

**KINE 5223-001 Clinical Athletic Training IV**  
**(2 semester credit hours)**  
**Summer 2019**

**Hybrid Format: Online from June 3; In person meetings from July 1-Final**  
**In person meetings are: Monday and Wednesday 1 PM – 3 PM**  
**Meeting Location: PEB 303**

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<b>Office Hours</b>	By Appointment	By Appointment

**Required Texts:** No textbooks are required. However, additional articles, NATA position statements, and other on-line resources will be used, including but not limited to:

-*BOC Practice Analysis, 7<sup>th</sup> ed.*

[https://www.bocatc.org/system/document\\_versions/versions/24/original/boc-pa7-content-outline-20170612.pdf?1497279231](https://www.bocatc.org/system/document_versions/versions/24/original/boc-pa7-content-outline-20170612.pdf?1497279231)

-*NATA Code of Ethics, located at:*

<http://www.nata.org/codeofethics>

-*Selected NATA Position Statements (TBA) found at:*

<http://www.nata.org/position-statements>

-*Foundational Behaviors of Professional Practice (page 3)*

[https://www.nata.org/sites/default/files/competencies\\_5th\\_edition.pdf](https://www.nata.org/sites/default/files/competencies_5th_edition.pdf)

-*Competencies in Athletic Training. 5<sup>th</sup> Ed.; National Athletic Trainers' Association*

[https://www.nata.org/sites/default/files/competencies\\_5th\\_edition.pdf](https://www.nata.org/sites/default/files/competencies_5th_edition.pdf)

-*BOC Standards of Professional Practice, located at:*

[http://www.bocatc.org/system/document\\_versions/versions/144/original/boc-standards-of-professional-practice-2018-20180305.pdf?1520264560](http://www.bocatc.org/system/document_versions/versions/144/original/boc-standards-of-professional-practice-2018-20180305.pdf?1520264560)

-*TABAT Scope of Practice, located at:*

<https://www.tdlr.texas.gov/at/at.htm>

**Prerequisite:** Admission into the Master of Science in Athletic Training Program or permission of the instructor. Concurrent enrollment in KINE 5226.

**Course Description:** Lecture and associated clinical experiences in selected health care settings that provide students the opportunity to integrate their knowledge and skills into actual patient care. Emphasis will be placed on the development of clinical decision-making skills. This course requires the completion of clinical hours of experience under the supervision of a program approved clinical preceptor. Prerequisite: KINE 5431, KINE 5434, KINE 5222

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**Purpose:** This course is designed to provide didactic information concerning the topics above and an opportunity for the application of psychomotor skills and clinical proficiencies required of the athletic training student.

**Learning Outcomes:** At the conclusion of this course, the student should be able to:

<b>Competency Number</b>	<b>Competency</b>
PD-1	Summarize the athletic training profession's history and development and how current athletic training practice has been influenced by its past.
PD-2	Describe the role and function of the National Athletic Trainers' Association and its influence on the profession.
PD-3	Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.
PD-4	Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
PD-5	Access, analyze, and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the NATA Athletic Training Educational Competencies, the BOC Standards of Professional Practice, the NATA Code of Ethics, and the BOC Role Delineation Study/Practice Analysis.
PD-6	Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.
PD-7	Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.
PD-8	Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.
PD-9	Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.
PD-10	Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public).
PD-11	Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.
PD-12	Identify mechanisms by which athletic trainers influence state and federal healthcare regulation.
TI-8	Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.
TI-11	Design therapeutic interventions to meet specific treatment goals.
TI-11a	Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.
TI-11b	Position and prepare the patient for various therapeutic interventions.
TI-11c	Describe the expected effects and potential adverse reactions to the patient.
TI-11e	Apply the intervention, using parameters appropriate to the intended outcome.
TI-11f	Reassess the patient to determine the immediate impact of the intervention.

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<b>Competency Number</b>	<b>Competency</b>
TI-13	Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including therapeutic massage, myofascial techniques, and muscle energy techniques.
CE-7	Identify the patient's participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient's life.
CE-9	Identify functional and patient-centered quality of life outcome measures appropriate for use in athletic training practice.
CE-12	Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures.
CE-13	Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient's perceived pain, and the history and course of the present condition.
CE-15	Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.
CE-17	Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.
CE-18	Incorporate the concept of differential diagnosis into the examination process.
CE-19	Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status.
CE-20	Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:
CE-20a	History taking
CE-20b	Inspection/observation
CE-20c	Palpation
CE-20d	Functional assessment
CE-20e	Selective tissue testing techniques/special tests
CE-20f	Neurological assessments (sensory, motor, reflexes, balance, cognitive function)
CE-21	Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include:
CE-21a	Assessment of posture, gait, and movement patterns
CE-21b	Palpation
CE-21c	Muscle function assessment
CE-21d	Assessment of quantity and quality of osteokinematic joint motion
CE-21e	Capsular and ligamentous stress testing
CE-21f	Joint play (arthrokinematics)
CE-21g	Selective tissue examination techniques/special tests
CE-21h	Neurologic function (sensory, motor, reflexes, balance, cognition)
CE-22	Determine when the findings of an examination warrant referral of the patient

**Cell Phone Policy:** Please turn cell phones off or silence them during our class period.

**Attendance and Class Preparation:** At The University of Texas at Arlington, taking attendance is not required but attendance is a critical indicator in student success. Each faculty member is free to develop his or her own methods of evaluating students' academic performance, which includes establishing course-specific policies on attendance. As the instructors of this section, we expect students to be in attendance for each class meeting. The course attendance policy is provided below. However, while UT Arlington does not require

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instructors to take attendance in their courses, the U.S. Department of Education requires that the University have a mechanism in place to mark when Federal Student Aid recipients “begin attendance in a course.” UT Arlington instructors will report when students begin attendance in a course as part of the final grading process. Specifically, when assigning a student a grade of F, faculty report the last date a student attended their class based on evidence such as a test, participation in a class project or presentation, or an engagement online via Blackboard. This date is reported to the Department of Education for federal financial aid recipients.

**Attendance Policy:** Class attendance is **required during the second half of the course, starting July 1st**. Excused absences include university approved absences or those that I receive notification of (i.e. illness, doctor appointments, etc.) in a timely manner. Class begins at 1:00 pm. Tardiness is **NOT** acceptable. After three late arrivals, you will be given one unexcused absence. **More than one unexcused absences will automatically drop your grade by one letter (i.e., A to B, B to C, etc.).**

Each student is expected to prepare for class by reading the assigned information **prior** to class. If you miss a class, you are responsible for obtaining all information presented.

