

Messiah College Athletic Training
Student Clinical Experience Performance Evaluation – Form B
ATED 449: Clinical in Athletic Training

Student Name _____ Class/Level _____

Clinical Instructor _____ Practicum Supervisor _____

Clinical Assignment/Sport _____ Semester/Year Eval. Completed _____

Point Value: _____ Points Earned: _____

Grading Policy:

This Evaluation is based on a LETTER GRADE system. All performance areas (attributes/skills) are evaluated on a five (5) point scale. Students master a skill/attribute when a four (4) (B) rating is received.

Keep in mind that Practicum I students (Sophomores) are Basic and Introductory-Level I students. Practicum II & III students (Juniors) are Intermediate-Level II students. Clinical course students (Seniors) are Advanced-Level III students.

Cognitive skills, Psychomotor Skills, and Affective Characterizations are evaluated according to the criteria/rating scale below.

Criteria/Rating Scale:

- | | |
|---|---|
| A = (5 pts) Excellent Skill/Behavior | Performance is exceptional (consistently exceeds expectations for level) |
| B = (4 pts) Very Good Skill/Behavior | Performance is complete or at a mastery level (can immediately/appropriately adjust behavior/skill for CI if requested). |
| C = (3 pts) Average Skill/Behavior | Performance is close to complete/mastery level but requires <u>occasional</u> instruction/correction. |
| D = (2 pts or below) Unacceptable Skill/Behavior | Student must <u>repeat/improve</u> the skill or behavior. |
| NO = Not Observed | In cases where skill is not observed, give the student a task/skill to perform in a Hypothetical setting/situation and evaluate the performance/response. |

- **Please make comments to clarify ratings, indicate areas for improvement, or indicate improvements that have been made.**

Directions:

Evaluate and review the student's performance twice during the clinical experience. The first, approximately halfway through, and again at the end. The Athletic training student should read and sign first, followed by the Clinical Instructor, then the Practicum Supervisor and finally the Program Director.

Please return this form to the Practicum Supervisor within a week of the student's completion of the Practicum experience.

Grade %: The % of Total Points and Grade Equivalents are listed below. Please indicate the student's total points when indicated. A student must average a B or better to meet the course skill requirements.

A....93 A-....90 B+....87 B....83 B-....80 C+....77 C....74

I. Personal/Professional Attributes [Circle the number corresponding to the student's performance for each attribute below.]

In each of the P/P Attributes listed, the ATS:

1. Professional Dress/Appearance (follows standard dress/appearance guidelines).

A B+ B C+ C D Not Observed A B+ B C+ C D Not Observed
Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

2. Communication/Interpersonal Skills (develops rapport, uses tact, relates well to athletes, staff, team personnel).

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

3. Initiative (is self-motivated, performs duties/assists without being told)

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

4. Dependability (is punctual, completes all duties & responsibilities)

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

5. Enthusiasm (displays excitement/eagerness to work, provide care, and learn)_

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

6. Professional/Ethical Conduct & Practice (maintains proper relationships, adheres to BOC code of ethics & behavioral expectations)

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

7. Self-Confidence (works with self-assurance and independence)

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

8. Accepts Authority/Constructive Criticism (interacts positively & cooperatively, follows chain of command, attempts instructions etc.)

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

9. Organization/Planning (demonstrates effective time management, clinical experience schedule planning, etc.)

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

10. Adaptation (demonstrates effective coping skills to stress/problems/challenges, etc.)

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____
Comments: _____ Comments: _____

II. Professional Skills/Knowledge

[In the blank spaces, write the eval. scale score for each skill below and make appropriate comments]

1. ATS explains/follows personnel policies/facility rules.

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

Comments: _____ Comments: _____

2. ATS understands/explains Clinic/Facility Chain of Command.

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

Comments: _____ Comments: _____

3. ATS understands/follows:

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) Patient Care Procedures, _____ b) Blood Born Pathogens/Communicable Disease Policies

Comments: _____

Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) Patient Care Procedures, _____ b) Blood Born Pathogens/Communicable Disease Policies

Comments: _____

4. ATS understands/explains:

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) Clinic/Center's mission, _____ b) Therapist/Physician Service Objectives.

Comments: _____

Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) Clinic/Center's mission, _____ b) Therapist/Physician Service Objectives.

Comments: _____

5. ATS describes/applies the Clinics System for record keeping including:

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) Therapist Eval. of patient Hx, Dx, etc., _____ b) Patient Care Plan/Progress Notes.

_____ c) Discharge/Referral Notes, _____ d) Billing procedures.

Comments: _____

Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) Therapist Eval. of patient Hx, Dx, etc., _____ b) Patient Care Plan/Progress Notes.

_____ c) Discharge/Referral Notes, _____ d) Billing procedures.

Comments: _____

6. ATS understands/explains:

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) Patient Medical Problem/Status, _____ b) Patient Dx/Prognosis and Care Plan

Comments:

Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) Patient Medical Problem/Status, _____ b) Patient Dx/Prognosis and Care Plan

Comments:

7. ATS understands/explains functional/structural anatomy of related areas.

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

Comments:

Comments:

8. ATS describes/performs Clinic's Documentation Procedure (i.e. S.O.A.P.).

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

Comments:

Comments:

9. ATS explains/applies common manual therapy techniques.

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

Comments:

Comments:

10. ATS understands/explains the therapeutic use, indications, positioning, patient setup and safety for penetrating modalities.

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

Comments:

Comments:

11. ATS understands/explains the therapeutic use, indications, positioning, patient setup and safety for superficial modalities.

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

Comments:

Comments:

12. ATS understands/explains theory and applications of therapeutic exercise and rehab. (i.e. ROM, Proprioception, C.V. Fitness, Strength, Functional Activity etc.)

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____ Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

Comments:

Comments:

13. ATS demonstrates/applies standard techniques/methods to rehabilitate and develop or test the following:

Eval A: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) ROM/flexibility, _____ b) Strength/Muscular Endurance, _____ c) Balance/proprioception,

_____ d) Cardio-vascular Endurance, _____ e) Functional Activity

Comments:

Eval B: Scale: 5 4.5 4 3.5 3 2 NO Score _____

_____ a) ROM/flexibility, _____ b) Strength/Muscular Endurance, _____ c) Balance/proprioception,

_____ d) Cardio-vascular Endurance, _____ e) Functional Activity

Comments:

III. Demonstrated Strengths & Areas Needing Improvement

Directions:

- A) Describe student strengths which helped in the quality of care provided to the program/clinical site, and that will enhance the ATS's ability at the next clinical/practicum level.

- B) Indicate skills/attributes which might limit the ATS's effectiveness at the next clinical/practicum level.

- C) Indicate suggestions for areas needing improvement.

IV. Signatures/Documentation

- A. Date/year the student received/reviewed/completed the clinical skill/attribute evaluation: _____

- B. Student Signature:..... Date:.....

- C. Clinical Instructor Signature:..... Date:.....

- D. Practicum Supervisor Signature:..... Date:.....

- E. Program Director Signature:..... Date:.....

Note:The student signature does not necessarily mean that he/she is in agreement with the evaluation. It serves as proof that the clinical skill/attribute evaluation was reviewed with the student.

Comments: