor only (rotating with the triple-jump is discouraged for these courses).
7. Use the Practical Format Grading Sheet for evaluation as applicable

### On-Line PBL Evaluations

1. Instructors should use the Individual Assessment Form as a basis for their evaluations, done during or at end of each session
2. The initial tutorial on-line evaluation should occur after the first case
   - Peers evaluate each other out of 70 possible points
   - Instructors evaluate students out of 60 possible points
3. The final tutorial evaluation should occur after the last case
4. Facilitators need to meet with each student individually to discuss their performance and provide them strategies for improvement
5. Facilitators should work to identify themes among individual evaluations and from meetings to discuss with the group as a whole at the next course meeting to help improve group performance; revisit ground rules if needed
6. Facilitators MUST print out all online group evaluations and submit to the AT administrative assistant to be placed in their files.

### Facilitator Feedback

1. Should be immediate as possible (e.g., case packets, labs, on-line evaluations, exam results)
2. Should identify strengths first and areas of needed improvement when appropriate

### Laboratories

1. Should focus on skills or knowledge related to the case(s) at hand
2. Should encourage both skill acquisition and mastery, but also critical thinking based on student level
3. Large group lab instruction should be encouraged
4. Promotion of critical thinking in laboratory should be elevated as students matriculate through the program
5. Case specific laboratories should be utilized as appropriate (e.g., what would be important to palpate at the shoulder based on what you know about the case we just covered? Why?)
6. When possible, use either simulated or real patient cases and encourage students to think through an evaluation, treatment or plan of care based on these cases
7. Guest lectures are encouraged based on content expertise as needed.
<table>
<thead>
<tr>
<th><strong>Live Case Evaluations</strong></th>
<th><strong>Student's skill set is not at the expected level of a senior AT student.</strong></th>
<th><strong>Student performs less than ½ of skill sets at a level expected of a senior level AT student.</strong></th>
<th><strong>Student performs approximately 1/2-3/4 of skill sets at a level expected of a senior level AT student.</strong></th>
<th><strong>Student performs a majority of skill sets at a level expected of a senior-level AT student.</strong></th>
<th><strong>Student performs at an exceptional, equal or higher of a level of a senior-level AT student.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjective</strong></td>
<td>Student does not ask the necessary questions, the student does not listen adequately to their patient, student does not document appropriately.</td>
<td>Student does not ask all necessary questions to gather information for a thorough subjective evaluation. Student may not document properly or listen to their patient to gather the pertinent data.</td>
<td>The student struggles to obtain a thorough subjective assessment. They may have to repeat questions, not have a continuous flow of information/conversation, or they may not ask all necessary subjective questions to obtain a thorough subjective evaluation.</td>
<td>The student has the ability to gather subjective information, but it may not be in a continuous/concise manner. The student has the ability to document information to gather an appropriate subjective assessment.</td>
<td>Student has the ability to ask subjective questions in a clear and concise manner. The conversation between student and patient flows, is continuous in nature, and is not repetitive. The student asks all necessary question to perform a thorough subjective assessment.</td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td>Student struggled to perform a majority of the skill sets or perform</td>
<td>Student struggled to perform</td>
<td>Student performed a majority of skill sets correctly, but some were</td>
<td>Student performs the skill sets correctly, but the</td>
<td>Student performs all necessary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>Student was unable to articulate a diagnosis.</td>
<td>Student was unable to articulate differentials.</td>
<td>Student articulated differentials, but they were not applicable.</td>
<td>Student was able to articulate an applicable diagnosis, but no differentials.</td>
<td>Student was able to articulate an applicable differential diagnosis.</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Confidence</td>
<td>Student did not demonstrate confidence expected of a senior-level AT student.</td>
<td>Student demonstrated minimal confidence.</td>
<td>Student demonstrated confidence through certain aspects of the evaluation.</td>
<td>Student demonstrated confidence throughout a majority of the evaluation.</td>
<td>Student demonstrated confidence throughout entire evaluation process.</td>
</tr>
</tbody>
</table>
# Live Case Presentations

<table>
<thead>
<tr>
<th></th>
<th>Below 73%</th>
<th>74-79%</th>
<th>80-84%</th>
<th>85-89%</th>
<th>90-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td>Information was not presented in a cohesive fashion, and the applicable information was either not present or difficult to construe.</td>
<td>Student does not provide isolate the inclusion of solely applicable information.</td>
<td>Student provides a majority of applicable information, but it is not delivered in a cohesive manner.</td>
<td>Student provides a majority of applicable information in a concise manner.</td>
<td>Student provides all applicable information in a concise manner.</td>
</tr>
<tr>
<td><strong>Critical Thinking</strong></td>
<td>Student struggles to justify actions with or without appropriate literature.</td>
<td>Student is able to rationalize course of action, but lacks the justification with appropriate literature.</td>
<td>Student is able to rationalize a majority of their actions through appropriate literature.</td>
<td>Student is able to rationalize thought process, but lacks the justification with appropriate literature for all avenues.</td>
<td>Student is able to rationalize thought process and defend course of action with appropriate literature.</td>
</tr>
<tr>
<td><strong>Demonstration</strong></td>
<td>Student was unable to properly demonstrate/instruct their exercise selections and modality set-up.</td>
<td>Student struggled to demo/instruct both their exercise selections and modality set-up.</td>
<td>Student struggled to demonstrate/instruct either their exercise selections or modality set-up.</td>
<td>Student was able to demonstrate/instruct a majority of applicable exercises and modality set-up.</td>
<td>Student was able to demonstrate/instruct applicable exercises and modality set up. This was done with proper technique and instruction.</td>
</tr>
<tr>
<td><strong>Confidence</strong></td>
<td>Student did not</td>
<td>Student</td>
<td>Student</td>
<td>Student</td>
<td>Student</td>
</tr>
</tbody>
</table>

- [ ]
| demonstrate confidence expected of a senior-level AT student. | demonstrated minimal confidence. | demonstrated confidence through certain aspects of the evaluation. | demonstrated confidence throughout a majority of the evaluation. | demonstrated confidence throughout entire evaluation process. |
Sacred Heart University Human Movement and Sports Science Program
Athletic Training

Generic Abilities Assessment Summary

Before completing this form, please review the instructions in the Clinical Instructor’s Guide. Note that a “4” is the benchmark score, indicating very satisfactory performance at that level.

