Evaluating Clinical Skills in Athletic Therapy

THOMAS G. WEIDNER, PhD, ATC
School of Physical Education
Ball State University

JONATHAN A. AUGUST, MA, ATC
Physical Therapy Program
University of Massachusetts

ROBERT WELLES, MA, PT
DEBORAH PELLETIER, MS, PT
Physical Therapy Program
Springfield College

EVALUATION IS a co-operative venture involving students, clinical instructors, supervisors, and administrators who are concerned about teaching and learning. It is a continuous process in the instructional system (Ford, 1978).

The term evaluation does not mean the same thing to everyone. Some immediately think of tests and perceive evaluation to be no more than classroom testing. Tests that are based on stated objectives do provide one basis for evaluation, but evaluation should be considered in a broader sense.

Information gleaned from test scores is useful in the evaluation process, true, but so is information obtained from direct observation and clinical instructor/student interviews.

Evaluation helps students attain entry-level competence by informing them of their current level of performance, and by identifying their strengths and weaknesses in light of specified standards. It provides clinical instructors with the information they need to design quality learning experiences and modify existing ones.

Evaluation also provides academic and clinical information on student progress, in turn enabling instructors to (a) assign grades, (b) determine whether students have attained entry-level competence, and (c) assess the effectiveness of the academic and clinical curricula (Campbell, 1977).

This article addresses the principles, types, and objectives for the clinical evaluation of students and their instructors. It also comments on the concept of a clinical education consortium in athletic therapy.

Clinical Evaluation Principles

Allied health care professionals practice disciplines that involve cognitive, affective, and psychomotor operations at various levels and in various combinations (Ford, 1978). In athletic therapy, problem-solving and synthesis of concepts and principles can be readily observed. The importance of hands-on and technical skills becomes apparent in patient intervention and in the use of instruments or equipment. Even in the most routine procedures, sensitive and empathetic interactions are important.

The clinical instructor is confronted with a complex evalua-
tion problem since each student is accountable for such a wide array of competencies in the clinical setting. The major consideration in clinical evaluation is the acceptability of the student's level of performance. Some fundamental rules are in order here:

1. Essential features of clinical performance must be clearly defined by identifying objectives and expectations in advance. Clinical instructors agree that some description of terminal performance is essential for effective evaluation.

2. Evaluation of clinical performance must be individualized. Since the evaluator must make decisions about a student's competence, each student's achievement must be assessed.

3. The educational objectives, especially those related to clinical performance, must be defensibly related to competence in the health professions and must not merely reflect personal biases.

To expand a bit on Item 3, there are many ways to tape an ankle or rehabilitate a knee sprain. But it is the application of appropriate principles in these methods that should be judged, not necessarily the procedure itself. Certainly it is challenging to isolate pertinent aspects of competent performance in clinical settings.

The educator who enriches clinical experiences by incorporating various clinical settings into the program will notice that it becomes correspondingly more difficult to make sound judgments of students' clinical competence. Therein lies the challenge. A wide array of clinical techniques and procedures in a diverse patient population make a uniform evaluation process anything but automatic.

**Types of Clinical Evaluation**

Formative and summative evaluation serves to give students feedback about their clinical performance.

**Formative.** The formative evaluation is used to facilitate self-awareness in the student. It is a nonjudgmental form of communication that may be presented either informally (verbally), or formally (in writing). It is used to describe observations about behavior without implying that the behaviors are positive or negative (Brinko, 1993; Carpenito & Duespohl, 1985; Ende, 1983).

It is a statement of fact: “Your patient appeared nervous when you were talking to other people while you were working with him.” The student is then free to determine the consequences of his or her behavior and make appropriate changes.

Formative evaluation must be given on a consistent, timely basis. “Timely” varies with the situation but is generally considered to be as soon as it is possible to do so without making the student or athlete/patient feel uncomfortable. An exception would be safety issues, where “timely” becomes immediately.

Formative evaluation is specific to the situation and to the action: “You did not stabilize the pelvis when you stretched Mrs. Brown's hip extensors” is more informative than “You did not stabilize when you stretched.” Formative evaluation should be related to the standards of practice presented to the student before he or she began his/her clinical rotation.

**Summative.** The summative evaluation is generally regarded as the midterm and final evaluations. Summative evaluation is also provided informally throughout the clinical rotation, including judgmental verbal communication and body language (Carpenito & Duespohl, 1985).

Examples include praise, blame, looks of concern, disapproval, or agreement the clinical instructor expresses to the student. It implies that a behavior or clinical skill is either acceptable or needs to change. While formative evaluation provides nonjudgmental information and allows for choice, summative evaluation does not allow for choice. It tells the student he or she must conform to the opinion of the clinical instructor (Carpenito & Duespohl, 1985).

A formal written summative evaluation sums up the student's