Evaluation of Athletic Training Clinical Education Settings

Student Assessment Form

Developed by

Thomas G. Weidner, PhD, ATC/L

and

Timothy G. Laurent, MS ATC/L CSCS

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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

Academic Coordinator of Clinical Education (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).

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

Clinical Instructor (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 prior to your clinical education experience. | Not available/ not helpful | Not available/ would be helpful | Available/ little help | Available/ helpful | N/A |
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. patients/athletes served</td>
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<td>____</td>
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<tr>
<td>b. rules, regulations &amp; procedures</td>
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<td>c. objectives</td>
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<tr>
<td>d. schedule</td>
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<td>e. dress code</td>
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<td>f. time required</td>
<td>____</td>
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<tr>
<td>g. clinical setting’s objectives</td>
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<td>____</td>
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<td>h. ethical standards of practice</td>
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<tr>
<td>i. organization chart</td>
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</tbody>
</table>

2. Were you given adequate orientation to individual patients/athletes and to your responsibilities to these people? Yes _____ No _____

3. Did you have a clear understanding of what was expected of you? Yes _____ No _____

4. Were your objectives for clinical education considered in planning your learning experiences? Yes _____ No _____

5. Did you feel that the learning experiences at this setting were: Routine for every student  Individualized for each student

6. Were on-going changes made in your learning experiences based on the level of competency you demonstrated? Yes _____ No _____

7. Were you provided with adequate space to accommodate your professional and personal needs: (e.g. lockers, study space, patient treatment area) Yes _____ No _____

8. Did you have an opportunity to interact with:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>a. radiology technicians</td>
<td>____</td>
<td>____</td>
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<tr>
<td>b. nurses</td>
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<tr>
<td>c. occupational therapists</td>
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<tr>
<td>d. orthotists</td>
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<td>e. paramedics/EMTs</td>
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<td>f. physical therapists</td>
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<td>g. orthopedists</td>
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<td>h. physicians</td>
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<td>i. physician’s assistants</td>
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<td>j. chiropractors</td>
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<td>k. other physicians</td>
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<tr>
<td>l. other health professionals</td>
<td>____</td>
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</tr>
</tbody>
</table>

9. Did you have adequate individual attention? Yes _____ No _____
10. a. How would you describe your patient/athlete load during the majority of your clinical education experience?  
   _____ Appropriate for your level of education _____ Too high _____ Too low

   b. Please comment if too high or too low:

11. a. Were the variety of patients/athletes adequate for you to meet the objectives of the clinical education experience?  
   Yes _____ No _____

   b. If no, please comment:

12. a. Were the equipment and supplies adequate to meet the objectives of the clinical education experience?  
   Yes _____ No _____

   b. If no, please comment:

13. Did the athletic training Clinical Instructors (CIs) understand your education level and education needs?  
   Yes _____ No _____

14. Did the non-athletic training Clinical Instructors (CIs) understand your education level and education needs?  
   Yes _____ No _____

15. a. Did you have adequate opportunity for communication with the Clinical Instructor (CI) to whom you were responsible?  
   Yes _____ No _____

   b. Please describe your opportunities for discussion with your Clinical Instructor (CI) by checking all appropriate responses:

      _____ Daily  _____ Midway  _____ Final
      _____ Once per week  _____ Whenever necessary  _____ Whenever requested
      _____ Impromptu  _____ Seldom  _____ Never
      _____ Had to be scheduled in advance

16. How frequently did you receive feedback on your clinical performance?  
   _____ 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  Usually Low  Occ. Low
   _____  _____  _____  _____  _____

20. Was the person who was directly responsible to you adequately prepared to answer your questions?  Yes _____  No _____

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.


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