

**MESSIAH COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM**

ATS EVALUATION OF CLINICAL INSTRUCTOR/SUPERVISOR

Name of CIS: _____ Clinical Course/Experience _____ Date _____

Student Level/Yr. _____ ATS Name _____ ATS Signature _____

The following evaluation is to be used to evaluate the ATED Program Clinical Aspects (specifically, your supervising clinical instructor). Please be honest. This is one important method to help evaluate the Athletic Training Program and improve its overall effectiveness.

Evaluation Guidelines Code:

Please use the following scale as a guide and CIRCLE the appropriate response (number) for each statement to the right of each statement. If you have no basis to honestly judge or think it doesn't apply to your circumstance, circle #1.

- 5 - Very Good; Always performs optimally
- 4 - Good; Most of the time performs optimally
- 3 - Average/Acceptable; Frequently performs optimally (but not most of the time)
- 2 - Below Average/Improvement Needed; Occasionally performs optimally
- 1 - No basis to Judge/Not Applicable

*Provide specific comments as appropriate at the end of the second page.

SECTION I. GENERAL/ROLE MODELING

- | | | | | | | |
|----|---|---|---|---|---|---|
| A. | Serves as a Professional Role Model(dress, attitude, practice, etc.) | 5 | 4 | 3 | 2 | 1 |
| B. | Serves as a Mentor/Advisor/Counselor (shows interest in students overall well being in addition to professional growth/development) | 5 | 4 | 3 | 2 | 1 |

SECTION II. CLINICAL INSTRUCTION/SUPERVISION

- | | | | | | | |
|----|--|---|---|---|---|---|
| A. | Communicates clinical information effectively. | 5 | 4 | 3 | 2 | 1 |
| B. | Provides constructive criticism appropriately. | 5 | 4 | 3 | 2 | 1 |
| C. | Responds to students questions clearly/positively. | 5 | 4 | 3 | 2 | 1 |
| D. | Provides opportunities for student to develop and apply clinical skills. | 5 | 4 | 3 | 2 | 1 |
| E. | Provides accurate/timely critique/evaluation of professional attributes. | 5 | 4 | 3 | 2 | 1 |
| F. | Provides accurate/timely critique/evaluation of clinical skills. | 5 | 4 | 3 | 2 | 1 |

SECTION III. PERSONAL QUALITIES

- | | | | | | | |
|----|--|---|---|---|---|---|
| A. | Develops positive rapport and puts students at ease. | 5 | 4 | 3 | 2 | 1 |
| B. | Treats students with respect and dignity | 5 | 4 | 3 | 2 | 1 |
| C. | Is honest in dealing with students. | 5 | 4 | 3 | 2 | 1 |
| D. | Handles problems/frustrations in a positive manner. | 5 | 4 | 3 | 2 | 1 |
| E. | Serves as a Christian Role Model. | 5 | 4 | 3 | 2 | 1 |

SECTION IV. INSTRUCTIONAL IMPLEMENTATION:

- | | | | | | | |
|----|--|---|---|---|---|---|
| A. | Identifies/reviews clinical requirements/objectives clearly. | 5 | 4 | 3 | 2 | 1 |
| B. | Provides an educational inservice addressing the following: | | | | | |
| | _____ 1) bloodborne pathogens policies/plans | 5 | 4 | 3 | 2 | 1 |
| | _____ 2) identifies biohazard disposal equipment procedures | 5 | 4 | 3 | 2 | 1 |
| | _____ 3) describes sanitary precautions and directions to sanitary facilities (bathrooms, sinks, wash cleansers, etc.) | 5 | 4 | 3 | 2 | 1 |
| | _____ 4) reviews venue specific emergency action plan(s) | 5 | 4 | 3 | 2 | 1 |
| C. | Provides Direct Supervision of student | 5 | 4 | 3 | 2 | 1 |
| D. | Assures the student does not exceed 20 clinical hours per week. | 5 | 4 | 3 | 2 | 1 |
| E. | Provides daily instruction/interaction related to clinical requirements/experiences | 5 | 4 | 3 | 2 | 1 |
| F. | Reviews all clinical performance evals with student in a timely fashion (i.e. halfway and at end of exp.) | 5 | 4 | 3 | 2 | 1 |

ATS/CI/PD COMMENTS/RECOMMENDATIONS

Athletic Training Student Comments:

A) The following strengths or positive qualities of my CI made my clinical experience/learning beneficial:

B) The following suggestions for my CI may have made my clinical experience/learning more beneficial:

CI Name/Signature/Date: My signature below indicates I have reviewed the athletic training student's evaluation.

CI Name (print): _____ CI Signature _____ Date _____

Clinical Instructor Comments:

C) I have the following constructive comments related to the ATS's CI/Supervisor Evaluation:

D) The following comments/suggestions may help improve the clinical experience/affiliation for athletic training students and the athletic training education program:

E) **Course Supervisor/Program Director Comments:**

CS/PD Signature/Date: _____ / _____ Date/Rev./Filed: _____