**Expectations for Out-of-Class Study:** A general rule of thumb is this: for every credit hour earned, a student should spend 3 hours per week working outside of class. Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional 6 hours per week of their own time in course-related activities, including reading required materials, completing assignments, preparing for quizzes, etc.

**Grading and Retention:** MSAT students’ academic and clinical progress will be closely monitored each semester. In order to remain in the MSAT program, students must:

1. Maintain a cumulative GPA of 3.0 or higher.
2. Maintain a 3.0 GPA or higher in athletic training core courses.
3. Students may not earn a “C” grade or lower in any required course containing AT education competencies. Students who earn a grade of “C” or lower in any required course must meet with their academic advisor and petition to continue in the MSAT Program.
  - Any student who fails to meet the retention criteria will be placed on probation in the MSAT program. If standards are not met by the end of the probationary period, the student will be dismissed from the program.
  - If allowed to repeat a course, the student must earn a grade of B or higher in order to remain in the program. Students will not be allowed to continue in the program until the course is repeated with a grade of a B or higher. For example, if a student earns a “C” in a course only offered in the fall semester, he/she must wait until the course is offered again (the next fall) before proceeding in the program.
  - Failure to repeat the course, or earn a grade of “B” or better, will result in dismissal from the program. Students who do not gain good academic standing with the program in the semester following completion of the probation semester will be academically dismissed. A student who has been dismissed for failure to maintain a GPA 3.0 may petition the AT Faculty Committee to continue in the program. See section below concerning petitions\*.
4. Adhere to professionalism standards and documents cited in the MSAT Policies and Procedures Manual including but not limited to: the university’s academic integrity policies, the NATA Code of Ethics, the BOC’s Standards of Practice, course syllabi, to the MSAT Policies and Procedures Manual, and to policies/regulations established at each assigned clinical site. Students with three professional conduct/digression reports may be

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suspended or dismissed from the program. If students have a history of professional conduct or behavior issues, with a written record of conduct warning or digression reports, and earn a “C” in a course, the student will be required to meet with the faculty to determine if the student can continue.

- For minor professionalism infractions, the faculty/staff/preceptor will complete “Student Conduct Warning” form. If a student obtains 3 of these, he/she will be dismissed from the program (3 strike and you’re out rule).
- For major professionalism offenses (serious offenses such as a confidentiality breach, etc.) a Student Conduct Digression Report will be completed the student may be dismissed from the program depending on the nature of the offense. The Athletic Training Program faculty committee will make the determination on whether or not the student can repeat the course and continue in the program.

\*Petitions to Continue in the MSAT Program: Students who wish to submit a petition to continue in the MSAT Program must meet with their Academic Advisor. During that meeting, students should be prepared to discuss how/why plans to regain good academic standing during the probation semester were not successful and develop a specific plan for improvement. The student is responsible for submitting the petition electronically – the petition form is available at:

<https://grad.pci.uta.edu/students/petition/>

The student’s petition to continue in the MSAT Program will be reviewed by the Athletic Training faculty committee. If the committee agrees to approve the student’s petition to continue, the Academic Advisor will work with the student to review/revise the student’s degree plan and assist with clearing the student for enrollment.

**Course Evaluation:**

<b>Clinical Education Requirements:</b>	
Clinical Experience Hours	5%
Clinical Experience Reflection Paper	5%
Interprofessional Practice Interview	5%
<b>Class Requirements:</b>	
Professional Development Modules	25%
Learning Pods and Musculoskeletal Examination/Interventions <ul style="list-style-type: none"><li>• Musculoskeletal Case (5%)</li><li>• Reflection (2.5%)</li><li>• SOAP Note (5%)</li><li>• SBAR Presentation (2.5%)</li><li>• Intervention Plan (5%)</li><li>• Grand Rounds (5%)</li></ul>	25%
Clinical Skills	10%
Final Exam	25%

**Grading Scale:**      A = 90%; B = 80%; C = 70%; D = 60%; F = <60%

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**CLINICAL EDUCATION REQUIREMENTS AND POLICIES**

**Note:** All Clinical Education requirements and paperwork submitted late will result in a *1% deduction in the course grade for every day the materials are late, up to the maximum percent that requirement is worth*. If the required item is so late that the student is assigned a grade of ‘zero’ for the requirement, a digression report will be completed by the course instructor.

**Incomplete Paperwork:** Students are expected to turn-in fully complete paperwork. If paperwork is not complete upon submission, the instructor will return to the student for completion and a ½% grade deduction will occur.

**Clinical Hours:** This course requires the completion of minimum 30 clinical education hours (max 50 hours) at an approved clinical education site. Each student is to record his or her daily hours on the *General Medical Rotation Hour Log*, which must be completed and initialed each day by your supervising professional. Once your clinical education hours are complete, your assigned CP will need to sign the bottom of the form to verify that you have completed all hours. This form will need to be turned in within one week after finishing your clinical experience. In addition, clinical hours must also be logged onto ATrack. Hours on ATrack must be recorded within 7 days of completion. You will select your clinical site, but do not need to list a CP in the hour log. Falsifying clinical hour entries will result in disciplinary action. Hours that are obtained at another clinical affiliated site, other than the one a student is directly assigned to, need to be approved by the CEC with written or email verification. Failure to meet the minimum clinical hours by the last day of your assigned window will result in the grade of an “incomplete” in the course, a deduction in 5% of the overall course grade, and will prohibit the student from progressing in the program until clinical hours are completed.

**ATS Submission of Completed Clinical Requirements & Paperwork**

**Clinical Orientation Checklist:** Must be submitted via email or office mailbox within your first 2 days after starting your rotation and must be signed by your assigned CP.

**General Medical Skills Log:** This form tracks hands-on patient encounters that the student has while at the clinical site. At a minimum, the student must independently obtain 5 histories and 5 vitals assessments. The supervising provider must sign off on these skills after each assessment and provide any feedback as necessary. Additionally, each student must document other general medical skills that they observed and assisted with. Examples of these skills include peak flow assessment, blood glucose, abdominal assessment, otoscope, respiratory assessment (auscultations and percussions), nose examination, throat examination, etc. The General Medical Skills Log must be submitted via email or office mailbox within one week after finishing your clinical experience.

