

primary care sports medicine, which I presently practice. It also blends the relationship of physician and athletic trainer, and, because of my background, I am more comfortable with the athletic trainers with whom I work because I know of their training background and level of expertise. As such, I still participate as a proctor in the national certifying examination process.

In summary, as more physicians are exposed to the training and background of Certified Athletic Trainers, they will feel more comfortable with, rely more upon, and realize the importance of their skills and expertise in the clinic and training room and on the sidelines.

I would welcome any comments or questions from NATA members who are interested in blending an osteopathic physician's musculoskeletal expertise with an athletic training background.

Philip C. Zinni III, DO, MS, ATC
Family/Sports Medicine
1895 Mowry Avenue, Suite 100
Fremont, CA 94538

THE CERTIFIED ATHLETIC TRAINER AS CLINICAL INSTRUCTOR

The responsibilities of the certified athletic trainer as clinical instructor are increasing dramatically. Certainly, the Committee on Health Education Accreditation guidelines for athletic training education programs require a great deal of accountability in this area. Unfortunately, time spent in the training room does not ensure that students acquire clinical skills. More often than not, these experiences are somewhat random; two students may not share similar experiences. Moreover, merely passing the oral/practical portion of the national certification exam in athletic training is not sufficient evidence that student athletic trainers have learned the comprehensive skills of the profession. Continuing education demands of clinical instructors, particularly in the areas of new technologies and therapeutic techniques, add to the burden of effective and up-to-date clinical instruction for students. To further complicate the matter, learning these new skills requires an increased time commitment from clinical instructors. Conventional

didactic presentations do not lend themselves to learning the practical application of new skills. Rather, more intensive, hands-on, time-consuming short-courses or workshops are necessary.

The upgraded responsibility demands a close scrutiny of clinical instruction. Quality instruction does not just happen; it requires discipline, attention, and evaluation. One common approach to regular assessment of clinical instructors is through student athletic trainer evaluation. A brief questionnaire can be developed for this purpose. However, as is frequently done during evaluation of didactic instruction in the classroom, a peer evaluation should also be considered. In an ideal situation, another certified athletic trainer could observe the clinical instruction of a student trainer, perhaps seeing strengths and weaknesses and suggestions for improvement not identified by students. To give this evaluation more punch, perhaps job descriptions under which athletic trainers are hired can include their role as clinical instructor. In addition, performance evaluations completed by administrators would include clinical instructor effectiveness. With increased emphasis in this area, clinical instructors will have both the incentive and recognition to excel. Ideally, outstanding performance as a clinical instructor could be rewarded with a merit salary raise. A professional preparation program which does not formally recognize the vital contribution of clinical instruction may be risking complacency in this area. Perhaps all certified athletic trainers who provide clinical instruction should be recognized as adjunct professors in the athletic training major or professional preparation program.

No body of information exists regarding quality clinical instruction in athletic training. Hence, clinical instructors are concerned about how to best instruct and evaluate students' clinical skills. Research is critical in this area in order to shape our understanding of how to proceed. Perhaps a thoughtfully considered philosophy directing the clinical instruction process would be helpful in the meantime.

Clinical instruction of athletic train-

ers must be emphasized, and formal recognition of the certified athletic trainer's role in this process is critical. However, the clinical instructor's methods and teaching effectiveness require significantly more attention in the future.

Thomas G. Weidner, PhD, ATC
Ball State University
School of Physical Education
Muncie, IN 47306-0270

POSITION STAND ON LIGHTNING AND THUNDER

A brief article, "Death in 15 Seconds," by JA Moyer appeared in the *NATA News* in March of 1993. I feel that this article has misleading information in it. My response to it will appear in the *NATA News*.

Our research of this topic revealed a lack of any other information about lightning in the athletic training literature. As a result, our school district has developed a position statement on thunder and lightning, which I would like to share with journal readers, who may want to adopt a similar position. Should the NATA adopt a position on this issue?

Frank Walters, PhD, ATC
Coordinator,
Athletic Health Care Services
District of Columbia Public Schools
Washington, DC 20002

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Position Statement on Thunder & Lightning

Research indicates that lightning is the number two cause of death by weather phenomena, accounting for 110 deaths per year. The Athletic Health Care Services of the District of Columbia Public Schools maintains the following position on thunder and lightning:

- If thunder and/or lightning can be heard and/or seen, stop activity and seek protective shelter immediately.
- In situations where thunder and/or lightning may or may not be present yet you feel your hair stand on