



Anderson University Athletic Training Education Program

Preparing Students for the Future

Primary Care Physician Rotation Athletic Training Student Evaluation

Name: _____ **Date:** _____

Affiliate Rotation: _____ **Evaluator:** _____

Student's Score / Total Possible: _____ / _____ = _____ %

Failure to successfully complete this Affiliate Site Rotation with at least a 60% will result in the athletic training student needing to repeat this Affiliate Site Rotation.

Directions: Please respond to the following items with respect to the Athletic Training Student's performance under your supervision. For each of these items, indicate your assessment from poor to excellent. If you do not feel that you can accurately assess an ATS because the item is not applicable, please mark that box. Those items that you mark as not applicable will not be factored into the total number of points possible. Please use the following scale to assess the student's performance based on the defined objectives for this affiliate site rotation:

- 1 – POOR – Student fails to meet expectations and objectives for this rotation**
- 2 – FAIR – Student partially meets expectations and objectives for this rotation**
- 3 – AVERAGE – Student meets expectations and objectives for this rotation**
- 4 – GOOD – Student demonstrates high ability to meet expectations and objectives for this rotation**
- 5 – EXCELLENT – Student goes above and beyond expectations and objectives for this rotation**

1=Poor	2=Fair	3=Average	4=Good	5=Excellent	NA=Not Applicable
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Clinical Athletic Training Skills	1	2	3	4	5	NA
1. Student understands the roles of various allied health professionals and how they work together						
2. Student understands the health care administration system (HIPPA, BBP, etc.)						
3. Student understands the use of various diagnostic tests ordered by physician						
4. Student will gain an understanding of different general medical conditions						
5. Student has basic understanding of anatomy and the types of conditions seen by physician						
6. Student understands and appreciates interaction among physicians in providing appropriate medical care						
7. Understands appropriate medical coding and record keeping procedures						
8. Student understands evaluation and protocol for diagnosing illnesses						
9. Student understands the basic day to day operation of a physician's office						

Personal/Professional Attributes	1	2	3	4	5	NA
11. Student has a good rapport with patients						
12. Student is able to follow directions						
13. Student works with speed and efficiency						
14. Student is respectable and works well with other clinic						
15. Student is professional in appearance and dress						
16. Student displays a willingness to learn and is open to new ideas						
17. Student consistently works to improve their skills						
18. Student exhibits responsibility, dependability, and punctuality						

Comments:

The signatures below indicate that the Clinical Instructor has reviewed and discussed this form with the Athletic Training Student. The signature of the student does not indicate that he/she agrees with this evaluation; but simply that he/she has been informed. The purpose of this evaluation is to help the student improve their athletic training performance.

Clinical Instructor Signature _____

ATS Signature _____