**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**

# Athletic Training Student Handbook

**Revised July 2019**

## General Disclaimer

The Athletic Training Program is a dynamic program that is constantly reassessing itself to provide the best educational experience for students enrolled in the program. Consequently, on a yearly basis this handbook is revised. Revisions will be posted on the internet and all revisions will be applicable to students in the program, regardless of admissions date.

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# Radford University
## Department of Health and Human Performance
## Athletic Training Program

Program Philosophy

The Athletic Training Program at Radford University believes that:

1. Athletic training education requires the active participation of the student, the certified athletic trainer, the faculty, staff and medical specialists involved in the athletic training program. This cooperative interaction is needed to ensure both the academic atmosphere necessary to the educational process and the advancement of athletic training as a profession.

2. Students must demonstrate a commitment to both the academic and practical experiences required to develop the necessary cognitive, psychomotor and affective skills needed to succeed as an allied health care professional in a variety of athletic training practice settings.

3. The Athletic Training Program has the duty to promote the profession of athletic training in the City of Radford, surrounding communities and the area of southwest Virginia.

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## Program Mission

The Mission of the Athletic Training Program at Radford University is to provide students with the educational opportunities necessary to become certified members of the athletic training profession.

The program will provide students with the skills necessary to assess, provide initial treatment, and rehabilitate injuries that occur to physically active populations in a variety of practice areas. Consistent with the mission of the Department of Health and Human Performance, the program will not only enhance the preparation of future professionals, but will do so with the intention of facilitating the growth of the athletic training profession in Radford, the surrounding communities and the Commonwealth of Virginia.

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Program Goals and Objectives

1. To provide the opportunity to become proficient in psychomotor skill & clinical proficiencies

2. To provide quality instruction with state of the art resources and technology as well as participating allied health professionals

3. To provide experiences that encourage critical thinking and problem solving

4. To promote professionalism through student membership in state, district and national athletic training organizations

5. To provide students with diverse field experiences that will prepare them for current employment trends in athletic training

6. To prepare students to pass the BOC examination

7. To aid students in obtaining employment or admission into graduate school upon graduation

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Non-discrimination policy

The Athletic Training Program does not discriminate with regard to race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation in the administration of its educational programs, activities, admission or employment practices. Inquiries may be directed to the Director of Human Resources at 704 Clement Street. Telephone: voice, (540) 831-5421; hearing impaired, (540) 831-5128. The university has adopted policies to provide for prompt and equitable resolution of discrimination complaints. The Discrimination Complaint Procedure describes the grievance procedure for individuals who have experienced discrimination. The Sexual Harassment Policy further defines sex discrimination by including examples of sexual harassment and a statement concerning consensual relationships between university employees and students. The Accommodation Procedure for Individuals with Disabilities confirms the university's commitment to providing accessibility to its programs, services and activities for individuals with disabilities who are otherwise qualified and entitled to a reasonable accommodation. Individuals who believe they may have experienced discrimination, but are uncertain as to whether a complaint is justified or whether they wish to initiate a formal complaint may discuss their concerns confidentially and informally with the Director of Human Resources. Students may also consult a staff member at the Center for Counseling and Student Development or the Office of the Dean of Students.

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## Program Costs

Radford University identifies the costs of tuition and fees on an annual basis. In addition to the normal tuition, students in the Athletic Training Program can anticipate that the costs associated with the program may be higher than other majors on campus. In addition to the normal costs for textbooks and other classroom supplies, students can anticipate additional costs for the following items:

1. Video capable iPod or other comparable portable device - $100
2. Expendable and non-expendable educational supplies such as athletic tape, stethoscopes, and other tools used in injury evaluation and treatment. - $150
3. Clothing for use in clinical rotations. – $50-$200
4. Transportation cost (e.g. gas money) - $150
5. Criminal Background Checks and Drug Testing - $75
6. Post Exposure Medical Costs – Price Vary if Exposed
7. AT Tracking System – TK20 – Included in Tuition starting in ATTR 225

In order to be given equipment intensive sport experience, students must report at the beginning of August in the summer between their junior and senior year. Students will be responsible for transportation, food, and shelter costs during this experience. –Vary depending on clinical site.

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Time Commitment Notification

Students enrolled in the Athletic Training Program should recognize that athletic training requires a considerable time commitment outside of the traditional classroom environment.

Students should also recognize that assignment in the traditional athletic training setting requires work on weekends and during holiday periods, depending upon the individual assignment of the athletic training student. Regardless of assignment, students accepted to the Athletic Training Program should anticipate working at least one weekend day each week throughout the course of their education.

In addition, students may be required to work during school holidays and at times when school is not officially in session.

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Skill Evaluation Guidelines

Mastery checks are required to check for proficiency in specific skills identified by the NATA in the Athletic Training Educational Competencies. Initially, these "mastery checks" are done one-on-one with the instructor in ATTR 333 (taken 4 times). These skills are then combined into total proficiency evaluations which are reevaluated in the clinical experiences by program preceptors.

In order to get all mastery checks done by the end of the semester, students must consistently work on their skills. The rules for mastery checks are as follows:

1. All mastery checks are assessed by the course instructor only unless written permission is granted by the instructor in advance.
2. As identified in each course, a student must meet a quota. To meet quota students must attempt a certain number of checks and complete a certain % of those check each week. Failure to attempt all required checks or complete the required number for the week will result in the quota being missed. Missed quotas affect the student's grade in the course. Accordingly this is how grading is determined:

| | |
|---|---|
| **1 quota miss** | A |
| **2 quota miss** | A- |
| **3 quota miss** | B |
| **4 quota miss** | B- |
| **5 quota miss** | C |
| **6 quota miss** | C- |
| **7 quota misses** | D |
| **8 quota misses** | D- |
| **More than 8 quota misses** | F |
| *Students need a "C" or better in this class to progress in the ATP program*<br>*Failure to earn a "C" or better will result removal from the program.* | |

3. Students must complete ALL mastery checks identified for a specific semester by the week before finals week. Failure to do so will result in a failing grade in the course. *This will result in removal from the program.*

4. Students who fail to complete a mastery check must wait a minimum of 24 hours before a recheck. **However, unless otherwise delineated by the instructor, a failed mastery** check must be passed within two weeks of the student's initial check.

5. *While students can get feedback on skills unlimited times* during a semester, students can only be assessed on skills TWICE. Each course allows a student to be assessed on up to 10 skills a third time (the exact number will be identified in each course syllabus). *Failure to receive mastery on a skill after the 3rd try will result in failure of the course.*
6. Skills requiring a "senior/junior check" requires senior student signature to be eligible for instructor check. This may be modified by the program as the situation warrants.
7. Mastery check time is for assessment only – no questions will be answered by the instructor. The time to ask questions is in class/ lab/ or during the instructors office hours.
8. You must physical perform all psychomotor skills during your mastery check.
9. Students must have their senior/junior signature 12 hours before the ATTR 333 MC is attempted. Times for your Senior/Junior checks must be arranged in advanced and every attempt must be made to keep to your senior/junior MC schedule with your assigned senior/junior.
10. All mastery checks for the course must be completed by the Friday before finals week. Absolutely NO mastery checks will be done during finals week. *This will result in removal from the program.*

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## Athletic Training Course Grading Criteria

| | |
|---|---|
| Written Exams | 50 – 75% of grade |
| Projects | 25% – 50% of grade |
| Oral/ practical exams | 10% -- 25% of grade |
| Grading scale (all courses) | 95% and above = A<br>92% = A-<br>89% = B+<br>85% = B<br>82% =B-<br>79% = C+<br>75% = C<br>72% = C-<br>69% = D+<br>65% = D<br>62% = D-<br>below 62% = F<br>Student must pass with a C or better to stay in the ATP. |

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Course Transfer Information

Accreditation guidelines are very specific about how psychomotor skills and clinical proficiencies are evaluated. Specifically, these must be evaluated and documented by program Approved Preceptors. As a consequence, any course that involves the instruction or evaluation of clinical proficiencies *must* be taken at Radford University. At this time these courses are:

ATTR 205
ATTR 225
ATTR 250
ATTR 323
ATTR 325
ATTR 333
ATTR 335
ATTR 340
ATTR 345
ATTR 355
ATTR 365
ATTR 420
ATTR 422
ATTR 425
ATTR 430

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**Athletic Training Program**

Admissions Policy

In order to apply for admission into the Athletic Training Program, a student must:

A. Be currently enrolled at Radford University as a full-time undergraduate student, regular status.

B. Have a cumulative GPA of 3.0 or better with sophomore standing. Transfer students must complete one semester at Radford prior to admission.

C. Submit evidence that they have current vaccinations for mumps, measles, rubella, tetanus, diphtheria, and Hepatitis B (CAATE Standard 66)

D. Submit a signed technical standards form (CAATE Standard 64-65)

E. Submit proof of professional CPR with AED and 1st Aid Certification

F. Pass the following courses with the following grades.
ATTR 150 -- Fundamentals of Athletic Training – B or better
HLTH 200 -- Personal Health and Wellness – B or better
BIOL 105 -- Introduction to Biology – C or better

G. Submit a completed application packet no later than November 15th of each year. If November 15th falls on a weekend the packet will be due the Monday after. All applications are due by 5:00 pm on the deadline date. Application packets will be distributed in ATTR 150.

Selection for admission into the program is competitive based on various criteria. Students are encouraged to review the applicant evaluation instrument available from the program director. This form is used by the review committee, composed of current program preceptors, faculty and alumni, to score each student's application. A maximum of 20 students per year are accepted, and all students must have minimum of 70% of the total score on the evaluation instrument. **ATTAINMENT OF THE ABOVE REQUIREMENTS DOES NOT GUARANTEE ADMISSION TOTHE ATHLETIC TRAINING PROGRAM**. A student offered a position in the program must formally accept that position in writing. Students who are not admitted may reapply for admission, but must meet the admissions standards in place at the time. Students who reapply are not given preference over other students applying for that year.

All students who have been admitted to the program in the spring have until the end of summer school in the year they are admitted to complete the following courses with a "C" or better. Failure to pass these classes with the acceptable grade will result in the immediate removal from the program.

ESHE 201
ATTR 205
ATTR 225
ATTR 333
**BIOL 322 or BIOL 310 – You must receive a B or better in these courses.**
**Note: you have to receive a B or better in BIOL 311 also when you take the class in your program of study.**

Late Review

Students may use WinterMester following application to enroll in courses that are required for admission. At the time the admissions packet is due (November 15) students must submit written proof of their enrollment in the course(s) to be eligible. Following successful completion of the course(s), student will be eligible for late review by the committee as long as grades are submitted or transferred to RU before the first day of the spring semester. However, if the program admissions quota has been reached during the primary review, students will have to wait until the following year to apply to the program.

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## Technical Standards for Admission

The Athletic Training Program at Radford University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students completing this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students who graduate from the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into, be allowed to continue, or graduate from the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Athletic Training Program students must demonstrate:

1. the mental capacity to assimilate, analyze, synthesize, and integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must have command of the English language at a level consistent with competent professional practice;
4. the ability to record the physical examination results and a treatment plan clearly and accurately;
5. the capacity to maintain composure and continue to function well during periods of high stress;
6. the perseverance, diligence and commitment to complete the Athletic Training Program as outlined and sequenced;
7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the Athletic Training Program will be required to verify they understand and feel confident they will meet these technical standards or that they believe that, with certain reasonable academic accommodations, they can meet the standards.

As appropriate, and in conjunction with the Center for Accessibility Services (CAS), Radford University will evaluate, on a case by case basis, a student’s request for reasonable academic accommodations on the basis of a disability. Supporting appropriate documentation may be requested in order to substantiate and evaluate any requests for accommodations. Radford University is committed to providing equal access/opportunity for students with disabilities, while at the same time, reserving the right to deny accommodations that compromise clinician/ patient safety and/or fundamentally alter the nature of the program.

All technical and academic standards will be measured throughout various courses must be met throughout enrollment in the athletic training curriculum. It is the student’s responsibility to notify the program director if during enrollment, circumstances occur and he/she cannot meet the technical standards. Reasonable alternate strategies and techniques will be discussed at this time.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge, that I meet each of these standards with or without reasonable academic accommodations. I understand that if accommodations are required, I will contact the Center for Accessibility Services (CAS), and if requested, provide supporting documentation to begin the process of receiving reasonable academic accommodations. I understand that if I am unable to meet these standards I will not be admitted into, allowed to progress in or graduate from the program.

Signature of Applicant: _____ Date: _____

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**Athletic Training Program**

Letter of Acceptance

I,_____, accept a position in the Athletic Training Program at Radford University.

