

Date turned in to ACI: _____ Time: _____ Date Graded by ACI: _____
 ACI Initials: _____

CLINICAL ROTATION REPORTING FORM

Athletic Training Student Name: _____
 Approved Clinical Instructor (ACI): _____
 Hours Reporting For: _____ to _____
 Clinical Rotation: _____

Athletic Training Student- Fill out the front page of this form and have your ACI fill out the back page, then your ACI should place in a sealed envelope. You should have this form to your supervising ATC by 5:00pm on Friday. The envelope is to be delivered to Dr. Mazerolle's office door by Noon every fourth Thursday (see reporting form submission schedule). It is your responsibility, not your ACI's to submit the form to Dr. Mazerolle.

	Wk 1: Dates: <small>(Indicate Shift Time & Daily Total)</small>	Wk 2: Dates: <small>(Indicate Shift Time & Daily Total)</small>	Wk 3: Dates: <small>(Indicate Shift Time & Daily Total)</small>	Wk 4: Dates: <small>(Indicate Shift Time & Daily Total)</small>	Wk 5: Dates: <small>(Indicate Shift Time & Daily Total)</small>
Monday	/	/	/	/	/
Tuesday	/	/	/	/	/
Wed.	/	/	/	/	/
Thursday	/	/	/	/	/
Friday	/	/	/	/	/
Saturday	/	/	/	/	/
Sunday	/	/	/	/	/
	Week Total:	Week Total:	Week Total:	Week Total:	Week Total:

Injury Updates (please provide depth regarding the injury):

Injury #1)

Injury #2)

Injury #3)

Injury #4)

Injury #5 and Others)

New Skills Used:

- 1)
- 2)
- 3)
- 4)

Items I Am Trying To Improve:

- 1)
- 2)
- 3)
- 4)

I wish I could get to do more of _____?

- 1)
- 2)

Things from class I have used/discussed in my clinical rotation:

Goal Update:

Kudos and Concerns (include comments about ACI or other ACI, please see the Director of Entry-Level Athletic Training Education if you do not feel comfortable writing the comments here):

Athletic Training Student Signature & Date: _____

This signature indicates that to the best of your knowledge the information presented on this side of this form is accurate.

It is important to note that if it is discovered that you knowingly sign-off on hours that are not accurate you will be disciplined by the Director of Entry-Level Athletic Training Education.

Date turned in to ACI: _____ Time: _____ Date Graded by ACI: _____

ACI Initials: _____

ACI's: Please evaluate the athletic training student's performance objectively. Please place the appropriate response in each category as listed below.

1=Unacceptable 2=Improvement needed 3=Satisfactory 4=Good 5=Outstanding

PROFESSIONAL RESPONSIBILITIES: _____/40

- ___ Demonstrates a strong work ethic on a daily basis
- ___ Demonstrates professional honesty and integrity
- ___ Demonstrates professionalism in daily activities
- ___ Demonstrates dedication to the clinical experience
- ___ Demonstrates a willingness to learn (asks questions, etc)
- ___ Demonstrates flexibility with changing schedules/events
- ___ Demonstrates confidence in his/her abilities
- ___ Demonstrates initiative with clinical duties

INTERPERSONAL SKILLS: _____/35

- ___ Demonstrates appropriate boundaries between personal and professional duties
- ___ Demonstrates appropriate demeanor and rapport with coaches, patients, and staff
- ___ Demonstrates proper and appropriate communication with ACI, staff, and patients
- ___ Demonstrates a positive attitude towards athletic training
- ___ Demonstrates appropriate level of empathy with athletes/patients
- ___ Demonstrates appropriate communication with other health care professionals
- ___ Demonstrates the ability to properly educate patients regarding injuries/conditions

ADMINISTRATIVE DUTIES: _____/15

- ___ Demonstrates knowledge and application of athletic training room procedures
- ___ Demonstrates ability to maintain accurate records
- ___ Demonstrates proper knowledge of inventory and supplies

GENERAL KNOWLEDGE _____/20

- ___ Demonstrates critical thinking
- ___ Demonstrates proper problem solving techniques
- ___ Can develop/explain an appropriate EAP for the clinical site
- ___ Demonstrates proper/appropriate medical terminology

PROFESSIONAL SKILLS: _____/20

- ___ Applies appropriate techniques for basic taping, splinting, and wrapping of injuries
- ___ Develops a rationale for each taping and bracing procedure they apply
- ___ Explains and demonstrates proper first aid and wound care management
- ___ Explains and demonstrates proper techniques to fit protective equipment

INJURY EVALUATIONS:

____/45

- ____ Explains and demonstrates appropriate history questions related to the injury
- ____ Performs appropriate observation of clinical signs and symptoms associated with the injury
- ____ Identifies, inspects, and palpates appropriate bony & soft tissue landmarks
- ____ Demonstrates appropriate active and passive ROM tests with the use of a goniometer
- ____ Applies appropriate manual muscle testing techniques and grading
- ____ Identifies the appropriate sensory and neurological tests associated with clinical findings (apply if possible)
- ____ Identifies the most appropriate special tests to confirm or refute findings
- ____ Demonstrates and explains proper functional/sports specific activities for the injury and athlete's sport/position
- ____ Demonstrates an ability to critically digest findings and associates those findings to make an accurate diagnosis

Total Points from ABOVE

____/175

OVERALL PERFORMANCE

____/10

What areas need improvement?

____/185

What improvements have you noticed?

Other feedback and comments regarding ratings above (please contact the Director of Athletic Training Education if you do not feel comfortable writing the comments here)?

Suggestions for Director of Entry-Level Athletic Training Education for education or policies?

Approved Clinical Instructor Signature & Date: _____

(This signature indicates that to the best of your knowledge the information presented on the other side of this form is accurate)