Teaching and Evaluating the Clinical Proficiencies

The goal of a professional preparation program is to develop the knowledge and skills necessary for competent entry-level practice. A key component in the current education reform is the transition from a quantitative system that used clinical hours to a qualitative system that uses clinical proficiencies.

The Proficiencies emphasize practice-oriented education through the purposeful application of the knowledge and skills gained in the classroom and laboratory. Because students are required to apply their knowledge in the clinical setting, they also become socialized into the profession.

Two new terms have been introduced as a part of the new clinical education plan: Learning Over Time and Approved Clinical Instructors (ACIs). Although the terms may be new, their concepts are not.

learning over time

Learning over time means that a student is formally instructed in a proficiency (the proficiencies are based on the cognitive, psychomotor and affective Competencies) in a classroom or laboratory setting. The student practices the skill on an instructor or another student, and a formal evaluation of the proficiency takes place as part of the course or laboratory. The student is then placed in clinical experience where the proficiency is synthesized and integrated in a decision-making environment.

Although never expressed in the above terms, learning over time has been with us as long as we have been teaching students. Learning over time can be easily demonstrated through one of the most basic tasks performed by ATCs, ankle taping. Students are taught the theory, technique and limitations of taping in a class. Then in a lab they practice on each other until the instructor deems they are ready to perform the task on an athlete. In the clinical setting the student is allowed to perform prophylactic taping and, eventually, determine when functional taping is needed.

Using this example, skill competency is obtained during the classroom and laboratory instruction. Skill proficiency is demonstrated during laboratory evaluation, and skill mastery is demonstrated when the skills are applied appropriately in the clinical setting with appropriate choices made and appropriate outcomes achieved.

Some of the proficiencies, such as ankle taping and therapeutic modality use, are easily replicated in the laboratory and clinical settings. Other proficiencies are less predictable in their occurrence. In this case, role-playing, simulations and modeling must be used. The process of obtaining CPR certification is a good example of how simulations can be used.

approved clinical instructor

An ACI (Approved Clinical Instructor) is responsible for the formal evaluation of the proficiency. An ACI or clinical instructor (CI) would evaluate the student relative to the synthesis and integration of the groups of proficiencies during the clinical experiences.

Most athletic training education programs rely on the expertise of other professions. Exercise physiologists, biomechanists, physicians, health counselors and so on may be responsible for instructing the Competencies. Programs can use these content experts as defacto ACIs for the laboratory evaluation of the proficiencies. However, the program director is ultimately responsible for assuring that all applicable proficiencies were evaluated and that each student has successfully competed each. This does not require the physical presence of the ATC-ACI in the learning environment in these examples.

An ACI would then evaluate the student's ability to integrate knowledge and skills into professional practice in the clinical setting. For example, if an exercise physiologist teaches and instructs the Competencies and proficiencies that relate to measuring blood pressure, an ACI would then determine the student's ability to integrate this into a preparticipation physical examination and/or the management of head injuries.

What is the best method for evaluating the proficiencies? The answer is quite simple: The system that best compliments your academic program and clinical structure. The multiple check-off system is the most talked-about method, but in many cases it is the least efficient. The JRC-AT Standards and Guidelines require that programs demonstrate multiple evaluations. The exact methodology on how to achieve this is left at the program's discretion. Sample clinical education models and evaluation tools are posted on the Education Council Web site at www.cewl.com.

During the accreditation process, the JRC-AT will evaluate the proficiencies through the institutional self-study and with the Proficiency Matrix. The clinical course syllabi and student evaluation forms should therefore demonstrate the learning over time continuum as students are evaluated throughout their clinical education experiences. nn