Being an Effective Athletic Training Clinical Instructor

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The responsibility to provide high-quality clinical instruction in athletic training professional-preparation programs is increasing dramatically. Certainly, clinical education is a critical component of all allied medical-education programs, and athletic training is no exception. To succeed in the role of clinical instructor (CI) requires considerable attention to teaching that might not have been included in the CI’s professional education. It is not uncommon to find that allied medical CIs do not have formal preparation in education and have been selected because of their professional skills rather than their teaching abilities (Jarski, Kulig, & Olson, 1990). Although expertise as a clinician is important, it does not guarantee expertise as a CI. In addition, to succeed as a CI requires balancing clinical teaching and patient care. This is undoubtedly a complex task. In this article we identify the characteristics, qualities, and skills presented in the allied-medical-professions literature that are pertinent to developing effective CIs (see the sidebar). The information presented will be useful for athletic training approved clinical instructors (ACIs) and CIs, in general. The abbreviation CI will be used to represent both ACIs and CIs in this article.

**Legal and Ethical Behavior**

Common sense tells us that CIs, as well as all certified athletic trainers, should conduct themselves in a manner that reflects appropriate legal and ethical behavior. This includes abiding by the NATA code of ethics. Of particular importance to CIs is the principle of complying with federal, state, and local laws and regulations governing the practice of athletic training. Most states have a form of regulation (i.e. registration, certification, licensure, or exemption) that affects the role of the certified athletic trainer as CI. Most state licensure...
laws include requirements for student supervision, and some define specific responsibilities for athletic trainers in the supervisory role. For example, in the state of Indiana the licensure law (898 IAC-1-1-9) states, “The supervising athletic trainer must maintain a record of each student’s experiential hours” (National Athletic Trainers’ Association [NATA] Education Council, 2002). The state of Ohio (4755-46-02 student athletic trainer) requires that “any documentation written by a student athletic trainer must be countersigned by the supervising athletic trainer” (NATA Education Council). Therefore it is pertinent for CIs to be aware of and abide by the laws for supervision in their respective states.

Effective CIs must also remain in good standing with the National Athletic Trainers’ Association Board of Certification (NATA-BOC). The NATA-BOC requires all certified athletic trainers to obtain a minimum of 80 continuing-education units every 3 years in order to maintain their certification status. Individuals who do not fulfill the continuing-education requirements are placed on probation. Any irresponsible behavior regarding state regulation or NA TA-BOC certification would certainly provide a poor professional example for athletic training students.

**Communication Skills**

Good communication skills are an essential component of being an effective CI and are particularly important in the teaching and learning exchange. 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. When providing constructive feedback on students’ clinical performance, CIs should choose a communication style that is nonthreatening and correct them in a tactful manner while providing a clear, honest perception of their ability (Dunlevy & Wolf, 1992; Emery, 1984; Jarski et al., 1990). CIs should also engage in positive communication that encourages student–teacher dialogue. 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 (Dunlevy & Wolf; Emery; Laurent & Weidner, 2001; Weidner, Trethewey, & August, 1997).

**Interpersonal Skills**

In conjunction with effective communication the CI should have effective interpersonal skills. Interpersonal skills are conducive to making a student feel valued as a person (Dunlevy & Wolf, 1992), so the CI should approach the teaching/learning process and interaction with students with enthusiasm, friendliness, honesty, and receptiveness (Dunlevy & Wolf; Gjerde & Coble, 1982; Jarski et al., 1990; Mogan & Knox, 1987; Nehring, 1990). These traits demonstrate a genuine interest and concern for students as learners and as people. It should be emphasized that the clinical setting is distinct from the classroom in that it includes patient care. Therefore, it is essential that CIs set an example of sincere interest in their patients, as well as in their students (Gjerde & Coble).

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 (Anderson, Larson, & Luebe, 1997; Dunlevy & Wolf, 1992; Irby, Ramsey, Gillmore, & Schaad, 1991). Furthermore, CIs should demonstrate respect and relate interpersonally with a wide variety of students and patients of differing gender, race, and ethnicity, as well as different personalities and levels of knowledge.

It is not uncommon in the clinical-education setting for one CI to supervise multiple students in addition to managing patient care. Therefore, it is important for CIs to take an active interest in each student to prevent a student from “getting lost in the crowd.” CIs should try to gain the perspective of each student while interjecting their own perspective on clinical practice (Bauer & Alexander, 1984). Students often feel a high level of anxiety in the clinical setting when faced with challenging or difficult situations. CIs can help ease this anxiety by sharing their own personal experiences and challenges as athletic training students. Encouraging dialogue among student peers can also help reduce anxiety in the clinical setting (Cason, Cason, & Bartnick, 1977). For example, a student might feel overwhelmed by the number and variety of injuries encountered in a clinical rotation involving football. Encouraging students to discuss different injuries that they have worked with facilitates a dialogue that is conducive to learning and