

Evaluated By: evaluator's name

Evaluating : person (role) or moment's name (if applicable)

Dates : start date to end date

Student Evaluation of Clinical Placement and Clinical Instructor

The purpose of the School of Physical Therapy Student Evaluation form is:

- To foster communication between the clinical instructor (CI) and student.
- To provide feedback to the clinical instructor.
- To provide feedback to the facility/agency on the student's experience.
- To provide feedback to the School of Physical Therapy on the clinical experience.
- To assist in evaluation of the clinical education program and the physical therapy curriculum.

Instructions for use:

This evaluation will take approximately 15 minutes.

Whenever possible the form is to be discussed with the CI at mid-term and final evaluation points (as a part of ongoing communication between student and clinical instructor). This evaluation is completed online. A paper copy is NOT to be submitted to The School. Comments are extremely valuable and are strongly encouraged.

Your responses to the main survey questions will be viewed by the School and **directly online** by the Site Manager for this clinical placement.

If there is anything about this clinical placement that you would like to report to the School in a confidential manner, please complete a **Clinical Placement - Confidential Comments form**. These comments will be kept strictly confidential by the School.

ORIENTATION

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I was adequately oriented.	0	0	0	0	0

Comments:			

CASELOAD and PRACTICE

(Relevance is dependent on setting, program context and approach to health care delivery)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2. There was an appropriate caseload for my level.	0	0	0	0	0
3. The variety of conditions seen provided a useful learning experience.	0	0	0	0	0

^{*}indicates a mandatory response

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4. There was adequate opportunity to practice patient assessment (i.e. taking a history, performing assessment procedures, problem identification, etc.)	0	0	0	0	0
5. There was adequate opportunity to practice treatment plan progression.	0	0	0	0	0
6. There was adequate opportunity to practice documentation of care (record keeping).	0	0	0	0	0
7. There was adequate opportunity to practice discharge planning.	0	0	0	0	0
8. The placement provided me with opportunities to advance my skills as an educator with patients, families, other health care providers, etc.	0	0	0	0	0
9. There was adequate opportunity to participate as part of the program/department/health care team in order to advance my skills as a collaborative team member.	0	0	0	0	0

CLINICAL INSTRUCTOR and SUPERVISION	
OLIMOAL INCTITION ON LITTICION	
10. Please provide the name of your clinical instructor (a second CI can be evaluated in the next section):	

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. The general expectations, roles and responsibilities were discussed with my clinical instructor in the first week of the placement (ex. learning/teaching style, preferred methods of feedback).	0	0	0	0	0
12. In the first week, I discussed my learning objectives with the clinical instructor and filled out the Clinical Learning Plan.	0	0	0	0	0
13. I was provided with timely and appropriate feedback / reinforcement.	0	0	0	0	0
14. The CI and/or designated staff were accessible and available as a resource.	0	0	0	0	0
15. The CI allowed me to progress appropriately with independence level and responsibilities.	0	0	0	0	0
16. The CI encouraged me to critically think through problems.	0	0	0	0	0
17. The CI encouraged me to critically evaluate my own performance.	0	0	0	0	0
18. The CI served as a good role model.	0	0	0	0	0

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
19. The CI created a positive environment and was receptive to my feedback.	0	0	0	0	0
20. The CI facilitated the process so that I was able to meet my learning objectives for the placement.	0	0	0	0	0

Cc	mments:				

CLINICAL INSTRUCTOR and SUPERVISION

21. Please provide the name of your second clinical instructor:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
22. The general expectations, roles and responsibilities were discussed with my clinical instructor in the first week of the placement (ex. learning/teaching style, preferred methods of feedback).	0	0	0	0	0
23. In the first week, I discussed my learning objectives with the clinical instructor and filled out the Clinical Learning Plan.	0	0	0	0	0
24. I was provided with timely and appropriate feedback/reinforcement.	0	0	0	0	0
25. The CI and/or designated staff were accessible and available as a resource.	0	0	0	0	0
26. The CI allowed me to progress appropriately with independence level and responsibilities.	0	0	0	0	0
27. The CI encouraged me to critically think through problems.	0	0	0	0	0
28. The CI encouraged me to critically evaluate my own performance.	0	0	0	0	0
29. The CI served as a good role model.	0	0	0	0	0
30. The CI created a positive environment and was receptive to my feedback.	0	0	0	0	0
31. The CI facilitated the process so that I was able to meet my learning objectives for the placement.	0	0	0	0	0

Comments:				

EVALUATION

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
32. Evaluation methods (i.e. process, preparation, evaluation instrument, etc.) contributed to my understanding of my performance.	0	0	0	0	0
33. The Clinical Instructor's completed CPI accurately reflects my overall performance in the clinical setting.	0	0	0	0	0

Comments:							

GENERAL

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
34. There was considerable agreement between the clinical course objectives and the placement.	0	0	0	0	0
35. Opportunities were provided to apply skills and theoretical knowledge in different ways (i.e. to attend in-services and/or relevant meetings)	0	0	0	0	0
36. I was challenged to apply evidence to practice.	0	0	0	0	0
37. I was encouraged to develop self-directed learning skills.	0	0	0	0	0
38. The placement helped me to develop professional attributes and behaviours.	0	0	0	0	0
39. Library and other learning resources (including staff expertise) were available.	0	0	0	0	0
40. The facility set-up, equipment available and documentation areas facilitated my learning.	0	0	0	0	0
41. There was a positive work environment and positive work relationships.	0	0	0	0	0

Comments:		

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
42. In my experience during this placement, there was significant consistency between method(s) used in the placement and method(s) taught in the MPT	0	0	0	0	0

Comments:

43. The most positive aspects of this placement were:							
44. Some suggestions for future changes which might add to the learning experience are:							
If there is anything about this clinical placement that you would like to report to the School in a confidential manner, please Clinical Placement - Confidential Comments form. To locate this form, go to your main ToDo page and click on "Choose a recomplete".							
Using form: Choose "Clinical Placement Evaluation - Confidential Comments" Evaluate: Choose any instructor ie. Faculty, test Date: leave as current date							
Submit							
This will take you to a new form to complete. Results from this evaluation will not be released to the clinical site. We would invite you to please arrange a meeting with one of the Academic Clinical Coordinators to discuss any significant concerns you may have.							
The following will be displayed on forms where feedback is enabled (for the evaluator to answer)							
*Did you have an opportunity to meet with this trainee to discuss their performance? O Yes O No							
(for the evaluee to answer)							
*Did you have an opportunity to discuss your performance with your preceptor/supervisor? O Yes O No							