**Clinical Liability Insurance:** All students must have liability insurance by Friday, June 7<sup>th</sup> at 12:00pm.

**Clinical Rotation Reflection:** A reflection paper is due one week after the completion of your clinical rotation. The reflection should be a minimum of 2 pages, double spaced, standard margins and 12 pt. font. The reflection should include, but is not limited to, the following information:

- 1) How did completing this rotation help you in your future clinical practice?
- 2) What did you learn and experience in regard to interprofessional practice at this clinical site?
- 3) What was the biggest takeaway you had from completing this clinical rotation?
- 4) How could this clinical rotation be improved upon in the future?

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**Interprofessional Practice Interview:** Students will complete an interview with a healthcare provider from another profession (other than athletic training). Students should make every effort to interview a healthcare provider at their assigned clinical site, however if this is not possible they can interview a healthcare provider from outside their clinical site. Interviews should be conducted using the interview guide provided on the course Blackboard page.

**Modules/Quizzes over Professional Development (PD) documents:** Students will complete a series of modules based on the Professional Development (PD) competencies. Typically, students will review the document and complete a quiz. Specific instructions for each module will be provided via Blackboard (BB).

**Quizzes and Exam:** Quizzes and the exam will be administered through Blackboard and will be based on the PowerPoints and other sources. Students are expected to work independently and to log-in and complete the quiz before the deadline. Students found in violation of will be turned into the Office of Student Conduct and have a Disposition filed. Also, if quiz deadlines are missed, then points will not be awarded. If technical issues occur during the quiz, email your instructor.

**Worksheets, Discussions, Presentations and/or group or individual projects:** These will be assigned according to topic. Worksheets will likely be posted on BlackBoard for completion and submission. Discussion threads will be maintained via BlackBoard. Presentations and group projects will be associated with topics and will allow students to teach and assess their classmates.

**Learning Pods and Musculoskeletal Examination/Interventions:** Students will be assigned to a learning pod to complete a series of activities related to musculoskeletal examination and interventions with focus on clinical reasoning. Each student will be in charge of producing 6 products. The first is required of the case that you will be asked to create. The last 5 products are required when you are the assigned examiner in a case.

**The following are required when you are the actor in the case:**

1. **Musculoskeletal Case** – You will be required to develop one case during the semester, which you will act out during one of the class sessions (case and date assigned). Please see the template provided on the course Blackboard page.  
The case should be uploaded to Blackboard by class time on the day you act, and you should bring a copy for the “judge” to class. (the audience should not see the case until after it has been acted out)

**The following are due when you are the examiner of the case:**

1. **SBAR presentation** – Practicing the SBAR gives you the opportunity to hone your interprofessional communication skills. The day you perform your in-class evaluation you will be required to perform a SBAR presentation to the class. This is a short (< 5 minute) presentation of your case using the SBAR format, as well as identification of self-directed learning. Please refer to the rubric provided in the syllabus and on Blackboard for grading criteria.
2. **Reflection** – The literature is clear that much deeper learning occurs with reflection. Completing a reflection will give you the opportunity to deepen your learning from the clinical case. You will complete a reflection of the experience after they have had feedback provided by the case creator and the evaluators. The reflection will be due *two days after completing the evaluation in class*. The reflection template is provided on Blackboard. Please refer to this syllabus for exact due dates. \*Note: your reflection may be due outside of class meeting times.
3. **SOAP Note** – SOAP note writing gives you the opportunity to practice your written communication and clinical documentation skills. *Two days after you have performed your in-class evaluation* you will be required to submit a SOAP note of the case. The rubric for grading is provided in the syllabus

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and on Blackboard. Please refer to this syllabus for exact due dates. \*Note: your reflection may be due outside of class meeting times.

4. **Intervention Plan** – Developing an intervention plan gives you the opportunity to further utilize and grow your clinical reasoning skills and practice identifying patient disabilities, goals, and appropriate interventions. *One week after you have performed your in-class evaluation* you will turn in an intervention plan for your case. The instructions and intervention plan template are provided on the course Blackboard page.
5. **Grand Rounds** – Grand rounds consist of presenting the medical problems and treatment of a particular patient to an audience of other healthcare providers and have been used in medical education since the late 19<sup>th</sup> century. Grand rounds give you the opportunity to practice your communication and presentation skills, as well as the opportunity to learn about other students' clinical reasoning and current evidence-based methods of diagnosis and treatment. You will complete grand rounds on your designated date by creating a 10 minute presentation on your case. The presentation must include peer-reviewed evidence regarding the condition (e.g., epidemiology, incidence, treatment outcomes, special test evidence, etc) in [AMA format](#). Your grand rounds presentation should include:
  - a. Background: Include the individual's age, sex, sport or activity, pertinent aspects of their medical history, a brief history of their complaint and physical findings from your examination.
  - b. Differential Diagnosis: Include all possible diagnoses suspected based on the history, mechanism of injury, and the initial clinical examination and the reasoning process used to rule in/out the diagnoses and the final diagnosis.
  - c. Therapeutic Interventions: Provide details on the recommended treatment plan. This should include peer-reviewed literature to support your recommended treatment plan.
  - d. AHA moments: Provide information on what you learned from the case.
 Please refer to the rubric provided in the syllabus and on Blackboard for grading criteria and this syllabus for exact dates of your grand rounds presentation.

**NOTE:** When groups have completed the CRT and are waiting for SBAR presentations to begin, students will be expected to complete clinical skills packets with peer feedback/review. This will allow students to continue to master clinical skills and prepare for their fall clinical experiences.

**Learning Pod Assignments and Schedules:**

Learning Pod	Members
Arlington	Garrison, Hernandez, Johnson, Salinas
Maverick	Edwards, Jordan, Smith, South
Blaze	Peralta, Seedle, Templin, Triplett
Shorthorn	Lopez, Thompson, Wimpee, Yu

**ARLINGTON**

Date	Topic	Create Script & Model	Clinician	Judge	Audience
7/3	Shoulder	Garrison	Hernandez	Johnson	Salinas
7/8		Hernandez	Johnson	Salinas	Garrison
7/10	Elbow/Hand/Wrist	Johnson	Salinas	Garrison	Hernandez
7/15		Salinas	Garrison	Hernandez	Johnson

**MAVERICK**



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Date	Topic	Create Script & Model	Clinician	Judge	Audience
7/3	Shoulder	Edwards	Jordan	Smith	South
7/8		Jordan	Smith	South	Edwards
7/10	Elbow/Hand/Wrist	Smith	South	Edwards	Jordan
7/15		South	Edwards	Jordan	Smith

**BLAZE**

Date	Topic	Create Script & Model	Clinician	Judge	Audience
7/3	Shoulder	Peralta	Seedle	Templin	Triplett
7/8		Seedle	Templin	Triplett	Peralta
7/10	Elbow/Hand/Wrist	Templin	Triplett	Peralta	Seedle
7/15		Triplett	Peralta	Seedle	Templin

**SHORTHORN**

Date	Topic	Create Script & Model	Clinician	Judge	Audience
7/3	Shoulder	Wimpee	Thompson	Lopez	Yu
7/8		Thompson	Lopez	Yu	Wimpee
7/10	Elbow/Hand/Wrist	Lopez	Yu	Wimpee	Thompson
7/15		Yu	Wimpee	Thompson	N/A

Date	Topic	Pod	Clinician	SBAR	SOAP & Reflection	Intervention Plan	Grand Rounds
7/3	Shoulder	Arlington	Hernandez	7/3	7/5	7/10	7/29
		Maverick	Jordan				
		Blaze	Seedle				
		Shorthorn	Gartman				
7/8		Arlington	Johnson	7/8	7/10	7/15	
		Maverick	Smith				
		Blaze	Templin				
		Shorthorn	Lopez				
7/10	Elbow/Hand/Wrist	Arlington	Salinas	7/10	7/12	7/17	7/31
		Maverick	South				
		Blaze	Triplett				
		Shorthorn	Yu				
7/15		Arlington	Garrison	7/15	7/17	7/22	
		Maverick	Edwards				
		Blaze	Peralta				
		Shorthorn	Wimpee				

**Graston Technique® Introductory Course:** Students will participate in an introductory instrument-assisted soft tissue mobilization (IASTM) training course, specifically Graston Technique®. Two full class days will be used to teach students an introduction to the background of IASTM and give examples and time for practice with specific techniques. Students will be expected to fully participate in class.

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**Final Exam:** A final exam will be conducted at the end of the term.

**Institution Information**

UTA students are encouraged to review the below institutional policies and informational sections and reach out to the specific office with any questions. To view this institutional information, please visit the [Institutional Information](http://www.uta.edu/provost/administrative-forms/course-syllabus/index.php) page (<http://www.uta.edu/provost/administrative-forms/course-syllabus/index.php>) which includes the following policies among others:

- Drop Policy
- Disability Accommodations
- Title IX Policy
- Academic Integrity
- Student Feedback Survey
- Final Exam Schedule

**University Academic Policies:**

**Grade Grievances:**

Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current University Catalog. For graduate courses, see [Graduate Grading Policies](#). For student complaints, see [Student Complaints](#).

**Drop Policy:** Students may drop or swap (adding and dropping a class concurrently) classes through self-service in MyMav from the beginning of the registration period through the late registration period. After the late registration period, students must see their academic advisor to drop a class or withdraw. Undeclared students must see an advisor in the University Advising Center. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance.** Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. For more information, contact the Office of Financial Aid and Scholarships (<http://www.uta.edu/aao/fao/>).

**Disability Accommodations:** UT Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including *The Americans with Disabilities Act (ADA)*, *The Americans with Disabilities Amendments Act (ADAAA)*, and *Section 504 of the Rehabilitation Act*. All instructors at UT Arlington are required by law to provide “reasonable accommodations” to students with disabilities, so as not to discriminate on the basis of disability. Students are responsible for providing the instructor with official notification in the form of a **letter certified** by the Office for Students with Disabilities (OSD). Only those students who have officially documented a need for an accommodation will have their request honored. Students experiencing a range of conditions (Physical, Learning, Chronic Health, Mental Health, and Sensory) that may cause diminished academic performance or other barriers to learning may seek services and/or accommodations by contacting: **The Office for Students with Disabilities, (OSD)** [www.uta.edu/disability](http://www.uta.edu/disability) or calling 817-272-3364. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability).

**Counseling and Psychological Services (CAPS)** [www.uta.edu/caps/](http://www.uta.edu/caps/) or calling 817-272-3671 is also available to all students to help increase their understanding of personal issues, address mental and behavioral health problems and make positive changes in their lives.

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**Non-Discrimination Policy:** The University of Texas at Arlington does not discriminate on the basis of race, color, national origin, religion, age, gender, sexual orientation, disabilities, genetic information, and/or veteran status in its educational programs or activities it operates. For more information, visit [uta.edu/eos](http://uta.edu/eos).

**Title IX Policy:** The University of Texas at Arlington (“University”) is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated. *For information regarding Title IX, visit [www.uta.edu/titleIX](http://www.uta.edu/titleIX) or contact Ms. Michelle Willbanks, Title IX Coordinator at (817) 272-4585 or [titleix@uta.edu](mailto:titleix@uta.edu)*

**Academic Integrity:** Students enrolled all UT Arlington courses are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*

*I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*

UT Arlington faculty members may employ the Honor Code in their courses by having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted. Per UT System *Regents’ Rule* 50101, §2.2, suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with University policy, which may result in the student’s suspension or expulsion from the University. Additional information is available at <https://www.uta.edu/conduct/>. Faculty are encouraged to discuss plagiarism and share the following library tutorials <http://libguides.uta.edu/copyright/plagiarism> and <http://library.uta.edu/plagiarism/>

**Electronic Communication:** UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. All students are assigned a MavMail account and are responsible for checking the inbox regularly. There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at <http://www.uta.edu/oit/cs/email/mavmail.php>.

**Campus Carry:** Effective August 1, 2016, the Campus Carry law (Senate Bill 11) allows those licensed individuals to carry a concealed handgun in buildings on public university campuses, except in locations the University establishes as prohibited. Under the new law, openly carrying handguns is not allowed on college campuses. For more information, visit <http://www.uta.edu/news/info/campus-carry/>

**Emergency Exit Procedures:** Should we experience an emergency event that requires evacuation of the building, students should exit the room and move toward the nearest exit, which is located in the hallway leading to PEB 202. When exiting the building during an emergency, do not take an elevator but use the stairwells instead. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist individuals with disabilities.

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Students should also subscribe to the MavAlert system that will send information in case of an emergency to their cell phones or email accounts. Anyone can subscribe at <https://mavalert.uta.edu/>.

**Student Support Services:** UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include [tutoring](#) by appointment, [drop-in tutoring](#), [mentoring](#) (time management, study skills, etc.), [major-based learning centers](#), [counseling](#), and [federally funded programs](#). For individualized referrals, students may call the Maverick Resource Hotline at 817-272-6107, send a message to [resources@uta.edu](mailto:resources@uta.edu), or view the information at [Resource Hotline](#) (<http://www.uta.edu/studentsuccess/success-programs/programs/resource-hotline.php>).

**IDEAS Center:**

**The IDEAS Center** (<https://www.uta.edu/ideas/>) (2<sup>nd</sup> Floor of Central Library) offers **FREE** [tutoring](#) and [mentoring](#) to all students with a focus on transfer students, sophomores, veterans and others undergoing a transition to UT Arlington. Students can drop in or check the schedule of available peer tutors at [www.uta.edu/IDEAS](http://www.uta.edu/IDEAS), or call (817) 272-6593.

**The English Writing Center (411LIBR):** The Writing Center offers **FREE** tutoring in 15-, 30-, 45-, and 60-minute face-to-face and online sessions to all UTA students on any phase of their UTA coursework. Register and make appointments online at the [Writing Center](#) (<https://uta.mywconline.com>). Classroom visits, workshops, and specialized services for graduate students and faculty are also available. Please see [Writing Center: OWL](#) for detailed information on all our programs and services.

The Library's 2<sup>nd</sup> floor [Academic Plaza](#) (<http://library.uta.edu/academic-plaza>) offers students a central hub of support services, including IDEAS Center, University Advising Services, Transfer UTA and various college/school advising hours. Services are available during the [library's hours](#) of operation.

**Kinesiology Librarian:**

Peace Ossom Williamson- [peace@uta.edu](mailto:peace@uta.edu) – 817-272-6208

Office: Central Library 214A

**Research or General Library Help**

[Academic Plaza Consultation Services](#) ([library.uta.edu/academic-plaza](http://library.uta.edu/academic-plaza))

[Ask Us](#) ([ask.uta.edu/](http://ask.uta.edu/))

[Library Tutorials](#) ([library.uta.edu/how-to](http://library.uta.edu/how-to))

[Subject and Course Research Guides](#) ([libguides.uta.edu](http://libguides.uta.edu))

[Librarians by Subject](#) ([library.uta.edu/subject-librarians](http://library.uta.edu/subject-librarians))

[Research Coaches](#) (<http://libguides.uta.edu/researchcoach>)

[A to Z List of Library Databases](#) ([libguides.uta.edu/az.php](http://libguides.uta.edu/az.php))


[Course Reserves](#) ([https://uta.summon.serialssolutions.com/#!/course\\_reserves](https://uta.summon.serialssolutions.com/#!/course_reserves))

[Study Room Reservations](#) ([openroom.uta.edu/](http://openroom.uta.edu/))

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## **Stop. Think. Protect Yourself. You Have Choices.**

The safety and security of our campus is the responsibility of everyone in our community. Each of us has an obligation to be prepared to appropriately respond to threats to our campus, such as an active aggressor. This graphic provides each member of the UTA community with information and options for responding to an active threat. These options are not chronological, but are designed to address dynamic situations. Assess the situation (your location, the location of the threat, type of threat, etc.), identify and weigh your options, develop a plan of action and commit to it.

YOUR OPTIONS TO AN ACTIVE You Have Choices!		
A V O I D	<ul style="list-style-type: none"><li>• <b>AVOID</b> the situation. <u>Stay away</u> from the area and campus.</li><li>• If you can safely leave the area, RUN.</li><li>• Get others to leave the area, if possible.</li><li>• Prevent others from entering the area.</li></ul>	<ul style="list-style-type: none"><li>• Know your exit and escape options.</li><li>• If in a parking lot, get to your car and leave.</li><li>• If in an unaffected area, stay where you are.</li><li>• When you are safe, call UTA PD at 817.272.3003 or 911 with information you have.</li></ul>
D E N Y	If you can't leave the area safely, <b>DENY</b> or slow entry to the intruder: <ul style="list-style-type: none"><li>• Lock/barricade doors with heavy items.</li><li>• Turn off lights/projectors/equipment.</li><li>• Close blinds and block windows.</li><li>• Stay away from doors and windows.</li><li>• Silence phones and <b>remain quiet</b>. <u>Don't let your phone give you away.</u></li><li>• HIDE and take cover to protect yourself.</li><li>• Be prepared to run or defend yourself.</li></ul>	
D E F E N D	If you can't AVOID or DENY entry to the intruder, <b>DEFEND</b> your location: <ul style="list-style-type: none"><li>• As a last resort, <u>FIGHT for your life</u>.</li><li>• Use physical force and any weapons available - fire extinguishers, books, chairs, belts, umbrellas, pens/scissors, hot coffee/drinks, trash cans, etc.</li><li>• Use the element of surprise.</li><li>• Work together as a team. Develop a plan. Commit to your actions. Your life depends on it.</li><li>• Be aggressive, loud, and determined in your actions.</li></ul>	
<p style="text-align: center;"><b>Follow ALL instructions.</b></p> <p style="text-align: center;"><b>For more information, go to: <a href="https://police.uta.edu/activeshooter">police.uta.edu/activeshooter</a></b></p> <div><div><p><b>POLICE DEPARTMENT</b> THE UNIVERSITY OF TEXAS AT ARLINGTON</p></div><div><p>Emergency: 817.272.3003</p><p>Non-Emergency: 817.272.3381</p><p><a href="https://police.uta.edu">police.uta.edu</a></p></div></div>		

Additional information for active threat and other emergency situations can be found through <https://police.uta.edu/emergency-management>.

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**Course Schedule**

*As the instructors for this course, we reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course. –Dr. K and Dr. Kunkel*

<b>Date</b>	<b>Topic</b>
Online 6/3-6/7	<i>Blackboard Self-Paced Professional Development Module:</i> <b>PD- Module 1:</b> Where we've come from...Where we are going <b>PD- Module 2:</b> NATA Who? What? <b>PD- Module 3:</b> Standards- the BOC, CAATE, and the state
Online 6/10-6/14	<i>Blackboard Self-Paced Professional Development Module:</i> <b>PD- Module 4:</b> Staying in Compliance- What you need to know about state practice acts <b>PD-Module 5:</b> Establishing Standards- Alphabet Soup- What it all means: NATA, NATA-EC, CAATE, BOC, BOC RD/PA
Online 6/17-6/21	<i>Blackboard Self-Paced Professional Development Module:</i> <b>PD- Module 6:</b> How to obtain and maintain your credentials to practice as an AT <b>PD- Module 7:</b> Self-assessment- Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies. <b>PD- Modules 8/9:</b> Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact. <b>PD-Modules 8/9:</b> Referrals: who/what/where/when/why- Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.
Online 6/24-6/28	<i>Blackboard Self-Paced Professional Development Module:</i> <b>PD- Modules 10/11:</b> Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public). <b>PD- Modules 10/11:</b> Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers. <b>PD-Module 12:</b> You can make a difference
7/1	In class review of PD Modules 1- 12
7/3	Clinical Reasoning Theater
7/8	Clinical Reasoning Theater
7/10	Clinical Reasoning Theater
7/15	Clinical Reasoning Theater
7/17	Review for Mental Health Simulation
7/22	<b>MENTAL HEALTH SIMULATION</b> Individual sign-ups 1:00-7:00pm
7/24	SWATA Annual Clinical Symposium
7/29	Grand Rounds
7/31	Grand Rounds
8/5	Introduction to Instrument-Assisted Soft Tissue Mobilization (IASTM): Graston Technique
8/7	Introduction to Instrument-Assisted Soft Tissue Mobilization (IASTM): Graston Technique
8/12-8/13	<b>FINAL EXAM TBD</b>

