

College of Health and Human Services  
Master of Science in Athletic Training

Student Outcomes Assessment Plan (SOAP)

I. Mission Statement

The Athletic Training Program at California State University, Fresno will provide a student-centered learning environment where students flourish academically and clinically. We will produce culturally competent, evidence-based Athletic Trainers who are prepared to enter a variety of clinical settings. Our alumni will be leaders in the profession who advocate for Athletic Training in their communities throughout their careers.

II. Goals and Student Learning Outcomes

- A. Students will demonstrate the patient care skills necessary to prevent, identify, assess, treat, rehabilitate physical and psychological conditions.
  - Outcome A1:** Students will identify general medical conditions and implement appropriate care to various populations.
  - Outcome A2:** Students will prevent, identify, assess, treat, and rehabilitate neurovascular, musculoskeletal, and other systemic conditions.
  - Outcome A3:** Students will identify behavioral health disorders, apply psychosocial interventions, and when appropriate refer to an appropriate health care provider.
  
- B. Students will demonstrate evidence based decision-making and critical thinking skills through both written and oral communication.
  - Outcome B1:** Students will critically appraise clinically relevant research and statistical findings.
  - Outcome B2:** Students will incorporate evidence in the clinical decision-making process and employ evidence based practices to improve patient outcomes.
  - Outcome B3:** Students will disseminate research findings using both oral and written communication.
  
- C. Students will demonstrate the professional and administrative skills necessary to be a successful Athletic Trainer.
  - Outcome C1:** Students will demonstrate effective interprofessional and cross-cultural communication with diverse populations.
  - Outcome C2:** Students will act in a professionally responsible manner that upholds legal and ethical standards.
  - Outcome C3:** Students will manage health care administrative duties successfully.

I = Introduced

R = Reinforced

E=Emphasized

M=Mastered

**III. Curriculum Map (Matrix of Courses X Learning Outcomes)**

	A1	A2	A3	B1	B2	B3	C1	C2	C3
AT 202. Found of AT	I							I	
AT 204. Documentation & Med Term	I						I		
AT 212. Anatomy, Evaluation, and Treatment of the Lower Extremity		I, R				I, R			
AT 216. Research Methods in AT I				I, R	I, R	I, R			
AT 251. Clinical Practicum I	R	E					R	R	R
AT 222. Anatomy, Evaluation, and Treatment of the Upper Extremity		I, R				R, E			
AT 224. Gen Med & Pharm	I, R							I, R	I, R
AT 226. Research Methods in AT II				E, M	I, R, E	R, E			
AT 228. Policies & Procedures in AT						R, E	E	I, R, E	I, R
AT 252. Clinical Practicum II	R, E	E					E	E	R
AT 232. Anatomy, Evaluation, and Treatment of the Spine		I, R				R, E			
AT 234. Catastrophic Injury in Sport	R, E, M	I, R			R		I, R, E		
AT 238. BOC Prep Seminar	E, M	E, M					E, M	E, M	E, M
AT 296. Current Concepts in AT I				M	M		M	M	
AT 253. Clinical Practicum III	E, M	E			M		E	E	E
AT 242. Prevention and Wellness		R, E, M					R, E		
AT 244. Psychosocial Aspects of Inj & Rehab			I, R				I, R	I, R	
AT 248. Professional Practice in AT						M		E	I, R, E
AT 297. Current Concepts in AT II									
AT 254. Clinical Practicum IV	M	M	E, M		M		M	M	M

