**CLINICAL INTEGRATION PROFICIENCIES**

**HEALTHCARE ADMINISTRATION**

**CIP 9**

ATHT 4430 (or physical therapy rotation), ATHT 4990

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Instructor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTIONS:**

The clinical integration proficiencies (CIPs) represent the **synthesis and integration** of knowledge, skills, and clinical decision-making into **actual client/patient care**. In most cases, assessment of the CIPs should occur when the student is engaged in real client/patient care and may be necessarily **assessed over multiple interactions with the same client/patient.** In a few instances, assessment **may require simulated scenarios**, as certain circumstances may occur rarely but are nevertheless important to the well-prepared practitioner. The incorporation of **evidence-based practice principles** into care provided by athletic trainers is central to optimizing outcomes. Assessment of student competence in the CIPs should reflect the extent to which these principles are integrated. Assessment of students in the use of **Foundational Behaviors** in the context of real patient care should also occur.

**GRADING:**

|  |  |  |
| --- | --- | --- |
| Points | Grade | Description |
| 5 | A | Excellent. Student performs consistently above the expectations for the level in the program and has achieve mastery of skill. And, often demonstrates the skill above and beyond the requirements. (95% or better.) |
| 4 | B | Above Satisfactory/Very Good. Student performs at the level expected for the level in the program and is close to mastery. And, can adapt or adjust behavior if preceptor requests. (85-95%)  |
| 3 | C | Satisfactory/Average. Student performance is close to mastery, not quite there yet. Occasional instruction/correction required. (75-85%) |
| 2 | D | Below Satisfactory/Unacceptable. Student performance is elementary and at basic level. Student must repeat or improve the skill or behavior. (65-75%) |
| 1 | F | Unacceptable. Student performance is not even at the basic level or claims they cannot remember. Much instruction is needed prior to performance of the skill or behavior (below 65%) |
| NO | Not Observed | In cases where a professional practice or a clinical integration proficiency is not observed directly with a patient/client, give the student a hypothetical scenario, and evaluate their performance. (i.e. NO - 4) |
| Comments |  | Please make comments to clarify grades, indicate areas for improvements, or indicate improvements that have been made. |

Grade is calculated on the Total Points and Grade equivalents listed. Please indicate the student’s total points where indicated and the percentage of the total points. Students must average a B- (83%) or better to meet this clinical integration competency for this course. Don’t just give them the grade, make them continue to practice until it is earned.

The Preceptor must review the document with the Student and both must sign the sheet. The sheet is then turned into the Course Instructor, then given to the Program Director. This CIP will be kept in the student file documenting completion of this component of the Athletic Training Program.

**GENERAL INFORMATION:**

Were these skills evaluated in real-time with patients/clients? \_\_\_\_yes \_\_\_\_no (these may take place with more than one individual, if multiple athletes expand below)

If yes, when did initial consultation/evaluation take place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. And, how long has the student been interacting with this patient/client? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the diagnosis/condition?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, what type of scenario(s) was/were given to the student to meet the requirements of this evaluation?

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**CIP 9**

|  |  |
| --- | --- |
| **Points** | **Description of what you are Assessing** |
|  | Student utilizes documentation strategies to effectively communicate with |
|  |  Patients |
|  |  Physicians |
|  |  Insurers |
|  |  Colleagues |
|  |  Administrators |
|  |  Parents or family members |
|  | Student uses appropriate medical terminology |
|  | Student complies with statues that regulate privacy of medical records |
|  | Student uses a comprehensive patient-file management system (including diagnostic and procedural codes) for: |
|  |  Chart documentation |
|  |  Risk Management |
|  |  Outcomes |
|  |  Billing |
|  |  |
|  | **Subtotal of CIP 9 Points** (out of 60 points) |

**Foundational Behaviors**

|  |  |
| --- | --- |
| **Points** | **Description of what you are Assessing** |
|  | **Primacy of the Patient**Student recognizes sources of conflict of interest that can impact the client/patient health or condition |
|  | Student knows and applies the commonly accepted standards for patient confidentiality (HIPAA and FERPA, etc) |
|  | Student provides best healthcare available for client/patient |
|  | Student advocates for the needs of client/patient |
|  | **Team approach to Practice**Student recognizes the unique skills and abilities of other healthcare professionals |
|  | Student understands the scope of practice of other healthcare professionals |
|  | Student executes duties within the identified scope of practice for athletic trainers |
|  | Student includes the client/patient (and family where appropriate) in the decision-making process |
|  | Student works with other professionals in effecting positive patient outcomes |
|  | **Legal Practice**Student practices athletic training in a legally competent manner |
|  | Student identifies and conforms to the laws that govern athletic training |
|  | Student understands the consequences of violating the laws that govern athletic training |
|  | **Ethical Practice**Student complies with the NATA’s Code of Ethics and the BOC’s Standards of Professional Practice |
|  | Student understands the consequences of violating the NATA’s Code of Ethics and the BOC’s Standards of Professional Practice |
|  | Student complies with other codes of ethics, as applicable |
|  | **Advancing Knowledge**Student uses evidence-based practice as a foundation for the delivery of care |
|  | Student critically examines the body of knowledge in athletic training and related fields |
|  | Student disseminates new knowledge in athletic training to client/patient or other healthcare professionals, and others as necessary |
|  | **Cultural Competence**Student demonstrate awareness of the impact that client/patient cultural differences have on their attitudes and behaviors toward health care. |
|  | Student demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations |
|  | Student works respectfully and effectively with diverse populations in a diverse work environment |
|  | **Professionalism**Student advocates for the profession |
|  | Student demonstrates honesty and integrity |
|  | Student exhibits compassion and empathy |
|  | Student demonstrates effective interpersonal communication skills |
|  | **Subtotal of foundational behavior Points** (out of 125 points) |

Combined Total Points:

|  |  |
| --- | --- |
|  | **Subtotal of CIP 9 Points** (out of 60 points) |
|  | **Subtotal of foundational behavior Points** (out of 125 points) |
|  | **GRAND TOTAL POINTS** (out of 185 points) |

Total points grade scale:

 A = 176-185

 A-= 170-176

 B+= 166-170

 B = 159-166

 B-= 153-159

**\_\_\_\_\_\_\_\_ FINAL GRADE**

**DOCUMENTATION**

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Instructor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note**: The student signature does not necessarily mean that he/she is in agreement with the evaluation. It serves as proof that the clinical skill/integration evaluation was reviewed with the student.

**COMMENTS:**