

## Curriculum Evaluation Rubric

**Program:** Phlebotomy Program

**Date:** June 12, 2016

1. Phlebotomy Lecture

2. Phlebotomy Professional

**Reviewer:** Kathy Snider, MSN, MA, BSN

*The philosophy of the curriculum review process is based on three principles: 1) continuous improvement; 2) professional development; and 3) direct application. There are no pass/fail or minimum scores for a course, provided that all required portfolio components are submitted by the participating college. The focus of the review process is to share best practices and feedback on the work of colleagues.*

**Instructions:** Use one rubric per course.

Begin by reviewing the Syllabus/Course Outline and complete Sections A through F of the Rubric.

For each item, circle the appropriate rating number and place a tally total in the box indicated for each section. Please take time to identify related Strengths and Suggestions for each section; this is an opportunity for you to give specific feedback to the instructor / curriculum designer. There is also a section at the end of the rubric for General or Summary Comments about the course overall. Tally the 6 sections and record the total at the end of the document in the Total Score box.

When you complete the rubric, please save it and send it to: [Janice M. Johnston at Janice.M.Johnston@actx.edu](mailto:Janice.M.Johnston@actx.edu). Completed rubrics are due no later than June 30, 2016. If you have any questions or problems, contact Janice at 806-467-3110.

Final

Reviewed and submitted by  
Kathy Snider 6/24/16

**A. Syllabus & Course Outline: Phlebotomy Lecture**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

A1	Syllabus includes basic elements of the course (e.g., course title and number, credits, goals/objectives, learning outcomes, pre-requisites, course description)	1	2	3	4	N/A
A2	Course texts (required and optional) are listed on syllabus; supplementary materials and resources are provided if appropriate.	1	2	3	4	N/A
A3	Assessment methods, grading policies and scale, and other student measurement practices are described within the syllabus.	1	2	3	4	N/A
A4	The Course Outline is appropriately formatted and includes major topics, activities, and length of classes/sessions.	1	2	3	4	N/A
<b>TOTALS</b>		0	6	3	0	9

**Strengths:** The syllabus includes the lecture course title, the goals/objectives and prerequisites. The clinical and professional course have basic information, including course description, outcomes and pre-requisites. The course textbooks are listed out. The outline is provided for the lecture portion only.

**Suggestions:** There is not a syllabus with calendars, outlines, credits, course numbers or assessment guidelines and grading policies for the Phlebotomy Clinicals course or the Phlebotomy Professional course. Neither of these courses provide a description of the supplementary materials required. The Phlebotomy course part I syllabus does not include the course number, so it is confusing as to which course that syllabus is describing.

The texts on the lecture course should list as optional or required. There are no texts listed on the other two courses. There is not an outline of any kind for the Phlebotomy Clinicals course or the Phlebotomy Professional course. Neither of these has any learner outcomes (they do have end of course outcomes).

The Phlebotomy Training Program handout should give more information as to how each course fits; into the total program, how they are credited; which ones are required, or are all three required? The syllabus part I lists a course length of 40 lecture hours, but on the handout it says the lecture course is 48-96 hours. I found this confusing. Also, if these are the same course, the course objectives and the end of course outcomes should look the same. Sequencing of these courses is confusing, and the PLAB 2000 course says it is designed to be repeated multiple times. Does this mean there is no grade? Does it cost to repeat?

The grading policy and grading scale do not show any clinical evaluations. The other two courses have nothing about grades, or how they work together with the other courses (if they do).

**B. Learner Objectives & Interaction: Phlebotomy Lecture**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

<b>B1</b>	The learning activities promote the achievement of the stated learning objectives.	1	(2)	3	4	N/A
<b>B2</b>	Learning activities provide opportunities for interaction that support active learning.	(1)	2	3	4	N/A
<b>B3</b>	The course learning objectives are measurable.	1	2	(3)	4	N/A
<b>B4</b>	All learning objectives are stated clearly and written from the student's perspective.	1	2	(3)	4	N/A
<b>B5</b>	The learning objectives are appropriately designed for the level of the course.	1	(2)	3	4	N/A
<b>TOTALS</b>		1	4	6	0	11

**Strengths:** The learning activities are shown in the course grading area on the lecture course only, and are noted as attendance, exams, quizzes and a final exam. The learning objectives are measurable (if the outcomes are the same as the learning objectives—otherwise there are no learning objectives listed, only course objectives).

