Proposed Student Learning Summary Form AY2016-17

Due to your dean by June 1
Due from dean to assessment office by June 15

Assessment Plan
Degree Program Name: Doctorate in Athletic Training

Before you complete the form below, review your outcomes library and curriculum map to ensure that they are accurate and up to date. If not, you may submit a new version along with this summary.

Part One

a. Learning Outcomes	b. (1) What method(s)s did you use to determine how well your students attained the outcome? (2) In what course or other required experience did the assessment occur?	c. What expectations did you establish for achievement of the outcome?	d. What were the actual results?	e. (1) Who was responsible for collecting and analyzing the

1. *Patient-Centered Care* – Students will demonstrate the ability to provide patient-centered care. Specific Learning Objectives – Students will demonstrate the ability: a. To identify, respect. and care about patients' differences, values, preferences, and expressed needs b. To listen to, clearly inform, communicate with, and educate patients c. To share decision making and management d. To continuously advocate disease prevention, wellness, and promotion of healthy lifestyles e. To recognize and intervene in any conflict of interest that could adversely affect the patient's health f. To facilitate collaboration among the patient, physician, family, and other members of the patient's social network or healthcare system to develop an effective treatment plan	Direct Measures: • Culminating Standardized Patient Practice and Reflection (ATTR 720) ex. Provided (Meets SLO a, b, c, d) • Problem-Based Learning Cases (ATTR 720) ex. provided (ATTR 820) (ATTR 830) (Meets SLO a) • Clinical Site Evaluation (ATTR 755) (ATTR 756) (ATTR 855) (ATTR 856) (Meets Program Outcome) • Critical Reviews/Peer Chart Reviews (ATTR 855) ex. provided • Integrative Framework (ATTR 856) ex. Provided (Meets SLO a, e, f) • Employer Survey (Meets Program Outcome) Indirect Measures: • Clinical Education – Quality and Quantity of Experiences Survey (Measures SLO a, b, c, d, e, f) • Exit Survey (Measures Program Outcome) • Alumni Survey (Measures Program Outcome)	Direct Measures: 100% of students will score an 80% or higher on all measures. Indirect Measures: 100% of students will score 3.5 out of 5 on items related to this measure.	Results: • Culminating Standardized Patient Practice and Reflection 100% of students achieved an 80% or higher (avg=87.6%) • Problem-Based Learning Cases ATTR 720 – 100% of students achieved an 80% or higher (avg=94.6%) ATTR 820 – 70% of students achieved an 80% or higher (avg=80.5%) ATTR 830 – 100% of students achieved an 80% or higher (avg = 95.6%) • Clinical Site Evaluation ATTR 755 – 100% of students achieved an 80% or higher (avg=94.8%) ATTR 756 – 100% of students achieved an 80% or higher (avg=94.6%) ATTR 855 – 100% of students achieved an 80% or higher (avg=93.4%) ATTR 856 – 100% of students achieved an 80% or higher (avg=96.2%) • Critical Review/Peer Chart Review ATTR 855 – 85.7% of students achieved an 80% or higher (avg=89.0%) • Integrative Framework ATTR 856 – 100% of students achieved an 80% or higher (avg=98.2%) • Employer Survey N/A (12 mo after graduation) • Clinical Education – Quality and Quantity of Experiences Survey Discontinued after Fall 2016, working on revision of the tool • Exit Survey (n=9) For all core competency and program points of distinctiveness, students indicated that the program was Effective or Very Effective (>4.5/5) • Alumni Survey N/A (12 mo after graduation)	Program Core Faculty (Eberman, Games, Powden)

* See https://www2.indstate.edu/graduate/forms/review.pdf.

If you would like to report on more than three outcomes, place the cursor in the last cell on the right and hit "tab" to add a new row.

Notes

a. Use your outcomes library as a reference.
b. Each outcome must be assessed by at least one direct measure (project, practical, exam, performance, etc.). If students are required to pass an examination to practice in the field, this exam must be included as one of the measures. At least one of the outcomes must use an indirect measure (exit interview, focus group, survey, etc.). Use your curriculum map to correlate outcomes to courses.
c. Identify the score or rating required to demonstrate proficiency (e.g., Students must attain a score of "3" to be deemed proficient; at least 80% of students in the program will attain this benchmark."
d. Note what the aggregate level of proficiency actually was and the number of students included in the cohort or sample (e.g., "85% of the 25 students whose portfolios were reviewed met the established benchmark).
e. This may be a specific individual, a position (e.g., assessment coordinator), or a group such as the department assessment committee. Minutes should reflect that results are shared with members of the department at least annually.

