SAINT LOUIS UNIVERSITY.

Program-Level Assessment: Annual Report

Program: Athletic Training (AT)	Department: Physical Therapy and Athletic Training
Degree: Master of Athletic Training (MAT)	College/School: Doisy College of Health Sciences
Date (Month/Year): August 2021	Primary Assessment Contact: Anthony Breitbach
In what year was the data upon which this report is based collected? 2020-2021	
In what year was the program's assessment plan most recently reviewed/updated? 2018	

1. Student Learning Outcomes

Which of the program's student learning outcomes were assessed in this annual assessment cycle?

In an odd year (2021), AT Program Faculty assessed PLO's 1, 3 & 5.

2. Assessment Methods: Artifacts of Student Learning

Which artifacts of student learning were used to determine if students achieved the outcome(s)? Please identify the course(s) in which these artifacts were collected. Clarify if any such courses were offered a) online, b) at the Madrid campus, or c) at any other off-campus location.

PLO 1: MAT 6960: Capstone Reflection Assignments
PLO 3: MAT 5800: Medical Rotation Assignment and MAT 6960: Interprofessional Team Seminar
PLO 5: MAT 5700: Preceptor Assessments and Emergency Simulation Activity Assignments

3. Assessment Methods: Evaluation Process

What process was used to evaluate the artifacts of student learning, and by whom? Please identify the tools(s) (e.g., a rubric) used in the process and include them in/with this report.

The artifacts were reviewed over the Summer of 2021 by three AT Program faculty (Breitbach, Howell and Sniffen) utilizing the Assessment Rubric. Artifacts were assigned to faculty members who did not teach the courses where they were collected. Due to small cohort sizes, instead of a sample, all the student artifacts were reviewed using Google folders. The outcomes of this review were then presented to all AT Program Faculty for review and discussion in August 2021.

4. Data/Results

What were the results of the assessment of the learning outcome(s)? Please be specific. Does achievement differ by teaching modality (e.g., online vs. face-to-face) or on-ground location (e.g., STL campus, Madrid campus, other off-campus site)?

NOTE: The program target identified in the assessment plan, which is the minimum percentage of students able to achieve each PLO at the designated ranking, was established at the College standard rate of 85% or better by the former Dean of the Doisy College of Health Sciences.

PLO 1: MAT 6960: Capstone Reflection Assignments

Goal - 25% "assignments in the course will be reviewed with an average of 85% respectively achieving a ranking of "achieve/mastery". 100% of reflections were insightful as to their experience with the capstone project in relation to SLU's mission. However, discussion of patient diversity appeared at "Introduce" level 5 of 8 (62.5%) of assignments. **NOT MET**

PLO 3: MAT 5800: Medical Rotation Assignment

Goal - assignments in the course will be reviewed with an average of 85% respectively achieving a ranking of "reinforce" using the corresponding assessment rubric. 100% of 11 assignments described the outcomes associated with Interprofessional collaborative practice at "reinforce" level.

MET

PLO 3: MAT 6960: Interprofessional Team Seminar
Goal - assignments in the course will be reviewed with an average of 85% respectively achieving a ranking of "mastery/achieve" using the corresponding assessment rubric. 5/6 (83%) of assignments described the outcomes associated with Interprofessional collaborative practice at "reinforce" level.
NOT MET

PLO 5: MAT 5700: Preceptor Assessments
Goal - assignments in the course will be reviewed with an average of 85% respectively achieving a ranking of "introduce" using the corresponding assessment rubric. 100% of students rated at 2.5 level or above in preceptor assessment of 7 Patient Care (PC) milestones. This corresponds with "introduce" level of rubric.
MET

PLO 5: Emergency Simulation Activity Assignments
Goal - assignments in the course will be reviewed with an average of 85% respectively achieving a ranking of "reinforce" or "achieve/mastery" using the corresponding assessment rubric. Students graded as teams mixed between classes. 2 of 3 teams performed at 'achieve/mastery" level with other team at "reinforce" level.
PARTIALLY MET

5. Findings: Interpretations & Conclusions

What have you learned from these results? What does the data tell you?

PLO 1: The artifact effectively assessed relationship with Jesuit Mission but does not measure student appreciation of patient diversity. A new artifact may need to be developed to assess this outcome.

