

## Letters to the Editor

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### How Come's and Why For's

The issue of educating athletic training students has been discussed and debated for many years. Prior to the elimination of the internship route to certification, there were those that believed this was not an acceptable manner in which to educate our students and was an issue of credibility for our profession. Supporters of the internship were generally in favor of the older, more traditional style of athletic training education. Some only supported it because they needed the work force in order to have at least minimal coverage for their teams.

As a product of an internship undergraduate program, I felt that I had some unique experiences and, at least at the time, adequate academic preparation. My academic experience in an approved graduate program proved to me that the internship route was certainly lacking academically, but the field experience I was able to obtain was a definite asset to my career and I felt on a par clinically with my graduate school classmates that had been through an approved undergraduate program.

Why did I feel so confident in my clinical skills? I had the opportunity to work under the direction of two athletic trainers that were incredible clinical instructors. I felt that I was being taught what I refer to as the "how come's and why for's." Although the grammar may be incorrect, it's the best way I know to describe how information was presented to me on a daily basis.

Today, the discussion and debates revolve around this very issue. There are those that feel the hours and supervision restrictions are creating a situation that denies athletic training students the opportunity to obtain the necessary clinical skills and field experiences they need to step in to the work force upon graduation and successful completion of the certification exam. Others are concerned with the number of hours athletic training students could be expected to work and the lack of supervision that could put students in a situation they are not prepared for.

It is my contention that the notion of making sure students are presented with the "how come's and why for's" can be a crucial step in the clinical education process. We, all of us, clinical staff and academic staff, have to do a better job of explaining to our students (and young staff, for that matter) what we are doing and why we are doing it. It may be the easiest way to teach and doesn't even always require that the students put their hands on someone or something. This type of education can be scaled up or down depending on the level and education of the individual student (or staff).

It is also my contention that this is not something that should be expected only of the clinical staff. The academic staff has to take this same approach in the classroom and should spend time in the clinical setting demonstrating those concepts that are being taught in the classroom. Being in the clinical setting allows the

academic staff to find out first hand what the students are taking away from the classroom education. In addition, it gives them credibility in the classroom.

The question of what constitutes proper supervision and the question of how many hours students should be spending in the clinical setting is a discussion for another day. The question of how we can properly educate our students in the clinical setting is simply a matter of making the effort to adequately explain to the students what we are doing and how we are doing it. It should be one of the easiest things that we do, and is definitely something we should all take responsibility for.

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### Clinical Coordinator or Clinical Education Coordinator

The Clinical Coordinator is an integral part of an athletic training education program. This individual commonly works with the Program Director in administering the clinical aspects of the program, serves as the program's Clinical Instructor Educator (CIE), and has teaching and/or clinical responsibilities. It seems though, that the title "Clinical Coordinator" does not adequately describe this position. "Clinical Education Coordinator" is a more relevant and accurate title.

The Head Athletic Trainer, Director of Sports Medicine, or whatever title is used, is actually the Clinical Coordinator. This person coordinates the clinical staff, operation of the various athletic training rooms, and the involvement of team physicians and other health personnel, in addition to administering the budget, overseeing insurance issues, etc. In comparison, the current use of the title Clinical Coordinator refers to one who assigns students to clinical instructors (referring to both an approved clinical instructor (ACI) and a clinical instructor (CI) and works with the students and clinical instructors to maximize a student's clinical education. This is only part of the entire scope of clinical coordination at a college or university. Thus, the term Clinical Education Coordinator seems more appropriate.

I believe there are two different aspects to a Clinical Education Coordinator's job description: 1) coordinating the clinical assignments for students within the athletic training education program, and 2) mentoring clinical instructors to improve their ability to educate the students assigned to them. Of these two responsibilities, it is my sense that more emphasis is placed on #1

than #2. I completely agree that having a student in the right place at the right time can be crucial to the student's growth and development. Knowing the student is key to making assignments in this way. However, with greater emphasis on mentoring clinical instructors, I believe we can create more "right places" for the students to be at, at the "right time." This emphasis on mentoring the clinical instructors who mentor the students—focusing not only on educating the student, but also the mentor—is the key to the title, Clinical Education Coordinator.

I have not heard the term "clinical instructor mentor" used when referring to the interaction between the Clinical Education Coordinator and Clinical Instructors. The Clinical Education Coordinator must have the mindset that instruction needs to take place beyond the initial Clinical Instructor workshop. This workshop is meant to help Clinical Instructors understand their roles and share tips and techniques of clinical instruction. Do we expect an athletic trainer to be a proficient Clinical Instructor by merely periodically attending this meeting? Clinical instructors will be better educators if there is an ongoing process of sharing educational ideas and support of them and their activities. If the Clinical Education Coordinator thinks of him/herself as a clinical instructor mentor he/she may provide this support and instruction more frequently.

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