Clinical Mentorship:

Are you a Hawk or a Dove?

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The Clinical Performance Instrument (CPI) is the tool used to assess performance-based skills during our students' clinical affiliations. One of the strengths of the CPI is that it allows the Clinical Instructor (CI) to observe the student's application of

The phenomenon of examiners being on two ends of the scoring spectrum has been referred to as the Hawk vs Dove effect. The term "Dove" describes lenient examiners, while "Hawk" refers to strict examiners.

knowledge and skills in a real clinical environment. One of the weaknesses of the CPI is the wide variability in use and interpretation among Clinical Instructors. This variability among raters is undesirable, as it may lead to decreased validity of scores and outcomes. The CI Surveys collected in the summer of 2017 suggest that the amount of variance amongst our CIs may be substantial. For example, when informed that the student did not engage the locks of the wheelchair prior to a transfer (despite being reminded to do so just before the treatment session began), grades assigned by clinical faculty ranged from zero to ten.

Two categories of examiner errors:
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1. Correlational errors occur when CIs demonstrate a tendency to evaluate a student holistically, without discriminating between different extents of student behavior or performance. An example is when a student is graded high in all categories because he does well in a few key categories without the CI assessing each category independently of the others. This is known as the "halo effect".

2. Distributional errors occur when CIs fail to make adequate use of the full range of a rating instrument. Leniency/severity errors (Hawk v Dove) occur when a CI systematically rates the student too kindly or too harshly. This is an example of a distributional error.

Additional Questions:

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Because the CPI is used to make high-stakes decisions about a students' progress through the PTA program, monitoring and discussing these types of examiner behaviors is important to ensure that scores are comparable and that pass/fail decisions are valid.

One strategy to reduce extreme scoring is engaging in clinical faculty wide discussion. Once the summer 2017 CI Survey data was collected, the results and a summary/discussion were provided to all clinical faculty. This sharing of information and expectations is vital to providing more consistent assessment across clinical sites. Additionally, the PTA program is planning to host an on-campus clinical discussion regarding psychomotor assessment of student behaviors.

Another strategy to reduce extreme scoring would be to have two clinicians collaborate to complete the CPI. The feasibility of this method is dependent upon the facility.

To meet the criteria for passing a clinical education course, PTA students from Mercer County Community College must demonstrate the following five behaviors by the end of the clinical affiliation:

a. Consistent competence in the cognitive domain (the ability to integrate classroom knowledge into the clinical environment).

b. Consistent competence in the psychomotor domain (the ability to execute hands-on skills required in the field of physical therapy)

c. Consistent competence in the affective domain (demonstration of professional behaviors valued by the PT profession)

d. Safety (students must demonstrate safety in their clinical decision making and execution of tasks)

e. Progress (students must demonstrate progress and growth during the clinical affiliation)

References

Harasym, PH, Woloschuck, W, Cunning, L. Undesired variance due to examiner stringency/leniency effect in communication skill scores assessed in OSCEs. Advances in Health Sciences Education 2008; 13: 617-632.

Boulet, JR, McKinley, DW, Whelan, GP, et. Al. Quality Assurance Methods for Performance-Based Assessment, Advances in Health Sciences Education 2003; 8; 27-47.