Weber State University
Athletic Training Education Program

General Medical Final Clinical Evaluation

Name: __________________________________________
Rotation: ☐ Fall ☐ Winter ☐ Spring
Location: ________________________________________
ACI: ___________________________________________

Number of hours with AC: ___________________________

Directions: Please mark your individual perceptions concerning the clinical student identified above. Consider each item separately in deciding whether or not you normally agree or disagree or whether the student has met minimal competency with the statement. Indicate the strength of the agreement or disagreement or ability by checking the appropriate number. You are encouraged to add any comments related to these items below. "Evaluate the student against/along with other "AT’S’s" of the same clinical level.

**Evaluation Scale***

1. **Poor** - inability to perform this action without constant intervention from ACI, requires constant remediation.

2. **Fair or Below Average** - performs this action to a barely acceptable standard, usually requires intervention from ACI, requires remediation.

3. **Average** - performs this action meeting minimal competency standards, requires occasional intervention from ACI, no remediation is required.

4. **Good or Above Average** - performs this action meeting minimal competency standards, no ACI intervention is required.

5. **Excellent or Outstanding** - performs this action that exceeds other students' ability at this level.

N/A  **Not Applicable or Not Observed**

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I. **Athletic Training Skills and Behaviors:** All behaviors should be measured against and consistent with the student's current clinical level.

1. Demonstrates an understanding of and ability to synthesize information to recognize, detect, treat, and refer as needed patient with medical conditions and disabilities. Comments:

2. Demonstrates the ability to obtain a patient's medical history, including a previous history and history of the present condition. Comments:

3. Demonstrates the ability to perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, swelling, discoloration, and skin abnormalities. Comments:

4. Demonstrates the ability to palpate bony and soft tissues, including the abdomen to determine normal or abnormal characteristics. Comments:

5. Demonstrates the ability to apply and interrupt vital signs (e.g., pulse, blood pressure, respiration, pupil response). Comments:

6. Demonstrates the ability to apply commonly used instruments if appropriate (e.g. otoscope, stethoscope, chemical dipstick). Comments:
7. Demonstrates a basic understanding of assessing and interpreting heart, lung, and bowel sounds. Comments:

8. Explains the importance and demonstrates the proper procedures for measuring body temperature. Comments:

9. Demonstrates the ability to recognize, intervene, and refer when patients exhibit sociocultural, mental, emotional, and psychological behavioral problems. Comments:

10. Demonstrates an ability to recognize, treat, and refer patients with skin lesions from trauma, infection, stress, drug reaction, and immune response. Comments:

11. Demonstrates effective lines of verbal and written communication using appropriate medical documentation and correct terminology. Comments:

12. Demonstrates knowledge of and enforcement of healthcare facility policies and procedures. Comments:

Section I Score = (Points earned) _______ + (# questions answered) _______ *14 = ________

II. Personal Attributes

13. Student recognizes the need for and demonstrates a commitment to patient privacy (e.g., HIPAA). Comments:

14. Student recognizes the need for and demonstrates a commitment to a team approach to practice (e.g., values other healthcare providers, works well with others, dependable). Comments:

15. Student recognizes the need for and demonstrates the ability to establish and maintain positive relationships (e.g. honesty, compassion, empathy, rapport) when interacting with patients, family members, administrators, and other healthcare team members. Comments:

16. Student recognizes the need for and demonstrates a commitment to working with a diverse population and in diverse work settings.

17. Student is dependable. Comments:

18. Student addresses assigned responsibilities without delay. Comments:

19. Student takes initiative to perform necessary athletic training skills/tasks without being asked. Comments:

20. The student demonstrates self-confidence while interacting with patients. Comments

21. Student is willing to accept constructive criticism. Comments:

22. Student is neat, clean and appropriately dressed. Comments:

23. Student is enthusiastic about the assignment. Comments:
Section II Score = (Points earned) _______ ÷ (# questions answered) __________ *4 = __________

III. Attendance

24. Student was in attendance when they were scheduled.

Section III Score = (Points earned) _______ ÷ (# questions answered) __________ *2 = __________

IV. General Comments: Use this portion of the evaluation form to qualitatively reflect on the student's experience and professional growth. This is an overall review of the experience, designed to provide feedback to the student. Complete the questions and write any comments that appear pertinent. Review with your student and then both sign and date.

Compared to other "ATS" with similar experience these are the student's strengths and weaknesses.

Strengths:

Weaknesses:

Additional Comments:

______________________________  ACI Signature and Date

Student Statement:
I have discussed this evaluation with my ACI and I accept the content as a reflection and constructive criticism of my clinical education preparation at this current time.

______________________________  Student Signature and Date

______________________________  Grade (Add sections I, II, III)

Section I _____ + Section II _____ + Section III ______ = _____