Education: assessment (FS-06)

Joy Karges (United States of America)
Aliya Chaudry (United States of America)
Ana Maria Rojas Serey (Chile)
Kanda Chaipinyo (Thailand)
Joyce Mothabeng (South Africa)
Integrating Formative Assessment Mechanisms During Student Clinical-Internships: Global Perspectives

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Abstract No. FS-06

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Opening Remarks

• How many have been a student in clinic practice?
• How many have been a clinical instructor/supervisor of student?
  o For those who have been clinical instructors, how many of you have had students that posed a learning challenge?
• How many of you are hired by your university to oversee your program’s clinical internships?
  o Did you ever wish that the clinical facility had a better paper trail for assessing your students who were posing a challenge in their clinical learning?
Opening Remarks

• Imagine...

• The video portrays what we DON’T want to have happen in the clinic, and that is why you are here today.

• Video Reference:
Objectives
Presentation Objectives

- After attending the symposium, participants will be able to:
  - Explain need for formative feedback, in addition to summative student assessment, during a clinical internship.
  - Identify various formative and summative assessment tools used across the globe.
  - Develop a plan for integrating formative feedback, in addition to summative student assessment, during clinical internships.
General Overview

Joy R. Karges, PT, EdD, MS
Professor & Director of Clinical Education
Department of Physical Therapy, School of Health Sciences
University of South Dakota, Vermillion, SD, USA
Physiotherapy (PT) Education

• 89 countries have physiotherapy programs\textsuperscript{1}
  o Entry-level degrees range from Bachelor’s to doctorate degrees.

• Clinical Experience Requirements\textsuperscript{1}
  o All physiotherapy education requires student clinical time.
  o Length and timing of clinical experiences vary by country and program.
  o Regardless, students must be monitored during their clinical experiences by a physiotherapist from the clinical site or a faculty member from the physiotherapy program.
  o Part of the monitoring process is to notify the student about good performance and performance needing improvement.
    ▪ Performance feedback needs to be given to the students in a timely manner with specific examples.
Physiotherapy Education

• Performance Feedback
  o Students assessment most commonly reported in preparation for this presentation was the terminal assessment (written assessment).
  o Written assessment necessary for:
    ▪ Grading the clinical experience.
    ▪ Providing evidence if a student exceeds or does not meet the required standards.
  o Before we explore feedback more thoroughly, we need to define some common clinical language.
Physiotherapy Education

• Definitions:
  - **Clinical Education Experience/Internship:**
    - Clinical practice experience where the student physical therapist is working under the supervision of a practicing physical therapist clinical instructor (CI).
    - The student is in the clinic full-time, and these experiences typically occur near the end for formal physical therapy education.
  - **Assessment:**
    - “The act of making a judgment about something.”
  - **Feedback:**
    - “Helpful information or criticism that is given to someone to say what can be done to improve a performance....”
Physiotherapy Education

• Definitions:
  
  o **Formative assessment:**
    - “Assessment that takes place during the learning process to, optimally modify teaching and learning.”
    - Method of monitoring student learning to provide ongoing feedback.
    - Typically carried out throughout a course.
      - Takes the form of diagnostic, quizzes, oral question, or draft work.
      - Helps students identify strengths/weaknesses, and target areas that need work.
      - Should be timely.
      - Students can use the feedback to improve their learning.
    - Generally a “low stakes” assessment as not typically used for grading purposes.
Physiotherapy Education

• Definitions:
  o **Summative Assessment:**
    - “Assessment that takes place at the end of a learning process or program to determining mastery of the material and for accountability purposes, such as assigning a grade.”
  - Evaluative Process:
    - Compare students’ learning against some standard or benchmark.
    - Summarize what the students have learned, to determine how well the students know the concepts.
  - “High Stakes” Assessment used for grading purposes.
    - To determine if students pass or fail the course.
    - Ultimately, impacts if the students progress in the curriculum.
Physiotherapy Education

• Link between Formative and Summative Assessment

  o If only summative assessments are completed (ie, “the final”)
    ▪ Students will find out their performance level too late in the process to make any changes.\(^7\)
    ▪ Formative assessment should drive summative assessment\(^8\)
      ✓ No surprises

  o Summative sets the standard. Formative feedback can be geared toward the summative standards.\(^8\)
    ▪ Information from summative assessments can be used formatively when students or faculty use it to guide their efforts and activities in subsequent courses.\(^6\)
Physiotherapy Education

• **Necessity of Formative Feedback:**
  - Student performance not up to par.
    - Need feedback so student knows how to improve performance, otherwise student may fail or have to remediate.
  - Student confidence needs to be improved.

• **Necessity of Summative Feedback:**
  - Clinical Instructor uses midterm feedback to identify goals for remainder of clinical experiences.
  - Academic Institution uses feedback for assigning a grade for the clinical education course based on written feedback from CI.
Physiotherapy Education

• How assessment is communicated
  
  o Many academic institutions have an appointed person that serves as a liaison between school and site and student (e.g. Director of Clinical Education).

  o Many clinical sites have a similarly appointed liaison.
    ▪ Communication can be in person, by phone, or via email.
    ▪ Student’s preferred method is in person.\(^8\)
Next

Now that we have reviewed the basic concepts of assessment, we will

- Present the status of formative and summative assessment in various regions of the world, and
- Provide strategies to implement formative and summative assessment.

- Joy Karges → United States (representing the North American Caribbean Region)
- Ana Maria Rojas Serey → Chile and the South American Region
- Kanda Chaipinyo → Thailand (representing the Asia Western Pacific Region)
- Joyce Mothabeng → South Africa (representing the Africa Region)
- Aliya Chaudry → Strategies to Implement Formative and Summative Assessment
References – General Overview


Perspectives from the USA
(Representing the North American Caribbean Region)

Joy R. Karges, PT, EdD, MS
Professor & Director of Clinical Education
Department of Physical Therapy, School of Health Sciences
University of South Dakota, Vermillion, SD, USA
Terminology

• Definitions:

  o **Full-Time Clinical Experience:**
    ▪ Student physical therapists are in clinical environments for a minimum of 32 hours per week. Students will return to additional didactic coursework.¹

  o **Clinical Internship:**
    ▪ Extended full-time clinical education experience(s) that typically follow the completion of the didactic coursework for the Doctor of Physical Therapy degree.¹
Terminology

• Definitions:

  o **Center Coordinator of Clinical Education (CCCE):**
    ▪ Individual responsible for coordinating assignments and activities of students at a clinical education site.\(^2\)

  o **Director of Clinical Education (DCE)/Academic Coordinator of Clinical Education (ACCE):**
    ▪ Individual who has a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program.\(^3\)
Academic Institution–Clinical Partnership