I understand that I must pass the following courses in the spring semester with a "C" or better, and failure to do so **will result** in my admission being revoked._____(initial)

ATTR 205
ATTR 225
ATTR 333

I understand that I have passed or must pass the following courses with grades listed below by the end summer session II, and failure to do so **will result** in my admission being revoked.
_____(initial here)

ESHE 201 – C or Better
BIOL 310 or BIOL 322 – B or Better

I understand that, along with my degree requirements I will be expected to complete a minimum of 750 hours of clinical experience._____(initial here)

I understand that completion of clinical practicum hours requires appropriate professional and ethical behavior. Further, I understand that failure to demonstrate these behaviors may result in a) removal from the practicum, b) failure of the practicum and/or c) removal from the program._____(initial here)

I understand that completion of all clinical practicums, including the general medical rotation and senior seminar, requires 5 semesters, they are required for graduation and they will not be waived. These clinical practicums will require transportation off campus and I will need access to transportation _____(initial here)

I testify that I have had the opportunity to review the athletic training student handbook and that I will follow the policies and procedures outlined in the handbook.____ (initial here)

I understand that I have to have a video capable device (mp4 player)_____(initial here)

I understand that I can not work as a wage "1st aider" employee in any program clinical sites while I'm enrolled in the ATP _____(initial here)

----continued on following page -----

I understand that to remain in good standing, I must:

- Keep my cumulative GPA at a 3.0 or better_____(initial here)
- Receive a "C" or better in all athletic training coursework (as identified on the program of studies sheet)_____(initial here)
- Earn a "3" or better on all athletic training behaviors evaluated at the clinical site _____initial here)
- Maintain current Professional CPR with AED certification through the American Red Cross or the American Heart Association or equivalent. _____(initial here)

I also understand that part of the mission of the Athletic Training Program is to provide community outreach to promote the profession of athletic training. As a student in the program I will be required to participate in these events, and failure to do so may result in my removal from the ATP.

My signature below indicates that I have read and understand all of the conditions of acceptance, I have had the opportunity to have any questions clarified, and that I agree to these conditions.

_____ _____

Student's signature / Date Program Director's Signature / Date

**Email a signed copy to: mbmoore@radford.edu**

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OSHA Blood Borne Pathogen Training

All students enrolled in the Athletic Training Program must undergo blood-borne pathogens training. The initial training will take place in ATTR 150 prior to any observational component of the program. Following this, students will review information on a yearly basis and pass an on-line quiz with a 80% or better to matriculate through the program.

All students will have access to, and must utilize, blood-borne pathogen barriers and biohazard disposal equipment at each clinical site.

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## Communicable Disease Policy

A communicable disease is defined by the Centers for Disease Control as “an infectious disease that is contagious and which can be transmitted from one source to another by infectious bacterial or viral organisms.” If a student has contracted a communicable disease they should inform the Clinical Education Coordinator of the ATP and/or their preceptor immediately.

Any student who has a condition that is contagious in nature will be forbidden from working in the clinical setting, or participating in hands on classroom exercises, until the condition is no longer infectious (or has been appropriately isolated) and the student has been cleared by a medical provider. The nature of the disease, and whether it is contagious, will be determined on a case by case basis by the athletic training student’s personal physician, the team physician and/or the medical director of the ATP.

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## Post-exposure Control Plan

All students are required to know and follow all infection control procedures of the University. All required training must be completed prior to working in an environment that has the potential of exposure to contaminated fluids. The Office of Environmental Health & Safety is responsible for conducting the necessary training. Students are highly encouraged to have health insurance coverage which provides for their hospital and medical care.

An exposure is defined as: injury with a contaminated instrument (contaminated needles, blades or sharp instruments); contact of blood or body fluids containing blood into an open wound; cutaneous exposure involving large amounts of blood or prolonged contact with blood-especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.

Should an exposure occur: Students should inform their preceptor and the program clinical coordinator immediately via email and/or phone to alert them they have had a blood exposure. They should then go directly to the Student Health Center during the hours of 7:30am-4pm Monday –Friday. If the incident occurs at a time when the Student Health Center is closed, the student should go to the nearest hospital's Emergency Room for testing and/or treatment.

Worker's Compensation does not cover students. As stated above, students are highly encouraged to have health insurance coverage which provides for their hospital and medical care. The student is responsible for any expenses incurred while acting in the capacity of a student.

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Student Dress Code

Athletic Training Students are expected to adhere to the following dress code. If the athletic training student is not properly dressed, that student will be excused from the clinical setting or practice area for that day. Repeatedly dressing inappropriately will result in decreased evaluation scores and may result in a decreased grade in the practicum.

1. Khaki or Black business casual shorts or pants must be worn at all times and should be of an appropriate length with no visible holes, patches or frayed bottoms. Jeans, mesh shorts, Yoga pants, and sweat pants are not acceptable.
2. Polo or buttons down shirts (preferably Radford University) are the only acceptable attire in the clinical setting. Shirts are to be clean, neat, and tucked all the way in.
3. Formal wear may be required if covering IN-DOOR competitions. T- shirts, tank tops, and tube tops are not acceptable. Some lenience will be given for an **OUTDOOR PRACTICE** if the student is going straight to practice. Please see a staff athletic trainer prior to appointment for approval on appropriate **OUTDOOR PRACTICE** attire.
4. Please practice good hygiene as we are working in a medical facility providing health care. Use appropriate discretion in applying make-up, perfume, cologne, hair, jewelry, etc. Also no hats indoors, no visible facial jewelry, and no bandannas. Two sets of earrings maximum are allowed. All tattoos should be covered.
5. Footwear may include neat and clean athletic shoes or dress shoes. No sandals, clogs, or other non-functional footwear.
6. Male facial hair and sideburns should be kept neat and groomed. Keep hairstyles professional.
7. A digital watch with a timer or watch with a second hand is required to be worn during each clinical site.
8. Please remember that you are representing Radford University Athletics, the Athletic Training Program in which you are a part of and most importantly yourself as you begin your professional career.

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## Athletic Training Student Supervision

It is the policy that athletic training students in the ATP program will be supervised during all clinical experiences. A supervised clinical experience is when a program preceptor, or another approved health care professional such as a doctor associated with the program, is physically present and can intervene on behalf of the athlete/patient. This means that the preceptor can have both auditory and visual contact with the student. When in a supervised clinical experience, the student can perform any and all skills that are *previously mastered.* A student is NEVER required to be in a clinical situation unsupervised. All clinical assignments must be educational in nature and are associated with one of the program's practicum classes. Also an athletic training student can not work as a wage "1st aider" employee in any program clinical sites while they are enrolled in the ATP. Below is a list of these course:

ATTR 150
ATTR 225
ATTR 250
ATTR 325
ATTR 345
ATTR 355
ATTR 430

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Criteria for Progression and Completion

Students accepted into the Athletic Training Program at Radford University are expected to make satisfactory academic progress, and possess the required academic ability, technical expertise, character and attitude suitable for athletic training. Students are informed of the following criteria used to evaluate academic and clinical progress:

1. Maintain a cumulative grade point of a 3.0 or better.
2. Earn a "B" or better in BIOL 310, 311 or 322.
3. Earn a "C" or better in all athletic training education major courses (see progress sheet for details).
4. Earn "3" or better on all athletic training behaviors (including professional disposition and behavior) evaluated at the clinical site.
5. Maintain current CPR certification through the American Red Cross or the American Heart Association or equivalent agency.

Consequences for not meeting the above criteria are:

1. Failure to maintain a cumulative GPA of 3.0 or better will result in the student being allowed Wintermester or the Summer term to achieve a 3.0 cumulative GPA. After the Wintermester or Summer Terms if a student's overall cumulative GPA is still below a 3.0 the student will be removed from the program.

2. Failure to earn a "B" or better in BIOL 310, 311 or 322 will result in the student being removed from the program.

3. Failure to earn a "C" or better in an athletic training core course ATTR 205, ATTR 225, ATTR 250, ATTR 323, ATTR 333 (Taken 4 times), ATTR 325, ATTR 335, ATTR 340, ATTR 345, ATTR 355, ATTR 365, ATTR 422, ATTR 425, ATTR 420, ATTR 430, ESHE 390, ESHE 392, ESHE 350, HLTH 465 will result in the student being removed from the program.

4. Failure to earn an average score of "3" or better on all athletic training behaviors evaluated at the clinical site will result in the student being removed from the program.

5. Failure to maintain current CPR Certification will result in the inability to participate in clinical experiences until current certification is received in the program office. This will affect student performance in the practicum courses.

The student has the right to appeal any decisions made by the Athletic Training Program Director.

If a student wishes to object to the decision of the Athletic Training Program Director, he or she must provide a written, reasoned objection to the Department Chair for Health

and Human Performance within 5 working days of notification. The chair will set a date

within 10 days to meet with the student and the Athletic Training Program Director. The chair will notify the student of the decision within 5 days. If the student wishes to appeal the department chair's decision, the student may appeal to the department of Health and Human Performance's personnel committee.

The committee will decide if further appeal is warranted. If the committee decides that the student's appeal has merit, the student will be informed immediately, and a meeting will be set with the committee within 10 working days. If the committee feels that the appeal lacks merit, the student will be notified and this will end the appeal process.

If the case is reviewed by the committee, an appeal date will occur within ten class days following the decision to review the appeal. The committee may interview the student, the Athletic Training Program Director and others involved in this matter. If the committee decides to interview individuals, representatives of both sides of the appeal must be interviewed.

A written copy of the decision of the committee will be sent to the student within three days of the meeting to review the appeal. The decision of the personnel committee is final.

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Program Placement and Rotation Policy

Placement is decided after applicants have been reviewed and the candidates have been selected. Placement will be done by the clinical education coordinator with input from preceptors and approval of the program director. Placements are guided by current accreditation standards and program didactic coursework. Student can only accumulate 33% more clinical hours than the minimum required.

The general program placement policy is:

| | |
|---|---|
| ATTR 150, Fundamentals of AT | 4 hours of observation |
| ATTR 225, Clinical Practicum I | *58 Total hours*<br>58 hours guided observation at RU and various clinical sites |
| ATTR 250, Clinical Practicum II | *150 Total hours* at Radford University or High School * |
| ATTR 325, Clinical Practicum III | *180 Total hours* at Radford University* |
| ATTR 345, General Medical Rotation | *~20 Total hours* with medical professionals outside ATs/PTs |
| ATTR 355, Clinical Practicum IV | *230 Total hours*<br>80 hours Equipment Intensive Experience (must be completed by the first day of the fall semester)<br>150 hours at Radford University or High School* |
| ATTR 430, Senior Seminar | *120 Total hours*<br>70 hours at Radford University or other approved site*<br>25 hours of rehabilitation specific<br>25 hours at affiliated physical therapy clinic |

* Up to 25 preseason hours can count toward semester total hours in a particular practicum if a student elects to participate in preseason experiences.

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Equipment Intensive Experience Notification

Students enrolled in ATTR 355 receive 4 credits for their practical experience. Approximately 1 credit of this is a pre-season equipment intensive experience with football at a program approved clinical site.

Students will be required to report to school prior to the first day of courses for this clinical experience and are required to complete 80 hours. *These hours must be done by the first regular day of the fall semester.*

Students may be required to report during the first week of August with the exact date dependent upon the specific assignment.

Failure to complete the required clinical hours in a grade reduction in the course as follows:

| Hours completed | Grade reduction |
|---|---|
| 80 hours + | 0% |
| 65 – 79 hours | 5% |
| 50 – 64 hours | 10% |
| 35 – 49 hours | 15% |
| 20 – 34 hours | 20% |
| Below 20 hours | 25% |

Students are required to pass ATTR 355 with a “C” or better to progress in the program. Students should see the policy on program progression and completion in their student handbook for implications of failing to pass this course with a “C” or better.

## Goals of Clinical Education

| | |
|---|---|
| 1. Apply theoretical learning to patient care situations through critical thinking | • "usual" case to "actual" case<br>• Helps theoretical "make sense" |
| 2. Develop appropriate communication skills necessary for the profession | • Goal directed communication skills (interviewing, counseling, teaching pts)<br>• Listening skills<br>• "trainer talk" – CI interprets<br>• "delegation talk" = directive/ explicit |
| 3. Demonstrate skill in appropriate therapeutic interventions | • Skill = caring behavior + technical skill + intellectual manipulation |
| 4. Evidence caring behaviors | • Learn "caring about" vs. "doing for"<br>• Role modeling is the key |
| 5. Consider ethical implications of behavior | • "best good" for patient<br>• taking responsibility for actions (admitting errors, consultation, encouraging questions) |
| 6. Experience the various roles of the ATC | |

From: O'Conner, A.B. (2001) *Clinical Instruction and Evaluation: A Teaching Resource.*

**Traditional vs. Clinical Education**

| ***Traditional Education*** | ***Clinical Education*** |
|---|---|
| Acquisition of knowledge/ skills | Application of knowledge and skills |
| Predictable, definite beginning and end | dynamic/ flexible environment |
| Subject matter highly organized | subject matter lacks rigidity |
| Objective largely around cognitive domains | objectives largely around judgement and critical thinking |
| "social distance" between instructor/ student | close social interaction between instructor and student |
| student learning is measured by examination or other assessment | student learning assessed by quality, efficiency and outcome of care |

From: *Perspectives on Clinical Education* (2001) NATA

**Radford University Athletic Training Program**
**Documentation of Student Clinical Hours**

Student name: _____ Prac #: _____ S /F /Su _____ Month: _____ Page____of ____

| Date | Time in | CI init | Time out | Session | Total | Sport | Comments | CI init |
|---|---|---|---|---|---|---|---|---|
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**Radford University Athletic Training Program**

Documentation of Student Clinical Hours

Student name: _____ Prac #: _____ S /F /Su Month: _____ Page____of ____

_____

format: m/d

running total of sessions for month should end in :00, .25, .50, .75

Maintain confidentiality at all times

Write short notes about day's activities "saw 3rd degree ACL, evaluated ankle"

| Date | Time in | Time out | Session | Total | Sport | Comments |
|---|---|---|---|---|---|---|
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Round **DOWN** to the nearest quarter hour.

You may round up only if you are within 3 minutes.

eg:
11:37 = 11:30
11:42 = 11:45

use every time you finish as session for the day.

eg: if you are in from 10:00 – 12:50 in the morning and back at night from 6:00 – 10:00 pm do two sessions

round the to the nearest quarter for the session.

**All session hours should end in :00, .25, .50, or .75**

## Professionalism During Practical Experiences

Students enrolled in the Athletic Training Program are required to participate in practical experiences throughout their program of study. One of the goals of this experience is to enable students to develop professional behaviors, including dependability and reliability.

Consequently, students are expected to be at their clinical assignment during the days and times they have been assigned. Showing up to practical experiences late, or asking for days off for tests, projects etc. is not considered professional behavior. Neither is leaving early. Any and all of these behaviors will result in reduced evaluation grades which may result in removal from the program.

Students will be given regular days off during their practical assignments. This will coincide with the CAATE mandate requiring 1 day off each week. Students are allowed 1 “leave day” for each clinical assignment. This leave day must be granted by the preceptor, and should be requested well in advance.

Outline of Evaluation Process

**6th & 13th Week of Semester**
Student turns in a self-evaluation to the preceptor and keeps a copy for themselves;
Preceptor fills out electronic evaluation

**7th & 14th Week of Semester**

Student schedules a time to meet with the Preceptor

Preceptor discusses evaluation and suggestions for improvement

The student completes the evaluation acceptance form in Tk20 if he/she agrees with the evaluation

The student refuses to complete the acceptance form if he/she disagrees substantially with the evaluation

Preceptor submits electronic evaluation

CEC, Preceptor, and Student meet to see if a consensus can be reached

If an agreement is reached with or without modification of evaluation, the student completes the evaluation acceptance form in Tk20 and preceptor submits the evaluation; the evaluation acceptance signature form is placed in the student's permanent file with a note of the meeting by the CEC.

If no agreement can be reached with or without modification of evaluation, the evaluation acceptance form on TK20 is left incomplete and a copy of the form will be placed in the student's permanent file with a note from the program director.

## 0 – 15 Score Guidelines used for all Practicum Evaluations

15 – 13 points = the student makes a definite contribution to the clinical site, exhibits professional behaviors in the majority of situations, and exhibits the appropriate cognitive, psychomotor and/or affective skills necessary to succeed as an athletic training student

9 – 12 points = the student makes a definite contribution to the clinical site, exhibits professional behaviors in the majority of situations, and exhibits few lapses in the appropriate cognitive, psychomotor and/or affective skills necessary to succeed as an athletic training student

5 – 8 points = the student's contribution to the clinical site has fluctuated considerably during the semester, the student exhibits unprofessional behaviors in several situations, and exhibits several lapses in the appropriate cognitive, psychomotor and/or affective skills necessary to succeed as an athletic training student

0 -- 5 points = the student's contribution to the clinical site has fluctuated considerably during the semester, the student exhibits unprofessional behaviors in several situations, and exhibits severe lapses in the cognitive, psychomotor and/or affective skills necessary to succeed as an athletic training student

**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**
**ATTR 225 Practicum I Evaluation (Rev 1/16)**

Student: _____ Date: _____

| **Evaluation Area** | **Score*** | **Comments** |
|---|---|---|
| Cognitive/ Psychomotor Skills | | |
| EAP knowledge | 5 4 3 2 1 n/a | |
| Game/ Practice Set up | 5 4 3 2 1 n/a | |
| Athletic Training Site Maintenance | 5 4 3 2 1 n/a | |
| Affective Domain Skills | | |
| Work Ethic/ promptness | 5 4 3 2 1 n/a | |
| Work Ethic/ initiative | 4 3 2 n/a | |
| Attitude toward preceptor | 4 3 2 1 n/a | |
| Appearance | 4 3 2 n/a | |
| **Overall Average** | | |
| **0 – 15 score** | | |

Preceptor signature/ date: Student Signature/ date*:

_____ _____

* students should refer to the assessment rubric found in their student handbook for information on how scores are assigned and the implications associated with their signature on this form

**Practicum I (ATTR 225) Evaluation Rubric (Rev 1/16)**

For all skills: n/a indicates that it is not appropriate to assess this skill at this time, or the skill has not been observed.

| | **EAP knowledge** |
|---|---|
| 5 | Receives a 90%-- 100% or better on the evaluation instrument for athletic training facility knowledge assessment. |
| 4 | Receives a 80% - 89% on the evaluation instrument for athletic training facility knowledge assessment. |
| 3 | Receives a 70% -- 79% on the evaluation instrument for athletic training facility knowledge assessment. |
| 2 | Receives a 60% -- 69% on the evaluation instrument for athletic training facility knowledge assessment. |
| 1 | Receives a 50% or less on the evaluation instrument for athletic training facility knowledge assessment. |

| | **Game/ Practice Set-up** |
|---|---|
| 5 | Demonstrates appropriate knowledge of the requirements for practice set-up and is able to implement this knowledge in a timely manner. |
| 4 | Demonstrates appropriate knowledge of the requirements for practice set-up and is able to implement this knowledge. The time required for implementation is longer than expected. |
| 3 | Demonstrates appropriate knowledge of the requirements for practice set-up and is able to implement this knowledge, but has some lapses in sequencing or performance of the necessary skills. The implications of the lapses are not serious. |
| 2 | Demonstrates appropriate knowledge of the requirements for practice set-up and is able to implement this knowledge, but has some lapses in sequencing or performance of the necessary skills. The implications of the lapses are serious. |
| 1 | Demonstrates a lack of understanding of the requirements for practice set-up |
| | **Athletic Training Site Maintenance** |
| 5 | Demonstrates the ability to appropriately and thoroughly participate in athletic training site maintenance, and does so without being prompted. |
| 4 | Demonstrates the ability to appropriately and thoroughly participate in athletic training site maintenance, but requires occasional prompting to perform the skills. |
| 3 | Demonstrates the ability to appropriately and thoroughly participate in athletic training site maintenance, but requires consistent prompting in order to perform the required tasks. |
| 2 | Demonstrates the ability to participate in athletic training site maintenance, but the job done is sloppy or incomplete. |
| 1 | Fails to demonstrate the ability to appropriately and thoroughly participate in athletic training site maintenance. |
| | **Work Ethic/ promptness** |
| 5 | Consistently reports to practical experience assignments early and/or stays late as the situation warrants |
| 4 | Occasionally reports to practical experience assignments early and/ or stays late as the situation warrants |
| 3 | Consistently reports to the practical experience assignment at the designated time and is ready to participate. |
| 2 | Occasionally demonstrates lateness or leaves practical experience assignments early. |
| 1 | Fails to show up to the practical experience assignment on one occasion OR demonstrates lateness or leaves practical experience assignments early on a frequent basis. |

| | |
|---|---|
| **Work Ethic/ inititiative** | |
| 4 | Rarely requires prompting to actively participate in required athletic training activities |
| 3 | Occasionally requires prompting to actively participate in required athletic training activities |
| 2 | Consistently requires prompting to actively participate in required athletic training activities |
| **Attitude Towards the Preceptor** | |
| 4 | Maintains a professional rapport with the preceptor, accepts feedback positively and implements changes as needed. |
| 3 | Acceptance of the preceptor's authority is positive, accepts most feedback positively and implements changes as needed. |
| 2 | Occasionally questions the authority of the preceptor, which is exhibited in behaviors such as excessive questioning of policies/procedures or a negative view of preceptor feedback. Recommended changes are not implemented. |
| 1 | Consistently questions the authority of the preceptors, which is exhibited in behaviors such as excessive questions of policies /procedures or a negative view of preceptor feedback. Recommended changes are not implemented. Individual actions result in a break in the continuity of athletic training facility function and result in decreased moral of other staff members. |
| **Appearance** | |
| 4 | Always wears appropriate dress to practical experience assignments. |
| 3 | Consistently wears appropriate dress to practical experience assignments. |
| 2 | Fails to wear appropriate dress to practical experience assignments on several occasions and/or presents and unkempt appearance. |

**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**
ATTR 250 Practicum II Evaluation (rev. 6/16)

Student: _____ Date: _____

| Evaluation Area | Score* | Comments |
|---|---|---|
| Cognitive/ Psychomotor Skills | | |
| Taping | 5 4 3 2 1 n/a | |
| Bracing/ padding/ splinting (basic) | 5 4 3 2 1 n/a | |
| Fitting ankle/ knee brace | 5 4 3 2 1 n/a | |
| EAP knowledge and implementation | 5 4 3 2 1 n/a | |
| Application/ set-up of ice/ heat | 5 4 3 2 1 n/a | |
| Application/ set-up of ultrasound | 5 4 3 2 1 n/a | |
| Application/ set-up of IFC | 5 4 3 2 1 n/a | |
| Acute injury management | 5 4 3 2 1 n/a | |
| Documentation skills | 5 4 3 2 1 n/a | |
| Communications skills | 5 4 3 2 1 n/a | |
| Affective Domain Skills | | |
| Work Ethic/ promptness | 5 4 3 2 1 n/a | |
| Work Ethic/ initiative | 4 3 2 n/a | |
| Acceptance of ethical responsibility | 5 4 3 2 1 n/a | |
| Attitude toward the profession | 4 3 2 1 n/a | |
| Attitude toward athletes/patients | 5 4 3 2 1 n/a | |
| Attitude toward preceptor | 4 3 2 1 n/a | |
| Attitude toward other students | 5 4 3 2 1 n/a | |
| Appearance | 4 3 2 n/a | |

| Overall Average |
|---|
| 0 – 15 score |

Preceptor Signature/ Date: Student Signature/Date*:

_____ _____

* students should refer to the assessment rubric found in their student handbook for information on how scores are assigned and the implications associated with their signature on this form

**Practicum II (ATTR 250) Evaluation Rubric (Rev. 6/16)**

For all skills: n/a indicates that it is not appropriate to assess this skill at this time, or the skill has not been observed.

| | |
|---|---|
| **Taping** | |
| 5 | Possesses good knowledge of the tape, is able to tape with few wrinkles in a timely manner, is able to adapt tape jobs to individual needs. |
| 4 | Possesses good knowledge of the tape, is able to tape with few wrinkles although time for completion is longer than expected, is able to adapt tape jobs to individual needs. |
| 3 | Possesses knowledge of the tape, however is unable to adapt the tape job to meet the individual needs of the athlete. Wrinkles are minimal and not severe, time for completion is longer than expected. |
| 2 | Understands the requirements for specific tape jobs but lacks the ability apply the tape appropriately, wrinkles are often severe, time for completion is longer than expected. |
| 1 | Fails to demonstrate the requirements for specific tape jobs, lacks the ability apply the tape appropriately, regardless of time, causing the tape job to be ineffective . |
| **Bracing/ Padding/ Splinting** | |
| 5 | Is able to select appropriate material for the needed task, and appropriately secure the material for the demands of the sport in a timely manner. |
| 4 | Is able to select appropriate material for the needed task, and appropriately secure the material for the demands of the sport. The time to complete the task is longer than expected. |
| 3 | Selects material that is effective but not the most appropriate for the needed task, and appropriately secures the material for the demands of the sport. |
| 2 | Selects material that is effective but not the most appropriate for the needed task but fails to appropriately secure it for the demands of the sport. |
| 1 | Selects material that is not effective for the needed task. |
| **Fitting Prophylactic Ankle and Knee Brace** | |
| 5 | Demonstrates the ability to select a brace appropriate to the athlete's sport and position, appropriately fit the brace and instruct the athlete on its use in a timely manner. |
| 4 | Demonstrates the ability to select a brace appropriate to the athlete's sport and position, appropriately fit the brace and instruct the athlete on its use. The time required to perform the task is longer than expected. |
| 3 | Demonstrates the ability to select a brace appropriate to the athlete's sport and position, appropriately fit the brace and instruct the athlete on its use but has some lapses in sequencing or performance of the skills required. |
| 2 | Demonstrates appropriate knowledge required to select a brace appropriate to the athlete's sport and position, but lacks the ability to appropriately fit the brace and instruct the athlete on its use. |
| 1 | Demonstrates a lack of understanding related to fitting a prophylactic brace. |