Student: ________________________________ Preceptor(s): ____________________________

Date of Evaluation: ______________________

Practicum Course: AT 129 AT 220 AT 221 AT 322 AT 323

5= Displays skill or knowledge above expectations for his/her level.
   (5 = exceptional)
4= Displays skill or knowledge as defined for his/her level.
   (4 = mastery)
3= Displays skill or knowledge as defined for his/her level with little discussion for improvement.
   Demonstrates willingness to improve.
   (3 = proficient; minimal grade for passing+)
2= Performance is below defined level. Demonstrates willingness to improve but requires
   multiple reminders.
   (2 = below average)
1= Does not meet expectations for level.
   (1 = unacceptable)

1. INTERPERSONAL SKILLS

   Comments:
   0 1 2 3 4 5

   ____________________________________________________________

   ____________________________________________________________

2. COMMITMENT TO LEARNING

   Comments:
   0 1 2 3 4 5

   ____________________________________________________________

   ____________________________________________________________

3. COMMUNICATION SKILLS

   Comments:
   0 1 2 3 4 5

   ____________________________________________________________

   ____________________________________________________________
4. EFFECTIVE USE OF TIME AND RESOURCES
Comments:


5. USE OF CONSTRUCTIVE FEEDBACK
Comments:


6. PROBLEM-SOLVING
Comments:


7. PROFESSIONALISM
Comments:


8. RESPONSIBILITY
Comments:


9. CRITICAL THINKING
   Comments:
   
   
   
   
10. STRESS MANAGEMENT
    Comments:
    
    
    
    
Student’s Signature (acknowledge discussion of evaluation) : 
Date

Preceptor Signature (acknowledge discussion of evaluation) 
Date

Preceptors NATABOC number

Preceptors NATA membership number
# Sacred Heart University Human Movement and Sports Science Program
## Athletic Training
### Psychomotor and Clinical Skills Assessment Summary
Before completing this form, please review the instructions in the Clinical Instructor's Guide. Note that a "4" is the benchmark score, indicating very satisfactory performance at that level.

**Student:** ____________________  **Preceptor (s):** ____________________

**Date of Evaluation:** ________________

**Practicum Course:**  AT 129  AT 220  AT 221  AT 322  AT 323

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td><strong>Displays skill or knowledge above expectations for his/her level.</strong> (5 = exceptional)</td>
</tr>
<tr>
<td>4</td>
<td><strong>Displays skill or knowledge as defined for his/her level.</strong> (4 = mastery)</td>
</tr>
<tr>
<td>3</td>
<td>Displays skill or knowledge as defined for his/her level with little discussion for improvement. Demonstrates willingness to improve. (3 = proficient; minimal grade for passing*)</td>
</tr>
<tr>
<td>2</td>
<td>Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders. (2 = below average)</td>
</tr>
<tr>
<td>1</td>
<td>Does not meet expectations for level. (1 = unacceptable)</td>
</tr>
</tbody>
</table>

### 1. COMPLIANCE WITH OSHA STANDARDS - BLOOD BORNE PATHOGENS 0 1 2 3 4 5

**Comments:**

---

### 2. TAPING/WRAPPING SKILLS 0 1 2 3 4 5

**Comments:**

---

### 3. DOCUMENTATION SKILLS 0 1 2 3 4 5

**Comments:**

---
4. EVALUATION OF INJURY AND ILLNESSES
   Comments:

5. EMERGENCY INJURY MANAGEMENT
   Comments:

6. IMMEDIATE INJURY MANAGEMENT (NON-EMERGENCY)
   Comments:

7. MODALITY APPLICATION
   Comments:

8. DEVELOPMENT OF STRENGTH AND CONDITIONING PROGRAMS
   Comments:
9. DEVELOPMENT OF REHABILITATION PROGRAMS
Comments:

10. EQUIPMENT FITTING AND FABRICATION
Comments:

Student's Signature (acknowledge discussion of evaluation)  Date

Preceptor's Signature (acknowledge discussion of evaluation)  Date

Preceptors  NATABOC number

Preceptors  NATABOC number
Clinical Proficiency Evaluation
AT 129: Athletic Training Clinical Practicum I- Preceptor
Fall 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

5= Consistently displays skill or knowledge above expectations for his/her level.
4= Consistently displays skill or knowledge as defined for his/her level. Requires little discussion for improvement to the level.
3= Displays skill or knowledge as defined for his/her level. Demonstrates willingness to improve but requires reminders. (73% minimal passing grade)
2= Performance is below defined level, but student is making progress towards meeting expectation. Demonstrates willingness to improve but requires multiple reminders.
1= Does not meet expectations for level. Made minimal progress towards meeting expectations over course of experience. Minimally complies with suggestions for remediation.
0= Does not demonstrate expected level of competence. Few if any attempts at remediation. Unwilling to change.

Clinical Problem of Practice 1:

You are covering a preseason youth football camp and one of the athletes athlete had sustains an abrasion on his elbow. Please handle this situation appropriately.

Learning Outcomes for Both Cases:

The student should able to:

1. Acute Care
   a. Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.
   b. Determine what first-aid supplies and equipment are necessary for circumstances in which the athlete trainer is present.
   c. Describe pathological signs of acute/traumatic injury in this situation
   d. Describe and demonstrate the proper management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.
   e. Identify the signs and symptoms associated with internal hemorrhaging.
   f. Describe and demonstrate the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.
   g. Describe and determine if the injury requires medical referral.
   h. Demonstrate how to properly control bleeding using universal precautions.
   i. Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including open and closed wounds using universal precautions

Preceptor: 1 2 3 4 5

Comments:

Preceptors:                                    Date:
Guiding Prompts

1. The student should be able to demonstrate the ability to be able to modify their management and treatment based on changing conditions.
   a. What if you were dealing with a laceration that required stitches?
      i. * Practice Steri Stripping with your student
   b. How would management of a wound change if the patient was on blood thinners?
   c. What if you had an open fracture protruding from the bone, how would this change the management of your wound care?

Student's Name: ________________________________ Date: ________________________

Comments:

Preceptor Signature: ________________________________ Date: ________________________

CPR/AED for the Professional Rescuer: ________________________________ Date: ________________________

Preceptor Name: ________________________________ Date: ________________________

Preceptor NATABOC certification number ________________________________

Preceptor Name: ________________________________ Date: ________________________

Preceptor NATABOC certification number ________________________________
Clinical Proficiency Evaluation
AT 129: Athletic Training Clinical Practicum I
Preceptor Check-off
Proficiency I: Environmental Assessment, Heat and Cold Injuries, Vitals
Fall 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill – please make sure to include the student name legibly. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

5 = Displays skill or knowledge above expectations for his/her level.
   (5 = exceptional)
4 = Displays skill or knowledge as defined for his/her level.
   (4 = mastery)
3 = Displays skill or knowledge as defined for his/her level with little discussion for improvement.
   Demonstrates willingness to improve.
   (3 = proficient; minimal grade for passing*)
2 = Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
   (2 = below average)
1 = Does not meet expectations for level.
   (1 = unacceptable)

Clinical Problem of Practice I:

You are the athletic trainer for a high school field hockey team in Minnesota. Your team has had a very good season and has made it to the championship game. Your game is Nov.22 and it is -6 °F with a wind of 30 MPH. Your star player is playing in the standard uniform, a tank-top and skirt, with only a long-sleeved shirt underneath. At half time, you notice a waxy white appearance on her cheeks, nose and hands, and she appears quite fatigued. Before the second half begins you notify the coach that she needs to be evaluated.