Clinical Learning Experience

Student

Clinical Facility (CCCE & CI)

Academic Institution (DCE)
## Assessment: Rights & Responsibilities

<table>
<thead>
<tr>
<th></th>
<th>Rights</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **Student** | • Receive timely, fair, objective feedback from CI throughout clinical, including midterm and final using school’s instrument | • Complete self-assessment at midterm and final using school’s instrument  
• Participate in communication with DCE at midterm  
• Timely communication to school as needed  
• Receptive to feedback from CI, CCCE and DCE  
• Provide feedback to CI, CCCE and DCE |
| **CI** | • Receive fair and objective feedback from student throughout clinical, including midterm and final | • Provide timely, specific, honest, fair, and objective feedback to student throughout clinical experience, including midterm and final using school’s instrument  
• Development of student learning plan as needed  
• Timely communication with school as needed  
• Receptive to feedback from student, CCCE, and DCE |
## Assessment: Rights & Responsibilities

<table>
<thead>
<tr>
<th>Rights</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **CCCE** | • Right to expect DCE assistance in assisting students who are not performing at the expected level  
• Right to have all documentation from the school provided in a timely manner | • Resource to CI and student as needed  
• Receptive to feedback from student, CI and DCE |
| **DCE** | • Right to have all documentation from the facility provided in a timely manner  
• Right to investigate student performance issues at the facility | • Communication as needed, but specifically at midterm with CI and student  
• Assist with development of student learning plan as needed  
• Review midterm and final assessments to determine grade for clinical education course  
• Receptive to feedback from student, CI and CCCE |
Formative Assessment Tools

• Formative Assessment Tools
  o Forms promoted through the APTA Credentialed CI Program⁴:
    ▪ **Critical Incident Report** – covers several situations with similar issue (i.e. safety).⁵
    ▪ **Anecdotal Report** – for single incident good or bad.⁶
    ▪ **Weekly Planning Form** - Student and CI assess student’s performance and develop goals for upcoming week.⁷
      ✓ Written feedback with weekly goals (for good or bad).
      ✓ Promotes weekly meetings between student and CI.
  o Other assessment tools/methods
    ▪ Journaling
    ▪ Student SOAP note regarding self-performance.
    ▪ Reflection questions (e.g., What went well? What could be improved? Etc.)
Summative Assessment Tools

- Clinical Performance Instrument$^8$
  
  o Most frequently used summative assessment tool in USA.
    
    ▪ Revised and approved November 2006$^9$ (reduced from 26 to 18 performance criteria).

  ✔ Electronic version available in July 2008.$^9$
CPI Performance Criteria

Professional Practice
1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural competence
6. Professional Development

Patient Management
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis and Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction and Supervision of Personnel
CPI – Red Flag Items

• Red Flag Items:

  o 1. Safety
  o 2. Professional Behavior
  o 3. Accountability
  o 4. Communication
  o 7. Clinical Reasoning
CPI – Grading Scale

- Midterm & Final completion of CPI by student and CI.
<table>
<thead>
<tr>
<th>Category</th>
<th>B</th>
<th>AB</th>
<th>I</th>
<th>AI</th>
<th>E</th>
<th>BE</th>
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<tbody>
<tr>
<td>Safety</td>
<td>Self</td>
<td></td>
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<tr>
<td>Professional</td>
<td>Self</td>
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<td></td>
<td></td>
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<td>+2</td>
</tr>
<tr>
<td>Behavior</td>
<td>CI</td>
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<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accountability</td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+2</td>
</tr>
<tr>
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<td>CI</td>
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<td></td>
<td>+1</td>
</tr>
<tr>
<td>Communication</td>
<td>Self</td>
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<td>+2</td>
</tr>
<tr>
<td></td>
<td>CI</td>
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<td></td>
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<tr>
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<tr>
<td>Competence</td>
<td>CI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+2</td>
</tr>
</tbody>
</table>

B = Beginner; AB = Advanced Beginner; I = Intermediate; AI = Advanced Intermediate; E = Entry Level; BE = Beyond Entry Level
Clinical Instructor Feedback

• Typically feedback is Summative (Midterm and Final)
  o How assessment happens:
    ▪ Student completes Self CPI at Midterm & Final.
    ▪ CI completes CPI for student at Midterm & Final.
    ▪ Student and CI meet, review together, and sign.

  o School has access to signed CPI and follows up as indicated.
    ▪ Langston University Example

• CIs frequently provide other feedback throughout the clinical experience.
Strategies Utilized by CIs to Provide Feedback During the Clinical Experiences

• Weekly Planning Forms
• Skill practice sessions
• Arranged and spontaneous meetings
  o Before, during or after patient sessions and subsequent documentation.
• Practice sessions
• Case scenarios
• Reflection questions
• Mental Imagery
• 1-Minute Manager
Student Performance Does Not Meet Standards

• When the student performance falls below the expected standard of care, the CI is faced with two options:
  o Address issue with student and institute changes...possibility that student may complete internship successfully.
  o Ignore the issue...possibility that the student will not complete the internship successfully.

• Ideally the CI will communicate with student immediately when poor performance is noted and work with student on developing a plan for improvement.
  o Goals specifically to target the areas needing improvement.
  o Timelines included.
  o Have follow-up.
  o If no changes made, try a new plan and/or follow up with school.
References – USA


References – USA


Perspectives from South America

Ana Maria Rojas Serey, PT, MS

Directora, Escuela de Kinesiología, Facultad de Medicina

Universidad de Chile, Santiago, Chile
Terminology

• Definitions:
  
  o **Rotation:**
    - Time in which the students stay inside one specific clinical campus. At the end of this time they move to another clinical campus.
  
  o **Internship (clinical practice):**
    - Essential phase of health professions education during which students develop their competencies in authentic clinical environment
Origin and General Perspective of the Profession on the Region

• In South America, physiotherapist profession’s origin is diverse, which results in different denominations among the countries.
  o Countries in which the forming school had French origins the profession is called Kinesiology (Chile and Argentina).
  o Countries who had English origins it’s called Physiotherapy (Brazil, Colombia, Ecuador, Bolivia, Venezuela, Uruguay and Paraguay) and even in a country (Peru), the profession is a specialization of another profession (Medical Technology specialized in Rehabilitation).
## Physiotherapist’s Education System

<table>
<thead>
<tr>
<th>Country</th>
<th>Professional Degree</th>
<th>Length of Program</th>
<th>Number of Schools</th>
<th>Public / Private Universities</th>
<th>New students per year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Argentina</strong></td>
<td>“Licenciado en Kinesiología y Fisiatría”</td>
<td>4 – 6 years</td>
<td>24 – 35 Universities</td>
<td>9 / 15 (approximately)</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Brazil</strong></td>
<td>“Fisioterapeuta”</td>
<td>5 years</td>
<td>549 schools</td>
<td>67 / 482</td>
<td>27,450 approximately</td>
</tr>
<tr>
<td><strong>Chile</strong></td>
<td>“Licenciado en Kinesiología” “Kinesiólogo”</td>
<td>5 years</td>
<td>103 schools</td>
<td>12 / 30</td>
<td>6,000</td>
</tr>
<tr>
<td><strong>Chile</strong></td>
<td>“Kinesiólogo”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Colombia</strong></td>
<td>“Fisioterapeuta”</td>
<td>4 – 5 years</td>
<td>32 to 34</td>
<td>6 / 27</td>
<td>4,500</td>
</tr>
<tr>
<td><strong>Peru</strong></td>
<td>“Licenciado en Tecnología Médica en la especialidad de Terapia Física y Rehabilitación”</td>
<td>5 years</td>
<td>14 universities</td>
<td>2 / 12</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td>“Técnicos en Fisioterapia”</td>
<td>3 years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Academic Institution–Clinical Partnership

• Partnerships are created in different ways:
  
  o Regulated by laws by the Health Ministry (Colombia, Argentina).
  
  o Each university creates partnerships with the clinical campuses on demand (Argentina, Brazil, Chile, Perú).

• This partnerships set the number of students in the campuses, rights and duties of each parts for an agreed time.
Academic Institution–Clinical Partnership

- Annual number of students entering clinical internships

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>20 to 50</th>
<th>50 to 100</th>
<th>More than 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td></td>
<td></td>
<td>X (1/3)</td>
</tr>
<tr>
<td>Brazil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td>X (2/5)</td>
<td>X (3/5)</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>X (5/5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td>X (2/2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>(9/16)</td>
<td>(3/16)</td>
<td>(1/16)</td>
</tr>
</tbody>
</table>
**Academic Institution-Clinical Partnership**

- Clinical Internships – typically last year of program

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Clinical internship hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>300 to 400</td>
</tr>
<tr>
<td><strong>Argentina</strong></td>
<td>X (1/3)</td>
</tr>
<tr>
<td><strong>Brazil</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Chile</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Colombia</strong></td>
<td>X (2/5)</td>
</tr>
<tr>
<td><strong>Peru</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>(3/16)</td>
</tr>
</tbody>
</table>
### Academic Institution-Clinical Partnership

- **Clinical Internship Settings**

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>CLINICAL INTERNSHIP AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Muscle-Skeletal</td>
</tr>
<tr>
<td>Argentina</td>
<td>X (3/3)</td>
</tr>
<tr>
<td>Brazil</td>
<td>X (1/1)</td>
</tr>
<tr>
<td>Chile</td>
<td>X (5/5)</td>
</tr>
<tr>
<td>Colombia</td>
<td>X (5/5)</td>
</tr>
<tr>
<td>Peru</td>
<td>X (2/2)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5 (16/16)</strong></td>
</tr>
</tbody>
</table>

1 = Women health and Dermato-functional;  
2 = Geriatrics, ICU; 3 = Sports Physiotherapy, ICU, Geriatrics; 4 = Sports Physiotherapy, Burned, School.
# Formative Assessment Tools

## Evaluación de la Práctica Formativa

### Categorías

<table>
<thead>
<tr>
<th>Categoría</th>
<th>CRITERIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentación científica</td>
<td>1. Dominio de conceptos prerrequisito.</td>
</tr>
<tr>
<td></td>
<td>2. Conocimiento e interpretación del movimiento corporal humano.</td>
</tr>
<tr>
<td></td>
<td>3. Conocimiento e interpretación de la patología y su relación con el movimiento corporal humano.</td>
</tr>
<tr>
<td></td>
<td>4. Identificación de los factores de riesgo que afectan el movimiento corporal humano.</td>
</tr>
<tr>
<td></td>
<td>5. Cuestionamiento científico sobre el saber y el quehacer propio y el de otros.</td>
</tr>
<tr>
<td>Examinación y Evaluación Fisioterapéutica</td>
<td>6. Conocimiento e interpretación integral de la historia clínica.</td>
</tr>
<tr>
<td></td>
<td>7. Pertinencia y Oportunidad en la escogencia de test y medidas.</td>
</tr>
<tr>
<td></td>
<td>8. Habilidad y destreza en la aplicación de los test y medidas.</td>
</tr>
<tr>
<td></td>
<td>9. Reporte e interpretación de resultados de los test y medidas.</td>
</tr>
<tr>
<td>Diagnóstico, Pronóstico y Plan de Intervención Fisioterapéutica</td>
<td>10. Determinación del diagnóstico fisioterapéutico por medio de procesos de razonamiento clínico.</td>
</tr>
<tr>
<td></td>
<td>11. Determina el pronóstico funcional con correlación científica</td>
</tr>
<tr>
<td></td>
<td>12. Oportunidad y Pertinencia de los objetivos y planes de intervención.</td>
</tr>
</tbody>
</table>

### Evaluación

<table>
<thead>
<tr>
<th>Primera Evaluación</th>
<th>Segunda Evaluación</th>
</tr>
</thead>
<tbody>
<tr>
<td>AE</td>
<td>CE</td>
</tr>
</tbody>
</table>
Summative Assessment Tools

- Proficiency-based instruments
  - Instruments based on guidelines of the WCPT and APTA (Columbia, Chile).
  - Field register for every student (Colombia).

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>CLINICAL INTERNSHIP EVALUATION INSTRUMENT TYPE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Designed and approved by the School</td>
</tr>
<tr>
<td></td>
<td>Approved by Faculty committee or similar</td>
</tr>
<tr>
<td></td>
<td>Validation by experts</td>
</tr>
<tr>
<td>Argentina</td>
<td>X (3/3)</td>
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<tr>
<td>Brazil</td>
<td>X (1/1)</td>
</tr>
<tr>
<td>Chile</td>
<td>X (4/5)</td>
</tr>
<tr>
<td>Colombia</td>
<td>X (5/5)</td>
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<tr>
<td>Peru</td>
<td>X (2/2)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>(15/16)</td>
</tr>
</tbody>
</table>

$^2$Colombia UDES: Instrument built under the guidelines of the WCPT and APTA (Guide to Physical Therapy Practice), 538th law from 1999 and institutional documents. $^3$
### Summative Assessment

- Responsibility for Summative Assessment

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Clinical /Guiding Teacher</th>
<th>School / University Teacher</th>
<th>Both</th>
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</thead>
<tbody>
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<td>X (1/3)</td>
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<td>Brazil</td>
<td></td>
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<tr>
<td>Chile</td>
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<td>X (5/5)</td>
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<tr>
<td>Colombia</td>
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<td>Peru</td>
<td>X (2/2)</td>
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<tr>
<td>TOTAL</td>
<td>(9/16)</td>
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<td>(7/16)</td>
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</table>
Clinical Instructor Feedback

- Frequency of Summative Assessment

<table>
<thead>
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<th>COUNTRY</th>
<th>At the Beginning</th>
<th>Halfway</th>
<th>At the end</th>
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<tbody>
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<td>X (3/3)</td>
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<td>Brail</td>
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<td>X (1/1)</td>
<td>X (1/1)</td>
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<tr>
<td>Chile⁴</td>
<td>X (1/5)</td>
<td>X (4/5)</td>
<td>X (5/5)</td>
</tr>
<tr>
<td>Colombia⁴</td>
<td>X (3/5)</td>
<td>X (3/5)</td>
<td>X (5/5)</td>
</tr>
<tr>
<td>Peru⁴</td>
<td></td>
<td></td>
<td>X (2/2)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>(6/16)</td>
<td>(9/16)</td>
<td>(16/16)</td>
</tr>
</tbody>
</table>

Clinical Instructor Feedback

- Frequency of Feedback, including Formative Assessment

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>At the start, middle and end</th>
<th>Whenever needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>X (1/3)</td>
<td></td>
<td></td>
<td></td>
<td>X (2/3)&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Brazil</td>
<td></td>
<td>X (1/1)</td>
<td></td>
<td></td>
<td>X (1/1)</td>
</tr>
<tr>
<td>Chile</td>
<td></td>
<td>X (1/5)</td>
<td></td>
<td>X (3/5)&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>X (3/5)</td>
<td></td>
<td></td>
<td>X (2/5)&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td>X (1/2)</td>
<td></td>
<td>X (1/2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>(5/16)</td>
<td>(1/16)</td>
<td>(1/16)</td>
<td>(6/16)</td>
<td>(2/16)</td>
</tr>
</tbody>
</table>

<sup>a</sup> = Argentina: Instituto U del Gran Rosario, through the student’s personal diary

<sup>b</sup> = Chile: the Universidad Católica del Norte, performs feedback to the teachers to improve feedback means and the Universidad de la Frontera (UFRO) uses a portfolio similar to the field diary and final exam.

<sup>c</sup> = Colombia: U de la Sabana, a weekly academic matrix is performed.
Student Performance Does Not Meet Standards

- Most common action – repeating the rotation.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Repeat rotation</th>
<th>Repeat Internship</th>
<th>Extend Rotation Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>X (3/3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>X (1/1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td>X (5/5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td></td>
<td>X (5/5)*</td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td>X (2/2)</td>
<td></td>
<td>X (1/2)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>(11/16)</td>
<td>(5/16)</td>
<td>(2/16)</td>
</tr>
</tbody>
</table>

*In Colombia the Universidad Libre-Barranquilla proposes follow up of their students.
Student Performance Does Not Meet Standards

- Tutor actions toward students with poor performance.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Increase the frequency of evaluations</th>
<th>Provide more feedback</th>
<th>Provide more supervision*</th>
<th>Communicates to school (generating strategy)</th>
<th>Additional internship hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td></td>
<td></td>
<td>X (1/3)</td>
<td></td>
<td>X (1/3)</td>
</tr>
<tr>
<td>Brazil</td>
<td></td>
<td>X (1/1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td></td>
<td>X (3/5)</td>
<td>X (5/5)**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td></td>
<td>X (1/5)</td>
<td>X (3/5)</td>
<td>X (3/5)</td>
<td>X (1/5)</td>
</tr>
<tr>
<td>Peru</td>
<td>X (1/2)</td>
<td>X (1/2)</td>
<td>X (1/3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>(1/16)</td>
<td>(6/16)</td>
<td>(9/16)</td>
<td>(4/16)</td>
<td>(2/16)</td>
</tr>
</tbody>
</table>

* More supervision: less autonomy, more reports, presentations, clinical cases, etc.

**SAT Universidad Mayor, Chile: Early alert system, multidisciplinary intervention.
Strategies Utilized by CIs to Provide Feedback During the Clinical Experiences

• “Ateneos”
  o Reflection activities regarding clinical practice.
  o Acknowledge successes and mistakes.
• Individual feedback at end of day or individually, not in front of patient.
  o Follows Pendleton guidelines.\(^5\)
• Written reflections by students in notebook/field diary.\(^6\)
• Through review and presentation of clinical cases, magazine clubs, and bibliographic reviews to enhance weak knowledge.
• Tutoring
Conclusions

• Our profession in the region is much deregulated in some countries (Chile, Peru and Argentina) existing very diverse formation levels as well as in the internships.

• The assessment and feedback given to the students depends on which forming center gives it.
  o Its guidelines are also local, and none of them possess instrument validation with only one of them published in a non ISI journal.
Future Challenges in the Region

1. The need to give a step forward in the regulation of the formative supply that is responsive to the population’s demand, and lined with the government policies.
   - This requires a profound work of the universities with the guild.

2. The need to agree over a number of hours per credit that allow us to make the formation time comparable.

3. The need to agree over an internship credit minimum that ensures the achievement of the declared proficiencies (in the context of a transferable credits system).
Future Challenges in the Region

4. The need to strengthen the emergent development areas that validate our labor outside the traditional areas.

5. The need to advance in the application of validated evaluation instruments.

6. The need to strengthen and spread the feedback process as a way to develop the student’s and future professional’s autonomy that in the guild aspires to his first contact.
References – South America


2. Universidad de Santander UDES, Colombia. Evaluacion de la Practica Formativa. Colombia UDES: Instrument built under the guidelines of the WCPT and APTA (Guide to Physical Therapy Practice), 538th law from 1999 and institutional documents. Shared with permission of authors at UDES, Columbia.


Perspectives from a South African University (Pretoria)

(Representing the Africa Region)

Joyce Mothabeng, PT, PhD
Associate Professor, Research Coordinator
Head of Physiotherapy Department
School of Health Care Sciences; Faculty of Health Sciences
University of Pretoria, Pretoria, South Africa
WCPT, Africa Region Representative
Physiotherapy Education in South Africa

• Eight university physiotherapy departments:
  o The University of Cape Town, University of the Free State, Sefako Makgatho Health Science University, University of KwaZulu-Natal, University of Pretoria, the University of the Western Cape, University of Stellenbosch and the University of the Witwatersrand.

• All eight institutions offer a four year degree on par with an honours degree, and Masters and PhD programmes.

• The undergraduate intake varies between 40 and 70 students per year per institution.