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|---|---|
| **EAP Knowledge and Implementation** | |
| 5 | Understands the EAP for the assigned clinical site. Can identify persons involved in the EAP and understands the roles of all involved individuals. Is able to apply this knowledge in a timely manner. |
| 4 | Understands the EAP for the assigned clinical site. Can identify persons involved in the EAP and understands the roles of all involved individuals. The time to complete is longer than expected. |
| 3 | Understands the EAP for the assigned clinical site. Can identify most individuals involved in the EAP yet has some lapses in sequencing or performance of skills. Implications of the lapses are not serious. |
| 2 | Understands the EAP for the assigned clinical site. Can identify most individuals involved in the EAP yet has some lapses in sequencing or performance of skills. Implications of the lapses are potentially serious. |
| 1 | Demonstrates lack of understanding of the EAP at the assigned clinical site. |
| **Application Set Up of Heat/ Cold/ Ultrasound/ IFC** | |
| 5 | Demonstrates appropriate knowledge of the contraindications and indications of the modality usage, and is able to appropriate prepare and apply the modality, as instructed by the preceptor, in a timely manner. |
| 4 | Demonstrates appropriate knowledge of the contraindications and indications of modality usage, is able to appropriate prepare and apply the modality, as instructed by the preceptor. The time required to complete the task is longer than expected. |
| 3 | Demonstrates appropriate knowledge of the contraindications and indications of modality usage, but has some lapses in sequencing or performance of the appropriate preparation and application of the modality, as instructed by the preceptor. The implications of the lapses are not serious. |
| 2 | Demonstrates appropriate knowledge of the contraindications and indications of modality usage, but has some lapses in sequencing or performance of the appropriate preparation and application of the modality, as instructed by the preceptor. The implications of the lapses are potentially serious. |
| 1 | Demonstrates a lack of knowledge of the contraindications and indications of modality usage and/or the set up and application of the modality. |
| **Acute Injury Management** | |
| Uses universal precautions when dealing with an acute injury, and is to follow the preceptor directions in a timely manner to treat the injury. Communication is appropriate throughout the process. | |
| Uses universal precautions when dealing with an acute injury, and is able to follow the preceptor directions to treat the injury, the time required to complete the task is longer than expected. Communication is appropriate throughout the process. | |
| Uses universal precautions when dealing with an acute injury, and is able to follow the preceptor directions to treat the injury. Has some lapses in sequencing or performance of the tasks, which make the time required longer than expected. Communication is appropriate throughout the process. | |
| Uses universal precautions when dealing with an acute injury. The preceptor needs to repeat directions in order for the injury to be treated. The performance of some tasks requires preceptor intervention. Communication is appropriate throughout the process. | |
| Fails to use universal precautions during the management of an acute injury and / or fails to demonstrate the ability to treat the injury with preceptor direction. Communication may or may not be appropriate. | |
| Note: | Appropriate communication involves:<br>a) communication with the preceptor about the patient's condition.<br>b) communication with the athlete about the nature of their injury |

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| **Documentation Skills** | |
| 5 | Demonstrates the ability to appropriately and accurately document daily clinical site function, both in written and computer formats, and rarely requires prompting to do so. There are no errors in the documentation. |
| 4 | Demonstrates the ability to appropriately and accurately document daily clinical site function, both in written and computer formats, but requires occasional prompting to perform the skills. There are no errors in the documentation. |
| 3 | Demonstrates the ability to appropriately document daily clinical site function, both in written and computer formats, but requires consistent prompting in order to perform the task. There are no errors in the documentation. |
| 2 | Demonstrates the ability to appropriately document daily clinical site function, both in written and computer formats, but makes occasional errors in documentation. |
| 1 | Fails to demonstrate the ability to appropriately document daily clinical site function. |
| **Communication Skills** | |
| 5 | Possesses good listening skills and demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. |
| 4 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. However, have lapses in skills which makes communication ineffective at times. |
| 3 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, but needs improvement in written communication or verbal communication skills at this time and may lack appropriate listening skills. |
| 2 | Demonstrates knowledge of the communication process but lacks sufficient ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner. The student needs significant improvement in written communication skills, verbal communication skills and/or listening skills. |
| 1 | Frequently demonstrates the inability to effectively communicate in the athletic training setting. |
| **Work Ethic/ Promptness/Attendance** | |
| 5 | Consistently reports to practical experience assignments early and/or stays late as the situation warrants |
| 4 | Occasionally reports to practical experience assignments early and/ or stays late as the situation warrants |
| 3 | Consistently reports to the practical experience assignment at the designated time and is ready to participate. |
| 2 | Occasionally demonstrates lateness or leaves practical experience assignments early. |
| 1 | Fails to show up to the practical experience assignment without appropriate communication OR demonstrates lateness or leaves practical experience assignments early on a frequent basis. |

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| | **Work Ethic/ inititiative** |
| 4 | Seldom requires prompting to actively participate in required athletic training activities |
| 3 | Occasionally requires prompting to actively participate in required athletic training activities |
| 2 | Consistently requires prompting to actively participate in required athletic training activities |
| | **Acceptance of Ethical Responsibility** |
| 5 | Always works within the current level of expertise, and consistently attempts to elevate that level, follows chain of command and maintains confidentiality at all times. |
| 4 | Consistently works within the current level of expertise, and occasionally attempts to elevate that level, demonstrates the capability to maintain confidentiality, chain of command and. |
| 3 | Demonstrates that the importance of confidentiality, chain of command, and current level of expertise is understood, but seldom attempts to elevate that level of expertise. |
| 2 | Demonstrates that the importance of confidentiality, chain of command, and current level of expertise is understood, but has occasional lapses in performance in one or more areas. |
| 1 | Has failed to maintain confidentiality, has made inappropriate decisions for current level of experience, or has ignored chain of command on more than one occasion. |
| | **Attitude Toward the Profession** |
| 4 | Consistently upgrades professional skills and knowledge |
| 3 | Occasionally Upgrades professional skills and knowledge |
| 2 | Rarely tries to expand current skills and knowledge, seems content to “coast along” |
| 1 | Consistently complains about assigned tasks |
| | **Attitude Toward Athletes/ Patients/ Coaches** |
| 5 | Maintains a professional rapport in all practical experience assignments. |
| 4 | Demonstrates above average compassion and empathy toward the person involved in practical experience assignments, resulting in being respected and trusted by the majority of people dealt with. |
| 3 | Demonstrates good will towards the persons involved in practical experience assignments, resulting in being respected by the majority of people dealt with. |
| 2 | Tends to regress to the maturity of the athletes/ patients which is lower than expected from a professional, resulting in lack of respect and trust from the majority of people dealt with. |
| 1 | Consistently shows a disregard for the feelings of the athletes/ patients. |

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| **Attitude Towards the Preceptor** | |
| 4 | Maintains a professional rapport with the preceptor, accepts feedback positively and implements changes as needed. |
| 3 | Acceptance of the instructor's authority is positive, accepts most feedback positively and implements changes as needed. |
| 2 | Occasionally questions the authority of the instructor, which is exhibited in behaviors such as excessive questioning of policies/procedures or a negative view of instructor feedback. Recommended changes are not implemented. |
| 1 | Consistently questions the authority of the instructor, which is exhibited in behaviors such as excessive questions of policies /procedures or a negative view of instructor feedback. Recommended changes are not implemented. Individual actions result in a break in the continuity of athletic training facility function and result in decreased moral of other staff members. |
| **Attitude Towards Other Athletic Training Students** | |
| 5 | Has a good rapport with students, is enthusiastic about leading others which is exhibited in sharing knowledge and providing mentorship to younger and/or struggling students and provides a good role model by his/her actions. |
| 4 | Provides a good role model, has a good rapport with other students and is a leader by his/her actions. |
| 3 | Has a good rapport with other students. |
| 2 | Seems to have difficulty working with or interacting with other student trainers. |
| 1 | Causes significant disruption in the majority of the student athletic trainers, resulting in a lowered moral and lower output from other students in the program. |
| **Appearance** | |
| 4 | Always wears appropriate dress to practical experience assignments. |
| 3 | Consistently wears appropriate dress to practical experience assignments. |
| 2 | Fails to wear appropriate dress to practical experience assignments on several occasions and/or presents and unkempt appearance. |

**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**

ATTR 325 Practicum III Evaluation (Rev. 8/16)

**Student:** _____ **Date:** _____

| **Evaluation Area** | **Score*** | **Comments** |
|---|---|---|
| Cognitive/ Psychomotor Skills | | |
| Foot/ Toe evaluation | 5 4 3 2 1 n/a | |
| Ankle evaluation | 5 4 3 2 1 n/a | |
| Knee Evaluation | 5 4 3 2 1 n/a | |
| Shoulder Evaluation | 5 4 3 2 1 n/a | |
| Elbow/ Upper arm Evaluation | 5 4 3 2 1 n/a | |
| Hand/ Wrist/ Forearm Evaluation | 5 4 3 2 1 n/a | |
| Documentation Skills | 5 4 3 2 1 n/a | |
| Identifying Environmental Risk | 5 4 3 2 1 n/a | |
| Measuring Hydration Status | 5 4 3 2 1 n/a | |
| Breathing Device Use | 5 4 3 2 1 n/a | |
| Affective Domain Skills | | |
| Acceptance of ethical responsibility | 5 4 3 2 1 n/a | |
| Attitude towards the profession | 4 3 2 1 n/a | |
| Attitude towards athletes/patients | 5 4 3 2 1 n/a | |
| Attitude towards preceptor | 4 3 2 1 n/a | |
| Attitude towards other AT students | 5 4 3 2 1 n/a | |
| Appearance | 4 3 2 n/a | |
| Work Ethic/ promptness | 5 4 3 2 1 n/a | |
| Work Ethic/ initiative | 4 3 2 n/a | |
| Communications skills | 5 4 3 2 1 n/a | |

| **Overall Average** |
|---|
| **0 – 15 score** |

Preceptor Signature/ Date: Student Signature/Date*:

_____ _____

* students should refer to the assessment rubric found in their student handbook for information on how scores are assigned and the implications associated with their signature on this form

**Practicum III (ATTR 325) Evaluation Rubric (Rev. 8/16)**

For all skills: n/a indicates that it is not appropriate to assess this skill at this time, or the skill has not been observed.

| **Foot/ Toe, Ankle, Knee, Shoulder, Elbow/ Upper arm, Hand/Wrist/Forearm Assessment** | |
|---|---|
| 5 | Evaluates the injury using a standardized evaluation process (e.g.: HOPS) and reaches the correct diagnosis for the injury. The student is able to identify acceptable treatment (including referral if necessary). The student does this in a timely manner. Communication is appropriate throughout the process. |
| 4 | Evaluates the injury using a standardized evaluation process (e.g.: HOPS) and reaches the correct diagnosis for the injury. The student is able to identify acceptable treatment (including referral if necessary). The time required to perform the task is longer than expected. Communication is appropriate throughout the process. |
| 3 | Evaluates the injury using a standardized evaluation process (e.g.: HOPS) but requires help from the preceptor to reach the correct diagnosis for the injury and /or acceptable treatments (including referral if necessary). Communication is appropriate throughout the process. |
| 2 | Evaluates the injury but fails to follow a standardized evaluation process (e.g. HOPS) in the appropriate format. Appropriate diagnosis for the injury, and or treatment for the injury may or may not require preceptor input. Communication may or may not be appropriate throughout the process. |
| 1 | The student cannot demonstrate the use of a standardized evaluation process to evaluate an injury. |
| Note: | Appropriate communication involves:<br>a) communication with the Preceptor about the patient's condition.<br>b) communication with the athlete about the nature of their injury |
| **Assessment Documentation** | |
| 5 | Demonstrates the ability to appropriately and accurately document an evaluation, including patient status, diagnosis and treatment plan. All terminology/ spelling is correct and medical abbreviations are used as appropriate. |
| 4 | Demonstrates the ability to appropriately and accurately document an evaluation, including patient status, diagnosis and treatment plan. All terminology/ spelling is correct. Medical abbreviations are used sporadically. |
| 3 | Demonstrates the ability to appropriately and accurately document an evaluation, including patient status, diagnosis and treatment plan. All terminology/ spelling is correct. No medical abbreviations are used. |
| 2 | Documents an evaluation, but there are errors/ omission in patient status, diagnosis and/ or treatment plan, resulting in the document needing supplementation to be accurately reflect the evaluation. All terminology/ spelling is correct. |
| 1 | Documents an evaluation with multiple error/ omissions in patient status, diagnosis and/ or treatment plan. Multiple errors in terminology/ spelling are also present. |

| | |
|---|---|
| | **Identifying Environmental Risk** |
| 5 | Demonstrates the ability to interpret and recognize potentially hazardous environmental conditions (including heat, wind, humidity, cold and lightning) and make appropriate recommendations for activity in a timely manner. Communication is appropriate throughout the process. |
| 4 | Demonstrates the ability to interpret and recognize potentially hazardous environmental conditions (including heat, wind, humidity, cold and lightning) and make appropriate recommendations for activity. The time required for implementation is longer than expected. Communication is appropriate throughout the process |
| 3 | Demonstrates the ability to interpret and recognize potentially hazardous environmental conditions (including heat, wind, humidity, cold and lightning) but requires the help of the Preceptor to make a thorough analysis and/or make the appropriate recommendations based upon the information gathered. Communication is appropriate throughout the process |
| 2 | Demonstrates an understanding of the need to interpret and recognize potentially hazardous environmental conditions (including heat, wind, humidity, cold and lightning) but lacks the skills necessary to make a complete analysis and/or make the appropriate recommendations based upon the information gathered. Communication may or may not be appropriate throughout the process |
| 1 | Lacks the ability to interpret and recognize potentially hazardous environmental conditions (including heat, wind, humidity, cold and lightning). |
| | **Measuring Hydration Status** |
| 5 | Demonstrates the ability to interpret and/or discuss hydration status of a patient and make appropriate recommendations for activity in a timely manner. Communication is appropriate throughout the process. |
| 4 | Demonstrates the ability to interpret and/or discuss hydration status of a patient and make appropriate recommendations for activity. The time required for recommendations is longer than expected. Communication is appropriate throughout the process. |
| 3 | Demonstrates the ability to interpret and/or discuss hydration status of a patient and make appropriate recommendations for activity but requires the help of the Preceptor to make an appropriate recommendation/decision based upon the information gathered. Communication is appropriate throughout the process. |
| 2 | Demonstrates an understanding of the need to interpret and recognize hydration status but lacks the skills necessary to make a complete analysis and/or make the appropriate recommendations based upon the information gathered. Communication may or may not be appropriate throughout the process |
| 1 | Lacks the ability to interpret and recognize a patient's hydration status. |
| | **Breathing Device Use** |
| 5 | Demonstrates the ability to discuss and/or administer a breathing device for a patient and make appropriate recommendations for activity in a timely manner. Communication is appropriate throughout the process. |
| 4 | Demonstrates the ability to discuss and/or administer a breathing device for a patient and make appropriate recommendations for activity. The time required for recommendations is longer than expected. Communication is appropriate throughout the process. |
| 3 | Demonstrates the ability to discuss and/or administer a breathing device for a patient and make appropriate recommendations for activity but requires the help of the Preceptor to make an appropriate recommendation/decision based upon the information gathered. Communication is appropriate throughout the process. |
| 2 | Demonstrates an understanding of the need to discuss and/or administer a breathing device for a patient but lacks the skills necessary to make an |

