

Developing Behavioral Indicators to Assess Rehabilitation Competency with Standardized Patients

Participant Resource Guide

Introduction and purpose

Why this workshop?

Assessing rehabilitation competencies remains a challenge in chiropractic education, particularly given the variability in curriculum, assessment methods, and use of Standardized patients (SPs) across institutions. While SPs are increasingly used to evaluate clinical competencies, limited consensus exists on the specific knowledge, skills, and behaviors to assess, and how to measure these competencies consistently and meaningfully.

This workshop explores approaches to identifying observable behaviors and performance indicators that can support the development of a meaningful and defensible rehabilitation assessment rubric.

The collective insights generated during this World Café will contribute to an ongoing international initiative to advance evidence-informed and educationally meaningful approaches to evaluating rehabilitation competencies using standardized patients.

Participants will leave with a greater understanding of current assessment practices, a clearer vision of the core elements that should be represented within rehabilitation competency rubrics, and the opportunity to contribute to future collaborative research and development efforts in this area.

Learning Objectives

After participating in this workshop, participants should be able to:

- Describe key rehabilitation competency domains
- Distinguish competencies from observable behaviors
- Identify the characteristics of effective behavioral indicators
- Apply competency frameworks to rubric development
- Consider strategies for assessing rehabilitation competencies using SPs.

Why assess rehabilitation competencies?

The need for Competency-Based Assessment

- Rehabilitation assessment extends beyond technical skills.
- Competencies include communication, clinical reasoning, professionalism, collaboration, and patient-centered care.
- Reliable assessment requires clear, observable indicators of performance.
- SPs provide opportunities for consistent evaluation of learner performance.

WHO Rehabilitation Competency Framework overview

Competency Domains

As presented in the Rehabilitation Competency Framework of the World Health Organization (WHO)

Practice (P)

1. Places the person and their family at the center of practice
2. Establishes a collaborative relationship with the person and their family
3. Communicates effectively with the person, their family, and their health-care team
4. Adopts a rigorous approach to problem-solving and decision-making
5. Works within scope of Practice and Competence

Professionalism (PM)

1. Demonstrates ethical conduct
2. Maintains professionalism
3. Works collaboratively
4. Manages professional responsibilities

Learning and Development (LD)

1. Continues to learn and develop
2. Supports the learning and development of others
3. Works to strengthen rehabilitation education and training

Management and leadership (ML)

1. Works to enhance the performance of the rehabilitation team
2. Works to enhance the performance of rehabilitation service delivery
3. Acts as a rehabilitation advocate

Research (R)

1. Integrates evidence in practice
2. Works to strengthen evidence for rehabilitation

Understanding observable behaviors

What is observable behavior?

An observable behavior is a specific action that can be seen or heard during a clinical encounter and can be reliably identified by different assessors

Observable vs non-observable

Competency statement	Observable behavior
Demonstrates empathy	Acknowledges and validates patient concerns before proceeding
Is professional	Maintains professional language and appearance throughout the encounter
Demonstrates respect	Obtains informed consent before assessment
Thinks critically	Explains rationale for assessment findings and treatment decisions

Characteristics of effective behavioral indicators

Behavioral indicators should be:

- Specific
- Observable
- Measurable
- Relevant to competency
- Applicable across assessors

Competency levels reference guide

Level 1: Beginner

Limited understanding that requires substantial guidance

Level 2: Intermediate

Demonstrates competency but requires regular support

Level 3: Advanced

Performs completely in most situations with occasional guidance

Level 4: Entry-level competence

Demonstrates the level expected of a new graduate

Level 5: Beyond Entry-level competence

Consistently exceeds expectations for entry to professional practice

Building assessment rubrics

Checklist for rehabilitation assessment rubrics

What should high-quality rubrics have:

- ✓ Criteria aligned with learning outcomes
- ✓ Clearly defined performance levels
- ✓ Descriptive performance descriptors
- ✓ Observable and measurable behaviors
- ✓ Distinct criteria
- ✓ Appropriate level of detail
- ✓ Validity
- ✓ Reliability and consistency
- ✓ Utility for feedback

The key question to remember is:

“If you had only five minutes to evaluate a student, which behaviors would convince you that they have achieved the expected level of competency?”

Reflection questions for educators

When developing assessment tools, consider:

- How can competence be observed during a clinical encounter?
- What behaviors indicate entry-level competence?
- What behaviors suggest the learner require further development?
- What behaviors distinguish exceptional performance from competent performance?
- Which competencies are most important to assess in your curriculum?

Recommended resources

Key references:

- Brookhart SM, Association for Supervision and Curriculum Development. How to Create and Use Rubrics for Formative Assessment and Grading. ASCD; 2013.
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- Hecimovich M, Volet S. Simulated learning in musculoskeletal assessment and rehabilitation education: comparing the effect of a simulation-based learning activity with a peer-based learning activity. BMC Med Educ. 2014 Nov 29;14:253. doi: 10.1186/s12909-014-0253-6. PMID: 25471306.
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