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Clinical PEP and Inter-Rater Reliability: How Do I Make This Work?

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In August 2013, the American Association for Respiratory Care (AARC) released its first preceptor-training program: Clinical PEP. Developed by the respiratory therapy program faculty at The Ohio State University, the program uses video scenarios to demonstrate effective and ineffective preceptor behaviors as well as provide opportunities for the evaluation of student performance. Since August, several respiratory care programs have purchased Clinical PEP and are integrating it into their preceptor training programs. It is important to understand how the Clinical PEP program can be used for maximum benefit. The purpose of this discussion is to share best practices and tips for success in using the Clinical PEP program for respiratory care educational programs.

The Clinical PEP program can be viewed as a toolbox for respiratory care programs. The program includes the behavioral videos, student performance videos for evaluation, a preceptor workbook, program post-tests, and recording forms for program faculty. As an added bonus, the program can also provide preceptors with 2 AARC-approved Continuing Respiratory Care Education (CRCE) credits. Some programs may use all of the tools provided in Clinical PEP; other programs may use selected tools to enhance their preceptor training programs. As the program is 100% Internet based, the respiratory care program can deliver the content online, face-to-face, or as a mixture of the two.

One of the common misconceptions of Clinical PEP is that it can be used to satisfy the inter-rater reliability standards from CoARC without any other interventions. Inter-rater reliability (IRR), as defined by the Commission on Accreditation for Respiratory Care (CoARC), is "a measure of the extent to which raters agree." In CoARC standards 3.09, 3.10, and 3.11, the respiratory therapy program must ensure that student evaluations are performed with sufficient frequency; the evaluations are administered uniformly and equitably; and the program must develop a process to facilitate IRR amongst program preceptors. While the Clinical PEP program provides a platform for behavior demonstration and student evaluation, the respiratory care program must be able to use the information obtained through the training in a meaningful manner that improves the preceptor interactions with students, IRR, and the clinical experience.

The AARC recommends that the respiratory care programs use the Clinical PEP program as a starting point for dialogue with clinical preceptors. Delivering the content, allowing the preceptors to evaluate the students in the videos with the respiratory care program's unique evaluation form, testing the preceptors, and performing the statistical analysis of the data collected is the first step. Once the data is collected, the program leadership should evaluate the information to determine what, if any, inconsistencies exist in IRR. Identifying those inconsistencies and developing an action plan to reduce those inconsistencies is the second step. The action plan should be highly individualized to address the unique needs of the program and clinical sites.

Once the plan has been developed, the program leadership should work with the program preceptors to reduce inconsistencies in evaluation; promote fair and supportive preceptor behaviors; and maximize the clinical experience for both students and preceptors. It is vital to conduct follow-up evaluations after the implementation of the plan. At that point, the program leadership can utilize the videos in the Clinical PEP program for preceptor re-evaluation.

The goal of a preceptor-training program is to help the program's preceptors engage respiratory care students in patient care, facilitate effective clinical education, and evaluate student performance in a consistent manner. The AARC's Clinical PEP program provides respiratory care programs with the resources necessary to facilitate preceptor training and evaluate the consistency in which student feedback is provided. However, respiratory care programs must continue the training process with ongoing assessment, education, and quality improvement measures. A meaningful and tailored approach to preceptor training will result in effective preceptors and prepared respiratory care graduates.