

**THE UNIVERSITY OF WEST FLORIDA  
ATHLETIC TRAINING EDUCATION PROGRAM  
DEMONSTRATION OF COMPLIANCE WITH CAAHEP STANDARDS AND GUIDELINES**

**Standard: IA2 Sponsorship**  
**Responsibilities for program administration, instruction, supervision, and other functions of the sponsoring institution and of each affiliate shall be clearly documented as a formal affiliation agreement or memorandum of understanding.**

**Reason for non-compliance:**  
 There is no formal affiliation agreement with Pensacola Catholic High School.

**Recommendations/actions of site visit team:**  
*Establish affiliated site agreements with all affiliated site utilized by the program. To document the implementation of this Standard, the ATEP should submit one complete copy from Pensacola Catholic High School and copies of signed/dated signature pages from all other affiliated site agreements. If the contracts differ from institution to institution, the ATEP should provide complete copies of all different affiliation agreements.*

**Program's actions/documentation demonstrating compliance:**  
 A formal agreement with Pensacola Catholic High School is in place. This consists of the Agreement between UWF and Baptist Hospital Inc.; the Agreement between Baptist Health Care Inc. and Pensacola Catholic High School; and the Acknowledgement form from Pensacola Catholic High School.  
**Refer to Appendix 1, pages 1.1-1.9:** Agreement between UWF and Baptist Hospital Care, Inc.  
**Refer to Appendix 1, pages 1.10-1.12:** Agreement between Baptist Health Care Inc. and Pensacola Catholic High School  
**Refer to Appendix 1, page 1.13:** Acknowledgement from Pensacola Catholic High School  
**Refer to Appendix 1, page 1.14:** Acknowledgement from Escambia County High Schools  
**Refer to Appendix 1, page 1.15:** Signature page of Agreement between UWF and Richard G. Sellers, MD  
**Refer to Appendix 1, pages 1.16-1.27:** Agreement between Baptist Health Care Inc. and Escambia County High Schools

**Standard: IB1c(1)(b) Other Instructional Staff – ACI Qualifications**  
**An ACI shall be a NATABOC Certified Athletic Trainer who has completed clinical instructor training and is currently an NATA approved clinical instructor (ACI).**  
**NATA Approved clinical instructors responsible for teaching required subject matter shall be qualified through professional preparation and experience in their respective academic areas as determined by the institution.**

**Reason for non-compliance:**  
 According to the proficiency matrix, psychomotor proficiencies are instructed and evaluated in PET 4383C Strength Training, PET 4361 Sports Nutrition, and PSY 2012 Psychology; however, these courses are not taught by approved clinical instructors, and it is unclear as to how these clinical proficiencies are being evaluated by an Approved Clinical Instructor (ACI) and when those evaluations occur.

**Recommendations/actions of site visit team:**  
*The ATEP should revisit the proficiency matrix and adjust course work appropriately to demonstrate that these proficiencies are evaluated by an Approved Clinical Instructor. To document implementation of these changes, the ATEP should submit a revised Proficiency Matrix and copies of the syllabi in which those proficiencies are being evaluated by an ACI.*

**Program’s actions/documentation demonstrating compliance:**

Revisions have been made within the proficiency matrix to clarify when and where proficiencies are instructed, evaluated, and mastered. Some proficiencies are instructed and initially evaluated by professionals other than ACI’s, but are later re-evaluated by an ACI for mastery; thus supporting the “learning over time” concept.

The four clinical courses (PET 3670, PET 3671, PET 4672, PET 4673) provide the students with an opportunity to demonstrate mastery of proficiencies with an ACI.

**Refer to Appendix 2, pages 2.1-2.25:** Revised proficiency matrix

**Refer to Appendix 2, page 2. 26:** Blinded sample page from UWF Proficiencies Manual

**Refer to Appendix 3, pages 3.1-3.54:** Revised syllabi.

**Standard: IB1c(2)(b) Clinical Instructor – Qualifications**

**An athletic training clinical instructor in the traditional experience shall be a certified athletic trainer in good standing with the NATABOC. In other health care settings, the clinical instructor shall be duly authorized to practice in their respective area.**

**Reason for non-compliance:**

Graduate assistant who is not NATABOC certified is listed on the original student clinical rotation schedule as an ACI/CI. According to student and graduate assistant interviews, the GA is assigned students under her supervision and serves as a clinical instructor in the field experience portion of the program.

