Chapman University
Athletic Training Education Program
ACI workshop August, 2005
*Teaching Skills for the Clinical Instructor*

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**Student Outcomes**
- What characteristics and/or skills should a graduating athletic training student possess as they enter the workplace or graduate school?
  - What should Chapman ATEP be known for?

**Teaching to Different Learning Styles**

**CAPSOL Learning Style Test**
- *Computerized Assessment and Prescription of Styles of Learning*
- *Find your learning style*
Learning Styles Defined

- **Sensory Learning Styles**
  - Visual learner
  - Auditory learner
  - Bodily-kinesthetic learner
- **Expressive Learning Styles**
  - Individual learner
  - Group learner
  - Oral expressive learner
  - Written expressive learner
  - Sequential learner
  - Global learner

Different Learning Styles

- **Auditory**
  - The learner's preference for listening, understanding spoken directions, following logic that is explained verbally, and addressing background sounds—whether supportive or disruptive
- **Visual**
  - The learner's preference for visually gathering and comprehending information through reading, observing models, maps, graphic organizers, charts, and demonstrations, and to internalize their own perspective
- **Bodily kinesthetic**
  - The learner's preference for understanding by actively touching, manipulating, arranging, acting, showing, and experimenting with various physical approaches by experiencing first-hand

- **Individual**
  - The learner's preference for addressing acquisition of knowledge from an individual perspective, comparing new information with previous experience and reflecting understanding through their own opinions and modes of perception
- **Group**
  - The learner's preference for collaboration with one or more other students in planning, discussing, sharing responsibility, organizing, listening, and supporting a point of view leading to a product
- **Oral expressive**
  - The learner's preference for expressing their understanding and insight through spoken description or through questioning of ideas, concepts or facts.

- **Written Expressive**
  - The learner's preference for expressing their understanding and insight through written descriptions, questioning, word processing emphasizing cut/paste approaches, and drawing conclusions
- **Sequential**
  - The learner's preference for information and procedures that are based on logic, timeliness, ordering, prioritizing, and inferencing, including timelines, flow-charts, diagrams, etc.
- **Global**
  - The learner's preference for "big picture" understanding and addressing information whole to part, internalizing the "why", wanting to know what will this become, and if I learn this information, where can I apply it in the real world

Teaching to different styles

- How would you adapt your strategy for teaching the Lachman test for various learning styles?

Teaching techniques

- **Modeling**
  - Occurs when a student observes an expert perform a task to develop an understanding of the procedures required to carry out that task
- **Coaching**
  - CI observes the student while he/she performs a task and offers specific verbal or physical assistance to help the student bring their performance to a higher level
  - Intended to allow the student, with guidance, to learn by participating in the practice setting
Teaching Techniques

- **Scaffolding**
  - Breaking down a task into component parts that the student can more easily achieve
  - Part-part-whole
  - (Forward lengthening)
    - First step is demonstrated and practiced first, and succeeding steps are added until the last step is reached
    - Works well for short procedures (e.g., taping, MMT)

- **Articulation**
  - Student describes their knowledge, reasons, or thinking processes
  - Builds critical-thinking skills

- **Reflection**
  - Student compares their practice with previous practice or with the practice of an expert or other students

- **Exploration**
  - Creating opportunities for the student to identify and solve real practice problems on their own

Skills & Teaching Styles

- Identify clinical skills/proficiencies that can be taught most effectively using the following teaching methods.
  1. Modeling
  2. Coaching
  3. Scaffolding
  4. Forward lengthening
  5. Articulation
  6. Reflection

