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Provision of Feedback to Students, Part 2: Use of Clinical Encounter Cards

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Feedback is an important aspect of athletic training clinical education. Feedback provides information to athletic training students about their clinical skill performances to correct and guide future behavior.¹ Without feedback, a student often lacks accurate understanding of his or her clinical competence.¹ Effective feedback should provide specific, immediate information, and should actively engage the student.¹ Clinical Encounter

Cards (CECs) can help an ACI (Approved Clinical Instructor) provide effective feedback to students. The purpose of Part 2 of this report is to describe CECs and to provide examples of their use in athletic training clinical education.

comments or suggestions for improvement of future performance.^{2,5} CECs may include information that provides context for the clinical skill performance, such as the location, time of day the skill was performed, and other information that program administrators may want to use for program evaluation.^{2,5} Medical educators have documented a lack of feedback in clinical education that has been improved through the use of CECs.^{2,4,5} CECs have increased medical student satisfaction with instructor feedback,^{2,4,5} and they have reported improvement of clinical skills.⁵

CECs are typically used with students who have a basic level of proficiency, because they provide feedback that is more directive than corrective in nature. In some cases, an ACI may need to correct a relatively inexperienced student before the completion of a skill (e.g., to maintain patient safety) or to help the student properly progress through the process of performing the skill. Although CECs can be used with students at all experience levels, the ACI should consider the knowledge and experience level of each student when making a determination about the appropriateness for the use of a given CEC.

Whether initiated by the ACI or a student, a CEC facilitates specific, constructive feedback about the student's performance. For example, a student who has developed a shoulder rehabilitation plan could give a CEC to the ACI to initiate performance feedback.

KEY POINTS

▶ Clinical encounter cards are short, easy-to-use methods for providing feedback to athletic training students.

▶ Clinical encounter cards can help with program assessment and evaluation of student activities during clinical rotations.

Clinical Encounter Cards

Clinical encounter cards have been successfully used to improve the quality and amount of feedback provided to medical students.^{2,5} An "encounter" in medical education is considered a skill or procedure performed by a student that is observed by a faculty member or instructor.³ CECs typically include the skill performed by the student, student and ACI assessments of the skill performance, and

In addition to the ACI's assessment, the CEC should document student self-assessment to facilitate reflection.

CECs are relatively short and informal, which makes them quick and easy to complete in a high-volume clinical setting. The written feedback provides a record of the student's progress in skill acquisition, which verbal feedback does not provide. Use of CECs provides regular formative feedback to the student and can provide information to support a broader summative evaluation (i.e., mid-term or end-of-term evaluations). CECs are especially helpful for skills that are not designated as clinical proficiencies (e.g., isolated psychomotor skills, such as manual stretching) and those that are not utilized during a student's current clinical rotation (e.g., learning objectives focused on the lower extremity, which cannot be achieved through routine clinical interactions that primarily involve patients with upper extremity problems). CECs can serve as helpful reminders for the ACI to watch students as they perform clinical skills, because no other feedback may be regularly provided after performance of routine clinical activities. On the basis of examples derived from the literature^{4,5} and the personal ACI experiences, two versions of CECs were created for athletic training clinical education.

Clinical Skill Feedback Form

The Clinical Skill Feedback Form (CSFF) was created to reflect qualities of effective feedback (Figure 1). In addition to documentation of the ACI's assessment and suggestions for improvement, the CSFF includes student self-assessment of performance. The form provides three lines for the student to record reflections on his or her performance after having self-rated the performance on a five-point scale. The ACI provides both open-ended comments and specific ratings of the student's performance. The CSFF provides information about the type of skill performed and where the feedback was given. This can be helpful if the content of the completed forms is used for program assessment; data can easily be coded and entered into an electronic spreadsheet. The form includes several check boxes that facilitate rapid completion. The evaluative format of the CSFF generates a qualitative analysis of performance that may be perceived as judgmental by the student. It provides the student with specific feedback about performance accuracy, however, which can be compared to previous assessments to gauge improvement in attainment of skill proficiency. The ACI may choose to discuss the form's content with a student to ensure understanding of the reasons for a