**Recommendations/actions of site visit team:**

*The ATEP must immediately stop using non-NATABOC certified individuals to supervise its students and must develop and implement a policy to ensure that non-NATABOC certified graduate assistants do not supervise ATEP students at any time. To demonstrate implementation of these changes, the ATEP should submit a copy of a policy stating the requirement for all CI/ACIs to be NATABOC certified for a minimum of one year. This policy should be signed by all clinical instructors and athletic training faculty. The ATEP also should submit a copy of a letter informing the non-NATABOC graduate assistant and the students under her supervision that she no longer will serve in the capacity of a clinical instructor and identify which clinical instructor will assume those supervisory responsibilities.*

**Program’s actions/documentation demonstrating compliance:**

The ATEP revised the clinical rotation schedule in September to ensure that all students are supervised by an ACI.

A policy outlining the minimum requirements of an ACI/CI has been implemented and signed by all ACI/CI’s associated with the ATEP.

To ensure that the non-NATABOC certified graduate assistant is not used as or considered to be an ACI, a letter of acknowledgement (regarding the requirements to be considered an ACI / CI) was sent to her, signed, and returned to the program director.

**Refer to Appendix 4, page 4.1:** ACI-CI policy with acknowledgement signatures

**Refer to Appendix 4, page 4.2:** Letter to non-NATABOC graduate assistant

**Refer to Appendix 4, pages 4.3-4.4:** Revised clinical rotation schedules

**Standard: IB1d Medical and Other Health Care Personnel**

**The athletic training education program shall assure opportunities for athletic training students to become familiar with the roles and responsibilities of various medical and other health care personnel as they relate to the profession of athletic training.**

**There shall be involvement of various medical and other health care personnel in formal or informal instruction.**

**Reason for non-compliance:**

Based upon student interviews and a review of course syllabi, students are not exposed to a variety of medical and other health care personnel in either formal or informal education settings.

**Recommendations/actions of site visit team:**

*Develop and implement both didactic and clinical opportunities that expose students to a variety of medical and other health care personnel (e.g., emergency technicians, physician's assistance, physical therapists, and dentist). Submit an outline of medical and other health care personnel presenting in the educational program, with credentials/specialty areas of each individual identified. The list should include at least 2 physicians with differing certifications /specializations and two health care specialists (e.g., Registered Dietician, Nurse Practitioner, Pharmacist, etc.). Document these medical and allied health providers' involvement by providing copies of course syllabi calendars or letters of agreement, as well as class rosters signed by the students attending the sessions and the date and time of those sessions.*

**Program's actions/documentation demonstrating compliance:**

The senior level course "PET 4605- General Medical Conditions" does reflect the use of various medical and allied health care personnel. All ATEP students are encouraged to attend the guest lectures presented, even if they are not enrolled in PET 4605.

Also, the senior level course "PET 4621- Senior Seminar in Athletic Training" requires student to complete surgical observations, which exposes them to an orthopedic assistant, nurses, and anesthesiologists in a clinical setting.

**Refer to Appendix 3, page 3.40:** Course syllabus calendar for PET 4605

**Refer to Appendix 3, pages 3.44-3.50:** Course syllabus for PET 4621

**Refer to Appendix 4, pages 4.5-4.9:** Medical Personnel Involvement/Signed Class Rosters

**Standard: IB3b(2) Physical Resources – First Aid and Emergency Care Equipment**  
**Equipment and supplies necessary for the appropriate initial management of acute athletic injuries/illnesses shall be available in order to provide the athletic training student with clinical and instructional practice in first aid and emergency care procedures.**

**Such equipment shall include items identified in the "NATA Athletic Training Educational Competencies."**

**Reason for non-compliance:**

Upon review of the clinical sites, there was no evidence of first-aid and emergency care equipment in the off-campus clinical sites.

**Recommendations/actions of site visit team:**

*The ATEP should provide documentation that current first-aid and emergency care equipment is available at all off-campus clinical sites. Lists of equipment available at each site, with appropriate signature for the administrators at those sites, should be submitted to demonstrate implementation of this Standard.*

**Program's actions/documentation demonstrating compliance:**

The ATEP does not rely on the first-aid and emergency care equipment available at the affiliated sites in order to provide the athletic training student with clinical and instructional practice in first aid and emergency care procedures. The equipment available on campus is much more suitable for instruction and practice, and the students have ample access.

Nonetheless, current first-aid and emergency care equipment is available at all off-campus clinical sites.

