As athletic training education has evolved over the past 10 years, so has the need for improved assessment techniques in both the didactic and the clinical setting. The body of knowledge, including clinical skills, that athletic training students (ATSs) are required to obtain during their academic career continues to grow by leaps and bounds. This phenomenon is true of any health-care profession and is not unique to athletic training. The expansion of the knowledge and skill necessary for entry into the profession, combined with the increased accountability of the educational process, has placed greater demands on students, educators, and approved clinical instructors (ACIs). As a result, the time needed to provide proper instruction and the need for sound assessment techniques has increased while athletic training educators and ACIs have been subjected to increased demands from all directions. Whether it is the athletic training education program (ATEP) director who must serve on department, college, and university committees and publish or the athletic trainer who has higher sport-coverage demands and is trying to serve on professional-association committees, the time for student assessment is generally at a premium and often put off by the students and ACIs until it is convenient. The bottom line is this: Assessment takes time, and no one has extra time; ACIs don’t always enjoy assessing ATSs, and ATSs don’t like being assessed. So why bother? Why is assessment so important in students’ education, and how can assessment be improved?

This article provides some ideas that might help educators and ACIs understand two major areas: the need for student assessment and how you can improve your assessment process and make it easier to administer and more educationally efficient. The ideas presented in the article are certainly not the only answers to these questions; rather, they are one point of view—a point of view that might, however, provide readers with some insight into their own programs’ assessment processes.

Why Do We Need to Assess Our Students?

According to Angelo and Cross, student assessment has two fundamental purposes: to determine how well students are learning and to determine how effectively we are teaching them. It is through assessment that we reveal the “outcomes” of our teaching–learning “process.” As athletic training educators (didactic and clinical) we cannot, and should not, assume that a good educational process always leads to good educational outcomes, nor should we assume that because we have good educational outcomes the educational process is sound. What we should be doing is using assessment in both formative and summative ways to help students become better learners, educators become

Key Points

Athletic training students need to be assessed in the didactic and clinical settings.

Formative assessment is better than summative assessment in terms of student learning.

Systematic integration of assessment techniques is crucial in order to document higher levels of learning over time.

Key Words: formative, summative, clinical education
better teachers, and graduates become better professionals—professionals who are continually learning and contributing to our profession’s unique body of knowledge.

Most educators are likely to agree that we should use both formative and summative assessment techniques but that the majority of student assessment should be formative. Formative assessment methods provide students with useful feedback that help them become better, more active learners. Summative assessment provides little or no feedback to students other than their outcomes on an assessment, that is, a score or a grade. Telling students what they did incorrectly, why it was incorrect, and guiding them to improve that skill (formative) is far more useful for them than simply telling them what they received for a grade on an exam or that they passed skills A, B, and D and will need to be retested on skills C and E (summative). Unfortunately, formative assessment takes more time than summative assessment does. It is far easier to post grades than it is to take the time to work with students in a formative way... or is it?

A few simple methods can easily be employed in both the clinical and the laboratory setting. In a laboratory practical, for example, let’s say a student is being assessed on special tests for the shoulder. While using a Likert-type scale on a checklist you evaluate the ATS’s ability to perform an O’Brien test as a 2 out of 5 because the student did not correctly position the patient’s arm or adequately relax the patient. Simply make a note on the checklist, and at the conclusion of the practical you can quickly review with the student why he or she failed that test. You can then demonstrate the correct patient position and even have the ATS correct his or her technique right on the spot. With this checklist accessible to the student (via a photocopy, placing it in the ATS’s portfolio, etc.) the ATS and the ACI can then study and review this before any future assessments. Even if you simply can’t take the time right then and there to help the student correct any flaws, you are still providing the ATS with some formative feedback, and you can work with that student at a later time.

The catch here is simple. Although formative assessment takes time, it helps students become better in the clinical setting, and then, in turn, they will be able to contribute more in the clinical setting, thereby freeing up some of the ACI’s valuable time. Let me be clear on this topic, however: I am not suggesting that the sole motivating factor for providing formative assessment is to create a better ATS in order to provide better service to the patients in the clinical setting. I am, rather, recognizing that ACIs’ time is a limited resource, and by taking the time to provide formative assessment of students they will enable ATSs to become better learners, therefore better “doers.” The ATSs will have a better overall clinical experience and should become better athletic trainers, and the ACI now has a little more of that valuable resource (time) to share with patients and with students.

Assessment isn’t simply a necessary evil of accreditation; it is a critical component of education. Documenting the fact that students are learning and we are teaching effectively will help athletic training educators refine our educational processes and improve our outcomes.

**How Can You Make Your Process Better, Easier, and More Efficient?**

At first glance (and probably at a second and a third glance), assessing and reassessing approximately 1,230 clinical proficiencies appears to be a daunting task. Using some form of checklist seems to be common in many ATEPs. A checklist is a relatively easy way to document, through a Likert-type scale, for example, the fact that a student learned and performed a particular skill (including its component subtasks) at a given level of proficiency, then performed the skill again, during a later assessment, at a higher level of proficiency. Although checklists are acceptable in terms of accreditation standards, are they really the best way to document learning? Is this really documenting “learning over time” or is it simply documenting “recall over time”? Doesn’t the phrase learning over time imply that students continually attain higher levels of understanding of the subject matter throughout their academic careers? If so, how does using the same checklist two or three times during a student’s academic career demonstrate that he or she has reached a higher level of understanding?

Table 1 provides a suggested application of the Bloom taxonomy of educational objectives as applied to the educational process of a student learning about cryotherapy. Cryotherapy is a concept and a skill that is generally taught very early in an ATEP, but do the