Clinical Skill Feedback Form	
<p>Student Name: <u>John Doe</u></p> <p>Date: <u>4/7/10</u></p> <p>Description of Skill (check all that apply):</p> <p><input type="checkbox"/> Taping/Bracing <input type="checkbox"/> Acute Care</p> <p><input type="checkbox"/> Rehabilitation <input type="checkbox"/> Pharmacology</p> <p><input type="checkbox"/> General Medical <input type="checkbox"/> Injury Prevention</p> <p><input type="checkbox"/> Modalities <input checked="" type="checkbox"/> Evaluation/Assessment</p> <p><input type="checkbox"/> Administrative <input type="checkbox"/> Psychosocial</p> <p><input type="checkbox"/> Other: _____</p> <p>Details: <u>Ortho evaluation for ITB/R lateral knee pain</u></p> <p>Location of Skill Performance:</p> <p><input type="checkbox"/> Physician's Office <input checked="" type="checkbox"/> Athletic Training Facility</p> <p><input type="checkbox"/> Weight Room <input type="checkbox"/> Gym/Practice Field</p> <p><input type="checkbox"/> Other: _____</p>	<p>Assessment:</p> <p>Student: <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Below Average</p> <p><input checked="" type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Outstanding</p> <p>Comments: <u>I need to have a system so I can perform an eval in a timely and smooth manner.</u></p> <hr/> <p>ACI: <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Below Average</p> <p><input checked="" type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Outstanding</p> <p>Comments: <u>Continue to work on communication with athlete using layman terms so they better understand what you are asking from them.</u></p> <hr/> <p>Suggestions for Improvement: <u>Develop flow of evaluation so you can become comfortable with patient positioning terms.</u></p> <hr/> <p>ACI Signature: _____</p>

Figure 1 Clinical skill feedback form.

“below average” rating of performance. The ACI should include positive comments and recommendations for improvement of future performance.

Students have not had a problem with completion of the self-rating scale. Use of the CSFF has facilitated discussion between the student and ACI, thereby generating formative feedback to the student. The categories, locations, and rating scales included on the form can be altered to meet an educational program’s specific needs.

SOAP Feedback Form

Some ACIs may find it helpful to provide feedback in a manner that is analogous to the SOAP note documentation system used in patient care (K. Bains ATC, oral communication, September 2009). Asking a student to *subjectively* evaluate his or her own performance (e.g., “I think I did well overall, but I forgot McMurray’s test”) is similar to obtaining subjective information about a patient’s injury history. The ACI’s *objective* observation of a student performing clinical skills is similar to documenting the physical presentation of a patient. In the context of *assessment* and establishing a *plan*, the ACI and student should jointly determine how well

the student performed and discuss changes that need to be made for improvement of future performance. This process can be viewed as similar to making a clinical diagnosis and developing a treatment plan for a patient. For example, after a student has administered an ultrasound treatment, the ACI asks the student to self-assess performance (subjective). Then, the ACI provides feedback about the performance, stating that the choice of treatment parameters was correct, but more information should have been provided to the patient before starting the treatment (objective). Either together or separately, the ACI and the student rate the performance on a visual analog scale (assessment), and then set goals for improvement (plan). An example of a completed SOAP Feedback Form is presented in Figure 2.

The SOAP feedback form provides space for open-ended comments from both the ACI and the student. Although some ACIs may view the visual analog scale as too evaluative, we have found it helpful in guiding the student’s plan for improved performance in a nonthreatening manner. The student is instructed to think about the performance before the ACI provides comments, thereby promoting the importance of self-reflection as a practicing clinician in the future.

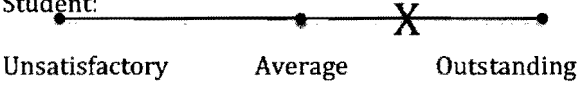
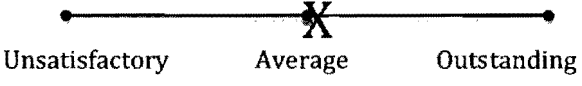
SOAP Feedback Form	
<p>Student Name: <u>Mary Jane</u></p> <p>Date: <u>2-14-10</u></p> <p>Description of skill to be evaluated: <u>Thermal ultrasound treatment on a patient’s shoulder.</u></p> <p>Subjective (Student self-evaluation): <u>I thought I completed the correct treatment for this athlete and did everything correct.</u></p> <p>Objective (ACI evaluation): <u>Good parameter selection, but you did not explain the treatment to the patient. Nice job overall.</u></p>	<p>Assessment:</p> <p>Student: </p> <p>ACI: </p> <p>Additional Comments: _____ _____</p> <p>Plan (future improvements): <u>You have a sound understanding of when, why, and how to use ultrasound. In the future, work on your patient communication and education.</u></p> <p>ACI Signature: _____</p>

Figure 2 SOAP feedback form.

