

## **Athletic Training Students' Clinical Proficiencies Are Primarily Evaluated Via Simulations**

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**Objective:** To investigate the various methods Approved Clinical Instructors utilize to evaluate students' clinical proficiencies. **Design and Setting:** Two structured focus group sessions were held to assist in the development of two surveys (11- item "Institutional" survey and 14-item "Methods of Clinical Proficiency Evaluation in Athletic Training" (MCPEAT survey containing likert scale items {1 = strongly disagree-5 = strongly agree}). Test/re-test reliability was conducted with 18 respondents. Phi correlation coefficients determined the measure of agreement on dichotomous questions. Median coefficients were .787 and .609 for the Institutional and MCPEAT surveys, respectively. Pearson correlation coefficients determined the test/re-test reliability for nondichotomous data. Median coefficients were .954 and .635 for the Institutional and MCPEAT surveys, respectively. The target population consisted of all program directors of athletic training education programs (ATEPs) accredited by CAAHEP as of January, 2006 (n = 337). **Subjects:** A total of 201 (59.6%) respondents completed the "Institutional" survey, while 199 (58.9%) completed the "MCPEAT" survey. **Measurements:** Descriptive statistics were computed for both surveys. An analysis of variance (ANOVA) and independent t-tests analyzed differences between characteristics of the ATEPs and the barriers, methods, educational domains and settings regarding clinical proficiency evaluation. The alpha level was set at .05. **Results:** Simulations (n = 191, 95%) were the most prevalent method of clinical proficiency evaluation. Half (50.3%) of the respondents reported that they feel students engage in a sufficient number of real-time clinical proficiency evaluations to prepare them for entry-level practice. An independent samples t-test revealed more opportunities exist for real-time evaluations in the college or high school athletic training room ( $F_{189} = 3.996, P = .037$ ) or college athletic practice ( $F_{191} = 6.005, P = .008$ ) as compared to other clinical experience settings. Assessment and evaluation ( $4.37 \pm 0.826$ ) and therapeutic modalities ( $4.36 \pm 0.738$ ) domains were scored the highest relative to sufficient opportunities existing in each of these domains for real-time clinical proficiency evaluations. An inadequate volume of injuries or conditions was a barrier to real-time evaluation ( $3.99 \pm 1.033$ ). One-way ANOVAs revealed no significant difference between ATEP characteristics and the opportunities for, and barriers to, real-time evaluations among the various clinical experience settings. **Conclusions:** A minority of the clinical proficiencies

are being evaluated via real-time encounters. In order for athletic training students to become clinically proficient for entry-level employment, it seems imperative that ATEPs take a disciplined approach to clinical proficiency instruction and evaluation. Word count: 394