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**SOAP NOTE GRADING RUBRIC**

	<b>Not Acceptable (0 pts)</b>	<b>Needs Improvement (1 pt)</b>	<b>Competent (2 pts)</b>	<b>Excellent (3 pts)</b>
<b>Subjective Information</b>	<input type="checkbox"/> Limited or no summary of pertinent information <input type="checkbox"/> Grossly contains incomplete and/or inaccurate information <input type="checkbox"/> Irrelevant information predominate	<input type="checkbox"/> Poorly organized and/or difficult to understand <input type="checkbox"/> Limited summary of pertinent information <input type="checkbox"/> Information other than “S” provided	<input type="checkbox"/> Provides most of the pertinent information <input type="checkbox"/> May be missing pertinent negative information (e.g., patient denies...)	<input type="checkbox"/> Provides complete, concise, and accurate information which is well organized and easy to understand <input type="checkbox"/> Information is pertinent and without inclusion of extraneous information
<b>Objective Information</b>	<input type="checkbox"/> Limited or no summary of pertinent information <input type="checkbox"/> Grossly contains incomplete and/or inaccurate information. <input type="checkbox"/> Inappropriate information for the presenting problem	<input type="checkbox"/> Poorly organized and/or difficult to understand <input type="checkbox"/> Limited summary of pertinent information <input type="checkbox"/> Information other than “O” provided <input type="checkbox"/> Selection of diagnostic assessment techniques is inappropriate for the situation or missing when needed	<input type="checkbox"/> Provides most of the pertinent information <input type="checkbox"/> Selection of diagnostic assessment techniques is inadequate to address the presenting problem	<input type="checkbox"/> Provides complete, concise, and accurate information which is well organized and easy to understand <input type="checkbox"/> Appropriate diagnostic assessment techniques are described <input type="checkbox"/> All relevant data related to assessment of the CC is obtained
<b>Assessment</b>	<input type="checkbox"/> Assessment is inappropriate or inaccurate based on “S” and “O” findings <input type="checkbox"/> A large amount of unnecessary information (that should be in S, O, or P) is included.	<input type="checkbox"/> Assessment is presented but may not correspond with subjective and objective information presented <input type="checkbox"/> Assessment only minimally applicable for “S” and “O” findings <input type="checkbox"/> A moderate amount of unnecessary information (that should be in S, O, or P) is included.	<input type="checkbox"/> An accurate assessment is presented based on “S” and “O” findings <input type="checkbox"/> Very little unnecessary information (that should be in S, O, or P) is included. (i.e. grade 3 lateral ankle sprain <i>with severe swelling</i> )	<input type="checkbox"/> An accurate assessment is presented based on “S” and “O” findings <input type="checkbox"/> No unnecessary information (that should be in S, O, or P) is included.

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	<b>Not Acceptable (0 pts)</b>	<b>Needs Improvement (1 pt)</b>	<b>Competent (2 pts)</b>	<b>Excellent (3 pts)</b>
<b>Plan</b>	<input type="checkbox"/> Missing or inappropriate plan for the main problem <input type="checkbox"/> Lacking essential components related to the final assessment <input type="checkbox"/> Plan does not address secondary problems (if applicable) <input type="checkbox"/> Plan does not indicate patient education occurred <input type="checkbox"/> Does not address follow-up time or include referrals (if applicable)	<input type="checkbox"/> Plan is inadequate to fully address the identified problem <input type="checkbox"/> Need to consider alternative features for optimal patient outcomes <input type="checkbox"/> Inappropriate or inadequate plan to fully address the main problem <input type="checkbox"/> Need to consider alternative features for optimal patient outcomes <input type="checkbox"/> Missing specific recommendations and does not address secondary problems (if applicable) <input type="checkbox"/> No indication that patient education occurred <input type="checkbox"/> Plan does not address follow-up time <input type="checkbox"/> Does not include referrals (if applicable) <input type="checkbox"/> Contains further assessment information	<input type="checkbox"/> Mostly complete and appropriate plan for the main problem and secondary problems (if applicable) <input type="checkbox"/> Indicates some patient education occurred <input type="checkbox"/> Addresses follow-up time frame and includes applicable referrals <input type="checkbox"/> May not be of best practice <input type="checkbox"/> Appropriate but is “generic” rather than individualized to the patient	<input type="checkbox"/> Complete and appropriate plan for the main problem and secondary problems (if applicable) <input type="checkbox"/> Indicates thorough patient education occurred <input type="checkbox"/> Addresses follow-up time frame and includes applicable referrals <input type="checkbox"/> Individualized to the patient’s age, sport/activity, culture, religion, family, environment, education, and/or any other unique concerns uncovered in the assessment
<b>Documentation is Clear and Well Organized</b>	<input type="checkbox"/> Lay terminology, illogical sequencing, missing essential elements, and substantial language, spelling, grammar, or abbreviation mistakes <input type="checkbox"/> Significant use of inappropriate, nonstandard, or unexplained abbreviations	<input type="checkbox"/> Needs to be better organized <input type="checkbox"/> Occasionally strays from standard format for SOAP documentation <input type="checkbox"/> Occasional illogical sequencing but the reader is able to determine findings with minimal difficulty <input type="checkbox"/> Some noticeable language, spelling, grammar, or abbreviation mistakes <input type="checkbox"/> Some instances of inappropriate, nonstandard, or unexplained abbreviations	<input type="checkbox"/> Occasional redundant or distracting information <input type="checkbox"/> Needs to be better organized <input type="checkbox"/> A few language, spelling, grammar, or abbreviation mistakes	<input type="checkbox"/> Clear and well organized with a logical flow <input type="checkbox"/> Appropriate medical terminology used <input type="checkbox"/> Redundant words, phrases, and other distracting information are omitted <input type="checkbox"/> No noticeable language, spelling, grammar, or abbreviation mistakes <input type="checkbox"/> No use of inappropriate, nonstandard, or unexplained abbreviations

