

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

Student Name: _____ Class/Level: Senior/Level III

Preceptor: _____ Practicum Supervisor: _____

Clinical Affiliation Site: _____ Semester/Year Eval. Completed: _____

Point Value: _____ Points Earned: _____ Grade: _____

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: Practicum I students (Sophomores) are Introductory/Basic- Level I students.
Practicum II & III students (Juniors) are Intermediate/Mid- Level II students.
Clinical course students (Seniors) are Advanced/Entry- 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 Preceptor 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	Note: In cases where a professional practice or a clinical integrated proficiency is not observed directly, give the student a hypothetical scenario, and evaluate their performance/response or application.

- **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.

Eval A, approximately halfway through, and Eval B at the end. The ATS should read and sign first, followed by the Preceptor, 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. Professional Practice Behaviors

In each of the Professional Practice Behaviors listed, the ATS will demonstrate:

IA. Professionalism:

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

A B+ B C+ C D
Eval A: Scale: 5 4.5 4 3.5 3 2
Comments:

A B+ B C+ C D
Eval B: Scale: 5 4.5 4 3.5 3 2
Comments:

2. Effective interpersonal communication skills (develops rapport with all personnel and exhibits compassion and empathy with patient/clients)

Eval A: Scale: 5 4.5 4 3.5 3 2
Comments:

Eval B: Scale: 5 4.5 4 3.5 3 2
Comments:

3. Honesty, integrity, dependability and initiative (is organized, completes all duties, is trustworthy and self-motivated)

Eval A: Scale: 5 4.5 4 3.5 3 2
Comments:

Eval B: Scale: 5 4.5 4 3.5 3 2
Comments:

4. Organization/planning ability (effective time management, clinical experience schedule planning, etc.)

Eval A: Scale: 5 4.5 4 3.5 3 2
Comments:

Eval B: Scale: 5 4.5 4 3.5 3 2
Comments:

5. Accepts authority/constructive criticism (interacts positively & professionally, follows chain of command, attempts Recommendations/instructions, etc.)

Eval A: Scale: 5 4.5 4 3.5 3 2
Comments:

Eval B: Scale: 5 4.5 4 3.5 3 2
Comments:

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

Eval A: Scale: 5 4.5 4 3.5 3 2
Comments:

Eval B: Scale: 5 4.5 4 3.5 3 2
Comments:

7. Autonomous Practice (can handle increasing amounts of clinical responsibility and decision making, leading to autonomous practice upon graduation.)

Eval A: Scale: 5 4.5 4 3.5 3 2
Comments:

Eval B: Scale: 5 4.5 4 3.5 3 2
Comments:

IB. Primacy of the Patient

8. Knowledge/application of patient confidentiality standards.

Eval A: Scale: 5 4.5 4 3.5 3 2
Comments:

Eval B: Scale: 5 4.5 4 3.5 3 2
Comments:

IC. Team Approach to Practice

9. They can a) execute duties within the legal scope of practice, b) include the patient's family (when appropriate) in the decision making process, and c) work with others in effecting positive patient outcomes.

Eval A: Scale: 5 4.5 4 3.5 3 2

Eval B: Scale: 5 4.5 4 3.5 3 2

Comments:

Comments:

ID. & IE. Legal/Ethical Practice

10. Understanding and compliance with accreditation requirements (e.g. direct supervision by preceptor).

Eval A: Scale: 5 4.5 4 3.5 3 2

Eval B: Scale: 5 4.5 4 3.5 3 2

Comments:

Comments:

11. Understanding and compliance with professional standards and codes including:

Eval A:

____ A1. Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, etc.

____ A2. Respects the expertise/responsibility of all the patient's healthcare providers.

Comments:

Eval B:

____ B1. Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, etc.

____ B2. Respects the expertise/responsibility of all the patient's healthcare providers.

Comments:

