

**Development of a Common Course Evaluation
Instrument to Measure Student Feedback about their
Clinical Experience**



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I. Background Information

In May 2012, at a Provost's Council meeting during discussion of the implementation of the new course evaluation system, a question was raised about whether or not there was an "official clinical evaluation form" that was used by all clinical programs. Given that a number of programs in the Schools of Health Sciences, Public Safety and Emergency Preparedness, and Nursing include clinical components, it seemed to be a reasonable question. The Provost then requested that a quality team be convened to research the question and if it was found that no such tool exists, to develop and pilot a tool to gather student feedback about their clinical experiences that could be used across the college.

Recruitment of Team Members

Team members were solicited from the Schools of Health Sciences, Nursing, and Public Safety and Emergency Preparedness. Five members agreed to participate:

- Daniel Ball (Adjunct Faculty, Emergency Medical Management),
- Margaret Bertin (Faculty, Dental Assisting),
- Amy Dixon (Nursing Education, Enhancement, and Development Coordinator, Nursing),
- Diane Morlock (Chair, Medical Assisting), and
- Susan Perry (Chair, Diagnostic Medical Sonography).

Debra Rathke of Institutional Effectiveness was the Team Champion and facilitator. Diane Morlock resigned from the team prior to completion of the charge due to increasing responsibilities and commitments in her department as well as other academic committees in which she is involved. The members rotated the duty of scribe.

II. Project Statement

Original Project Statement

Research whether or not a common form for the collection of student feedback about their clinical experience exists at Owens Community College and if not, develop and pilot a clinical evaluation form for use by all programs at the college.

Clarification of the Project Statement

At the onset of the team meetings, a question arose as to whether or not all clinical programs would be required to use the common clinical evaluation form. Concerns were raised about applicability and accreditation requirements. Clarification provided by the Provost through the Associate Provost for Assessment and Accreditation stated that the project intent is to develop a clinical evaluation tool that is applicable to as many programs as possible noting there may be programs in which the questionnaire content, frequency of administration, or accreditation requirements may preclude its use.

Revised Project Statement

Research whether or not a common form for the collection of student feedback about their clinical experience exists at Owens Community College and if not, develop and pilot a clinical evaluation form for use by all programs at the college to the extent practicable.

III. Define the Current Situation

Each course offered at Owens Community College is assigned a schedule code in Banner. The schedule code describes the format of a particular course section (for example lecture, lab, clinical laboratory, etc). There are several schedule codes that may be applicable to this project. They include Clinical Laboratory (C), Clinical Application (CA), Directed Practice (DP), Directed Practice Clinical (DPC), Directed Practice Lab (DPB), Practicum (P), and Practicum Lab (PB). The definitions are below. However, the team has found that application of the code to the course varies by program. That is, in some programs directed practices occur on-campus rather than at an external agency. Further work is needed to determine by program the course sections in which the clinical evaluation tool could be appropriately used. Course sections with the clinical laboratory (CL) and directed practice clinical (DPC) schedule codes definitely meet the “clinical course” definition of the project and will be used as the lower bound for estimates of the section counts, and students affected by implementation of a clinical evaluation tool.

Operational Definitions

The team defined “clinical course section” to include any of the following:

- Clinical Laboratory (C) – laboratory sections that meet at a health-related agency facility in lieu of on-campus laboratory facilities. A laboratory is an educational activity in which students conduct experiments, perfect skills, or practice procedures under the direction of a faculty member. It is classified as “C” in the schedule code field in Banner.
- Clinical Application (CA) – Courses in this category are those for which extended periods of concentrated practice are required of the student subsequent to sessions of individualized instruction. Instructors who teach such courses have primary responsibility for assigning the work activity or skills objectives to the student and personally provide whatever instruction is required. In addition, the instructor periodically assesses the student's progress, and assigns the final grade. It is classified as “CA” in the schedule code field in Banner.
- Directed Practice (DP) - Sections in which the student is assigned to practice experiences under constant supervision at an external agency. The student receives individual instruction and critique in the performance of a particular function. Adjunct faculty, who may or may not be paid by the college, may be used for the direct supervision of students, and for the delivery of part of the didactic phase of the experience. The faculty member coordinating the directed practice conducts at least one lecture session each week for participating students, provides the final grade for each student, and visits students at least once a week. It is classified as “DP” in the schedule code field in Banner.

- Directed Practice Clinical (DPC) – A directed practice clinical is a class in which the student is assigned to clinical practice experiences under constant supervision at an external agency. The student receives individual instruction and critique in the performance of a particular function. Adjunct faculty, who may or may not be paid by the college, may be used for the direct supervision of students, and for the delivery of part of the didactic phase of the experience. The faculty member coordinating the directed practice conducts at least one lecture session each week for participating students, provides the final grade for each student, and visits students at least once a week. It is classified as “DPC” in the schedule code field in Banner.
- Directed Practice Lab (DPB) – A directed practice lab is a laboratory section in which the student is assigned to practice experiences under constant supervision at an external agency. The student receives individual instruction and critique in the performance of a particular function. Adjunct faculty, who may or may not be paid by the college, may be used for the direct supervision of students, and for the delivery of part of the didactic phase of the experience. The faculty member coordinating the directed practice conducts at least one lecture session each week for participating students, provides the final grade for each student, and visits students at least once a week. It is classified as “DPB” in the schedule code field in Banner. This code is for sections that meet the definition of directed practice and lab.
- Practicum (P) - A practicum is an on- or off-campus work experience which is integrated with academic instruction in which the student applies concurrently learned concepts to practical situations within an occupational field. To assure proper coordination of the experience, the practicum is coordinated by a faculty member who visits the student at least once every two weeks, provides the final grade, and teaches at least one course on the campus. It is classified as “P” in the schedule code field in Banner.
- Practicum Lab (PB) - A practicum lab is an on- or off-campus laboratory experience which is integrated with academic instruction in which the student applies concurrently learned concepts to practical situations within an occupational field. To assure proper coordination of the experience, the practicum lab is coordinated by a faculty member who visits the student at least once every two weeks, provides the final grade, and teaches at least one course on the campus. It is classified as “PB” in the schedule code field in Banner.

Current Situation

There is currently no common tool that is used within or across the Schools of Public Safety and Emergency Preparedness, Health Sciences, and Nursing to gather student feedback about their clinical experience.

During Academic Year 2013, 16 programs/certificates had clinical courses as part of the curriculum. Of those, 12 (75%) have a tool currently in use to gather student feedback about their clinical experience: about the clinical instructor, the clinical site, or both. Accreditation is

influential in whether or not a program has a tool in use to collect student feedback about their clinical experience. Even though an accrediting body may require the collection of student feedback, the choice of the tool is at the program's discretion. Table 1 shows the programs with clinical courses, whether the program has a tool in place to gather feedback about the student's clinical experience, and whether or not the program's accrediting body requires the collection of student feedback about their clinical experience.

Table 1 – Program Inventory Matrix

Programs/Certificates with Clinical Courses	Has a tool currently in use to gather student feedback about the student's clinical experience		Accrediting body requires collection of student feedback about clinical course experience
	Clinical Instructor	Clinical Site	
Dental Assisting (ZDAS)	No	No	NA
Dental Hygiene (DHYP)	Yes	No	Yes
Emergency Medical Management (EMMT)	No	Yes	Yes
Expanded Functions Dental Cert (ZEFD)	No	No	NA
Diagnostic Medical Sonography (SONO)	Yes	No	Yes
Dietetic Technician (DTTP)	Yes	Yes	Yes
Massage Therapy (MAST)	No	No	NA
Medical Assisting (MDAP)	Yes	Yes	Yes
Nuclear Medicine (NMED)	Yes	Yes	NA
Nursing – RN (NSRP)	Yes	Yes	Yes
Nursing – LPN to RN (NSRL)	Yes	Yes	Yes
Nursing - Licensed Practical (PPNL)	Yes	Yes	Yes
Occupational Therapy Assistant (OTAP)	No	Yes	Yes
Physical Therapy Assistant (PTAP)	Yes	No	Yes
Radiography (RDTT)	Yes	No	Yes
Surgical Technology (SURT)	No	No	No

NA = Not Applicable – Program has not sought accreditation or is accredited through a partner institution

Web-based course evaluations are administered through Information Technology Services to students in **all** courses each semester to solicit feedback on their experience. A notification is sent out to students through email when the window opens for students to complete their course evaluations. The course evaluation software monitors completion and alerts the instructor of the total percentage of students that have completed the evaluation so that in-class reminders can be made as necessary to boost completion rates. Students who have not completed a course evaluation receive reminders –often called nag screens -- until such time the evaluation is completed or the window for completion closes, whichever comes first. Results are accessed by faculty and chairs from the survey database through a password protected web portal. Faculty and Academic Chairs have access to section level summaries while anonymity of individual student responses is protected.

The course evaluation questionnaire is composed of eight general questions covering student engagement, course improvement, instructor's teaching, and satisfaction; a question in which the student indicates their estimated final grade in the course; and an open-end soliciting any additional comments. Programs can add additional questions customized to their specific needs. The questionnaire uses a 5-point Likert Scale ranging from Strongly Agree to Strongly Disagree. Each question has an open-end component that probes for comments relevant to a specific question. The questionnaire is included as Appendix A. In addition, 11 Owens programs with clinical course sections administer a separate course evaluation to gather feedback about the student's clinical experience, so students are asked to respond to two evaluations concerning the same course. The current clinical course evaluation tools currently in use by programs are included as Appendix B.

There is very little consistency, if any, among the tools currently in use to gather feedback about the student's clinical experience. They are all different: created by programs with their own needs in mind. They differ on content covered, means and frequency of administration, and format. Having different tools precludes the ability for programs to compare themselves to other Owens clinical programs -- a form of benchmarking -- and to aggregate results across programs to a "School" level. In addition, the efficiency of the survey administration process to gather student feedback is compromised because each program administers the evaluation in its own way.

Anecdotal student feedback to clinical instructors indicates that students feel the current course evaluation questionnaire is not relevant to their clinical courses, so they don't complete them. In addition, program chairs indicate that additional feedback from the student concerning the clinical instructor and clinical site would be useful to incorporate in decision-making that concerns whether to renew clinical rotation agreements and or clinical instructor contracts.

IV. Analyze the Current Situation

The team first compiled an inventory of programs with clinical components and inquired of each program (1) Whether or not the program had a tool currently in use to gather feedback from students about their clinical experience and (2) If there was a tool in use, whether or not their accrediting body (a) **required** the gathering and reporting of student feedback about their clinical experience and (b) **required** a specific form to be used to collect that data. A summary of responses received is included in Appendix C.

Second, the team requested a report from the Institutional Effectiveness Department which identified the count of clinical course sections that would be affected should this project be implemented. In academic year 2013, using the lower bound including the clinical lab and directed practice clinical categories only, there were 398 active clinical course sections within the following programs that would be affected: Diagnostic Medical Sonography (26), Dietetic Technician Program (10), Occupational Therapy Assistant (1), Practical Nursing (23), Radiography (114), Registered Nursing (222) and Surgical Technology (2). These 398 sections account for 1626 student enrollments. An additional 55 sections, accounting for 438 student enrollments, could be included if the categories of clinical application, directed practice, practicum, and practicum lab are found to be appropriate for use of the tool. A listing of courses

by program along with the number of associated clinical course sections and student enrollments can be found in Appendix D. Note that course numbers may change starting Fall 2013 because of organizational restructuring.

Third, the team compared questionnaires in use looking for common content. The questionnaires were very diverse differing in content and length. Since little commonality emerged, the team changed course to select one in use they considered to be a model questionnaire. The tool used by the Nursing Department was selected. The team went through the questionnaire question-by-question amending and deleting questions until such time the tool reflected content that was relevant to all the programs in which the tool could be used. The draft questionnaire was circulated among programs in the Schools of Nursing and Health Sciences and to the Deans of those Schools with the request for suggested changes. The draft questionnaire is included as Appendix E. Comments about the draft tool received to-date are included as Appendix F.

The frequency of administration of program tools was also considered. Requirements for the Emergency Medical Management Program dictate that student feedback be solicited after every interaction in the field. All other programs collect data once at the end of term. Because of this major difference, the team concluded that use of the generic clinical course evaluation tool would not be applicable in this case and that the existing course evaluation should be continued.

V. Improvement Theory & Implementation Plan

The team employed a force field analysis to determine the forces that will aid or hinder Owens Community College in reaching the objective to implement a clinical evaluation tool that could be used by as many programs as practicable. The team sought to enhance driving forces and reduce restraining forces in the development of the improvement. For example, a restraining force of students not being willing to complete a long questionnaire led the team consider the importance of each question and asking only those questions that can lead to action.

Force Field Analysis

Desired Change: To use a common tool across clinical programs to gather student feedback about their clinical experience

Driving Forces	Restraining Forces
Increase operational efficiency of gathering student feedback about the student's clinical experience	Programs that have a tool in place to gather student feedback on their clinical experience may be reluctant to change to a new one
Common set of data collected across programs that can be rolled up to get an institutional perspective	Programs may want additional information than what the common tool collects

Driving Forces Continued	Restraining Forces Continued
Increase comparability of data across programs	Some programs argue that their accrediting body requires that a particular tool be used
Fulfillment of accreditation requirements	Perceived lower response rate with change from paper to web-based tool
Measure of quality of clinical experience	Interpretation by programs of the meaning of accreditation standards and the requirements thereof
Determining level of student satisfaction	Questionnaire length – if too long, students won't respond
Need for more in-depth information about clinical experience	No incentive or disincentive to complete
Need for longitudinal consistency of tools in use	Students' technical ability to complete survey online
Need for focused, concise questions that will enhance student response rate	Representativeness of task force diminished over time – although input was sought from program areas, some may feel they had no direct representation/input
IT is very committed to assisting in implementation of the project	
Task Force members came to consensus about direction to pursue	

Improvement Theory

Having a common clinical evaluation that could be used by as many programs as possible would produce the following system improvements:

- Programs without a student feedback tool would have one available for their use;
- Results could be compared across programs;
- School level summaries would be available for use by Deans in decision-making;
- Data collection would be more efficient – one system used by all programs;
- System generated reminders would be sent to non-respondents boosting response rates;
- Faculty would receive information by section about the percentage of questionnaire completion so they could remind students in class to complete their evaluation;
- All program clinical evaluation data would be stored in a common database;

- Results would be readily available and accessed in summary form via the web by faculty, academic chairs, and deans;
- Student responses would be anonymous;
- The clinical course evaluation would be more relevant to course content.

There is also a positive impact on students.

- In programs where student feedback about the clinical experience is not currently collected, students would gain a voice into program decisions;
- Students would only be asked to complete one clinical evaluation per course instead of two that is currently the case in most programs;
- Student privacy is protected;
- Students would receive reminders to complete their clinical evaluations.

Cooperation of Key People & Time Costs

Cooperation of the Information Technology Services Department is crucial to successful implementation of this project. Programming changes to the current web-based course evaluation would require 20 hours of ITS programming staff time.

The cooperation of Academic Chairs in the programs with clinical courses is also necessary. Their assistance in identifying which clinical courses would receive the clinical course evaluation is paramount.

Alignment with AQIP Categories

AQIP Category One: Helping Students Learn

This project creates a systematic process whereby students can provide feedback about their clinical experience. Based upon this feedback, program leaders can improve the clinical courses within their scope of responsibility -- enhancing program curricula and thereby helping students learn. Feedback concerning the quality of clinical instructors and sites can be incorporated into decision-making about whether or not contracts with clinical instructors or clinical rotation agreements with external organizations should be renewed.

AQIP Category Seven: Measuring Effectiveness

This project improves how clinical course evaluation data is collected and results are distributed. Currently 16 programs have clinical courses in their curriculum of which 11 gather student feedback about their clinical experience. All use different tools to collect student feedback. They differ on content covered, means and frequency of administration, and format. By implementing this project, efficiency of survey administration is enhanced -- 15 of 16 programs would use the same tool. All data would be stored in a common electronic depository instead of paper files in each department. Results would be accessed via the web by faculty and academic leaders instead of manual tallies and distribution. There would be the ability to compare program results across

and within schools where now this ability does not exist. Results are more timely and relevant to improvement decisions.

Implementation Plan

	April 2013	May 2013	June 2013	July 2013	August 2013	Fall Semester
Institutional Effectiveness (IE) continues to circulate draft questionnaire among programs affected for comments/suggestions						
IE circulates draft to students in affected classes for comments/suggestions						
AQIP Clinical Eval Team meets to consider comments from programs and students and finalizes questionnaire						
AQIP Clinical Eval Team hands-off final questionnaire to IT for programming changes and inclusion in course evaluation system						
Finalize with Department Chairs course sections in which clinical evaluations should be used						
IT modifies course evaluation system to substitute clinical evaluations for regular course evaluations in clinical courses						
Pilot clinical evaluation						

VI. How will Improvements be engrafted into the System?

A web-based course evaluation system is already in place at Owens Community College. It was designed and implemented by the Owens Information Technology Services (ITS) Department.

To implement this improvement would require programming changes to the current system that would substitute the clinical evaluation tool for the questionnaire currently in use in clinical courses. The ITS department has been involved in discussions about this project and is supportive of creating a common tool. They have provided a timeline for completion of the programming changes and go-live date for the project. Once the modified course evaluation system is live, it would be fully engrafted into the Owens course evaluation system.

The results will be monitored through the SLAC Committee since SLAC oversees the course evaluations system in total.

VIII. Recommendation

Using the current course evaluation system, substitute a common clinical evaluation tool for the current course evaluation form for soliciting student feedback in clinical courses in the Schools of Nursing and Health Science.

Appendix A
Current Course Evaluation Tool

[Course Subject Code – Course Number – Course Title]

Course Evaluation

Please indicate how strongly you agree with each of the following statements. You are encouraged to add comments to help explain your answers. Your comments will be considered in course improvements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Comments
Student Engagement						
1. <i>Active and Collaborative Learning:</i> The instructor encouraged active participation in the course (e.g., through: class discussions/discussion boards, question and answer sessions, group assignments, hand-on activities, student presentations, community-based projects, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. <i>Student Effort:</i> This course required an appropriate amount of effort. An appropriate amount of effort is considered 3 hours of work outside of class for every 1 credit hour of the course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. <i>Student-Faculty Interaction:</i> The instructor was available to communicate with me during designated office hours or by appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. <i>Support for Learners:</i> Support was available to help me succeed in this course. (e.g., the use of study strategies, learning centers, library, computer labs, supplementary readings, on-line resources, tutoring, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Course Improvement						
5. Course materials (e.g., textbook, online notes, videos, tutorials, etc.) contributed to my comprehension of the subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Instructor's Teaching						
6. The instructor provided feedback on my course progress in time for me to benefit from it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. The instructor communicated material clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Satisfaction						
8. I would recommend this course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please indicate how strongly you agree that you achieved and/or demonstrated each of the following learning outcomes for this course?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Comments
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please estimate your final grade in this course: A B C Below C PNP Other

Additional Comments

Appendix B
Program Clinical Evaluation Tools

DENTAL HYGIENE PROGRAM CLINICAL FACULTY EVALUATION

FALL 2012

Place an X in the box indicating the course in which you are currently enrolled:

<input type="checkbox"/> DHY 100	<input type="checkbox"/> DHY 101	<input type="checkbox"/> DHY 103	<input type="checkbox"/> DHY 138	<input type="checkbox"/> DHY 150	<input type="checkbox"/> DHY 205	<input type="checkbox"/> DHY 211
----------------------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------

Indicate the name of the instructor you are evaluating: _____

Please indicate your response by filling in the appropriate choice to the right of each question.

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly agree

1. The instructor establishes a working relationship with the student.	1—2—3—4—5
2. The instructor establishes a working relationship with the client.	1—2—3—4—5
3. The instructor exhibits a professional attitude.	1—2—3—4—5
4. The instructor encourages the student to use critical thinking and problem solving.	1—2—3—4—5
5. The instructor creates an atmosphere where students feel free to ask questions and seek assistance.	1—2—3—4—5
6. The instructor is able to offer examples and demonstrations to improve students' clinical skills.	1—2—3—4—5
7. The instructor evaluates (grades) students based on clinical evaluation guidelines.	1—2—3—4—5
8. The instructor demonstrates knowledge of Dental Hygiene practice.	1—2—3—4—5
9. The instructor offers suggestions for improving student performance in a professional and constructive manner.	1—2—3—4—5
10. The instructor is organized.	1—2—3—4—5
11. The instructor consistently follows infection control protocol.	1—2—3—4—5
12. The instructor follows clinical procedures.	1—2—3—4—5
13. The instructor is able to give directions and lead the students during the assigned clinic session.	1—2—3—4—5
14. The instructor is professional when giving feedback to the student in the presence of the client.	1—2—3—4—5
15. The instructor is professional when giving feedback to the student.	1—2—3—4—5
16. Overall I am very satisfied with the clinical instruction of this instructor.	1—2—3—4—5

Comments:

Required

Owens Community College - Diagnostic Medical Sonography Department
Student Evaluation of - CLINICAL INSTRUCTOR

PURPOSE OF THIS FORM: The purpose of this form is to help the clinical instructor improve his/her effectiveness by providing him/her with constructive student feedback. Your observations are valuable. This evaluation form is not a part of your course requirements and will not influence your grade.

The results are typed into a cumulative total so you will not be personally identified. Honest and candid answers and comments will be the most helpful in informing the clinical instructor the evaluation of your experience.

DIRECTIONS: Indicate your observation on the computer grid by rating each item as follows.

- A = Regularly: 4 out of 5 times Ex: I eat breakfast regularly.
- B = Frequently: 3 out of 5 times Ex: I frequently snack while watching TV.
- C = Occasionally: 2 out of 5 times Ex: I occasionally snack between lunch and dinner.
- D = Seldom: 1 out of 5 times Ex: I seldom snack between breakfast and lunch.
- E = Not Applicable

REGARDING THE CLINICAL INSTRUCTOR, I BELIEVE (S)HE MADE EVERY ATTEMPT TO:	REGULARLY A	FREQUENTLY B	OCCASIONALLY C	SELDOM D	NOT APPLICABLE E
1. Encourage my questions.					
2. Encourage me to develop technical skills.					
3. Encourage me to develop interpersonal skills.					
4. Provide quality and meaningful clinical instruction.					
5. Provide fair and equitable evaluations.					
6. Demonstrate professional attire and demeanor.					
7. Demonstrate high professional standards.					
8. Be available and willing to assist me.					
9. Appear to be enthusiastic about the subject matter.					

10. Accept student errors in a positive manner as part of the learning process.					
I BELIEVE, BECAUSE OF THE CLINICAL INSTRUCTOR'S EFFORTS:	REGULARLY A	FREQUENTLY B	OCCASIONALLY C	SELDOM D	NOT APPLICABLE E
11. I have understood the basic principles of this course.					
12. I have learned the meaning of technical terms.					
13. I have improved in my ability to express myself in the clinical area.					
14. I have improved my ability to interpret information on medical images.					
15. I have discovered my deficiencies in this profession.					
16. I have learned practical applications of this subject.					
17. I have learned to think through questions or analyze problems.					
18. I have improved in my ability to draw conclusions.					
19. I have gained self-confidence.					
20. I have gained in my understanding of safety issues.					

COMMENTS ARE WELCOME ON THE PROVIDED SEPARATE SHEET OF PAPER.

Culinary

Student Evaluation of Clinical Facility (Adequacy and Appropriateness) FNH 289 – Systems Management Clinical Lab Spring 2012

Please answer the following questions as they pertain to each clinical lab facility.

Sunset House

- A – Good
- B – Adequate
- C – Inadequate
- D – Not provided

Location of site	A	B	C	D
Orientation to facility	A	B	C	D
Interaction with facility staff	A	B	C	D
Quality & variety of learning experiences	A	B	C	D
Atmosphere of the facility	A	B	C	D
Services provided (parking, library, space, etc)	A	B	C	D

COMMENTS:

Did you find correlation between knowledge and skills learned in the classroom and their practical application at these facilities? ___ Yes ___ No

WHY?

What special learning experiences did you participate in during this clinical experience?

Do you feel the COMACS was an effective tool to guide you through various learning experiences and document their completion? ___ Yes ___ No

WHY?

What changes would you recommend in your academic program relative to the needs of **THIS** clinical experience?

Would you recommend this facility as a student clinical lab experience? ___ Yes ___ No

WHY?

Owens Community College
Dietetic Technician Program
Student Survey

FNH 289-004

Clinical Preceptor - _____
Spring 2012

Indicate your response by ***circling*** the appropriate number:

- 5 – Strongly Agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly Disagree
- 0 – Not Applicable

The instructor's presentation was clear and understandable.	5	4	3	2	1	0
The instructor encouraged students to ask questions in class.	5	4	3	2	1	0
The instructor encouraged students who needed help to see him/her outside of class.	5	4	3	2	1	0
The instructor provided feedback on my course progress in time for me to adjust before the next test or assignment was due (Examples: exams, class assignments, etc. were returned in a timely manner).	5	4	3	2	1	0
The main textbook(s) required for the course was clear and helpful.	5	4	3	2	1	0
The instructor utilized the main textbook(s) required for the course.	5	4	3	2	1	0
I had a clear understanding (via course syllabus and other information provided by the instructor) of course expectations.	5	4	3	2	1	0
I attended class during the scheduled meeting times.	5	4	3	2	1	0
The instructor held class during the entire scheduled meeting time.	5	4	3	2	1	0
What assisted you most in learning and understanding the course material?						
What aspects of the course did you find most beneficial?						
What aspects of the course did you find least beneficial?						
What additional comments do you have about this course?						

Owens Community College

EMM PROGRAM

Student Evaluation of Clinical site

Student Name: _____ Date: _____

Start Time: _____ End Time: _____ Total Hours: _____

Clinical Site: _____

Yes No

Did the staff make you feel welcome and include you in daily activities and patient care?

If Not, Explain

Did the site provide you with adequate patient contacts and other experiences to help

you complete your objective for the rotation? If Not, Explain

Did your preceptor make you feel welcome and include you in patient care activities and

non-clinical activities? If Not, Explain

Did the preceptor assist learning by building on your knowledge and relating it to

patient care? If Not, Explain

The information in this document and all documents submitted with it is an accurate record of my activities during this clinical assignment.

Student Signature

**Owens Community College
Medical Imaging Department**

DIRECTIONS - Clinical Instructor Evaluations

COMPLETE By the Lecture Instructor, In Lecture.

WHEN Near the end of each listed course:

Spring	MIT 112 – CS	MIT 114 – CS
	MIT 216 – CF	MIT 203 – LH
	MIT 205 – JB*	MIT 241 – SP
	MIT 245 – SP	
Summer	MIT 113 – JB	MIT 216 – CF
	MIT 204 – LH	MIT 242 – SP
Fall	MIT 112 – CS	MIT 113 – JB
	MIT 114 – CS	MIT 203 & 204 – LH
	MIT 205 – JB*	MIT 243 – SP

* Mid term & Final

MATERIALS Set of envelopes, one labeled with each CI's name
Several copies of CI evaluation
Several copies of CI comment form
Computer grids
Survey scoring cover sheet-please see directions on reverse side of yellow form
(Under comments: write in who or what is being evaluated, i.e. 2nd year clinical Bay Part or MIT 203 lab)
Evaluee's Name= Person being evaluated
Completed answer key (Bubble in all A's, Put in all 0's in the ID section and write in the word "key")

Upon completion of the evaluations students:

Should return evaluation form to instructor for reuse
place computer grids and comment forms in appropriate envelope

The instructor can deliver the filled envelopes to the department secretary.

Evaluations completed at mid-term will be held. Both mid-term and final evaluations will be compiled and distributed at the beginning of the semester immediately following.

Computer grid responses and key will be sent to ITS
Comments will be compiled and attached to computer responses
A copy of the evaluation along with the results will be distributed to appropriate CI
Envelopes will be returned to faculty member for reuse

Owens Community College - Medical Imaging Department
 Student Evaluation of - **CLINICAL INSTRUCTOR**

PURPOSE OF THIS FORM: The purpose of this form is to help the clinical instructor improve his/her effectiveness by providing him/her with constructive student feedback. Your observations are valuable. This evaluation form is not a part of your course requirements and will not influence your grade.

The results are typed into a cumulative total so you will not be personally identified. Honest and candid answers and comments will be the most helpful in informing the clinical instructor the evaluation of your experience.

DIRECTIONS: Indicate your observation on the computer grid by rating each item as follows.

- A = Regularly: 4 out of 5 times Ex: I eat breakfast regularly.
- B = Frequently: 3 out of 5 times Ex: I frequently snack while watching TV.
- C = Occasionally: 2 out of 5 times Ex: I occasionally snack between lunch and dinner.
- D = Seldom: 1 out of 5 times Ex: I seldom snack between breakfast and lunch.
- E = Not Applicable

REGARDING THE CLINICAL INSTRUCTOR, I BELIEVE (S)HE MADE EVERY ATTEMPT TO:	REGULARLY A	FREQUENTLY B	OCCASIONALLY C	SELDOM D	NOT APPLICABLE E
1. Encourage my questions.					
2. Encourage me to develop technical skills.					
3. Encourage me to develop interpersonal skills.					
4. Provide quality and meaningful clinical instruction.					
5. Provide fair and equitable evaluations.					
6. Demonstrate professional attire and demeanor.					
7. Demonstrate high professional standards.					
8. Be available and willing to assist me.					
9. Appear to be enthusiastic about the subject matter.					

**OWENS COMMUNITY COLLEGE
MEDICAL IMAGING DEPARTMENT
EVALUATION OF CLINICAL INSTRUCTOR
COMMENT SHEET**

DATE _____

Name of Clinical Instructor _____

Comments _____

**OWENS COMMUNITY COLLEGE
MEDICAL IMAGING DEPARTMENT
EVALUATION OF CLINICAL INSTRUCTOR
COMMENT SHEET**

DATE _____

Name of Clinical Instructor _____

Comments _____



Student Feedback -- Clinical Instructor and Site

In an effort to provide you with the best clinical learning experience, we are requesting your feedback about the instructors and sites that have been a part of your clinical rotations. We will use your responses and comments to improve the program, both for you and for future students.

The survey should take no more than ten minutes of your time to complete. Most of the survey can be completed by checking a box. Rest assured that your responses will be held in confidence and that they will not be associated with you as an individual. We appreciate your candid responses and comments.

1. Please indicate the location where you are performing your clinical work.

--Click Here-- ▾

- Autumnwood Care Center*
- Bay Park Hospital*
- Birch Haven Retirement Village*
- Blanchard Valley Hospital*
- Bowling Green Manor*
- Flower Hospital*
- Fostoria Community Hospital*
- Fulton County Health Center*
- Heritage Nursing Home*
- Kingston Residence of Sylvania*
- Lima Memorial Health System*
- The Manor at Perrysburg*
- Memorial Hospital of Sandusky County (Fremont)*
- Mercy St. Anne's Hospital*
- Mercy St. Charles' Hospital*
- Mercy St. Vincent's Medical Center*
- Mercy Tiffin Hospital*
- Orchard Villa Nursing Home*
- St. Luke's Hospital*
- St. Rita's Hospital*
- The Toledo Hospital*
- University of Toledo Medical Center*
- Wood County Hospital*
- Woodlane Residential Services in Bowling Green*
- Wyandot Memorial Hospital*

Other (Please specify)

2. Please indicate the semester and year in which you are completing your clinical rotations.

Summer

Fall

Spring

Year

3. What clinical area are you working in as part of your rotation?

Geriatrics

Mental Health

Medical/Surgical

Obstetrics/Gynecology

Pediatrics

4. If you are working in a medical/surgical area, on which floor do you perform your clinical duties?

5. Please indicate the name of your clinical instructor in the boxes below.

First name:

Last name:

6. In the following section, please indicate your level of agreement with each statement about your clinical instructor's interaction with students. My clinical instructor

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>Unable to assess</i>
Interacts honestly with students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is available to students during class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is available to students outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treats students with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is approachable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is willing to help when I need assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides weekly feedback on my clinical performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides weekly feedback on my clinical paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the following section, please indicate your level of agreement with each statement about your clinical instructor's interaction with patients. My clinical instructor

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>Unable to assess</i>
Is actively involved in the care of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphasizes patient safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates sound practices in administering patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treats patients with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

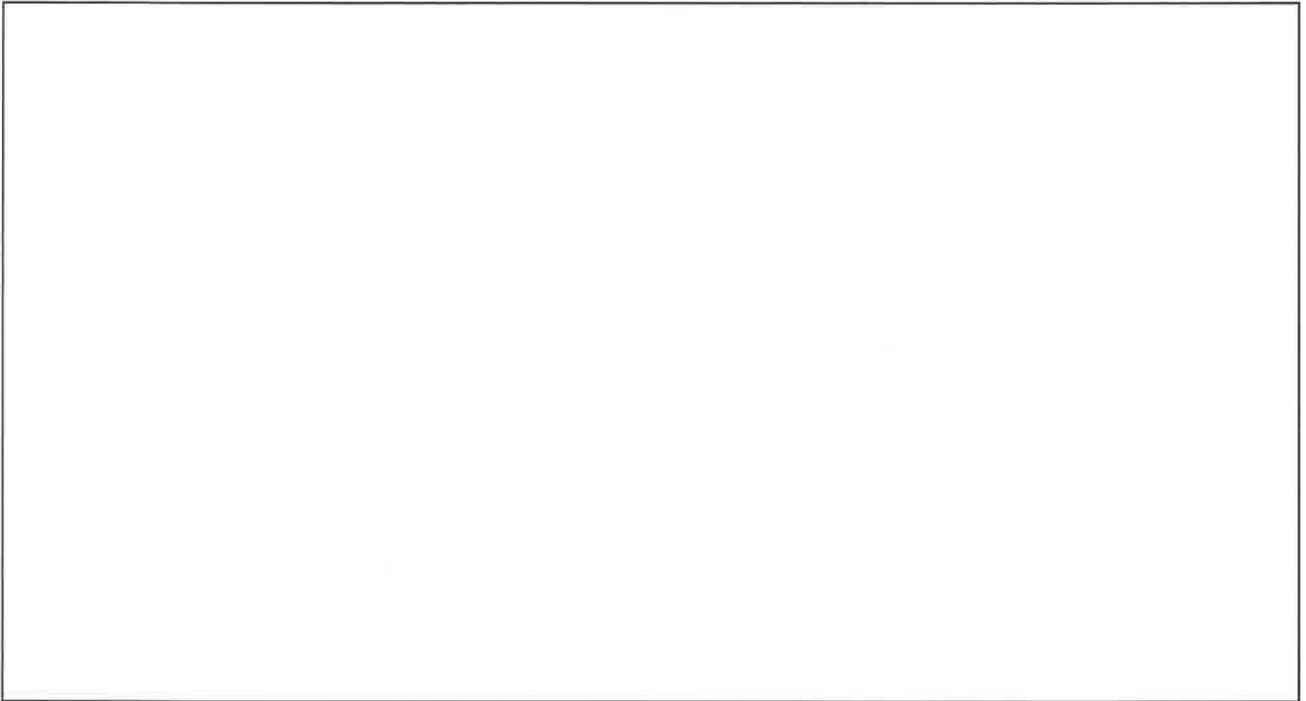
8. In the following section, please indicate your level of agreement with each statement about your clinical instructor's professionalism. My clinical instructor

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>Unable to assess</i>
Maintains a professional demeanor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remains calm in crisis situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is accountable for his/her own actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starts and ends sessions on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treats staff members with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

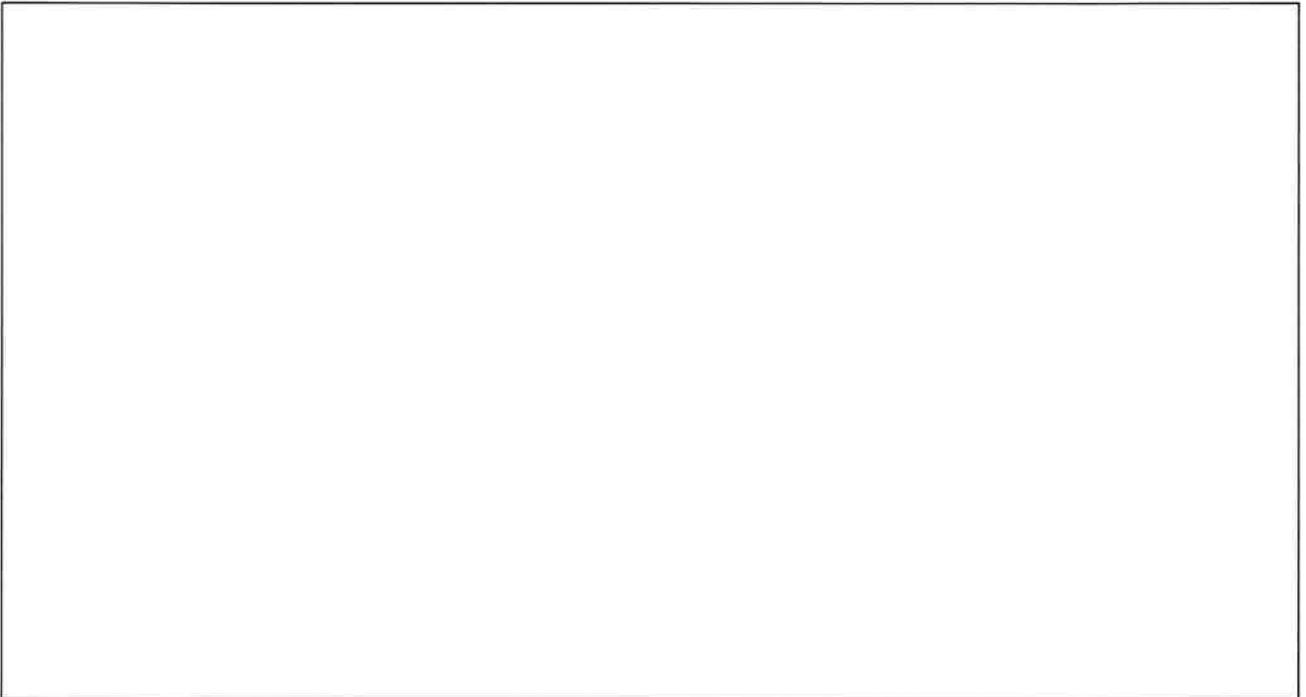
9. Please indicate your overall level of satisfaction with your clinical instructor.

- | | |
|---|--|
| <input type="radio"/> <i>Very satisfied</i> | <input type="radio"/> <i>Somewhat dissatisfied</i> |
| <input type="radio"/> <i>Somewhat satisfied</i> | <input type="radio"/> <i>Very dissatisfied</i> |
| <input type="radio"/> <i>Neither satisfied nor dissatisfied</i> | |

10. Please indicate what you liked best about working with your clinical instructor.



11. Please indicate any suggestions that you feel would improve your clinical instructor's performance or success.



12. Now, thinking of your overall clinical experience, please indicate how helpful each aspect of that experience was in adequately preparing you for working as a nurse.

	<i>Very helpful</i>	<i>Moderately helpful</i>	<i>Not helpful</i>	<i>Unable to assess</i>
Knowledge of the practice of ethical standards of nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of the practice of legal standards of nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountability for my own care of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delegation of care to qualified assistive personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgments to ensure safe care of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management decisions to ensure safe care of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional communication of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective use of nursing interventions in a caring manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration in implementing an individualized plan of care with a patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing thoughtful and productive self evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal transition to the role of nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to reflect on my strengths and weaknesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional goal setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please indicate your overall level of satisfaction with your clinical experience.

- | | |
|---|--|
| <input type="radio"/> <i>Very satisfied</i> | <input type="radio"/> <i>Somewhat dissatisfied</i> |
| <input type="radio"/> <i>Somewhat satisfied</i> | <input type="radio"/> <i>Very dissatisfied</i> |
| <input type="radio"/> <i>Neither satisfied nor dissatisfied</i> | |

14. Please indicate your level of agreement with each of the following statements.

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
My clinical experience gave me appropriate learning opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff nurses I worked with were friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff nurses I worked with were willing to help when I needed assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate resources were available at the site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What did you like most about this location for your clinical experiences?

16. What suggestions could you make to improve upon this location for clinical experiences?

Those are all of our questions. Thank you very much for your participation!

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Purpose:

This evaluation serves as a tool for fieldwork sites, academic programs, and students. The main objectives of this evaluation are to:

- Enable the Level II fieldwork student who is completing a placement at the site to evaluate and provide feedback to the supervisor and fieldwork setting;
- Enable academic programs, fieldwork sites, and fieldwork educators to benefit from student feedback in order to develop and refine their Level II fieldwork programs;
- Ensure that all aspects of the fieldwork program reflect the sequence, depth, focus, and scope of content of the curriculum design;
- Provide objective information to students who are selecting sites for future Level II fieldwork; and
- Provide a means of evaluation to ensure that fieldwork is performed in settings that provide educational experiences applicable to the academic program.

This form is designed to offer each program the opportunity to gather meaningful and useful information. Sections outlined with thick black double borders are designed to be customized by your program as needed. Pages involving evaluation of individual fieldwork educators have been positioned at the end of the form to allow academic programs to easily remove these pages before making them available for student review, if they choose to do so.

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Instructions to the Student:

Complete this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is imperative that you review the form with your supervisor and that both parties sign on page 1. Copy the form so that a copy remains at the site and a copy is forwarded to your Academic Fieldwork Coordinator at your educational program. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

Fieldwork Site _____ Site Code _____

Address _____

Placement Dates: from _____ to _____

Order of Placement: [] First [] Second [] Third [] Fourth

Living Accommodations: *(include type, cost, location, condition)*

Public transportation in the area:

Please write your e-mail address here if you don't mind future students contacting you to ask you about your experience at this site: _____

We have mutually shared and clarified this Student Evaluation of the Fieldwork Experience report.

Student's Signature

FW Educator's Signature

Student's Name *(Please Print)*

FW Educator's Name and credentials *(Please Print)*

FW Educator's years of experience _____

ORIENTATION

Indicate your view of the orientation by *checking* "Satisfactory" (S) or "Needs Improvement" (I) regarding the three factors of adequacy, organization, and timeliness.

TOPIC	Adequate		Organized		Timely		NA
	S	I	S	I	S	I	
1. Site-specific fieldwork objectives							
2. Student supervision process							
3. Requirements/assignments for students							
4. Student schedule (daily/weekly/monthly)							
5. Staff introductions							
6. Overview of physical facilities							
7. Agency/Department mission							
8. Overview of organizational structure							
9. Services provided by the agency							
10. Agency/Department policies and procedures							
11. Role of other team members							
12. Documentation procedures							
13. Safety and emergency procedures							
14. Confidentiality/HIPAA							
15. OSHA—Standard precautions							
16. Community resources for service recipients							
17. Department model of practice							
18. Role of occupational therapy services							
19. Methods for evaluating OT services							
20. Other							

Comments or suggestions regarding your orientation to this fieldwork placement:

CASELOAD

List approximate number of each age category in your caseload.

Age	Number
0–3 years old	
3–5 years old	
6–12 years old	
13–21 years old	
22–65 years old	
> 65 years old	

List approximate number of each primary condition/problem/diagnosis in your caseload

Condition/Problem	Number

OCCUPATIONAL THERAPY PROCESS

Indicate the approximate number of screenings/evaluations you did; also indicate their value to your learning experience by *circling* the appropriate number with #1 being least valuable and #5 being the most valuable.

	REQUIRED		HOW MANY	EDUCATIONAL VALUE				
	Yes	No		1	2	3	4	5
1. Client/patient screening				1	2	3	4	5
2. Client/patient evaluations (Use specific names of evaluations)								
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
3. Written treatment/care plans				1	2	3	4	5
4. Discharge summary				1	2	3	4	5

List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-Treatment, or consultation. List other professionals involved.

Therapeutic Interventions	Individual	Group	Co-Tx	Consultation
Occupation-based activity, i.e., play, shopping, ADL, IADL, work, school activities, etc. (within client's own context with his or her goals)				
1.				
2.				
3.				
4.				
Purposeful activity (therapeutic context leading to occupation)				
1.				
2.				
3.				
4.				

Preparatory methods, i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity)				
1.				
2.				
3.				
4.				

THEORY—FRAMES OF REFERENCE—MODELS OF PRACTICE

Indicate frequency of theory/frames of reference used

	Never	Rarely	Occasionally	Frequently
Model of Human Occupation				
Occupational Adaptation				
Ecology of Human Performance				
Person–Environment–Occupation Model				
Biomechanical Frame of Reference				
Rehabilitation Frame of Reference				
Neurodevelopmental Theory				
Sensory Integration				
Behaviorism				
Cognitive Theory				
Cognitive Disability Frame of Reference				
Motor Learning Frame of Reference				
Other (list)				

FIELDWORK ASSIGNMENTS

List the types of assignments required of you at this placement (check all that apply), and indicate their educational value (1 = not valuable ----- 5 = very valuable)

Case study applying the Practice Framework	1	2	3	4	5	N/A
Evidence-based practice presentation:	1	2	3	4	5	N/A
Topic:						
Revision of site-specific fieldwork objectives	1	2	3	4	5	N/A
Program development	1	2	3	4	5	N/A
Topic:						
In-service/presentation	1	2	3	4	5	N/A
Topic:						
Research	1	2	3	4	5	N/A
Topic:						
Other (list)	1	2	3	4	5	

ASPECTS OF THE ENVIRONMENT

	1 = Rarely 2 = Occasionally 3 = Frequently 4 = Consistently			
	1	2	3	4
Staff and administration demonstrated cultural sensitivity				
The Practice Framework was integrated into practice				
Student work area/supplies/equipment were adequate				
Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides				
Opportunities to network with other professionals				
Opportunities to interact with other OT students				
Opportunities to interact with students from other disciplines				
Staff used a team approach to care				
Opportunities to observe role modeling of therapeutic relationships				
Opportunities to expand knowledge of community resources				
Opportunities to participate in research				
Additional educational opportunities (<i>specify</i>):				
How would you describe the pace of this setting? (circle one)	Slow	Med	Fast	
Types of documentation used in this setting:				
Ending student caseload expectation: _____ # of clients per week or day				
Ending student productivity expectation: _____ % per day (direct care)				

SUPERVISION

What was the primary model of supervision used? (check one)

one supervisor : one student
 one supervisor : group of students
 two supervisors : one student
 one supervisor : two students
 distant supervision (primarily off-site)
 three or more supervisors : one student (count person as supervisor if supervision occurred at least weekly)

List fieldwork educators who participated in your learning experience.

	Name	Credentials	Frequency	Individual	Group
1.					
2.					
3.					
4.					
5.					

ACADEMIC PREPARATION

Rate the relevance and adequacy of your academic coursework relative to the needs of **THIS** fieldwork placement, *circling* the appropriate number. (Note: may attach own course number)

	Adequacy for Placement					Relevance for Placement				
	Low				High	Low				High
Anatomy and Kinesiology	1	2	3	4	5	1	2	3	4	5
Neurodevelopment	1	2	3	4	5	1	2	3	4	5
Human development	1	2	3	4	5	1	2	3	4	5
Evaluation	1	2	3	4	5	1	2	3	4	5
Intervention planning	1	2	3	4	5	1	2	3	4	5
Interventions (individual, group, activities, methods)	1	2	3	4	5	1	2	3	4	5
Theory	1	2	3	4	5	1	2	3	4	5
Documentation skills	1	2	3	4	5	1	2	3	4	5
Leadership	1	2	3	4	5	1	2	3	4	5
Professional behavior and communication	1	2	3	4	5	1	2	3	4	5
Therapeutic use of self	1	2	3	4	5	1	2	3	4	5
Level I fieldwork	1	2	3	4	5	1	2	3	4	5
Program development	1	2	3	4	5	1	2	3	4	5

What were the strongest aspects of your academic program relevant to preparing you for THIS Level II fieldwork experience? Indicate your top 5.

<input type="checkbox"/> Informatics	<input type="checkbox"/> Occ. as Life Org	<input type="checkbox"/> A & K	<input type="checkbox"/> Foundations	<input type="checkbox"/> Level I FW
<input type="checkbox"/> Pathology	<input type="checkbox"/> Neuro	<input type="checkbox"/> Administration	<input type="checkbox"/> Theory	<input type="checkbox"/> Peds electives
<input type="checkbox"/> Env. Competence	<input type="checkbox"/> Research courses	<input type="checkbox"/> Prog design/eval	<input type="checkbox"/> Consult/collab	<input type="checkbox"/> Older adult elect.
<input type="checkbox"/> Interventions	<input type="checkbox"/> Evaluations	<input type="checkbox"/> Adapting Env	<input type="checkbox"/> Human comp.	<input type="checkbox"/> Community elect.
<input type="checkbox"/> Social Roles	<input type="checkbox"/> History	<input type="checkbox"/> Occupational Sci	<input type="checkbox"/> Other:	

What changes would you recommend in your academic program relative to the needs of **THIS** Level II fieldwork experience?

SUMMARY

	1 = Strongly disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly agree				
	1	2	3	4	5
Expectations of fieldwork experience were clearly defined					
Expectations were challenging but not overwhelming					
Experiences supported student's professional development					
Experiences matched student's expectations					

What particular qualities or personal performance skills do you feel that a student should have to function successfully on this fieldwork placement?

What advice do you have for future students who wish to prepare for this placement?

- Study the following evaluations:

- Study the following intervention methods:

- Read up on the following in advance:

Overall, what changes would you recommend in this Level II fieldwork experience?

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.

Indicate the number that seems descriptive of each fieldwork educator. Please make a copy of this page for each individual.

1 = Strongly Disagree
 2 = Disagree
 3 = No opinion
 4 = Agree
 5 = Strongly agree

FIELDWORK EDUCATOR NAME: _____
FIELDWORK EDUCATOR YEARS OF EXPERIENCE: _____

	1	2	3	4	5
Provided ongoing positive feedback in a timely manner					
Provided ongoing constructive feedback in a timely manner					
Reviewed written work in a timely manner					
Made specific suggestions to student to improve performance					
Provided clear performance expectations					
Sequenced learning experiences to grade progression					
Used a variety of instructional strategies					
Taught knowledge and skills to facilitate learning and challenge student					
Identified resources to promote student development					
Presented clear explanations					
Facilitated student's clinical reasoning					
Used a variety of supervisory approaches to facilitate student performance					
Elicited and responded to student feedback and concerns					
Adjusted responsibilities to facilitate student's growth					
Supervision changed as fieldwork progressed					
Provided a positive role model of professional behavior in practice					
Modeled and encouraged occupation-based practice					
Modeled and encouraged client-centered practice					
Modeled and encouraged evidence-based practice					

Frequency of meetings/types of meetings with supervisor (value/frequency):

General comments on supervision: _____

PHYSICAL THERAPIST ASSISTANT STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003
(updated 9/14/11)

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist assistant student assessment of the clinical experience and Section 2-Physical therapist assistant student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude is extended to all individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

I have reviewed information contained in this physical therapist assistant student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

Yes

No

Other CI Credential _____ State

Yes

No

Professional organization memberships

APTA

Other _____

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

Yes No

Other CI Credential _____ State

Yes No

Professional organization memberships

APTA Other _____

SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences provided at this clinical facility.

1. Name of Clinical Education Site _____
 Address _____ City _____ State _____
2. Clinical Experience Number _____
3. Specify the number of weeks for each applicable clinical experience/rotation.
 _____ Acute Care/Inpatient Hospital Facility _____ Private Practice
 _____ Ambulatory Care/Outpatient _____ Rehabilitation/Sub-acute Rehabilitation
 _____ ECF/Nursing Home/SNF _____ School/Preschool Program
 _____ Federal/State/County Health _____ Wellness/Prevention/Fitness Program
 _____ Industrial/Occupational Health Facility _____ Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1= Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale. List the five (5) most common interventions that you provided to patients/clients during this clinical experience.

Components Of Care	Rating	Five Most Common Interventions
Data Collection		1. _____
Implementation of Established Plan of Care		2. _____
Selected Interventions		3. _____
• Coordination, communication, documentation		4. _____
• Patient/client related instruction		5. _____
• Direct Interventions		

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to your work and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PTA student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for your work and growth? _____

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe _____

13. How did the clinical supervision ratio in Question #12 influence your learning experience? _____

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Observed surgery
- Participated in administrative and business management
- Participated in providing patient/client interventions collaboratively with other disciplines (please specify disciplines)_____
- Participated in service learning
- Performed systematic data collection as part of an investigative study
- Used physical therapy aides and other support personnel
- Other; Please specify _____

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. _____

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - Time well spent; would recommend this clinical education site to another student.
 - Some good learning experiences; student program needs further development.
 - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist assistant student should have to function successfully at this clinical education site? _____
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed. _____
19. What suggestions would you offer to future physical therapist assistant students to improve this clinical education experience? _____
20. What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for *this clinical experience*? _____
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? _____

SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

Information found in Section 2 is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in this section is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client interventions.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation _____

Final Evaluation _____

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments _____

Final Comments _____

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments _____

Final Comments _____

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

Appendix C

Results of Inventory of Programs with Clinical Evaluation Tools

Appendix C

Program Inventory Matrix Detail

Interview with Accrediting Agency Contact conducted by the Office of Institutional Effectiveness

Program	Does the program have an evaluation tool that students complete regarding their clinical experience?	Is a student evaluation of their clinical experience required by an accrediting agency?	Is use of a specific form required by the accrediting agency?	Name of Accrediting Agency	Contact person	Comments
Dental Assisting	Yes	Yes	No			
Dental Hygiene	Yes	Yes	No	Commission on Dental Accreditation of the American Dental Association	Patrice Renfrow/Allyson Nail (312) 440-2500 Email: renfrowp@ada.org	Allyson Nail
Health Information Tech	No	No	No	Commission on the Accreditation for Health Informatics and Information Management Education (CAHIIM)	Claire Dixon	
Medical Assisting	Yes	Yes	No. However, there some tools to assist on the website.	Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Medical Assisting Education Review Board (MAERB)	Tasha (312) 899-1500	
Medical Imaging - Nuc Med				Joint Review Committee on Educational Programs in Nuclear Medicine Technology		
Occupational Therapy Assistant		Yes	No, the form is optional.	The Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA)	Vallita.301-652-2682	
Physical Therapy Assistant	Yes	Yes	CAPTE does not have a required form for collecting data and information about clinical education or student performance during clinical education. We leave it up to programs to decide which questions to ask and what data they need to inform decision at the program and institution levels. There are some survey templates that APTA makes available to PTA Educators on its website, but we do not require use of any particular survey.	Commission on Accreditation in Physical Therapy Education (CAPTE)	Doug Clarke. Left Message/sent email. 703-706-3241	
Radiography	Yes	Yes	No. The only requirement is that we obtain the overall satisfaction of the students.	Joint Review Committee on Education in Radiologic Technology	Barbara Burnham, (406) 883-0003	
Sonography	Yes	Yes	No.	Committee on Accreditation of Allied Health Education Programs (CAAHEP), in cooperation with the Joint Review Committee Diagnostic Medical Sonography (JRC-DMS)	Jerry; 443-973-3251	
STNA	No	No	No. This is required but we create our own form.	Ohio Department of Health, Nurse Aide Training Concept Evaluation Program	Mary Woodard	
Surgical Tech	No	No	Yes. A standardized Form is required. The form can not be altered. Graduate survey required 6 months after completion of the program or thereafter.	Commission on Accreditation of Allied Health Education Programs in cooperation with the Association of Surgical Technologists	303-694-9262; Keith Orlof	

Appendix D

Count of Active Clinical Course Sections by Schedule Description and Student Enrollment

Possible Courses for use of the Clinical Course Evaluation Tool

COUNT OF SECTIONS	ENROLLMENTS	COURSE	DESCRIPTION	PROGRAM	PROGRAM DESCRIPTION
2	10	FNH190	C Clinical	DTTP	Dietetic Technician Program
2	11	FNH191	C Clinical	DTTP	Dietetic Technician Program
3	12	FNH288	C Clinical	DTTP	Dietetic Technician Program
3	11	FNH289	C Clinical	DTTP	Dietetic Technician Program
34	172	NRS122	C Clinical	NRSL	Registered Nursing - LPN to RN Program
22	103	NRS123	C Clinical	NRSL	Registered Nursing - LPN to RN Program
24	145	NRS224	C Clinical	NRSL	Registered Nursing - LPN to RN Program
29	163	NRS226	C Clinical	NRSL	Registered Nursing - LPN to RN Program
32	176	NRS227	C Clinical	NRSL	Registered Nursing - LPN to RN Program
31	169	NRS228	C Clinical	NRSL	Registered Nursing - LPN to RN Program
15	71	NRS223	C Clinical	NRSP	Registered Nursing Program
35	198	NRS225	C Clinical	NRSP	Registered Nursing Program
1	20	OTA223	C Clinical	OTAP	Occupational Therapy Assistant Program
5	28	NRP101	C Clinical	PPNL	Practical Nursing Certificate
5	33	NRP102	C Clinical	PPNL	Practical Nursing Certificate
5	31	NRP103	C Clinical	PPNL	Practical Nursing Certificate
8	45	NRP105	C Clinical	PPNL	Practical Nursing Certificate
1	20	SUR104	C Clinical	SURT	Surgical Technology Program
257	1418		C Clinical Total		
1	2	MIT151	CA Clinical Application	NMED	Nuclear Medicine Program
24	162	NRS296	CA Clinical Application	NRSP	Registered Nursing Program
6	36	NRP106	CA Clinical Application	PPNL	Practical Nursing Certificate
1	20	PTA113	CA Clinical Application	PTAP	Physical Therapy Assistant Program
1	19	PTA213	CA Clinical Application	PTAP	Physical Therapy Assistant Program
1	19	PTA215	CA Clinical Application	PTAP	Physical Therapy Assistant Program
34	258		CA Clinical Application Total		
4	20	MAP250	DP Directed Practice	MDAP	Medical Assisting Program
1	13	MIT242	DP Directed Practice	SONO	Diagnostic Medical Sonography Program
1	13	MIT243	DP Directed Practice	SONO	Diagnostic Medical Sonography Program
1	11	MIT245	DP Directed Practice	SONO	Diagnostic Medical Sonography Program
2	16	SUR200	DP Directed Practice	SURT	Surgical Technology Program
1	13	SUR205	DP Directed Practice	SURT	Surgical Technology Program
10	86		DP Directed Practice Total		
2	13	MIT242	DPB Directed Practice Lab	SONO	Diagnostic Medical Sonography Program
2	13		DPB Directed Practice Lab Total		