<b>IV. Assessment Methods</b>	
<b>A. Direct Measures:</b>	
1.	<u>AT 212 Module 4 Practical Exam</u> : Students must demonstrate the ability to evaluate and treat a lower extremity injury using modalities and therapeutic exercise. The practical exam is evaluated using a rubric which is included as <u>Appendix A</u> . <i>Benchmark: 100% of students will achieve at least 80% on the assessment.</i>
2.	<u>AT 224 Final Practical Exam</u> : Students will demonstrate assessment and development of a treatment plan for one general medical condition discussed in class. Emphasis for this exam will be at the analytical level (e. patient instructions, hand placement, medical equipment, interpretation, etc.). The practical exam is evaluated using a rubric which is included as <u>Appendix B</u> . <i>Benchmark: 100% of students will achieve at least 80% on the assessment.</i>
3.	<u>AT 226 Critically Appraised Topic Paper</u> : Once identifying a clinical question relevant to their clinical practice, the student will be expected to find a minimum of three (3) recent (preferably within the last 5 years) journal articles about the chosen clinical question. The student will write a Critically Appraised Topic (CAT) paper by performing a critical appraisal of each article and summarizing the implications for practice, education, and future research. The paper is evaluated using a rubric which is included as <u>Appendix C</u> . <i>Benchmark: 100% of students will achieve at least 70% on the paper.</i>
4.	<u>AT 228 Final Project</u> : The student will be required to create an all-encompassing plan for an athletic training facility. The assignment will be assessed using a rubric which is included as <u>Appendix D</u> . <i>Benchmark: 100% of students will achieve at least a 70% on the assessment.</i>
5.	<u>AT 244 Written Exam</u> : The take-home exam will include four (4) prompts based on real life situations that Athletic Trainers could see in the clinic. The student will be required to apply all of the material learned over the course of the semester to each prompt and use the best available research to describe how the patient should be clinically treated. The student will also choose at least one mental skill that would be valuable for the patient and create an activity to teach the patient this mental skill. The paper is evaluated using a rubric which is included as <u>Appendix E</u> . <i>Benchmark: 100% of students will achieve at least 70% on the assessment.</i>
6.	<u>AT 297 Presentation</u> : The student will present their capstone project via either oral presentation or a scientific poster. Faculty and clinical preceptors will evaluate each student's presentation using a rubric, included as <u>Appendix F</u> . <i>Benchmark: 100% of students will achieve at least 80% on the assessment.</i>
<b>B. Indirect Measures:</b>	

1. Graduating Student Survey: Graduate students in their final semester will be invited to complete the Graduating Student Questionnaire via Qualtrics. These data provide the program with information related to students' perceptions about content and quality of the didactic and clinical experiences, as well as opportunities for scholarly activity, community service, networking, and development of leadership skills.

#### Student Learning Outcomes x Assessment Methods Matrix

Method	A1	A2	A3	B1	B2	B3	C1	C2	C3
<b>Direct</b>									
AT 212 Module 4 Practical Exam		x							
AT 224 Practical Exam	x						x		
AT 226 Critically Appraised Topic Paper				x	x	x			
AT 228 Final Project					x			x	
AT 244 Written Exam			x						x
AT 297 Presentation					x	x	x		
<b>Indirect</b>									
Graduating Student Survey	x	x	x	x	x	x	x	x	x

#### V. Timeline for Implementation of Assessment Methods and Summary Evaluations

AY 2020-2021

Method 1: AT 226 Critically Appraised Topic Paper  
Method 2: None (no graduates this year)

AY 2021-2022

Method 1: AT 224 Practical Exam  
Method 2: Graduating Student Survey

AY 2022-2023

Method 1: AT 244 Written Exam  
Method 2: Graduating Student Survey

AY 2023-2024

Method 1: AT AT 297 Presentation  
Method 2: Graduating Student Survey

AY 2024-2025

Method 1: AT 228 AT Facility and Budget Project  
Method 2: Graduating Student Survey

AY 2025-2026

Method 1: AT 212 Module 4 Practical Exam  
Method 2: Graduating Student Survey

## **VI. Process for Closing the Loop**

Data are collected and analyzed according to the implementation schedule above. This information is then used to write a report, "Summary of Outcome Assessment Results", for the academic year in which the data is collected. Once the report is compiled, it is presented to and reviewed by the Athletic Training Program faculty at the annual Fall AT Faculty retreat. The findings are discussed and an action plan may be decided upon, as appropriate. If it is decided that an action needs to be taken or a change needs to be made, responsibilities are assigned and this is documented in the report. It is then up to the Program Director (acting as Assessment Coordinator) to follow up on any actions or changes in terms of additional data collected in subsequent years. Examples of "Summary of Outcome Assessment Results" reports will clearly identify actions that have been taken and are available upon request.

**AT 212: Anatomy, Evaluation, and Treatment of the Lower Extremity**  
**Module 4 Practical Exam: Hip and Thigh (125 points)**  
**Exam Rubric**

**Part I. Evaluation (52 points)**

Did the student gather an appropriate amount of information about the patient that would lead to an accurate diagnosis?

1      2      3      4      5      6      7

During observation, the athletic trainer does not notice an obvious deformity, edema, or ecchymosis. The patient does not have genu valgum, genu varum, or genu recurvatum. The gait observation reveals excessive knee flexion at initial contact/heel strike, but there is no toe-in or toe-out gait. Further observation reveals a functional leg length discrepancy.

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Did the student make observations appropriate for the injury (e.g., gait, ecchymosis, edema)?

1      2      3      4

Palpations reveal point tenderness and a palpable deformity over the proximal biceps femoris. All other structures are normal (not point tender, no false movement, no crepitus). The athletic trainer also notices that the affected area also feels warm to the touch.

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Did the student correctly perform palpations of the tissues in the surrounding region and any other tissue that may have been affected?

1      2      3      4      5

Active range of motion shows pain with hip extension and knee flexion and pain with hip flexion and knee extension at end ranges of these motions. There is also weakness with hip extension and knee flexion, but no weakness with hip flexion and knee extension. Hip flexion is limited to 90 degrees due to pain, hip extension is also limited to 25 degrees due to pain. Hip adduction, abduction, internal rotation, and external rotation are not painful or weak and are all within normal limits.

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Passive range of motion shows pain with hip flexion at end range of motion. Hip flexion is limited to 90 degrees due to pain. Hip extension, adduction, abduction, internal rotation, and external rotation are not painful and are all within normal limits. Knee extension and knee flexion are also not painful and are within normal limits.

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Resisted range of motion shows pain with hip extension and knee flexion. There is also weakness with hip extension and knee flexion. Hip extension is limited to 25 degrees and knee flexion is also limited to 90 degrees due to pain. Hip flexion is only painful at end range of motion, but is not weak. Hip adduction, abduction, internal rotation, and external rotation are not painful or weak and are all within normal limits. Knee extension is also not painful or weak and is within normal limits. **If done isometrically, there is only pain and weakness with hip extension and knee flexion.**

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Did the student perform A/P/RROM at the appropriate joints bilaterally, looking for pain, motion, and weakness?

1      2      3      4      5      6      7

Following range of motion, the athletic trainer chooses to perform MMT. Tests for lateral hamstring are rated 4 out of 5. The Gluteus Maximus and Hamstring test is also 4 out of 5. All other MMT is 5/5.

Did the student correctly perform special tests for all differential diagnoses?

1      2      3      4      5      6      7

The athletic trainer diagnoses the patient with a grade 2 biceps femoris strain.

Did the student decide on a diagnosis that made sense based on information from the injury evaluation?

1      2      3

**Manual Muscle Testing**

- 1. Iliopsoas and Rectus Femoris      2. Gluteus Maximus      3. Hip Int Rot
- 4. Hip Ext Rot      5. Gluteus Medius and Minimus      6. Iliopsoas
- 7. Gluteus Maximus and Hamstrings      8. Tensor Fascia Latae

1. Correct practitioner placement/hand placement?	0	1	0	1	0	1
2. Correct direction of force by patient?	0	1	0	1	0	1
3. Correct direction of resistance by student?	0	1	0	1	0	1

/9

**Goniometry**

- 1. Hip Flexion and Extension
- 2. Hip Abduction and Adduction
- 3. Hip Internal and External Rotation

1. Correct axis placement?	0	1	0	1
2. Correct movement arm placement?	0	1	0	1
3. Correct stationary arm placement?	0	1	0	1
4. Was the measurement read correctly?	0	1	0	1
5. What is normal for these motions?	0	1	0	1

/10

**Part II. Treatment (21 points)**

Application of Electrical Stimulation to a Patient:

Communication w/ Patient:

- Questioned about injury
- Pain
- Contraindications
- Previous experience
- Contraindications
- Explained course of treatment
- Obtained consent

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Course of Treatment:

- Appropriate treatment for goals
- Rationale for course of treatment
- Pain control
- \_\_\_\_\_ Gate control theory
- \_\_\_\_\_ Activates A-beta nerve fibers to block the pain travelling on A-delta and C fibers
- Increases circulation
- Muscle Re-education
- \_\_\_\_\_ Activates A-alpha nerve fibers to elicit a strong motor contraction
- Edema Reduction
- Tissue Healing
- Muscle spasm reduction
- Muscle re-education
- More comfortable than Russian

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Treatment Parameters:

- Safe
- Effective
- Intensity must be high enough to elicit a tetanic muscle contraction
- Intensity high enough to elicit a muscle twitch
- Additional treatments on top of electrical stimulation
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Application of Treatment:



- Appropriate set up for course of treatment
  - Patient position
- Inspected treatment area
- Appropriate electrode set up
- Evaluated pain
- Stimulated appropriate fibers
- Intensity high enough to elicit a tetanic muscle contraction
- Intensity high enough to elicit a muscle twitch
- Additional treatments on top of electrical stimulation

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Other Notes:

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Patient Education-TENS Unit:

- Contraindications
- Explanation of treatment
- Explanation of application
- Proper instructions
- Safety precautions

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**Part III. Therapeutic Exercise (52 points)**

**Phase 2 Exercises (16 points)**

Was the goal appropriate for the injury and phase of rehabilitation?