Learning Outcomes:

The student should able to:
1. Acute Care:
   a. Hypothermia/hypothermia
      i. Describe and recognize the clinical signs and symptoms of acute injury and illnesses related to environmental stress.
      ii. Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body’s thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.
      iii. Describe pathological signs of acute/traumatic injury and illness including, but not limited to, skin temperature, skin color, skin moisture, skin reactions due to environmental conditions, pupil reaction, and neurovascular function.
      iv. Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions.
      v. Demonstrate and describe proper procedures for measuring body temperature (e.g., oral, axillary, rectal).
   2. Risk Management:
      a. Environmental Assessment
         i. Interpret data obtained from a wet bulb globe temperature (WGBT) or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.
         ii. Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies related to activity during extreme weather conditions.
iii. Access local weather/environmental information
iv. Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.
v. Identify and interpret pertinent scientific nutritional comments or position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).

3. Medical Conditions
   a. Vitals
      i. Describe the principles and rationale of the initial assessment including the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.
      ii. Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.
      iii. Identify the normal ranges for vital signs.
      iv. Vital signs including respiration (including asthma), pulse and circulation, pulse oximetry and blood pressure

Guiding Prompts

1. The student should be able to demonstrate the ability to be able to modify their management and treatment based on changing environmental conditions.
   a. What if the skin appearance was different (ie. Hard and waxy)?
   b. How does your care of the athlete change if the athlete goes into shock?
   c. Based on the current weather conditions would you have allowed the event to take place?
      i. Prompt students to use and describe weather charts found in the NATA position statements

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Comments:

ACI Signature: Date:
Clinical Problem of Practice 2:
For the past week you have been working as an ATC at an August overnight sports camp. The camp is located at a small college in a suburban town in Georgia. The days have been extremely hot and humid and the nights cool. The campers have been outside playing soccer for the majority of the morning and after lunch—you are approached by a 10 year-old husky boy of Hispanic descent who complains to you he does not feel well. He tells you he feels sick to his stomach, tired, and has a headache. You notice his breathing is elevated. You pull his medical history questionnaire and note his history reported by his parents is unremarkable.

Learning Outcomes:
Same as clinical problem 1.

Acute Care
ACI: 1 2 3 4 5

Risk Management
ACI: 1 2 3 4 5

Medical Conditions
ACI: 1 2 3 4 5

Comments:

ACI Signature: Date:

Student’s Name: ___________________________ Date: ________________

CPR/AED for the Professional Rescuer: ___________________________ Date: ________________

Clinical Instructor’s Name: ___________________________ Date: ________________

Clinical Instructor’s NATABOC certification number ___________________________

Course Instructor’s Name: ___________________________ Date: ________________

Course Instructor’s NATABOC certification number ___________________________
Clinical Proficiency Evaluation
AT 129: Athletic Training Clinical Practicum I
Fall 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill – please make sure to include the student name at the end of the document legibly. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

5= Consistently displays skill or knowledge above expectations for his/her level.
4= Consistently displays skill or knowledge as defined for his/her level. Requires little discussion for improvement to the level.
3= Displays skill or knowledge as defined for his/her level. Demonstrates willingness to improve but requires reminders. (73% minimal passing grade)
2= Performance is below defined level, but student is making progress towards meeting expectation. Demonstrates willingness to improve but requires multiple reminders.
1= Does not meet expectations for level. Made minimal progress towards meeting expectations over course of experience. Minimally complies with suggestions for remediation.
0= Does not demonstrate expected level of competence. Few if any attempts at remediation. Unwilling to change.

Clinical Problem of Practice 1:
You are in your first year as Head Athletic Trainer at an urban high-school and your coach usually performs the equipment fitting for all of the players on the team. You observe him incorrectly fitting the players and you decide to intervene.

Learning Outcomes for Problem 1:

The student should able to:
1. Communication
   a. The student should be able to articulate how he/she would approach the coach in this situation. Role playing is a great way to demonstrate this part of the proficiency. Have the student approach you as the coach and talk to you about proper equipment fitting.
   b. Touch upon legality as well as proper communication
2. Risk Management
   a. Demonstrate the ability to select and fit appropriate standard protective equipment on the patient for safe participation in sport and/or physical activity. This includes but is not limited to:
      i. Shoulder Pads
      ii. Helmet
      iii. Mouthguard
   b. Demonstrate the ability to select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.

Preceptor: 1 2 3 4 5

Comments:
Clinical Problem of Practice 2:

You are Head Athletic Trainer covering an urban high-school football game and one of your players on the field is observed choking. A few seconds later he collapses to the ground. You arrive and he appears to be turning blue.

Learning Outcomes for Problem 2:

The student should be able to:
1. Acute Care
   c. Demonstrate the ability to survey the scene to determine whether the area is safe and determine what may have happened and perform an initial assessment to assess the following, but not limited to:
      i. Airway (including the use of OPA and NPA)
      ii. Breathing
      iii. Circulation
      iv. Level of Consciousness
      v. Other life threatening conditions
   d. Activate an emergency action plan
   e. Establish and maintain an airway (remove foreign objects ie. mouthguard) in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury

Preceptor: 1 2 3 4 5

Comments:

Preceptor Signature: Date:

Student's Name: ________________________________ Date: ____________________

CPR/AED for the Professional Rescuer: ____________________ Date: ______________

Preceptor Name: ________________________________ Date: ____________________

Preceptor NATABOC certification number ________________________________

Preceptor Name: ________________________________ Date: ____________________

Preceptor NATABOC certification number ________________________________
Clinical Proficiency Evaluation
AT 129: Athletic Training Clinical Practicum I
Preceptor Check-off
Proficiency II: Lightning, CPR, Epi-pen, Bronchodilator, & Airway
Fall 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill – please make sure to include the students name at the end of the document legibly. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

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2= Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
   (2 = below average)
1= Does not meet expectations for level.
   (1 = unacceptable)

Clinical Problem of Practice 1:
You are an Athletic Trainer covering a Division III men’s soccer game. Toward the end of the first half you notice that one of the player’s is moving considerably slower and is beginning to look distressed. As the team begins to come off the field you approach him on the field and he complains to you that he is having difficulty breathing. You notice that his face and lips are swollen and he is beginning to gasp for air. For fear that he will faint you assist him to the ground. He quickly becomes unconscious and is beginning to turn blue. You recall that he has a known bee-sting allergy.

Prompt for the preceptor:
While you are dealing with this athlete, you notice a severe storm approaching quickly.

Learning Outcomes:
1. Acute Care
   a. Survey the scene to determine whether the area is safe and determine what may have happened.
   b. Perform an initial assessment to assess the following, but not limited to:
      i. Airway
      ii. Breathing
      iii. Circulation
      iv. Other life-threatening conditions
   c. Activate an emergency action plan
   d. Establish and maintain an airway in an infant, child, and adult
   e. Establish and maintain an airway in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury (including the use of OPAs and NPAs)
   f. Perform one- and two-person CPR on an infant, child, and adult
   g. Utilize a bag-valve mask on an infant, child, and adult
   h. Utilize an automated external defibrillator (AED) according to current accepted practice protocols
   i. Control bleeding using universal precautions
   j. Administer an EpiPen for anaphylactic shock
   k. Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:
      i. Open and closed wounds (using universal precautions)
      ii. Seizures
iii. Acute Asthma Attack
iv. Different types of shock
v. Toxic Drug Overdose
vi. Allergic/Chemical Reactions of the skin

2. Pharmacology
   a. Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).
   b. Identify medications that might cause possible poisoning, and describe how to activate and follow the locally established poison control protocols.
   c. Activate and effectively follow locally established poison control protocols.

