Instructions for Evaluating Clinical Proficiencies

Being an effective certified athletic trainer and clinical preceptor at the same time is extremely difficult. The demands of each require significant time and preparation by the athletic trainer. To facilitate these two responsibilities, the ATP has developed scoring rubrics as a means of evaluating student competency. When used appropriately, these evaluation tools can be an accurate and efficient means of evaluating student skill performance and critical thinking ability.

EXPECTATIONS FOR COMPLETING PROFICIENCY WORKSHEETS

In order for the student to successfully demonstrate clinical skill proficiency, the performance expectations must be clearly understood by the clinical preceptor and the student. Clinical preceptors should always consider the student’s level in the program (sophomore, junior, senior) when assigning scores for skill performance. The student must always demonstrate both psychomotor and cognitive knowledge when performing proficiencies. For example, when performing palpation, the student should be able to locate and palpate each structure as well as explain the clinical significance of the structures. When performing a special test, the student must be able to perform the skill in a manner that yields effective results and also be able to describe the purpose and interpret the results of the test.

SCORING OF PROFICIENCY WORKSHEETS

Scoring rubrics have been included in both the evaluation worksheets and the discrete skill worksheets. The scoring rubrics are as follows:

ATTR 371 Rubric

<table>
<thead>
<tr>
<th>Score</th>
<th>Quality</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1*</td>
<td>Competent</td>
<td>As expected, performs skill correctly</td>
</tr>
<tr>
<td>0</td>
<td>Deficient</td>
<td>Unable to perform skill correctly</td>
</tr>
</tbody>
</table>

ATTR 372, 471, 472 & 473 Rubric

<table>
<thead>
<tr>
<th>Score</th>
<th>Quality</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Proficient</td>
<td>Performs skill correctly and demonstrates understanding of clinical significance</td>
</tr>
<tr>
<td>1*</td>
<td>Competent</td>
<td>As expected, performs skill correctly</td>
</tr>
<tr>
<td>----</td>
<td>-----------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>0</td>
<td>Deficient</td>
<td>Unable to perform skill correctly</td>
</tr>
</tbody>
</table>

*1 is minimum passing score.

**EVALUATION WORKSHEET CRITERIA**

You will note that two separate Likert scales follow each criterion on the evaluation proficiency worksheet. The clinical preceptor should evaluate the student on each of the evaluation criteria in regards to both demonstration of knowledge and skill performance. Each evaluation worksheet also contains a professional behavior performance criterion.

**Demonstration of Knowledge:**

- Does the student possess the specific concepts and terminology to complete the task (correct anatomy, names of ROM or therapeutic devices)?
- Can the student predict the intended outcomes of the task? Is the student aware of pertinent indications, contraindications, and precautions involved with the task?
- Can the student draw the appropriate conclusions based on feedback from the patient on the task?
- Does the student cognitively process the information gathered during the task?
- Can the student explain the clinical significance of the skill(s) being demonstrated?

**Skill Performance:**

- Does the student use correct, effective patient position and examiner position?
- Does the student perform the task correctly (i.e. application of force, direction of force)?
- Does the student perform the task in a manner that yields effective results?

**Professional Behavior:**

- Does the student perform the task in an organized manner?
- Is the student aware of the effects that the task is having on patient? (i.e. observing the patient’s facial expressions, privacy of patient, etc.)
Does the student alter the task according to obstacles encountered during application? For example, Lachman test is inconclusive therefore the student attempts alternative tests, or the patient doesn’t describe the correct tension in muscle during stretch, therefore alternatives are explored.

Does the student appear comfortable and confident while applying the task?

GRADING DISCRETE SKILL & EVALUATION WORKSHEETS

For the skill proficiency worksheets, the clinical preceptor should score the skill performance using the scoring rubric above.

The skill proficiency worksheet should be completed in the following manner:

Initial Assessment

1. Prior to the skill proficiency assessment, the student should discuss the skills on the proficiency worksheet with the clinical preceptor to establish the specific expectations for each skill. Generally the student should initiate this discussion a minimum of one week prior to the due date.

2. In order to assess the student’s skill competency, the clinical preceptor may choose to (a) develop a patient case scenario during which the skills will be assessed, (b) assess the student during an evaluation of patient/athlete, or (c) assess the skill performance on a peer or other willing volunteer.

3. If during an assessment of skills on a proficiency worksheet, the clinical preceptor feels that the student is not sufficiently prepared, the clinical preceptor can discontinue the assessment. The clinical preceptor should recommend that the student review the skills and information and then schedule another appointment with the clinical preceptor. The proficiency worksheet will not be marked, and the student will not have to complete remediation. In this case, the student is required to complete the proficiency worksheet on a different day with the same clinical preceptor.

4. The completed proficiency worksheet is submitted to the student’s clinical methods course instructor by the due date indicated on the syllabus.

Remediation

1. If the student earns a rating of “deficient” (see scoring rubric above) on any of the discrete skills, the student will submit the proficiency worksheet to the clinical methods instructor by the appropriate due date. The clinical methods instructor will then give the student a new copy of the same worksheet, and the student will complete the whole worksheet a second time.

2. If a student earns a rating of “deficient” on any skill on a worksheet, the student will receive 0 points for that worksheet.
3. On the first instance of remediating an evaluation worksheet, the student will complete the worksheet with the same clinical preceptor as the first time. If a student has to remediate another worksheet during the semester, the student must complete the worksheet with a different preceptor. A clinical preceptor will not repeat more than one worksheet with a student in any given semester. This policy pertains only to repeating worksheets, not on the initial assessment of proficiency worksheets.

**GRADING OF PROFICIENCY WORKSHEETS**

Although each clinical methods instructor has the discretion to assign points for specific assignments, generally speaking points for each proficiency worksheet are assigned as follows:

- 10 points: 1 page worksheet containing discrete skills
- 15 points: basic evaluation worksheet, for example in ATTR 371
- 20 points: more in-depth evaluation worksheet, for example in ATTR 372

In each clinical methods course, there are approximately 10 worksheets. Performance on the proficiency worksheets is a significant determinant of the course grade. Grades on each proficiency worksheet will be assigned using a mathematical calculation of the points earned divided by the points possible. The number of points the worksheet is worth will be multiplied by the percentage earned, which will give a grade for the worksheet. However, if the student receives a rating of “deficient” for any skill on the worksheet, the student will receive a grade of “0” for that worksheet. The course instructor, not the clinical preceptor, as with all other clinical methods course assignments, will assign grades for proficiency worksheets.