• Clinical training focussed on the 3rd and 4th year of study, with minimum time in 1st and 2nd year.
**Regulation**

- The Health Professions Council of South Africa (HPCSA) determines the minimum requirements for the education of physiotherapists through the Board for Physiotherapy, Podiatry and Biokinetics.\(^1\)
  - Within these minimum requirements determined by the HPCSA, universities may develop their own curricula.

- Assessment criteria and methods are thus not standardised, but specific to each university, in line with the minimum standards set by the regulator
  - Same in Africa region, no standard regional clinical assessment framework. Realistic

- Africa focus on single institution - the university of Pretoria experience
COMPREHENSIVE STUDENT EVALUATION IN THE CLINICAL LEARNING ARENA

Clinical student in the SCI rehabilitation block

Basic knowledge
- Preclinical basic knowledge test
- FTP 300 test 1

Practical skills
- Preclinical OSCE

Clinical integration
- Block report
- EOB eval

Personal Factors
- Socio-Demographic,
- Self efficacy, etc.

Environmental Factors
- Clinical learning environment scale
PT Professional Roles and Competencies

- The kaleidoscope framework was developed by Mostert-Wentzel,² aligned with the CanMEDS framework
  - That describes eight professional physician roles, which included the medical expert, communicator, collaborator, manager, health advocate, scholar and professional.³

- Nationally in the Republic of South Africa (RSA), the Medical Board of the Health Professions Council of South Africa (HPCSA) has adopted the CanMEDS framework for South African medical educational institutions.

- Kaleidoscope accommodates the additional unique extra roles of the PT professional, and has informed the clinical evaluation tool at TUKS.
## CanMEDS vs Kaleidoscope

<table>
<thead>
<tr>
<th>CanMEDS</th>
<th>Kaleidoscope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical expert</td>
<td>Clinical expert</td>
</tr>
<tr>
<td>Communicator</td>
<td>Professional</td>
</tr>
<tr>
<td>Collaborator</td>
<td>Communicator and collaborator</td>
</tr>
<tr>
<td>Manager</td>
<td>Scholar</td>
</tr>
<tr>
<td>Health advocate</td>
<td>Health promoter</td>
</tr>
<tr>
<td>Scholar</td>
<td>Public Health practitioner</td>
</tr>
<tr>
<td>Professional</td>
<td>Community developer / agent of change</td>
</tr>
<tr>
<td></td>
<td>Leader / Manager</td>
</tr>
</tbody>
</table>
Kaleidoscope core – Clinical Expertise

Clinical expert
Professional
Communicator and Collaborator
Scholar
Health promoter
Public Health Practitioner
Leader/Manager
Autonomous Professional

• Acts with consideration of the legal and policy environment and the human rights of clients; acts according to ethical principles; complies with the statutory requirements and is an altruistic, balanced, resilient, culturally competent and reflective practitioner taking responsibility for life-long learning.
Scholar

- Able to find, gather, appraise and use scientific information,
- Works inquiry-led and work-evidence based towards innovative solutions
- to ensure safe, effective, efficient, and quality physiotherapy practice

<table>
<thead>
<tr>
<th>Section C: Scholar</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Article Appraisal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>0 Unacceptable</th>
<th>1 Acceptable</th>
<th>2 Good</th>
<th>3 Excellent</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the level of evidence of article?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the article appropriate?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the article suit the patient / condition / treatment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well appraised according to guidelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the article influence the treatment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinician/Expert (Core)

• An accountable, competent, confident, first-line physiotherapy clinician, who applies clinical skills to evaluate, diagnose, treat and refer clients of all age groups, with acute or chronic diseases while understanding the course of diseases and the determinants of health.

• Assessment of clinician/expert
  o Knowledge of condition
  o Patient assessment
  o Patient treatment
  o Communication
### Section B: Clinical Expert and Public Health Practitioner

<table>
<thead>
<tr>
<th>Patient Presentation</th>
<th>0 Unacceptable</th>
<th>1 Acceptable</th>
<th>2 Excellent</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant current patient history</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevant previous patient history</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge about the diagnosis and social determinants of health (Submin)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge about the epidemiology (cause, distribution, prevention)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main problems identified for treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Clinician/Expert - Assessment

<table>
<thead>
<tr>
<th>4.1 Re-assessment</th>
<th>/30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Score</strong></td>
<td><strong>Comments</strong></td>
</tr>
<tr>
<td>Vital signs / precautions observed</td>
<td></td>
</tr>
<tr>
<td>Re-assessment before and after treatment</td>
<td></td>
</tr>
<tr>
<td>Brief subjective evaluation prior to treatment (Must include home programme, activity and participation)</td>
<td></td>
</tr>
<tr>
<td>Main problems identified</td>
<td></td>
</tr>
<tr>
<td>Planning of treatment according to changes observed / evidence</td>
<td></td>
</tr>
<tr>
<td>Effective use of appropriate Outcomes measures</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Ineffective / Unsafe (subminimum)</td>
<td>Acceptable</td>
</tr>
<tr>
<td>1</td>
<td>Not up to expected standard</td>
<td>Good</td>
</tr>
<tr>
<td>2</td>
<td>Bare minimum – poor but not unsafe / ineffective</td>
<td>Excellent</td>
</tr>
</tbody>
</table>
### 4.2 Patient treatment

<table>
<thead>
<tr>
<th>Score</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Ineffective / Unsafe (subminimum)</td>
</tr>
<tr>
<td>1</td>
<td>Not up to expected standard</td>
</tr>
<tr>
<td>2</td>
<td>Bare minimum – poor but not unsafe / ineffective</td>
</tr>
<tr>
<td>3</td>
<td>Acceptable</td>
</tr>
<tr>
<td>4</td>
<td>Good</td>
</tr>
<tr>
<td>5</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

- **Suitable treatment techniques selected**
- **Continual assessment (feedback/observation) of effect of techniques**
- **Effective standard of techniques**
- **Patient’s safety considered**
- **Special questions, red flags and precautions**
- **Long and short term problems realistically integrated**
- **Working with a purpose**
- **Time usage**
- **Securing own safety / Infection control**
- **Home / ward exercises revised**
### Section D: Written Communication

<table>
<thead>
<tr>
<th>Documentation</th>
<th>0 (Submin)*</th>
<th>1 Acceptable</th>
<th>2 Good</th>
<th>3 Excellent</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full recording of relevant subjective findings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full recording physical examination and objective findings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usage of approved abbreviations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long and Short term objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning of treatment (Long and short term)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive daily recording that reflects problem solving in SOAP format</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication and collaboration with other HCP precitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If the student receives a 0 for any one of the categories it is a subminimum for the entire evaluation.
Communicator and Collaborator

• Functions in **culturally sensitive** and competent ways
• with **diverse clients** and stakeholders
• in multi-, inter- and trans-professional **teams**
• in **patient-centred** ways
Health Promoter

- Apply screening, counselling, health education and preventative interventions to identify and modify risk factors and promote healthy living in clients, groups and populations.

<table>
<thead>
<tr>
<th>Section E: Clinical Expert and Health Promoter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home exercise programme</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Suitable for the patient to promote self responsibility</td>
</tr>
<tr>
<td>Adequately demonstrated and corrected</td>
</tr>
<tr>
<td>Health education (Unspecific hospital handouts not permitted)</td>
</tr>
</tbody>
</table>
Agent of Change and Community Developer

• Contributes to community development through partnerships and physiotherapy programmes, including promoting the reintegration of people with disability into society.

<table>
<thead>
<tr>
<th>Planning patient re-integration in the community using the ICF framework</th>
<th>0</th>
<th>1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Re-integration not done</td>
<td>Re-integration done</td>
<td></td>
</tr>
</tbody>
</table>

Section G: Community Developer
Population Health Practitioner

• Contributes to the health of populations through empowerment and population-based physiotherapy interventions, taking the health priorities of the country and local and global health agendas into account.
• SPECIFIC TO THE COMMUNITY BLOCK (rotation)

Leader and Manager

• Understands health systems and manages clinical prevention- and public-health physiotherapy services and interventions
Clinical Assessment Tools

• During ‘tests’ (formative to part summative)
  o At the Beginning of the block
    ▪ Self efficacy
  o During the block
    ▪ Midblock mock test with actual form
  o End of the block
    ✓ End of block evaluations
    ✓ End of block report

• During end of year exams (summative)
Clinical Education Role Players

• Student (learner)
  o Evaluates own self efficacy
  o Evaluates supervisor
  o Evaluates learning environment

• Patient/client (learning material)
  o May be asked to evaluate student informally
    ▪ NEED TO FORMALISE AND OBJECTIFY???

• Educator (teacher and assessor of learner)
  o Evaluates student during and at end of the clinical block
Academic Institution–Clinical Partnership

• Formal agreements

• Bi-annual meetings

• Block specific meetings

• Curriculum input
Clinical Instructor Feedback

• To student
  o Continuous as part of training and the formative development
  o Midblock for student ‘self awareness’
  o Formal end of block as ‘summative feedback in particular block (rotation)’

• To institution
  o Formal at end of block
  o Informal prn
Student Performance Does Not Meet Standards

- One to one discussion
- Written reports
- Referral to mentorship and tutoring (peers)
- Remediation (academics)
- Referral to counseling if needed
References – South Africa


Perspectives from Thailand

(Representing the Asia Western Pacific Region)

Kanda Chaipinyo, PT, PhD
President, The Physical Therapy Council, Thailand
Dean, International College for Sustainability Studies; Assistant Professor, Division of Physical Therapy, Faculty of Health Science Srinakharinwirot University, Ongkharak, Nakhonnayok, Thailand
Terminology

• Definitions:

  o **Physical Therapy Council (PTC):**
    - Legal physical therapy profession body in Thailand established by The Physical Therapy Act B.E.2547 (2004).\(^1\)

  o **Clinical instructor:**
    - Registered PT with at least 2 years clinical experiences who attended a training course organized by PTC approved academic institutes.\(^2\)

  o **Course coordinator:**
    - Faculty who manage a particular Clinical Practice Course.
Academic Institution-Clinical Partnership

- Srinakharinwirot University
  - 8 Clinical Practice Courses in 4 year curriculum = 1050 hours
    - Standard for PT Curriculum in Thailand ³
      - 1000 hours & compliance with regulations from The Physical Therapy Council
    - Mandatory Clinical Practice Areas
      - Musculoskeletal
      - Neurological
      - Cardiorespiratory
      - Pediatrics
    - Timing of Internships
      - Start 2nd semester of 2nd year
      - Clinical Practice Courses are learning modules in between other learning courses in the 3rd and 4th years
Academic Institution–Clinical Partnership

• The clinical sites arrange each CI to teach 1-2 students during their clinical practice.

• Continuing education credits
  o Granted for CI contribution in improving student clinical practice from The Physical Therapy Council.
Formative Assessment Tools

• Specific written formative assessment tools are not being utilized in Thailand

• CIs are providing formative feedback
  o Lack of consistency in how feedback is provided
    ▪ Formative feedback depends on the CIs style


Summative Assessment Tools

• Srinakharinwirot University = SWU Clinical Assessment Instrument.
  
  o Rubric scoring system; rated 0-100% for each sub-score.
  
  o Three outcome domains are as follows:
    
    - 1. Clinical skills (0-100)
      
      ✓1.1 History taking
      
      ✓1.2 PT Assessment
      
      ✓1.3 Problem list and analysis
      
      ✓1.5 Plan of care & PT management
    
    - 2. Attitude, Ethics, and Communication skills (0-100)
    
    - 3. Clinical report writing skill (0-100)
Summative Assessment Tools

- Srinakharinwirot University = SWU Clinical Assessment Instrument.
  - Rubric score system
  - The sub-scores for each domain are different as the student gets more experiences.
    - Clinical skills: History taking, physical examination, clinical reasoning, report writing.
  - Instrument used to determine course grade for 7 clinical training courses.
    - Passing is 60% in each domain.
  - Clinical Instructors complete the instrument and send back to university
  - Faculty assign course grade according to university guidelines
### 1.2 Physical Evaluation (25 points) At least 2 skills are required

<table>
<thead>
<tr>
<th>Topics of assessment</th>
<th>Level of achievement</th>
<th>Minor improvement required</th>
<th>Major improvement required</th>
<th>Level</th>
<th>Weight</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very good (1)</td>
<td>Good (0.8)</td>
<td>Average (0.6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.1 ทักษะการตรวจกลุ่มที่ 1</td>
<td>แสดงวิธีตรวจ ได้ผลดีที่สุด</td>
<td>แสดงวิธีตรวจ ได้ผลดีที่สุด</td>
<td>แสดงวิธีตรวจ ได้ผลดีที่สุด</td>
<td>จิตทัชและ</td>
<td>จิตทัชและ</td>
<td>ไม่ได้ผลดีที่สุด</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>จิตทัชและ</td>
<td>จิตทัชและ</td>
<td>ไม่ได้ผลดีที่สุด</td>
</tr>
<tr>
<td>1.2.2 ทักษะการตรวจกลุ่มที่ 2</td>
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(หมายเหตุ: รายละเอียดเกี่ยวกับกลุ่มทักษะการตรวจว่าง่าย ให้รับมือตามแนวปฏิบัติงานทางศิลปะ)