3. Risk Management:
   a. Formulate and implement a comprehensive, proactive emergency action plan specific to lightening safety
   b. Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies related to activity during extreme weather conditions.
   c. Access local weather/environmental information
   d. Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.

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Preceptor Signature: ___________________________ Date: ___________________________

Student's Name: ___________________________________________ Date: ___________________________

CPR/AED for the Professional Rescuer: ___________________________ Date: ___________________________

Preceptor Name: ___________________________ Date: ___________________________

Preceptor NATABOC certification number ___________________________
Preceptor Name: ____________________________ Date: ____________________________

Preceptor NATABOC certification number ____________________________
Clinical Proficiency Evaluation
AT 130: Athletic Training Clinical Practicum II
Preceptor Check-off
Proficiency I- Foot and Toes, Ankle, & Lower Leg
Spring 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and uses appropriate language. Mastery level performance is repeatable.

5= Displays skill or knowledge above expectations for his/her level.
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2= Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
   (2 = below average)
1= Does not meet expectations for level.
   (1 = unacceptable)

Clinical Problem of Practice 1:
You are the athletic trainer for the USA Olympic Soccer Team covering a home exhibition game against Team Brazil. You are playing on a natural grass field in a stadium where a football game was played the night before and the field is in rough shape. During the first half of the game, players attempt to cut around a defender and steps in a divot. She falls to the ground immediately in extreme pain. Play is stopped and you rush out on the field to find her holding her right ankle. She states that she heard "a bunch of popping and cracking."

Learning Outcomes for the foot and toes, ankle and lower leg:

The student should be able to:

1. Acute Care:
   a. Demonstrate the ability to manage acute injuries and illnesses. This will include;
      i. Surveying the scene
      ii. Conducting an initial assessment
      iii. Utilizing universal precautions
      iv. Activating the emergency action plan
      v. Implementing appropriate emergency techniques and procedures
      vi. Conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations.
      vii. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.

Prompt: You decide to remove the athlete from the field so that you can conduct a full evaluation of her injury. You remove her cleat and sock to find severe swelling along the lateral aspect of her foot and ankle and she is unable to move her ankle at all.

2. Diagnosis:
   a. Demonstrate a musculoskeletal assessment of lower extremity for the purpose of identifying
      i. Common acquired or congenital risk factors that would predispose the patient to injury
      ii. A musculoskeletal injury.
   b. Identify and recommend for the correction of acquired or congenital risk factors for injury.
   c. Diagnose the patient’s condition and determine and apply immediate treatment and/or referral in the management of the condition.
d. Establish effective lines of communication to elicit and convey information about the patient’s status, while maintaining patient confidentiality.

c. Document all aspects of the injury using standardized record-keeping methods.

Prompt: After obtaining an X-ray and MRI you have determined that a Jones Fracture and a lateral ankle sprain occurred.

a. Prior to the x-ray what differential diagnoses could this have been?

b. What things could have been done to possibly prevent this injury?

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Preceptor Signature: __________________________ Date: __________________________

Student’s Name: ___________________________________________ Date: __________________________

CPR/AED for the Professional Rescuer: __________________________ Date: __________________________

Preceptor Name: __________________________________________ Date: __________________________

Preceptor NATABOC certification number __________________________________________

Preceptor Name: __________________________________________ Date: __________________________

Preceptor NATABOC certification number __________________________________________
Clinical Proficiency Evaluation
AT 130: Athletic Training Clinical Practicum II
Preceptor Check-off
Proficiency II: Knee and Thigh
Spring 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

5=
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(5 = exceptional)
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(3 = proficient; minimal grade for passing*)
2=
Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
(2 = below average)
1=
Does not meet expectations for level.
(1 = unacceptable)

Clinical Problem of Practice 1:
You are head athletic trainer for the women’s lacrosse team at a Division I Big East school. During an in-season practice you observe one of your athletes plant their right foot, decelerate and simultaneously cut to the left creating a valgus force on the knee. The athlete falls to the ground in obvious pain and the knee is swelling rather quickly. You ask them what happened and they state “I feel like my knee popped out of place and my quad is really tight.” You observe no obvious deformity. You recall that this athlete has pes planus and moderate genu valgum.

Learning Outcomes for the knee and thigh:

The student should able to:
1. Acute Care:
a. Demonstrate the ability to manage acute injuries and illnesses. This will include;
   i. Surveying the scene
   ii. Conducting an initial assessment
   iii. Utilizing universal precautions
   iv. Activating the emergency action plan
   v. Implementing appropriate emergency techniques and procedures
   vi. Conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations.
   vii. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
b. Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
c. Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.

Prompt: You decide to move this athlete into the ATR for further evaluation.
a. What are the differential diagnoses that may present for this athlete’s case?
b. What tests would you use to rule in and rule out other knee related injuries?
2. Diagnosis:
   a. Demonstrate a musculoskeletal assessment of lower extremity for the purpose of identifying
      i. Common acquired or congenital risk factors that would predispose the patient to injury
         ii. A musculoskeletal injury.
   b. Identify and recommend for the correction of acquired or congenital risk factors for injury.
   c. Diagnose the patient’s condition and determine and apply immediate treatment and/or referral in
      the management of the condition.
   d. Establish effective lines of communication to elicit and convey information about the patient’s
      status, while maintaining patient confidentiality.
   e. Document all aspects of the injury using standardized record-keeping methods.

Prompt: You have determined that a subluxation of the patella may have occurred with possible tearing of the
medial patellofemoral ligament.
   a. What predisposing factors may have led to this injury?
   b. How would a postural evaluation have helped to possibly prevent this injury?

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Student’s Name: ______________________________ Date: ____________________________

CPR/AED for the Professional Rescuer: ______________ Date: ____________________________

Preceptor Name: ______________________________ Date: ____________________________

Preceptor NATABOC certification number ______________________________

Preceptor Name: ______________________________ Date: ____________________________

Preceptor NATABOC certification number ______________________________
Clinical Proficiency Evaluation
AT 130: Athletic Training Clinical Practicum II
Proficiency III – Hip
Spring 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

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1= Does not meet expectations for level.
   (1= unacceptable)

Clinical Problem of Practice I:
You are working at a Big Ten football game. Your star running back is running down the sideline and is hit in the thigh/hip area and lands awkwardly and hard out of bounds. As you approach you notice that the athlete is in obvious pain. Upon initial inspection, you notice that the athlete’s right leg is flexed and adducted and his hip is in internal rotation. The athlete states that he felt a pop at the time of injury.