1	2	3	4
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Were exercises appropriate and correct for the injury and goal?

1	2	3	4
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Correct technique?

1	2	3	4
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Ability to instruct patient

1	2	3	4
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**Late Phase 3 Functional Exercises (18 points)**

Was the goal appropriate for the injury and phase of rehabilitation?

1	2	3
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Were exercises appropriate and correct for the injury and goal?

1	2	3	4
---	---	---	---

Correct technique?

1	2	3	4
---	---	---	---

Ability to instruct patient

1	2	3	4
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Ability to describe how the exercises are functional

1	2	3
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**Phase 4 Performance-Specific Exercises (18 points)**

Was the goal appropriate for the injury and phase of rehabilitation?

1	2	3
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Were exercises appropriate and correct for the injury and goal?

1	2	3	4
---	---	---	---

Correct technique?

1	2	3	4
---	---	---	---

Ability to instruct patient

1	2	3	4
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Ability to describe how the exercises are performance-specific

1	2	3
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Score \_\_\_\_\_ /52

**AT 224- Final Practical Examination**

**Clinical Scenario:** \_\_\_\_\_

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**Evaluation (50 pts)**

- Introduces self to patient appropriately
- Clarifies reason for visit
- Obtains consent to evaluate

Notes: \_\_\_\_\_

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**History:**

- Onset
- Location
- Precipitating factors
- Alleviating factors
- Associated symptoms
- Quality
- Radiation
- Severity
- Timing/duration
- Medications
- Allergies
- Health history
- History questions are appropriate for clinical scenario
- History questions are adequate to move to next step

Notes: \_\_\_\_\_

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**Inspection/Observation/Palpation**

- Inspection of appropriate anatomy/area
- Adequate observation of appropriate anatomy/area/etc.
- Palpation of appropriate area/anatomy
- Adequate observation/palpation prior to next steps of evaluation

Notes: \_\_\_\_\_

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**Technique/Instrument Use (20 pts)**

- Chosen technique/instrument is appropriate for the evaluation
- Examiner explains to patient what they are going to do
- Proper use of technique/instrument
- Examiner understands what they are assessing and how
- Proper interpretation of what is observed

Notes: \_\_\_\_\_

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**Clinical Impression/Plan of Care:**

- Impression is made based on information gathered from evaluation
- Impression is appropriate based on information provided
- Impression/plan is communicated to the patient
- Plan of care is appropriate
- Examiner provides an opportunity for patient to ask questions
- Examiner makes appropriate referral

Notes: \_\_\_\_\_

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**Clinical Scenario, Summary and Clinical Bottom Line (33 points)**

	<i>Fully Fulfilled Outstanding (100%)</i>	<i>Mostly Fulfilled Above Average (80%)</i>	<i>Partially fulfilled Average (70%)</i>	<i>Minimally Fulfilled Below Average (60%)</i>	<i>Unsatisfactory (&lt;50%)</i>
<i>Clinical Scenario (12 pts)</i>	Clearly described the scenario that led to the focused clinical question	Provided above average description of the scenario that led to the focused clinical question	Provided some description of the scenario that led to the focused clinical question	Provided minimal description of the scenario that led to the focused clinical question	Unclear or inadequate explanation of the scenario that led to the focused clinical question
<i>Focused Clinical Question (5 pts)</i>	Clinical question is patient-oriented, practical, specific enough to guide an electronic evidence search and is relevant to the evidence. All PICO elements are clearly evident	Clinical question meets most criteria: is patient-oriented, practical, specific enough to guide an electronic evidence search and is relevant to the evidence gathered	Clinical question meets some criteria: is patient-oriented, has practical importance, is relevant but is too broad	Clinical question does have practical importance but is not relevant to the evidence gathered and evaluated	Unclear or inadequate clinical question
<i>Summary of Search, Best Evidence, and Key Findings (7 pts)</i>	Provided a sound summary of the evidence and key findings	Provided an above average summary of the evidence and key findings	Provided an average summary of the evidence and key findings	Provided a fair summary of the evidence and key findings	Inadequate summary of the evidence and key findings
<i>Clinical Bottom Line (9 pts)</i>	Provided clear and sound explanation of the clinical bottom line of the findings	Provided an above average explanation of the clinical bottom line of the findings	Provided an average explanation of the clinical bottom line of the findings	Provided a fair explanation of the clinical bottom line of the findings	Inadequate explanation of the clinical bottom line of the findings