PLO 3: Knowledge and application of Interprofessional Collaborative Practice occurs frequently in the artifacts where student can successfully integrate principles introduced and reinforced earlier in the curriculum.

PLO 5: Students effectively translated didactic learning into clinical practice. The existing artifacts may not be the most sensitive to this outcome. The milestones could be an effective means of further evaluating this PLO.

6. Closing the Loop: Dissemination and Use of Current Assessment Findings

A. When and how did your program faculty share and discuss these results and findings from this cycle of assessment?

The outcomes of this review were then presented to all AT Program Faculty for review and discussion in August 2021. Overall, some of the outcomes assessments were limited by the efficacy of the artifacts. The faculty conferred on the PLOs and felt that they were appropriate for the program moving forward.

B. How specifically have you decided to use these findings to improve teaching and learning in your program? For example, perhaps you've initiated one or more of the following:

Changes to the Curriculum or Pedagogies	● Course content ● Teaching techniques ● Improvements in technology ● Prerequisites	● Course sequence ● New courses ● Deletion of courses ● Changes in frequency or scheduling of course offerings
Changes to the Assessment Plan	● Student learning outcomes ● Artifacts of student learning ● Evaluation process	● Evaluation tools (e.g., rubrics) ● Data collection methods ● Frequency of data collection

Please describe the actions you are taking as a result of these findings.

Faculty will also consider data collection methods, frequency/timing of data collection methods, and artifacts of student learning with regards to the PLOs. The program assessment plan will be modified to reflect these

changes. Incorporation of Milestones and EValue platform in program assessment will also be examined by faculty.

If no changes are being made, please explain why.

NA

7. Closing the Loop: Review of Previous Assessment Findings and Changes

A. What is at least one change your program has implemented in recent years as a result of assessment data?

Students in the program have been included in 3 modules of the Interprofessional Team Seminar through MAT 6960

B. How has this change/have these changes been assessed?

Assessed through Interprofessional Team Seminar reflections in MAT 6960 in PLO #3.

C. What were the findings of the assessment?

Students regularly identified the outcomes of interprofessional collaborative practice.

D. How do you plan to (continue to) use this information moving forward?

Faculty plan to modify the assignment and the artifact to better address this PLO with regard to strategies for interprofessional collaborative practice.

IMPORTANT: Please submit any assessment tools and/or revised/updated assessment plans along with this report.

[redacted]

MAT 6960

Capstone Reflection

My project, *Adapting to a New Normal: Consideration for Athletic Trainers During COVID-19,* was suitable as a capstone project because it included important information that affects clinical practice, educational practice and professional development. My classmates and I will have to adapt to the new way of practicing athletic training because of COVID-19. In my project I highlighted things we will have to do and pay more attention to-- 1. Create a COVID response team, 2. Add COVID history and symptomology to pre-participation exams, 3. Review emergency action plans, 4. Assess the risk of transmission, 5. Mitigate the risk of transmission, 6. Prepare for heat acclimatization and conditioning and 7. Monitor return to play after recovering from COVID.

As I mentioned in my presentation, COVID has greatly affected our clinical experiences this year. Last summer I was at a clinical rotation where all we did was figure out the logistics of getting students back to school and sport. Before the fall semester, my clinical site did not know if they would have in-person school or offer sports. Throughout this year we have all been trying to figure everything out right next to our preceptors. We have had to limit the amount of athletes in the ATR, spaced things out to respect social distancing, and many more adjustments. My project encompassed many domains of athletic training.

Domain 1: ATs administered COVID screens and should add COVID history + symptomology to their PPE's. They also made policies and procedures to reduce risk of transmission. A major job role is to optimize the wellness of individuals and groups by being a community advocate for public health initiatives.

Domain 2: When an athlete comes in not feeling well, an AT asks all the COVID questions-- have you had a fever, coughing, difficulty breathing, diarrhea, etc. They then determine if this athlete needs to go get COVID testing.

Domain 3: ATs should update and review their EAP to include COVID complication related emergencies.

Domain 4: ATs work collaboratively with a physician to get the athlete back to sport safely. They monitor a return to play progression that aids in the recovery of optimal function. These return to play progressions are based on current evidence of efficacy and benefit.

Domain 5: Since everything started opening up, ATs have been evaluating the outcomes of every situation-- do we return to sport? If we return to sport, how do we minimize transmission? If transmission occurs how do we contact trace? They then developed policies, procedures and strategies to promote the safety and health of everyone as we got back to activity. ATs have been practicing within local, state, and national regulations, guidelines, and recommendations as they have been synthesizing new information to proceed in the best way possible.

The mission of Saint Louis University is “the pursuit of truth for the greater glory of God and for the service of humanity.” As I discussed in my project, athletic trainers have been at the forefront of getting us back to safe activity, which involves a lot of pursuit for the truth. ATs have been gathering new information and developing protocols, policies, and procedures to make sure everyone is healthy and safe. When the pandemic hit, ATs were quick to answer the call for healthcare providers and filled the needs of our healthcare system. They adapted and evolved to serve their communities as contact tracers, COVID test administrators, and some have been trained in giving vaccinations.

By choosing to do my project on this topic, I have learned a lot that will affect my future clinical practice. These considerations will now be a priority when getting to my new job. Before doing this project I knew there are a lot of changes that have come about because of COVID, but I did not know a lot of the specifics. For example, I knew that there was a separate return to play progression for COVID-19, but I did not know that heat acclimatization should actually be taking longer now and I did not know about the 50/30/20/10 rule. After doing this project I definitely know more, which will help me be a better asset and advocate for health in my

community.

[redacted] – Critical Reflection

What?

In Dr. Wadsworth's office, I helped his MA take the patients from the waiting room, take their height and weight and temperature. After we were back in the office, I assisted in taking vital signs and gaining a brief history related to the chief complaint that they were in for. After a few of those initial consultations, I watched Dr. Wadsworth perform his exams on all of his patients. As he was going through his exams, he was asking me questions related to what he was doing to assess my knowledge on the orthopedic conditions. I was also able to ask questions during and after the exam if I had any questions about anything he was doing in his exam.

In Dr. Bayes' office, I was able to observe one of the BMG procedures from the bone marrow graft, fat graft and blood draw to the reinsertion of the cells into the patients carpals and metacarpals. After this procedure, we saw lots of patients with osteoarthritic knees. I stayed with Dr. Bayes through the majority of the time that I was in clinic so all of the patients vitals and history had been taken. I was able to observe Dr. Bayes' examination process and ask questions before as we read the history, during as he was talking to the patient, and after if I had any remaining questions about the case.

So What?

The main thing that really impacted me was the bedside manner of the doctors. They had a pretty certain diagnosis before even walking into the patient room but asked clarifying questions if they needed them. But in general, the way that the doctor just listened to their patients and made them feel heard and assured that their concerns were heard. Many times, patients just want to know that they aren't "crazy" and the pain they are feeling is real and both of these doctors did a very good job with listening to their patients and having great bedside manner. I think this experience is going to have a large impact on how I treat my future patients in the future by ensuring I listen to all their concerns. I generally live by the principle that you should be listening twice as much as you are ever talking in a conversation. This will carry over into healthcare as long as you listen to your patients. I also thought it was very interesting that sometimes the doctors don't give a point-blank diagnosis to their patients. Sometimes this is because they can't pinpoint a single certain diagnosis and sometimes they know the full diagnosis would only further confuse the patient. I thought this was very interesting because some patients may be confused and leaving with more questions than they came in with.

Now What?

In my future, I will always make sure to let the patient finish talking and eventually ask questions to gain further information. I think having them just continue to talk can get more information about their condition than we initially think. This process made me realize that I started to get unconformable in my abilities to treat patients that were much older than me. Some of the patients have been around the block a few times and know a confused student when they see one whereas at a high school the athletes are not as aware as to what is going on. I need to gain confidence in my abilities in taking a history around more seasoned patients and not forget to ask basic questions. This experience helped me realize that, for now, I don't necessarily want to end up in a clinic as a job. I enjoy the fast pace nature of an athletic setting and the doctor's office wasn't as appealing to me. The skills I observed during these rotations will help me in my subjective exam with my patients. In the future, I want to continue to read up on more obscure orthopedic conditions as they will be present and I feel that I should start to have a basic idea on almost all of the conditions that will come into my future clinic.

Athletic Training Students – IPTS Critical Reflection Assignment

The IPTS Learning Objectives are:

1. Communicate your professional role and responsibilities clearly to other care professionals and explain the roles and responsibilities of other care providers and how you will work together as a team to meet patient care needs.
2. Understand the relationship between effective team communication and improved patient safety and health outcomes and choose effective communication techniques to facilitate discussion and interactions that enhance team function.
3. Demonstrate skills at effective interprofessional teamwork and patient-centered communications that integrate the knowledge and experience of other health professionals and patients to provide appropriate care of the patient.

Use the following as a guide to complete a Critical Reflection on your participation in the Interprofessional Team Seminar. Maximum 1-1/2 pages.

What?

Document an aspect of the experience and what happened as it is correlated to the IPTS learning objectives (above). What did you do in the specific session that changed your knowledge, skills, or confidence to engage in patient-centered, interprofessional collaborative practice?

Also, comment on the value or key take-away point from you from the debriefing session following Section A and the use of the Quality Improvement and PDSA Cycle worksheet as a structured way to identify and practice improvements in your personal engagement in Section B and C.

So What?

Describe the aspects of the event that impacted you and why this is significant to either you and/or future patient care. How did the session impact your impressions of IP practice or what was significant about other health professions and their understanding of the contribution of dietetics to patient care?

Now What?

Apply the IPTS experience to your future clinical practice. How will you incorporate this experience into your future actions? Did it help you identify insights into experiences you are having during clinical rotations? How may this event inform your knowledge, attitudes and behaviors as a developing clinician?

Scoring Metric for IPTS Critical Reflection:

Area of Evaluation	Pts.
1. Clarity: The language is clear and expressive allowing the reader to create a mental picture of the situation being described. Abstract concepts are explained accurately and make sense to an uninformed reader.	**5**
2. Relevance: The learning experience being reflected upon is relevant and meaningful to the student and course learning goals.	**5**
3. Analysis: The reflection moves beyond simple description of the experience to an analysis of the principles of team based care.	**5**
4. Interconnections: The reflection demonstrates connections between the experience and material from other course, past experiences, and/or personal goals.	**5**
5. Self-assessment and Application: The reflection demonstrates ability of the student to question their own biases, stereotypes, preconceptions, and/or assumptions and define new ways of thinking	**5**
Total	**25**

31. Patient-Care and Procedural Skills (PC-1): Patient-Centered Care: Responds to each patient's unique characteristics, needs and goals.

Not ObservedCritical Deficiencies Level 1 Level 2 Level 3 (Ready for Unsupervised Practice) Level 4 (Ready for Advanced Practice) Level 5 Aspirational Is insensitive to differences related to culture, ethnicity, gender identify, race, age, and religion in the patient/caregiver encounter Is unwilling to modify care plan to account for a patient's unique characteristics, needs and goals Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender identify, race, age, and religion in the patient/caregiver encounter Requires assistance to modify care plan to account for a patient's unique characteristics, needs and goals Seeks to fully understand each patients unique characteristics, needs and goals based upon culture, ethnicity, gender identify, religion and personal preference Modifies care plan to account for a patient's unique characteristics, needs and goals with partial success Recognizes and accounts for the unique characteristics and needs of the patient/caregiver Appropriately modifies care plan to account for patient's unique characteristics, needs and goals Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs Role models consistent respect for patient's unique characteristics, needs and goals Develops best practice guidelines for professional interactions to negotiate differences related to a patient's unique characteristics, needs and goals Develops organizational policies and education to support respect for patient's unique characteristics, needs and goals

Evaluator Rank: Preceptor

Average Score	Minimum | Maximum	Applicable Answers	Scale
3.00	3 | 3	1	1 to 5

Answer Value	Answer Choices	Answer Count	Percent of All Answers
0	Not Observed	0	0.00%
0.0001	Critical Deficiencies	0	0.00%
0.5	0.5	0	0.00%
1	Level 1	0	0.00%
1.5	1.5	0	0.00%
2	Level 2	0	0.00%
2.5	2.5	0	0.00%
3	Level 3	1	100.00%
3.5	3.5	0	0.00%
4	Level 4	0	0.00%
4.5	4.5	0	0.00%
5	Level 5	0	0.00%