Learning Outcomes for the hip:

The student should able to:
1. Acute Care:
   a. Demonstrate the ability to manage acute injuries and illnesses. This will include;
      i. Surveying the scene
      ii. Conducting an initial assessment
      iii. Utilizing universal precautions
      iv. Activating the emergency action plan
      v. Implementing appropriate emergency techniques and procedures
      vi. Conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations.
      vii. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
   b. Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
   c. Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.

Prompt: You decide that the athlete needs to be removed from the field. Perform the appropriate techniques to remove this athlete safely.

2. Diagnosis:
   a. Demonstrate a musculoskeletal assessment of lower extremity for the purpose of identifying
i. Common acquired or congenital risk factors that would predispose the patient to injury
ii. A musculoskeletal injury.

b. Identify and recommend for the correction of acquired or congenital risk factors for injury.
c. Diagnose the patient’s condition and determine and apply immediate treatment and/or referral in the management of the condition.
d. Establish effective lines of communication to elicit and convey information about the patient’s status, while maintaining patient confidentiality.
e. Document all aspects of the injury using standardized record-keeping methods.

Prompt:
- What other long term conditions may arise and describe why they would occur.

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Comments:

Clinical Instructor Signature: _______________________________ Date: ____________________
Clinical Proficiency Evaluation
AT 221: Athletic Training Clinical Practicum III
Preceptor Check-off
Elbow Proficiency

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

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   (2=below average)
1= Does not meet expectations for level.
   (1= unacceptable)

Clinical Problem of Practice 1:
You are working at a school for grades 7-12. A 13 year old pitcher on the 7th & 8th grade baseball team comes into the athletic training room holding his pitching arm close to his body. The pitcher states that he was warming up to pitch during practice and he was feeling fine. He states that he went to throw a pitch as hard as he could when he felt a pop in his elbow. He says that he has no history of elbow problems.
(For the Preceptor: You will have numbness and tingling in the innervations area of the radial nerve. Pain and weakness with flexion. Injury is an avulsion fracture.)

Learning Outcomes for the knee and thigh:

The student should able to:
1. Acute Care:
   a. Demonstrate the ability to manage acute injuries and illnesses. This will include;
      i. Surveying the scene
      ii. Conducting an initial assessment
      iii. Utilizing universal precautions
      iv. Activating the emergency action plan
      v. Implementing appropriate emergency techniques and procedures
      vi. Conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations.
      vii. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
   b. Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
   c. Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.

2. Diagnosis:
   a. Demonstrate a musculoskeletal assessment of the upper extremity for the purpose of identifying
      i. Common acquired or congenital risk factors that would predispose the patient to injury
      ii. A musculoskeletal injury.
b. Identify and recommend for the correction of acquired or congenital risk factors for injury.
c. Diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition.
d. Establish effective lines of communication to elicit and convey information about the patient's status, while maintaining patient confidentiality.
e. Document all aspects of the injury using standardized record-keeping methods.

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Comments:

Preceptor Signature: _____________________________________________________________________________ Date: ________________________________

Student's Name: _____________________________________________________________________________ Date: ________________________________

CPR/AED for the Professional Rescuer: _____________________________________________________________________________ Date: ________________________________

Preceptors Name: _____________________________________________________________________________ Date: ________________________________

Preceptors NATABOC certification number ______________________________________________________

Preceptors Name: _____________________________________________________________________________ Date: ________________________________

Preceptor NATABOC certification number ______________________________________________________
Clinical Proficiency Evaluation
AT 221: Athletic Training Clinical Practicum III
Preceptor Check-off
Hand/Fingers Proficiency

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

5= Displays skill or knowledge above expectations for his/her level.
   (5 = exceptional)
4= Displays skill or knowledge as defined for his/her level.
   (4= mastery)
3= Displays skill or knowledge as defined for his/her level with little discussion for improvement.
   Demonstrates willingness to improve.
   (3 = proficient; minimal grade for passing*)
2= Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
   (2=below average)
1= Does not meet expectations for level.
   (1= unacceptable)

Clinical Problem of Practice 1:

You are covering a high school football game when one of your athletes comes running over to you after making a tackle. You notice that he is holding his hand and he is trying to move his fingers. He states that he went to grab the opposing player and felt a pop in his hand when he grabbed him. He says that when he goes to make a fist, his middle finger won’t close all the way. (For the ACI: The Injury Is Jersey Finger. Rupture of FDP, inability to flex at DIP, pain and point tenderness in distal phalanx.)

Prompt: How would this injury be handled? How would you splint?

Learning Outcomes for the knee and thigh:

The student should able to:

1. Acute Care:
   a. Demonstrate the ability to manage acute injuries and illnesses. This will include:
      i. Surveying the scene
      ii. Conducting an initial assessment
      iii. Utilizing universal precautions
      iv. Activating the emergency action plan
      v. Implementing appropriate emergency techniques and procedures
      vi. Conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations.
      vii. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
   b. Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
   c. Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.

2. Diagnosis:
   a. Demonstrate a musculoskeletal assessment of the upper extremity for the purpose of identifying
      i. Common acquired or congenital risk factors that would predispose the patient to injury
      ii. A musculoskeletal Injury.
   b. Identify and recommend for the correction of acquired or congenital risk factors for injury.
c. Diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition.

d. Establish effective lines of communication to elicit and convey information about the patient's status, while maintaining patient confidentiality.

e. Document all aspects of the injury using standardized record-keeping methods.

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Comments:

Preceptor Signature: ________________________________ Date: ________________________________

Student's Name: ___________________________________________ Date: ________________________________

CPR/AED for the Professional Rescuer: ________________________________ Date: ________________________________

Preceptors Name: ___________________________________________ Date: ________________________________

Preceptor NATABOC certification number ___________________________________________

Preceptors Name: ___________________________________________ Date: ________________________________

Preceptor NATABOC certification number ___________________________________________
Clinical Proficiency Evaluation
AT 221: Athletic Training Clinical Practicum III
Preceptor Check-off
Shoulder Proficiency

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

5= Displays skill or knowledge above expectations for his/her level.
   (5 = exceptional)
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   (4 = mastery)
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   Demonstrates willingness to improve.
   (3 = proficient; minimal grade for passing*)
2= Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
   (2 = below average)
1= Does not meet expectations for level.
   (1 = unacceptable)

Clinical Problem of Practice 1:
You have worked with a high school wrestling team all season. Four weeks ago, an athlete was slammed to the mat with his arm trapped at his side driving his shoulder down unprotected. Diagnostic imaging revealed no structural damage to the shoulder complex. The student athlete returns to the ATR today still complaining of pain in his anterior shoulder when attempting flexion and abduction.

Learning Outcomes for the knee and thigh:

The student should be able to:
1. Acute Care:
   a. Demonstrate the ability to manage acute injuries and illnesses. This will include;
      i. Surveying the scene
      ii. Conducting an initial assessment
      iii. Utilizing universal precautions
      iv. Activating the emergency action plan
      v. Implementing appropriate emergency techniques and procedures
      vi. Conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations.
      vii. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
   b. Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
   c. Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.

2. Diagnosis:
   a. Demonstrate a musculoskeletal assessment of the upper extremity for the purpose of identifying
      i. Common acquired or congenital risk factors that would predispose the patient to injury
      ii. A musculoskeletal injury.
   b. Identify and recommend for the correction of acquired or congenital risk factors for injury.
c. Diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition.
d. Establish effective lines of communication to elicit and convey information about the patient's status, while maintaining patient confidentiality.
e. Document all aspects of the injury using standardized record-keeping methods.

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Preceptor Signature: ___________________________ Date: ___________________________

Student's Name: ___________________________ Date: ___________________________

CPR/AED for the Professional Rescuer: ___________________________ Date: ___________________________

Preceptor Name: ___________________________ Date: ___________________________

Preceptor NATA/BOC certification number: ___________________________

Preceptor Name: ___________________________ Date: ___________________________

Preceptor NATA/BOC certification number: ___________________________
Clinical Proficiency Evaluation
AT 221: Athletic Training Clinical Practicum III
Preceptor Check-off
Wrist Proficiency

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

5 = Displays skill or knowledge above expectations for his/her level.
   (5 = exceptional)
4 = Displays skill or knowledge as defined for his/her level.
   (4 = mastery)
3 = Displays skill or knowledge as defined for his/her level with little discussion for improvement.
   Demonstrates willingness to improve.
   (3 = proficient; minimal grade for passing*)
2 = Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
   (2 = below average)
1 = Does not meet expectations for level.
   (1 = unacceptable)

Clinical Problem of Practice 1:
You are working with a Division III Men's Ice Hockey team. During the offseason workouts, one of your athletes comes to you complaining of wrist pain that has been getting progressively worse and is at the point where he cannot take it anymore. The athlete notices the pain most with the bench press exercise. The athlete complains of increased pain at the distal ulna with both radial and ulnar deviation. (For the ACJ: The injury is a degenerative TFCC tear. Pain with compressive ulnar deviation and distractive radial deviation. Clicking/crepitus are present with wrist movement)

Learning Outcomes for the knee and thigh:

The student should be able to:
1. Acute Care:
   a. Demonstrate the ability to manage acute injuries and illnesses. This will include;
      i. Surveying the scene
      ii. Conducting an initial assessment
      iii. Utilizing universal precautions
      iv. Activating the emergency action plan
      v. Implementing appropriate emergency techniques and procedures
      vi. Conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations.
      vii. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
   b. Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
   c. Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.

2. Diagnosis:
   a. Demonstrate a musculoskeletal assessment of the upper extremity for the purpose of identifying
      i. Common acquired or congenital risk factors that would predispose the patient to injury
ii. A musculoskeletal injury.
b. Identify and recommend for the correction of acquired or congenital risk factors for injury.
c. Diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition.
d. Establish effective lines of communication to elicit and convey information about the patient's status, while maintaining patient confidentiality.
e. Document all aspects of the injury using standardized record-keeping methods.

Acute Care
Preceptor: 1 2 3 4 5

Diagnosis
Preceptor: 1 2 3 4 5

Comments:

Preceptor Signature: Date:

Student's Name: ________________________________ Date: __________________________

CPR/AED for the Professional Rescuer: ____________________________ Date: __________________________

Preceptor Name: ____________________________ Date: __________________________

Preceptor NATABOC certification number ____________________________

Preceptor Name: ____________________________ Date: __________________________

Preceptor NATABOC certification number ____________________________
Clinical Proficiency #3_Face
AT 222 _ Junior
Spring 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

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2= Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
   (2=below average)
1= Does not meet expectations for level.
   (1= unacceptable)

Proficiency Objectives:
- Perform a comprehensive clinical examination of a patient with a facial injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions.
- Based on the assessment data and consideration of the patient’s goals, provide the appropriate initial care and establish overall treatment goals.
- Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.
- Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statues that regulate privacy of medical records.
  - *This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.* (You may consider having the student write a SOAP note for this injury and review any insurance procedures with them).

Face

- You are covering a collegiate wrestling match and your athlete is about to start the second period in the "top" position. When the whistle blows the opponent instantly sits out and attempts to reverse his position. In the process he throws his elbow back and strikes your athlete in the eye. The referee stops the match and as your athlete approaches you notice that your athlete is in obvious pain and he is holding the right side of his face. His right eye appears to be drooping.
  - Student should be able to:
    - Evaluate the extent of injury to this athletes face
    - Describe the difference between the different types of facial fractures
    - Monitor for concussion throughout the evaluation
    - Monitor for signs and symptoms of shock

Preceptor Score: 1 2 3 4 5

Comments:
Clinical Proficiency Evaluation
AT 222 – Junior
Preceptor Check off #2_Head/TBI
Spring 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

5= Displays skill or knowledge above expectations for his/her level.
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   (2 = below average)
1= Does not meet expectations for level.
   (1 = unacceptable)

Proficiency Objectives:
- Perform a comprehensive clinical examination of a patient with a head. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions.
- Based on the assessment data and consideration of the patient, provide the appropriate initial care and establish overall treatment goals.
- Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.
  - Review BESS Testing, SCAT 2, and discuss ImPACT and its role during concussion RTP
- Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care
  - * Review CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding
- Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statues that regulate privacy of medical records.

Case: Concussion

- You are covering a men’s soccer game when an opposing player takes a shot on goal. Your goalie goes to his knees to secure the ball but the ball bounces out just in front of him. As he scrambles to get the ball, one of the defense men goes to kick the ball to clear
it, but in the process he kicks the goalie in the side of the head. The goalie is lying on the field holding his head and moving. As you begin to speak to him, you notice that he seems disoriented.

The student should be able to:
- Perform an on the field assessment
- Determine when it is safe to remove the athlete from the field

Prompt: You have completed the on the field assessment and have ruled out C-Spine Injury

Perform a comprehensive head evaluation:
  - Including Cranial Nerve assessment and any other concussion tool the ACI deems appropriate. Please review proficiency objectives.

Prompt: As you further assess your athlete you realize that he is beginning to lose focus on you and the game, he begins to ask you questions such as “where am I?” – he then states that he is beginning to feel nauseas and feels as though he may vomit

The student should be able to:
- Refer (or not refer) with sound reasoning to appropriate medical personnel
- Make recommendations regarding return to play guidelines

Preceptor Score: 1 2 3 4 5

Comments:

Preceptor Signature: Date:

Student’s Name: ____________________________ Date: ____________________________

CPR/AED for the Professional Rescuer: ____________________________ Date: ____________________________

Preceptor Name: ____________________________ Date: ____________________________

Preceptor NATABOC certification number ____________________________

Preceptor Name: ____________________________ Date: ____________________________

Preceptor NATABOC certification number ____________________________
Clinical Proficiency #1_Low Back/Posture
AT 222 _ Junior
Spring 2015

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

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   (3 = proficient; minimal grade for passing*)
2= Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
   (2= below average)
1= Does not meet expectations for level.
   (1= unacceptable)

Proficiency Objectives:
- Perform a comprehensive clinical examination of a patient with a spine injury or condition.
- This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions.
- Based on the assessment data and consideration of the patient’s goals, provide the appropriate initial care and establish overall treatment goals.
- Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.
  - Review Oswestry Low Back Index: It is in your drop box (this is the outcomes portion of this proficiency).
- Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis.
- Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary).
  - Review ATR guidelines at different levels of sport and AT pharmacology (meaning...what can ATs give for meds and not give)
- Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.

Case: Low Back Disc Herniation

- Your rowing athlete comes to you demonstrating weakness with dorsiflexion of the ankle and toes. He has also complained of mild discomfort in his low back for the last 2 months. Please assess this athlete. (As the AT/CI you may determine the level of severity)
The student should be able to:
  o Perform a comprehensive orthopedic spine evaluation
    • Incorporate Postural Assessment *(there is a postural assessment form in the drop box for you)* – Student should be looking at overall posture to determine if there are any predisposing factors.
  o Perform an appropriate neurological evaluation
    • Incorporate *full neuro screening* – including *dermatomes with various sensations* *(needle, 2 point discrimination, etc)*

After the student has determined the diagnosis:
  • Review proper rehabilitative exercises
    o Review *McKenzie Exercises vs. Watkins Randall*

Preceptor Score: 1 2 3 4 5

Comments:

Preceptor Signature: ____________________________ Date: ____________________________

Student's Name: ____________________________ Date: ____________________________

CPR/AED for the Professional Rescuer: ____________________________ Date: ____________________________

Preceptor Name: ____________________________ Date: ____________________________

Preceptor NATABOC certification number ____________________________

Preceptor Name: ____________________________ Date: ____________________________

Preceptor NATABOC certification number ____________________________
Clinical Proficiency Evaluation  
AT 322: Athletic Training Clinical Practicum IV  
Fall 2015  

To the Preceptor: Please sign and date the proficiency only when the athletic training student has demonstrated mastery of the skill. Mastery means that the skill is performed correctly with confidence, in a timely manner, and using appropriate language. Mastery level performance is repeatable.

Note: For sections with multiple tasks, check off each task as mastery is demonstrated. Sign the section only after all tasks have been mastered. You may check and initial each task as completion is performed. The clinical proficiencies with columns that are shaded will be evaluated by the course instructors.

5= Displays skill or knowledge above expectations for his/her level.
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   (3 = proficient; minimal grade for passing*)
2= Performance is below defined level. Demonstrates willingness to improve but requires multiple reminders.
   (2=below average)
1= Does not meet expectations for level.
    (1= unacceptable)

Advanced Orthopedic Assessment

Student will demonstrate the ability to interpret, prepare and construct:

[ ] [ ] [ ] [ ] Student will perform a complete orthopedic evaluation, including rehab or DX
[ ] [ ] [ ] [ ] Student will perform a complete orthopedic evaluation, including rehab or DX
[ ] [ ] [ ] [ ] Student will perform a complete orthopedic evaluation, including rehab or DX
[ ] [ ] [ ] [ ] Student will perform a complete orthopedic evaluation, including rehab or DX
[ ] [ ] [ ] [ ] Student will perform a complete orthopedic evaluation, including rehab or DX

All five evaluations must be comprehensive and include evaluation, DX, TX long term Rehab goals.

Preceptor Evaluation

Strength:

Areas of Needed Improvement:

Print Name: __________________________ Signature: __________________________ Date: __________________________

Communication and Research

Student will demonstrate the ability to interpret, prepare and construct:

[ ] [ ] [ ] Case study or literature review
[ ] [ ] [ ] Outcome measurement, including statistical interpretation

Preceptor Evaluation
Strength:

Areas of Needed Improvement:

Print Name: ___________________________ Signature: ___________________________ Date: ____________

Professional Development and Responsibilities

[ ] [ ] [ ] Student will develop a professional resume and cover letter
[ ] [ ] [ ] Student will perform mock interview

Preceptor Evaluation

Strength:

Areas of Needed Improvement:

Print Name: ___________________________ Signature: ___________________________ Date: ____________

Student's Name: ___________________________ Date: ___________________________

Comments:

Preceptor Signature: ___________________________ Date: ___________________________

CPR/AED for the Professional Rescuer: ___________________________ Date: ___________________________

Preceptor Name: ___________________________ Date: ___________________________

Preceptor NATABOC certification number ___________________________

Preceptor Name: ___________________________ Date: ___________________________

Preceptor NATABOC certification number ___________________________
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5= Consistently displays skill or knowledge above expectations for his/her level.
4= Consistently displays skill or knowledge as defined for his/her level. Requires little discussion for improvement to the level.
3= Displays skill or knowledge as defined for his/her level. Demonstrates willingness to improve but requires reminders. (73% minimal passing grade)
2= Performance is below defined level, but student is making progress towards meeting expectation. Demonstrates willingness to improve but requires multiple reminders.
1= Does not meet expectations for level. Made minimal progress towards meeting expectations over course of experience. Minimally complies with suggestions for remediation.
0= Does not demonstrate expected level of competence. Few if any attempts at remediation. Unwilling to change.

I Risk Management and Injury Prevention

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<td>The student will demonstrate ability to select and fit the following equipment:</td>
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<td>[ ] [ ] [ ] Protective helmet and head gear</td>
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<td>[ ] [ ] [ ] Protective Shoulder pads</td>
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<td>[ ] [ ] [ ] Mouth guard</td>
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<td>[ ] [ ] [ ] Rib brace/guard</td>
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<td>[ ] [ ] [ ] Prophylactic ankle brace</td>
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<td>[ ] [ ] [ ] Prophylactic knee brace</td>
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Preceptor Evaluation
Strength:

Areas of Needed Improvement:

Print Name: __________________________ Signature: __________________________ Date: __________________________

Facial Assessment
Student is able to perform a comprehensive facial evaluation and be able to develop a differential diagnosis based on their findings.
During the comprehensive evaluation, the student should be able to identify the following clinical signs and symptoms as well as perform the necessary components of a physical examination and interpret their findings to properly diagnose and treat the clinical condition identified.