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| | appropriate recommendations for use and for activity based upon the information gathered. Communication may or may not be appropriate throughout the process |
| 1 | Lacks the ability to discuss a patient's breathing device. |
| | |
| **Acceptance of Ethical Responsibility** | |
| 5 | Always works within the current level of expertise, yet consistently attempts to elevate that level, follows chain of command and maintains confidentiality at all times. |
| 4 | Consistently demonstrates the capability to maintain confidentiality, chain of command and works within the current level of expertise. |
| 3 | Demonstrates that the importance of confidentiality, chain of command, and current level of expertise is understood. |
| 2 | Demonstrates that the importance of confidentiality, chain of command, and current level of expertise is understood, but has occasional lapses in performance in one or more areas. |
| 1 | Has failed to maintain confidentiality, has made inappropriate decisions for current level of experience, or has ignored chain of command on more than one occasion. |
| **Attitude Towards the Profession** | |
| 4 | Consistently upgrades professional skills and knowledge |
| 3 | Occasionally Upgrades professional skills and knowledge |
| 2 | Rarely tries to expand current skills and knowledge, seems content to "coast along" |
| 1 | Consistently complains about assigned tasks |

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| **Attitude Towards Athletes/ Patients/ Coaches** | |
| 5 | Maintains a professional rapport in all practical experience assignments. |
| 4 | Demonstrates above average compassion and empathy toward the person involved in practical experience assignments, resulting in being respected and trusted by the majority of people dealt with. |
| 3 | Demonstrates good will towards the persons involved in practical experience assignments, resulting in being respected by the majority of people dealt with. |
| 2 | Tends to regress to the maturity of the athletes/ patients which is lower than expected from a professional, resulting in lack of respect and trust from the majority of people dealt with. |
| 1 | Consistently shows a disregard for the feelings of the athletes/ patients. |
| **Attitude Towards the Preceptor** | |
| 4 | Maintains a professional rapport with the preceptor, accepts feedback positively and implements changes as needed. |
| 3 | Acceptance of the preceptor's authority is positive, accepts most feedback positively and implements changes as needed. |
| 2 | Occasionally questions the authority of the preceptor, which is exhibited in behaviors such as excessive questioning of policies/procedures or a negative view of preceptor feedback. Recommended changes are not implemented. |
| 1 | Consistently questions the authority of the preceptor, which is exhibited in behaviors such as excessive questions of policies /procedures or a negative view of preceptor feedback. Recommended changes are not implemented. Individual actions result in a break in the continuity of athletic training facility function and result in decreased moral of other staff members. |
| **Attitude Towards Other Athletic Training Students** | |
| 5 | Has a good rapport with students, is enthusiastic about leading others which is exhibited in sharing knowledge and providing mentorship to younger and/or struggling students and provides a good role model by his/her actions. |
| 4 | Provides a good role model, has a good rapport with other students and is a leader by his/her actions. |
| 3 | Has a good rapport with other students. |
| 2 | Seems to have difficulty working with or interacting with other student trainers. |
| 1 | Causes significant disruption in the majority of the student athletic trainers, resulting in a lowered moral and lower output from other students in the program. |
| **Appearance** | |
| 4 | Always wears appropriate dress to practical experience assignments |
| 3 | Consistently wears appropriate dress to practical experience assignments |
| 2 | Fails to wear appropriate dress to practical experience assignments on several occasions and/or presents and unkempt appearance. |

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| | **Work Ethic/ promptness** |
| 5 | Consistently reports to practical experience assignments early and/or stays late as the situation warrants |
| 4 | Occasionally reports to practical experience assignments early and/ or stays late as the situation warrants |
| 3 | Consistently reports to the practical experience assignment at the designated time and is ready to participate. |
| 2 | Occasionally demonstrates lateness or leaves practical experience assignments early. |
| 1 | Fails to show up to the practical experience assignment on one occasion OR demonstrates lateness or leaves practical experience assignments early on a frequent basis. |
| | **Work Ethic/ Initiative** |
| 4 | Seldom requires prompting to actively participate in required athletic training activities |
| 3 | Occasionally requires prompting to actively participate in required athletic training activities |
| 2 | Consistently requires prompting to actively participate in required athletic training activities |
| | **Communication** |
| 5 | Possesses good listening skills and demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. |
| 4 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. However, have lapses in skills which makes communication ineffective at times. |
| 3 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, but needs improvement in written communication or verbal communication skills at this time and may lack appropriate listening skills. |
| 2 | Demonstrates knowledge of the communication process but lacks sufficient ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner. The student needs significant improvement in written communication skills, verbal communication skills and/or listening skills. |
| 1 | Frequently demonstrates the inability to effectively communicate in the athletic training setting. |

**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**

ATTR 345 (General Medical Rotation) Evaluation (revised 8-19)

Student: _____ Date: _____

| Evaluation Area | Score* | Comments |
|---|---|---|
| Cognitive/ Psychomotor Skills | | |
| Otoscope usage | 4 3 2 n/a | |
| Stethoscope usage | 4 3 2 n/a | |
| Communication Skills | 5 4 3 2 n/a | |
| Attitude Towards the Preceptor | 4 3 2 n/a | |
| Attitude towards medical staff | 4 3 2 n/a | |
| Attitude toward the Athletic Training Profession | 4 3 2 n/a | |
| Appearance | 4 3 2 n/a | |
| **Overall Average** | | |
| **0 -15 score** | | |

Preceptor Signature/ Date: Student Signature*/Date:

_____ _____

* students should refer to the assessment rubric found in their student handbook for information on how scores are assigned and the implications associated with their signature on this form

# General Medical Rotation (ATTR 345) Evaluation Rubric (rev 8-19)

For all skills: n/a indicates that it is not appropriate to assess this skill at this time, or the skill has not been observed.

| Otoscope/ Stethoscope Usage | |
|---|---|
| 4 | Appropriately identifies the indications for usage of an otoscope/stethoscope, and demonstrates exceptional ability to use the device appropriately |
| 3 | Appropriately identifies the indications for usage of an otoscope/stethoscope, and demonstrates average ability to use the device appropriately |
| 2 | Appropriately identifies the indications for usage of an otoscope/stethoscope but fails to demonstrate the ability to perform the task. |

| Communication Skills | |
|---|---|
| 5 | Possesses good listening skills and demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. |
| 4 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. However, have lapses in skills which makes communication ineffective at times. |
| 3 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, but needs improvement in written communication or verbal communication skills at this time and may lack appropriate listening skills. |
| 2 | Demonstrates knowledge of the communication process but lacks sufficient ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner. The student needs significant improvement in written communication skills, verbal communication skills and/or listening skills. |
| 1 | Frequently demonstrates the inability to effectively communicate in the athletic training setting. |
| **Attitude Towards the Preceptor** | |
| 4 | Acceptance of the instructor's authority is positive. |
| 3 | Occasionally questions the authority of the instructor, which is exhibited in behaviors such as excessive questioning of policies/procedures. Individual actions result in a break in the continuity of site function and may or may not result in decreased moral of other staff members. |
| 2 | Consistently questions the authority of the instructor, which is exhibited in behaviors such as excessive questions of policies /procedures. Individual actions result in a break in the continuity of site function and result in decreased moral of other staff members. |
| **Attitude Towards the Support Medical Staff** | |
| 4 | Appropriately interacts with support medical staff at times. |
| 3 | Occasionally acts unprofessionally with support medical staff. |
| 2 | Consistently interacts unprofessionally with support medical staff. |
| **Attitude Towards the Athletic Training Profession** | |
| 4 | Upgrades professional skills, asks relevant questions, and demonstrates initiative in learning and perfecting new skills. |
| 3 | Upgrades professional skills, asks relevant questions only occasionally. |
| 2 | Rarely tries to expand current knowledge, seems content to "coast along" and/or consistently expresses doubts about following the athletic training profession. |
| **Appearance** | |
| 4 | Always wears appropriate dress to practical experience assignments. |
| 3 | Consistently wears appropriate dress to practical experience assignments. |
| 2 | Fails to wear appropriate dress to practical experience assignments on several occasions and/or presents and unkempt appearance. |

**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**

Practicum IV (ATTR 355) Evaluation (Rev. 8/19)

Student: _____ Date: _____

| Evaluation Area | Score* | Comments |
|---|---|---|
| Cognitive/ Psychomotor Skills | | |
| Design of modalities applications | 5 4 3 2 1 n/a | |
| Equipment selection/ fitting/ usage | 5 4 3 2 1 n/a | |
| Acute injuries/illnesses Management | 5 4 3 2 1 n/a | |
| Cervical Spine Assessment | 5 4 3 2 1 n/a | |
| Thoracic Spine Assessment | 5 4 3 2 1 n/a | |
| Lumbar Spine Assessment | 5 4 3 2 1 n/a | |
| Hip/pelvis/SI joint Assessment | 5 4 3 2 1 n/a | |
| Thigh Assessment | 5 4 3 2 1 n/a | |
| Rib Assessment | 5 4 3 2 1 n/a | |
| Head/ Face Assessment | 5 4 3 2 1 n/a | |
| Closed Head Injury Assessment | 5 4 3 2 1 n/a | |
| TMJ Assessment | 5 4 3 2 1 n/a | |
| Assessment Documentation | 5 4 3 2 1 n/a | |
| Medication Dispensation | 5 4 3 2 1 n/a | |
| Affective Domain Skills | | |
| ATC potential | 4 3 2 n/a | |
| Attitude towards injury evaluation | 5 4 3 2 1 n/a | |
| Attitude towards other medical Personnel | 5 4 3 2 1 n/a | |
| Attitude towards pt. treatments | 5 4 3 2 1 n/a | |
| Attitude towards preceptor | 4 3 2 1 n/a | |
| Attitude towards other AT students | 5 4 3 2 1 n/a | |
| Work Ethic/ promptness | 5 4 3 2 1 n/a | |
| Work Ethic/ initiative | 4 3 2 n/a | |
| Appearance | 4 3 2 n/a | |
| Communication Skills | 5 4 3 2 1 n/a | |

| **Overall Average** |
|---|
| **0 -15 score** |

Preceptor Signature/ Date: _____

Student Signature*/Date: _____

* students should refer to the assessment rubric found in their student handbook for information on how scores are assigned and the implications associated with their signature on this form

## Practicum IV (ATTR 355) Evaluation Rubric (Rev. 8/19)

For all skills: n/a indicates that it is not appropriate to assess this skill at this time, or the skill has not been observed.

| Design of Modalities Applications | |
|---|---|
| 5 | Demonstrates the ability to analyze individual injured athlete needs based upon an evaluation, and identifies appropriate modalities for use by that athlete. Can identify indications, precautions for modality use, and identify appropriate modality treatment parameters as needed to achieve treatment goals and objectives. Communication throughout the process is appropriate. |
| 4 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate modalities for use by that athlete. Can identify the majority of appropriate modality treatment parameters and adjust those parameters as needed to achieve treatment goals and objectives, but the time required is longer than expected. Communication throughout the process is appropriate. |
| 3 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate modalities for use by that athlete. Requires preceptor intervention to identify appropriate modality treatment parameters and adjust those parameters as needed to achieve treatment goals and objectives. Communication throughout the process is appropriate. |
| 2 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate modalities for use by that athlete. However, fails to appropriately identify modality treatment parameters and/ or adjust those parameters as needed, despite repeated preceptor intervention. Communication throughout the process is not appropriate. |
| 1 | Demonstrates a lack of understanding related to the use and application of therapeutic modalities |
| *Note:* | Appropriate communication involves:<br>a) communication with the CI about the modality picked and the reasoning behind the use of that modality<br>b) communication with the athlete/ patient about the use and efficacy of the modality |

| Equipment Selection, Fitting and Usage | |
|---|---|
| 5 | Demonstrates the ability to select equipment appropriate to the athlete's sport and position, fit the equipment and instruct the athlete on its use in a timely manner. Communication throughout the process is appropriate. |
| 4 | Demonstrates the ability to select equipment appropriate to the athlete's sport and position, fit the equipment and instructs the athlete on its use. The time required to perform the task is longer than expected. Communication throughout the process is appropriate. |
| 3 | Demonstrates the ability to select equipment appropriate to the athlete's sport and position, fit the equipment and instruct the athlete on its use but has some lapses in sequencing or performance of the skills required. Communication throughout the process is appropriate. |
| 2 | Possesses the knowledge required to select equipment appropriate to the athlete's sport and position, but lacks the ability to fit the equipment and / or instruct the athlete on its use. Communication throughout the process is not appropriate. |

