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Clinical Education Grading: Using Rank Order to Convert Assessment Into Grades

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PURPOSE: After some years of using a student's Clinical Education evaluation scale we systematically found that clinical educators were registering only the top 2 or 3 behaviour of a list of 5 for each item resulting in high grades poorly distributed. There is a possibility that the scale is not suited to high student's performance and loses discriminative ability. Another explanation may result from the fact that clinical educators knew the score of each behaviour. This could have led them to produce a, student fit into grade, phenomenon. In either case introducing a Rank Order system for converting assessment into grades could help dealing with the problem. The purpose of this study is to determine if a Rank Order system influences grades and its distribution. **RELEVANCE:** Clinical Education has a central role in all Physiotherapy curricula. A clear image of the skills/competences, attitudes and knowledge being developed in this context should be provided by any assessment system. **SUBJECTS:** All of the 30 students of the third / final year that attended Clinical Education in clinical placements during the year 2002-2003. **METHODS AND MATERIALS:** For assessing students performance, current scale was adapted, removing all references to behaviour scores. Clinical Educators could only refer to which behaviour students fit into. Students were graded according to is/her behaviour. Grades took into consideration frequency of that behaviour in all students in that given moment in time. Mean of ranks of all behaviours produce grade for that clinical placement. Mean of grades of all clinical placement produced final grade. Grades produced by this method were compared with grades produced by previous method. A t-test paired sample was used with $\alpha = 0,05$. **RESULTS:** Clinical educators still used mainly 2 or 3 out of 5 behaviour for each item. Although grades followed a normal distribution in both traditional and rank order cases the new system as a higher range. It also decreased all grade means ($p < 0,05$). **CONCLUSIONS:** Rank order system seem to have a corrective effect on overestimating students clinical abilities.