**Suggestions:** The lecture course only lists out exams and quizzes as learning activities. It appears the lecture course in an in class, teacher directed learning only. There is no evidence to the contrary. If other learning activities will be utilized, I recommend you include that. Additionally, there are no learning activities listed at all for the PLAB 1060 and PLAB 2000 courses. These should be included so the student understands what will be done in these courses. The learning objectives appear to be the same as the course outcomes. I recommend these be separated out to focus on student learning outcomes. With that said, it is not possible to clearly judge whether the learning objectives are appropriately designed for the level of courses described.

**C. Instructional Design: Phlebotomy Lecture**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

<b>C1</b>	The course organization and design is clear, coherent, and structured in a developmentally appropriate way.	1	2	3	4	N/A
<b>C2</b>	Concepts and skills build logically and purposefully throughout the course, with transitions to support development and understanding from skill to skill.	1	2	3	4	N/A
<b>C3</b>	The course teaches and uses active learning strategies to engage students and foster understanding.	1	2	3	4	N/A
<b>C4</b>	The course accommodates a variety of learning styles and ability levels.	1	2	3	4	N/A
<b>TOTALS</b>		4	0	0	0	4

**Strengths:** The lecture course provides a detailed course description, outline and the calendar is laid out in an organized fashion.

**Suggestions:** There is no way to determine which is the first course of the Phlebotomy courses needs to be taken by the student; all or one, or two? I recommend that these documents be pulled together in a cohesive fashion so the student understands the entire Phlebotomy program, and how it is designed to be used by the learner. I believe this would help the overall course organization and design. Also, it would answer how the concepts and skills would build on one another, in a logical and purposeful design. The transitions and support for each of the courses is unclear.

The courses listed do not demonstrate how active learning strategies will be implemented and utilized to engage and encourage students in their varying learning styles, ability levels, and achievements. I would recommend a linear calendar, or schedule, that demonstrates how each course progresses, how they build on one another, what activities and learning outcomes will occur at each course, and how the student will be able to assess their learning before moving on.

No discussion of skill sets is mentioned in any course, and the skills for phlebotomy must be practiced, learned, practiced again and applied. There exists no evidence of hands on learning or lab practicum for student learning listed out or described. The program handout describes needing to have proof of immunizations so it suggests that patient contact will occur, but it needs to be clear as to where and when that will occur.

**D. Instructional Materials: Phlebotomy Lecture**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

<b>D1</b>	The instructional materials contribute to the achievement of the stated course objectives.	1	2	3	(4)	N/A
<b>D2</b>	The purpose of the instructional materials and how the materials are to be used for learning activities are clearly explained.	1	2	(3)	4	N/A
<b>D3</b>	The instructional materials are current.	1	2	3	(4)	N/A
<b>D4</b>	The instructional materials present a variety of perspectives on the course content.	1	2	3	(4)	N/A
<b>D5</b>	Instructional materials connect students to what they already know and include real-world examples to which the students can easily relate.	1	2	3	(4)	N/A
<b>TOTALS</b>		0	0	3	16	19

**Strengths:** The instructional materials are current, and provide a variety or perspectives for the concepts outlined in this course. Students are able to read, and apply the information found in the textbook and the workbook allows the students to work through concepts with critical thinking skills. This provides the student with the information they will need in the real world settings; in order to gain a solid understanding of safe phlebotomy practice.

**Suggestions:** My suggestion would be to put a calendar of the clinical and professional development courses with topic headers each week; including activities and assignments to demonstrate how those topics are tied to the learning activities that should be developed for those courses.

**E. Assessment & Measurement: Phlebotomy Lecture**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

E1	The types of assessments selected measure the stated learning outcomes and are consistent with course activities and resources.	1	2	3	4	N/A
E2	The course grading policy is stated clearly.	1	2	3	4	N/A
E3	Specific and descriptive criteria are provided for the evaluation of students' work and participation, and they are tied to the course grading policy.	1	2	3	4	N/A
E4	The assessment instruments selected are varied and appropriate to the student work being assessed.	1	2	3	4	N/A
E5	Students have opportunities to measure their own learning progress.	1	2	3	4	N/A
E6	Assessment results are used to help students progress.	1	2	3	4	N/A
E7	The sample Assessments (e.g., test, rubric, performance checklist) include information on administration, scoring, and use of results with students.	1	2	3	4	N/A
<b>TOTALS</b>		<b>1</b>	<b>4</b>	<b>12</b>	<b>0</b>	<b>17</b>