Part Two

In no more than one page, summarize 1) the discoveries assessment has enabled you to make about your students' learning, the curriculum, departmental processes, and/or the assessment plan itself; 2) the changes and improvements you have made or will make in response to these discoveries and/or the coordinator's feedback on the previous summary; and 3) what your assessment plan will focus on in the coming year.

Problem-based learning cases in ATTR 820 – 70% of students achieved an 80% or higher on the assignment (avg=80.5%). These scores were a result of students handing in the assignments late. To remedy this, the faculty will incorporate scaffolding to aid in project development.

Critical Review/Peer Chart Review – 85.7% of students achieved an 80% or higher (avg=89.0%). We have changed the format for this assignment, incorporated more direct oversight from the clinical mentor/supervisor.

The outcome is being met in a variety of ways throughout the curriculum. No further changes are necessary.

If you would like to reference any supporting materials (departmental meeting minutes, detailed assessment results, etc.), please provide the URL at which they can be found.

ATTR 720 EB Integrative Health I
Doctorate in Athletic Training

Standardized Patient Practical
Due Date: Friday, July 28th TBA; Sunday, July 30th 11:59PM LOCAL TIME

Learning Objectives
- To identify, respect. and care about patients' differences, values, preferences, and expressed needs
- To listen to, clearly inform, communicate with, and educate patients
- To share decision making and management
- To continuously advocate disease prevention, wellness, and promotion of healthy lifestyles
- To integrate best research with clinical expertise and patient values for optimum care
- Demonstrate the ability to perform a comprehensive and systematic injury evaluation for the upper extremity, while maintaining a whole-body approach to healthcare
- Integrate skills of prevention, recognition, and treatment into comprehensive whole-body healthcare
- To search, retrieve, and utilize information derived from online databases and/or internal databases for clinical decision support

Assignment Description
Standardized patient (SP) and simulation experiences are used to help students develop confidence, while providing a safe environment to practice clinical decision-making. Although most research in AT education regarding standardized patients has focused on development at the professional education level, theoretically SPs and simulations have the potential to improve patient care approaches in advanced practice and post-professional education (or continued medical education).

SPs are trained actors portraying the signs and symptoms of a particular condition, injury, or illness in a consistent fashion.

This activity is intended to help you develop your approach to whole-person, integrative health care through an SP encounter AS WELL AS critically analyze your own performance, as it compares to the available literature. You will video record the session and take your recording device with you. You will spend 30 minutes interacting with a trained standardized patient (possible pathologies will match those within Week 5's Assignments and those indicated for the Diagnostic Algorithm assignment). You will conduct a clinical examination and discuss the outcome of your assessment with the patient during this encounter. You will prescribe an immediate care plan. During the session, you will be evaluated by one faculty member and the patient. You will engage in self-reflection of the overall SP experience, as well as reflection on your alignment with the available evidence in your case (see below). Self-reflection will occur immediately following the SP and then again after the debrief session. The rubric is available for your reference, but will be administered via Qualtrics®.

Following the session, you will be asked to find the diagnostic algorithm for the patient that you evaluated within the Diagnostic Algorithm Library. You will watch your own video and identify areas where you aligned and deviated from the algorithm. You will compare and contrast your performance to the literature (as provided in the algorithm) in a one page, single-spaced document.

Time for the Standardized Patient Practical and time to reflect will be provided in the DAT Weekend

Schedule. All components of the SP will be uploaded to the assignment link (video and reflection) by Sunday, July 30th 11:59PM LOCAL TIME.