### 1.2.4 การเลือกวิธีตรวจจากบัตรปัญหา

<table>
<thead>
<tr>
<th>คะแนนปัญหา</th>
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### 1.2.5 การแปลผลจากชุดและสกุล

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### 1.3 Problem analysis skills (20 คะแนน)

<table>
<thead>
<tr>
<th>เนื้อหา</th>
<th>ระดับการประเมิน</th>
<th>คะแนนที่ ได้ (1, 0.8, 0.6, 0, 4, 0)</th>
<th>ตัวอย่าง</th>
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<td>1.3.1 รายงานผลและแปลผลการตรวจว่าง่ายได้ถูกต้อง</td>
<td>ถูกต้อง</td>
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<td>ถูกต้อง</td>
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<td>1.3.3 วิเคราะห์สาเหตุของปัญหา และระบุเหตุผลประกอบได้ถูกต้อง</td>
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Clinical Instructor Feedback

• Timing of feedback:
  o During and end of each clinical course.

• Method of feedback:
  o Verbally in each week case discussion.
  o Writing on the case reported.
  o Via the assessment tool at end of course.

• Course-Cooordinator from the University:
  o Visits some clinical practice institutes to observe student practice.
  o Students present a case report during the visit.
  o Feedback from CI and faculty count for part of the course grade.
Strategies Utilized by CIs to Provide Feedback During the Clinical Experiences

• Some student have extra support from faculty and CIs
  
  o Promote collaboration between faculty and CIs for students who require extra work

  ▪ Examples:
    ✓ Communication Skills
    ✓ Clinical Experience
**Student Performance Does Not Meet Standards**

- Course Coordinator from the university will inform CIs prior to the course about students who need extra care.
  - CIs asked to prepare for the students
  - Other students may or may not know about this depending on CIs decision
- If students fail, they have to repeat training
  - 1-4 weeks for each course failed
  - Timing of remediation determined by
    - Faculty & CIs decision based on assessment outcomes
    - Approval from Curriculum Committee
References – Thailand

Strategies to Implement Formative and Summative Assessment

(Representing the Global perspective)

Aliya N. Chaudry PT, MBA, J.D. APTA—ELI Fellow
Dean/Director of Clinical Education
Doctor of Physical Therapy Program
Langston University, Langston, Oklahoma, USA
Outline:

• Explain assessment concerns that need to be addressed.

• Identify consequences of inadequate and/or improper student assessment.

• Share a comprehensive action plan to implement assessment measures at your facility.

• Outline benefits of effective formative and summative student assessment.
'Assessment drives learning.'\textsuperscript{1}

“They do not respect what you do not inspect.”\textsuperscript{1}

Formative and summative assessments DO NOT represent contrasting but rather complimentary approaches.”\textsuperscript{1}

The two approaches are “two sides of the same coin.”\textsuperscript{1}
Quality Assurance Agency For Higher Education

• An independent organization charged with responsibility of monitoring the quality of higher education in the United Kingdom stated:

• “Assessment ‘of’ learning (summative) is limited without corresponding input to assessment ‘for’ learning (formative).”²,³
Assessment Concerns

• Competency of Assessors
  o No mandatory assessment training for CIs.
  o Personal biases of CIs.

• Diversity Issues
  o CIs receive PT education at different schools.

• Personality Clash
  o May develop between student and CI hindering communication.

• Student Self-Assessment Skill Concern
  o Inaccurate self-reporting of their performance.
Assessment Concerns

• Productivity Challenges
  - Clinical facility expectations re: number of patients seen by CI & units billed by CI/day.
    - “Heavy work loads, busy schedules and staff shortages.”

• Supervision Challenges
  - CI unable to supervise student directly due to supervising multiple students.
  - Clinic may delegate student to inexperienced CI.
  - Student may be assigned to more than one CI who may have different expectations.
Assessment Concerns

• Assessment Tool Concern
  o No common framework globally available for use by all.²
  o CIs take students from multiple schools.
  o CIs may not be familiar with assessment tools of the school.

• Assessment Perception Concern
  o Since concept of feedback is so common—may get missed or ‘under-conceptualised.’²

• Focus on Summative Assessment Concern
  o Lack of timely feedback.
  o Lack of student engagement in improving performance.²
If concerns are left unaddressed, may lead to undesirable consequences
Consequences of Inadequate Assessment

• Lowers student confidence level;
  - e.g. Student will not feel empowered to try new treatment strategies.

  - Student performance remaining unsatisfactory.

  - Student attitude when receiving feedback from CI may become:
    - Defensive, or
    - Student may listen but not make changes due to lack of understanding the “why.”

Consequences of Inadequate Assessment

• Student may lose initiative:
  o May not utilize “open time” productively
    ▪ e.g. May use open time to communicate with peers on social media, studying for boards, etc. rather than engaging with other clinicians.
  o May not ask questions to clarify hard to grasp concepts
    ▪ e.g. May slip into a passive learning mode.

• To avoid these consequences CIs must..........................
ASSESS-4-SUCCESS
The Action Plan
Developing a Comprehensive Assessment Plan

Employ a two prong approach:

• **Prong one** - **Design** school specific assessment plan:
  o Focus on policies and procedures.

• **Prong two** – **Educate/Train** clinical education participants:
  o Focus on student learning and use of assessment tools.
  o Focus on clinical faculty training on school specific formative and summative assessment tools and feedback mechanisms.\textsuperscript{5,6}

• **Document accurately at each step.**
PRONG ONE:

Design school specific assessment plan
Focus on Policies & Procedures

• **Draft** Assessment Policies & Procedures which should:
  
  o Be written in *simple* easy to follow language.
  
  o Outline *sequential* steps for performing comprehensive assessment.
  
  o State *timelines* for conducting assessment.
  
  o Describe process for detecting early *poor performance* and subsequent action.
  
  o Explain student *consequences* of poor assessment.
Focus on Policies & Procedures

• School should inform CI/CCCE re: policies and procedures.
  o e.g. Provide samples of assessment tools.

• School should implement policies and procedures.
  o e.g. Be available to serve as a resource to CI/CCCE/Student if needed.

• School should follow-up to ensure proper use & compliance.
  o e.g. Conduct mid-term/follow-up reviews.