**Refer to Appendix 4, pages 4.10-4.14:** Equipment available at each site, with appropriate signatures

**Standard: IC1a Admission Policies and Procedures**

**Admission of students into the program, including competitive admission placement within the clinical and advanced didactic portions, shall be made in accordance with clearly defined and published academic practices of the institution.**

**Reason for non-compliance:**

Admission criteria are clearly defined in the self-study and athletic training web page; however, these procedures for admissions are not followed. For example, the admission process stated that weighted score sheets were used for admission. There was no evidence that the weighted score sheets that were submitted as part of the Admissions process were utilized to determine student admission into the program have been used or exist.

**Recommendations/actions of site visit team:**

*To demonstrate implementation of this objective criteria for Admissions, the ATEP should demonstrate the use of the weighted score sheet for program admission according to published admission criteria and implement this evaluation tool during the admission process. The ATEP should provide two completed and blinded copies of the implementation forms.*

**Program's actions/documentation demonstrating compliance:**

The admission process did not state weighted score sheets were used for admission as the site visit team indicates. The admission process clearly states "**In the event** of program enrollment exceeding the recommended ratio of students to ACI, permission to enroll in the first Athletic Training Clinical (PET 3670) will be based on the candidate's relative ranking as determine by a review committee..... (see Appendix 6; page 6.3). At no time in the history of the ATEP has the number of applicants exceeded the space available. The weighted score sheets do exist, but, to date there has been no need to utilize them. With 15 approved clinical instructors, our program feels we are capable of admitting 14 students per year into the ATEP. For the Fall '03 semester, only 11 students applied for admission. All eleven students met the minimum requirements for admission. There was no need to rank order these applicants. Nonetheless, 2 samples of weighted score sheets, demonstrating that students meet the minimum requirements, are provided in Appendix 5.

**Refer to Appendix 5 pages 5.1-5.2:** Blinded copies of the weighted score sheets

**Refer to Appendix 5, pages 5.3:** Admission policies from web site.

**Standard: IC1b Admission Policies and Procedures**

**Program admission criteria shall be clearly defined and published in the official institutional academic documents and other public media.**

**Reason for non-compliance:**

Although admission criteria are clearly defined in the self study and athletic training web page, the admission criteria are not clearly defined in the 2003-2004 academic catalog.

**Recommendations/actions of site visit team:**

*The ATEP should publish admission criteria in the academic catalog. These criteria should be identical in all published documents. Please submit galley proofs of 2004-2005 academic catalog documenting clearly defined admission criteria, as well as copies of all documents (e.g. recruiting materials, copies of appropriate web pages) that bear admissions criteria.*

**Program's actions/documentation demonstrating compliance:**

The admission criteria in the 2004-05 academic catalog has been revised so that it is identical to what is currently on the web site.

**Refer to Appendix 5; page 5.4:** letter from Dr. Robert Shaw concerning 2004-05 academic catalog.

**Refer to Appendix 5; pages 5.5-5.7:** Current draft of relative pages from 2004-05 catalog

**Refer to Appendix 5; page 5.3:** Admission policies from web site.

**Standard: IC2a(1) Evaluation of Students**

**Evaluation methods/systems shall be implemented for both didactic and supervised clinical education components. They shall be employed frequently enough to provide students and program officials with timely indications of the students' progress and academic standing and to serve as a reliable indicator of the effectiveness of course design and instruction.**

**Reason for non-compliance:**

A clinical proficiency manual has been developed and is used throughout the academic and clinical program. However, there is no indication of when students are to complete clinical proficiencies in a progressive sequential manner. With the exception of PET 4992 Senior seminar, which indicates all proficiencies must be completed, no other syllabi indicate required completion of clinical proficiencies. Therefore, there is no indicator to document student progress in relationship to the successful completion of clinical proficiencies.

**Recommendations/actions of site visit team:**

*Assign proficiencies to designated courses. Develop a process of evaluation that holds students accountable for successful completion of proficiencies in designated courses. This evaluation should be reflected on designated course syllabi. To demonstrate implementation, the ATEP should provide a copy of a revised Clinical Proficiency Matrix that demonstrates that proficiencies are evaluated in designed courses. Further, the ATEP should provide copies of those syllabi in which the proficiencies are to be evaluated.*

**Program's actions/documentation demonstrating compliance:**

Proficiencies have been assigned to designated courses. Revisions have been made to the Clinical Proficiency Matrix, certain specified course syllabi, and the UWF Athletic Training Clinical Proficiencies Manual to reflect more clearly where proficiencies are evaluated.

**Refer to Appendix 2, pages 2.1-2.25:** revised Clinical Proficiency Matrix

**Refer to Appendix 2, page 2.26:** Blinded sample page from revised UWF Proficiencies Manual

**Refer to Appendix 3, pages 3.1-3.54:** Revised course syllabi

**Standard: ID1g Fair Practices**

**The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded.**

**Reason for non-compliance:**

Official evidence of yearly inspections of modality equipment such as ultrasound, electrical muscle stimulators and other electrical equipment inspections are not documented.

**Recommendations/actions of site visit team:**

*Provide official proof (certifying notice of company conducting the inspections) of all annual modality equipment inspections.*

**Program's actions/documentation demonstrating compliance:**

Official evidence of yearly inspections of modality equipment such as ultrasound, electrical muscle stimulators and other electrical equipment inspections are documented and were available during the site visit, but never requested.

**Refer to Appendix 4, pages 4.15-4.18:** Invoices from yearly inspections

**Standard: ID1h Fair Practices**

**The program shall comply with Occupational Safety and Health Administration blood-borne pathogen requirements. Education in pathogen and infection control shall be provided annually.**

**Reason for non-compliance:**

There is no documentation of annual OSHA training in student files.

**Recommendations/actions of site visit team:**

*Develop a process by which students receive annual OSHA training and document this training in the*

*student files. Submit signed copies of signed rosters containing the names of students involved in the training and include the date on which the training session was conducted.*

**Program's actions/documentation demonstrating compliance:**

Documentation of annual OSHA training has been completed and is in each student's file. A letter from UWF Department of Environmental Health and Safety serves as evidence that OSHA training will be conducted for athletic training staff and students prior to the start of each fall semester.

**Refer to Appendix 4, page 4.19:** Letter from UWF Department of Environmental Health and Safety

**Refer to Appendix 4, page 4.20:** signed rosters of OSHA training class with instructor signature

**Standard: IE1 Outcomes**

**Programs shall routinely secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes related to the educational and program objectives.**

**Reason for non-compliance:**

As indicated in the self-study, employer surveys were to be distributed Spring 2003. However, upon site visit there was no documentation of completed employer surveys. No data was available concerning the outcomes of employer surveys.

**Recommendations/actions of site visit team:**

*Provide evidence that employer surveys were sent to employers and provide documentation of the results of data from these surveys, as well as two blinded samples (last name blackened) of completed surveys.*

**Program's actions/documentation demonstrating compliance:**

Only one of the Employer surveys has been returned. The results of this survey indicate a high level of satisfaction as well as a steady improvement of preparedness of the entry-level ATC's graduating from UWF.

A point to keep in mind, however, is that the 2004 graduating class will be the first graduates of the fully implemented curriculum. With the alumni and employer surveys now in place, future data and outcomes can be more effectively analyzed.

**Refer to Appendix 5, pages 5.8-5.9:** Blinded Employer Survey

**Refer to Appendix 5, pages 5.10-5.12:** Blinded Alumni Survey

**Refer to Appendix 5, page 5.13:** Data analysis of alumni surveys

**Refer to Appendix 5, pages 5.14:** Discussion of Survey Results

**Standard: IE2 Results of Ongoing Program Evaluation**

**The results of ongoing evaluation shall be used to evaluate program effectiveness and to implement appropriate changes for the purpose of improving student achievement.**

**Reason for non-compliance:**

There is no indication of an established plan to utilize data from alumni or employer surveys to improve student achievement and to enhance educational program offerings.

**Recommendations/actions of site visit team:**

*Develop and implement a plan of how data from alumni and employer surveys will be utilized to improve student achievement and enhance the educational program. To demonstrate implementation, the ATEP should provide a summary of the survey results and then provide a copy of the plan to address the information gathered in those surveys.*

**Program's actions/documentation demonstrating compliance:**

Changes that have been made in the ATEP curriculum as a result of the feedback received from alumni surveys as well as informal phone conversations, emails, social events.

When the first alumni survey was conducted in June, 2002, it supported the need to implement the changes that have been made to the curriculum concerning pharmacology, rehabilitation, modalities, and

administrative issues. The ATEP did fail to formally summarize and document this data and their respective sources, but did implement changes from alumni feedback.

A point to keep in mind, however, is that the 2004 graduating class will be the first graduates of the fully implemented curriculum. With the alumni and employer surveys now in place, future data and outcomes can be more effectively analyzed.