**Search Strategy and Results of Search (12 points)**

	<i>Fully Fulfilled Outstanding (100%)</i>	<i>Mostly Fulfilled Above Average (80%)</i>	<i>Partially fulfilled Average (70%)</i>	<i>Minimally Fulfilled Below Average (60%)</i>	<i>Unsatisfactory (&lt;50%)</i>
<i>Search Engines and key words, Inclusion/ Exclusion criteria (7 pts)</i>	Clearly cited search engines, key words, and specified In/Ex criteria used to locate evidence are described in such a way that the search is repeatable		Partially cited search engines, key words, and specified In/Ex criteria used to locate evidence		Inadequately cited search engines, key words, and specified In/Ex criteria used to locate evidence
<i>Level of evidence and study design (5 pts)</i>	Clearly identified the level of evidence and the type of research design	Identification of most but not all levels of evidence and types of research designs		Minimal identification of some levels of evidence and types of research designs	Inadequate identification of levels of evidence and types of research designs

**Implications for Practice, Education and Future Research (40 points)**

	<i>Fully Fulfilled Outstanding (100%)</i>	<i>Mostly Fulfilled Above Average (80%)</i>	<i>Partially fulfilled Average (70%)</i>	<i>Minimally Fulfilled Below Average (60%)</i>	<i>Unsatisfactory (&lt;50%)</i>
<i>Implications for Practice, Education and Future Research</i>	Clearly identified implications for practice, education and future research	Above average discussion of implications for practice, education and future research	Average discussion of implications for practice, education and future research	Minimal discussion of implications for practice, education and future research	Inadequate discussion of implications for practice, education and future research

### Summary and Appraisal of the Best Evidence (45 points)

	<b>Fully Fulfilled Outstanding (100%)</b>	<b>Mostly Fulfilled Above Average (80%)</b>	<b>Partially fulfilled Average (70%)</b>	<b>Minimally Fulfilled Below Average (60%)</b>	<b>Unsatisfactory (&lt;50%)</b>
<i>Validity Score (12 pts)</i>	Correct validity score completed and reported, all validity score sheets submitted with paper		Some validity score completed and reported and/or some validity score sheets submitted with paper		Inadequate completion of validity scores and/or submission
<i>Summary of Evidence (15 pts)</i>	Clearly and concisely reported participants, intervention, outcome measures, and key findings	Above average report of participants, intervention, outcome measures, and key findings	Adequate report of participants, intervention, outcome measures, and key findings	Minimally reported participants, intervention, outcome measures, and key findings	Inadequate report of participants, intervention, outcome measures, and key findings
<i>Conclusions &amp; Study Limitations (9 pts)</i>	Clearly and concisely reported the conclusions and study limitations	Above average report of the conclusions and study limitations	Adequate report of the conclusions and study limitations	Minimally reported of the conclusions and study limitations	Inadequate report of the conclusions and study limitations
<i>Interpretation of Results (9 pts)</i>	Excellent interpretation of results as applied to the clinical question; interpretation fully supported by reported findings	Above average interpretation of results as applied to the clinical question; interpretation mostly supported by reported findings	Adequate interpretation of results as applied to the clinical question; interpretation supported by reported findings to some degree	Minimal interpretation of results as applied to the clinical question; interpretation not well supported by reported findings	Inadequate interpretation of results as applied to the clinical question; interpretation not supported by reported findings