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| 1 | Demonstrates a lack of understanding related to the selection, fitting and use of protective equipment. |
| *Note*: | Appropriate communication involves:<br>c) communication with the preceptor about the patient's situation.<br>d) communication with the athlete about the importance of protective equipment, its usage and is ability to prevent/ minimize injury |
| **Acute Injury/ Illness Management** | |
| 5 | Assesses an acute injury/illness, using universal precautions, correctly diagnoses the condition and identifies/implements the appropriate treatment for the condition in a timely manner. Communication is appropriate throughout the process. |
| 4 | Assesses an acute injury/illness, using universal precautions, correctly diagnoses the condition and identifies/implements the appropriate treatment for the condition. The time required to complete the task is longer than expected. Communication is appropriate throughout the process. |
| 3 | Assesses an acute injury/illness, using universal precautions, but requires help from the preceptor to determine the correct diagnoses and / or appropriate treatment for the condition. Communication is appropriate throughout the process. |
| 2 | Assesses an acute injury/illness, using universal precautions, but requires help from the preceptor to determine the correct diagnoses and / or appropriate treatment for the condition. Communication is appropriate throughout the process. |
| 1 | Fails to use universal precautions during the assessment of an acute injury OR Demonstrates the inability to assess and acute injury/ illness. |
| Note: | Appropriate communication involves:<br>e) communication with the preceptor about the patient's condition.<br>f) communication with the athlete about the nature of their injury |

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| **Cervical Spine, Thoracic spine, Lumbar spine, Hip/ Pelvis/SI joint, Thigh, Rib Assessment, Head/ Face, Closed Head Injury, TMJ Assessment** | |
| 5 | Evaluates the injury using a standardized evaluation process (e.g.: HOPS) and reaches the correct diagnosis for the injury. The student is able to identify acceptable treatment (including referral if necessary). The student does this in a timely manner. Communication is appropriate throughout the process. |
| 4 | Evaluates the injury using a standardized evaluation process (e.g.: HOPS) and reaches the correct diagnosis for the injury. The student is able to identify acceptable treatment (including referral if necessary). The time required to perform the task is longer than expected. Communication is appropriate throughout the process. |
| 3 | Evaluates the injury using a standardized evaluation process (e.g.: HOPS) but requires help from the preceptor to reach the correct diagnosis for the injury and /or acceptable treatments (including referral if necessary). Communication is appropriate throughout the process. |
| 2 | Evaluates the injury but fails to follow a standardized evaluation process (e.g. HOPS) in the appropriate format. Appropriate diagnosis for the injury, and or treatment for the injury may or may not require preceptor input. Communication may or may not be appropriate throughout the process. |
| 1 | The student cannot demonstrate the use of a standardized evaluation process to evaluate an injury. |
| Note: | Appropriate communication involves:<br>c) communication with the preceptor about the patient's condition.<br>d) communication with the athlete about the nature of their injury |
| **Assessment Documentation** | |
| 5 | Demonstrates the ability to appropriately and accurately document an evaluation, including patient status, diagnosis and treatment plan. All terminology/ spelling is correct and medical abbreviations are used as appropriate. |
| 4 | Demonstrates the ability to appropriately and accurately document an evaluation, including patient status, diagnosis and treatment plan. All terminology/ spelling is correct. Medical abbreviations are used sporadically. |
| 3 | Demonstrates the ability to appropriately and accurately document an evaluation, including patient status, diagnosis and treatment plan. All terminology/ spelling is correct. No medical abbreviations are used. |
| 2 | Documents an evaluation, but there are errors/ omission in patient status, diagnosis and/ or treatment plan, resulting in the document needing supplementation to be accurately reflect the evaluation. All terminology/ spelling is correct. |
| 1 | Documents an evaluation with multiple error/ omissions in patient status, diagnosis and/ or treatment plan. Multiple errors in terminology/ spelling are also present. |

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| **Medication Dispensation Knowledge** | |
| 5 | Is able to distribute over the counter medication, following accepted site protocol, and appropriately provide instruction to the athlete on dosage and usage. Is able to do so in a timely manner. |
| 4 | Is able to distribute over the counter medication, following accepted site protocol, and appropriately provide instruction to the athlete on dosage and usage. The time taken to do so is longer than expected. |
| 3 | Is able to distribute over the counter medication, following accepted site protocol, but requires repeated assistance from the preceptor to provide instruction to the athlete on dosage and usage. The time taken to do so is longer than expected. |
| 2 | Requires assistance from the preceptor to distribute over the counter medication and to provide instruction to the athlete on dosage and usage. The time taken to do so is longer than expected. |
| 1 | Demonstrates a lack of knowledge about the protocol for over the counter medication dispensation at the assigned site. |
| **ATC potential** | |
| 4 | In the professional opinion of the preceptor, the student possesses the knowledge, skills, behaviors and attitudes necessary to become a certified athletic trainer. |
| 3 | In the professional opinion of the preceptor, the student has the potential to become a certified athletic trainer, but has some deficiencies in the knowledge, skills, behaviors and attitudes necessary at this time |
| 2 | In the professional opinion of the preceptor, the student has limited potential to become a certified athletic trainer, due to severe deficiencies in the knowledge, skills, behaviors or attitudes necessary. |
| **Attitude Towards Injury Evaluation** | |
| 5 | Actively engages in athletic injury evaluation without being prompted, and performs these evaluations in a professional manner, actively seeking out information that would make the evaluation thorough and complete. Considers the physical, psychological, and emotional needs to the athlete who is evaluated. |
| 4 | Actively engages in athletic injury evaluation but requires occasional prompting, and performs these evaluations in a professional manner. Actively seeks out information that would make the evaluation thorough and complete. Considers the physical, psychological, and emotional needs to the athlete who is evaluated. |
| 3 | Engages in athletic injury evaluation but requires consistent prompting to initiate/ complete the task. In general, acts professionally. Must be prompted to seek out information that would make the evaluation thorough and complete or fails to consider the physical, psychological, and emotional needs of the athlete who is evaluated. |
| 2 | Engages in athletic injury evaluation but requires consistent prompting to initiate/ complete the task. At times acts in an unprofessional manner. Demonstrates a lack of empathy for the physical, psychological, and/or emotional needs of the athlete who is evaluated. |
| 1 | Demonstrates a lack of appreciation of the athletic trainer's role in injury evaluation and assessment |

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| **Attitude Towards Other Medical Personnel** | |
| 5 | Demonstrates an appreciation for, and an understanding of, the role of other medical personnel in the care and referral of the injured or ill athlete. Actively interacts on a professional level with these personnel as appropriate for the clinical setting. |
| 4 | Demonstrates an appreciation for, and an understanding of, the role of other medical personnel in the care and referral of the injured or ill athlete. Requires occasional prompting to interact on a professional level with these personnel as appropriate for the clinical setting. |
| 3 | Demonstrates an appreciation for, and an understanding of, the role of other medical personnel in the care and referral of the injured or ill athlete. Is hesitant to interact on a professional level with these personnel and requires considerable prompting in order to for interaction to take place. |
| 2 | Demonstrates an appreciation for, and an understanding of, the role of other medical personnel in the care and referral of the injured or ill athlete. Interactions with these personnel are inconsistent with typical professional practice. |
| 1 | Demonstrates a lack of appreciation and understanding of the role of other medical personnel in the care and referral of the injured or ill athlete |
| **Attitude Towards Patient Treatment** | |
| 5 | Actively engages in athletic injury treatment without being prompted, and performs these treatments in a professional manner, actively seeking out information that would make the treatment thorough and complete. Considers the physical, psychological, and emotional needs to the athlete who is treated. |
| 4 | Actively engages in athletic injury treatment but requires occasional prompting, and performs these treatments in a professional manner. Actively seeks out information that would make the treatment thorough and complete. Considers the physical, psychological, and emotional needs to the athlete who is treated. |
| 3 | Engages in athletic injury treatment but requires consistent prompting to initiate/ complete the task. In general, acts professionally. Must be prompted to seek out information that would make the treatment thorough and complete **OR** fails to consider the physical, psychological, and emotional needs of the athlete who is treated. |
| 2 | Engages in athletic injury treatment but requires consistent prompting to initiate/ complete the task. At times acts in an unprofessional manner. Demonstrates a lack of empathy for the physical, psychological, and/or emotional needs of the athlete who is treated. |
| 1 | Demonstrates a lack of appreciation of the athletic trainer's role in the treatment of athletic injury. |

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| **Attitude Towards the Preceptor** | |
| 4 | Maintains a professional rapport with the preceptor, accepts feedback positively and implements changes as needed. |
| 3 | Acceptance of the instructor's authority is positive, accepts most feedback positively and implements changes as needed. |
| 2 | Occasionally questions the authority of the instructor, which is exhibited in behaviors such as excessive questioning of policies/procedures or a negative view of instructor feedback. Recommended changes are not implemented. |
| 1 | Consistently questions the authority of the instructor, which is exhibited in behaviors such as excessive questions of policies /procedures or a negative view of instructor feedback. Recommended changes are not implemented. Individual actions result in a break in the continuity of training room function and result in decreased moral of other staff members. |
| **Attitude Towards Other Athletic Training Students** | |
| 5 | Has a good rapport with students, is enthusiastic about leading others which is exhibited in sharing knowledge and providing mentorship to younger and/or struggling students and provides a good role model by his/her actions. |
| 4 | Provides a good role model, has a good rapport with other students and is a leader by his/her actions. |
| 3 | Has a good rapport with other students. |
| 2 | Seems to have difficulty working with or interacting with other student trainers. |
| 1 | Causes significant disruption in the majority of the student training staff, resulting in a lowered moral and lower output from other students in the program. |
| **Work Ethic/ promptness** | |
| 5 | Consistently reports to practical experience assignments early and/or stays late as the situation warrants |
| 4 | Occasionally reports to practical experience assignments early and/ or stays late as the situation warrants |
| 3 | Consistently reports to the practical experience assignment at the designated time and is ready to participate. |
| 2 | Occasionally demonstrates lateness or leaves practical experience assignments early. |
| 1 | Fails to show up to the practical experience assignment on one occasion OR demonstrates lateness or leaves practical experience assignments early on a frequent basis. |
| **Work Ethic/ initiative** | |
| 4 | Seldom requires prompting to actively participate in required athletic training activities |
| 3 | Occasionally requires prompting to actively participate in required athletic training activities |
| 2 | Consistently requires prompting to actively participate in required athletic training activities |

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| **Appearance** | |
| 4 | Always wears appropriate dress to practical experience assignments. |
| 3 | Consistently wears appropriate dress to practical experience assignments. |
| 2 | Fails to wear appropriate dress to practical experience assignments on several occasions and/or presents and unkempt appearance. |

| Communication Skills | |
|---|---|
| 5 | Possesses good listening skills and demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. |
| 4 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. However, have lapses in skills which makes communication ineffective at times. |
| 3 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, but needs improvement in written communication or verbal communication skills at this time and may lack appropriate listening skills. |
| 2 | Demonstrates knowledge of the communication process but lacks sufficient ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner. The student needs significant improvement in written communication skills, verbal communication skills and/or listening skills. |
| 1 | Frequently demonstrates the inability to effectively communicate in the athletic training setting. |

**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**

Practicum IV (ATTR 355) Evaluation (Rev 7/19)
Equipment Intensive Experience

Student: _____ Date: _____

| Evaluation Area | Score* | Comments |
|---|---|---|
| Cognitive/ Psychomotor Skills | | |
| Taping | 5 4 3 2 1 n/a | |
| Affective Domain Skills | | |
| Attitude towards other medical personnel | 5 4 3 2 1 n/a | |
| Attitude towards patient treatments | 5 4 3 2 1 n/a | |
| Attitude towards preceptor | 4 3 2 1 n/a | |
| Work Ethic/ promptness | 5 4 3 2 1 n/a | |
| Work ethic/ initiative | 4 3 2 n/a | |
| Communication Skills | 4 3 2 n/a | |

| |
|---|
| **Overall Average** |
| **0 -15 score** |

Preceptor Signature/ Date: Student Signature*/Date:

_____ _____

* students should refer to the assessment rubric found in their student handbook for information on how scores are assigned and the implications associated with their signature on this form

# Practicum IV (ATTR 355) Evaluation Rubric (Rev. 7/19)
## Equipment Intensive Experience

For all skills: n/a indicates that it is not appropriate to assess this skill at this time, or the skill has not been observed.