Teaching Styles

<table>
<thead>
<tr>
<th>Situational Leadership Style</th>
<th>Clinical Instructor’s Action</th>
<th>CI’s Level of Guidance and Supervision</th>
<th>Student’s Level of Readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertive</td>
<td>Provide explicit instructions to student; no decision-making input from student</td>
<td>High: close guidance and supervision of student</td>
<td>Low: student feels insecure in ability</td>
</tr>
<tr>
<td>Suggestive</td>
<td>Explain rationale for decisions and provide opportunity for students clarification</td>
<td>Moderately high to moderate guidance and supervision of student</td>
<td>Moderate: student feels unable to but willing to perform</td>
</tr>
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<tr>
<td>Collaborative</td>
<td>Share ideas and facilitate decision-making process with student</td>
<td>Moderately low; moderate to low guidance and supervision of students</td>
<td>Moderate; student feels able but insecure in ability</td>
</tr>
<tr>
<td>Facilitative</td>
<td>Give decision-making responsibility and execution to student</td>
<td>Low; little guidance of student, however always directly supervised</td>
<td>High; student feels able and confident in ability</td>
</tr>
</tbody>
</table>
**Review**

- Our outcome goals for students are:
  - Students and CIs have a variety of different learning styles
  - Several different teaching styles can be used to teach a concept or skill to a student
  - A collaborative and/or facilitative leadership style will increase critical thinking skills of AT students

**Clinical Education vs. Clinical Experience**

- **Clinical Experience**
  - Involves working in the profession and picking up whatever knowledge and skills you can
  - Learn by "osmosis" - reacting to clinical situations exposed to (hit and miss)

- **Clinical Education**
  - A systematic process of developing and refining clinical skills
  - Emphasis on learning of clinical skills
  - Planned learning of clinical skills

**Effective Clinical Instruction**

- An effective CI must have a balance between teaching and patient care
- 9 categories of qualities, characteristics, and skills for effective clinical instruction
  - (Weidner, 2002)

**Being an Effective CI**

1. Legal & Ethical Behavior
2. Communication Skills
3. Interpersonal skills
4. Supervisory skills
5. Instructional skills
6. Evaluation & Assessment skills
7. Clinical Competence
8. Administrative skills
9. Professional development

1. Legal & Ethical Behavior
2. Communication Skills
   - CIs should clearly communicate the expectations of the student, as well as the objectives for the clinical experience. This might involve written communication of goals and specific objectives that students should work toward during the experience.
   - CIs should choose a communication style that is non-threatening and correct them in a tactful manner while providing a clear, honest perception of their ability.
   - Demonstrating active listening skills and asking open ended questions illustrate that the CI has a sincere interest in the student, which positively affects the interaction
3. Interpersonal skills
- The CI should approach the teaching/learning process and interaction with students with enthusiasm, friendliness, honesty, and receptiveness.
- CIs should be aware of their responsibility as role models and mentors for students entering the profession. They should model professional behavior and encourage it in their students at all times during the clinical experience.

4. Supervisory skills
- A CI might need to make a subjective decision, based on the knowledge and experience level of a student, to withhold feedback and supervision in order to promote the student's confidence and growth in his or her clinical skills.

5. Instructional skills
- They should have an understanding of teaching and learning styles.
- CIs should also encourage critical thinking and problem solving and not just simple factual recall.
- They should provide organized and purposeful clinical instruction while using clear educational objectives and creating a positive teaching/learning environment.

6. Evaluation & Assessment skills
- Feedback is necessary for teaching students appropriate patient care.
- Without feedback, mistakes go uncorrected, good performance is not reinforced, and learning can be compromised.
- Guidelines for Giving Feedback
  - Be specific.
  - Avoid “glory” or “killer” statements.
  - Enhance or maintain the student’s self-esteem.
  - Focus on the behavior, not the person.
  - Balance positive feedback and feedback for improvement.
  - Use a model to frame your feedback.

Guidelines for Giving Feedback
- Positive feedback should meet two criteria:
  - What was said or done and
  - Why it was effective.
- Feedback for improvement should be framed somewhat similarly:
  - What was said or done,
  - Why it was ineffective,
  - What could be done to make it more effective,
  - And why that would be more effective.
6. Evaluation & Assessment skills (cont.)
- Formative evaluation is intended to reinforce, redirect, or correct specific actions or behaviors
  • These evaluations include immediate verbal and written feedback regarding a specific situation.
- Summative evaluations, on the other hand, are designed to assess a student’s overall clinical performance and professional demeanor and are typically conducted at the midpoint and conclusion of the clinical experience
  • Not only is it important to discuss these evaluations with the student, it is also critical that the evaluations contain no surprises. Specific areas addressed in a summative evaluation should have already been discussed through formal or informal formative evaluations.

7. Clinical competence
- CIs should demonstrate clinical competence in the field of athletic training through sound clinical decision making and a systematic approach to problem solving
- In other words, they should be able to explain to students the basis for their actions and clinical decisions as well as demonstrate the appropriate role of the athletic trainer as a part of the total health-care team.

8. Administrative skills
- Critical to effective administration are time management and delegation
- It takes a concerted effort on the part of the CI to create time for supervised clinical education
  • CIs need to make time to complete administrative responsibilities including completing and discussing clinical-evaluation forms for students, evaluation of skill performance, and documenting clinical progression in completing the required clinical proficiencies.
  • Based on a student’s level of experience it might be appropriate for a CI to delegate different clinical tasks to the student. E.g.: updating athlete/patient progress notes can provide a student the opportunity to practice valuable documentation skills.

9. Professional development
- CIs play an important role in the professional development of their students through mentoring and role modeling.
- To facilitate this role, they should present students as professionals to other colleagues and help them understand their professional responsibilities in the field, including continuing education and committee involvement
- Students should be encouraged to develop professional contacts through attending state, regional, and national meetings and becoming actively involved in student organizations.

ATS Opinions on Effective CIs
- What do ATS’s think are important aspects of an effective clinical instructor? (JAT, 1998)
  • Mentoring
    - Helpful
      - Explains, Demonstrates, Constructive Feedback
    - Hindering
      - Unavailable, Missed Opportunity, Poor communication
  • Modeling
    - Helpful
      - Good Decision Making
    - Hindering
      - Poor Job Performance

- Professional Acceptance
  - Helpful
    - Respect for Student Knowledge & Supportive
  - Hindering
    - Poor Interaction Style & Lack of Support

- Nurturing
  - Helpful
    - Supportive & Confidence Building
  - Hindering
    - Disrespectful & Humiliation
Review

- Our goal is towards the planned learning of clinical skills rather than the “hit and miss” approach
- Key points for effective clinical instruction:
  - Clear communication and discussion of expectations between CI and student
  - Provide organized and purposeful clinical instruction
  - Model professional behavior
  - Encourage critical thinking
  - Feedback should be on-going with both formative and summative evaluations

Clinical Instructor Readings

- Articles in your binder:
  - Being an Effective Athletic Training Clinical Instructor
  - The Athletic Therapist as Clinical Instructor
  - Clinical Education: We Aren’t There Yet, but We’re Making Progress!
  - Communicating Effectively as a Clinical Instructor
  - Clinical Instructors’ And Student Athletic Trainers’ Perceptions Of Helpful Clinical Instructor Characteristics

Classroom Education

Core Courses

- **Science Courses w/ Lab**
  - General Biology I
  - General Biology II
  - Human Nutrition
  - General Chemistry I
  - General Chemistry II
  - Physics I
  - Physics II
  - Human Physiology A
  - Human Physiology B
  - Human Anatomy
  - Statistics

- **Athletic Training Courses**
  - Prevention & Care in AT* (1)
  - AT Administration (1)
  - Upper Evaluation* (1)
  - Lower Evaluation* (2)
  - Kinesiology & Lab (2)
  - Therapeutic Modalities & Lab (2)
  - Rehabilitation in AT* (2)
  - Pharmacology in Sports Med (2)
  - Strength & Conditioning (2)
  - [Research & Stad] (2)
  - Advanced AT* (3)
  - Clinical Course Labs (1-3)

