# FREQUENTLY ASKED QUESTIONS

## (Ensuring Consistent Student Clinical Evaluations)

**Q: Can a web-based clinical tracking system take care of many Inter-Rater Agreement (IRA) issues for the program?**

A: IRA is independent of the type of student evaluation system. The main point of IRA is to ensure that all preceptors are interpreting and using the evaluation tool the same, regardless of whether it is on paper or electronic. In addition, it is essential to ensure that expectations regarding student performance are clearly communicated, whether on paper or electronic. The student evaluation system does not explicitly address IRA.

**Q: What does CoARC expect us to do about the preceptors who lack motivation, interest, and desire to comply as it relates to online preceptor training?**

A: First, remember there is no expectation that programs have 100% IRA. You need to select a % agreement that you feel is reasonable and will produce acceptable consistency in student evaluations. It is also essential to carefully consider the quality of the instruction the preceptor provides. For example, a preceptor who provides excellent clinical instruction may insist on using her slightly more challenging evaluation scale. If the % agreement is well within what you believe is acceptable and the students benefit from experience with this preceptor, you can continue to allow students to be assigned to her. If you were concerned about the experience the students were having with the preceptor, you would request that she be placed on the "do not use" list of preceptors.

**Q: How do you address the question about preceptors who do not complete preceptor training?**

A: You would suggest an in-person meeting, at a minimum, to go over expectations and to make sure the preceptor was aware of the grading criteria, and then document this meeting as part of your plan. You should also re-evaluate if you want to include this preceptor or not – if they are not interested in precepting, you should consider not placing students with them.

**Q: Can you give a little more detail on quantifying % Agreement? Do you have a specific example you could share?**

A: Determining % agreement is like grading a test. You evaluate the performance of the student (live or recorded) using the evaluation instrument. This becomes the key. Either simultaneously (live) or at another time (recorded), you ask each preceptor to evaluate the same performance using the same evaluation instrument, and you compare answers. You

then calculate the average by skill and overall.

| | Faculty (key) | Preceptor 1 | Preceptor 2 | Preceptor 3 | % agreement |
|---|---|---|---|---|---|
| Oxygen | O | O | O | S | 2/3 agree = 66% |
| MDI | S | S | S | S | 3/3 agree = 100% |
| NTS | S | S | O | S | 2/3 agree = 66% |
| | | | | Overall % agreement | 77% |

Then, you would need to repeat this for a sample of actual student evaluations. When you are visiting a clinical facility, observe a student performing care and complete an evaluation. Then compare the assigned preceptor's evaluation of the student to yours. Do this with a few more students and preceptors then calculate the average – this will give you % agreement for actual student evaluations.

| | Faculty (key) | Preceptor |
|---|---|---|
| Student 1 | S | O |
| Student 2 | S | S |
| Student 3 | O | O |
| Student 4 | O | O |
| Student 5 | S | S |
| | Overall % agreement | 4/5 agree = 80% |

If your results do not meet the minimum % agreement you have specified in your plan, you need to develop and implement an action plan to improve your IRA.

**Q: How do you handle a situation where the preceptor reports on the last day of the student's rotation that the student knows nothing! But the student reports they had a wonderful experience at the respective rotation and would like to work there!**

A: You are strongly encouraged to include more frequent reporting of student evaluations to minimize the chance of this happening. Regular communication with preceptors is essential so you have a chance to address any concerns as they develop.

**Q: I am a new PD (with previous DCE experience) in a long-established program. My IRA is not well defined, so I feel like I'm starting from the beginning. Also, limitations (I'm told) at local hospitals are directly related to preceptor motivation. I'm ready to get our DCE on board with the technical components (PEP program and Database)... but... I feel if I don't**

**address motivation... we'll get nowhere. Thoughts on where/how to start with motivation?**

A: Just a couple of suggestions based on the literature on improving motivation. Recognition of a job well done can go far in improving motivation. And this does not have to be extravagant or expensive. A hand-written thank you note, a basket of chocolate with an attached note for the break room, a small poster signed by the students displayed in the department… all can recognize the extra effort people put into precepting and encourage them to keep it up. Including the students in the recognition also allows the preceptors to see the bigger picture and see how their contributions are helping develop the future of the profession – this can also help increase motivation. You can also include the preceptors in the process of developing expectations for student performance, so they have a sense of ownership in the process and feel like they are an integral part of the education team.

**Q: Are the CoARC site visitors looking at the program's clinical evaluation forms to see if they meet these criteria?**

A: No.

**How often does IRA need to be done?**

For all individuals who evaluate students in clinical, the program must have documentation that program personnel have provided them with orientation regarding their roles and responsibilities, the clinical policies and procedures of the program, and the use of program clinical checkoffs for student assessment. Initial preceptor evaluations should be conducted within the first year of the assignment. Subsequent preceptor evaluations should be conducted when there are significant changes in the program's clinical evaluations, new clinical competencies are introduced into the curriculum, or there is a significant change in the NBRC content outline.

**So, preceptors are not required to be trained every year?**

A: No.

**Q: Is there a magic number or percentage of preceptors that must complete training? We have a relatively high turnover in preceptors/staff RTs.**

A: The Standard is meant to encompass all preceptors.

**Q: How do you get the preceptors from your sites to "buy in" to the training? Most do not get a differential or extra pay to be preceptors and do not want to spend extra time doing clinical PEP.**

A: Include an explanation that completing the training is required by our accreditation agency. You can also try including a small gift card in the materials sent as a small incentive/thank you to complete.

**Q: Is "met", "not met" appropriate?**

A: If criteria for “Met” and “Not Met” are clearly specified and communicated and consistently applied, yes. You would need to evaluate this evaluation system the same way you would any other evaluation system.

**Q: The practice for our program allows clinical instructors 1 hour per/week to work directly with the student at the clinical site, so our students are routinely assigned to staff therapists who may or may not be great preceptors. How do we ensure consistency in IRA? Will a rubric and/or a 5 to 7-category range address this?**

A: It is critical that your evaluation instrument incorporates the strategies discussed in the CoARC webinar to improve the likelihood that your preceptors will be able to evaluate your students consistently. This must be paired with training regarding using your evaluation instruments and communicating your expectations.

**Q: Is IRA related to evaluating clinical competencies and/or the day-to-day clinical performance such as a "daily evaluation"?**

A: You need to define the parameters in your IRA plan, but your plan should include all types of evaluations performed by preceptors, including competencies and professional attributes.