

## Protocol Presentation Review

Discipline \_\_\_\_\_

Clinician \_\_\_\_\_

Date \_\_\_\_\_

1. <u>INTRODUCTION</u>		Poor		Excellent
Included patient history			1 2 3 4 5 6 7 8 9 10	
Pre-treatment documentation			1 2 3 4 5 6 7 8 9 10	
Established need for treatment			1 2 3 4 5 6 7 8 9 10	
Defined objectives of treatment plan			1 2 3 4 5 6 7 8 9 10	
Provided clear rationale for treatment			1 2 3 4 5 6 7 8 9 10	

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. <u>CASE PRESENTATION</u>				
Documentation during treatment			1 2 3 4 5 6 7 8 9 10	
Key components included			1 2 3 4 5 6 7 8 9 10	
Demonstrated knowledge of subject			1 2 3 4 5 6 7 8 9 10	
Sequencing of treatment clear			1 2 3 4 5 6 7 8 9 10	
Terminology/definitions clear			1 2 3 4 5 6 7 8 9 10	

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. <u>CONCLUSION</u>				
Post-treatment documentation			1 2 3 4 5 6 7 8 9 10	
Treatment objectives accomplished			1 2 3 4 5 6 7 8 9 10	
Course objectives accomplished			1 2 3 4 5 6 7 8 9 10	
Assignment completed in full			1 2 3 4 5 6 7 8 9 10	

Comments: \_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_ Case presentation objectives have been met. Full credit to be given.

\_\_\_ Case presentation objectives have not been met. Student opts to:

\_\_\_ Re-do or finish case for more credit by: \_\_\_\_\_

\_\_\_ Accept less credit hours by: \_\_\_\_\_

Name of person responsible for review:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_