Huntingdon College
Approved Clinical Instructor Seminar

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This manual is a reprint of information obtained at the 2009 Clinical Instructor Educator Seminar (Washington, DC) and the NATA Clinical Instructor Educator Seminar manual. This manual is to be used only for the instruction of clinical instructors associated with the Huntingdon College Athletic Training Education Program.
**Definition of Terms**

**ACI**  **Approved Clinical Instructor**

The certified athletic trainer who completes an ACI course and instructs and evaluates the clinical proficiencies during the clinical education part of the students’ program.

**ATS**  **Athletic Training Student**

The athletic training student who is enrolled in CAATE accredited entry-level training curriculum.

**CAATE**  **Commission on Accreditation of Athletic Training Education**

**CIE**  **Clinical Instructor Educator**

The certified athletic trainer who attends the CIE seminar and then conducts an ACI course.

**Clinical Education**

The portion of the students’ education where the clinical proficiencies are instructed, evaluated, and practiced. The clinical proficiencies are the knowledge and skills needed to practice athletic training and are contained in the third edition of the Athletic Training Educational Competencies. Proficiencies can be downloaded from the Education Council’s website [http://www.nata.org/education/educationcouncilinfo.htm](http://www.nata.org/education/educationcouncilinfo.htm) as a separate document.

Clinical education can occur in the clinical setting or in specialized settings (e.g. exercise physiology lab, operating room). The appropriate proficiencies can be instructed and evaluated by a professional who is not an ATC. However, these skills must be re-evaluated by an ACI to determine the student’s ability to apply them clinically.

**Clinical Setting**

This term is used to denote those sites where certified athletic trainers are employed and/or practice the profession, including practice and game coverage, athletic training rooms, outpatient clinics, industrial settings, and so on. The clinical setting also includes structured classroom and laboratory environments.
Clinical Education Supervision

An ACI must supervise athletic training clinical education. Supervision is, “constant visual and auditory interaction between the student and the ACI.” Multiple opportunities must be provided for the evaluation and feedback between the student and the ACI.

Clinical Education Experience

Education opportunities within a clinical environment where clinical proficiencies are taught and evaluated by an ACI.

Clinical Proficiencies

The clinical application of a common set of cognitive, psychomotor, and affective competencies.

Clinical Supervisor

ATC or other specialized health/medical professional, who supervises athletic training students in a field experience other than a clinical education experience.

Educational Competencies

The educational content required of entry-level athletic training programs described as educational objectives. The competencies encompass three domains: cognitive (knowledge and intellectual skills), psychomotor (manipulative and motor skills), and affective (attitudes and values). These domains are applied clinically through the Clinical Proficiencies.

Field Experience

Field experiences provide students experimental learning opportunities (e.g. different sport assignments, settings). Supervision of athletic training field experience involves daily personal/verbal contact at the site of supervision between the athletic training student and the ATC who plans, directs, advises, and evaluates the student’s athletic training experience. The ATC must be physically present in order to intervene on behalf of the individual being treated. In other field experiences, the specialized health/medical professional supervises the experience.

Sport Exposure

Upper Extremity - High risk sport to the upper extremity based upon injury statistics. Traditionally this would include throwing sports, swimming, gymnastics, etc. that require extensive stresses of the upper extremity.

Lower Extremity - High risk sport to the lower extremity based upon injury statistics.
Traditionally this would include soccer, cross-country running, track, basketball, etc. that require extensive stresses of the lower extremity.

**Equipment Intensive** - High risk sports where all participants are required to wear protective equipment for the head and the shoulders.

**Standards and Guidelines**

The Standards constitute the minimum requirements to which an accredited program is held accountable. These are the minimum standards of quality used to accredit programs that prepare individuals to enter into the athletic training profession. The Guidelines are examples intended to assist in interpreting the Standards.

**Transferability**

The ACI course is individualized to each program relative to student expectations, course requirements, evaluation forms, and grading. The ACI status in not transferable, however, yearly updates and in-services may be conducted for people who have previous ACI training.

**Enforceability**

The *Standards and Guidelines* state that clinical proficiency education and evaluation must be performed by an Approved Clinical Instructor. As such, the ACI will be responsible for the formal instruction and evaluation of the clinical proficiencies. The evaluation of the proficiencies is to be performed one-on-one with the student. The ACI will be the primary quality control as a student progresses through the program, with additional clinical supervision that may or may not be ACI qualified. The ACI ensures that every student enrolled in the curriculum obtains a minimum level of competence in each of the clinical proficiencies. This competency attainment protects the patient as the student uses these skills during the clinical field experiences.

**Perspectives of Clinical Education**

Education programs for allied health professions evolved from training apprenticeships where an aspiring student would learn the components of a profession for a “master”. This program incorporated the used the patient as the focal point of the educational process with the use of books and lectures as tools. This concept has guided clinical education in the medical profession over the past century. Students begin to acquire psychomotor skills at the patient’s side, usually in a hospital or outpatient based clinical affiliation. Students are introduced to the practical aspect of patient care, usually in an observation capacity, shortly after the student’s medical course work has begun. This approach has been accepted by medical educators as an effective means of teaching clinical medicine.
The allied health professions have similar goals of graduating clinically competent individuals. Similar to medicine, physical therapists have explored methods of teaching clinical skills to students. Clinical education constitutes a major portion of a physical therapist’s curriculum. This part of the curriculum exposes a student to situations where there is a high probability of learning clinical information through role-playing (Jarski, Kulig, & Olson, 1990). Clinical practice is that aspect of the physical therapists professional curriculum that bridges the two worlds of theory and practice (Barnes, 1992). It allows for teaching in a “real world” laboratory and teaches lessons that can only be learned through practice and introducing students to the peculiarities of the work environment as well as the profession. Clinical education fosters the refinement of basic knowledge and psychomotor skills.

Clinical education has been defined as “the portion of the students’ professional education which involves practice and application of classroom knowledge and skills to on-the-job responsibilities. This occurs at a variety of sites and includes evaluation and patient care, administration, research, teaching, and supervision. It is a participatory experience with limited time spent in observation” (Moore & Perry, 1976). This clinical portion of the curriculum is where the theoretical and practical educational components are integrated into real life situations with actual patients incorporated into the instructional process (Jarski et al., 1990). Few structural limitations are placed on what activities constitute clinical education. The concept of hands on activities can include any experience that provides a practical focus. Students might actually practice psychomotor skills in a simulate clinical setting on simulated patients with specific objectives sited for mastery. The emphasis should be placed on movement from general technical skills to specific therapeutic skills with progression to a level of competency where quick judgments and responses to life-threatening situations are achieved (Benner, Hopper-Kyriakidis, & Stannard, 1999). On the other hand, clinical education should not be constrained by the type of practice setting or its geographic location, the diversity of professionals capable of serving as clinical educators, or the designated patient population that is served.

Since the conception of the athletic training profession, experiential learning has occurred in athletic training rooms and during athletic events. Students are constantly placed in real life situations where observing or performing technical skills under pressure, often in an ongoing medical emergency, are used as learning experiences. This type of clinical setting provides the athletic training student with the physical environment necessary in which to develop professional behaviors and attitudes. This clinical learning experience provides students with the opportunity to consolidate knowledge and apply this knowledge to actual patient care situations. Most of the allied health care professions rely on the clinical education portion of the curriculum to provide pertinent knowledge and insight that lead the student in becoming a competent professional (Draper, 1987).

Colleges and universities have traditionally had the responsibility for educating allied health students in didactic knowledge. However, clinical education generally take place in health care facilities such as hospitals, private medical offices, athletic training rooms, and clinics where the students are provided the opportunity to learn along side the allied health practitioners (Agriesti-
Johnson, 1978). The didactic instruction cannot be separated from clinical instruction as though they are two distinct entities. Clinical education for the allied health professions requires articulation among several institutions with heavy dependency on the health care institutions.

Clinical education represents approximately 23 to 30 percent of the total curriculum in the allied health professions’ curriculum. Education programs are designed to incorporate the clinical education component in one of two patterns: concurrent, where the student is participating in the didactic and clinical instruction simultaneously, or non - concurrent, where the student participates in the practice and refinement of skills full-time upon completion of the didactic program or at a defined phase of the didactic program. This pattern varies among the allied health professions and institutions housing their curriculum.

The clinical component can begin with an observation basis with little or no hands-on involvement with the patient. The student should not be placed in an environment where he or she is expected to perform at the level of a professional without proper experience or supervision.

Many programmatic changes in curriculum design have occurred because of issues of public accountability, credibility, cost containment, outcome measurements, service orientation, and cultural diversity. A recent trend in allied health education is to incorporate the clinical learning earlier into the professional curriculum so that students can become acquainted with the on-the-job experiences sooner. Introducing the clinical component early in the curriculum means students are in a position to deliver health care before they have mastered the scientific knowledge necessary to render safe patient care. Therefore, it is imperative that close supervision of inexperienced students is maintained.

Health care in the 1990s has become infiltrated with accountability terms such as outcome assessment, quality management and continuous quality improvement. Institutions of higher education are being required to account for and define measurable outcomes for students at each level of the educational process. Clinical experiences must be based on and evaluated by objectives that are measurable and explicitly state what the student is expected to accomplish. Typically, undergraduate education in the allied health professions is designed with the intention of providing students with experiences that help them acquire minimal levels of competencies in the essential skills of their profession. For the most part, student must obtain these basic competencies to qualify for certification or licensing in their chosen fields.

Clinical education is designed so that one instructor accompanies a group of students to a clinical area to provide care for a designated population. Clinical education in the allied health care professionals involves a cooperative effort between the faculty of an academic program and the staff of a clinical facility (Moore, Parker, & Nourse, 1972). The person who instructs, evaluates, and supervises the students during their clinical education is the approved clinical instructor (ACI). An interactive effect occurs between the individuals that are present in the clinical setting. The interaction is primarily focused on the patient or a clinical problem involving the patient,
with the clinical instructor in direct supervision. The ACI plans, directs, and evaluates the clinical experience. In addition, the ACI serves as a role model for the student and expedites the integration of the educational components. The students learn their roles by observing experienced professionals delivering care to the designated population. Thus, the behavioral outcomes of an allied health care curriculum are reflective of the quality of the clinical educators (Gandy, 1977). These outcomes and simulated behaviors influence the student’s lifetime professional performance. Most students appreciate the real life immersion into the daily practice of their profession. They value the one-on-one teaching and mentoring.

**Didactic vs. Clinical Education**

Academic (didactic) education and clinical education have some similarities, but their differences are far more significant. The differences center on the design of the learning experience, teaching methods, and social relationship of the students, faculty, and targeted clients. The design of the learning experience in academic education often occurs in a predictable classroom environment that is characterized by a beginning and end of the learning session. The subject matter is usually organized, presented, and detailed. Student instruction can be presented in many formats with varying degrees of structure ranging from lecture formats with the use of audiovisuals, laboratory practice, discussion seminars, collaborative and cooperative peer activities, tutorials, problem-based case discussions, to computer-based instruction, and independent or group work assignments (Brookfeild, 1985).

Objectives in the classroom are commonly based in the cognitive domain emphasizing knowledge and understanding with the ability to solve problems on a theoretical basis. Fundamental concepts, theories, and their application to the skills of the profession must be fully developed in the academic program to ensure the students are capable of progressing through each phase of the curriculum (Gandy, 1977). Social distance between the instructor and student is characteristic of the academic setting. Academic teachers and students can hide their personalities in the rigid environment of the classroom through low levels of participation and involvement with each other. Professors are often preoccupied with dissemination of information and students are more involved with taking notes and listening than in asking questions and interacting. Therefore, the student functions in an impersonal and passive manner characterized by little emotional involvement.

