

How well are allied health students prepared for client interaction?

A constructive alignment case study of student-client communication competencies

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Background Allied health professionals are united in their regular interaction with clients who experience events that affect their health and well-being¹. Despite the emergence of targeted communication skills training at both professional and undergraduate levels, the link between poor communication and unsatisfactory client outcomes is a recurring concern for discussion in allied health literature⁴. For undergraduate allied health students, communication competency is mapped across relevant subjects and described in the context of 'Learning Outcomes' (LOs). LOs describe skills that a student is expected to learn and these are measured via assessment tasks designed to evidence the competency in question³. The process by which there is coherence across LOs, learning activities and assessment tasks is commonly built into the structure of a subject when it is first built and is known as 'Constructive Alignment'².

Aims This project aimed to develop a method for reviewing the constructive alignment of student-client communication competencies in an allied health tertiary context.

Method Educational documentation was reviewed, using the Master of Clinical Prosthetics and Orthotics as a contextual case study. Criterion by which the constructive alignment of the

competency was developed in accordance with the developmental model for constructive alignment². This included three levels; learning outcomes (LOs), assessment tasks and student feedback (Table 1).

Results All LOs related to communication were mapped to assessment tasks. Description in the assessment varied in detail across subjects, but primarily appeared in name only. Documentation showed a greater emphasis on student-assessor communication over student-client interactions. Specific feedback concerning student interaction with clients did not occur until assessments in final year.

Discussion This case study identified clear mapping of LOs to assessment, but a lack of clarity and detail in the translation to assessment summary and feedback. This may impact students' perception of the importance of communication skills with potential to impact behaviour in clinical practice. Constructive alignment might be improved by; greater detail in assessment documentation and feedback; and a more balanced emphasis between student-client and student-assessor interaction.

Conclusion The criterion appeared to offer meaningful information concerning the constructive alignment of communication competencies. This type of review is easily replicated and may have broader application in allied health tertiary contexts.

Table 1. Constructive Alignment Criterion

Stage One – Learning Outcomes

- Identify subjects that involve student-client interaction
- Identify LOs related to communication competency
- Identify if LOs are mapped to specific assessment tasks
- Content review of LO language and clarity

Stage Two – Learning activities and Assessment summaries

- Identify the extent to which the communication competency is described in the assessment summary/learning activities.
- Identify the context in which the assessment of LOs occurs.
 - Student interaction with a client in an assessed clinical environment.
 - Student interaction with an assessor following client interaction (the client may not be present for the report).

Stage Three – Assessment Feedback Matrices

- Determine the extent to which students receive feedback on the competency
 - Indirect feedback as part of a broader classification (such as 'professionalism') via an assessment matrix
 - Direct feedback on the communication competency via an assessment matrix
 - Feedback in an open ended comment format

References

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