ATHLETIC training educators have often looked to the nursing profession for clinical education ideas. A model utilized in nursing that could easily be applied to athletic training is the empowerment model. In most cases, entry-level clinicians develop critical thinking skills and competence through two to three years of experience. In addition to knowledge, new clinicians need confidence to provide high-quality patient care. The purposes of this report are (a) to present a model that initiates confidence-building activities as soon as a student begins an athletic training education program, and (b) to present a framework that facilitates development of student confidence as a clinician.

**The Empowerment Model**

An empowered person shares that power with others, rather than having others supply all the action. Essentially, empowerment provides people with freedom to express thoughts and ideas. From an educational standpoint, the empowerment model views students holistically and emphasizes enhancement of student control in clinical experiences. The empowerment model characterizes the clinical instructor (CI) as a facilitator. This role requires the CI to be an expert who guides the student in exploration, decision making, and evolution to become a professional clinician. The success of this model requires the CI to relinquish control and not function as the sole decision maker. To feel empowered, the athletic training student (ATS) must believe that the CI is committed to sharing the decision-making process.

Empowerment is derived from experience, and knowledge is gained from the shared experiences of the CI and the ATS. CIs can deemphasize structured decision making by giving students choices. This empowerment allows students to experience the consequences of choices and develops respect for the CI. Empowerment essentially encourages students to become responsible clinicians. Without empowerment, a student’s autonomy is lost. As an ATS transitions to independent professional practice, the empowerment concept becomes a critical determinant of success.

Three elements define the empowerment clinical education model: (a) responsibility, (b) authority, and (c) accountability. Responsibility is the capability to respond properly. The CI teaches a student how to accept responsibility. Authority is the right to act, which is manifested when a student
accepts responsibility, makes a decision, and implements an action in a given situation. Accountability is the acceptance of responsibility for the consequences of the action. Through reflection, the CI and ATS determine the appropriateness of the chosen action, and alternative actions that may have been implemented are discussed.

The three elements of the empowerment model are sequential; authority cannot precede responsibility, and accountability cannot precede authority.1 The elements must also be balanced (Table 1). For example, an ATS who assumes more authority than the amount of responsibility that has been allocated can create a strained relationship with the CI.

## Empowerment in Clinical Education

Acceptance of responsibility is key to becoming empowered.1 An empowered ATS is able to use his or her knowledge and experience, previous CIs’ knowledge and experience, and his or her belief system to develop a plan of action.7 Many ATSs do not accept a degree of responsibility that corresponds to the level of progression through the professional education program. The most common reasons for failure to accept responsibility are fear of making mistakes and the mindset that “I am only a student.”1 To facilitate student progression toward acceptance of a professional role, the CI must transfer decision-making control to the student.

One method for transfer of control involves questioning that focuses student attention on important points.4 CIs intentionally promote critical thinking through direct open-ended questioning of a student’s knowledge, decision-making skills, and actions.5,10 High-level questions relate to clinical practice decisions that require evaluation, synthesis of knowledge, and application.10 For example, an evaluation question forces a student to make a decision about an appropriate intervention. CIs should focus on asking high-level questions, rather than low-level questions that simply relate to information recall (Table 2). Questioning that promotes reflection transitions the students’ thinking from information recall to the application of knowledge in a patient care context.9 A focus on information recall limits development of critical thinking ability for the application of knowledge in different clinical contexts. This process moves students from simple application of knowledge in one context to the construction of knowledge for application in different contexts.9

When high-level questions are asked, a sufficient amount of time must be allowed for students to formulate high-level responses.5 CIs motivate students by providing encouragement, modeling patience, and providing positive feedback. Questioning sessions aid in

### Table 1. An Example of Empowerment in Clinical Education

<table>
<thead>
<tr>
<th>Aim</th>
<th>Definition</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility</td>
<td>Capability to respond</td>
<td>CI coaches ATS to move beyond basic knowledge and into integrating patient care context.</td>
</tr>
<tr>
<td>Authority</td>
<td>Right to act</td>
<td>CI asks high-level questions about treatment selection, encourages ATS to provide treatments, and provides positive feedback.</td>
</tr>
<tr>
<td>Accountability</td>
<td>Reflection on the action</td>
<td>CI provides constructive feedback on progress and assists ATS to analyze consequences of action. If no live scenario, CI provides intervention scenario.</td>
</tr>
</tbody>
</table>

### Table 2. Low-Level vs. High-Level Questions

**Example of Lateral Ankle Injury Evaluation**

**Low-Level Questions**
- What history questions would you ask?
- What anatomy points would you palpate?
- List special test that you would use.

**High-Level Questions**
- Apply what you know about the mechanism of injury to other possible ankle injuries.
- What are reasons why you did not choose other special tests?
- What is your rehabilitation plan for this athlete compared to an athlete with a medial ankle injury?
- What do you consider to be the most important aspect of treatment for this athlete?