**Refer to Appendix 5, pages 5.10-5.12:** Blinded Alumni Survey

**Refer to Appendix 5, page 5.13:** Data analysis of alumni surveys

**Refer to Appendix 5, pages 5.14:** Discussion of Survey Results

**Standard: IIA1c Description of the Program**

**Students shall receive formal instruction in the following expanded subject matter areas in conjunction with the “NATA Athletic Training Educational Competencies.”**

**Reason for non-compliance:**

There is no evidence that first-aid and emergency care is instructed or evaluated in PET 2622 Advanced Prevention and Care of Injuries or PET 2604 Introduction to Athletic Training as indicated by the competency or proficiency matrix.

**Recommendations/actions of site visit team:**

*The ATEP should provide an overview as to where first-aid and emergency care are being instructed and formally evaluated in the curriculum. The ATEP should provide copies of the revised Educational Competency matrix, as well as a revised clinical proficiency matrix to demonstrate the implementation of the plan. Further, the ATEP should provide copies of the appropriate course syllabi that indicate instruction and evaluation of these skills.*

**Program’s actions/documentation demonstrating compliance:**

First-aid and emergency care are being instructed and formally evaluated in the curriculum in PET 2604, PET 2622, and in PET 3670. The syllabus for PET 2604- “Introduction to Principles of Athletic Training”, clearly states that the student must complete a course in CPR/AED and submit proof of certification for part of their grade. Revisions have been made in the course syllabus for PET 2604 to also include certification in First Aid. Revisions were made in the course syllabus for PET 2622- “Advanced Prevention and Care of Athletic Injuries” prior to the site visit that included formal instruction and evaluation in emergency care. The Educational Competency Matrix is incorporated into the respective syllabi.

**Refer to Appendix 2; pages 2.1-25:** Revised clinical proficiency matrix

**Refer to Appendix 3; pages 3.1-3.5:** Course syllabus for PET 2604

**Refer to Appendix 3; pages 3.6-3.13:** Course syllabus for PET 2622

**Refer to Appendix 3; pages 3.14-3.19:** Course syllabus for PET 3670

**Standard: IIA1e Description of the Program**

**The athletic training curriculum shall include provision for clinical experiences under the direct supervision of a qualified clinical instructor or ACI (see Section 1, B, 1,b) in a appropriate clinical setting.**

**Reason for non-compliance:**

Graduate assistant who is not NATABOC certified is listed on the original student clinical rotation schedule as an ACI/CI. According to student and graduate assistant interview, the GA is assigned students under her supervision and serves as a clinical instructor in the field experience portion of the program.

**Recommendations/actions of site visit team:**

*The ATEP must immediately stop using non-NATABOC certified individuals to supervise its students and must develop and implement a policy to ensure that non-NATABOC certified graduate assistants do not*

*supervised ATEP students at any time. To demonstrate implementation of these changes, the ATEP should submit a copy of a policy stating the requirement for all CI/ACIs to be NATABOC certified for a minimum of one year. This policy should be signed by all clinical instructors and athletic training faculty. The ATEP also should submit a copy of a letter informing the non-NATABOC graduate assistant and the students under her supervision that she no longer will serve in the capacity of a clinical instructor and identify which clinical instructor will assume those supervisory responsibilities.*

**Program's actions/documentation demonstrating compliance:**

The ATEP revised the clinical rotation schedule in September to ensure that all students are supervised by an ACI.

A policy outlining the minimum requirements of an ACI/CI has been implemented and signed by all ACI/CI's associated with the ATEP.

To ensure that the non-NATABOC certified graduate assistant is not used as or considered to be an ACI, a letter of acknowledgement (regarding the requirements to be considered an ACI/ CI) was sent to her, signed , and returned to the program director.

**Refer to Appendix 4, page 4.1:** ACI-CI policy with acknowledgement signatures

**Refer to Appendix 4, page 4.2:** Letter to non-NATABOC graduate assistant

**Refer to Appendix 4, pages 4.3-4.4:** Revised clinical rotation schedules

**Standard: IIA2b Instructional Plan**

**Instruction shall follow a plan that documents a logical progression of didactic study and clinical experience opportunities.**

**Reason for non-compliance:**

The instructional plan does not follow a progressive and sequential didactic and clinical experience as documented in clinical courses. For example, PET 4673 (where clinical proficiencies for orthopedic evaluation are instructed and evaluated) is taken during a student's spring senior year, and the Evaluation of Orthopedic Injuries PET 4612 is taken during a student's spring sophomore year. The didactic orthopedic evaluation course (PET 4612) is taught in the sophomore year, yet the clinical proficiencies of orthopedic evaluation (PET4673) are not evaluated until the spring of the senior year as indicated by the course syllabi. As such, the progression of didactic and clinical courses does compliment the instructional plan and enrich the overall educational experience.