**Total: \_\_\_\_/15**



## SBAR + SELF-DIRECTED LEARNING GRADING RUBRIC

Rating	Excellent (3)	Good (2)	Needs Improvement (1)	Unacceptable (0)	Score
<b>Situation</b>	Student concisely provides all criteria: <input type="checkbox"/> Chief complaint <input type="checkbox"/> Signs/Symptoms <input type="checkbox"/> History of present condition	Student concisely provides 2 of the 3 criteria: <input type="checkbox"/> Chief complaint <input type="checkbox"/> Symptoms <input type="checkbox"/> History of present condition	Student concisely provides 1 of the 3 criteria: <input type="checkbox"/> Chief complaint <input type="checkbox"/> Symptoms <input type="checkbox"/> History of present condition	Student fails to provide the situation.	
<b>Background</b>	Student concisely provides all criteria: <input type="checkbox"/> Relevant medical history <input type="checkbox"/> Vital signs (if applicable) <input type="checkbox"/> Pertinent assessment findings <input type="checkbox"/> Pertinent medications/allergies	Student concisely provides 2 of the 3 criteria (or 2-3 of 4): <input type="checkbox"/> Relevant medical history <input type="checkbox"/> Vital signs (if applicable) <input type="checkbox"/> Pertinent assessment findings <input type="checkbox"/> Pertinent medications/allergies	Student concisely provides 1 of the 3 criteria (or 1-2 of 4): <input type="checkbox"/> Relevant medical history <input type="checkbox"/> Vital signs (if applicable) <input type="checkbox"/> Pertinent assessment findings <input type="checkbox"/> Pertinent medications/allergies	Student fails to provide the background.	
<b>Assessment</b>	Student concisely provides both criteria: <input type="checkbox"/> Clinical diagnosis <input type="checkbox"/> Secondary impressions (if applicable)	Student concisely provides 1 of the 2 criteria: <input type="checkbox"/> Clinical diagnosis <input type="checkbox"/> Secondary impressions (if applicable)		Student fails to provide the assessment.	
<b>Recommendation</b>	Student concisely provides both criteria: <input type="checkbox"/> Suggests intervention(s) and/or referral prn <input type="checkbox"/> Explains urgency of actions	Student concisely provides 1 of the 2 criteria: <input type="checkbox"/> Suggests intervention(s) and/or referral prn <input type="checkbox"/> Explains urgency of actions		Student fails to provide the recommendation.	
<b>Self-Directed Learning</b>	Student concisely identifies all areas for self-directed learning: <input type="checkbox"/> What knowledge gaps there were <input type="checkbox"/> What the student needs to further review <input type="checkbox"/> What resources the student will use	Student concisely identifies 2 of 3 areas for self-directed learning: <input type="checkbox"/> What knowledge gaps there were <input type="checkbox"/> What the student needs to further review <input type="checkbox"/> What resources the student will use	Student concisely identifies 1 of 3 areas for self-directed learning: <input type="checkbox"/> What knowledge gaps there were <input type="checkbox"/> What the student needs to further review <input type="checkbox"/> What resources the student will use	Student fails to provide areas for self-directed learning.	
<b>Comments:</b>					
<b>TOTAL SCORE</b>					

## Grand Rounds Presentation Rubric

### Background

Include: (1) Patient's age, sex, sport or activity; (2) Pertinent aspects of the patient's medical history; (3) Brief history of CC; (4) Physical findings from the examination

Unsatisfactory (0 pts)	Needs Improvement (1 pt)	Meets Expectations (2 pts)	Outstanding (3 pts)
<input type="checkbox"/> Did not include background information <input type="checkbox"/> Background information is very difficult to understand	<input type="checkbox"/> Two (2) components are missing <input type="checkbox"/> Much of the background is difficult to understand	<input type="checkbox"/> One (1) component is missing <input type="checkbox"/> Some components are not clearly explained	<input type="checkbox"/> Includes all required components <input type="checkbox"/> All components are clear, concise, and complete

Comments:

Score:

### Differential Diagnosis

Include: (1) All possible diagnoses suspected based on the hx, MOI, and initial clinical exam; (2) Reasoning process used to rule in/out differential diagnoses & final diagnosis

Unsatisfactory (0 pts)	Needs Improvement (1 pt)	Meets Expectations (2 pts)	Outstanding (3 pts)
<input type="checkbox"/> Did not include differential diagnosis <input type="checkbox"/> Information is very difficult to understand	<input type="checkbox"/> One (1) component is missing <input type="checkbox"/> Much of the information is difficult to understand <input type="checkbox"/> No reasoning process was provided	<input type="checkbox"/> Includes all possible diagnoses suspected based on the hx, MOI, and initial clinical exam <input type="checkbox"/> Reasoning process used to rule in/out differential diagnoses & final diagnosis is explained <input type="checkbox"/> Student does not clearly explain	<input type="checkbox"/> Includes all possible diagnoses suspected based on the hx, MOI, and initial clinical exam <input type="checkbox"/> Reasoning process used to rule in/out differential diagnoses & final diagnosis is explained <input type="checkbox"/> Student is clear and concise in his/her explanation

Comments:

Score:

## Grand Rounds Presentation Rubric

### Therapeutic Interventions

Provide details on the recommended intervention plan, including: (1) Problem list; (2) Goals; (3) Patient related instruction; (4) Procedural interventions; (5) Methods for measuring change

Unsatisfactory (0 pts)	Needs Improvement (1 pt)	Meets Expectations (2 pts)	Outstanding (3 pts)
<input type="checkbox"/> Did not include therapeutic interventions <input type="checkbox"/> Information is very difficult to understand <input type="checkbox"/> Problem list not included <input type="checkbox"/> Goals are not provided	<input type="checkbox"/> Explanation of recommended intervention plan is unclear <input type="checkbox"/> Problem list does not include impairments, functional limitations, or disability <input type="checkbox"/> Goals are incomplete <input type="checkbox"/> Patient-related instruction is not included <input type="checkbox"/> Procedural interventions are not included <input type="checkbox"/> Methods for measuring change are not included	<input type="checkbox"/> Clear, concise, and complete explanation of recommended intervention plan <input type="checkbox"/> Problem list describes some impairments, functional limitations, and disability <input type="checkbox"/> All goals are described somewhat clearly <input type="checkbox"/> Patient related instruction is included <input type="checkbox"/> Procedural interventions are included, but are missing parameters <input type="checkbox"/> More appropriate patient- and/or clinician-oriented methods for measuring change should be considered	<input type="checkbox"/> Clear, concise, and complete explanation of recommended intervention plan <input type="checkbox"/> Problem list describes all impairments, functional limitations, and disability in the context of a disablement model <input type="checkbox"/> All goals are described clearly <input type="checkbox"/> Thorough patient related instruction is included <input type="checkbox"/> Procedural interventions are included, with parameters <input type="checkbox"/> Patient- and clinician-oriented methods for measuring change are included

Comments:

Score:

### AHA Moments

Provide information on the things you learned from the case: (1) Give insight into your own learning (2) Connect what you learned to future clinical practice; (3) Give audience advice regarding the assessment of this type of injury

Unsatisfactory (0 pts)	Needs Improvement (1 pt)	Meets Expectations (2 pts)	Outstanding (3 pts)
<input type="checkbox"/> No "AHA moments" are provided	<input type="checkbox"/> One (1) of the three (3) components are included in the "AHA moments"	<input type="checkbox"/> Two (2) of the three (3) components are included in the "AHA moments"	<input type="checkbox"/> All 3 components are included in the "AHA moments"

Comments:

Score:

## Grand Rounds Presentation Rubric

### Evidence

\*Students are expected to provide peer-reviewed evidence of the condition (i.e. incidence), special tests, treatment recommendations, and treatment outcomes, using [AMA style](#).

Unsatisfactory (0 pts)	Needs Improvement (1 pt)	Meets Expectations (2 pts)	Outstanding (3 pts)
<input type="checkbox"/> No peer-reviewed evidence is included in the presentation <input type="checkbox"/> No references provided	<input type="checkbox"/> Evidence is applied where appropriate in some of the presentation <input type="checkbox"/> Evidence is not relevant to the case <input type="checkbox"/> References not in proper AMA format, with several (>2) errors <input type="checkbox"/> References incomplete	<input type="checkbox"/> Evidence is applied where appropriate in most of the presentation <input type="checkbox"/> More relevant evidence could have been used <input type="checkbox"/> Evidence comes from secondary sources <input type="checkbox"/> References in proper AMA format, with few (<2)	<input type="checkbox"/> Evidence is applied where appropriate throughout the presentation <input type="checkbox"/> The most relevant evidence is used <input type="checkbox"/> Evidence comes from primary sources <input type="checkbox"/> References provided in proper AMA format

Comments:

Score:

### Overall Organization and Delivery

Unsatisfactory (0 pts)	Needs Improvement (1 pt)	Meets Expectations (2 pts)	Outstanding (3 pts)
<input type="checkbox"/> Presentation is unclear or unorganized <input type="checkbox"/> Does not make eye contact with audience <input type="checkbox"/> Reads entire presentation <input type="checkbox"/> Does not appear to understand the material <input type="checkbox"/> Poor discussion of questions <input type="checkbox"/> Numerous (>5) pronunciation errors and/or incorrect medical/scientific nomenclature <input type="checkbox"/> Constant use of word fillers (e.g., “um”, “ah”) <input type="checkbox"/> Does not speak to the entire room- those in the back cannot hear the speaker at all.	<input type="checkbox"/> Presentation is fairly organized <input type="checkbox"/> Eye contact made rarely with audience <input type="checkbox"/> Reads most of presentation <input type="checkbox"/> Does not appear to fully understand the material <input type="checkbox"/> Needs more interaction and discussion of questions <input type="checkbox"/> Several (4-5) pronunciation errors and/or incorrect medical/scientific nomenclature <input type="checkbox"/> Frequent word fillers (e.g., “um”, “ah”) <input type="checkbox"/> Does not speak to the entire room- those in the back have trouble hearing and understanding.	<input type="checkbox"/> Presentation is clear and understandable, interesting, and extremely organized <input type="checkbox"/> Eye contact with audience maintained most of the time <input type="checkbox"/> Appears to have a general grasp of the information <input type="checkbox"/> Proficient discussion initiated/maintained <input type="checkbox"/> Few (2-3) pronunciation errors and/or incorrect medical/scientific nomenclature <input type="checkbox"/> Some word fillers (e.g., “um”, “ah”) <input type="checkbox"/> Speaks to the entire room- those in the back can somewhat hear and understand.	<input type="checkbox"/> Presentation is excellent, extremely organized, interesting, creative, and easy to follow <input type="checkbox"/> Maintains eye contact with audience <input type="checkbox"/> Appears in command of the information <input type="checkbox"/> No pronunciation errors and/or incorrect medical/scientific nomenclature <input type="checkbox"/> Minimal word fillers (e.g., “um”, “ah”) <input type="checkbox"/> Speaks to the entire room- those in the back can hear and understand well.

Comments:

Score:

## Grand Rounds Presentation Rubric

### Time/Slides

Unsatisfactory (0 pts)	Needs Improvement (1 pt)	Meets Expectations (2 pts)	Outstanding (3 pts)
<input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> Needs to be stopped by the instructor due to excessive time <input type="checkbox"/> All slides were text; no images used <input type="checkbox"/> Slide background and font was unreadable and completely distracting <input type="checkbox"/> Many errors and unreadable <input type="checkbox"/> All slides contained too either too much or too little information	<input type="checkbox"/> 5-8 minutes <input type="checkbox"/> More than 13 minutes <input type="checkbox"/> Slides contained almost entirely text with little to no visual images <input type="checkbox"/> Slide background and font were unprofessional and/or distracting and/or compromised readability <input type="checkbox"/> Many typos and grammatical errors <input type="checkbox"/> Most slides contained either too much or too little information	<input type="checkbox"/> 8-12 minutes <input type="checkbox"/> Slides contained quality visual images (pictures, tables, etc) <input type="checkbox"/> Slide background and font acceptable and readable <input type="checkbox"/> Slides were mostly free of grammatical errors <input type="checkbox"/> Some slides contained too much or too little information	<input type="checkbox"/> 8-12 minutes <input type="checkbox"/> Slides contained quality visual images (pictures, tables, etc) <input type="checkbox"/> Slide background and font professional and enhanced readability <input type="checkbox"/> Slides free of grammatical errors <input type="checkbox"/> Slides contained enough information to engage the audience, but not so much that it is hard to read

Comments:

Score:

**OVERALL SCORE:** \_\_\_\_\_/21