Using Clinical Encounter Cards

CECs can be used in different ways, depending on an athletic training education program's specific characteristics and needs. A program may require a specific number of CECs to be submitted during a given time period (e.g., three per week or one per day), or may simply make CECs available to students and ACIs as a resource. Three ACIs and four students in our program volunteered to test the use of both the CSFF and SOAP feedback forms in addition to our current assessment tools. Our ACIs and students generally liked using the CECs, especially for routine clinical activities that are not designated as clinical proficiencies for the rotation.

CECs can also be used for program assessment to document when, where, and how often students are participating in specific clinical activities. For example, the education program director or clinical coordinator may investigate reasons for rare submission of CECs completed on the practice field (e.g., inadequate supervision, insufficient activities to keep students engaged, etc.). Our ACIs and students most often used the CECs for patient evaluation, rehabilitation instruction, modality administration, and skills such as stretching, writing patient progress notes, and leading a dynamic warm-up session for a group of athletes. The CECs were typically completed in the athletic training clinic initially, but the frequency of their completion on the practice field gradually increased.

Athletic training education programs may use CECs as a tool to teach ACIs and students about the value of high-quality feedback. If students report that an ACI is not providing feedback about their skill performances or patient care activities, students can be encouraged to give CECs to the ACI before or after a clinical skill is performed. ACIs, especially novices, can use CECs as a reminder to provide feedback to students. One of our first-year ACIs reported that she really liked the CECs because they were convenient and the written format provided a means to see student progress over time. Some of our students suggested that the CECs would be most beneficial for ACIs who need more prompting to provide feedback. Program directors should consider the characteristics of ACIs and students to determine the best way to utilize CECs. If only students initiate the use of ACIs, it may not be as effective, especially with inexperienced students who may not recognize the performance of a clinical skill as a learning opportunity. Our ACIs found that they initially had to help students

to recognize appropriate opportunities for use of the CECs. Both students and ACIs reported that it took a few weeks to develop the habit of using the cards.

Completion of CECs can become burdensome if an ACI routinely provides immediate feedback to a student after performing a skill. An experienced ACI felt that the CECs were simply more paperwork to complete and that the feedback already provided was more than sufficient. CECs may be redundant if a program already utilizes a formal feedback or assessment system. Program directors and clinical coordinators should consider the paperwork burden they already impose on ACIs before initiating use of CECs.

Our ACIs and students found the CECs to be most valuable for generation of feedback on performance of skills that were not designated as clinical proficiencies and those that were performed at times when a clinical proficiency had already been completed or could not be completed. For example, a first-year student, who had completed her ultrasound proficiency during the first week of the semester, requested ACI feedback on a later performance of the skill through use of the CSFF. Several ACIs reported that they had not thought about providing feedback on activities such as stretching or leading a group warm-up until they had been introduced to use of the CECs.

Most of the users reported that the CSFF was much easier to complete than the SOAP form, but that better feedback was generated through use of the SOAP form. The CSFF was considered better for skills like stretching and administration of modalities, whereas the SOAP form was considered better for more comprehensive tasks, such as orthopedic injury evaluation and progression of a rehabilitation plan. The ACIs and students liked having the option of choosing between the two different forms, depending on the amount of time available for completion of a form.

Summary

CECs can provide an easy mechanism for ACIs to provide high-quality feedback to students. Our ACIs and students generally liked the CECs, because they provided opportunities for generation of feedback on the performance of routine clinical activities that may or may not be designated as clinical proficiencies. In addition to enhancing student learning opportunities, CECs can be used for program assessment and improvement. CECs can be designed to address the

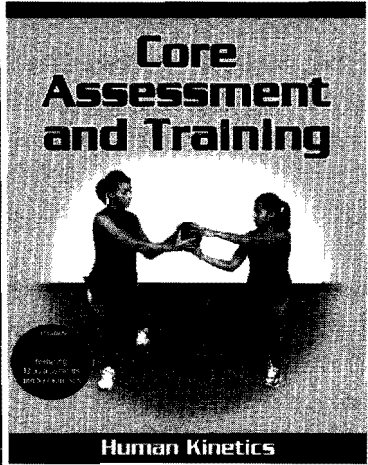
specific needs of a program. Athletic training educators are encouraged to investigate the use of CECs to improve the quality of feedback provided by ACIs. ■

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