Furthermore, in PET 3671 the course description emphasizes the instruction of clinical proficiencies related to therapeutic medications, strength training, environmental conditions, vital signs and medical record keeping; however the weekly topics indicate that foot/ankle/knee/hip/shoulder/elbow/wrist/hand palpations are instructed and evaluated along with range of motion and neurological examinations.

In PET 4672 the course description emphasizes the instruction and evaluation of clinical proficiencies related to lower extremity evaluation, therapeutic modalities, therapeutic exercise, and cardiovascular fitness training; however the weekly topics indicate that upper and lower extremity goniometry, medical documentation, a review of emergency care, and power point presentation development is instructed and evaluated.

In PET 4673 the course description emphasizes the instruction and evaluation of clinical proficiencies related to upper extremity, spine, abdomen, and thorax evaluation, injury rehabilitation techniques, recognition of medical conditions, and exercise prescription; however the weekly course topics indicate that poison control, orthoplast use, foot/ankle/knee/hip/shoulder/elbow/wrist/hand evaluation is instructed and evaluated.

As a result of these differences between course descriptions and weekly topics it is unclear if these

courses contribute to a logical progression of instruction. Since the course descriptions do not reflect the weekly topics it is unclear if the clinical course offerings compliment the progression and sequence of didactic courses and clinical experiences.

**Recommendations/actions of site visit team:**

*Develop a logical progression of didactic study and clinical experience plan (4 year plan) that accurately reflects the correlation between didactic study and clinical courses and experiences as outlined in course syllabi. Provide documentation of a revised four year plan and syllabi that illustrate a progressive sequence of instruction.*

**Program's actions/documentation demonstrating compliance:**

A logical progression of didactic study and clinical experience plan (4 year plan) is in place that accurately reflects the correlation between didactic study and clinical courses and experiences as outlined in course syllabi. What was unclear to the site visitors was the differentiation between "proficiency evaluation" and "demonstration of mastery" The examples given above make references to "evaluations" in the clinical courses (PET 3671, PET 4672, PET 4673), as if they were initial evaluations, which they were not. These were re-evaluations, with the purpose of demonstrating mastery learning over time.

Revisions have been made within the proficiency matrix to clarify when and where proficiencies are instructed, evaluated, and mastered. Some proficiencies are instructed and initially evaluated by professionals other than ACI's, but are later re-evaluated by an ACI for mastery; thus supporting the "learning over time" concept.

The four clinical courses (PET 3670, PET 3671, PET 4672, PET 4673) provide the students with an opportunity to demonstrate mastery of proficiencies with an ACI.

**Refer to Appendix 2, pages 2.1-2.25:** Revised proficiency matrix

**Refer to Appendix 2, page 2. 26:** Blinded sample from UWF Proficiencies Manual

**Refer to Appendix 2, page 2.27:** 4-year plan

**Refer to Appendix 3, pages 3.1-3.54:** Revised syllabi.

**Standard: IIA2c Instructional Plan**

**Clearly written course syllabi or documents that describe learning goals or objectives, competencies to be achieved and an instructional schedule in each didactic and supervised clinical education course.**

**Reason for non-compliance:**

Several course syllabi (i.e., PET 2622, PET 3680, PET 3670, PET 3671, PET 4672, and PET 4673) do not reflect competencies or proficiencies to be achieved as indicated by the competency and proficiency matrix. Course materials in these courses do not indicate that competencies or proficiencies are covered. Course objectives and course descriptions are not supportive of weekly course outlines. Discrepancies are found between course descriptions in catalog and individual course syllabi.

**Recommendations/actions of site visit team:**

*Develop course syllabi that accurately reflect the content/intent of the competencies and proficiencies in the course description, course objectives, and course outline. Ensure that catalog course descriptions are the same syllabi course descriptions.*

**Program's actions/documentation demonstrating compliance:**

Course syllabi have been revised to accurately reflect the content/intent of the competencies and proficiencies in the course description, course objectives, and course outline.

**Refer to Appendix 3, pages 3.1-3.54:** Revised syllabi.

**Refer to Appendix 3, pages 3.55-3.57:** 2003-04 University Catalog course descriptions