From Paper To Preceptor
AND BACK

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Director of the Life Fitness Program
Eastern University

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Coordinator of Clinical Education
Athletic Trainer
Boston University
53% of professional development

Clinical education

Other

Laurent & Weidner (2002)
Quality Assurance
THE BIG PICTURE
HOW DO WE GET THERE?
Developing an assessment plan: The Basics

1. Department / Program Mission Statement
2. Institutional Goals and Assessment
3. Department / Program Outcomes
4. Assessment Objectives
5. Progressive Curriculum Map
6. Assessment Strategies / Benchmarks
7. Administrative assessment of strategies
Characteristics of outcomes

The outcome is our destination

- Primary purpose is student learning
- Should reflect the culture, mission and needs of an individual institution
- Why we do what we do
- What does a graduate from your program “look like”?
  - Knowledge, skills, values and habits
ATS winning National Championship
during rotation with Villanova University
What Trustees Think

56% say long-term contracts should replace tenure.

24% say their college’s tuition discount is too high.

28% call their colleges financially very healthy.

77% say colleges should be held more accountable for what students learn.

31% have been dissatisfied with a president.
What are we telling them?

• Do our students meet our standards?
• External standards
• Peer standards
• Value-added – are our students improving?
• Historical trends – is teaching and curricula improving

• What we expect our graduate’s will look like
  – Knowledge, skills, values and habits
Writing Objectives

• Parts that together make up our Outcomes
• What is our path....
Writing Objectives

• Detailed aspects of the Outcome
• Measurable, demonstrable components of a Student Learning Outcome
  – Clinical and Didactic
• Bloom’s Taxonomy
• SMART, POGAS
• Specific
• Measurable
• Attainable
• Realistic
• Time Oriented

• Purpose
• Objective
• Goals
• Application
• Standards
STEP 1: INVOLVE
INTEGRAL TO AT EDUCATION
Programs in Athletic Training: Expected Student Outcomes

INTERPERSONAL SKILLS [Expectations for all levels]

Sophomore

Junior

Senior

Harvard University
Clinical Site and Preceptor Profile
How are you involving your preceptors?
STEP 2: INFORM
Excellence takes time...
**STEP 2: INFORM**

...and persistence
We have options.
Set expectations by reinforcing perceptions.
Yes, I have a mentor

75%
The clinical experience was an integral part of my educational development. The ATP enhanced my personal growth.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical experience was an integral part of my educational development</td>
<td>4.9 ± 0.3</td>
</tr>
<tr>
<td>The ATP enhanced my personal growth</td>
<td>4.5 ± 0.7</td>
</tr>
</tbody>
</table>

5 = strongly agree
2. **Description of the Academic and Clinical Education Experience**

The curriculum outline for each program is located on the BU website – click [here for the AT Program Curriculum](#) and [here for the Accelerated AT/DPT Program Curriculum](#). Course descriptions are also available.

What follows is a general description of the progression of the program of study.

**Freshman Year**
Students are accepted into the program using the general university application process. We do not have any selected admissions process beyond this; once students are accepted into either the AT or AT/DPT program, they are enrolled as long as they meet matriculation requirements.

Academically, the freshman year is spent in basic sciences (chemistry and biology), other traditional foundational courses (e.g., English, math, psychology), and nutrition. In their second semester, students enroll in their first practicum course, AT 205. In this 1-credit course, students learn some rudimentary skills (e.g., vital sign assessment, wound care, splinting, crutch fitting, basics of evidence-based practice), have an opportunity to learn more about the profession via the BU athletic training facilities, obtain their Emergency Cardiac Care certification, have some initial patient contacts, and make sure they’re in the right program.
Identify and explain the tools.
Apply scientific evidence to implement safe and effective clinical practices.

<table>
<thead>
<tr>
<th><strong>Proficiency</strong></th>
</tr>
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<tbody>
<tr>
<td>Observe one clinician’s use of a therapeutic modality (or therapeutic modalities) with a specific treatment goal on a real patient. Use research findings to support or refute potential the clinical effectiveness.</td>
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</tbody>
</table>

**Instructed:** AT 205; HP 531

**Detail:** Document the technique observed (with parameters) and provide brief support or non-support. Include 1 citation in AMA format for 1 journal article that supports your position.
Demonstrate contemporary skill in comprehensive care of patients with injuries.