• School should enforce policies and procedures in a consistent manner.
PRONG TWO:

Educate/Train Clinical Education Participants
Focus on Student Learning

• DCE to conduct a student clinical internship **assessment informational forum** prior to the start of the internship to explain:
  o Assessment purpose and process—e.g. policies and procedures.
  o Assessment tools and rationale for use—e.g. “how to” & the “why.”
  o Student duties and responsibilities re: assessment—e.g. timely & accurate.
  o Student rights and privileges re: assessment—e.g. fair & frequent.
  o Clinical facility/CI duties and responsibilities re: assessment—e.g. timely, thorough and specific.
  o School/Director of Clinical Education (DCE) duties and responsibilities re: assessment—e.g. educate, follow-up.
  o Consequences—e.g. not passing the internship!

• DCE to conduct **midterm meeting** with student at midpoint of clinical internship or sooner if needed.
Focus on Clinical Faculty

- DCE to educate CI & Center Coordinator for Clinical Education (CCCE) re:
  - School specific assessment practices—e.g. policies and procedures.
  - School specific assessment measures—e.g. formative & summative.
  - Prompt detection of student poor performance early warning signs.
  - School specific uses of student assessment information—e.g. student grading.
  - School specific assessment timelines—e.g. weekly vs. midterm vs. final.
Focus on Clinical Faculty

- DCE to educate CI/CCCE through a variety of mechanisms to reach & train maximal clinical faculty—for example:
  - Conduct an annual clinical educators workshop—including informative session on assessment.
  - Plan an on-site assessment inservice at larger clinical facilities with multiple CIs.
  - Offer 1-on-1 training on school specific assessments to CIs on request.
  - Provide commercial clinical instructor credentialing training to CIs at discount.
Why Accurate Documentation Is Important

• Duty as fiduciary:
  o Position of trust.
  o Must communicate vital information accurately.

• Monitors & assesses:
  o Quality of CI-student interaction; and
  o Quality of supervision rendered.
Why Accurate Documentation Is Important

• Serves as a database
  o Student performance determinant.
  o Training needs identifier.
  o Scientific & clinical research & education tool.

• Ensures future continuity of teaching
  o Generates a historical record.
Documentation Formats

• Two types:
  - Narrative format
  - Template format
Narrative Format

• Free form writing;

• MOST FLEXIBLE;

• But difficult to synthesize; &

• Least defensible
Template Format

• Typically digital documentation

• Use of word/phrase and blank spaces to record information

• VERY STANDARDIZED
  o Ensures compliance
  o e.g. Anecdotal Record, Critical Incident Report, Weekly Planning Form

• But too brief & unable to address special issues

• Most recommended
DOCUMENTATION CONCERNS

- Documentation Problems
- Documentation Errors
Problem Definition:

“any question or matter involving doubt, uncertainty, or difficulty.”

7
Documentation Problems Stem From:

- Lack of consistency in documentation format.

- Writing in an illegible manner.

- Use of more than one writing tool to complete assessment documentation.

- Unaccounted line spaces between entries in student record.

- Correcting errors incorrectly in student record.

- Signing student assessment form illegibly or forgetting to include designation.
DOCUMENTATION ERRORS

Error Definition:
“A discrepancy between a computed, observed, or measured value or condition and the true, specified, or theoretically correct value or condition.”

Two Types
Types of Documentation Errors

- Failure to Document
- Improper Documentation
Examples of Failure To Document

- Identity of student or correct identity of student on paperwork.
- Date/time of student feedback/timely feedback.
- Comprehensively.
- Objectively—including personal feelings re: student.
- Changes in student progress/response to constructive feedback.
- **Student signature on assessment.**
Examples of Failure to Document

• Neglecting to document:
  
  o Student response to constructive formative feedback provided.
  
  o CI follow-up to assist student with plan of action.
  
  o Student compliance with plan of action.
  
  o CI efforts to mediate positive outcomes on student’s plan of action.
  
  o Positive aspects of the student’s performance.
Improper Documentation Due To Inclusion of:

- Unapproved abbreviations
- Incorrectly spelled words
- Inclusion of extraneous information in student record
- Disparaging remarks from other healthcare providers about student
- “Hearsay” information as fact included in student record
Addressing Documentation Concerns to Prevent Undesirable Consequences
Documentation “DO NOTs” vs. “Dos”

DO NOT

1. Leave empty spaces in assessment form.
2. Use a pencil or red ink or multiple pens.
3. Erase mistaken entries.
4. Write error above a mistaken entry [give inference of negligence to jury].
5. Back date an omission in student record.

DO

1. Write on every line.
2. Use blue/black ink & if pen runs out of ink—state as such in note.
3. Draw a single straight line through wrong entry.
4. Initial corrected entry [date if needed].
5. Document omission as a new entry in student record for the date noted.
Documentation “DO NOTs” vs. “Dos”

DO NOT

6. Edit prior documentation entries.

7. Express personal negative feelings re: student,
   o e.g. Student is stubborn.

8. Use terms that are not universal or are cryptic.

9. Use ambiguous terminology without further qualification,
   o e.g. Student became defensive when counseled [too vague]

DO


7. Be objective in completing formative assessment tool,
   o e.g. Student performed ultrasound treatment correctly.

8. Use terms in their generally accepted meaning,
   o e.g. Student instructed patient accurately.

9. Be very specific,
   o e.g. Student accepted constructive feedback without any complaints of unfairness.
REMEMBER
Lack of Documentation is NOT acceptable professional practice:

“If it ain’t written it didn’t happen!”
Inaccurate Documentation is also NOT acceptable professional practice:

“As you write so shall you answer!”
Loyd & Koenig “Adequate documentation of formative feedback and careful summation of the data could make a near-perfect bridge between formative and summative ends of the assessment spectrum.”
THEREFORE

THINK “B-4” U INK!
BENEFITS OF ASSESS-4-SUCCESS
Benefits:

- Timely formative feedback assists student to institute corrective measures sooner than later and progress to higher learning level.\textsuperscript{3,11}
  - Encourages dialogue between CI and student.\textsuperscript{13}

- Receiving objective feedback enables students to become active learners during their clinical internships.\textsuperscript{12,13}
  - Students grasp what performance is expected.\textsuperscript{13}

- Expectations are outlined clearly & feedback is viewed more as being ‘informative’ and less as being ‘punitive.’\textsuperscript{14}
  - Feedback is given with the intent to improve student’s present performance.\textsuperscript{14}
  - Facilitates improving student motivation and self-esteem.\textsuperscript{13}
Benefits:

• Integrating formative assessment with summative assessment will “form” students as follows:
  o Feedback re-structures the student’s skill and knowledge; and
  o Assists the student to develop a professional identity by way of engaging student in social learning interactions.¹⁴

• Feedback and assessment are perceived by students as being some of the most effective learning mechanisms in the clinical environment:⁶
  o Immediate, verbal, and mixed feedback improves clinical learning.⁶
Benefits:

• Imagine.....

• Video Reference


References

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QUESTIONS?