32. Patient-Care and Procedural Skills (PC-2): Patient-Centered Care: Demonstrates humanism and cultural competency

Not Observed Critical Deficiencies Level 1 Level 2 Level 3 (Ready for Unsupervised Practice) Level 4 (Ready for Advanced Practice) Level 5 Aspirational Fails to demonstrate appropriate compassion, respect, and empathy Has difficulty recognizing the impact of culture on health and health behaviors Exhibits resistance to improving cultural competence Consistently demonstrates compassion, respect, and empathy Recognizes impact of culture on health and health behaviors Displays a consistent attitude and behavior that conveys acceptance of diverse individuals and groups, including diversity in gender, age, culture, race, religion, disabilities, sexual orientation, and gender identity Elicits cultural factors from patients and families that impact health and health behaviors in the context of the biopsychosocial model Identifies own cultural framework that may impact patient interactions and decision-making Incorporates patients' beliefs, values, and cultural practices in patient care plans Identifies health inequities and social determinants of health and their impact on individual and family health Anticipates and develops a shared understanding of needs and desires with patients and families; works in partnership to meet those needs Demonstrates leadership in cultural competence, understanding of health disparities, and social determinants of health Advocates for the rights of vulnerable patients / patient populations Recognizes and addresses lack of patient- centeredness in colleagues/peers Develops organizational policies and education to support the application of these principles in the practice of athletic training Generates and disseminates new knowledge in humanism and cultural competence

Evaluator Rank: Preceptor

Average Score	Minimum | Maximum	Applicable Answers	Scale
2.50	2.5 | 2.5	1	1 to 5

Answer Value	Answer Choices	Answer Count	Percent of All Answers
0	Not Observed	0	0.00%
0.0001	Critical Deficiencies	0	0.00%
0.5	0.5	0	0.00%
1	Level 1	0	0.00%
1.5	1.5	0	0.00%
2	Level 2	0	0.00%
2.5	2.5	1	100.00%
3	Level 3	0	0.00%
3.5	3.5	0	0.00%
4	Level 4	0	0.00%
4.5	4.5	0	0.00%
5	Level 5	0	0.00%

33. Patient-Care and Procedural Skills (PC-3): Diagnosis and Management: Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).

Not Observed Critical Deficiencies Level 1 Level 2 Level 3 (Ready for Unsupervised Practice) Level 4 (Ready for Advanced Practice) Level 5 Aspirational Does not collect accurate historical data Does not use physical exam to confirm history Relies exclusively on documentation of others to generate own database or differential diagnosis Fails to recognize patient's central clinical problems Fails to recognize potentially life threating problems Inconsistently able to acquire accurate historical information in an organized fashion Does not perform an appropriately thorough physical exam or misses key physical exam findings Does not seek or is overly reliant on secondary data Inconsistently recognizes patients' central clinical problem or differential diagnoses Consistently acquires accurate and relevant histories from patients Seeks and obtains data from secondary sources when needed Consistently performs accurate and appropriately thorough physical exams Uses collected data to define a patient's central clinical problem(s) Acquires accurate histories from patients in an efficient, prioritized and hypothesis- driven fashion Performs accurate physical exams that are targeted to the patient's complaints Synthesizes data to generate a prioritized differential diagnosis and problem list Effectively uses history and physical examination skills to minimize the need for further diagnostic testing Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis Identifies subtle or unusual physical exam findings Efficiently utilizes all sources of secondary data to inform differential diagnosis Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing Publishes clinical case reports on unique clinical problems Collaborates in practice- based research efforts to gather, aggregate, and synthesize patient data to enhance diagnostic and management efforts Generates and disseminates new knowledge in humanism and cultural competence

Evaluator Rank: Preceptor

Average Score	Minimum | Maximum	Applicable Answers	Scale
2.50	2.5 | 2.5	1	1 to 5

Answer Value	Answer Choices	Answer Count	Percent of All Answers
0	Not Observed	0	0.00%
0.0001	Critical Deficiencies	0	0.00%
0.5	0.5	0	0.00%
1	Level 1	0	0.00%
1.5	1.5	0	0.00%
2	Level 2	0	0.00%
2.5	2.5	1	100.00%
3	Level 3	0	0.00%
3.5	3.5	0	0.00%
4	Level 4	0	0.00%
4.5	4.5	0	0.00%
5	Level 5	0	0.00%

34. Patient-Care and Procedural Skills (PC-4): Diagnosis and Management: Physical Examination (systems-based examination adapted for health condition and contextual factors)

Not Observed Critical Deficiencies Level 1 Level 2 Level 3 (Ready for Unsupervised Practice) Level 4 (Ready for Advanced Practice) Level 5 Aspirational Fails to perform a thorough physical examination Fails to seek feedback or guidance on the accuracy and thoroughness of physical examination Performs physical examination procedures that are contraindicated and create increased patient discomfort or risk Performs a general physical exam Requires prompting to perform a thorough physical examination including all necessary elements (e.g., medical, neurologic) Performa a physical exam that assists in functional assessment (e.g., may include balance, gait, cognition, neurologic, or musculoskeletal assessments) Performs excessive physical examination using unwarranted techniques Begins to identify normal and pathologic findings Performs a relevant, accurate comprehensive disorder-specific physical exam Modifies exam to accommodate the patient's impairments and minimize discomfort Efficiently performs a hypothesis-driven and targeted physical exam that drives clinical decision making across a spectrum of ages, impairments, and clinical settings Efficiently performs a hypothesis-driven and targeted physical exam that drives clinical decision making for complex cases Identifies and correctly interprets subtle or atypical physical findings Rapidly focuses on the presenting problem and elicits key information from the exam in a prioritized and efficient fashion Models and teaches exam skills in complex patients Efficiently produces a focused and prioritized physical examination accounting for rare conditions Streamlines physical examination for maximal cost- effectiveness and minimal patient burden

Evaluator Rank: Preceptor

Average Score	Minimum | Maximum	Applicable Answers	Scale
2.00	2 | 2	1	1 to 5

Answer Value	Answer Choices	Answer Count	Percent of All Answers
0	Not Observed	0	0.00%
0.0001	Critical Deficiencies	0	0.00%
0.5	0.5	0	0.00%
1	Level 1	0	0.00%
1.5	1.5	0	0.00%
2	Level 2	1	100.00%
2.5	2.5	0	0.00%
3	Level 3	0	0.00%
3.5	3.5	0	0.00%
4	Level 4	0	0.00%
4.5	4.5	0	0.00%
5	Level 5	0	0.00%

35. Patient-Care and Procedural Skills (PC-5): Diagnosis and Management: Diagnostic Evaluation. This includes: Differential diagnosis of primary and secondary conditions Appropriate studies (e.g., laboratory, imaging, neuropsychological) Functional assessments

Not Observed Critical Deficiencies Level 1 Level 2 Level 3 (Ready for Unsupervised Practice) Level 4 (Ready for Advanced Practice) Level 5 Aspirational Fails to develop an appropriate list of differential diagnoses Uncertain of which diagnostic studies are appropriate for common medical conditions Fails to recognize when medical referral is necessary Identifies appropriate diagnostic studies for common medical conditions Identifies reasonable diagnosis for common medical conditions Produces a differential diagnosis for common medical conditions Recommends appropriate diagnostic studies for common medical conditions Inconsistently interprets diagnostic study results Develops a comprehensive differential diagnosis, including less common conditions Orders appropriate diagnostic studies for common medical conditions Appropriately prioritizes the sequence and urgency of diagnostic testing Correctly interprets diagnostic study results and appropriately pursues further testing or specialist input Appropriately integrates functional assessment measures into overall evaluation Efficiently produces a focused and prioritized differential diagnosis across a spectrum of ages and impairments and for complex conditions Orders diagnostic testing based on cost effectiveness and likelihood that results will influence clinical management Efficiently produces a focused and prioritized differential diagnosis accounting for rare conditions Streamlines testing for maximal cost- effectiveness and minimal patient burden

Evaluator Rank: Preceptor

Average Score	Minimum | Maximum	Applicable Answers	Scale
2.50	2.5 | 2.5	1	1 to 5

Answer Value	Answer Choices	Answer Count	Percent of All Answers
0	Not Observed	0	0.00%
0.0001	Critical Deficiencies	0	0.00%
0.5	0.5	0	0.00%
1	Level 1	0	0.00%
1.5	1.5	0	0.00%
2	Level 2	0	0.00%
2.5	2.5	1	100.00%
3	Level 3	0	0.00%
3.5	3.5	0	0.00%
4	Level 4	0	0.00%
4.5	4.5	0	0.00%
5	Level 5	0	0.00%

36. Patient-Care and Procedural Skills (PC-6): Diagnosis and Management: Develops and implements comprehensive management plan for each patient.

