

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: _____ (Indicate Shift Time & Daily Total)	Wk 2: Dates: _____ (Indicate Shift Time & Daily Total)	Wk 3: Dates: _____ (Indicate Shift Time & Daily Total)	Wk 4: Dates: _____ (Indicate Shift Time & Daily Total)	Wk 5: Dates: _____ (Indicate Shift Time & Daily Total)
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.

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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

____/25

- ____ Demonstrates critical thinking
- ____ Demonstrates proper problem solving techniques
- ____ Can develop/explain an appropriate EAP for the clinical site
- ____ Conducts pre-season physical screenings (if applicable)
- ____ Demonstrates proper/appropriate medical terminology

PROFESSIONAL SKILLS:

____/45

- ____ 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
- ____ Explains and demonstrates appropriate flexibility programs for patients

- ___ Explains and demonstrates appropriate rehabilitative exercise protocols
- ___ Explains and demonstrates proper use of therapeutic modalities
- ___ Explains and demonstrates proper parameters and alterations of therapeutic modalities
- ___ Understands indications/contraindication of therapeutic modalities

INJURY EVALUATIONS: _____/60

- ___ 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
- ___ Applies appropriate sensory and neurological tests associated with clinical findings
- ___ Performs appropriate special tests to confirm or refute clinical 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
- ___ Demonstrates knowledge and ability to develop an immediate plan after diagnosis of injury/condition (Ice, crutch fitting, etc.)
- ___ Demonstrates knowledge and ability to develop an appropriate treatment plan after diagnosis of injury/condition (carry out a treatment plan for RTP)
- ___ Demonstrates knowledge and abilities comparable to an entry-level athletic trainer (would pass the BOC examination)

Total Points from ABOVE _____/220

OVERALL PERFORMANCE _____/10

_____ /230

What areas need improvement?

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

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(the information presented on the other side of this form is accurate)