Pitfalls of Tracking Student Progress Webinar

July 2, 2020

The following information was captured from the CHAT window during the webinar. Individuals' names are removed; however, the text appears as written.

Increasing Students' Responses

➢ I've found that "texting" students works for the surveys, instead of snail mail or email. :)

➢ Survey tools such as Survey Monkey might help with survey completion. It could be expensive might be worth the expense.

Tracking students' patient encounters/skills

➢ We have clinical /field liaisons that verify their Daily forms against their data entry and then double checked by the CC at clinical or field checkout.

➢ Often times patients do have multiple things going on - so we do count 2 medical conditions and a trauma and a medical.

➢ We allow for 2 impressions. But I do audit as many patients as possible. Patients do have multiple things go wrong at once and it is important for students to be looking for multiple problems instead of one isolated complaint.

➢ We go over all of the information during orientation and I have downloaded links to the system we use so that the students can view the tutorials whenever they need

➢ Class presentation; instruction manual; exemplar documents; individual coaching and feedback

➢ We have them practice with the tracking system during skills labs. This has helped with clinical and field data recording. We were able to correct a lot of the missing data points through practice with simulations.

➢ We provide a "cheat sheet" with instructions, have in-class training, and also provide a list of practice patients that must be documented so Program staff can verify their documentation/numbers

➢ We go over the system in orientation, but I have found that the students don't understand then because they haven't had the chance to see patients yet.

➢ We have them fill out practice sheets and have our auditor give them feedback, as well.

Does your program document unsuccessful attempts?

➢ We require documentation of both unsuccessful and successful skills/assessments.

➢ In preceptor orientation instruct preceptors to document unsuccessful attempts in their evaluation

➢ They often do not track accurately # attempts or unsuccessful attempts.

➢ We require documentation of successful and unsuccessful skills

➢ I have only allowed them to document successful attempts due to the massive amount of documentation instructors have to do. The unsuccessful are considered practice.

Does your Student Handbook have policies for clinical/field experiences, or do you have a clinical/field manual?

➢ We have didactic/clinical/field handbook

➢ We include all of it in Catalog and require students to read through and affirm understanding of the Catalog

➢ Student handbook includes clinical and field time

➢ Yes, detailed policies, instruction plan, and students sign understanding on their learning contracts.

➢ Yes, separate clinical handbook that students have to sign that they have read before being allowed to start clinicals.

➢ We use all of these as our "contract" with the students.

Miscellaneous

➢ Programs REALLY need to enforce the timeliness of data being submitted for clinicals - our state requires timely submission (within 24 hours) for NEMSIS data, so the programs need to prepare them for that necessity of the workforce

➢ With Covid, we were able to continue to run but we adjusted our minimum numbers to match out state and the PD sent that out to our Physician Director and Advisory Board to make sure they were in agreement before we moved forward.

➢ Construct validity and reliability on exams are important. We review all exams and make changes accordingly relative to item analysis.