Module 8

EFFECTIVE COMMUNICATION IN CLINICAL EDUCATION
Effective Communication

Quality clinical education requires effective communication between preceptors, students and the athletic training program.
Establish acceptable student responsibilities in the athletic training/sports medicine facilities and at related venues.

Establish acceptable student responsibilities when traveling to away events.

(See Travel Policy)
Preceptors must communicate with the Program Director and Clinical Education Coordinator regarding student progress towards clinical education goals at regularly scheduled intervals determined by the athletic training program.

To ensure adequate instruction and evaluation, effective communication must exist between preceptors and athletic training program administrators.

Clinical Education Coordinator will have presence in the clinical settings via scheduled site visits.
Preceptors must use appropriate forms of communication to clearly and concisely express him/herself to students, both verbally and in writing.

Effective learning requires timely and constructive feedback.

Often clear verbal instructions and feedback are sufficient but at times written instructions and feedback will be necessary to adequately instruct and evaluate students.
Preceptors must provide appropriately timed and constructive formative and summative feedback to students

- **Formative feedback** = developmental feedback for future practice and skill development
- **Summative feedback** = final evaluation

To effectively develop clinical skills, students must be given formative feedback throughout a clinical rotation

- Evaluation of a student at the end of a clinical rotation without giving the student formative evaluations and practice opportunities throughout does not allow the student to fully develop the skills prior to the final evaluation
- This does not allow the student to change his/her behavior and makes the final summative evaluation biased
Facilitating Communication in Clinical Education

Preceptors must facilitate communication with students through open-ended questions and directed problem solving

- Full evaluation of the student’s clinical ability is evaluated by gaining knowledge of the Student’s cognitive and psychomotor abilities relative to a clinical proficiency
- This is accomplished through questioning and problem solving along with skill observation
Preceptors must ensure time for on-going professional discussions with the student in the clinical setting

- Professional development of the student requires regular input from the preceptor
- A preceptor that is not available for discussion creates a stand-offish atmosphere that discourages professional involvement by the student

Preceptors must communicate with students in a non-confrontational and positive manner

- The preceptor must remember that the student is a student and not an employee; accordingly, the student is developing skills and abilities
- Positive constructive communication gives the student a sense of their strengths and weaknesses as an AT
- Negative, confrontational communication is not effective in promoting improved clinical performance
Clinical Preceptor Feedback

Preceptors will receive feedback from the Program Director and Clinical Education Coordinator as well as students.

A preceptor must be prepared to receive constructive input from the Program Director and Clinical Education Coordinator as well as feedback from the students.

The purpose of this feedback is to assist the preceptor in identifying their areas of strength and weakness in clinical education and supervision.