**Proficiency**
Perform a thorough and efficient assessment of a patient complaining of ankle/foot/toe symptoms following acute injury. Identify body structures/functions (impairments) and activity restrictions (functional limitations). Determine a differential diagnosis and an initial treatment plan.

**Instructed:** AT 356

**Detail:** Document the health condition (diagnosis) and treatment for this patient. What is this patient’s participation restriction (disability)? Identify any clinical prediction rules used in the management of the patient.
Incorporate patient-centered outcome measures to evaluate the quality of care provided.

**Proficiency**

Based on examination findings, identify and safely implement a rehabilitation program and progression (including return to play guidelines) for a patient with a lower extremity injury. Incorporate modalities as appropriate.  
*Complete over multiple weeks.*

**Detail:** Use the chart at the end of the packet to document 3 different phases of your rehabilitation program. Note that each section of the chart requires documentation of your use of an outcome tool. Some commonly used tools are provided on the Blackboard site. You are encouraged to identify and use other, more appropriate outcome tools where applicable.
INSTRUCTIONS

This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer every question, based on your condition in the last week, by circling the appropriate number.

If you did not have the opportunity to perform an activity in the past week, please make your best estimate on which response would be the most accurate.

It doesn’t matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.
Achievement during real patient care = purposeful scheduling
STEP 2: INFORM

Knowledge, Skills & Abilities
Demonstrate contemporary skill in comprehensive care of patients with illnesses.

National Athletic Trainers’ Association Position Statement: Preventing Sudden Death in Sports

7. Rectal temperature and gastrointestinal temperature (if available) are the only methods proven valid for accurate temperature measurement in a patient with EHS. Inferior temperature assessment devices should not be relied on in the absence of a valid device. Evidence Category: B
<table>
<thead>
<tr>
<th><strong>Chest Discomfort</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td><strong>Evidence</strong></td>
</tr>
<tr>
<td><strong>Clinical Application</strong></td>
</tr>
</tbody>
</table>
Tools for outcomes/objectives related to clinical skills

Behaviors (eg, communication, professionalism)?
We have options.
STEP 3: INSPECT
Assessment Strategies / Benchmarks

• Strategies may be used to cover multiple objectives
• Rubrics must be used to gauge learning
• Assignments may be used but grades don’t tell the story
  – Multiple assignments
  – Projects / Presentations
  – Practicum evaluations
Assessment Strategies / Benchmarks

• Determine % of students that earn at least a minimally acceptable score
• Compare against national averages or compare to peer institutions
• Base some off of CAATE’s standards
  – Pass rate
  – Job placement
  – Alumni Surveys
Education of Preceptors to our outcomes / objectives

1. **Involve**: Collaborate with preceptors = buy-in

2. **Inform**: Use preceptor programming to set expectations

3. **Inspect**: have our expectations been met?
## Quality Assurance

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Exceptional</th>
<th>Very Good</th>
<th>Adequate</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>5%</td>
<td>85%</td>
<td>10%</td>
<td>0</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>7%</td>
<td>70%</td>
<td>20%</td>
<td>3%</td>
</tr>
<tr>
<td>Writing</td>
<td>4%</td>
<td>60%</td>
<td>30%</td>
<td>6%</td>
</tr>
<tr>
<td>Professionalism</td>
<td>15%</td>
<td>75%</td>
<td>10%</td>
<td>0</td>
</tr>
<tr>
<td>Evidenced-based Clinical Practice</td>
<td>6%</td>
<td>40%</td>
<td>50%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Utilizing the results for change

• Improve curriculum
• Maximize learning
• Tutoring
• Library Services
• Academic advisement and counseling
• Technology
• Co-curricular opportunities
• Budgeting
• Academic review

• Improve relationships / learning at clinical sites
Evidence based practice was used and encouraged during my clinical experience.
☐ Contrived
☐ Real
OUTCOMES
What we want our graduates to look like

OBJECTIVES
What are the measurable pieces that make up our outcomes

REFINEMENT
- Curricular Changes
- Preceptor Education
- Modify Tools

ASSESSMENT
Have we met our benchmarks and what do our students look like
Thank You

PLEASE ASSESS US