**Strengths:** The assessments are listed out in the syllabus as attendance, study questions, clinical rotations, quizzes and final exam. Each of these are weighted: attendance, study questions, quizzes and final exam, to total 100% of the grade. I do not see where there is any room for the clinical rotations to be evaluated/assessed. The assessments that are utilized reflect that ability to gauge learning, and demonstrate application of knowledge and skills. The grading policy is stated clearly, however, there is nothing about the grading of clinical rotations. Assessment results are used to help students progress, as the syllabus states that the student must maintain a 75% or better in each section of the course in or to pass the course.

**Suggestions:** I would recommend breaking out the different sections of the course into lecture and clinical and "professional", so students may see the progression of the course in its entirety. To each course, there should be a calendar and course outline, with descriptors of what will be evaluated and how. There is discussion about clinicals, but no example of a clinical grading rubric, or clinical expectations (per a grading scale). Yes, details on the attendance are given, but nothing about expectations in the clinical setting with regard to professionalism, written work, attendance, etc. I would suggest adding this to avoid confusion. There is not a clear descriptive and specific criteria listed for the evaluation of students' work and participation, or if remediation is allowed. There are no examples of rubrics, or grading criteria for the types of questions, study or exam, for the student to measure and assess their own learning progress. I would recommend including sample assessments, rubrics, checklists (especially about what a "tube list" is—this is referred to several places, so may be helpful to include an example. Additionally, the course grade area refers to the final grade for the course consisting of five parts, yet only four are listed, and all add up to 100%. It might be helpful to clarify this area.

**F. Industry-Based Application: Phlebotomy Lecture**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

F1	The course includes multiple opportunities for students to learn about the target occupations/industry (e.g., clinical application such as HIPAA, documentation, communicating	1	2	3	4	N/A
F2	Assessment tools include some authentic measures (e.g., they match or align with ways students would be assessed or expected to work in the workplace).	1	2	3	4	N/A
F3	Course materials, activities, and learning outcomes reflect direct application to the target occupation/industry.	1	2	3	4	N/A
F3	Course materials, activities, and learning outcomes reflect direct application to the ASCP Phlebotomy Technician (PBT) Certification Exam curriculum.	1	2	3	4	N/A
<b>TOTALS</b>		1	2	6	0	9

**Strengths:** The course materials provide multiple opportunities for students to learn about phlebotomy. The curriculum from the textbooks listed out, the exam review document and the online access to the ASCP board of certification give the student additional information. Clinicals are mentioned and the learning outcomes described opportunities for learning that include: HIPAA, documentation, and communication in practice settings. The objectives describe performing venipuncture, tube listing, and performing specific procedures are all important in the industry as “need to know” items for prep for practice.

**Suggestions:** It is not readily clear how the assessment tools provide authentic applications to the workplace. I would recommend providing examples within the syllabus and course description so the student is better able to understand the expectations of the course, and use these tools to practice on their own, prior to being tested.

I was not able to find anything that directly tied back to the ASCP Phlebotomy Technician (PBT) Certification Exam curriculum within this course description or syllabus. I was able to access on the website some information. The Exam Content Guideline could be downloaded and printed, but that did not reflect in the course activities, and learning outcomes directly. I would recommend giving more information to the students on how to access the website and gain additional information if this is the certification site responsible for testing the students. The content outline on the ASCP webpage gave more information on the topics that would be tested, than the course outline. I would recommend using the one (ACSP) to support the other (Course syllabus).

**A. Syllabus & Course Outline: Phlebotomy Professional**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

A1	Syllabus includes basic elements of the course (e.g., course title and number, credits, goals/objectives, learning outcomes, pre-requisites, course description)	1	2	3	4	N/A
A2	Course texts (required and optional) are listed on syllabus; supplementary materials and resources are provided if appropriate.	1	2	3	4	N/A
A3	Assessment methods, grading policies and scale, and other student measurement practices are described within the syllabus.	1	2	3	4	N/A
A4	The Course Outline is appropriately formatted and includes major topics, activities, and length of classes/sessions.	1	2	3	4	N/A
<b>TOTALS</b>		<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>5</b>

**Strengths:** There is a course description for PLAB 2000 on the Training Program general information sheet. There is a brief course description. The end of course outcomes are listed, however, there are only two.