### General Writing Style and Mechanics (20 points)

	<b>Fully Fulfilled Outstanding (100%)</b>	<b>Mostly Fulfilled Above Average (80%)</b>	<b>Partially fulfilled Average (70%)</b>	<b>Minimally Fulfilled Below Average (60%)</b>	<b>Unsatisfactory (&lt;50%)</b>
<i>Structure and Organization (5 pts)</i>	Organization is sequential and appropriate to assignment; paragraphs are well developed and appropriately divided; ideas linked with smooth and effective transitions.	Competent organization, without sophistication. Competent paragraph structure; lacking in effective transitions.	Limited attempts to organize around a thesis; paragraphs are mostly stand-alones with weak or non-evident transitions.	Organization, while attempted, was unsuccessful. Paragraphs were simple, disconnected and formulaic. No evident transitions or planned sequence.	Organization, if evident at all, is confusing and disjointed; paragraph structure is weak, transitions are missing, inappropriate and/or illogical.
<i>Sentence Structure (Grammar) (5 pts)</i>	Each sentence structured effectively, powerfully; rich, well-chosen variety of sentence styles and length.	Effective and varied sentences; errors (if any) due to lack of careful proofreading; syntax errors(if any) reflect uses as colloquialism.	Formulaic or tedious sentence patterns; shows some errors in sentence construction; some non-standard syntax usage.	Sentences show errors of structure; little or no variety; no grasp of sentence flow.	Simple sentences used excessively, almost exclusively; frequent errors of sentence structure.
<i>Mechanics and Presentation (5 pts)</i>	Virtually free of punctuation, spelling, capitalization errors; appropriate format and presentation for assignment.	Contains only occasional punctuation, spelling, and/or capitalization errors. Few formatting errors. Most errors likely careless.	Contains several(mostly common) punctuation, spelling and/or capitalization errors. Several errors in formatting or formatting is inconsistent.	Contains many errors of punctuation, spelling, and/or capitalization. Errors interfere with meaning in places. Formatting incorrect in most places.	Contains many and serious errors of punctuation, spelling, and or capitalization; errors severely with meaning. Formatting weak/
<i>Vocabulary and Word Usage (5 pts)</i>	Exceptional vocabulary, range, accuracy, and correct and effective word usage.	Good vocabulary range and accuracy of usage.	Ordinary vocabulary range, mostly accurate, some vernacular terms.	Errors of diction, and usage, while evident, do not interfere with readability.	Extremely limited vocabulary; choices lack grasp of diction; usage is inaccurate.

AT 228: Policies and Procedures in Athletic Training  
Final Project Grading Rubric

Component	Possible Points	Earned Points
Pre-Participation Physical Exam Policy and Procedures	10	
Inclusiveness / Completeness	10	
Ease of use	10	
Record Keeping Policy and Procedures	10	
Inclusiveness / Completeness	10	
Ease of use	10	
Correspondence/Collaboration with Contacts	10	
Inclusiveness / Completeness	10	
Drafts of correspondence	10	
Emergency Action Plan Policy and EAP	15	
Inclusiveness / Completeness	10	
Ease of use	10	
Inventory and Budget Policy and Proposed Budget	15	
Inclusiveness / Completeness	10	
Ease of use	10	
Correct Spelling / Grammar / Punctuation	15	
Overall Impression (effort, completeness)	25	

Total Points \_\_\_\_\_ / 200



Psychosocial Considerations Written Exam

Criteria	Levels of Achievement		
	Novice	Competent	Proficient
<b>Formatting</b> <b>Weight</b> <b>5.00%</b>	<b>0 %</b> Response is not typed or double-spaced and does not adhere to APA writing, formatting, citation, and reference guidelines.	<b>50 %</b> Response only partially fulfills formatting instructions (typed, double-spaced and adheres to APA writing, formatting, citation, and reference guidelines).	<b>100 %</b> Response is typed, double-spaced and adheres to APA writing, formatting, citation, and reference guidelines.
<b>Organization</b> <b>Weight</b> <b>5.00%</b>	<b>0 %</b> The response is difficult to follow. Thoughts throughout the paper do not flow and jump around, making it difficult to read and understand.	<b>50 %</b> The paper is somewhat organized. Some thoughts are still out of order, making it somewhat difficult to read and understand.	<b>100 %</b> The response is clearly organized and easy to follow. All thoughts flow easily from one to the next, allowing for full understanding.
<b>Grammar</b> <b>Weight</b> <b>10.00%</b>	<b>0 %</b> There are multiple distracting errors in grammar and usage that often impede understanding.	<b>50 %</b> There are a couple of distracting errors in grammar and usage, but few distract from the meaning.	<b>100 %</b> There are very few mistakes, if any, in grammar and usage, but the meaning is clear throughout the response.
<b>Evidence</b> <b>Weight</b> <b>30.00%</b>	<b>0 %</b> The response does not incorporate materials from course readings, lectures, and/or personal research. Terms are not clearly defined and quotes from materials are not included in a reference	<b>50 %</b> The response mostly incorporates materials from course readings, lectures, and personal research. Terms are somewhat defined throughout the paper and the reference list is not complete.	<b>100 %</b> The response incorporates materials from course readings, lectures, and personal research. All terms are clearly defined and quotes from materials are