1st Year Clinical Labs

- ATPE 296 – Emergency Management Lab
  - Topics include: spine boarding; facemask removal; splinting; taping/wrapping; wound care; equipment fitting; vital signs
  - Most student assigned a football experience
- ATPE 297 – Upper Ext. Evaluation Lab
  - First Evaluation lab course
  - Topics: HOPS; SOAP; Posture Eval; Cervical Spine; Shoulder; Elbow; Wrist/Hand
  - Most students assigned a baseball/softball experience

2nd Year Clinical Labs

- ATPE 396 – Lower Ext. Evaluation Lab
  - Topics include: Goniometry; Foot/Ankle; Knee; Hip/Thigh; Thoracic/Lumbar Spine
  - Most students assigned football or soccer
- ATPE 397 – Rehabilitation Lab
  - Topics include: Joint mobilizations; PNF; Swiss Ball/Foam Roll; Pilates; Isokinetics; Specific injury rehabilitation
  - All students are assigned to a Clinic
3rd Year Clinical Labs

- ATPE 495 – General Medical Evaluation
  - Topics include: Head/Neck/Face injury evaluation; Heart/Lung auscultation; Skin Disorders; PPEs; Thorax/Abdominal Eval; Heat Illnesses; NATA Position Statements
  - Most students assigned as senior to football
- ATPE 496 – Capstone (Senior Seminar)
  - Review of critical proficiencies from previous semesters
  - Preparation for certification examination
  - Many guest lectures from medical field
  - Senior Exit Exams
  - Senior Research Projects
  - Students assigned to site of choice

Evaluations

Evaluations of Students

- Classroom Evaluations
  - Traditional evaluations - Multiple-choice / Essay
  - Written / Research assignments
  - Electronic Portfolio of “best works”
- Clinical Laboratory Evaluations
  - Performance Evaluations (Videotaped)
  - Similar to Practical portion of BOC certification exam
  - Clinical Proficiencies
  - Reflective Journals
  - Video Simulations
  - Case Studies
  - Met minimum clinical hour requirements

Clinical Evaluation of Students

- Clinical Proficiencies
  - Primarily evaluation in clinical labs and office hours
- Rotation Objectives (by ACI)
  - By the end of the football season, the student will have been evaluated on the following skills...
- Summative Evaluations (by ACI)
  - 3 times evaluated per semester
  - 3 week / Mid-term / Final
  - Part of clinical course grade is tied to ACI’s summative evaluation of the student

Evaluations of ACIs

- Online mid-term evaluation
  - Using Blackboard
  - Data is summarized and e-mailed to ACI
- End of rotation evaluation
- Self-evaluation by ACIs
- Reflective journals submitted by students 3 times/semester

Evaluation of ACIs

- Reflective Journal example questions
  - Describe how you are progressing towards your previously stated goals. If your goals have changed, how so?
  - Since the previous reflective journal, describe the injuries that you have encountered at your clinical site. What signs/symptoms did the patients present and what were the differential diagnoses?
  - You are assigned to an Approved Clinical Instructor for this semester. Describe the skills or professional tools that your ACI has instructed you on.
  - What specific skills would you like your ACI to instruct you on?
  - What can you personally do at your clinical site to meet your answer to the above question?
Evaluation of ACIs

**Instruction**
- Explains procedures clearly
- Demonstrates clinical skills for students
- Explains the basis for actions and decisions
- Provides practice opportunities for students
- Stimulates student problem solving and critical thinking
- Answers student questions clearly and precisely
- Demonstrates enthusiasm for teaching athletic training skills

**Interpersonal**
- Maintains an atmosphere that allows expression of opinions
- Encourages students to feel free to ask questions or to ask for help
- Is available and accessible to students when needed
- Exhibits a genuine interest in the student
- Demonstrates confidence in and respect for the student
- Provides support and encouragement for the student

**Evaluative**
- Corrects students tactfully without belittling them
- Provides useful and constructive feedback
- Demonstrates objectivity and fairness in the evaluation of the student
- Observes and assesses student performance of the student
- Provides specific suggestions for student improvement
- Defines clearly the expectation of students

**Professional / Personal**
- Demonstrates interest in the care of patients/athletes
- Demonstrates clinical knowledge, competence, and judgment
- Acts as a professional role model
- Is friendly and outgoing when working with students

Accreditation Requirements

**Learning over time**
- A planned and directed continuum of learning that incorporates a structured progression across the cognitive, psychomotor, and affective domains
- Documentation of LOT can be accomplished using a variety of methods including syllabi, competency and proficiency matrices skill and proficiency evaluations, and portfolios

Clinical Education Requirements

**Duration:**
- Clinical education component must be no less than 2 academic years
- Student cannot be required to work beyond 19 hours/week

**Supervision:**
- ACI must supervise through constant visual and auditory interaction between the student and ACI
- ACI must be physically present to intervene on behalf of the ATS or patient
- Maximum ratio 8 students : 1 ACI
Clinical Education Requirements

- Clinical Assignments
  - Each student must have:
    1. Equipment-intensive rotation (football, lacrosse, hockey);
    2. Lower extremity rotation (basketball, soccer, track);
    3. Upper extremity rotation (baseball, softball, volleyball);
    4. General medical rotation (hospital, clinic, emergency room, physician office)

Review

- Students are evaluated daily (formative evaluations) and 3 times/semester (summative) by the ACI
- ACI is evaluated mid-term (online) and end of rotation by student
  - Also informally by reflective journals
- Some overlap between clinical laboratory and clinical rotations for “Learning Over Time” component of accreditation

Issues & Challenges

Student Behavior

- Expectations of ACI:
  - Should be given to the student as soon as possible
- Dress Code:
  - The individual clinical site should develop its own dress code for students
  - The dress code should be made known to students as soon as possible and consistently enforced
  - The CUATEP provides 1 polo shirt and 2 t-shirts to every incoming student into the program

Chapman Dress Code Example

- Practice Days/In-services
- Acceptable
  - 1. CU or ATEP t-shirt or polo shirt – tucked in.
  - 2. Khaki pants or other single color Dockers-type pant
  - 3. Khaki or other single color shorts of appropriate length.
  - 4. Warm-up pants made of some nylon-type material.
  - 5. Close toed tennis shoes. Athletic shoes of some kind covering both toe and heel. Worn with socks.
  - 6. Athletic watch of some kind with ability to count seconds.
- Unacceptable
  - 1. Cotton or jersey sweatpants.
  - 2. Greek wear of any kind.
  - 3. Skirts
  - 4. Tank tops (approved sleeveless polos OK).
  - 5. Clothes referring to drugs, alcohol, gangs, or violence.
  - 6. Clothes that obviously haven’t been washed or cared for in quite some time.
  - 7. High heels, dress shoes, sandals or open toed or heeled shoes.
  - 8. Dorm shorts

What to do with a behavioral issue?

- If you feel that you cannot handle yourself:
  - Complete CUATEP Violation Form
  - Sign and have student sign the form
- 1st Offense
  - Written reprimand will be placed in student’s file.
- 2nd Offense
  - Mandatory meeting with ATEP committee and possible dismissal from clinical experience and/or athletic training education program.
  - *All cases will be handled on an individual basis by the ATEP committee.
  - 1. Athletic Training Program Director
  - 2. Athletic Training Clinical Coordinator
  - 3. Approved Clinical Instructor
  - 4. Dean of School of Education (if necessary)
**Scenarios**

- See handout

**ACI Workshop Review**

- **Learning Styles**
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**References**

- Knight, K. Athletic Therapy Today. Clinical Education: We Aren’t There Yet, But We’re Making Progress!

Thank You!