Not Observed Critical Deficiencies Level 1 Level 2 Level 3 (Ready for Unsupervised Practice) Level 4 (Ready for Advanced Practice) Level 5 Aspirational Care plans are consistently inappropriate or inaccurate Does not react to situations that require urgent or emergent care Does not seek additional guidance when needed Inconsistently develops an appropriate care plan Inconsistently seeks additional guidance when needed Recognizes patients requiring urgent or emergent care Seeks additional guidance and/or consultation as appropriate Consistently develops and implements appropriate care plan Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences Recognizes patient presentations that deviate from common patterns and require complex decision-making Manages complex acute and chronic patients Role models and teaches complex and patient- centered care Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles Serves as a regional consultant for complex patients

Evaluator Rank: Preceptor

Average Score	Minimum | Maximum	Applicable Answers	Scale
2.50	2.5 | 2.5	1	1 to 5

Answer Value	Answer Choices	Answer Count	Percent of All Answers
0	Not Observed	0	0.00%
0.0001	Critical Deficiencies	0	0.00%
0.5	0.5	0	0.00%
1	Level 1	0	0.00%
1.5	1.5	0	0.00%
2	Level 2	0	0.00%
2.5	2.5	1	100.00%
3	Level 3	0	0.00%
3.5	3.5	0	0.00%
4	Level 4	0	0.00%
4.5	4.5	0	0.00%
5	Level 5	0	0.00%

37. Patient-Care and Procedural Skills (PC-7): Diagnosis and Management: Manages patients with progressive responsibility and independence.

Not Observed Critical Deficiencies Level 1 Level 2 Level 3 (Ready for Unsupervised Practice) Level 4 (Ready for Advanced Practice) Level 5 Aspirational Cannot advance beyond the need for direct supervision in the delivery of patient care Cannot manage patients who require urgent or emergent care Does not assume responsibility for patient management decisions Requires direct supervision to ensure patient safety and quality care Provides inconsistent preventative care Inconsistently provides comprehensive care for single or multiple diagnoses Requires indirect supervision to ensure safety and quality care Provides appropriate preventive care Provides comprehensive care for single or multiple diagnoses Under supervision, provides appropriate care for medically complex patients Initiates management plans for urgent or emergent care Independently manages patients who have a broad spectrum of clinical disorders including undifferentiated syndromes Seeks additional guidance and/or consultation as appropriate Appropriately manages situations requiring urgent or emergent care Manages unusual, rare or complex disorders Effectively supervises the management decisions of the athletic health care team Serves as a preceptor capable of recognizing and assessing milestone achievement in athletic training students and residents Recognizes and promotes clinical expertise in peers and implements policy to ensure patients are seen by appropriate members of the team Serves as a clinical care leader supervising multiple clinicians in a coordinated, team- based manner Contributes to the development and refinement of models of education that promote progressive responsibility and independence

Evaluator Rank: Preceptor

Average Score	Minimum | Maximum	Applicable Answers	Scale
2.50	2.5 | 2.5	1	1 to 5

MAT 5250 / MAT 6800
Athletic Injury Simulation Lab

Athletic Health Care Team: [redacted]

			Points Possible	Points Awarded
Each team member observes appropriate universal precautions			1	
INITIAL ASSESSMENT/PRIMARY SURVEY				
Airway:	Is the airway open?		1	
Breathing:	Is patient breathing?		1	
	Is quality/quantity adequate?		1	
Circulation:	Initial pulse assessment?		1	
	Addressed cardiac rate /rhythm?		1	
	Pulse reassessment?		1	
	Reassessed cardiac rate/ rhythm?		1	
Level of Consciousness: A V P U			1	
Positioning:	ATS adequately position for exam?		1	
	Stabilization of c-spine		1	
	PT adequately positioned for exam?		1	
Primary adjuncts:	Maintain stabilization of C-spine		1	
	Access airway		1	
	Other equipment removal		1	
	Effective CPR / AED		1	
	Effective ventilation	Breaths not going in	1	
	Transfer/Position on board / scoop		1	
	Secure to board / scoop		1	
EMS / 911:	Appropriate timing/information		1	
SECONDARY SURVEY (both must be addressed for full credit)				
Visual scan			1	
Palpate Head & Neck			1	
Palpate Torso & Pelvis			1	
Palpate Limbs			1	
Clear C-Spine	Sensory Motor		1	
Orders to consider if appropriate :				
Other appropriate measures:		(up to 3 additional pts)	1	
-1 for ea inappropriate measure:		(up to -5 points) AED	-1	
Actions follows NATA Position Statement(s)			1	
ALL members play appropriate role(s)			1	
Good Communication among team members & with patient			2	
Professional conduct towards pt care, respect, & confidentiality			1	
		Total	**30**	

Seemed like whole crew came early

good recovery from AED malfunction

"composed, systematic; forgot 2° survey

29

MAT 5250 / MAT 6800
Athletic Injury Simulation Lab

Athletic Health Care Team: [redacted]

			Points Possible	Points Awarded
Each team member observes appropriate universal precautions			1	
INITIAL ASSESSMENT/PRIMARY SURVEY				
Airway:	Is the airway open?		1	
Breathing:	Is patient breathing?		1	
	Is quality/quantity adequate?	Ask about SOB Hx Asthma?	1	
Circulation:	Initial pulse assessment?		1	
	Addressed cardiac rate /rhythm?	Never verbalized	1	
	Pulse reassessment?		1	
	Reassessed cardiac rate/ rhythm?		1	
Level of Consciousness: A V P U			1	
Positioning:	ATS adequately position for exam?		1	
	Stabilization of c-spine		1	
	PT adequately positioned for exam?		1	
Primary adjuncts:	Maintain stabilization of C-spine		1	
	Access airway		1	
	Other equipment removal	Cut away from face	1	
	Effective CPR / AED	Great Compressions	1	
	Effective ventilation		1	
	Transfer/Position on board / scoop		1	
	Secure to board / scoop	Straps twisted / Blocks	1	
EMS / 911:	Appropriate timing/information		1	
SECONDARY SURVEY (both must be addressed for full credit)				
Visual scan			1	
Palpate Head & Neck			1	
Palpate Torso & Pelvis			1	
Palpate Limbs			1	
Clear C-Spine	Check Motor/Sensory		1	
Orders to consider if appropriate :				
Other appropriate measures:		(up to 3 additional pts)		
-1 for ea inappropriate measure:		(up to -5 points)		
Actions follows NATA Position Statement(s)			1	
ALL members play appropriate role(s)			1	
Good Communication among team members & with patient			2	
Professional conduct towards pt care, respect, & confidentiality			1	
		Total	**30**	

21

Pt had trouble breathing - Hx of Asthma?

Some good things here, left a few things out (1) No motor/sensory test

(2) no 2° Exam

MAT 5250 / MAT 6800
Athletic Injury Simulation Lab

Athletic Health Care Team:

[redacted]

			Points Possible	Points Awarded
Each team member observes appropriate universal precautions			1	
INITIAL ASSESSMENT/PRIMARY SURVEY				
Airway:	Is the airway open?		1	
Breathing:	Is patient breathing?		1	
	Is quality/quantity adequate?		1	
Circulation:	Initial pulse assessment?		1	
	Addressed cardiac rate /rhythm?		1	
	Pulse reassessment?		1	
	Reassessed cardiac rate/ rhythm?		1	
Level of Consciousness: A V P U			1	
Positioning:	ATS adequately position for exam?		1	
	Stabilization of c-spine		1	
	PT adequately positioned for exam?		1	
Primary adjuncts:	Maintain stabilization of C-spine		1	
	Access airway		1	
	Other equipment removal		1	
	Effective CPR / AED		1	
	Effective ventilation		1	
	Transfer/Position on board / scoop	Delayed 2nd round	1	
	Secure to board / scoop	Straps Tunstel / Blocks/Arms	1	
EMS / 911:	Appropriate timing/information		1	
SECONDARY SURVEY (both must be addressed for full credit)				
Visual scan		2nd time	1	
Palpate Head & Neck			1	
Palpate Torso & Pelvis			1	
Palpate Limbs			1	
Clear C-Spine			1	
Orders to consider if appropriate :				
Other appropriate measures:		(up to 3 additional pts)		
-1 for **ea** inappropriate measure:		(up to -5 points)		
Actions follows NATA Position Statement(s)			1	
ALL members play appropriate role(s)			1	
Good Communication among team members & with patient			2	
Professional conduct towards pt care, respect, & confidentiality			1	
		Total	**30**	

25