

Loma Linda University School of Allied Health Professions Department of Communication Sciences and Disorders

PROCEDURE FOR GRADING CLINICAL PERFORMANCE

(For use with Skills Tracking forms/Performance Rating Scale on Calipso- This document describes the procedure for tracking progress towards clinical skill development and for assigning grades. Students, as well as clinical instructor/supervisor, need to understand this process.)

BEGINNING OF QUARTER:

The clinical instructor (CI) reviews the **Clinical Skills Tracking Form/Performance Rating Scale** with the student clinician. Determine the student's level (Beginning, Intermediate, Advanced), as follows: **Student Level:** Student level is based on the number of clinical hours the student clinician has earned and/or prior exposure to the population or setting.

Beginning Student Clinician: Fewer than 50 hours of patient/client contact; or, no previous experience with the setting or population.\

Intermediate Student Clinician: 51 - 200 hours of patient/client contact; or, some previous experience with the setting or population.

Advanced Student Clinician: 200+ hours of patient/client contact; or, 50+ hours previous experience with the setting or population.

Determine levels of expectation for the end of the quarter based on the levels identified in Expectations. Discuss the student's and CI's interpretation of these skills.

MID-QUARTER AND FINAL EVALUATION:

- I. On **Calipso**, the CI evaluates the student clinician, taking into consideration the following five (5) points:
 - Excellence: The expectation is that, upon graduation, every student clinician will be able to function as an excellent *beginning* clinician. The concept of excellence allows student clinicians to identify (1) those areas in which they are especially talented; and (2) those areas that need further development. Excellence in a student clinician also implies acceptance of responsibility for one's own development.
 **Application of knowledge to the clinical setting is a developmental process. Students are not expected to achieve mastery in every area prior to completion of the clinic or the program.
 - 2) Professional Demeanor: The student clinician is expected to meet minimum work-ethic standards. Failure to meet minimum work ethic expectations warrants a grade of Unsatisfactory. Examples of professional demeanor include, but are not limited to the following: reports to clinic regularly and on time; has no unexcused absences; follows through with assignments and meets deadlines; dresses appropriately for the clinical site; keeps personal issues separate from clinic; respects authority; adheres to ASHA Code of Ethics; supports team function; facilitates communication with CI. Note: CIs are expected to clarify dress codes; however, shorts, revealing clothing, and distracting jewelry are never appropriate. Student clinicians who exhibit unprofessional behavior will not be eligible for a grade of Satisfactory.
 - 3) **Independence/dependence Issues:** In interaction with each CI, student clinicians need to assess the expectations of the CI as to the level of independence that is expected. In each setting, the goal for the student clinician is to achieve a healthy balance between independence and dependence, knowing when to discuss issues with the CI and when to act on one's own.

- 4) Questions: Student clinicians are expected to ask questions in order to support quality of patient/client care and to demonstrate critical thinking skills. Critical thinking includes skill in analysis of problems, synthesis of information, and integration of information to find solutions to problems. The CI's responsibility is to assess the type of questions the student clinician asks, and determine whether the questions are appropriate for the student clinician's level. For the beginning student clinician, any question is appropriate. For the intermediate student clinician, there should be some evidence of skill in integrating experience from classes and past clinics into the new setting, so specific questions should demonstrate prior thought and attempts at problem solving. For the advanced student clinician, questions should be clear evidence of having thought through the problem and arrived at a reasonable solution. Although this thought process is critical, CIs should be sensitive to those times when a student clinician is under a time constraint and simply needs a quick answer.
- 5) Styles of Supervision: Anderson (1988) discussed three styles of supervision. The three styles (see below), by their nature, require student clinicians to function at successively higher levels. The CI determines the style of supervision that is appropriate for the student clinician, at this moment in time, at this site, taking into consideration the level of experience and familiarity with the setting and/or patients/clients. *Note: Some beginning student clinicians may be able to function at higher levels, at least with some clients. Student clinicians should be encouraged to function at a level as possible, but should not be expected to function at a level higher than their experience can support.

Direct-Active Style of Supervision: This style is appropriate for the student clinician who is functioning at the "Evaluation-Feedback [Beginning] Stage." The CI tells the student clinician what to do and the student clinician does it. The CI then provides feedback on performance and gives another directive, repeating the cycle as often as needed. This style is appropriate for beginning student clinicians, unless the student clinician is capable of performing at a higher level. It is also appropriate when time constraints and/or concerns about quality of therapy demand this kind of action. This style is very time-efficient; however, it does not promote independent, critical thinking and is not the best approach for higher level students. This appears as a "D" on the Skills Tracking Form.

Collaborative Style of Supervision: This style is appropriate for the student clinician who is functioning at the "Transitional [Intermediate] Stage." More responsibility is placed on the student clinician for independent thought. The student clinician is expected to come to the supervision meetings having spent time thinking through the therapy and ready to make suggestions. The CI may need to ask questions that lead the student clinician to think in the right direction; however, considerable opportunity should be provided for the student clinician to state his/her ideas before the CI discusses relevant factors in the situation. This appears as a "T1, T2, or T3" on the Skills Tracking Form.

Consultative Style of Supervision: This style is appropriate for the student clinician who is functioning at the "Self Supervision [Advanced] Stage." The student clinician and CI relate almost as colleagues. The student clinician is responsible for solving problems and making decisions as if he/she were a certified or licensed professional. All professionals consult with others in order to arrive at good and ethical decisions. Functioning at the consultative level is fostered by this style of supervision. The student clinician functions independently and consults with the CI when needed. The minimum 25% supervision is observed; however, the CI is able to refrain from directly intervening. This appears as "I" on the Skills Tracking Form.

- II. At mid quarter, to assess the student clinician, consider the five points listed under #1 above and the expectation levels identified in the expectation for the skills on the Clinical Skills Tracking Form/Performance Rating Scale. Determine the student clinician's current performance level and submit it on Calipso.
- III. At the end of the quarter, to assess the student and assign a grade, consider the five points listed under #1 above and the expectation levels identified in Appendix I for the skills on the Clinical Skills Tracking Form. Determine the student clinician's current performance level and submit it on Calipso. In order to receive a grade of Satisfactory, 80% of the expected skill levels must be accomplished.