



STUDENT EVALUATION OF CLINICAL SITES FALL 2016

Number of Student Participants

Graduate: 24

Undergraduate: 40

Total: 64



Clinical Site Placement

Response(s)	Percent
College/University Athletic Training Facility	70.00%
High School Athletic Training Facility	30.00%
Community-based Health Care Facility (e.g. sports medicine clinic, Health Center)	0.00%
Non-Traditional Athletic Training Facility (e.g. hospital, performing arts, preventative environment)	0.00%
Professional Sports	0.00%

1. Please indicate the helpfulness of the opportunities made available to you prior to your clinical education experience.

Response Legend: 1 = Not available/not helpful 2 = Not available/would be helpful 3 = Available/little help 4 = Available/helpful

Rated Item(s)	Distribution %					Average
	1	2	3	4	N/A	
Patients/Athletes Served	0.00%	0.00%	0.00%	100.00%	0.00%	4
Rules, Regulations & Procedures	0.00%	0.00%	20.00%	80.00%	0.00%	3.8
Objectives	0.00%	0.00%	10.00%	90.00%	0.00%	3.9
Schedule	0.00%	0.00%	20.00%	80.00%	0.00%	3.8
Dress Code	0.00%	0.00%	10.00%	90.00%	0.00%	3.9
Time Required	0.00%	0.00%	0.00%	100.00%	0.00%	4
Clinical Setting's Objectives	0.00%	0.00%	20.00%	80.00%	0.00%	3.8
Ethical Standards of Practice	0.00%	0.00%	20.00%	80.00%	0.00%	3.8
Organization Chart	0.00%	10.00%	20.00%	70.00%	0.00%	3.6
Total	0.00%	1.11%	13.33%	85.56%	0.00%	3.84

2. Were you given adequate orientation to individual patients/athletes and to your responsibilities to these people?

Response(s)	Percent
Yes	100.00%
No	0.00%

3. Did you have a clear understanding of what was expected of you?

Response(s)	Percent
Yes	90.00%
No	10.00%

4. Were your objectives for clinical education considered in planning your learning experiences?

Response(s)	Percent
Yes	100.00%
No	0.00%

5. Did you feel that the learning experiences at this setting were:

Response(s)	Percent
Routine for every student	20.00%
Individualized for each student	80.00%

6. Were on-going changes made in your learning experiences based on the level of competency you demonstrated?

Response(s)	Percent
Yes	90.00%
No	10.00%

7. Were you provided with adequate space to accommodate your professional and personal needs: (e.g. lockers, study space, patient treatment area)

Response(s)	Percent
Yes	100.00%
No	0.00%

8. Did you have an opportunity to interact with:

Response Legend: 1 = Yes 2 = No

Rated Item(s)	Distribution %			Average
	1	2	N/A	
Radiology Technicians	30.00%	70.00%	0.00%	1.7
Nurses	10.00%	80.00%	10.00%	1.89
Occupational Therapists	0.00%	90.00%	10.00%	2
Orthotists	10.00%	80.00%	10.00%	1.89
Paramedics/EMTs	50.00%	50.00%	0.00%	1.5
Physical Therapists	30.00%	60.00%	10.00%	1.67
Orthopedists	40.00%	50.00%	10.00%	1.56
Physicians	70.00%	30.00%	0.00%	1.3
Physician's Assistants	10.00%	80.00%	10.00%	1.89
Chiropractors	20.00%	70.00%	10.00%	1.78
Other Physicians	50.00%	50.00%	0.00%	1.5

Other Health Professionals	40.00%	60.00%	0.00%	1.6
Total	30.00%	64.17%	5.83%	1.68

9. Did you have adequate individual attention?

Response(s)	Percent
Yes	100.00%
No	0.00%

10. a. How would you describe your patient/athlete load during the majority of your clinical education experience?

Response(s)	Percent
Appropriate for your level of education	90.00%
Too high	0.00%
Too low	10.00%

11. a. Were the variety of patients/athletes adequate for you to meet the objectives of the clinical education experience?

Response(s)	Percent
Yes	100.00%
No	0.00%

12. a. Were the equipment and supplies adequate to meet the objectives of the clinical education experience?

Response(s)	Percent
Yes	100.00%
No	0.00%

13. Did the athletic training preceptors understand your education level and education needs?

Response(s)	Percent
Yes	100.00%
No	0.00%

14. Did the non-athletic training preceptors understand your education level and education needs?

Response(s)	Percent
Yes	100.00%
No	0.00%

15. a. Did you have adequate opportunity for communication with the preceptor to whom you were responsible?

Response(s)	Percent
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Yes	100.00%
No	0.00%

15. b. Please describe your opportunities for discussion with your Preceptor by checking all appropriate responses:

Response(s)	Percent
Daily	70.00%
Midway	60.00%
Final	60.00%
Once per week	0.00%
Whenever necessary	50.00%
Whenever requested	20.00%
Impromptu	10.00%
Seldom	0.00%
Never	0.00%
Had to be scheduled in advance	0.00%

16. How frequently did you receive feedback on your clinical performance?

Response(s)	Percent
Daily	40.00%
Midway	60.00%
Final	0.00%

17. a. Based on your experience and skill, how would you describe the degree of supervision you received?

Response(s)	Percent
Too close	0.00%
Commensurate with need	100.00%
Not close enough	0.00%

18. How would you describe the final evaluation process of your performance?

Response(s)	Percent
Discussed with you prior to and after being finalized in writing.	30.00%
Discussed with you only prior to being finalized in writing.	30.00%
Discussed only after being finalized in writing.	20.00%
Not discussed.	20.00%

19. How would you rate staff morale?

Response(s)	Percent
Always High	50.00%
Usually High	40.00%

Occ. High/Low	10.00%
Usually Low	0.00%

20. Was the person who was directly responsible to you adequately prepared to answer your questions?

Response(s)	Percent
Yes	100.00%
No	0.00%

21. Was the person who was directly responsible to you interested in your learning?

Response(s)	Percent
Yes	100.00%
No	0.00%

22. Identify any new subject matter to which you were exposed during this clinical education experience and indicate if it should be included in the athletic training educational program.

- I. Diagnostic Imaging Class
- II. PRI approach
- III. IASTM
- IV. How to put together rehab sheets

23. Based on your past experience in clinical education, and your concept of the "ideal" clinical education setting, how would you rate this clinical education setting?

Response(s)	Percent
A very negative experience.	0.00%
A waste of time	0.00%
Time well spent	20.00%
A very positive experience.	80.00%

24. General Comments

Clinical Attire assigned by the clinical site would enhance a feeling of belonging.