| | |
|---|---|
| **Taping** | |
| 5 | Possesses good knowledge of the tape, is able to tape with few wrinkles in a timely manner, is able to adapt tape jobs to individual needs. |
| 4 | Possesses good knowledge of the tape, is able to tape with few wrinkles although time for completion is longer than expected, is able to adapt tape jobs to individual needs. |
| 3 | Understands the requirements for specific tape jobs but lacks the ability apply the tape consistently and evenly, wrinkles are minimal and not severe, time for completion is longer than expected. |
| 2 | Understands the requirements for specific tape jobs but lacks the ability apply the tape appropriately, wrinkles are often severe, time for completion is longer than expected. |
| 1 | Fails to demonstrate the requirements for specific tape jobs, lacks the ability apply the tape appropriately, regardless of time, causing the tape job to be ineffective . |
| **Attitude Towards Other Medical Personnel** | |
| 5 | Demonstrates an appreciation for, and an understanding of, the role of other medical personnel in the care and referral of the injured or ill athlete. Actively interacts on a professional level with these personnel as appropriate for the clinical setting. |
| 4 | Demonstrates an appreciation for, and an understanding of, the role of other medical personnel in the care and referral of the injured or ill athlete. Requires occasional prompting to interact on a professional level with these personnel as appropriate for the clinical setting. |
| 3 | Demonstrates an appreciation for, and an understanding of, the role of other medical personnel in the care and referral of the injured or ill athlete. Is hesitant to interact on a professional level with these personnel and requires considerable prompting in order to for interaction to take place. |
| 2 | Demonstrates an appreciation for, and an understanding of, the role of other medical personnel in the care and referral of the injured or ill athlete. Interactions with these personnel are inconsistent with typical professional practice. |
| 1 | Demonstrates a lack of appreciation and understanding of the role of other medical personnel in the care and referral of the injured or ill athlete |

| | |
|---|---|
| **Attitude Towards Patient Treatment** | |
| 5 | Actively engages in athletic injury treatment without being prompted, and performs these treatments in a professional manner, actively seeking out information that would make the treatment thorough and complete. Considers the physical, psychological, and emotional needs to the athlete who is treated. |
| 4 | Actively engages in athletic injury treatment but requires occasional prompting, and performs these treatments in a professional manner. Must be prompted to seek out information that would make the treatment thorough and complete. |
| 3 | Engages in athletic injury treatment but requires consistent prompting to initiate/ complete the task. In general, acts professionally. Must be prompted to seek out information that would make the treatment thorough and complete or fails to consider the physical, psychological, and emotional needs of the athlete who is treated. |
| 2 | Engages in athletic injury treatment but requires consistent prompting to initiate/ complete the task. At times acts in an unprofessional manner. Demonstrates a lack of empathy for the physical, psychological, and/or emotional needs of the athlete who is treated. |
| 1 | Demonstrates a lack of appreciation of the athletic trainer's role in the treatment of athletic injury. |
| **Attitude Towards the Preceptor** | |
| 4 | Maintains a professional rapport with the preceptor, accepts feedback positively and implements changes as needed. |
| 3 | Acceptance of the instructor's authority is positive, accepts most feedback positively and implements changes as needed. |
| 2 | Occasionally questions the authority of the instructor, which is exhibited in behaviors such as excessive questioning of policies/procedures or a negative view of instructor feedback. Recommended changes are not implemented. |
| 1 | Consistently questions the authority of the instructor, which is exhibited in behaviors such as excessive questions of policies /procedures or a negative view of instructor feedback. Recommended changes are not implemented. Individual actions result in a break in the continuity of training room function and result in decreased moral of other staff members. |
| **Work Ethic/ promptness** | |
| 5 | Consistently reports to practical experience assignments early and/or stays late as the situation warrants. |
| 4 | Occasionally reports to practical experience assignments early and/ or stays late as the situation warrants |
| 3 | Consistently reports to the practical experience assignment at the designated time and is ready to participate or makes prior arrangements with the preceptor. |
| 2 | Occasionally demonstrates lateness or leaves practical experience assignments early but appropriately communicates with the preceptor. |
| 1 | Fails to show up to the practical experience assignment on one occasion OR demonstrates lateness or leaves practical experience assignments early on a frequent basis. |

| Work Ethic/ inititiative | |
|---|---|
| 4 | Seldom requires prompting to actively participate in required athletic training activities |
| 3 | Occasionally requires prompting to actively participate in required athletic training activities |
| 2 | Consistently requires prompting to actively participate in required athletic training activities |

| Communication Skills | |
|---|---|
| 4 | Demonstrates exceptional ability to effectively communicate with the patients and other necessary personnel in a professional manner, both verbally and in writing. |
| 3 | Demonstrates average ability to effectively communicate with the patients and other necessary personnel in a professional manner |
| 2 | Fails to demonstrate the ability to effectively communicate with the patients and other necessary personnel in a professional manner |

**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**
Senior Seminar (ATTR 430) Rehabilitation Rotation (Revised 7-19)

Student: _____ Date: _____

| Evaluation Area | Score* | Comments |
|---|---|---|
| Cognitive/ Psychomotor Skills | | |
| Design of exercise programs for Upper Extremity | 5 4 3 2 1 n/a | |
| Design of exercise programs for Lower Extremity | 5 4 3 2 1 n/a | |
| Design of exercise programs for Trunk | 5 4 3 2 1 n/a | |
| Design of exercise programs for Spine | 5 4 3 2 1 n/a | |
| Design of fitness program | 5 4 3 2 1 n/a | |
| Patient instruction of exercise | 5 4 3 2 1 n/a | |
| Rehabilitation motivation techniques | 5 4 3 2 1 n/a | |
| Medical Documentation | 5 4 3 2 1 n/a | |
| Physician note interpretation | 4 3 2 n/a | |
| Affective Domain Skills | | |
| Attitude towards injury rehabilitation | 5 4 3 2 1 n/a | |
| Attitude towards preceptor | 5 4 3 2 1 n/a | |
| Communication | 5 4 3 2 1 n/a | |
| Appearance | 4 3 2 n/a | |

| **Overall Average** |
|---|
| **0 – 15 score** |

Preceptor Signature/ Date: Student Signature*/Date:

_____ _____

* students should refer to the assessment rubric found in their student handbook for information on how scores are assigned and the implications associated with their signature on this form

# ATTR 430

## Clinical Rehabilitation Rotation Evaluation Rubric (Revised 7-19)

For all skills: n/a indicates that it is not appropriate to assess this skill at this time, or the skill has not been observed.

| Design of Exercise Programs for UE, LE, Trunk and Spine | |
|---|---|
| 5 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate exercise routines for use by that athlete. Can identify appropriate exercise parameters (e.g. reps, sets, types) and adjust those parameters as needed to achieve treatment goals and objectives in a timely manner. Communication throughout the process is appropriate. |
| 4 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate exercise routines for use by that athlete. Can identify appropriate exercise parameters (e.g. reps, sets, types) and adjust those parameters as needed to achieve treatment goals and objectives, but the time required is longer than expected. Communication throughout the process is appropriate. |
| 3 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate exercise routines for use by that athlete. Requires preceptor intervention to identify appropriate exercise parameters (e.g. reps, sets, types) and adjust those parameters as needed to achieve treatment goals and objectives. Communication throughout the process is appropriate. |
| 2 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate exercise routines for use on that athlete. However, fails to appropriately identify exercise parameters (e.g. reps, sets, types) and adjust those parameters as needed, despite repeated preceptor intervention. Communication throughout the process is not appropriate. |
| 1 | Fails to demonstrate the knowledge and ability to design appropriate exercise routines |
| *Note:* | Appropriate communication involves:<br>a) communication with the preceptor about the exercises picked and the reasoning behind the use of that exercise<br>b) communication with the athlete/ patient about the use and efficacy of the exercise |

| Design of Fitness Programs | |
|---|---|
| 5 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate fitness exercise routines for use by that athlete to improve cardiovascular fitness/endurance. Can identify appropriate exercise parameters (e.g. time, sequence, duration) and adjust those parameters as needed to achieve treatment goals and objectives in a timely manner. Communication throughout the process is appropriate. |
| 4 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate fitness exercise routines for use by that athlete to improve cardiovascular fitness/endurance. Can identify appropriate exercise parameters (e.g. time, sequence, duration) and adjust those parameters as needed to achieve treatment goals and objectives, but the time required is longer than expected. Communication throughout the process is appropriate. |
| 3 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate fitness exercise routines for use by that athlete to improve cardiovascular fitness/endurance. Requires preceptor intervention to identify appropriate exercise parameters (e.g. time, sequence, duration) and adjust those parameters as needed to achieve treatment goals and objectives. Communication throughout the process is appropriate. |
| 2 | Demonstrates the ability to analyze individual injured athlete needs, and identifies appropriate fitness exercise routines for use on that athlete to improve cardiovascular fitness/endurance. However, fails to appropriately identify exercise parameters (e.g. time, sequence, duration) and adjust those parameters as needed, despite repeated preceptor intervention. Communication throughout the process is not appropriate. |
| 1 | Fails to demonstrate the knowledge and ability to design appropriate fitness exercise routines improve cardiovascular fitness/endurance. |
| *Note:* | Appropriate communication involves:<br>a) communication with the preceptor about the exercises picked and the reasoning behind the use of that exercise regime<br>b) communication with the athlete/ patient about the use and efficacy of the exercise regime |
| **Patient Instruction of Exercise** | |
| 5 | Is able to appropriately instruct an athlete on the proper way to perform various exercise techniques and modify those instructions as needed during the course of the workout, consistent with the goals of the treatment program. |
| 4 | Is able to appropriately instruct an athlete on the proper way to perform various exercises but fails to modify those instructions as needed during the course of the workout. Overall consistency with the goals of the treatment program is maintained. |
| 3 | Requires repeated attempts to instruct an athlete on the proper way to perform various exercise techniques but is able to instruct the patient consistent with treatment program goals. |
| 2 | Demonstrates an understanding about the proper method for doing exercises but lacks the ability to instruct the athlete on the proper way to perform the exercise techniques. Preceptor intervention is required to instruct the patient in order to achieve treatment goals. |
| 1 | Demonstrates a lack of understanding about proper exercise techniques. |

| | |
|---|---|
| **Rehabilitation Motivation Techniques** | |
| 5 | Demonstrates appropriate knowledge of the various motivation techniques required during injury rehabilitation and is able to recognize when and where to use the techniques to help the injured athlete. |
| 4 | Demonstrates appropriate knowledge of the various motivation techniques required during injury rehabilitation but needs preceptor input to recognize when and where to use the techniques to help the injured athlete. Is able to implement them as needed in a timely manner. |
| 3 | Demonstrates appropriate knowledge of the various motivation techniques required during injury rehabilitation, but needs preceptor input to recognize when and where to use the techniques. Is able to implement the techniques only with guidance from the preceptor. |
| 2 | Demonstrates lapses in knowledge of the various motivation techniques required during injury rehabilitation, but is unable to implement the techniques. |
| 1 | Demonstrates lack of knowledge of the various motivation techniques required during injury rehabilitation and lacks the skills necessary to implement them. |
| **Medical Documentation** | |
| 5 | Demonstrates the ability to appropriately and accurately document daily clinical site function, both in written and computer formats, and rarely requires prompting to do so. There are no errors in the documentation. |
| 4 | Demonstrates the ability to appropriately and accurately document daily clinical site function, both in written and computer formats, but requires occasional prompting to perform the skills. There are no errors in the documentation. |
| 3 | Demonstrates the ability to appropriately document daily clinical site function, both in written and computer formats, but requires consistent prompting in order to perform the task. There are no errors in the documentation. |
| 2 | Demonstrates the ability to appropriately document daily clinical site function, both in written and computer formats, but makes occasional errors in documentation. |
| 1 | Fails to demonstrate the ability to appropriately document daily clinical site function. |
| **Physician Note Interpretation** | |
| 4 | Demonstrates the ability to accurately identify the meaning of physicians notes, postoperative notes and or physician's prescriptions as they pertain to a therapeutic exercise program. |
| 3 | Requires preceptor help in order to accurately identify the meaning of physicians notes, postoperative notes and or physician's prescriptions as they pertain to a therapeutic exercise program. |
| 3 | Fails to demonstrate the ability to accurately identify the meaning of physicians notes, postoperative notes and or physician's prescriptions as they pertain to a therapeutic exercise program. |
| 2 | Demonstrates the ability to appropriately document daily clinical site function, both in written and computer formats, but makes occasional errors in documentation. |
| 1 | Fails to demonstrate the ability to appropriately document daily clinical site function. |

| | |
|---|---|
| **Attitude Towards Injury Rehabilitation** | |
| 5 | Actively engages in athletic injury rehabilitation without being prompted, and performs rehabilitation protocols in a professional manner, actively seeking out information that would make the rehabilitation most effective. Considers the physical, psychological, and emotional needs to the athlete who is rehabilitated. |
| 4 | Actively engages in athletic injury rehabilitation without being prompted, and performs these rehabilitation protocols in a professional manner. Must be prompted to seek out information that would make the rehabilitation most effective or fails to consider the physical, psychological, and emotional needs to the athlete who is evaluated. |
| 3 | Engages in athletic injury rehabilitation but requires consistent prompting to initiate/ complete the task. In general, acts professionally. Must be prompted to seek out information that would make the rehabilitation effective or fails to consider the physical, psychological, and emotional needs of the athlete who is rehabilitated. |
| 2 | Engages in athletic injury rehabilitation but requires consistent prompting to initiate/ complete the task. At times acts in an unprofessional manner. Demonstrates a lack of empathy for the physical, psychological, and/or emotional needs of the athlete who is rehabilitation. |
| 1 | Demonstrates a lack of appreciation of the athletic trainer's role in injury rehabilitation. |
| **Attitude Towards the Preceptor** | |
| 4 | Maintains a professional rapport with the preceptor, accepts feedback positively and implements changes as needed. |
| 3 | Acceptance of the instructor's authority is positive, accepts most feedback positively and implements changes as needed. |
| 2 | Occasionally questions the authority of the instructor, which is exhibited in behaviors such as excessive questioning of policies/procedures or a negative view of instructor feedback. Recommended changes are not implemented. |
| | **Communication** |
| 1 | Consistently questions the authority of the instructor, which is exhibited in behaviors such as excessive questions of policies /procedures or a negative view of instructor feedback. Recommended changes are not implemented. Individual actions result in a break in the continuity of clinical function and result in decreased moral of other staff members. |
| 5 | Possesses good listening skills and demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. |
| 4 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. However, have lapses in skills which makes communication ineffective at times. |
| 3 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, but needs improvement in written communication or verbal communication skills at this time and may lack appropriate listening skills. |

| | |
|---|---|
| 2 | Demonstrates knowledge of the communication process but lacks sufficient ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner. The student needs significant improvement in written communication skills, verbal communication skills and/or listening skills. |
| 1 | Frequently demonstrates the inability to effectively communicate in the athletic training setting. |

| | **Appearance** |
|---|---|
| 4 | Always wears appropriate dress to practical experience assignments. |
| 3 | Consistently wears appropriate dress to practical experience assignments. |
| 2 | Fails to wear appropriate dress to practical experience assignments on several occasions and/or presents and unkempt appearance. |

**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**

Senior Seminar (ATTR 430) Evaluation (ATR) (Rev 7/19)

Student: _____ Date: _____

| Evaluation Area | Score* | Comments |
|---|---|---|
| **Cognitive/ Psychomotor Skills** | | |
| Abdominal assessment | 5 4 3 2 1 n/a | |
| Ear, nose and throat assessment | 5 4 3 2 1 n/a | |
| Nutritional counseling | 5 4 3 2 1 n/a | |
| Professional Development | 4 3 2 n/a | |
| Bracing/Padding (Advanced)/Casting | 5 4 3 2 1 n/a | |
| Decision making skills | 5 4 3 2 1 n/a | |
| **Affective Domain Skills** | | |
| Attitude towards preceptor | 4 3 2 1 n/a | |
| ATC potential | 4 3 2 n/a | |
| Communication | 5 4 3 2 1 n/a | |
| Appearance | 4 3 2 n/a | |

| |
|---|
| **Overall Average** |
| **0 – 15 score** |

Preceptor Signature/ Date: Student Signature*/Date:

_____ _____

* students should refer to the assessment rubric found in their student handbook for information on how scores are assigned and the implications associated with their signature on this form

# Senior Seminar (ATTR 430)
# ATR Evaluation Rubric (Rev. 07/19)

For all skills: n/a indicates that it is not appropriate to assess this skill at this time, or the skill has not been observed.

| Abdominal and Ear/Nose/Throat Assessment | |
|---|---|
| 5 | Evaluates the injury using a standardized evaluation process (e.g.: HOPS) and reaches the correct diagnosis for the illness. The student is able to identify acceptable treatment (including referral if necessary). The student does this in a timely manner. Communication is appropriate throughout the process. |
| 4 | Evaluates the injury using a standardized evaluation process (e.g.: HOPS) and reaches the correct diagnosis for the illness. The student is able to identify acceptable treatment (including referral if necessary). The time required to perform the task is longer than expected. Communication is appropriate throughout the process. |
| 3 | Evaluates the injury using a standardized evaluation process (e.g.: HOPS) but requires help from the preceptor to reach the correct diagnosis for the illness and /or acceptable treatments (including referral if necessary). Communication is appropriate throughout the process. |
| 2 | Evaluates the injury but fails to follow a standardized evaluation process (e.g. HOPS) in the appropriate format. Appropriate diagnosis for the illness, and or treatment for the injury may or may not require Preceptor input. Communication may or may not be appropriate throughout the process. |
| 1 | The student cannot demonstrate the use of a standardized evaluation process to evaluate an illness to this area. |
| Note: | Appropriate communication involves:<br>c) communication with the Preceptor about the patient's condition.<br>d) communication with the athlete about the nature of their injury |
| | |
| | |
| | |
| | |

| Nutritional Counseling | |
|---|---|
| 5 | Demonstrates the ability to analyze individual athlete nutritional needs, including weight gain or loss, based upon an analysis of the athlete's body composition, energy expenditure and caloric intake. Can identify an appropriate nutritional plan for the athlete in a timely manner. Communication is appropriate throughout the process. |
| 4 | Demonstrates the ability to analyze individual athlete nutritional needs, including weight gain or loss, based upon an analysis of the athlete's body composition, energy expenditure and caloric intake. Can identify an appropriate nutritional plan for the athlete, but the time required is longer than expected. Communication is appropriate throughout the process. |
| 3 | Demonstrates the ability to analyze individual athlete nutritional needs, including weight gain or loss, based upon an analysis of the athlete's body composition, energy expenditure and caloric intake. Requires **preceptor** intervention to identify an appropriate nutritional plan for the athlete. Communication is appropriate throughout the process. |
| 2 | Demonstrates the ability to analyze individual athlete nutritional needs, including weight gain or loss, based upon an analysis of the athlete's body composition, energy expenditure and caloric intake. However, fails to appropriately identify an appropriate nutritional plan for the athlete, despite repeated preceptor intervention. Communication may or may not be appropriate throughout the process. |
| 1 | Fails to demonstrate the ability to analyze individual athlete nutritional needs, including weight gain or loss, based upon an analysis of the athlete's body composition, energy expenditure and caloric intake. |
| Note: | Appropriate communication involves:<br>a) communication with the Preceptor about the athlete's condition.<br>b) communication with the athlete about the nature of their condition. |

| Professional Development | |
|---|---|
| 4 | Actively engages in self-evaluation to identify professional skills and attitudes that require improvement and is able to articulate a plan for enhancement of these skills or abilities. |
| 3 | Requires considerable guidance to appropriately identify professional skills and attitudes that require improvement, but demonstrates a willingness to enhance these areas once identified. Is able to articulate a plan for this enhancement. |
| 2 | Fails to acknowledge skills and attitudes that require improvement even when pointed out by the preceptor. |

| Advanced Splinting/Bracing/Casting | |
|---|---|
| 5 | Is able to choose appropriate materials to construct a splint, brace or cast in a timely manner, resulting in a functional splint, brace or cast. |
| 4 | Chooses material appropriate to construct a splint, brace or apply a cast which is suitable for the athlete's condition. Sequencing of skills is appropriate, but time is longer than expected. The splint, brace or cast is functional. |
| 3 | Chooses material appropriate to construct a splint, brace or apply a cast which is suitable for the athlete's condition. The splint, brace or cast is functional. |
| 2 | Chooses material appropriate to construct a splint, brace or apply a cast in a manner which is suitable for the athlete's condition. The student is slow at the task, and sequencing of skills is not ideal. Preceptor help to make the splint, brace or cast functional. |
| 1 | Selects material that is not effective for the needed task |
| | |
| **Decision Making Skills** | |
| 5 | The student is able to analyze and interpret situations both independently and correctly, and chooses the most appropriate action to resolve the issue. Actions are consistent with site policy and procedure |
| 4 | The student is able to analyze and interpret situations both independently and correctly, but fails to choose the most appropriate action to resolve the issue. Actions are consistent with site policy and procedure |
| 3 | The student is able to correctly analyze and interpret situations only with the guidance of a preceptor. The student is able to perform appropriate actions to resolve the issue. |
| 2 | The student incorrectly analyzes and interprets situations and thus acts inappropriately. The consequences of the incorrect analysis are minimal. |
| 1 | The student incorrectly analyzes and interprets situations and thus acts inappropriately. The consequences of the incorrect analysis are potentially serious. |
| **Attitude Towards the Preceptor** | |
| 4 | Maintains a professional rapport with the preceptor, accepts feedback positively and implements changes as needed. |
| 3 | Acceptance of the preceptor's authority is positive, accepts most feedback positively and implements changes as needed. |
| 2 | Occasionally questions the authority of the preceptor, which is exhibited in behaviors such as excessive questioning of policies/procedures or a negative view of preceptor feedback. Recommended changes are not implemented. |
| 1 | Consistently questions the authority of the preceptor, which is exhibited in behaviors such as excessive questions of policies /procedures or a negative view of preceptor feedback. Recommended changes are not implemented. Individual actions result in a break in the continuity of ATR function and result in decreased moral of other staff members. |
| **ATC potential** | |
| 4 | In the professional opinion of the preceptor, the student possesses the knowledge, skills, behaviors and attitudes necessary to become a certified athletic trainer. |
| 3 | In the professional opinion of the preceptor, the student has the potential to become a certified athletic trainer, but has some deficiencies in the knowledge, skills, behaviors and attitudes necessary at this time |
| 2 | In the professional opinion of the preceptor, the student has limited potential to |

| | |
|---|---|
| | become a certified athletic trainer, due to severe deficiencies in either the knowledge, skills, behaviors or attitudes necessary. |

| | **Communication** |
|---|---|
| 1 | Consistently questions the authority of the instructor, which is exhibited in behaviors such as excessive questions of policies /procedures or a negative view of instructor feedback. Recommended changes are not implemented. Individual actions result in a break in the continuity of clinical function and result in decreased moral of other staff members. |
| 5 | Possesses good listening skills and demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. |
| 4 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, both verbally and in writing. However, have lapses in skills which makes communication ineffective at times. |
| 3 | Demonstrates the ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner, but needs improvement in written communication or verbal communication skills at this time and may lack appropriate listening skills. |
| 2 | Demonstrates knowledge of the communication process but lacks sufficient ability to effectively communicate with the preceptors, athletes, coaches and other necessary personnel in a professional manner. The student needs significant improvement in written communication skills, verbal communication skills and/or listening skills. |
| 1 | Frequently demonstrates the inability to effectively communicate in the athletic training setting. |
| | **Appearance** |
| 4 | Always wears appropriate dress to practical experience assignments. |
| 3 | Consistently wears appropriate dress to practical experience assignments. |
| 2 | Fails to wear appropriate dress to practical experience assignments on several occasions and/or presents and unkempt appearance. |

# Radford University
# Department of Health and Human Performance
# Athletic Training Program

## Guidelines for Disciplinary Actions at Clinical Site

If an athletic training student exhibits a *pattern of behavior* or *any serious behavior* that is inconsistent with the profession of athletic training, the mission of the Athletic Training Program, the objectives of the course, or places an athlete or patient in an unsafe situation the following is the prescribed course of action.

1. Intervention plan

When the preceptor feels that the student does not meet the performance expectations outlined for the clinical practicum experience the preceptor will meet with the student to discuss weaknesses and outline a plan for improvement. The following is the sequence for intervening in behavioral changes and the appropriate documentation and consequences.

| | Documentation Required | Consequences to student |
|---|---|---|
| 1. The preceptor will discuss the matter with the student in an informal manner | Document note in student clinical file, and/or on clinical evaluation | |
| 2. Preceptor meets with a student in a formal situation and develops a plan for correction of the problem. | Program intervention form, | Form is placed in the student's file for the remainder of the academic year |
| 3. Preceptor, CEC, Program Director, additional AT Faculty member, and the student will meet to discuss the questionable behaviors and develop a plan of action | Program intervention form | Permanent placement in the students file* |

2. Interim Removal

Preceptors or administrators may recommend that an intern be removed from a practicum experience because of a pattern of unsatisfactory performance or for a single severe incident such as a serious violation of policies or conduct codes, unsafe or unprofessional behavior, or because the placement is judged to be interfering with the productive functioning of the clinical setting. The preceptor makes the recommendation to the Athletic Training CEC. The student does not return to the clinical site during interim removal.

If interim removal is warranted, either of the following actions may be recommended by the preceptor or the Athletic Training CEC or Program Director and an additional AT faculty member. The recommended action will be based upon the individual incident.

| | | |
|---|---|---|
| 1. Student is suspended for 30 calendar days of a semester(s), letter grade deduction and associate possible additional grade reduction due to missed practical experience | Detailed written description of the event and meeting documentation | Program Director, CEC, additional AT faculty member, preceptor, and/or appropriate academic administrative personnel and student will meet to discuss behaviors |
| 2. Removal from program will be initiated | Appropriate University Paperwork | Program Director, CEC, additional AT faculty member, preceptor, and/or appropriate academic administrative personnel and student will meet to discuss behaviors |

If a student wishes to object to the decision of the Athletic Training Program Director, he or she must provide a written, reasoned objection to the Department Chair for Health and Human Performance within 5 working days of notification. The chair will set a date within 10 days to meet with the student and the Athletic Training Program Director. The chair will notify the student of the decision within 5 days. If the student wishes to appeal the department chair's decision, the student may appeal to the department of Health and Human Performance personnel committee.

The personnel committee will decide if further appeal is warranted. If the personnel committee decides that the student's appeal has merit, the student will be informed immediately, and a meeting will be set with the personnel committee within 10 working days. If the committee feels that the appeal lacks merit, the student will be notified and this will end the appeal process.

If the case is reviewed by the committee, an appeal date will occur within ten class days following the decision to review the appeal. The committee may interview the student, the Athletic Training Program director and others involved in this matter. If the committee decides to interview individuals, representatives of both sides of the appeal must be interviewed.

A written copy of the decision of the committee will be sent to the student within three days of the meeting to review the appeal. The decision of the personnel committee is final.

**Radford University**
**Department of Health and Human Performance**
**Athletic Training Program**

Program Intervention Form

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Date:_____ Individuals present: _____

| **Topics Discussed:** |
|---|
| |

| **Plan of action:** |
|---|
| |

| **Additional comments:** |
|---|
| |

Preceptor signature: _____ Student signature: _____
CEC Signature _____ _____