Directions

- Arrive at your scheduled time.
- Bring and set-up a video recorder (phone, ipad, etc.)
- Spend 30 minutes interacting with the standardized patient:
    - Perform a patient interview and clinical examination.
    - Discuss your findings and make an intervention plan (this can include referral).
- Identify the Diagnostic Algorithm for your particular patient within the Diagnostic Algorithm Library.
- Watch video recording.
- Compare and contrast your performance to that which is provided in the literature (within the diagnostic algorithm) in a one page, single-spaced document.
    - During the session, the faculty member will be using the algorithm as a guide, making notations when you deter from the plan. THIS IS NOT TO SAY THAT ALL EVALUATIONS SHOULD LOOK THE SAME, but will allow me to better evaluate your comparison and contrast in a timely manner.
    - Deviating from the algorithm may occur for a variety of reasons…
        - Best available evidence is BAD
        - Clinical expertise
        - You forgot
        - The patient steered you in a different direction
        - Etc.
    - Your job is to make a thoughtful comparison of your work with the literature and to provide rationale or justification for your decision making. This is the highest level of thinking and learning, as you are critically analyzing yourself. This is the most important part of the assignment. Superficial reflection will negatively impact your final grade.

Assessment

Students will be evaluated based on the following criteria:

1. Instructor Evaluation (25 points)
2. Patient Satisfaction (10 points)
3. Self-Reflection (2 points)
4. Evidence-Based Practice Reflection (30 points)

Rubrics

Instructor Evaluation

Communication and Interpersonal Skills (5 points)

		Excellent	Above Average	Average	Below Average	Poor
1.	The practitioner established a personal connection.	5	4	3	2	1
2.	The practitioner asked open-ended questions appropriately.	5	4	3	2	1
3.	The practitioner asked closed-ended question appropriately.	5	4	3	2	1
4.	The practitioner actively listened using nonverbal techniques (e.g., head nods, eye contact).	5	4	3	2	1
5.	The practitioner actively listened using verbal techniques (e.g., verbal prompting, words of encouragement).	5	4	3	2	1
6.	The practitioner avoided medical jargon and used concise language that was understandable.	5	4	3	2	1
7.	The practitioner accurately summarized the information he/she gained during the interaction.	5	4	3	2	1
8.	The practitioner asked questions only one at a time.	5	4	3	2	1
9.	The practitioner avoided interrupting while the patient was talking.	5	4	3	2	1
10.	The practitioner asked follow-up questions about contextual factors (e.g., family history, culture, society, gender, age).	5	4	3	2	1
11.	The practitioner used a non-judgmental approach to communication and interaction.	5	4	3	2	1
12.	The practitioner expressed concern, sympathy, and/or compassion.	5	4	3	2	1
13.	The practitioner allowed and/or encouraged the patient to ask questions.	5	4	3	2	1
14.	The practitioner responded to patient questions appropriately.	5	4	3	2	1

Data Gathering and Evaluative Skills (5 points)

		Excellent	Above Average	Average	Below Average	Poor
1.	The practitioner conducted a thorough medical history.	5	4	3	2	1
2.	The practitioner inspected the injured area.	5	4	3	2	1
3.	The practitioner used appropriate methods to identify postural abnormalities.	5	4	3	2	1
4.	The practitioner palpated appropriate structures.	5	4	3	2	1
5.	The practitioner assessed necessary ROM.	5	4	3	2	1
6.	The practitioner selected the appropriate tissue provocation tests.	5	4	3	2	1
7.	The practitioner evaluated neurological function (if warranted).	5	4	3	2	1
8.	The practitioner considered patient comfort in the examination.	5	4	3	2	1
9.	The examination was organized.	5	4	3	2	1

Patient Education (5 points)

		Excellent	Above Average	Average	Below Average	Poor
1.	The practitioner was able to communicate a differential and/or a definitive diagnosis to the patient in an understandable way.	5	4	3	2	1
2.	The practitioner provided an appropriate immediate care treatment plan.	5	4	3	2	1
3.	The practitioner discussed short and long term goals.	5	4	3	2	1
4.	The practitioner incorporated the patient into the long and short term goals.	5	4	3	2	1
5.	The practitioner communicates the plans/next steps in an organized way.	5	4	3	2	1
6.	The practitioner uses supporting materials (examples and explanations) to help communicate the injury and plan.	5	4	3	2	1

Overall Performance (10 points)

		Excellent	Above Average	Average	Below Average	Poor
1.	Care is based on continuous healing relationships.	5	4	3	2	1
2.	Care is customized according to patient needs and values.	5	4	3	2	1
3.	The patient is the source of control.	5	4	3	2	1
4.	Knowledge is shared, and information flows freely.	5	4	3	2	1
5.	Information was made available to the patients to allow them to make decisions about care.	5	4	3	2	1
6.	Decision making is evidence-based.	5	4	3	2	1

Patient Assessment Questionnaire (10 points)

	How was the practitioners' performance at:	Excellent	Above Averag	Average	Below Averag	Poor
1.	Telling you everything; being truthful, upfront and frank; not keeping things from you that you should know	5	4	3	2	1
2.	Greeting you warmly; calling you by the name you prefer; being friendly, never crabby or rude	5	4	3	2	1
3.	Treating you like you're on the same level; never "talking down" to you or treating you like a child	5	4	3	2	1
4.	Letting you tell your story ; listening carefully; asking thoughtful questions; not interrupting you while you're talking	5	4	3	2	1
5.	Showing interest in you as a person; not acting bored or ignoring what you have to say	5	4	3	2	1
6.	Discussing options with you; asking your opinion; offering choices and letting help decide what to do; asking what you think before telling you what to do	5	4	3	2	1
7.	Encouraging you to ask questions; answering them clearly; never avoiding your questions or lecturing you	5	4	3	2	1
8.	Explaining what you need to know about your problems, how and why they occurred, and what to expect next	5	4	3	2	1
9.	Using words you can understand when explaining your problems and treatment; explaining any technical medical terms in plain language	5	4	3	2	1
10.	Overall professionalism	5	4	3	2	1

Comments

Self-Assessment Questionnaire

	How was your performance at:	Excellent	Above Average	Average	Below Average	Poor
1.	Telling them everything; being truthful, upfront and frank; not keeping things from them that they should know	5	4	3	2	1
2.	Greeting them warmly; calling them by the name they prefer; being friendly, never crabby or rude	5	4	3	2	1
3.	Treating them like they're on the same level; never "talking down" to them or treating them like a child	5	4	3	2	1
4.	Letting them tell their story ; listening carefully; asking thoughtful questions; not interrupting them while they're talking	5	4	3	2	1
5.	Showing interest in them as a person; not acting bored or ignoring what they have to say	5	4	3	2	1
6.	Discussing options with them; asking their opinion; offering choices and letting them help decide what to do; asking what they think before telling them what to do	5	4	3	2	1
7.	Encouraging them to ask questions; answering them clearly; never avoiding their questions or lecturing them	5	4	3	2	1
8.	Explaining what they need to know about their problems, how and why they occurred, and what to expect next	5	4	3	2	1
9.	Using words they can understand when explaining their problems and treatment; explaining any technical medical terms in plain language	5	4	3	2	1
10.	Overall professionalism	5	4	3	2	1

Open-ended items

1. What did you learn about yourself during this activity?
2. What concepts can you take and apply to your clinical practice after today?
3. How can you translate what you learned today to other patients **without** the same condition?
4. How did the standardized patient experience aid you in developing, controlling, and organizing your clinical examination?
5. How did the standardized patient experience influence your confidence?

Evidence-Based Practice Reflection Rubric

	Expertise (10 points)	Competence and Proficiency (5 points)	Novicehood (1 point)
Identifies and Summarizes	Identifies all of the individual elements the student does well or needs to improve upon.	Identifies the main elements that the student does well or needs to improve upon. Some of the minor elements are not included.	Does not identify and summarize the main elements of that the student does well or needs to improve upon.
Reflective Thinking	All parts of the reflection are complete and well done. Reflection shows thorough thoughtfulness. Reflection has supporting details and examples. The reflection explains the student's own thinking and rationale for choices are clearly articulated.	Reflection shows some thoughtfulness. Reflection has some supporting details and examples. All parts of the reflection are complete. The reflection explains the student's own thinking and rationale for choices are somewhat articulated.	Reflection shows little thoughtfulness. Reflection has few details or examples. Most parts of the reflection are complete. The reflection attempts to demonstrate thinking about learning, but is vague and/or unclear about the choices made throughout the practical.
Overall Self-Assessment	Envisions a future self and makes plans that build on past experiences.	Articulates strengths and challenges within context of this particular performance.	Describes own performance with general descriptors of success and failure.

Problem-Based Learning Cases

Group Assignments (Groups of 3-4)

Group 1 - collegiate, female outside hitter (volleyball) with high suspicion of valgus extension overload syndrome

Group 2 - major league baseball pitcher with high suspicion of pectoralis major strain

Group 3 - high school softball catcher with high suspicion of subluxing radial head

Group 4 - 32 y/o female sniper with high suspicion of carpal tunnel syndrome

Group 5 - collegiate male gymnast with high suspicion of posterior glenohumeral instability

Group 6 - male Circus de Soleil performing artist with high suspicion of TFCC tear

Group 7 - 50 y/o male firefighter with high suspicion of posterior glenohumeral impingement

Week 1

Problem: Your patient is a_____and there is a high suspicion of_____. Identify all available selective tissue tests that you would use to rule in or out the condition. Do not forget to consider diagnostic imaging and/or laboratory testing. As always, support your decisions with evidence.

Weekly Tasks

1. Literature search and reading 1-2 hours
2. Meet with your groupmates 1-2 hours
3. Develop or identify a list of potential diagnostic techniques you would use to rule in/out the suspected diagnosis for the patient assigned to your group by Sunday 11:59PM EST <2-3 hours

Weekly Assignment – Identify Available Diagnostic Tools

Consider ALL diagnostic techniques (including functional assessment, ROM, strength, PROM, etc.) you might use to rule in/out the condition you suspect in the patient assigned to your group.

For successful completion of this week's assignments, you will need to provide:

A detailed list of diagnostic tools. Please detail why each was selected using evidence of diagnostic accuracy AND/OR clinical expertise.

A list of citations

Week 2

Problem: Based on your work last week and the available literature, develop a diagnostic algorithm you might use to confirm this diagnosis. Make sure to incorporate any imaging, laboratory exams, or clinical prediction rules into your algorithm.

Weekly Tasks

1. Literature search and reading 1-2 hours
2. Meet with your groupmates 1-2 hours
3. Develop a diagnostic algorithm for the suspected diagnosis for the patient assigned to your group by Sunday 11:59PM EST <2-3 hours
4. Submit Virtual Practical #1 by Sunday 11:59PM EST <30 minutes

Weekly Assignments – Develop a Diagnostic Algorithm

1. Search the literature for criteria for diagnosis for your assigned pathology. This should be COMPREHENSIVE and include literature not only on "basic" evaluation, but also on information we learned in this class, including but not limited to: new selective tissue tests, CPRs, clustering of tests, risk factor analyses, etc.
2. Read the literature for understanding.
3. Develop a medical algorithm in the form of a flow chart to demonstrate the optimal evaluation decision making tree for a large swath of patients. Please remember the definition of a medical algorithm and its purpose. You should build the algorithm around a physically active (any level or activity) individual free from other systemic illnesses (eg, cancer, HIV, diabetes, etc). The medical algorithm should be based off of THE BEST AVAILABLE EVIDENCE.
    a. The decision-making tree should depict the relationship between input data and output decisions.
    b. You may use any software program you would like. This can easily be done in Microsoft Word using shapes and text boxes (I would avoid Smart Art). It can also be done in a number of freely available software programs.
4. Include references (in Journal of Athletic Training format).

Critical Review/Peer Chart Review

Critical Review Assignment Description

Each of you engages in healthcare that requires the consultation with a physician or other healthcare providers (including other ATs). To effectively engage in quality improvement practices, you must be vulnerable and share patient cases, particularly difficult cases that may not be improving or resolving. These discussions should surround possible cause and effect occurrences that may have led to an unsuccessful outcome.

This week, I would like you to meet with a professional colleague and perform a critical review of a recent or critical case. If you are working closely with a supervisor or have a small team of providers that you work with, even if those individuals are other DAT students, you are welcome to do this as a group (versus one on one with your supervisor). For those of you working with large groups, it may be easier and more efficient to do this with your supervisor and maybe students that were involved with the case. You will present the case details, discuss your clinical decisions, and engage in a critical analysis of how your actions or decisions may have led to the outcome.

During or after you engage with your colleague, prepare a summary of your assessment of care. Failure to engage a colleague in this activity will result in a zero. Please make to reference specific dialog that resulted from your critical review. This assignment is due Sunday, October 16 11:59PM EST.

Critical Review Form

Name: _____ Name of Colleague Consultant: _____

ASSESSMENT OF CARE						
AIMS	SAFE (injury avoided from care intended to help)	TIMELY (reduced delay for patient and providers)	EFFECTIVE (EBP, underuse and overuse)	EFFICIENT (avoiding wasting of equipment, ideas, energy)	EQUITABLE (care does not vary based on patient)	PATIENT-CENTERED (care with respect for preference, needs, value)
Patient Care (Overall Assessment): Rate your Level of Satisfaction with your performance as it relates to the heading. If you and your colleague disagree with your performance, please make sure to indicate so and provide a description below. In all cases, you should indicate a justification for your rating. (1=not at all satisfied, 2=slightly satisfied, 3=moderately satisfied, 4=very satisfied, 5=extremely satisfied).						
Notes						

IMPROVEMENT	
Medical Knowledge and Skills: Did you have the knowledge and skills necessary to manage the issue? What skills did you have or need for this case? If not, what gaps may need to be addressed?	
Interpersonal and Communication Skills: Did you follow and report through the chain of command? What is the chain of command, given this situation? How effective was the communication with others?	

Professional Approach: Did you behave/react appropriately to the situation? Was your action within your level of training and scope of practice? How so? What was your reaction and how was it within or outside your scope of practice?	
System-based Approach: Did you follow your emergency action plan, policies, and/or procedures? Do these things need to change based on the case? How so? How would you change the EAP, policies, and/or procedures?	
Learning and Improvement: What can you and your colleagues do to improve your approach?	

Peer Chart Review Assignment Description

This week you will conduct a peer review of a colleague (one group of three). Using the file exchange for your Peer Review Group, you will upload an initial evaluation and at least 2 progress notes for ONE PATIENT. Based on the material provided by your colleague, you will prepare the NEXT treatment session. You will submit a plan for the next treatment session and a critique of your partner's medical documentation. I ask that you consider the following issues:

1. Overall clarity
2. Inclusion of necessary contents in initial evaluation
    a. History of the present illness
    b. Review of the systems
    c. Tests and measures
    d. List of the problems
    e. Diagnosis
    f. Impairments
    g. Functional limitations
    h. Prognosis
    i. Sort term goals
    j. Long term goals
    k. Patient education/directives
    l. Evidence of ClinROs
    m. Evidence of PROs
3. Inclusion of necessary contents in the progress notes
    a. Interventions applied
    b. factors influencing the frequency or intensity of the interventions
    c. Changes in impairment, limitations, or participation restriction status
    d. Response to interventions
    e. Communication or consultation with other providers
    f. Plan of are, including progression and precautions
4. Ability to create a care plan based on documented evidence

Submit your care plan and critique by Sunday, October 23 11:59PM EST.

ATTR 856 Clinical Experience in Athletic Training IV
Doctorate in Athletic Training

Evidence-Based Practice Integrative Framework For Practice

Long Term Assignment

Due Date: Sunday, May 7th 11:59PM EST

Learning Objectives

- Justify the components for implementation of a whole person care plan
- Collaborate with other health professionals to improve patient care through clinical practice
- Adopt a self-reflective approach to self-evaluation and life-long learning through clinical practice and reflection
- Exhibit proper protection of personal health information consistent with legal and ethical considerations through clinical practice
- Model the highest level of honesty, reliability, accountability, patience, modest, and self-control through clinical practice
- To identify, respect. and care about patients' differences, values, preferences, and expressed needs
- To recognize and intervene in any conflict of interest that could adversely affect the patient's health
- To facilitate collaboration among the patient, physician, family, and other members of the patient's social network or healthcare system to develop an effective treatment plan

Assignment Description

The purpose of this assignment is to create a comprehensive framework for your clinical practice. The goal of this assignment is that you will integrate concepts of the evidence-based practice and integrative care tracks of the program (ATTR 710, 712, 713, 810, 720, 830) into a framework for clinical practice. This care plan will following a patient (of your choosing) from Pre-Participation Exam to Release from Care (leaving the organization, school, team, job, etc). In this assignment you will only focus on one patient and one patient problem/injury, but you must go from PPE to Release from Care (not return to play). This framework plan must include all components of EBP and the Nagi Disablement Model. The goal of this assignment is amalgamate knowledge and practice of your DAT education and to create your "new framework" of practice.

Directions

1. Review content and objectives from ATTR 710, 712, 713, 720, 810, 830 (all of these are available in Blackboard)

2. Create a model patient.
    a. This patient can be whoever/whatever you like, but this patient must have a comprehensive background and be a complete patient. The patient should have detailed information on each of the dimensions of the Nagi Disablement Model.
    b. You will use this model patient for your care plan
3. Create a New Framework for Your Clinical Practice
    a. The way you create this framework will be very individual to you because you are creating YOUR plan for your framework for clinical practice when you finish the program. However, there are some minimal components which are required:
        i. The Framework must start at the Pre-Participation Exam
        ii. The Framework must include how you will handle at least one patient problem/injury
        iii. The Framework must continue until the patient is release from your care (NOT RETURNED TO PLAY).
            1. Release from care is a definitive end to your clinical practice relationship with your patient. Depending on your patient this may be the end of a playing career, leaving a job, moving to a different military unit, ending a relationship with an outreach clinic, etc
    b. The other requirements which must be addressed in the framework include:
        i. Integration of the components of evidence-based practice throughout
        ii. Integration of each dimension of the Nagi Disablement Model throughout
        iii. Integration of each IOM competency throughout
4. The format of the final project is up to you. You must use your creativity and resourcefulness to create a product which is useful for you. This framework can be reflected in ANY format. Some examples may include (but not limited to) a patient care philosophy, a care algorithm, a policy, a video, a presentation, a website, an app, a report, a scrapbook, etc
    a. You are responsible for selecting a format in which you can provide DEMONSTRATABLE evidence of integration of each of the project requirements
    b. The only other requirement of the format is that it must be high-quality, professional, and meaningful to yourself and others.
5. **The electronic copy of your project is due via Blackboard by Sunday, May 7th at 11:59PM**
    a. **If you format is a non-electronic format, please turn in evidence of completion by Sunday, May 7th and bring the physical artifact to DAT weekend for assessment.**

Assessment

Students will be evaluated based on the following criteria: 39Points Total (20% of Final Grade):

1. The project meets/does not meet the expectations listed in the rubric (see below)

Rubric

Component	2 Comprehensive demonstrable integration	1 Partial demonstrable integration	0 No demonstrable integration
Evidence-Based Practice Subscale			
Systematic Evidence			
Clinical Expertise			
Patient Values			
Nagi Subscale			
Active Pathology			
Impairment			
Functional Limitations			
Disability			
IOM Subscale			
Patient Centered Care			
Interprofessional Practice			
EBP			
Healthcare Informatics			
Quality Improvements			
Health-Related Quality of Life Subscale			
Physical Health			
Behavioral Health			
Social Health			
Economic Health			
Spiritual Health			

Other Requirements	1: Demonstrated	0: Not Demonstrated
Professionalism		
Creativity		
Usefulness		
Meaningful		
Effort		

Materials and Technology Needed

-N/A

Student Learning Summary Report Rubric :: Office of Assessment & Accreditation :: Indiana State University

Degree Program: Doctorate in Athletic Training Date: 12.10/17

	Level 0 – Undeveloped	Level 1 – Developing	Level 2 – Mature	Level 3 – Exemplary
1. Student Learning Outcomes	☐ No outcomes were identified. ☐ No Curriculum Map was provided.	☐ Outcomes were identified. ☐ Some of the outcomes are specific, measurable, student-centered, program-level outcomes. ☐ A Curriculum Map was provided.	☒ Outcomes are specific, measurable, student-centered, program-level outcomes. ☒ Outcomes at least indirectly support Foundational Studies Learning Outcomes or the Graduate Learning Goals. ☐ The Curriculum Map identifies where/to what extent each outcome is addressed. ☒ At least one outcome was assessed in this cycle.	☐ Outcomes are important, specific, measurable, student-centered program-level outcomes that span multiple learning domains. ☐ Outcomes directly integrate with Foundational Studies Learning Outcomes or the Graduate Learning Goals. ☐ Outcomes reflect the most important results of program completion (as established by an accreditor or other professional organization). ☐ Learning outcomes are consistent across different modes of delivery (face-to-face and online.) ☐ Outcomes are regularly reviewed (and revised, if necessary) by the faculty and other stakeholders. ☒ The Curriculum Map identifies where/to what extent each outcome is addressed and offers evidence that students have sufficient opportunity to master the associated learning outcomes.

				☐ Two or more outcomes were assessed in this cycle.
2. Measures & Performance Goals	☐ No measures are provided. ☐ No goals for student performance are identified.	☐ Measures are provided, but some are vague and/or do not clearly assess the associated outcomes. ☐ Measures are primarily indirect. ☐ Performance goals are identified, but they are unclear or inappropriate. ☐ Some performance goals are based on course and/or assignment grades, but there is no evidence that grades are calibrated to the outcomes.	☐ At least one direct measure was provided for each outcome. ☐ Some information is provided to suggest that measures are appropriate to the outcomes being assessed. ☐ Clear and appropriate standards for performance are identified. ☐ Some performance goals are based on course and/or assignment grades, and general information is provided to demonstrate that grades are calibrated to the outcomes. ☐ Mechanisms used to assess student performance (rubrics, checklists, exam keys, etc.) were provided.	☒ Multiple measures were employed, and most are direct. ☒ Detailed information is provided to show that measures are appropriate to the outcomes being assessed. ☒ Measures assess some high impact practices (internships, capstone course projects, undergraduate research, etc.) ☐ If students are required to pass a certification or licensure exam to practice in the field, this was included as a measure. ☒ Some measures allow performance to be gauged over time, not just in a single course. ☐ If a measure is used to assess more than one outcome, a clear explanation is offered to substantiate that this is appropriate. ☒ Clear and appropriate standards for performance are identified and justified. ☒ Mechanisms used to assess student performance (rubrics, checklists, exam keys, etc.) were summarized as well as provided

				to demonstrate that the measure provides specific evidence of what students know/can do. ☐ If performance goals are based on course and/or assignment grades, specific evidence is provided to demonstrate that grades are calibrated to the outcomes.
3. Results	☐ No data are being collected. ☐ No information is provided about the data collection process. ☐ No results are provided. ☐ Students are meeting few of the performance standards set for them.	☐ Some data are being collected and analyzed. ☐ Some results are provided. ☐ Insufficient information is offered to demonstrate that data collection, analysis, and interpretation processes are valid. ☐ Students are achieving some of the performance standards expected of them.	☒ Data are being collected and analyzed. ☒ Results are provided. ☒ Some information is offered to demonstrate that data collection, analysis, and interpretation processes are valid and meaningful. ☒ Students generally are achieving the performance standards expected of them.	☐ Clear, specific, and complete details about data collection, analysis, and interpretation of results are provided to demonstrate the validity and usefulness of the assessment process. ☐ Students generally are achieving the performance standards expected of them and demonstrate continuous improvement on standards they have yet to achieve/achieve less well. ☐ If students are required to pass a certification or licensure exam to practice in the field, the pass rate meets the established benchmark.
4. Engagement & Improvement	☐ No one is assigned responsibility for assessing individual measures. ☐ Assessment primarily is the responsibility of the program chair.	☐ The same faculty member is responsible for collecting and analyzing most/all assessment results. ☐ It is not clear that results are shared with the faculty as a	☒ Multiple faculty members are engaged in collecting and analyzing results. ☐ Results regularly are shared with the faculty. **??**	☐ All program faculty members are engaged in collecting and analyzing results. ☐ Faculty regularly and specifically reflect on students' recent achievement of

	☐ No improvements (planned or actual) are identified. ☐ No reflection is offered about previous results or plans.	whole on a regular basis. ☐ Plans for improvement are provided, but they are not specific and/or do not clearly connect to the results. ☐ Little reflection is offered about previous results or plans.	☐ The faculty regularly engages in meaningful discussions about the results of assessment. **??** ☒ These discussions lead to the development of specific, relevant plans for improvement. ☐ Improvements in student learning have occurred as the result of assessment.	performance goals and implement plans to adjust activities, expectations, outcomes, etc. according to established timelines. ☐ Faculty and other important stakeholders reflect on the history and impact of previous plans, actions, and results, and participate in the development of recommendations for improvement. ☐ Continuous improvement in student learning occurs as the result of assessment. ☒ Outcomes and results are easily accessible to stakeholders on/from the program website. ☒ Assessment is integrated with teaching and learning.
Overall Rating	☐ **Level 0 – Undeveloped**	☐ **Level 1 - Developing**	☒ **Level 2 – Mature**	☐ **Level 3 – Exemplary**

Revised 02.01.17

Your program's assessment plan includes clear outcomes, multiple measures, high standards, and solid results. I appreciate your providing both the rubrics you use and the actual assignments, since these demonstrate alignment with the outcomes. I do wonder why none of the listed objectives focus on hands-on learning? And I would like to see more analysis in Part Two. What do students know/do well and less well? Have previous changes had a positive impact? Is student performance continuously improving?