Possible Courses for use of the Clinical Course Evaluation Tool

COUNT OF SECTIONS	ENROLLMENTS	COURSE	DESCRIPTION	PROGRAM	PROGRAM DESCRIPTION
7	13	MIT112	DPC Directed Practice Clinical	RDTT	Radiography Program
19	27	MIT113	DPC Directed Practice Clinical	RDTT	Radiography Program
17	27	MIT114	DPC Directed Practice Clinical	RDTT	Radiography Program
18	26	MIT203	DPC Directed Practice Clinical	RDTT	Radiography Program
18	24	MIT204	DPC Directed Practice Clinical	RDTT	Radiography Program
17	24	MIT205	DPC Directed Practice Clinical	RDTT	Radiography Program
18	26	MIT216	DPC Directed Practice Clinical	RDTT	Radiography Program
4	4	MIT242	DPC Directed Practice Clinical	SONO	Diagnostic Medical Sonography Program
11	11	MIT243	DPC Directed Practice Clinical	SONO	Diagnostic Medical Sonography Program
11	11	MIT245	DPC Directed Practice Clinical	SONO	Diagnostic Medical Sonography Program
1	15	SUR203	DPC Directed Practice Clinical	SURT	Surgical Technology Program
141	208		DPC Directed Practice Clinical Total		
	9	DAS202	P Practicum	ZDAS	Dental Assisting Certificate
1	9	DHY154	P Practicum	ZEFD	Extended Functions Dental Certificate
1	9	DHY156	P Practicum	ZEFD	Extended Functions Dental Certificate
2	27		P Practicum Total		
3	18	MAS110	PB Practicum Lab	MAST	Massage Therapy Program
2	17	MAS120	PB Practicum Lab	MAST	Massage Therapy Program
1	11	MAS210	PB Practicum Lab	MAST	Massage Therapy Program
1	8	MAS220	PB Practicum Lab	MAST	Massage Therapy Program
7	54		PB Practicum Lab Total		
453	2064		Grand Total		

Appendix E
Draft Clinical Evaluation Tool



OWENS
COMMUNITY COLLEGE

DRAFT

Student Feedback -- Clinical Instructor and Site

In an effort to provide you with the best clinical learning experience, we are requesting your feedback about the instructors and sites that have been part of your clinical rotations. This information will be used for program accreditation and improvement, thus benefiting you as well as future students.

The survey should take no more than ten minutes of your time to complete. Most of the survey can be completed by checking a box. Rest assured that your responses will be held in confidence and that they will not be associated with you as an individual. We appreciate your candid responses and comments.

1. Where did you perform your clinical rotation?

Name of Facility:

2. Please indicate the name of your clinical instructor in the boxes below.

First name:

Last name:

3. In the following section, please indicate your level of agreement with each statement about your clinical instructor's interaction with students. My clinical instructor

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>Unable to assess</i>
Treats students with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is approachable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is willing to help when I need assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides weekly feedback on my clinical performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In the following section, please indicate your level of agreement with each statement about your clinical instructor's interaction with clients. My clinical instructor

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>Unable to assess</i>
Emphasizes client safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ethical practices in working with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treats patients with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. In the following section, please indicate your level of agreement with each statement about your clinical instructor's professionalism. My clinical instructor

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>Unable to assess</i>
Maintains a professional demeanor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remains calm in crisis situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is accountable for his/her own actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starts and ends sessions on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please indicate your overall level of satisfaction with your clinical instructor.

Very satisfied

Somewhat dissatisfied

Somewhat satisfied

Very dissatisfied

Neither satisfied nor dissatisfied

7. Please indicate what you liked best about working with your clinical instructor.

8. Please indicate any suggestions that you feel would improve your clinical instructor's performance or success.

9. Now, thinking of your overall clinical experience, please indicate how helpful each aspect of that experience was in adequately preparing you for working in your clinical profession.

	<i>Very helpful</i>	<i>Moderately helpful</i>	<i>Not helpful</i>	<i>Unable to assess</i>
Knowledge of the practice of ethical standards in my profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of the practice of legal standards in my profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgments to ensure safe care of clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management decisions to ensure safe care of clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional communication of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with client in implementing an individualized plan of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing thoughtful and productive self evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to reflect on my strengths and weaknesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional goal setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to problem solve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please indicate your overall level of satisfaction with your clinical experience.

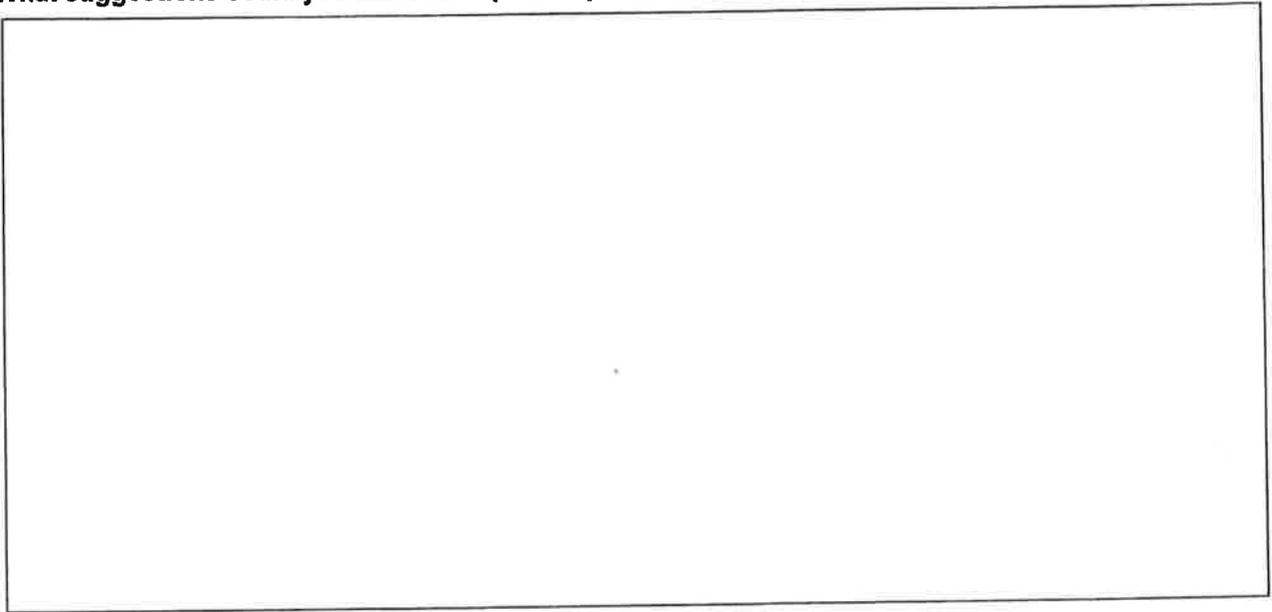
- Very satisfied*
 Somewhat dissatisfied
 Somewhat satisfied
 Very dissatisfied
 Neither satisfied nor dissatisfied

11. Please indicate your level of agreement with each of the following statements.

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
My clinical experience gave me appropriate learning opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff I worked with were willing to help when I needed assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate resources were available at the site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What did you like most about this location for your clinical experiences?

13. What suggestions could you make to improve upon this location for clinical experiences?

A large, empty rectangular box with a thin black border, intended for the respondent to write their suggestions for improving the location for clinical experiences.

Those are all of our questions. Thank you very much for your participation!

Appendix F

Comments about the Draft Clinical Evaluation Tool

Comments on Draft Clinical Questionnaire

Very well thought out. Only comment and it could be my personal bias. Section 9 has 10 lines. All others are 3-4 per question. I am less likely to complete a form with accuracy when it has over 5 bubbles. It becomes tedious.

On questions #6 and #10 remove neither satisfied or dissatisfied. This will make them choose another selection. When that is an answer it is hard to quantify.