IF. Advancing Knowledge

12. Knowledge and use of evidence based practice in the delivery of care.

Eval A: Scale: 5 4.5 4 3.5 3 2

Eval B: Scale: 5 4.5 4 3.5 3 2

Comments:

IG. Cultural Competence

13. Awareness of clients/patients differing attitudes/behaviors toward healthcare.

Eval A: Scale: 5 4.5 4 3.5 3 2

Eval B: Scale: 5 4.5 4 3.5 3 2

Comments:

14. Knowledge, attitudes, behaviors and skills needed to provide optimal healthcare to diverse patients.

Eval A: Scale: 5 4.5 4 3.5 3 2

Eval B: Scale: 5 4.5 4 3.5 3 2

Comments:

15. Understanding of how to work respectfully/effectively with patients from diverse populations and diverse work environments.

Eval A: Scale: 5 4.5 4 3.5 3 2

Eval B: Scale: 5 4.5 4 3.5 3 2

Comments:

Note: In cases where a CIP is not observed, give the student a scenario, problem, task to perform in a hypothetical setting/situation and evaluate the performance/response.

A B+ B C+ C D

Scale: 5 4.5 4 3.5 3 2

II. Clinical Integration Proficiencies (CIP)

In each of the CIPs listed, the ATS will:

CIP- Prevention & Health Promotion

CIP-1.0

16. Review the patient's chart, system's review and health history status including, (but not limited to): medications, present illness or injury/chief medical complaint, surgical history, physical activity/health status to:

Eval A:

- ___ 1. Determine the patient's response to exercise/rehab.
- ___ 2. Determine the patient's response to therapeutic techniques (i.e. manual, modalities, supportive)
- ___ 3. Determine prevention of additional injury/illness.
- ___ 4. Determine need for patient education or referral.

Comments:

Eval B:

- ___ 1. Determine the patient's response to exercise/rehab.
- ___ 2. Determine the patient's response to therapeutic techniques (i.e. manual, modalities, supportive)
- ___ 3. Determine prevention of additional injury/illness.
- ___ 4. Determine need for patient education or referral.

Comments:

CIP-2.0

17. Eval A:

- ___ 1. Evaluate and apply taping or supportive techniques to improve physical activity and minimize the risk of injury or provide an adjunct to effective rehab., or provide an adjunct to current treatment techniques.

Comments:

Eval B:

- ___ 1. Evaluate and apply taping or supportive techniques to improve physical activity and minimize the risk of injury or provide an adjunct to effective rehab., or provide an adjunct to current treatment techniques.

Comments:

CIP-3.0

18. Eval A:

- ___ 1. Describe, implement and monitor program's prevention strategies for at-risk individuals (e.g. persons with: asthma, allergies, diabetes, hx of heat illness, sickle cell trait, hypertension, etc.).
- ___ 2. Obtain/interpret data related to potentially harmful environmental conditions or body functions (e.g. blood glucose, peak expiratory flow, hydration status/body weight, etc.)
- ___ 3. In case of emergency, can make appropriate recommendations for individual safety/activity status or activate appropriate E.A.P. (emergency action plan).

Comments:

Eval B:

- ___ 1. Describe, implement and monitor program's prevention strategies for at-risk individuals (e.g. persons with: asthma, allergies, diabetes, hx of heat illness, sickle cell trait, hypertension, etc.).
- ___ 2. Obtain/interpret data related to potentially harmful environmental conditions or body functions (e.g. blood glucose, peak expiratory flow, hydration status/body weight, etc.)
- ___ 3. In case of emergency, can make appropriate recommendations for individual safety/activity status or activate appropriate E.A.P. (emergency action plan).

Comments:

CIP- Healthcare Administration

CIP-9.0

19. Eval A:

____ 1. Understand/describe program's medical related health and injury documentation procedures, forms and strategies to effectively communicate with patients, parents/guardians, physicians, insurers, colleagues and administrators, using appropriate procedures, confidentiality and privacy.

Comments:

Eval B:

____ 1. Understand/describe program's medical related health and injury documentation procedures, forms and strategies to effectively communicate with patients, parents/guardians, physicians, insurers, colleagues and administrators, using appropriate procedures, confidentiality and privacy.

Comments:

CIP- Clinical Assessment Dx/Care/Therapeutic Intervention

CIP-4.0

20. Eval A:

____ a.1 Performs a clinical exam of an upper extremity injury, determines a dx/differential dx, participation clearance or restriction, referral, initial care, treatment goals/follow-up care, application of appropriate therapeutic modalities, rehabilitation techniques, medications, etc. Also, utilize one standard documentation form (e.g. S.O.A.P.) to document activity level, return to ADL decisions, patient outcomes and progress in treatment plans).

____ b.2 Performs a clinical exam of a lower extremity injury to determine clinical assessment, acute care and therapeutic interventions and documentation (see CIP-4a.1 above).

____ c.3 & d.4 Performs a clinical exam of a neck/cervical spine injury to determine clinical diagnosis, care, therapeutic interventions and documentation (see CIP-4a.1 above).

____ e.5 & f.6 Performs a clinical exam of a thoracic/lumbar spine injury to determine clinical diagnosis, care, therapeutic interventions and documentation (see CIP-4a.1 above).

____ g.7 Performs an advanced on the field injury assessment for any injury to determine immediate return to activity status; or the need to provide a comprehensive clinical exam.

Comments:

Eval B:

____ a.1 Performs a clinical exam of an upper extremity injury, determines a dx/differential dx, participation clearance or restriction, referral, initial care, treatment goals/follow-up care, application of appropriate therapeutic modalities, rehabilitation techniques, medications, etc. Also, utilize one standard documentation form (e.g. S.O.A.P.) to document activity level, return to play decisions, patient outcomes and progress in treatment plans).

____ b.2 Performs a clinical exam of a lower extremity injury to determine clinical assessment, acute care and therapeutic interventions and documentation (see CIP-4a.1 above).

____ c.3 & d.4 Performs a clinical exam of a neck/cervical spine injury to determine clinical diagnosis, care, therapeutic interventions and documentation (see CIP-4a.1 above).

____ e.5 & f.6 Performs a clinical exam of a thoracic/lumbar spine injury to determine clinical diagnosis, care, therapeutic interventions and documentation (see CIP-4a.1 above).

____ g.7 Performs an advanced on the field injury assessment for any injury to determine immediate return to activity status; or the need to provide a comprehensive clinical exam.

Comments:

CIP-5.0

21. Eval A:

_____ Perform a comprehensive clinical exam utilizing a standard illness/condition documentation plan/procedure (e.g. S.O.A.P.) to determine a dx/different diagnosis, immediate follow-up care plan, referral, restrictions in participation and appropriate communication and return to activity plans.

Comments:

Eval B:

_____ Perform a comprehensive clinical exam utilizing a standard illness/condition documentation plan/procedure (e.g. S.O.A.P.) to determine a dx/different diagnosis, immediate follow-up care plan, referral, restrictions in participation and appropriate communication and return to activity plans.

Comments:

Psychosocial Strategies and Referral

CIP-7.0

22. Eval A:

_____ Select and integrate psychosocial techniques into a patient's treatment or rehabilitation program to enhance rehab or treatment adherence, or activity level and overall outcomes including: verbal motivation, goal/plan setting, imagery, pain management, self-talk, and/or relaxation.

Comments:

Eval B:

_____ Select and integrate psychosocial techniques into a patient's treatment or rehabilitation program to enhance rehab or treatment adherence, or activity level and overall outcomes including: verbal motivation, goal/plan setting, imagery, pain management, self-talk, and/or relaxation.

Comments:

III. Signatures/Documentation

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

B. Student Signature: _____ Date: _____

C. Preceptor 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: