Messiah College Athletic Training

Student Clinical Experience Performance Evaluation – Form E
Clinical/Practical Course Name: ATED 291 Clinical Experience

Student Name: ____________________________ Class/Level: ____________________________

Preceptor: _______________________________

Clinical Assignment: _____________________ 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 occasional instruction/correction.

D = (2 pts or below) Unacceptable Skill/Behavior
Student must repeat/improve 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 and finally the Program Director.

- Please return this form to the Program Director 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 (158) A- = 90 (153) B+ = 87 (148) B = 83 (141) B- = 80 (136) C+ = 77 (131) C = 74 (126)
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: |
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)

   |   | A  | B+ | B  | C+ | C  | D |
---|---|----|----|----|----|----|
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)

   |   | A  | B+ | B  | C+ | C  | D |
---|---|----|----|----|----|----|
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.)

   |   | A  | B+ | B  | C+ | C  | D |
---|---|----|----|----|----|----|
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.)

   |   | A  | B+ | B  | C+ | C  | D |
---|---|----|----|----|----|----|
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)

   |   | A  | B+ | B  | C+ | C  | D |
---|---|----|----|----|----|----|
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


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

8. They provide quality client/patient healthcare and advocate for their needs.

   |   | A  | B+ | B  | C+ | C  | D |
---|---|----|----|----|----|----|
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, and b) 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 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

   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 or Professional Behavior 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
Review program’s health screen/pre-participation exams (ppe)/testing procedures and patient’s baseline health hx/general health data (i.e. nutritional status/habits, health hx, physical activity status, body composition/weight, etc.) to:

Eval A:
_____ Evaluate the effectiveness in determining general health
_____ Make recommendations to improve health
_____ Prevent potential injuries/illnesses
_____ Provide patient education or referral to health professionals
Comments:

Eval B:
_____ Evaluate the effectiveness in determining general health
_____ Make recommendations to improve health
_____ Prevent potential injuries/illnesses
_____ Provide patient education or referral to health professionals
Comments:

CIP-3.0
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-2.0
Eval A:
_____ 1. Evaluate, select, modify and apply standard protective equipment, braces, pads and other custom devices to
  prevent/minimize the risk of injury and allow safe participation in sport or physical activity.
_____ 2. Evaluate, select, modify, and apply wrapping, taping and supportive techniques in order to prevent and/or
  minimize the risk of injury, or to provide an adjunct to effective rehabilitation and reconditioning activities.
Comments:

Eval B:
_____ 1. Evaluate, select, modify and apply standard protective equipment, braces, pads and other custom devices to
  prevent/minimize the risk of injury and allow safe participation in sport or physical activity.
_____ 2. Evaluate, select, modify, and apply wrapping, taping and supportive techniques in order to prevent and/or
  minimize the risk of injury, or to provide an adjunct to effective rehabilitation and reconditioning activities.
Comments:
CIP- Healthcare Administration
CIP-9.0
Eval A:
   1. Understand/evaluate/utilize 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/evaluate/utilize 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/Acute Care/Therapeutic Intervention
CIP-4.0
19. 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 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 head/neck/face injury to determine clinical assessment, acute care and
      therapeutic interventions and documentation (see CIP-4a.1 above).
   e.5 & f.6 Performs a clinical exam of spine/thoracic/abdominal injury to determine clinical assessment, acute care
      and therapeutic interventions and documentation (see CIP-4a.1 above).
   g.7 Performs an 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 head/neck/face injury to determine clinical assessment, acute care and
      therapeutic interventions and documentation (see CIP-4a.1 above).
   e.5 & f.6 Performs a clinical exam of spine/thoracic/abdominal injury to determine clinical assessment, acute care
      and therapeutic interventions and documentation (see CIP-4a.1 above).
   g.7 Performs an 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**

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:

**CIP-6.0**

Eval A:

_____ Clinically evaluate and manage a patient with an emergency injury/condition including primary survey, secondary survey, level of consciousness/shock, activation of E.A.P., diagnosis, provision of emergency care (e.g. CPR, AED, O₂, splints, spine stabilization, etc.) and appropriate documentation of emergency and care given (on standard forms/procedures).

Comments:

Eval B:

_____ Clinically evaluate and manage a patient with an emergency injury/condition including primary survey, secondary survey, level of consciousness/shock, activation of E.A.P., diagnosis, provision of emergency care (e.g. CPR, AED, O₂, splints, spine stabilization, etc.) and appropriate documentation of emergency and care given (on standard forms/procedures).

Comments:

**Psychosocial Strategies and Referral**

**CIP-7.0**

Eval A:

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

Comments:

**CIP-8.0**

Eval A:

_____ Demonstrate ability to recognize and refer at-risk individuals with psychosocial disorders and/or mental health emergencies and understand/follow program’s management plan as needed.

Comments:

Eval B:

_____ Demonstrate ability to recognize and refer at-risk individuals with psychosocial disorders and/or mental health emergencies and understand/follow program’s management plan as needed.

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. 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: