

ASSESSING THE USE OF EFFECTIVE TEACHER BEHAVIORS IN ATHLETIC TRAINING CLINICAL EDUCATION

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Context: Because teachers can control their instructional behaviors, the quality of clinical education will be improved by making them aware of what they do in the clinical classroom. **Objective:** To create tools that objectively identify the presence or absence of known effective teaching behaviors in athletic training clinical education. **Setting:** Undergraduate accredited athletic training education programs. **Design:** All Program Directors in North Carolina (n=17) were asked to administer the Survey of Effective Clinical Educator Behaviors (SECEB) to both their students and affiliated clinical instructors. Observational data were also collected using the Observational Record of Clinical Educator Behaviors (ORCEB) on volunteer clinical instructors from one institution. **Subjects:** Survey data was received from 10 programs. Subjects included 145 and 41 clinical instructors. Clinical instructors from one institution agreed to be observed (n=4). **Intervention/Measurements:** The SECEB assesses student and instructor perceptions of effective teaching behaviors used by both a current and an ideal clinical instructor. Items are rated on a Likert scale from Never to Very Often, and grouped into four subcategories (Information, Evaluation, Critical Thinking, and Physical Presence). The ORCEB is an interval recording instrument that measures an instructor's demonstrated behaviors during 30 minute observation sessions. ORCEB behaviors were grouped into categories similar to the SECEB (Information, Evaluation, Critical Thinking, Positive Presence, and Negative Presence). **Results:** The results of two-tailed paired sample t-tests between current and ideal SECEB scores revealed that students rate their current clinical instructor (M=4.09, SD=.52) significantly lower than an ideal instructor (M=4.56, SD=.33) on all items, subcategories, and total score ($t(143) = -13.07, p < .001$), and that educators rated themselves equally poorly (M=3.93, SD=.36) when compared to their image of an ideal clinical instructor (M=4.56, SD=.24; $t(39) = -10.01, p < .001$). ORCEB data revealed that the clinical instructors used 11% of each 30-minute session giving information, 1% evaluating students, 2% stimulating critical thinking, 10% observing student-patient interactions, 32% giving patient care themselves, and 35% engaged in behaviors unrelated to clinical education. **Conclusions:** Observations show that clinical instructors use less than 25% of their time actively engaged with students in a learning situation, while the survey data show that students rate their instructors' use of effective behaviors lower than that of an ideal instructor, but more importantly, higher than the instructors rated themselves. This indicates that teachers may be unaware of their ineffective use of time, and without information about their practice, they cannot be expected to change or improve their methods.