list.		included in a reference list.
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**Mental Skills Drill**

**Weight 20.00%**

<p><b>0 %</b></p> <p>The mental skill is not relevant to the patient and the drill does not teach the patient how to use the skill.</p>	<p><b>50 %</b></p> <p>The mental skill chosen is useful to the patient's case, but the drill does not clearly demonstrate to the patient how to incorporate the skill.</p>	<p><b>100 %</b></p> <p>The mental skills is useful to the patient's case. The drill clearly demonstrates the mental skill and teaches the patient how to incorporate the skill as needed.</p>
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**Content**

**Weight 30.00%**

<p><b>0 %</b></p> <p>The response does not answer questions identified in the instructions. It is clear the student does not understand the concepts outlined in the course.</p>	<p><b>50 %</b></p> <p>The response only answers some of the questions identified in the instructions. The student demonstrates a partial understanding of the concepts outlined in the course.</p>	<p><b>100 %</b></p> <p>The response completely answers all questions identified in the instructions. The student demonstrates a clear understanding of all concepts outlined in the course.</p>
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**Student Name:** \_\_\_\_\_ **Judge Name:** \_\_\_\_\_ **Total Score:** /75

	Exceeds (100%)	Good (90%)	Fair (75%)	Poor (50%)
<b>Oral Presentation Style</b>	Presenter is poised and confident. Thoroughly discusses the case, conclusions and clinical bottom line. Main ideas are clear and concise. (20/20)	Presenter is reasonably confident. Discusses most aspects of the case, conclusions and bottom line. Information is somewhat organized. (18/20)	Does not present all of the relevant information of the poster. Sources and information are not used in an effective manner, or there is not enough information presented. Information is presented in an unorganized fashion. (15/20)	Presenter is unprepared and lacking required elements. There are many gaps in information presented. (10/20)
<b>Work quality/effort</b>	The work done exceeds all expectations and shows that the learner is proud of his/her work. The effort that was put into this task is the best it can be by the learner. (20/20)	The work was done with good effort that shows what the learner is capable of. It is evident that time was put into this poster and presentation. (18/20)	Work is done with fair effort, but the quality is still not what the learner is capable of. It is evident that the work was rushed. (15/20)	Work is done with little effort, quality is not what the learner is capable of. It is evident that the work was rushed and little time was spent on the final product. Work is incomplete. (10/20)
<b>Visual Presentation</b>	Overall visually appealing; not cluttered; colors and patterns enhance readability.  Graphics (e.g., tables, figures, etc.) are engaging and enhance the text. Content is clearly arranged so that the viewer can understand order without narration. (20/20)	Overall visually appealing; not cluttered; colors and patterns support readability.  Graphics (e.g. tables, figures, etc.) enhance the textContent is arranged so that the viewer can understand order without narration. (18/20)	Visual appeal is adequate; somewhat cluttered; colors and patterns detract from readability.  Graphics (e.g., tables, figures, etc.) adequately enhance the text.  Content arrangement is somewhat confusing and does not adequately assist the viewer in understanding order without narration . (15/20)	Not very visually appealing; cluttered; colors and patterns hinder readability.  Graphics (e.g., tables, figures, etc.) do not enhance the text.  Content arrangement is somewhat confusing and does not adequately assist the viewer in understanding order without narration. (10/20)
<b>Style/Mechanics</b>	The poster has an element of creativity and style, and is not just a list of facts. Presented in a clear and concise manner with full understanding. (15/15)	The poster is clear and logical and contains facts as well as very few mistakes. Good clear presentation. (13.5/15)	The poster lacks style and reads more like a list of facts than an oral group presentation. The poster lacks neatness and clarity. (11.25/15)	The poster lacks a clear understanding of the subject matter and there are many errors. Poster is not creative. (7.5/15)