[ ] [ ] [ ] Observe and identify the clinical signs and symptoms associated with the following eye injuries or illnesses:
  ❖ Orbital blowout fracture
  ❖ Conjunctivitis
  ❖ Corneal abrasion
  ❖ Corneal laceration
  ❖ Detached retina
  ❖ Hyphema
  ❖ Stye

[ ] [ ] [ ] Observe and identify the clinical signs and symptoms associated with the following ear injury or illness:
  ❖ Pinna hematoma (cauliflower ear)
- Impacted cerumen
- Otitis externa
- Otitis media

[ ] [ ] [ ] Observe and identify the clinical signs and symptoms associated with the following nose injuries:
  - Deviated septum
  - Epistaxis
  - Nasal fracture

[ ] [ ] [ ] Observe and identify the clinical signs and symptoms associated with jaw, mouth, or tooth injury or illness:
  - Gingivitis
  - Mandibular fracture
  - Periodontitis
  - Temporomandibular joint dislocation and dysfunction
  - Tooth abscess
  - Tooth extrusion
  - Tooth fracture
  - Tooth intrusion
  - Tooth luxation

**Preceptor Evaluation**
Strength:

Areas of Needed Improvement:

**Print Name:** ____________________ **Signature:** ____________________ **Date:** ____________________

**III. Acute Care of Injury and Illness**

**Wound Care**

[ ] [ ] [ ] While managing a wound, student demonstrates the ability to properly care for a wound:
  - Manage open and closed wounds
  - Apply direct and indirect pressure to control bleeding
  - Clean, debride, and protect and open wound
  - Apply superficial skin closures
  - Properly apply and remove gloves and other personal protective equipment
  - Properly dispose of biohazard waste
  - Apply appropriate dressings

**Preceptor Evaluation**
Strength:

Areas of Needed Improvement:

**Print Name:** ____________________ **Signature:** ____________________ **Date:** ____________________

**IV. Therapeutic Exercise**

The student will demonstrate the ability to instruct exercises for the following parts of the body using isometric and progressive resistance techniques:
[ ] [ ] [ ] lower extremity
[ ] [ ] [ ] upper extremity
cervical spine

trunec and torso

The student will demonstrate the ability to instruct the following activities:

upper and lower body reaction drills

lower body sprint drills

lower body Fartlek training

Exercise to improve muscular power:

The student will demonstrate the ability to instruct plyometric exercises for the upper and lower extremities.

Preceptor Evaluation
Strength:

Areas of Needed Improvement:

Print Name: ______________________ Signature: ______________________ Date: ________________

V. General Medical Conditions and Disabilities

The student will demonstrate the ability to ascertain body temperature via the following:

- Oral, axillary and tympanic temperature

The student will demonstrate proficiency in ascertain the following vital signs:

- blood pressure
- pulse (rate and quality)
- respirations (rate and quality)

The student will palpate the 4 abdominal quadrants to assess for the following:

- guarding and pain

Identify pathological breathing patterns to make a differential assessment for the follow:

- apnea
- tachypnea
- hyperventilation
- bradypnea
- dyspnea
- obstructed airway

The student will demonstrate proficiency in the use of:

- an otoscope to examine the nose and the outer and middle ear.

The student will recognize the signs, symptoms and predisposing conditions associated with the following:

Ears, Nose and Throat

- Common cold
- Conjunctivitis
- Conjunctivitis
- Conjunctivitis
- Laryngitis
- Pharyngitis
- Rhinitis
- Sinusitis
- Tetanus
- Tonsillitis

Respiratory System

- Asthma
- Bronchitis
- Hyperventilation
- Hay fever
- Influenza
- Pneumonia
Upper respiratory infection (URI)

Cardiovascular System
- Hypertension
- Hypertrophic cardiomyopathy
- Hypotension
- Migraine headache
- Shock
- Syncope

Endocrine System
- Diabetes
- Hyperthyroidism
- Hypothyroidism
- Pancreatitis

Gastrointestinal Tract
- Appendicitis
- Colitis
- Constipation
- Diarrhea
- Esophageal reflux
- Gastritis
- Gastroenteritis
- Indigestion
- Ulcer
- Irritable bowel syndrome

Eating Disorders
- Anorexia
- Bulimia
- Obesity

Sexually Transmitted Diseases/diseases transmitted by body fluids
- HIV/AIDS
- Hepatitis
- Chlamydia
- Genital warts
- Gonorrhea
- Syphilis

Genitourinary tract and Organs
- Kidney stones
- Spermatic cord torsion
- Candidiasis
- Urethritis
- Urinary tract infection
- Hydrocele
- Varicocele

Gynecological Disorders
- Amenorrhea
- Dysmenorrheal
- Oligomenorrhea
- Pelvic inflammatory disease
- Vaginitis

Viral Syndromes
- Infectious mononucleosis
- Measles
- Mumps

Neurological Disorders
- Epilepsy
- Syncope
- Reflex sympathies dystrophy
- Meningitis
- Systemic Diseases
- Iron-deficiency anemia
- Sickle cell anemia
- Lyme Disease

**Preceptor Evaluation**

**Strength:**

**Areas of Needed Improvement:**

**Print Name:** ___________________  **Signature:** ___________________  **Date:** ____________

### VI. Nutritional Aspects of Injury and Illness

- [ ] [ ] [ ] Student will demonstrate the ability to access and recommend nutritional guidelines for the following:
  - Pre-participation meal
  - weight loss
  - weight gain
  - fluid replacement

- [ ] [ ] [ ] [ ] Student will demonstrate the ability to use the nutritional food pyramid

- [ ] [ ] [ ] [ ] Student will demonstrate the ability to access and assess the following nutritional intake values:
  - RDA or equivalent
  - protein intake
  - fat intake
  - carbohydrate intake
  - vitamin intake
  - mineral intake
  - fluid intake

- [ ] [ ] [ ] [ ] Student will demonstrate the ability to determine energy expenditure and caloric intake.

- [ ] [ ] [ ] [ ] Student will demonstrate the ability to calculate the basal metabolic rate of energy expenditure

- [ ] [ ] [ ] [ ] Simulate intervention with an individual who has signs and symptoms of disordered eating

- [ ] [ ] [ ] [ ] Identify proper referral sources for disordered eating

**Preceptor Evaluation**

**Strength:**

**Areas of Needed Improvement:**

**Print Name:** ___________________  **Signature:** ___________________  **Date:** ____________

- [ ] [ ] [ ] Simulate intervention with an individual who has substance abuse problem and recommend appropriate referral

- [ ] [ ] [ ] Simulate a confidential conversation with a health care professional concerning suspected substance abuse by an athlete or other physically active individual
Locate the available community-based resources for psychosocial intervention.

**Preceptor Evaluation**

**Strength:**

**Areas of Needed Improvement:**

**Print Name:** ______________________  **Signature:** ______________________  **Date:** __________

**VIII. Health Care Administration**

[ ] [ ] [ ] The student will demonstrate appropriate communication skills:
- use ethnic and cultural sensitivity in all aspects of communication
- communicate with diverse community populations
- The student will demonstrate the ability to perform record keeping skills with sensitivity to patient confidentiality

The student will demonstrate the ability to prepare and interpret sample design for scientific research.
The student will interpret the following basic literature:
[ ] [ ] [ ] case study
[ ] [ ] [ ] outcome measurement, including statistical interpretation
[ ] [ ] [ ] literature review

**Preceptor Evaluation**

**Strength:**

**Areas of Needed Improvement:**

**Print Name:** ______________________  **Signature:** ______________________  **Date:** __________

Student's Name: ________________________________  **Date:** __________

Comments:

Preceptor Signature: ________________________________  **Date:** __________

CPR/AED for the Professional Rescuer: ________________________________  **Date:** __________

Preceptor Name: ________________________________  **Date:** __________

Preceptor NATABOC certification number ________________________________

Preceptor Name: ________________________________  **Date:** __________

Preceptor NATABOC certification number ________________________________