

# Improving Clinical Education Through Proper Supervision

K. Sean Willeford, MS, ATC, LAT\*; A. Louise Fincher, EdD, ATC, LAT†; Mary G. Barnum, EdD, ATC, LAT‡; Greg Gardner, EdD, ATC, LAT§; M. Susan Guyer, DPE, ATC, LAT¶; Linda S. Levy, EdD, ATC ¶; Patrick Sexton, EdD, ATC, ATR#  
\*Texas Christian University, Fort Worth, TX; †The University of Texas at Arlington, Arlington, TX; ‡Springfield College, Springfield, MA; §The University of Tulsa, Tulsa, OK; ¶Plymouth State University, Plymouth, NH; #Minnesota State University, Mankato, MN

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Recently, discussions regarding the supervision of AT students and a perceived decreased quality of recent graduates of accredited programs have been plentiful and, at times, have become the epicenter of debate. Some concerned individuals point directly to the accreditation standards that require supervision as the cause of the perceived decrease in quality. While this theory is just one side of the story, we ask that other aspects of this debate be considered.

- Could the perceived decrease in quality be the result of poor or inadequate supervision rather than tighter controls on student supervision?
- Does it make a difference that many ATs of the past were trained in schools of education and often had formal course work in teaching?
- Were there enough prepared and qualified program directors, classroom, and clinical educators to support the rapid increase in Athletic Training Education programs?
- Have AT Education Program (ATEP) administrators (program directors and clinical coordinators) sought the input and feedback from their clinical educators in regard to supervision or have these ATEP administrators “pushed” their own agendas regarding supervision, made disrespectful or inappropriate ultimatums, or disregarded the needs and responsibilities of the clinicians?
- Is it possible that as the profession went through great changes in didactic education, we neglected to address our deficiencies in clinical education?

As debate over supervision has escalated, so too has the finger pointing. We believe that ATEP administrators should shoulder much of the blame. Many of us have not done due diligence in equipping clinical educators with the necessary information or gaining release time for them to be effective clinical supervisors and educators. We have simply assigned students to clinical instructors and naively assumed that the clinical instructors would automatically have the time and skills to provide a quality educational experience.

To correct this disconnect in the development of good clinical supervisors, it is imperative that ATEP administrators work together with clinical instructors to more effectively understand and respect each others' needs and responsibilities, understand how to create and improve students' problem solving abilities, and how to most effectively create a highly-qualified entry-level athletic trainer.

This issue of the *Athletic Training Education Journal* contains a series of 5 articles developed by the *Professional Education Council* which critically evaluates supervision in athletic training education. The authors represent the work of individuals who are first and foremost, clinicians, and who also have developed expertise as educators, researchers in the field, and leaders in AT education. We believe that the material presented in this issue represents best practices in clinical supervision and has the potential to positively affect athletic training education and the quality of athletic training students and entry-level athletic trainers.

The initial article in this series is a literature review of clinical education covering a variety of health care professions and examines the framework of successful clinical education in other disciplines. The characteristics, behaviors, and skills of successful clinical education are viewed through the lens of the clinical education as well as the student, and discuss the role of supervision in clinical education.

A historical look at athletic training clinical education and, more specifically, the evolution of supervision follows this initial piece. This article attempts to provide clear responses to the questions, “*What is supervision?*” and just as importantly, “*What supervision is not?*” while prompting the reader to consider supervision as an avenue for effective mentoring of athletic training students.

The third article in this series provides a model for supervision of athletic training students across the continuum, recognizing that



*Mr. Willeford is the Program Director at Texas Christian University and a member of the Professional Education Council. [s.willeford@tcu.edu](mailto:s.willeford@tcu.edu)*

*Dr. Fincher is an Assoc. Professor and Director of the ATEP at The University of Texas at Arlington. She is Chair of the Professional Education Council and has more than 26 years an athletic trainer and an educator. [lfincher@uta.edu](mailto:lfincher@uta.edu)*

supervision must change as the student matriculates through the curriculum. Termed *Situational Supervision*, the model presented provides clinical instructors a method that encourages students to learn, apply, and master clinical skills with the goal of helping clinical instructors become more effective supervisors while giving students the opportunity to make critical decisions, while still being supervised.

Questioning and feedback are the foci of the next article. Questioning is a tool that can be effective when used properly, unfortunately questioning skills are often neglected in the preparation of clinical instructors. Similarly, feedback has the potential to build confidence and competence in the athletic training student if provided appropriately.

The final article looks at adult learning and the Dreyfuss model to examine the development of athletic trainers on a continuum from Novice to Expert. Discussion regarding entry-level practitioners in other health care professions leads to a critical review of athletic training that challenges the current expectations of entry-level athletic trainers.

Our hope is that this series of articles will challenge every AT involved in the education of AT students to critically analyze current practices regarding supervision in clinical education. As you read these articles, we hope that you will consider how the concepts and techniques emphasized in each manuscript could be used to improve the quality of entry-level AT education and ultimately the quality of the entry-level AT. We firmly believe that this very important topic is a key to the future success of our profession.

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