Evaluation of Athletic Training Clinical Education Settings

Student Assessment Form

DEVELOPED BY

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Student Evaluation of a Clinical Education Setting (STUDENT FORM)

I. PURPOSE

The purpose of this form is to help evaluate clinical education settings for athletic training.

II. IDENTIFICATION OF SETTING

Type of clinical education setting

- _____ College/University Athletic Training Facility
- _____ High School Athletic Training Facility
- _____ Community-based Health Care Facility (e.g. sports medicine clinic)

Name of institution/setting _____

Name of person completing the form _____

III. DEFINITION OF TERMS

<u>Academic Coordinator of Clinical Education</u> (ACCE) - This person works at the sponsoring college/university and is responsible for planning, implementing, and evaluating athletic training clinical education (e.g., Program Director).

<u>Setting Coordinator of Clinical Education</u> (SCCE) - This person works with the ACCE and coordinates/plans the clinical education experience for the students assigned to a particular setting.

<u>Clinical Instructor</u> (CI) - This person provides direct supervision and instruction of students in the clinical aspect of the athletic training education program.

1. Please indicate the helpfulness of the opportunities made available to you <u>prior</u> to your clinical education experience.

			Not available/ not helpful	Not available/ would be helpful	Available/ little help	Available/ helpful	N/A
	a. patient	s/athletes served	•				
	-	egulations & procedures					
	c. objecti						
	d. schedu						
	e. dress c	ode					
	f. time re	quired					
		l setting's objectives					
	h. ethical	standards of practice					
	i. organiz	ation chart					
2.		a given adequate orientation to esponsibilities to these people?		ents/athletes and	Yes	No	_
3.	Did you l	have a clear understanding of v	what was expect	ed of you?	Yes	No	-
4.	. Were <u>your</u> objectives for clinical education considered in planning your learning experiences?			Yes	No	_	
5.	Did you f	feel that the learning experienc	es at this setting	g were:			
		Routine for every stude	nt or		Individualized	for each stude	nt
6.		going changes made in your level of competency you demonst		ices based	Yes	No	
7.		a provided with adequate space onal needs: (e.g. lockers, study			l Yes	No	
8	Did you l	have an opportunity to interact	with				
0.	Dia your	have an opportunity to interact	with.	Yes	No	Ν	J/A
	a.	radiology technicians		100	110	1	() I I
	b.	nurses					
	с.	occupational therapists					
	d.	orthotists					
	e.	paramedics/EMTs					
	f.	physical therapists					
	g.	orthopedists					
	h.	physicians					
	i.	physician's assistants					
	j.	chiropractors					
	k.	-					
	1.	other health professionals					
9.	Did you l	have adequate individual attent	tion?		Yes	No	_

	-	How would you describe your patient/athlete load during the majority of your clinical education experience?					
Appropriate for your level of education Too hig	h	Too low					
Please comment if too high or too low:							
Were the variety of patients/athletes adequate for you to meet the objectives of the clinical education experience?	Yes	No					
If no, please comment:							
Were the equipment and supplies adequate to meet the objectives of the clinical education experience?	Yes	No					
If no, please comment:							
	ion Yes	No					
	Yes	No					
Did you have adequate opportunity for communication with the Clinical Instructor (CI) to whom you were responsible?	Yes	No					
Please describe your opportunities for discussion with your Clinical In responses:	nstructor (CI) by	checking all appropria					
DailyMidway	Final	never requested					
	Please comment if too high or too low: Were the variety of patients/athletes adequate for you to meet the objectives of the clinical education experience? If no, please comment: Were the equipment and supplies adequate to meet the objectives of the clinical education experience? If no, please comment: If no, please comment: If no, please comment: It the athletic training Clinical Instructors (CIs) understand your educated and education needs? It the non-athletic training Clinical Instructors (CIs) understand your clucated and education needs? Did you have adequate opportunity for communication with the Clinical Instructor (CI) to whom you were responsible? Please describe your opportunities for discussion with your Clinical Instructor Inicel Instruction with your Clinical Instruction W	Please comment if too high or too low: Were the variety of patients/athletes adequate for you to meet the objectives of the clinical education experience? Yes					

_____Daily _____Midway _____Final

17. a. Based on your experience and skill, how would you describe the degree of supervision you received?

Too close	Commensurate with need	Not close enough

b. If not commensurate with your need, please comment:

18. How would you describe the final evaluation process of your performance?

- a. Discussed with you prior to and after being finalized in writing.
- b. Discussed with you only prior to being finalized in writing.
- _____ c. Discussed only after being finalized in writing.
- _____ d. Not discussed.

19. How would you rate staff morale?

Always high	Usually high	Occ. High Occ. Low	Usually Low	

- 20. Was the person who was directly responsible to you adequately prepared to Yes _____ No _____ answer your questions?
- 21. Was the person who was directly responsible to you interested in your learning? Yes _____ No _____
- 22. Identify any new subject matter to which you were exposed during this clinical education experience and indicate if it should be included in the athletic training educational program.

23. Based on your past experience in clinical education, and your concept of the "ideal" clinical education setting, how would you rate this clinical education setting?

1	2	3	4
A very negative experience.	A waste of time	Time well spent	A very positive experience.

Instrument originally adapted from: Barr JS, Gwyer J, Talmor Z. *Standards for Clinical Education in Physical Therapy:* A Manual for Evaluation and Selection of Clinical Education Settings. Washington, DC, American Physical Therapy Association, 1980.

Funding support provided by Ball State University and the National Athletic Trainers' Association-Research and Education Foundation.