**Suggestions:** There is not a syllabus with calendars, outlines, credits, course numbers or assessment guidelines and grading policies for the Phlebotomy Clinicals course or the Phlebotomy Professional course. Neither of these courses provide a description of the supplementary materials required. The Phlebotomy course part I syllabus does not include the course number, so it is confusing as to which course that syllabus is describing.

There are no textbooks or resources listed. I would recommend that somewhere the student should see what the class resources would be. There are texts listed on the lecture portion. There are no texts listed on the other two courses. There is not an outline of any kind for the Phlebotomy Clinicals course or the Phlebotomy Professional course. Neither of these has any learner outcomes (they do have end of course outcomes).

The Phlebotomy Training Program handout should give more information as to how each course fits; into the total program, how they are credited; which ones are required, or are all three required? The syllabus part I lists a course length of 40 lecture hours, but on the handout it says the lecture course is 48-96 hours. I found this confusing. Also, if these are the same course, the course objectives and the end of course outcomes should look the same. Sequencing of these courses is confusing, and the PLAB 2000 course says it is designed to be repeated multiple times. Does this mean there is no grade? Does it cost to repeat?

The grading policy and grading scale do not show any clinical evaluations. The other two courses have nothing about grades, or how they work together with the other courses (if they do).



**B. Learner Objectives & Interaction: Phlebotomy Professional**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

<b>B1</b>	The learning activities promote the achievement of the stated learning objectives.	1	2	3	4	N/A
<b>B2</b>	Learning activities provide opportunities for interaction that support active learning.	1	2	3	4	N/A
<b>B3</b>	The course learning objectives are measurable.	1	2	3	4	N/A
<b>B4</b>	All learning objectives are stated clearly and written from the student's perspective.	1	2	3	4	N/A
<b>B5</b>	The learning objectives are appropriately designed for the level of the course.	1	2	3	4	N/A
<b>TOTALS</b>		4	2	0	0	6

**Strengths:** There is only one learning objective listed, but it could be consider to be written from the student perspective, as it says "summarize".

**Suggestions:** I would recommend that the learning outcomes be student focused, and there be more than only one. There should be very specific outcomes listed as the one says that the student will summarize "issues (plural), topics (plural), or new/updated guidelines (plural). There is very vague and general area here for students to argue they listed "three" while the instructor may be looking for twenty.

There are no learning activities listed, so I would recommend including those, to show (1) the need for a separate/distinctly different course, and (2) to help the student understand how each course provides different learning opportunities and how those will be accomplished.

The learning objectives/course outcome is not measurable and I suggest these be reworded, and be specific, so as to measure. It cannot be easily measured for someone to summarize the level of knowledge described -- current issues, topics, or new/updated guidelines.

Because there is only one outcome/objective (which includes multiple items), it cannot be clearly evident whether or not it is appropriately designed for the course. I suggest that more description be given to this course and more information, examples, outcomes/learning objectives, assessments and a calendar, be listed in order for this to be deemed appropriate. If the course utilizes ASCP guidelines, I would reference those and pull examples into the syllabus.

**C. Instructional Design: Phlebotomy Professional**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

<b>C1</b>	The course organization and design is clear, coherent, and structured in a developmentally appropriate way.	1	2	3	4	N/A
<b>C2</b>	Concepts and skills build logically and purposefully throughout the course, with transitions to support development and understanding from skill to skill.	1	2	3	4	N/A
<b>C3</b>	The course teaches and uses active learning strategies to engage students and foster understanding.	1	2	3	4	N/A
<b>C4</b>	The course accommodates a variety of learning styles and ability levels.	1	2	3	4	N/A
<b>TOTALS</b>		4	0	0	0	4

**Strengths: None**

**Suggestions:** I would recommend that the course be pulled out separately from the lecture and lab, and given its own syllabus, descriptions, outcomes, evaluation tools, assessment examples, learning objectives and grading criteria. Further, I would suggest that this course demonstrate how it “builds” on the other Phlebotomy courses that are offered—students need to know if they have to all be taken. Do they have to follow an order? Is one a prerequisite to another? Do you have to have a 75% in all the courses to pass, or just lecture? How will professional course be evaluated different from the others? Will there be quizzes, homework, etc.? If the model is the curriculum on the ASCP Credentialing website, provide that to the students, or give them the link and provide students with a ‘guide’ for the website.

There is currently no evidence of the organization for this course. Concepts and skills are not discussed, much less demonstrate logic or purpose in the course. No learning strategies are described so they cannot be understood, and the evidence that the course accommodates all types of learners is also not evident.

I do not find any discussion of what skill sets must be mastered, and the skills for phlebotomy must be practiced, learned, practiced again and applied. There exists no evidence of hands on learning or lab practicum for student learning listed out or described.

**D. Instructional Materials: Phlebotomy Professional**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

<b>D1</b>	The instructional materials contribute to the achievement of the stated course objectives.	1	2	3	4	N/A
<b>D2</b>	The purpose of the instructional materials and how the materials are to be used for learning activities are clearly explained.	1	2	3	4	N/A
<b>D3</b>	The instructional materials are current.	1	2	3	4	N/A
<b>D4</b>	The instructional materials present a variety of perspectives on the course content.	1	2	3	4	N/A
<b>D5</b>	Instructional materials connect students to what they already know and include real-world examples to which the students can easily relate.	1	2	3	4	N/A
<b>TOTALS</b>		5	0	0	0	5

**Strengths: None**

**Suggestions:** I cannot clearly understand what instructional materials are used for this particular course. If they are the same as the lecture course, then the course objectives and learning outcomes should be redone to more completely include the materials. I would even recommend repeating what is needed and required for each course so the student doesn't sell back a book only to realize they will need it again. Additionally, if there is to be any lab or clinical time in this course, I would suggest listing out all supplies (like uniform, shoes, immunizations, etc.).

I cannot evaluate the materials for current status, perspectives on the industry or whether or not real world application can be made. The inference is in the syllabus that the course covers these items because of the end of course outcome listed, and the reference to the National Credentialing Agency. This certainly implies that the student will have 'industry standards' taught, but I would recommend making this much more clearly; perhaps given specific examples.

**E. Assessment & Measurement: Phlebotomy Professional**

**Scale:**

**1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable**

<b>E1</b>	The types of assessments selected measure the stated learning outcomes and are consistent with course activities and resources.	1	2	3	4	N/A
<b>E2</b>	The course grading policy is stated clearly.	1	2	3	4	N/A
<b>E3</b>	Specific and descriptive criteria are provided for the evaluation of students' work and participation, and they are tied to the course grading policy.	1	2	3	4	N/A
<b>E4</b>	The assessment instruments selected are varied and appropriate to the student work being assessed.	1	2	3	4	N/A
<b>E5</b>	Students have opportunities to measure their own learning progress.	1	2	3	4	N/A
<b>E6</b>	Assessment results are used to help students progress.	1	2	3	4	N/A
<b>E7</b>	The sample Assessments (e.g., test, rubric, performance checklist) include information on administration, scoring, and use of results with students.	1	2	3	4	N/A
<b>TOTALS</b>		7	0	0	0	7

**Strengths: None**

**Suggestions:** I find no evidence of the criteria listed out above, for this course. I would strongly recommend that this course have its own syllabus, calendars, course description, outcomes/learning objectives, prerequisites, grading scale, assessment tools, and examples of how the student will be able to measure their own learning, and be able to identify how the assessment result will be used to help the student progress through the course.

**F. Industry-Based Application: Phlebotomy Professional**

**Scale:**

1: Not evident 2: Somewhat evident 3: Mostly evident 4: Completely evident N/A – Not applicable

F1	The course includes multiple opportunities for students to learn about the target occupations/industry (e.g., clinical application such as HIPAA, documentation, communicating	1	2	3	4	N/A
F2	Assessment tools include some authentic measures (e.g., they match or align with ways students would be assessed or expected to work in the workplace).	1	2	3	4	N/A
F3	Course materials, activities, and learning outcomes reflect direct application to the target occupation/industry.	1	2	3	4	N/A
F3	Course materials, activities, and learning outcomes reflect direct application to the ASCP Phlebotomy Technician (PBT)	1	2	3	4	N/A
<b>TOTALS</b>		4	0	0	0	4

**Strengths: None**

**Suggestions:** I was not able to find any evidence for the professional course that the course included multiple opportunities for student learning regarding phlebotomy in the workplace. There were no descriptions of grading, assessment tools, learning activities, or learning outcomes that fully described what a student might expect in the real world workplace setting.

It is not readily clear how the assessment tools provide authentic applications to the workplace. I would recommend providing examples within the syllabus and course description so the student is better able to understand the expectations of the course, and use these tools to practice on their own, prior to being tested.

I was not able to find anything that directly tied back to the ASCP Phlebotomy Technician (PBT) Certification Exam curriculum within this course description or syllabus. I was able to access on the website some of the testing content description information. The Exam Content Guideline could be downloaded and printed, but that did not reflect in the course activities, and learning outcomes directly.

I would recommend giving more information to the students on how to access the website (since it is referenced at the bottom of the page) and pointers on how to help the student access additional information if this is the certification site responsible for testing the students. The content outline on the ASCP webpage gave more information on the topics that would be tested, than the course outline. I would recommend using the one (ACSP) to support the other (Course syllabus). This might be the skeletal structure from which the course design and outline are developed, and from there, the learning activities and the assessment tools and grading criteria.

<b>Section Totals</b>				
<b>Sections</b>		<b>Lecture</b>	<b>Professional</b>	<b>Total</b>
<b>A</b>	Syllabus & Course Outline	9	5	14
<b>B</b>	Learner Objectives & Interaction	11	6	17
<b>C</b>	Instructional Design	4	4	8
<b>D</b>	Instructional Materials	19	5	24
<b>E</b>	Assessment & Measurement	17	7	24
<b>F</b>	Industry-Based Application	9	4	13
<b>FINAL TOTAL</b>		<b>69</b>	<b>31</b>	<b>100</b>

**General / Summary Comments:** The lecture portion of the phlebotomy series is much more clearly described for the student learner. The professional course (and the clinical course listed on the training sheet) does not. I must address the need for implementing standard pedagogical practices in this course, as well as the clinicals course. I know they are considered community continuing education, but – well, frankly, all teaching should be good teaching. I feel that both courses would benefit from remembering back to why we teach. Without giving a lecture on teaching, I want to make some specific recommendations, after a gentle reminder as to why we do what we do (teach).

Assessment is at the heart of education: Teachers and students use test scores to gauge a student's academic strengths and weaknesses, and communities and businesses today rely on these scores to judge the quality of the education/training a student has received.

Testing/assessment/evaluation forms the bedrock of educational assessment and represents a commitment to high academic standards and school/community accountability. You can't know where you're going unless you know where you are. It is important to include more meaningful learning activities than just quizzes and exams. Especially when students can guess "correctly". It is important, more than ever, in the health care industry, that students are very well prepared for all possible real life situations. These cannot be easily measured on a multiple choice exam.

The demands of the today's world require that students learn many skills. A knowledge-based, highly technological economy requires that students will master higher-order thinking skills and that they are able to see the relationships among seemingly diverse concepts. These abilities -- recall, analysis, comparison, inference, and evaluation -- will be the skills of a literate twenty-first-century citizen. And they are the kinds of skills that aren't measured by just taking a test. The industry (workforce) today demands more.

In addition, skills such as teamwork, collaboration, and moral character -- traits that aren't measured in a typical quizzes or exams -- are increasingly important, especially in healthcare where you touch lives.

Businesses are always looking for employees with people skills and the ability to get along well with coworkers. I would recommend that this Phlebotomy Training Program incorporate multiple forms of Assessment.

We know that the typical multiple-choice and short-answer tests aren't the only way, or necessarily the best way, to gauge a student's knowledge and abilities. Many healthcare educational training programs/fields of study, are incorporating performance-based assessments into their regular tests or adding assessment vehicles such as student portfolios and presentations as additional measures of student understanding.

These rigorous, multiple forms of assessment require students to apply what they're learning to real world tasks. These include standards-based projects and assignments that require students to apply their knowledge and skills, such as designing a policy for drawing labs in the emergency department, or investigating the rotation of blood in the blood bank; clearly defined rubrics (or criteria) to facilitate a fair and consistent evaluation of student work; and opportunities for students to benefit from the feedback of teachers, peers, and outside experts.

With these formative and summative types of assessment come the ability to give students immediate feedback. They also allow a teacher to immediately intervene, to change course when assessments show that a particular lesson or strategy isn't working for a student, or to offer new challenges for students who've mastered a concept or skill. I would suggest that these types of assessment tools be integrated into the phlebotomy program and the outcomes, etc. will flow from this foundation. This is, after all, what we want the student to know when they get to the real world setting.

*Adapted by Marissa M. Cochran, M.Ed., Amarillo College, from a rubric developed by Eileen Casey White, Ed.D., Connections Consulting Inc.*

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