In contrast, the clinical setting is characterized by diversity in instructional methodologies. Student instruction may include the same formats used by academic faculty such as audiovisuals, practice on a fellow student or clinical educator, or review and discussion of journal articles. In addition, ACIs may use video libraries of patient cases, in-service education, grand rounds, surgery observation, special clinics and screening, pre-surgical evaluations, on-site continuing education course offerings, observation and interactions with other health professions, and participation in clinical research. The ACI is viewed as a “guide by the side” rather than as an expert of the field who facilitates practicing clinical skills and learning professional protocols (Gandy, 1977).
The clinical environment by its very nature is dynamic and flexible. It is by far more unpredictable and is constrained only by the treatment times or length of the patients’ visit or practice schedule. The subject matter is typically fluidly organized and lacking rigidity. Clinical objectives emphasize clinical judgment, critical thinking, the ability to plan and carry out treatments, and demonstrate communication skills with the patient population. The delivery of education information and practice of specific skills may appear unstructured and chaotic. However, students in the clinical setting can learn and acquire skills from a variety of sources at the same time. **Student learning is usually not measured by written examinations, but evaluated based on the quality, efficiency, and the outcomes of the students’ patient care when measured versus a standard of clinical performance.**

Personalities of the ACI and the students are hard to suppress and are usually disclosed in the beginning stages of the clinical segment of the curriculum. The nature of the clinical environment fosters close social interaction among the ACI, the student, and the patient. **An outcome of this social interaction and role modeling of the instructor in clinical education are students that are sensitive and skillful practitioners of their respective disciplines** (Boufford, 1978).

**Learning Over Time**

The athletic training student must be able to demonstrate a progression of skill acquisition. Being able to show through repeated evaluation that important skills are learned, performed, and retained would exhibit that the student has mastered the knowledge base and skills required to functions as a ATC.

Practicing a particular skill should enhance the ability to perform that skill competently in the future. Of course, the basis for success of this model is that the skill is initially taught correctly and that appropriate feedback is provided to insure that the skill is consistently performed correctly. To be taught a skill incorrectly but practiced successfully will only lead to the student performing a skill incorrectly.

Equally important to learning a skill correctly and practicing it until mastered is the documentation of progress. Documentation that a student has learned a skill will be the foundation of professional competency. Clinical skill teaching, monitoring, practicing, and evaluating must occur in a documented, ordered process.

The student will be responsible for demonstrating that the skills mastered can be performed at anytime at a high level of competency. Therefore, the student will be responsible over the entire length of the program to be able to perform skills that may have been learned the very first day of the program.

For the student to have the time for mastery of skills, the skills should be taught as early in the curriculum as possible. Skills such as modality use, physical examination, strapping and padding,
etc. should be instructed early in the student’s program so there will be adequate time for instruction, monitoring, testing, correcting, and retesting. **It is the ACI’s responsibility to challenge the skills of the student in areas where weakness is demonstrated.** Formal documentation will demonstrate the student’s progress and the areas needing improvement.

Skills are generally taught in lecture, demonstrated, and formally evaluated in laboratory class. Skills are to be applied under the watchful eye of the ACI. Skills should be broken down into basic subsets to allow the student to approach the skill systematically. The breakdown of the skill also allows the ACI to objectively evaluate the skill and quantify the performance of each skill.

Each student will keep a portfolio that documents the student’s progress. The portfolio will be an ongoing documentation of the student’s learning, skill acquisition, demonstration of clinical proficiencies, and demonstration of behaviors becoming of the allied health professional. **The ACI will input data into the student’s portfolio as the student is challenged throughout the length of the program. The portfolio will follow the student through all of the student’s clinical training.** At the end of the program, the student portfolio will represent the student’s competency documentation of skills deemed important to the practice of athletic training.

The student should face increasing challenges on the same competency. Initially, the ACI will have the student practice the skills being taught in the lecture class and laboratory. Once the student has developed the performance of the skill, the ACI will challenge the student to perform the skill. This will be first performed on other students, or volunteers. Once the ACI feels the student is ready, the challenge may occur while the student is treating a patient while under the supervision of the ACI or other ATC. As the student’s skills and confidence improve, the challenge can be unannounced.

Once the ACI feels comfortable enough to allow the student to perform the skill on a patient, the student will then be monitored while performing the skill in normal daily activities in the practice setting. **For the student and patients’ protection, the student must have “line of sight” contact with the ACI during formal clinical education instruction experiences.** It is important to maintain a professional atmosphere where the teacher and student can carry on dialogue about the learning process without undermining the ACI or student’s confidence or causing embarrassment. Berating a student in front of a patient would not support a good learning environment.

The student who shows competency in a skill over time will probably not be challenged on the skill as often. As the student integrates into the practice setting and is treating athletes on a daily basis, the ACI will have ample time to observe the combination of skills into the treatment of a particular problem. If students digress in their skills, then they will be monitored, instructed, and challenged until competent.
Learning Styles and Clinical Education

Learning is not exclusively a product of good students and knowledgeable instructors. Learning is influenced by a variety of variables beyond the intentions of the student and the instructional skills of the instructor. Learning Styles is one of the factors that plays a significant role in student learning and how the learning is evaluated.

The concept of “learning style” has been defined as a specific pattern of behavior and/or performance the learner utilizes in approaching learning experiences. Learning style relates to the way information is processed, retained, and utilized by the learner (Sarasin, 1999). Learning styles are characteristics which can be cognitive, affective, and physiological which gives some indications relative to how the student will interact with the learning environment (Keefe & Thompson, 1987). These characteristics are distinctive, observable, and measureable. The behaviors are tendencies, patterns, and preferences of how a student learns and wants to be evaluated. They are methods a student will use to learn, produce, solve problems, and achieve. Learning styles are not predictors of achievement or intelligence. Learning styles are developed from natural dispositions. Although a student may have a predominate learning style, he/she can generally adapt and utilize alternate learning styles and strategies. The ability of the student to adapt to different learning environments (lecture/lab/clinical), varying teaching methods, and evaluation methods is critical (Steinberg, 1997).

Equally important is the ability of the instructor to adapt his/her instructional style to meet and support the individual student’s different and unique learning style. Research supports that the interaction between learning style and teaching style combined with the learning environment is the cornerstone of successful learning (Anderson, 1995).

The challenge of the clinical instructor is to be willing and motivated to become a skilled instructor. It has been suggested that the instructor examine his/her learning / teaching style followed by an understanding of how the students learn (Sarasin, 1999). As the instructor develops, implements, and evaluates learning experiences, a conscious awareness of teaching and learning styles must be at the forefront. Lack of congruence in teaching a learning styles can cause student/instructor “stress”. This stress can produce negative outcomes in the learning experience. The outcome could be that the skills and techniques are not learned and student self-confidence may be influenced negatively. The instructor, unable or unwilling to recognize learning and teaching contrasts, may just assume the students lack the interest or aptitude to learn the material which may not be the case. Although difficult and challenging, if the clinical instructor is truly interested in the success of the student, then he/she will recognize the risk of teaching and learning style incongruence and accommodate the individual student differences (Sarasin, 1999).

In situations where learning is not occurring, transfer of knowledge is ineffective, or a student struggles, the instructor needs to ask him/herself why? The instructor must avoid the easy conclusion that the student is disinterested or not smart enough. The instructor must examine
whether his/her teaching style is failing to support the learning styles of the students. If this is the case, then active attempts to resolve the incongruence must take place.


**Teaching Styles: Where Theory Meets Practice**

Student learning occurs in a variety of settings. The classroom is typically envisioned as the setting for the formal acquisition of knowledge. Laboratory settings provide a setting for the acquisition of skills. The clinical setting provides the student the opportunity to use newly found knowledge and skills for clinical decision-making.

The classroom learning experience is controlled by the educational system. Curricula are developed, academic requirements are established, class times are scheduled, and instructors are assigned the classes they will teach. This tightly coupled system, while geared for efficiency, is organized for the convenience of those involved in the educational system. Instructors develop lesson plans designed to provide the students with opportunities to acquire the requisite knowledge. Lab activities and practical examinations are geared for the acquisition of necessary physical skill, albeit in an artificial clinical environment. The clinical setting is designed to provide the student with realistic experiences the student will face after graduation.

Learning in the clinical setting is not a passive process that occurs merely through student observation. Clinical learning requires more than just the physical presence of the student. To maximize learning in the clinical environment, the student must be actively engaged in the process. An active involvement in clinical education is just one way the student becomes socialized into the health care profession. Acculturation is the process whereby the student is actually socialized into the profession. The socialization process involves the student becoming competent in meeting traditional expectations of the profession (Jensen & Sheperd, 1997). In the field of athletic training, acculturation involves accepting the responsibilities of providing health care to the patient. Successful acculturation involves not only the technical and manual tasks of the job, but learning, internalizing, and employing appropriate verbal and non-verbal communication skills as well.

For successful acculturation to occur, the student must be an active participant in the clinical learning environment. The student must continuously assess his/her own cognitive, psychomotor, and affective abilities. Student self-assessment is facilitated through role modeling along with formal and informal feedback. To maximize the clinical learning opportunity, the student must assume the responsibility of self-directed learning and ongoing, insightful reflection on learning.
Three general sources for ground rules governing the clinical learning environment have been identified (Scully, 1974). These ground rules include those originating externally to the clinical education site, those originating internally to the clinical education setting, and those originating from within the clinical instructor. The following table provides an example of ground rules governing clinical learning.

<table>
<thead>
<tr>
<th>Source</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>External</strong></td>
<td>Length of training.</td>
</tr>
<tr>
<td></td>
<td>Host institution’s educational philosophy.</td>
</tr>
<tr>
<td></td>
<td>Educational objectives.</td>
</tr>
<tr>
<td><strong>Internal</strong></td>
<td>Departmental rules and regulations.</td>
</tr>
<tr>
<td></td>
<td>Individual clinical instructors.</td>
</tr>
<tr>
<td><strong>Clinical Instructor</strong></td>
<td>Personal experiences.</td>
</tr>
<tr>
<td></td>
<td>Individual philosophy.</td>
</tr>
<tr>
<td></td>
<td>Motivation and dedication to clinical teaching.</td>
</tr>
</tbody>
</table>

Five essential elements are involved in any teaching situation (Jensen & Sheperd, 1997). First, the clinical instructor must possess the requisite knowledge that is to be shared with the student and a willingness to openly share this knowledge with the student. Possession of the requisite knowledge of subject matter is called comprehension. Inherent to this comprehension is not only an understanding of what is known, but just as importantly, what is not know. The effective teacher needs to take an honest inventory of the innate knowledge one is capable of sharing. Possession of the requisite knowledge does not guarantee effective teaching or learning. There are knowledgeable clinicians who are not able to effectively communicate with the student. The second key component called transformation addresses this ability. Transformation is the process of the instructor transforming what is known into material that can be taught to others. Effective transformation occurs through careful preparation and adaptation of teaching style and the use of resources. The key here is to be able to adapt knowledge to formulate examples and representations. Effective transformation also requires an awareness of teaching styles and student learning styles. The art of teaching through teacher-student interaction takes place in the classroom, laboratory, and clinic. The component is described as instructional performance. Innovative and varied teaching approaches help yield effective instructional performance. To determine teaching effectiveness, both the teacher and student must take part in an evaluation process. This component of reflective evaluation entails review and analysis of both instructor and student performance. Reflective evaluation allows the teacher to learn form the teaching experience. The final component, new comprehension, occurs as the teacher learns from the actual teaching experience (Jensen & Sheperd, 1997).
Clinical Skills

We have all heard the comment from a student, “You make it look so easy.” Skills that seem second nature to the experienced clinician often cause the student significant difficulty. Skill learning can be categorized into phases of initially understanding the idea of movement, followed by actual performance of the movement, refinement of a skill, and ultimately committing the skill to memory.

Jensen and Shepard (1997) describe teaching clinical skills the instructor can employ to facilitate student learning. Initially, the ACI must establish a problem that leads to a goal and ensures adequate learning motivation. Problems are typically couched in assignments, papers, and tests with grades being the typical extrinsic motivating factor. The intrinsically motivated student is aware of knowledge not yet attained. The subsequent goal for this type of student is to attain knowledge. The instructor must also attend to regulatory stimuli that will engage the learner. Appropriate regulatory stimuli must include an understanding of how the student processes various modes of delivery of educational material. A variety of stimuli (visual, auditory, self-directed problem-solving activities) should be employed. Effective skill teaching also entails the instructor controlling the learning environment. The skilled ACI should do all that is possible to provide a real life learning environment. Student must be afforded the opportunity to practice their skills in an appropriate environment and the instructor must provide timely feedback to the student during these practice opportunities to maximize skill attainment.

Skills must be introduced in a common sense fashion and must provide increasing difficulty for the student as the skills are acquired. Various levels of skills have been described ranging from fundamental basic movement skill to beginner skills, to intermediate skills, to skills of advanced and highly skilled levels. Teaching skills to athletic training students must reflect this hierarchy.

A successful transition from the classroom to clinic involves learning along, not only the cognitive and affective domain, but the psychomotor domain as well. Harrow (1972) describes seven stages of the psychomotor domain. The stages are in a hierarchy beginning with perception and progressing through origination. Perception involves the student’s ability to distinguish among various maneuvers. The next stage of the psychomotor domain is the set stage in which the student actually assumes a physical position from which to engage in the skill. Next, the guided response is where the student duplicates the skill that is demonstrated by the instructor. Appropriate instructor feedback is required for the next step of mechanism in which the student alters performance of the skill in order to perform the skill correctly. The next phase of complex overt response involves the coordination of various maneuvers that will guarantee successful completion of the task. In this phase the student is expected to correctly demonstrate the desired skill independently. The complex overt response phase is followed by the adaptation phase in which the student is required to change performance of the skill to obtain the most successful response. The final phase of the psychomotor domain is the origination phase in which the student actually creates new maneuvers. The following table provides an example of the stages
of psychomotor skill acquisition for the evaluation of a knee injury.

Stages of Psychomotor Skill Acquisition (Clinical Instructor Educator Seminar, 2001)

Clinical learning does not occur through osmosis and simple observation. Students involved in clinical learning must be actively engaged in the learning process. Student must also be acculturated into the profession of caring for patients. This acculturation process entails many interpersonal and communication skills that are just as vital as the physical skills that the student will develop. The effective ACI must understand his/her strengths and weaknesses and effectively share knowledge with the student. The effective ACI uses every interaction with a student to become a better clinical instructor.

The Effective Approved Clinical Instructor

Effective Clinical Instruction
Clinical instruction is the thoughtful and proactive application of teaching psychomotor skills and professional behaviors with the primary focus on the student rather than the patient Weidner & August, 1997). The effectiveness of clinical instruction is based on the expected outcomes, instructional efficiency, and the attitudes of the participants within the clinical experience. Effective teaching behaviors are the clinical instructor’s actions, activities, and verbalizations that facilitate student learning in the clinical setting. Ineffective teaching behaviors are the clinical instructor’s actions, activities, and verbalizations that interfere with student learning (O’Shea & Parsons, 1979). Clarifying the roles and responsibilities, qualities and characteristics, knowledge, effective and ineffective behaviors, and attitudes of the ACI should increase the overall consistency of clinical education.

Approved Clinical Instructor Roles and Responsibilities
To provide suitable experiences for the needs of the individual student, the ACI should use a multidimensional approach to instruction including providing immediate and specific feedback, brainstorming sessions, incorporating time frames and due dates, and practical, hands-on activities (Weidner, Threthwey, & August, 1997).

A secondary responsibility of the ACI is the incorporation of new learning strategies and reinforcing previous strategies by analyzing each student’s individual needs. Clinical instruction should include conditions for effective learning, attending to the levels of understanding and retention of knowledge, and structuring of clinical experiences in a logical and sequential manner with cognitive, affective, psychomotor, and clinical learning experiences specific to each setting (Weidner & August, 1997).
ACI’s Level of Understanding
Learning occurs over time and through four levels of refinement: unconsciously incompetent, consciously incompetent, consciously competent, and unconsciously competent. The ACI must be able to identify at what level of sophistication a learner is presently functioning and be able to adapt their level of teaching to the student’s level of refinement.

Proper demonstration of skill should be through three phases: introductory phase, practice phase, and perfecting phase. (“see one”, “do on”, and “do one more”).

Qualities of an ACI
- Organization and clarity.
- Instructor clinical competence.
- Enthusiasm and stimulation.
- Modeling of professional characteristics.
- Instructor knowledge.
- Clinical supervision.
- Group instructional skills.

ACI Supervisory and Leadership Skills
Since students studying in health-related professions interact with real people, the role and responsibilities of the supervising clinical instructor emphasize the need for formal preparation of effective clinical teaching. By providing opportunities for the application of theories and principles of the practice of athletic training, effective instruction and supervision must ensure effective learning in settings that involve the student providing direct care to patients as part of the planned learning activity.

The following is a list of supervisory and leadership skills the ACI should incorporate into the clinical experience:

- Provide information and technical support.
- Facilitate interpersonal communication.
- Develop competence in AT content areas.
- Fulfill supervisory responsibilities.
- Foster student autonomy.
- Provide professional models.
Communication, Interaction, and Feedback
The ACI must incorporate a wide range of communication skills that are appropriate for the setting and for the individual learner. All ACIs can continually improve their communication skills, building a foundation on these skills. Feedback is considered the best technique for improving communication and should be implemented in a clear, descriptive, constructive form, as well as within an immediate action with the student interaction, simulation, and rephrasing.

Communication Skills
- Attentive silence.
- Observation.
- Purposeful eye contact.
- Tracking.
- Open ended encouragement and advocacy.
- Surface paraphrasing and exploration.
- Self-disclosure.
- Active listening.
- Intense paraphrasing.
- Open-ended questioning.
- Giving feedback.
- Summarizing and interpreting.
- Information giving and prescribing.
- Critiquing.
- Correcting.
- Closed questioning.
- Persuading.
- Challenging.
- Confronting.

Knowledge, Effective, and Ineffective Behaviors and Attitudes
The ACI’s behavior has a significant impact on the student’s professional growth and development. The interaction between the ACI and the student directly influences the overall learning experience and the attitudes, behavior, and knowledge of both parties. After implementing the critical incident technique and identifying critical role behaviors and attitudes, students can provide insightful information about the description of helpful and hindering incidents that positively or negatively influence the clinical instruction in the areas of mentoring, professional acceptance, nurturing, and modeling (Curtis, Helion, & Domsohn, 1998).

Explanation, demonstration, and constructive feedback behaviors are perceived as effective clinical instruction by athletic training students. Identifying helpful and hindering behaviors can improve the overall clinical experiences. Informative discussions on progress and feedback, availability of the ACI, and a decreased number of missed learning opportunities can directly influence the professional knowledge base and enhance clinical performance (Curtis, Helion, & Domsohn, 1998). **Students rate hands-on experience, practice, problem solving, and interpersonal behaviors and interaction as highly desirable elements of clinical education** (Jarski, Kulig, & Olson, 1990).
An ACI who shows a student professional acceptance, respect, autonomy, and validates knowledge and skills, will establish a positive tone for the clinical experience. The use of negative terminology, excessive scrutiny and isolation, and poor interaction style can affect the student’s perceptions, professional development, and overall clinical experience. Evaluative and instructive/assertive behaviors by the ACI should be examined for hindrance and helpfulness with the effectiveness for the clinical experience (O’Shea & Parsons, 1979).

Confidence-building behaviors characterized by the ACI’s use of positive responses, supportive behaviors, and the willingness to assist the student with clinical and non-clinical education are examples of nurturing behaviors. **Nurturing behaviors reduce humiliation, increasing feelings of student competence, and create a safer environment for increased student initiative and participation** (Curtis, Helion, & Domsohn, 1998). Lastly, the concept of the ACI modeling good decision-making, professionalism, and effective job performance and administrative skills alter the perception of the athletic training student’s expected job performance and demeanor.

By ensuring a positive and constructive learning experience, the knowledge, behaviors, and attitudes for future professional personnel and their practice will not only be learned but also assimilated and implemented. Capturing the teachable moment by integrating the theoretical and practical educational components into real-life situations with actual patients is a clinical phase that bridges the transition between the classroom and clinical experiences. ACIs are professional role models and should exhibit excellent humanitarian and interpersonal skills. **The combination of good teaching, communication skills, and interpersonal skills creates the best clinical education environment** (Jarski, Kulig, & Olson, 1989).
Assessment of the Student

The assessment of the student’s skill level serves two fundamental purposes. First, it documents the student’s skill acquisition, level of ability, and progression over time. Secondly, performance assessment provides feedback relative to the instructional techniques and the quality of clinical instruction.

The student will be evaluated on the following levels:

**Clinical Skill Acquisition** - This will include the assessment of the specific clinical proficiencies to the performed by the student. An assessment form has been developed for each clinical proficiency. The form identifies the clinical proficiency or proficiencies to the assessed. Each form includes a checklist of the key components of the task to the performed by the student and a rating of the students overall performance of the task. These forms will be maintained in a clinical notebook in the department resource room to be used as a guide. ATEP has adopted use of a web-based system to document and keep track of the students’ progression throughout the duration of the program. “ATrack” allows for easy access for students and instructors, and is able to track the students’ progress and completion of clinical proficiencies. The database allows for the students to view each attempt made with a particular proficiency, the rating, the scenario under which they were evaluated and any comments made by the ACI. The student must demonstrate satisfactory performance of the task two times. If the student is unable to demonstrate satisfactory performance of the task, the task must be repeated until satisfactory performance is achieved. This database helps to maintain paper-free records and tracking procedures that are required with accreditation.

**Overall Student Performance** - This will include the assessment of the athletic training student’s overall performance during the clinical experience. The ACI is instructed to rate the student’s performance relative to professional behaviors and attitudes becoming of the allied health professional. The ACI is also asked to indicate the clinical skills demonstrated by the student during the clinical experience. The forms also include a place for comments by the ACI relative to the student’s overall performance. This form is to be completed at the end of each clinical rotation by the ACI and/or clinical supervisor. The form will be reviewed by the program director as part of the assessment of the student’s overall progression in the program.
Huntingdon College - Athletic Training Education Program
Evaluation of ATH 214 Clinical Experience by Clinical Instructor

Student Name: __________________________________________________ Semester: Fall, 20____
Primary Clinical Site: ____________________________________________
Clinical Instructor: __________________________ Cert. No.: ___________ State Lic. No.: __________

**Rating Scale**

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<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tr>
<td>4</td>
<td>Excellent: Student performs the level of expected duty 95% of the time or more, and demonstrates the level of skill above required standard.</td>
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<tr>
<td>3</td>
<td>Above Satisfactory: The student performs the level of expected duty 90-95% of the time, and demonstrates the level of skill at the required standard.</td>
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<td>2</td>
<td>Satisfactory: The student performs the level of expected duty 80-90% of the time, and demonstrates the level of skill at the required standard.</td>
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<td>Below Satisfactory: The student performs the level of expected duty 70 - 80% of the time, and demonstrates the level of skill at the required standard.</td>
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<tr>
<td>0</td>
<td>Unsatisfactory: The student performs the level of expected duty less than 70% of the time, and/or fails to demonstrate the level of skill at the required standard.</td>
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**Professional Development**

1. The student is prompt and punctual for scheduled clinical assignments. ___ ___
2. The student dresses appropriately for scheduled clinical assignments. ___ ___
3. The student communicates well with the athletic training staff regarding his/her schedule and any problems that might arise. ___ ___
4. The student abides by the rules and regulations of the athletic training facility. ___ ___
5. The student demonstrates a positive rapport with athletes. ___ ___
6. The student takes the initiative and a willingness to learn. ___ ___
7. The student helps maintain a clean and neat athletic training room. ___ ___
8. The student demonstrates a willingness and ability to follow directions. ___ ___
9. The student respects the profession of athletic training and the staff of the athletic training program. ___ ___

Total Score (36) ___ ___

**Improvements in Clinical Skills and Techniques**

1. The student demonstrates improvement in basic taping and wrapping skills. ___ ___
2. The student demonstrates improvement with conducting a primary and secondary injury survey. ___ ___
3. The student demonstrates improvement with triaging the injured athlete, utilizing emergency splinting and transporting techniques. ___ ___
4. The student demonstrates improvement in the care of open wounds and following procedures to prevent potential transmission of blood-borne pathogens. ___ ___
5. The student demonstrates improvement in selection and use of therapeutic modalities. ___ ___
6. The student demonstrates improvement in ability to assist with the rehabilitation of common athletic injuries. ___ ___
7. The student demonstrates improvement in utilizing correct verbal and written medical terminology. ___ ___
8. The student demonstrates improvement in integrating all of the above in the practice of athletic training. ___ ___

Total Score (32) ___ ___

Overall Score (68) ___ ___
Comments:

List specific skills the student has performed throughout the clinical experience:

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List specific skills the student needs to work to improve:

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List suggestions on how the student can make improvements with his/her skills:

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Student’s Signature: ___________________________________________ Date: _____ / _____

Clinical Instructor’s Signature: _________________________________ Date: _____ / _____

Program Coordinator’s Signature: _______________________________ Date: _____ / _____

This document will be placed in the student’s program file in the office of the Program Coordinator.
Huntingdon College Athletic Training Education Program
Evaluation of ATHT 216 Clinical Experience By Clinical Instructor

Student: _______________________________ Date: ____________ Semester: Spring, 20___
Clinical Site: _____________________________ Clinical Instructor: ________________________ Cert. No.: _________ State Lic. No.: _____________

Rating Scale
4 Excellent Student performs the level of expected duty 95 % of the time or more, and demonstrates the level of skill above required standard.
3 Above Satisfactory The student performs the level of expected duty 90-95% of the time, and demonstrates the level of skill at the required standard.
2 Satisfactory The student performs the level of expected duty 80-90% of the time, and demonstrates the level of skill at the required standard.
1 Below Satisfactory The student performs the level of expected duty 70 - 80% of the time, and/or fails to demonstrate the level of skill at the required standard.
0 Unsatisfactory The student performs the level of expected duty less than 70% of the time, and/or fails to demonstrate the level of skill at the required standard.

Professional Development
1. The student is prompt and punctual for scheduled clinical assignments. ___ ___
2. The student dresses appropriately for scheduled clinical assignments. ___ ___
3. The student communicates well with the athletic training staff regarding his/her schedule and any problems that might arise. ___ ___
4. The student abides by the rules and regulations of the athletic training facility. ___ ___
5. The student demonstrates a positive rapport with athletes. ___ ___
6. The student takes the initiative and a willingness to learn. ___ ___
7. The student helps maintain a clean and neat athletic training room. ___ ___
8. The student demonstrates a willingness and ability to follow directions. ___ ___
9. The student respects the profession of athletic training and the staff of the athletic training program. ___ ___

Total Score ___/___ ___/___

Improvements in Clinical Skills and Techniques
1. The student demonstrates improvement in basic taping and wrapping skills. ___ ___
2. The student demonstrates improvement with conducting a primary and secondary injury survey. ___ ___
3. The student demonstrates improvement with triaging the injured athlete, utilizing emergency splinting and transporting techniques. ___ ___
4. The student demonstrates improvement with taking a medical history and identifying primary and secondary complaints. ___ ___
5. The student demonstrates improvement with pre-participation assessment skills. ___ ___
6. The student demonstrates improvement in selection and use of therapeutic modalities. ___ ___
7. The student demonstrates improvement in ability to assist with the development of a treatment plan of common athletic injuries. ___ ___
8. The student demonstrates improvement in utilizing correct verbal and written medical terminology. ___ ___
9. The student demonstrates improvement in construction of SOAP notes with assistance from clinical instructor. ___ ___
10. The student demonstrates improvement in the evaluation and assessment of injuries to the hip/pelvis, thigh, knee, lower leg, and ankle/foot. ___ ___
11. The student demonstrates improvement in integrating all of the above in the practice of athletic training. ___ ___

Total Score ___/___ ___/___

OVERALL SCORE /80 /80
**Comments:**

**List specific skills the student has performed throughout the clinical experience:**

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**List specific skills the student needs to work to improve:**

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**List suggestions on how the student can make improvements with his/her skills:**

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Student’s Signature: ___________________________ Date: ___ / _____

Clinical Instructor’s Signature: ___________________________ Date: ___ / _____

Program Coordinator’s Signature: ___________________________ Date: ___ / _____

This document will be placed in the student’s program file in the office of the Program Coordinator.
Huntingdon College Athletic Training Education Program
Evaluation of ATHT 314 Clinical Experience By Clinical Instructor

Student: _________________________________ Date: ____________ Semester: Fall, 20___
Clinical Site: _____________________________
Clinical Instructor: ________________________ Cert. No.: _________ State Lic. No.: _____________

Rating Scale
4 Excellent Student performs the level of expected duty 95% of the time or more, and
demonstrates the level of skill above required standard.
3 Above Satisfactory The student performs the level of expected duty 90-95% of the time, and
demonstrates the level of skill at the required standard.
2 Satisfactory The student performs the level of expected duty 80-90% of the time, and
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demonstrates the level of skill at the required standard.
0 Unsatisfactory The student performs the level of expected duty less than 70% of the time,
and/or fails to demonstrate the level of skill at the required standard.

Professional Development
1. The student is prompt and punctual for scheduled clinical assignments. ____ ____
2. The student dresses appropriately for scheduled clinical assignments. ____ ____
3. The student communicates well with the athletic training staff regarding
his/her schedule and any problems that might arise. ____ ____
4. The student abides by the rules and regulations of the athletic training facility. ____ ____
5. The student demonstrates a positive rapport with athletes. ____ ____
6. The student takes the initiative and a willingness to learn. ____ ____
7. The student helps maintain a clean and neat athletic training room. ____ ____
8. The student demonstrates a willingness and ability to follow directions. ____ ____
9. The student respects the profession of athletic training and the staff
of the athletic training program. ____ ____

Total Score ____ ____ ____ ____

Improvements in Clinical Skills and Techniques
1. The student demonstrates improvement with conducting a primary and
secondary injury survey. ____ ____
2. The student demonstrates improvement with triaging the injured athlete,
utilizing emergency splinting and transporting techniques. ____ ____
3. The student demonstrates improvement with taking a medical history and
identifying primary and secondary complaints. ____ ____
4. The student demonstrates improvement with LE pathologies and
common athletic injury evaluation. ____ ____
5. The student demonstrates improvement in selection and use of therapeutic
modalities. ____ ____
6. The student demonstrates improvement in ability to assist with the rehabilitation
of common athletic injuries. ____ ____
7. The student demonstrates improvement in utilizing correct verbal and
written medical terminology. ____ ____
8. The student demonstrates improvement in construction of SOAP notes with
assistance from clinical instructor. ____ ____
9. The student demonstrates improvement in the evaluation and assessment of
injuries to the hip/pelvis, thigh, knee, lower leg, ankle/foot and general
medical conditions. ____ ____
10. The student demonstrates improvement in the evaluation and assessment of
injuries to the head/face, shoulder, elbow, wrist, hand/fingers. ____ ____
11. The student demonstrates improvement in integrating all of the above in the
practice of athletic training. ____ ____

Total Score ____ ____ ____ ____

OVERALL SCORE /80 /80
Comments:

List specific skills the student has performed throughout the clinical experience:

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Student’s Signature: ___________________________________________ Date: ___/____

Clinical Instructor’s Signature: ___________________________________________ Date: ___/____

Program Coordinator’s Signature: ___________________________________________ Date: ___/____

This document will be placed in the student’s program file in the office of the Program Coordinator.
Huntingdon College Athletic Training Education Program
Evaluation of ATHT 316 Clinical Experience By Clinical Instructor

Student: _________________________________ Date: ____________ Semester: Spring, 20___
Clinical Site: _____________________________ Clinical Instructor: ________________________
Cert. No.: _________ State Lic. No.: _____________

Rating Scale
4 Excellent Student performs the level of expected duty 95 % of the time or more, and
demonstrates the level of skill above required standard.
3 Above Satisfactory The student performs the level of expected duty 90-95% of the time, and
demonstrates the level of skill at the required standard.
2 Satisfactory The student performs the level of expected duty 80-90% of the time, and
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0 Unsatisfactory The student performs the level of expected duty less than 70% of the time,
and/or fails to demonstrate the level of skill at the required standard.

Professional Development
1. The student is prompt and punctual for scheduled clinical assignments. ___ ___
2. The student dresses appropriately for scheduled clinical assignments. ___ ___
3. The student communicates well with the athletic training staff regarding
his/her schedule and any problems that might arise. ___ ___
4. The student abides by the rules and regulations of the athletic training facility. ___ ___
5. The student demonstrates a positive rapport with athletes. ___ ___
6. The student takes the initiative and a willingness to learn. ___ ___
7. The student helps maintain a clean and neat athletic training room. ___ ___
8. The student demonstrates a willingness and ability to follow directions. ___ ___
9. The student respects the profession of athletic training and the staff
of the athletic training program. ___ ___

Total Score ___/___ ___/___

Improvements in Clinical Skills and Techniques
1. The student demonstrates proficiency with conducting a primary and
secondary injury survey and triaging the injured athlete. ___ ___
2. The student demonstrates proficiency with management of the injured athlete,
utilizing emergency splinting and transporting techniques. ___ ___
3. The student demonstrates improvement with taking a medical history and
identifying primary and secondary complaints. ___ ___
4. The student demonstrates improvement in with the development and application
application of protective equipment. ___ ___
5. The student demonstrates proficiency in selection and use of therapeutic
modalities for the treatment of specific athletic injuries. ___ ___
6. The student demonstrates improvement in selection and use of therapeutic
exercises for specific athletic injuries. ___ ___
7. The student demonstrates improvement in utilizing correct verbal and
written medical terminology. ___ ___
8. The student demonstrates improvement with construction of SOAP notes without
the assistance from the clinical instructor. ___ ___
9. The student demonstrates improvement with the construction of therapeutic
progress notes with the assistance of the clinical instructor. ___ ___
10. The student demonstrates improvement in the evaluation and assessment of athletic
injuries as it pertains to the progression of therapeutic exercises. ___ ___
11. The student demonstrates improvement in integrating all of the above in the
practice of athletic training. ___ ___

Total Score ___/___ ___/___

OVERALL SCORE /80 /80
Comments:

List specific skills the student has performed throughout the clinical experience:

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List specific skills the student needs to work to improve:

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List suggestions on how the student can make improvements with his/her skills:

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Student’s Signature: __________________________________________ Date: ____ / _____

Clinical Instructor’s Signature: __________________________________________ Date: ____ / _____

Program Coordinator’s Signature: __________________________________________ Date: ____ / _____

This document will be placed in the student’s program file in the office of the Program Coordinator.
Huntingdon College Athletic Training Education Program  
Evaluation of ATHT 401 Clinical Experience by Clinical Instructor

| Student: _________________________________ | Date: ____________ | Semester: Fall, 20___ |
| Clinical Site: _____________________________ | Clinical Instructor: ________________________ | Cert. No.: _________ | State Lic. No.: _______ |

**Rating Scale**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tr>
<td>4</td>
<td>Excellent</td>
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<td>Below Satisfactory</td>
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<td>0</td>
<td>Unsatisfactory</td>
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**Professional Development**

1. The student is **prompt and punctual** for scheduled clinical assignments. ___ ___
2. The student **dresses appropriately** for scheduled clinical assignments. ___ ___
3. The student **communicates well** with the athletic training staff regarding his/her schedule and any problems that might arise. ___ ___
4. The student **abides by the rules and regulations** of the athletic training facility. ___ ___
5. The student **demonstrates a positive rapport** with athletes. ___ ___
6. The student **takes the initiative** and a willingness to learn. ___ ___
7. The student **helps maintain a clean and neat** athletic training room. ___ ___
8. The student **demonstrates a willingness** and ability to follow directions. ___ ___
9. The student **respects the profession** of athletic training and the staff of the athletic training program. ___ ___

**Total Score** ___ ___

**Improvements in Clinical Skills and Techniques**

1. The student **demonstrates competence with conducting a primary and secondary injury survey.** ___ ___
2. The student demonstrates **competence with triaging the injured athlete, utilizing emergency splinting and transporting techniques.** ___ ___
3. The student demonstrates **competence with taking a medical history and identifying primary and secondary complaints.** ___ ___
4. The student demonstrates **competence in with the development and application of protective equipment.** ___ ___
5. The student demonstrates **competence in selection and use of therapeutic modalities for the treatment of specific athletic injuries.** ___ ___
6. The student demonstrates **competence in utilizing correct verbal and written medical terminology.** ___ ___
7. The student demonstrates **competence with construction of SOAP notes without the assistance** from the clinical instructor. ___ ___
8. The student demonstrates **competence with the construction of therapeutic progress notes without the assistance** of the clinical instructor. ___ ___
9. The student demonstrates **competence in the evaluation and recognition of injuries to the spine, upper & lower extremities, & general medical conditions.** ___ ___
10. The student demonstrates **competence in communication with patients, peers, physicians, and allied health professionals in describing the assessment, prognosis, and rehabilitation of injuries/illnesses.** ___ ___
11. The student demonstrates **improvement in the assessment of athletic injuries as it pertains to the progression of therapeutic exercises.** ___ ___
12. The student demonstrates **improvement in integrating** all of the above in the practice of athletic training. ___ ___

**Total Score** ___ ___

**OVERALL SCORE** 84/84
**Comments:**

**List specific skills the student has performed throughout the clinical experience:**

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<td>15.</td>
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<td>16.</td>
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</tbody>
</table>

**List specific skills the student needs to work to improve:**

| 9.  |       |
| 10. |       |
| 11. |       |
| 12. |       |
| 13. |       |
| 14. |       |
| 15. |       |
| 16. |       |

**List suggestions on how the student can make improvements with his/her skills:**

| 4.  |       |
| 5.  |       |
| 6.  |       |

Student’s Signature: ____________________________ Date: _____ / ______

Clinical Instructor’s Signature: ____________________________ Date: _____ / ______

Program Coordinator’s Signature: ____________________________ Date: _____ / ______

This document will be placed in the student’s program file in the office of the Program Coordinator.
ATS EVALUATION

PHYSICIAN OBSERVATION

ATS: ___________________________ DATE: __________

PHYSICIAN: ______________________

Dates and times of Observation: __________ __________, ________ ______,
________ ______, ________ ______, ________ ______, ________ ______

The student named above has just completed the minimum ten (10) hour requirement for the family practice/team physician rotation at Dr. Mahurin office/ER for Baptist Health or team orthopedic, Dr. Hartzog/Dr. Walcott with AOS. Please provide us with a brief evaluation of this student’s performance related to the criteria listed below. Additional comments related to the student’s performance are welcome. Thank You!

I. Overall, what is your impression of this student?

_________ student demonstrated a high level of interest and involvement; asked lots of questions
_________ student was interested and generally attentive; asked a few questions
_________ student was present and somewhat attentive, but demonstrated little interest and involvement
_________ student demonstrated little interest; asked no questions

II. Please rate the student on the following criteria:

<table>
<thead>
<tr>
<th>KEY: 4= Excellent</th>
<th>3= Good</th>
<th>2= Marginal</th>
<th>1= Unacceptable</th>
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</tr>
<tr>
<td>Clinical interest/inquisitive</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Appearance</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Promptness</td>
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<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>Shows respect for others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Knowledgeable about content</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Understands confidentiality</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Physician Signature: ___________________________ Date: ________
or
ACI/ CI Signature: ___________________________ Date: ________
ATS EVALUATION

Emergency Room OBSERVATION

ATS: _____________________________________ DATE: ____________

Clinical Rotation: ____________________________

ACI / CI: ____________________________

Date and times of Observation: _______ ________, _______ ________, _______ ________, _______ ________

The student named above has just completed the minimum one Friday night ER observation requirement for the orthopedic ER observation. Please provide us with a brief evaluation of this student’s performance related to the criteria listed below. Additional comments related to the student’s performance are welcome. Thank You!

III. Overall, what is your impression of this student?

_________ student demonstrated a high level of interest and involvement; asked lots of question
_________ student was interested and generally attentive; asked a few questions
_________ student was present and somewhat attentive, but demonstrated little interest and involvement
_________ student demonstrated little interest; asked no questions

IV. Please rate the student on the following criteria:

KEY: 4 = Excellent 3 = Good 2 = Marginal 1 = Unacceptable

| COMMENTS |
|-------------------------|---|---|---|---|
| Clinical interest/inquisitive | 1 | 2 | 3 | 4 |
| Appearance | 1 | 2 | 3 | 4 |
| Promptness | 1 | 2 | 3 | 4 |
| Demonstrates active listening | 1 | 2 | 3 | 4 |
| Shows respect for others | 1 | 2 | 3 | 4 |
| Knowledgeable about content | 1 | 2 | 3 | 4 |
| Understands confidentiality | 1 | 2 | 3 | 4 |

ACI/ CI Signature: ____________________________ Date: ____________
ATS EVALUATION
Industrial Rehabilitation Observations

ATS: _____________________________________ DATE: ________________

ACI / CI: ____________________________________________________________

Clinical rotation: ______________________________________________________

Dates and times of Observation: _________ _________, ________ ______,

_______ ______, _______ ______, _______ ________, ________ _________

The student named above has just completed the minimum ten (10) hour requirement for the rehabilitation (including industrial rehabilitation) observation. Please provide us with a brief evaluation of this student’s performance related to the criteria listed below. Additional comments related to the student’s performance are welcome. Thank You!

V. Overall, what is your impression of this student?

_______ student demonstrated a high level of interest and involvement; asked lots of question
_______ student was interested and generally attentive; asked a few questions
_______ student was present and somewhat attentive, but demonstrated little interest and involvement
_______ student demonstrated little interest; asked no questions

VI. Please rate the student on the following criteria:

<table>
<thead>
<tr>
<th>KEY: 4= Excellent 3= Good 2= Marginal 1= Unacceptable</th>
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</thead>
<tbody>
<tr>
<td>COMMENTS</td>
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<tr>
<td>Knowledgeable about content</td>
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<tr>
<td>Understands confidentiality</td>
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</tbody>
</table>

ACI/ CI Signature: ________________________________ Date: _______
ATS EVALUATION
Non-traditional AT OBSERVATION

ATS: ________________________________  Date: __________________

ACI/CI: __________________________________________________________________

Clinical rotation: __________________________________________________________

Dates and times of Observation: ________ _______, ________ _______, ________ _______,
________ _______, ________ _______, ________ _______, ________ _______, ________ _______,

The student named above has just completed the minimum five (5) hour requirement for the non-traditional athletic training observation including gymnastics or ballet. Please provide us with a brief evaluation of this student’s performance related to the criteria listed below. Additional comments related to the student’s performance are welcome. Thank You!

VII. Overall, what is your impression of this student?

_________ student demonstrated a high level of interest and involvement; asked lots of question
_________ student was interested and generally attentive; asked a few questions
_________ student was present and somewhat attentive, but demonstrated little interest and involvement
_________ student demonstrated little interest; asked no questions

VIII. Please rate the student on the following criteria:

<table>
<thead>
<tr>
<th></th>
<th>4= Excellent</th>
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</thead>
<tbody>
<tr>
<td>Clinical interest/inquisitive</td>
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<td>2</td>
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<tr>
<td>Appearance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Promptness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Understands confidentiality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

ACI/CI Signature: ________________________________  Date: __________
ATS EVALUATION
Rehabilitation OBSERVATION

ATS: ________________________________ DATE: ______________

ACI / CI: ____________________________________________________________

Clinical rotation: ____________________________________________________________________________________

Dates and times of Observation: _______ ________,   ________ _______,  
_______ _______, _______ _______, ________ ________, ________ _________

The student named above has just completed the minimum ten (10) hour requirement for the rehabilitation (including industrial rehabilitation) observation. Please provide us with a brief evaluation of this student’s performance related to the criteria listed below. Additional comments related to the student’s performance are welcome. Thank You!

IX. Overall, what is your impression of this student?

_______ student demonstrated a high level of interest and involvement; asked lots of questions
_______ student was interested and generally attentive; asked a few questions
_______ student was present and somewhat attentive, but demonstrated little interest and involvement
_______ student demonstrated little interest; asked no questions

X. Please rate the student on the following criteria:

<table>
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<td>Understands confidentiality</td>
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</table>

ACI/ CI Signature: ________________________________ Date: _______
ATS EVALUATION
Surgical Observation

ATS: _____________________________________ DATE: ________________

PHYSICIAN/CI/ACI: ______________________________________________________

Clinical Rotation: ______________________________________________________

Date and times of Observation: __________, __________, __________

Type of Surgery observed: _____________________________________________

The student named above has just completed the minimum ten (10) hour requirement for the family practice/team physician rotation at team orthopedic, Dr. Hertzog/Dr. Wolcott with AOS. Please provide us with a brief evaluation of this student’s performance related to the criteria listed below. Additional comments related to the student’s performance are welcome. Thank You!

XI. Overall, what is your impression of this student?

_________ student demonstrated a high level of interest and involvement; asked lots of questions
_________ student was interested and generally attentive; asked a few questions
_________ student was present and somewhat attentive, but demonstrated little interest and involvement
_________ student demonstrated little interest; asked no questions

XII. Please rate the student on the following criteria:

KEY: 4= Excellent 3= Good 2= Marginal 1= Unacceptable

<table>
<thead>
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<th>1</th>
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</table>

Physician Signature: ___________________________ Date: ______
or
ACI/CI Signature: _____________________________ Date: ______
Assessment of Clinical Instruction

Evaluation of clinical instruction is a key element in programmatic evaluation. It is more than an evaluation of the individual. Clinical evaluations help to determine the individual’s competency, examine the individual’s teaching style, inform the individual of performance expectations, and identify areas for strength and weakness of the clinical experience.

Clinical Instruction will be evaluated on the following levels:

**Student Evaluation** - At the end of each clinical experience, the student will complete an assessment of the clinical experience. The purpose of this assessment is to gain information relative to the student’s learning experiences during the clinical experience. Also, the assessment will assist in gaining information relative to the effectiveness of clinical instruction. Information from the assessment will be reviewed by the program director and used to make necessary changes or modifications in clinical instruction so as to improve the clinical experience and ensure that the performance expectations of the students are being achieved.

**Self - Evaluation** - At the end of each clinical experience, the clinical instructor will complete a self assessment of the clinical experience. The purpose of this assessment is to compare the comments of the clinical instructor to those comments made by the student(s) relative to the completed clinical experience. Information gained from the assessment will assist in determining the relative effectiveness of the clinical experience. The program director will review the complete assessment form in an effort to determine strengths and weakness of the clinical experience. Also, information from the assessment should assist in efforts to address weaknesses in clinical instruction and make modifications to the program in an effort to ensure that the performance expectations of the students are achieved.
Huntingdon College
Athletic Training Education Program

Student’s Assessment of Clinical Instruction

A. Purpose
The purpose of this form is to assist in the assessment of the student’s clinical education experience. The purpose of the assessment is to gain information relative to the student’s learning experiences during the clinical experiences. The assessment will also assist in gaining information relative to the effectiveness of clinical instruction. All information will be kept confidential.

B. Identification of the Setting

Type of clinical education setting:  
___ College Athletic Training Facility  
___ High School Athletic Training Facility  
___ Community-based Health Care Facility

Name of institution / setting:  _____________________________________

Name of clinical instructor   _____________________________________

Clinical Course No. and semester / year

The athletic training student is to complete the following questions relative to the clinical education experience and clinical instruction. After completing the form, return the form to the program director. Your responses to the questions will be kept confidential.

Use the following scale to respond to each question:

0 - Never  1 - Sometimes  2 - Most times  3 - All the time  NA - Not Applicable

DID YOUR CLINICAL INSTRUCTOR…

1. demonstrate an understanding of your education level and education needs? 0 1 2 3 NA

2. demonstrate a willingness to answer your questions? 0 1 2 3 NA

3. take time to adequately explain answers to your questions? 0 1 2 3 NA

4. demonstrate an interest in your learning experience? 0 1 2 3 NA

5. demonstrate a willingness to address your individual needs 0 1 2 3 NA

6. demonstrate appropriate communication skills (written, verbal)? 0 1 2 3 NA
7. take the time to instruct you in the operation of unfamiliar therapeutic modalities? 0 1 2 3 NA
8. take the time to instruct you in the performance of unfamiliar therapeutic exercises? 0 1 2 3 NA
9. take the time to instruct you in the performance of unfamiliar evaluation techniques and/or assessment procedures? 0 1 2 3 NA
10. Where you given adequate opportunities to demonstrate proficiency of clinical skills? 0 1 2 3 NA
11. How frequently did you receive feedback on your clinical performance?
   ___ Daily    ___ Weekly    ___ Midway   ___ At End
12. What is your overall rating of the effectiveness of clinical instruction?
   1    **Not Effective** - a waste of time.
   2    **Somewhat Effective** - learned a few things.
   3    **Effective** - learned a lot, but could have used more assistance.
   4    **Very Effective** - a great experience.

Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Assessment of the Clinical Site Experience

At the end of each clinical experience, the student will complete an assessment of the clinical site. The purpose of the assessment is to gain information relative to the clinical experience and specifically, the clinical site. The form is designed to gather information regarding the orientation to operating procedures of the clinical site, expectations of the student by the clinical instructor, availability of therapeutic modalities and supplies, opportunity to interact with other allied health and medical professionals, frequency of feedback from the clinical instructor, benefits of the experience, and amount of supervision received. The program director will review the completed assessment form to determine the strengths and weaknesses of the clinical experience and the clinical site. Information from the assessment should be useful in determining if the experience at the clinical site is assisting in meeting the performance expectations to be achieved by the students. If a clinic site is failing in offering the student(s) a rewarding clinical experience, a meeting will be scheduled by the program director with representatives of the clinical site to discuss the situation and determine changes or modifications that can be made to improve the clinical experience for the student(s).
Huntingdon College
Athletic Training Education Program

Student’s Assessment of the Clinical Education Setting

A. **Purpose**
The purpose of this form is to assist in the evaluation of the clinical education setting for athletic training.

B. **Identification of the Setting**

Type of clinical education setting:

- ___ College Athletic Training Facility
- ___ High School Athletic Training Facility
- ___ Community based Health Care Facility

Name of institution/setting  _____________________________________

Clinical Course No. and ________________________________________
semester / year

The **athletic training student** is to complete the following questions relative to the clinical education setting. After completing the form, return the form to the **Program Director**.

1. Were you given adequate orientation to the operation of the facility and staff? Yes  No

2. Were you given adequate orientation to the policies and procedures of the facility? Yes  No

3. Were you given adequate orientation to the handling of biohazardous materials? Yes  No

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

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

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

7. Did you have an opportunity to interact with the following:
The following:  Yes  No  N/A
   1. Radiology technicians
   2. Nurses
   3. Occupational therapists
   4. Orthotists
5. Paramedics/EMTs
6. Orthopedists
7. Physicians
8. Physical therapists
9. Physician’s assistants
10. Other physicians
11. Other health professions

8. Did you receive adequate individual attention?  Yes  No

9. Were the variety of athlete/patient encounters adequate to meet the objective of the clinical education experience?  Yes  No
   If no, please comment:

10. Were the equipment and supplies adequate to meet the objective of the clinical experience?  Yes  No
    If no, please comment:

11. Based on your experience and skills, how would you describe the degree of supervision you received?
    __ Too close  ___ Commensurate with need  ___ Not close enough

12. How would you rate staff morale?
    __ Always high  ___ Usually High  ___ Occ. High/Low  ___ Usually low

13. What is your overall rating of this clinical experience?
    1  A very negative experience.
    2  A waste of time.
    3  Time well spent.
    4  A very positive experience.

14. Provide any additional comments in the space below:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
References


Appendix

Mission Statement
Program Goals
Program Objectives
Athletic Training Major
Clinical Education
Clinical Rotation
ATEP - Master Plan
Student Conduct
Student’s Personal Appearance
Student Supervision
Mission Statement of ATEP

The mission of the Huntingdon College undergraduate Athletic Training Education Program is to provide a comprehensive and progressive educational and clinical program to prepare students to work in the profession of athletic training, and perform the tasks and duties of an athletic trainer. The education program includes formal instruction in the prevention, recognition, evaluation, and rehabilitation of the physically active. Clinical experiences will allow the student to gain firsthand experience in the application of those theories and concepts learned in the classroom. The educational and clinical experiences gained from the program along with successful passing of the BOC Examination will qualify students for entry-level careers in profession of athletic training.

ATEP Program Goals

- To provide the students with the educational courses and learning experiences that will prepare the student for the profession of athletic training

- To increase the knowledge of the students as it relates to the requirements of certification as a athletic trainer, and the continuing education requirements necessary to maintain certification.

- To prepare the students with the cognitive skills to recognize the risk of injuries to the athlete, and develop and implement an appropriate that will reduce the risk and/or prevent the risk of injury to the athlete.

- To prepare the students with the cognitive and psychomotor skills to evaluate and make appropriate assessment of potential athletic injuries.

- To prepare the students with the cognitive and psychomotor skills necessary to handle medical emergency that might occur to the participating athlete.

- To prepare the students with the cognitive and psychomotor skill necessary to provide supportive taping and wrapping, and the construction of appropriate protective and supportive devices to assist in the prevention of potential injuries, to prevent additional injury, or to prevent possible re-injury to the body.

- To prepare the students with the cognitive skills to recognize potential health hazards that the athlete may face, and recognize potential illnesses or medical conditions that may place the athlete at increased risk of injury or poor health.

- To prepare the students with the cognitive skills necessary to oversee the operation of the athletic training facility in terms of policies and procedures, documentation of injuries, record keeping, budgeting, purchase of supplies and equipment, and supervision of staff.

- To increase the students’ knowledge as it relates to the profession of athletic training, the members of a sports medicine team, and the responsibilities of each member of the sports medicine team.
• To prepare the students to effectively communicate, verbally and written, with other health care professionals, parents, students, coaches, and administrators.

• To prepare the students to successfully complete and pass the Board of Certification examination, and continue in the profession as a certified athletic trainer under the guidelines and ethical standards established and maintained by the National Athletic Trainers’ Association.

ATEP Program Objectives
At the completion of the academic and clinical requirements of the athletic training education program, the student will be able to demonstrate competency in the knowledge, skills, and values that the entry-level certified athletic trainer must possess in the following areas:

• Identification of injury and illness risk factors that may be encountered by athletes and others involved in physical activity, and to plan and implement a risk management and prevention program;

• An understanding of the physiological responses of human growth and development, and the progression of injuries, illnesses, and diseases;

• The ability to assess the injuries and illnesses of athletes and others involved in physical activity and to determine proper care, referring the client to other health care providers when appropriate;

• The ability to recognize, assess, and treat the acute injuries and illnesses of athletes and others involved in physical activity and to provide appropriate medical referral;

• An understanding of pharmacologic applications, including awareness of the indications, contraindications, precautions, and interactions of medications, and the governing regulations relevant to the treatment of injuries to and illnesses of athletes and others involved in physical activity;

• The ability to plan, implement, document, and evaluate the efficacy of therapeutic modalities in the treatment of injuries to and illnesses of athletes and others involved in physical activity;

• The ability to plan, implement, document, and evaluate the efficacy of therapeutic exercise programs for the rehabilitation and reconditioning of the injuries and illnesses of athletes and others involved in physical activity;

• The ability to recognize, treat, and refer, when appropriate, the general medical conditions and disabilities of athletes and others involved in physical activity;

• An understanding and ability to recognize the nutritional aspects of athletics and physical activity and to refer, when appropriate;
• The ability to recognize, intervene, and refer when appropriate, the sociocultural, mental, emotional, and physical behaviors of athletes and others involved in physical activity;

• The ability to develop, administer, and manage a health care facility and associated venues that provide health care to athletes and others involved in physical activity;

• An understanding of the professional responsibilities, avenues of professional development, and national and state regulatory agencies and standards in order to promote athletic training as a professional discipline and to educate athletes, students of athletic training, the general public, the physically active, and associated individuals.

**Academic Information:**

**Plan of Study**

Students are pre-admitted into the program upon enrollment at the college. During the first academic year the student is involved in making preparations to apply to the program. The athletic training education program (ATEP) is a competitive program, with specific criteria required for admission into and retention in the program. The program includes six (6) semesters of didactic courses and five (5) semesters of clinical experiences. Five specific courses have been developed to address specific content related to the assessment and recognition of athletic injuries, and the use of therapeutic modalities and therapeutic exercises to assist in the care of injuries to the physically active.

Students are admitted into the program at the start of their third semester of full-time enrollment at the college. The following is a list of the athletic training courses and the corresponding clinical experience associated with each of the identified courses.

<table>
<thead>
<tr>
<th>Didactic Course</th>
<th>Clinical Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Therapeutic Modalities for the care of Athletic Injuries - ATHT 204</td>
<td>Clinical Experience I- ATHT 214</td>
</tr>
<tr>
<td>Evaluation and Recognition of Injuries to the Lower Extremity - ATHT 206</td>
<td>Clinical Experience II- ATHT 216</td>
</tr>
<tr>
<td>Evaluation and Recognition of Injuries to the Upper Extremity - ATHT 304</td>
<td>Clinical Experience III- ATHT 314</td>
</tr>
<tr>
<td>Use of Therapeutic Exercise for the care of Athletic Injuries - ATHT 306</td>
<td>Clinical Experience IV- ATHT 316</td>
</tr>
<tr>
<td>Evaluation and Recognition of General Medical Injuries and Spine Injuries - ATHT 400</td>
<td>Clinical Experience V- ATHT 401</td>
</tr>
</tbody>
</table>
**Athletic Training (ATHT)**

**101. Principles of Athletic Training. Cr. 3.**
An introduction to the field of athletic training and a general overview of the role of the athletic trainer. Emphasis is placed on the procedures for the prevention and care of injuries to the physically active. The study will examine the body’s immediate response to injury and the initial care on specific injuries. The application of specific taping and wrapping techniques will be presented to the student.

**103. Athletic Training Practicum. Cr. 2.**
The purpose of this course is to provide a pre-professional laboratory experience for those students interested in applying for admission to the Athletic Training Education Program. Laboratory experiences will provide the student opportunities to complete essential skills required for admission to the program through laboratory sessions, clinical observations, and participation with the athletic training staff. Students will receive instruction in Professional Rescuer CPR and AED, transporting the injured athlete, application of supportive taping/wrapping, and the application of basic thermal modalities. Attendance of weekly laboratory sessions and clinical observations in the athletic training facility and the attendance of presentations by guest speakers will be required of the student.

**204. Therapeutic Modalities. Cl. 3; Lb. 2; Cr. 4.**
*Prerequisite: 101.*
The study of the use of therapeutic modalities for the treatment of specific injuries to the human body. The course is designed to teach the student the proper use of therapeutic modalities, physiological responses to thermal, electrical, and mechanical agents, indications and contraindications for use, and clinical application of various types of therapeutic modalities.

**206. Evaluation and Recognition of Injuries to the Lower Extremity. Cl. 3; Lb. 2; Cr. 4.**
*Prerequisite: 101 and 103.*
The study of specific injuries to the lower extremity that may occur to the physically active. Emphasis is placed on the evaluation and identification of specific injuries to the lower extremity of the body and gait analysis for the purposes of administering proper first aid and emergency care and making appropriate referrals to physicians for diagnosis and medical treatment. Special emphasis will be placed on clinical evaluation techniques, palpation of anatomical structures, and specific manual tests to be used for the assessment of athletic injuries and include supportive taping, bracing, and protective equipment specific to the lower extremity.

**214. Clinical Experience in Athletic Training I. Cr. 1.**
*Prerequisite: Admission to the Athletic Training Education Program.*
Provides the athletic training student with clinical and practical experiences in the athletic training setting. During the semester the student will be assessed on athletic training competencies related to the use and application of therapeutic modalities. Recommended Athletic Training majors take this course concurrently with 204.

**216. Clinical Experience in Athletic Training II. Cr. 1.**
*Prerequisite: Admission to and progression in the Athletic Training Education Program.*
Provides the athletic training student with clinical and practical experiences in the athletic training setting. During the semester the student will be assessed on athletic training competencies related to assessment of injuries to the lower extremity to include supportive taping, bracing, and protective equipment specific to the lower extremity. Recommended Athletic Training majors take this course concurrently with 206.
281, 381. Individual Study. Cr. 1-3.
The course may involve a systematic reading program, library research, laboratory project, studio work, field study, or creative expression. Conferences or tutoring as required, but no formal lectures or recitations. Quizzes, tests, and examinations as may be appropriate. 281 open only to sophomores; 381 open to juniors and seniors. May be repeated for credit.

304. Evaluation and Recognition of Injuries to the Upper Extremity. Cl. 3; Lb. 2; Cr. 4.
Prerequisite: 101 and 103.
The study of specific injuries to the upper extremity that may occur to the physically active. Emphasis is placed on the evaluation and identification of specific injuries to the upper extremity of the body and throwing analysis for the purposes of administering proper first aid and emergency care and making appropriate referrals to physicians for diagnosis and medical treatment. Special emphasis will be placed on clinical evaluation techniques, palpation of anatomical structures, and specific manual tests to be used for the assessment of athletic injuries and throwing analysis.

306. Use of Therapeutic Exercise for the Management of Athletic Injuries. Cl. 3; Lb. 2; Cr.4.
Prerequisite: 101 and 103.
The study of the use of therapeutic exercises for the treatment of specific injuries to the human body. The course is designed to teach the student the appropriate use of therapeutic exercises and rehabilitation techniques, physiological effects, criteria for selection, indications and contraindications, and clinical application of various types of therapeutic exercises.

314. Clinical Experience in Athletic Training III. Cr.1.
Prerequisite: Admission to and progression in the Athletic Training Education Program.
Provides the athletic training student with clinical and practical experiences in the athletic training setting. During the semester the student will be assessed on athletic training competencies related to assessment of injuries to the upper extremity, First Aid/CPR, referral, supportive taping, bracing, and protective equipment specific to the upper extremity. Recommended Athletic Training majors take this course concurrently with 304.

316. Clinical Experience in Athletic Training IV. Cr. 1.
Prerequisite: Admission to and progression in the Athletic Training Education Program.
Provides the athletic training student with clinical and practical experiences in the athletic training setting. During the semester the student will be assessed on athletic training competencies related to the use and application of therapeutic exercises. Recommended Athletic Training majors take this course concurrently with 306.

Prerequisite: Permission of the Department Chair.
The seminar will focus on selected topics appropriate to the participants. May be repeated for credit with each change in title.
400. Evaluation and Recognition of General Medical Injuries Cl. 3; Lb. 2; Cr. 4.
Injuries to the Spine.
Prerequisite: 101 and 103.
The study of specific injuries to the cervical, thoracic and lumbar spine and injuries to the abdomen and thorax that occur to the physically active. Emphasis is placed on the evaluation and identification of specific injuries to the spine, general medical conditions for the purposes of administering proper first aid and emergency care and making appropriate referrals to physicians for diagnosis and medical treatment specifically including the use of pharmacological aids. Special emphasis will be placed on clinical evaluation techniques, palpation of anatomical structures, and specific manual tests to be used for the assessment of athletic injuries.

401. Clinical Experience in Athletic Training V. Cr. 1.
Prerequisite: Admission to and progression in the Athletic Training Education Program.
Provides the athletic training student with clinical and practical experiences in the athletic training or clinical setting. Provides the student the opportunity to continue the development and refinement of cognitive, psychomotor, and effective skills associated with athletic training. During the semester the student will be assessed on athletic training competencies related to prevention and assessment of injuries to the spine, recognition of signs/symptoms associated with general medical conditions, First Aid/CPR, and pharmacology. Recommended Athletic Training majors take this course concurrently with 400.

481. Internship in Athletic Training. Cr. 3.
Prerequisite: Junior or senior standing, at least a 2.5 average on all work attempted for the major, and completion of the internship application.
Supervised professional experience with selected business and government institutions. The internship offers students the opportunity to augment classroom learning and to enhance intellectual development through the application of knowledge. Types and locations of internships are available through the Department Chair. Graded on a Pass/No-Credit (P/NC) basis only. May be repeated for up to 6 hours of elective credit. May not be used to fulfill requirements for the major or minor unless specifically listed in requirements.

491. Honors in Athletic Training. Cr. 3.
Individualized project designed to meet the particular needs and interest of the student in relation to a particular major. May be repeated for credit. Scholastic excellence, completed application, permission of the Department Chair, the Dean, and the Faculty Honors Committee prerequisite. This course is exempt from the 42 hour limit in the discipline.

499. Senior Capstone in Athletic Training. Cr. 3.
Prerequisite: Senior standing.
A comprehensive senior project in the area of athletic training. The project is intended to demonstrate an ability to conduct independent research and present the results in writing of commendable quality. This course is exempt from the 42 hour limit in the discipline.

Athletic Training Education - Master Plan

The following is a listing of courses, pre-requisites, clinical experiences, clinical settings, and competencies and clinical proficiencies to serve as a guide for the progression of the student in the Athletic Training major.
<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Credits</th>
<th>Substitute Course</th>
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<tr>
<td></td>
<td></td>
<td><strong>First Semester</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATHT 101</td>
<td></td>
<td>Principles of Athletic Training</td>
<td>3</td>
<td>** ALL students are encouraged to take General BIOL 103 (General Biology Lab)</td>
</tr>
<tr>
<td>BIOL 101</td>
<td></td>
<td>General Biology</td>
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<td>ENGL 103</td>
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<td>English Composition I</td>
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<td>FYEX 101</td>
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<td>First Year Experience</td>
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<tr>
<td>REL 101</td>
<td></td>
<td>Survey of Hebrew Scriptures</td>
<td>3</td>
<td>15 cr.</td>
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<tr>
<td>ATHT 103</td>
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<td>Athletic Training Practicum</td>
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<td>ENGL 104</td>
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<td>English Composition II</td>
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<tr>
<td>REL 102</td>
<td></td>
<td>Survey of New Testament Scriptures</td>
<td>3</td>
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</tr>
<tr>
<td>Science &amp; Math Elective</td>
<td>MATH 175, MATH 255 or PHSC 102</td>
<td>3</td>
<td>Fine Arts Elective</td>
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<tr>
<td></td>
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<td><strong>Students interested in pursuing a graduate studies program in Physical Therapy(PT) may wish to take Chemistry, Physics, and/or Calculus as a pre-requisite for PT school application</strong></td>
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<td>14 cr.</td>
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<tr>
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<td><strong>Students interested in pursuing a graduate studies program in Physical Therapy may wish to take Developmental Psychology and/or Abnormal Psychology as a pre-requisite for application</strong></td>
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<tr>
<td><strong>Sophomore</strong></td>
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<tr>
<td>ATHT 204</td>
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<td>Therapeutic Modalities</td>
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<td>ATHT 214</td>
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<td>Clinical Experience I</td>
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<td>BIOL 214/214Lab</td>
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<td>Human Anatomy &amp; Physiology I</td>
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<td>HIST 101</td>
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<td>ART 210 or MUS 210</td>
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<td>ATHT 206</td>
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<td>Recognition &amp; Evaluation - Lower Extremity</td>
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<td><strong>Students interested in pursuing a graduate studies program in physical therapy may wish to take Chemistry, Physics, and/or Calculus as a pre-requisite for application</strong></td>
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<td><strong>Junior</strong></td>
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<td>ATHT 304</td>
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<td>ATHT 314</td>
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<td>ATHT 306</td>
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<td>SSPE 408</td>
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<td>SSPE 310</td>
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<td>Nutrition &amp; Exercise</td>
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<td>ATHT 400</td>
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<td>Recognition &amp; Evaluation - General Medical/Spine Injuries</td>
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<td>ATHT 401</td>
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<td>Organization &amp; Administration</td>
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<td><strong>Total Hours</strong></td>
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## 2009-10 Course Completion Record

### College Core (48 hours)

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<tbody>
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<td>ENGL 103</td>
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<tr>
<td>ENGL 104</td>
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</tr>
<tr>
<td>FYEX 101</td>
<td>First Year Experience</td>
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</tr>
<tr>
<td>HIST 101</td>
<td>Western Civilization I</td>
<td>(3)</td>
</tr>
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<td>HIST 102</td>
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<tr>
<td>REL 101</td>
<td>Survey of Hebrew Scriptures</td>
<td>(3)</td>
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<tr>
<td>REL 102</td>
<td>Survey of New Testament Scriptures</td>
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<tr>
<td>PSYC 201</td>
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### Physical Science Elective

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<thead>
<tr>
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<tbody>
<tr>
<td>BIOL 101*</td>
<td>Biological Science Elective</td>
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### Math Elective (175 or 255)

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### Fine Arts Elect.

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### Religion Elective

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### Social Sci. Elect.

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<tbody>
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<td>PSYC 201</td>
<td>Literature Elective</td>
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### Literature Elective

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### Athletic Training Major (61 hours)

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<tbody>
<tr>
<td>SSPE 203</td>
<td>Sports Psychology</td>
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<tr>
<td>SSPE 301</td>
<td>Training &amp; Conditioning for Performance</td>
<td>(3)</td>
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<tr>
<td>SSPE 302</td>
<td>Organization &amp; Administration in Sport and Physical Education</td>
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<tr>
<td>SSPE 306</td>
<td>Adapted Physical Education</td>
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<tr>
<td>SSPE 310</td>
<td>Nutrition &amp; Exercise</td>
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<td>SSPE 408</td>
<td>Kinesiology</td>
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<td>SSPE 433</td>
<td>Exercise Physiology</td>
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<tr>
<td>ATHT 101</td>
<td>Principles of Athletic Training</td>
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<tr>
<td>ATHT 103</td>
<td>Practicum in Athletic Training</td>
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<td>ATHT 204</td>
<td>Use of Therapeutic Modalities for the Management of Athletic Injuries</td>
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<td>Evaluation &amp; Recognition of Injuries to the Lower Extremity</td>
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<td>ATHT 216</td>
<td>Clinical Experiences in Athletic Training II</td>
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<td>ATHT 304</td>
<td>Evaluation &amp; Recognition of Injuries to the Upper Extremity</td>
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<td>ATHT 314</td>
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<td>(4)</td>
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<td>Clinical Experiences in Athletic Training IV</td>
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<td>ATHT 400</td>
<td>Evaluation &amp; Recognition of General Medical Injuries and Injuries to the Spine</td>
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<td>ATHT 401</td>
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<td>ATHT 499</td>
<td>Senior Capstone in Athletic Training</td>
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<td>BIOL 214</td>
<td>Human Anatomy &amp; Physiology I</td>
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### Electives: (12 – 13 hours)

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<tbody>
<tr>
<td>BIOL 103**</td>
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### Total Hrs.: 121 - 122

* Course is a pre-requisite for Human Anatomy & Physiology
** Students are encouraged to take BIOL 103, General Biology Lab
+ Course fulfills Core requirement

Revised 5/10/2009
Clinical Education

Clinical Education is the portion of the students’ educational experience where the clinical proficiencies are instructed, practiced, and evaluated. The clinical proficiencies are the knowledge and skills needed to practice athletic training and are contained in the NATA Athletic Training Educational Competencies 4th edition. The Clinical Education experience is a very important part of the students’ education experience for it allows students the opportunity to receive hands-on instruction and to apply the knowledge and skills learned in real-life situations.

As a part of the Clinical Education experience, the students will have the opportunity to receive field experience. Field experiences provide students experimental learning opportunities (e.g. different sport assignments, settings). Supervision of the athletic training field experience involves daily personal/verbal contact at the site of supervision between the athletic training student and the ATC who plans, directs, advises, and evaluates the student’s athletic training experience. The ATC must be physically present in order to intervene on behalf of the individual being treated.

Clinical Experience

The Clinical Experience includes those educational opportunities within a clinical environment where the clinical proficiencies are taught and evaluated by and Approved Clinical Instructor. The curriculum has been designed to include a clinical experience course with each athletic training course. Clinical Experience is required in the following courses: ATHT 216, ATHT 314, ATHT316, and ATHT 401. Each clinical experience course includes participation in laboratory sessions two times per week and the participation in activities at a clinical site. Clinical sites include athletic training facilities (both collegiate and high school), physical therapy clinics, hospital emergency rooms, and physicians’ offices. Students will be rotated through these clinical sites according to a schedule established by the program director. Students will be rotated in a manner so as to have exposure to a variety of experiences, including men’s sports, women’s sports, contact sports, and high risk sports. Clinical assignments will correspond to the progression of the student in the athletic training education program. Students are required to complete a specific number of clinical hours for each athletic training course. Each student is responsible for recording his/her clinical hours through the “ATrack” database program.

The program director will assign each student to his/her clinical experience based on the demonstrated progression made by the student relative to cognitive, psychomotor, and clinical skills, and according to the availability of clinical sites.

Included in the clinical experience is the demonstration of specific clinical skills which will be evaluated by an Approved Clinical Instructor. Failure to complete the required clinical experience can result in failure of the course to which the clinical experience was assigned. Failure to complete the required clinical skills can result in failure to progress in the athletic training education program.

Affiliation Agreements

In order to fulfill the clinical instructional objectives of the program, it will be necessary to incorporate the use of local organizations. These organizations may include physical therapy clinics, sports medicine clinics, physician offices, hospital emergency rooms, surgical wards, and local senior and junior high schools. An affiliation agreement must be signed by appropriate
representatives of the organization and the College prior to the assignment of students to the site for clinical experiences. The original document will remain on file in the office of the Huntingdon College Vice President for Business. Copies will remain on file in the office of the Program Director and mailed to the designated representative of the affiliation. The affiliation agreement will be reviewed annually by the VP for Business.

Clinical Instructors
Selection of Clinical Instructors
Clinical instructors (CI) will be selected based on the needs of the program. The Program Director will be responsible for the selection of the CI. The selection of the CI will be determined by the needs of the program for individuals to aid in the clinical education of the AT students, the interest of the allied health professional in the education of the AT students, and a willingness to be actively involved in the clinical education of these students. Allied health professional interested in serving as a CI should meet the following criteria.

- Express a willingness to be involved in the education of the AT students
- Hold current license as required by the state in which he/she practices.
- Currently practicing in an allied health profession as designated by CAATE.

Clinical instructors desiring to serve as an Approved Clinical Instructor (ACI) should meet the following criteria.

- Express a willingness to be involved in the instruction and assessment of the AT students.
- Hold BOC certification
- Certified for a minimum of one year.
- Hold current license as required by the state in which he/she practices.
- Currently practicing in the profession of athletic training.
- Attendance and satisfactory completion of ACI workshop.

Responsibilities of the Clinical Instructor

Evaluation of Clinical Proficiencies

As the student progresses through the Clinical Education experience, the student performance of specific clinical will be assessed by an Approved Clinical Instructor (ACI). The student will be instructed in the performance of each skill in the laboratory session. During the clinical experience the student must practice the skills repeated in order to become proficient in each skill. Clinical instructors will assist the students in the practicing of the skills. Initially, the student may be advised of skills to be evaluated. As the student progresses in the program, the performance and evaluation of the identified clinical proficiencies will come unannounced. Once a student has been judged to be clinically proficient for a specific skill by an ACI, the student is responsible for have the appropriate assessment proficiency completed, signed, and documented by the ACI on the ATrack. It is not the responsibility of the ACI to provide the appropriate forms. The program director reviews the students’ progress on a regular basis to ensure appropriate progression and completion of proficiencies through ATrack.
<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Sports</th>
<th>Clinical Setting (Minimum Hr. Requirements)</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Experience I  ATHT 214</td>
<td></td>
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<tr>
<td>V B M SC W SC M BK W BK BB SB TN FB WR T/ F Special Pop.</td>
<td>HC Spt. Med. Clinic High Sch. Other</td>
<td>x x x x x x x 12 wks. 120 hrs. No Options</td>
<td>Admission to ATEP. Enrollment in ATHT 204 Prof. Rescuer Certification</td>
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<tr>
<td>Clinical Experience II  ATHT 216</td>
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<td>x x x x x x x 12 wks. 120 hrs. No Options</td>
<td>Satisfactory completion of ATHT 214. Enrollment in ATHT 206.</td>
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<tr>
<td>Clinical Experience III  ATHT 314</td>
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<tr>
<td>x x x x x x x 4 wks. 40 hrs. 4 wks. 40 hrs. No Options</td>
<td>Satisfactory completion of ATHT 216. Demonstration of satisfactory progression in clinical proficiencies. Enrollment in ATHT 304.</td>
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<tr>
<td>Clinical Experience IV  ATHT 316</td>
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<tr>
<td>x x x x x x x 4 wks. 40 hrs. 4 wks. 40 hrs. No Options</td>
<td>Satisfactory completion of ATHT 314. Enrollment in ATHT 306.</td>
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<tr>
<td>Clinical Experience V  ATHT 401</td>
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<tr>
<td>(Student may select and use as a guide one of the following rotation sequences.)</td>
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<tr>
<td>x x x x x x x 12 wks. 120 hrs. 6 wks. 60 hrs. *6 wks. 60 hrs. No Option</td>
<td>Satisfactory completion of ATHT 316. Demonstration of satisfactory progression in clinical proficiencies.</td>
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<tr>
<td>x x x x x x x 6 wks. 60 hrs. *6 wks. 60 hrs.</td>
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<td>x x x x x x x</td>
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**Student Conduct**

The goal of the athletic training education program is to assist the students in developing the knowledge, skills, and personal qualities becoming of a certified athletic trainer. The administration, staff, and instructors of the program have a primary goal of assisting each student in his/her efforts to become a certified athletic trainer. However, all those involved in the program must ensure that the education and safety of other students and clients is not hindered by the inappropriate conduct of a student.

Each athletic training student is expected to conduct himself/herself according to the standards of conduct of the College and the policies and procedures of the Athletic Training Education Program (ATEP). Students are responsible for maintaining the standards of conduct that contribute to the maintenance of a positive living and learning environment. Those standards of conduct expected of the student are listed in the Huntingdon Catalog, the Huntingdon College Student Handbook, and other publications of the College. Students who violate these standards of conduct are subject to judicial procedures carried out on behalf of the College community by its designated representatives.

Each athletic training student is expected to conduct himself/herself according to the policies and procedures listed in the ATEP Student Manual. This includes those standards relating to academic requirements, the operation of the athletic training facilities and clinical affiliations, and student conduct while participating in the ATEP. Unacceptable conduct by the athletic training student during assigned clinical experiences may be reflected in the student’s overall clinical performance. If the student’s conduct is contrary to the standards of conduct identified by the College, then the judicial procedures identified in the Student Handbook under the Discipline Policy Statement will be followed.

Also, each athletic training student is expected to strive to achieve the principles of ethical behavior becoming of those individuals desiring to pursue a career in athletic training. The following principles are stated in the Code of Ethics of the National Athletic Trainers’ Association: respecting the rights, welfare, and dignity of all individuals; complying with the laws and regulations governing the practice of athletic training; accepting the responsibilities for exercising sound judgment; maintaining and promoting high standards in the provision of services; and not engaging in any form of conduct that constitutes a conflict of interest or adversely reflects on the profession of athletic training. The NATA Code of Ethics can be found in Appendix of this Manual.

**Student’s Personal Appearance**

When the student athletic trainer is in the athletic training facility, or at a clinical / field experience at or away from the College, the student is expected to be dressed appropriately. The following clothing are considered appropriate: khaki, gray, or black shorts, pants or wind pants; tee-shirts with Huntingdon College logo; sweat shirts with Huntingdon College logo; polo shirts with Huntingdon College logo; hats / visors bearing the name of Huntingdon College; white tennis shoes or running shoes; and white socks. The student is expected to be appropriately dressed each day. One should dress so he/she can move freely. Pants are generally the better choice and sensible shoes during games and practices. During clinical experiences away from the College, the student is expected to dress according to the guidelines established by the administration of the affiliation site.
The following items of clothing are not to be worn during clinical / field experiences at the College: blue jeans of any type, cutoff shorts, ragged tee-shirts, shorts that come more than four inches above the knee, tight fitting pants or shorts; sandals of any type; and any clothing or hats bearing the logo or name of another college/university.

- All athletic trainer students are to be well groomed. Hair should be kept at a manageable length so as not to interfere with performance of daily tasks. Facial hair is permitted but must be well groomed.

- Students are discouraged from wearing earrings or other body piercing implants while participating in activities in the athletic training facility, physical therapy setting, physician’s office, or at athletic events (games and practices). Earrings pose a possible hazard to the student in the event that the earring were grabbed by an athlete, or hit by an object. Ear and body piercing is discouraged among all athletic training students due to the portal, created by the piercing through which communicable diseases may be transported. If the student does have the ear, or any other body part pierced, then the student must consistently follow Exposure Control guidelines to reduce the risk of possible transmission of blood-borne pathogens.

- If the student is traveling with a team then he/she must dress appropriately for the trip. If the team’s coach has a specific dress requirement for the athletes, then the athletic training student will be expected to follow those requirements. If no specific dress is required by the coach, the student will be expected to dress according to the standard requirements for daily training room duties and event coverage.

- If a student is not appropriately dressed he/she will be instructed to change into the appropriate attire before beginning activities in the athletic training facility, or at the clinical / field experience. If a student does not keep himself/herself properly groomed, then the student will be instructed to do so by the supervising athletic trainer or clinical instructor. If problems with attire or grooming become frequent, then a conference will be scheduled with the supervising athletic trainer or clinical instructor. Repeated problems with attire or grooming may be reflected in the overall performance report of the clinical experience by the supervising athletic training or clinical instructor.

*During the clinical experience, the athletic training student must abide by the guidelines for personal appearance of the organization to which the student has been assigned for the clinical experience.*
Summary Regarding Personal Appearance

General Appearance
- Hair is to be well groomed and cut to an acceptable length so that one’s hair does not interfere with the performance of daily task.
- Any facial hair is to be trimmed and well groomed.
- Earrings are not to be worn while working in the athletic training facility, or at practices and games.
- Running and biking shorts are prohibited while the student is working in the athletic training facility or at events.

Athletic Training Room Attire
- All clothing is to be neat and clean. Shirts are to be tucked in.
- Appropriate footwear (tennis shoes) is to be worn (no sandals, flip flops, etc.).
- Khaki, gray, or black shorts, pants, or wind pants are permitted. Shorts should not be shorter than 4 inches above the knee.
- Only tee-shirts sweat shirts, polo shirts, and hats / visors bearing the Huntingdon College name or logo are permitted in the Huntingdon College athletic training facilities.

Game Coverage Attire
- All clothing is to be neat and clean. Shirts are to be tucked in.
- Appropriate footwear (tennis shoes).
- Khaki pants or shorts (appropriate length).
- Polo shirt and/or sweat shirt, hats/visors bearing Huntingdon College name or logo.

Clinical / field Experiences at Affiliations
- All clothing is to be neat and clean. Shirts are to be tucked in.
- Appropriate footwear. (Leather shoes in physical therapy setting and physician’s office)
- No jeans or shorts.
- Shirts and pants according to guidelines of administration.
- Attire and appearance are to follow guidelines of the organization.
If the student is inappropriately dressed he/she will be advised as to the appropriate attire and sent to change. If problems persist regarding inappropriate attire, then a conference will be scheduled with the supervising athletic trainer and/or the program director. Repeated problems with attire may be reflected in the overall performance report of the clinical experience by the supervising athletic trainer or clinical instructor.

**Student Supervision**

The **athletic training student** (ATS) is to be under the direct supervision of a certified athletic trainer during a clinical setting. Clinical setting denotes those sites where the certified athletic trainer is employed and/or practicing the profession, including practice and game coverage, athletic training rooms, outpatient clinics, and industrial settings. For the purposes of instruction and evaluation of clinical proficiencies, the clinical setting also includes structured classroom and laboratory environments.

An **approved clinical instructor** (ACI) must supervise the athletic training clinical education. Supervision is defined as, “constant visual and auditory interaction between the student and approved clinical instructor.” Multiple opportunities must be provided for the evaluation and feedback between the student and the approved clinical instructor. The ACI is responsible for the instruction and evaluation of the clinical proficiencies during the clinical education portion of the students’ program.

The **clinical supervisor** (CS) must be a certified athletic trainer or other specialized health/medical professional who supervises the athletic training student during field experiences other than a clinical education experience. During all practice and game events the student must be under the supervision of a certified athletic trainer.

Field experiences provide students experiential learning opportunities (e.g., different sport assignments, setting). Supervision of Athletic Training Field Experiences involves daily personal / verbal contact at the site of supervision between the athletic training student and the certified athletic trainer, who plans, directs, advises, and evaluates the student’s athletic training experience. The certified athletic trainer must be physically present in order to intervene on behalf of the individual being treated. In other field experiences, the specialized health/medical professional supervises the experience. During other field experiences the specialized health / medical professional must be physically present to ensure the proper supervision of the student.

The program director has completed the required Clinical Instructor Educator (CIE) Seminar and serves as the CIE for the program. The CIE is responsible for the development of the approved clinical instructor (ACI) course and the instruction of those athletic trainers who will serve as ACIs for those students in the program. An annual ACI course will be each held year to review goals and objectives of the program, methods of instruction, assessment procedures for clinical proficiencies, and to prepare new certified athletic trainers as approved clinical instructors. A manual has been developed for the ACI course and will be used as part of the ACI Workshop for those athletic trainers who will serve as ACIs.