

Student Evaluation of the Clinical Placement
National Association for Clinical Education in Physiotherapy / Association Nationale d'Éducation Clinique en Physiothérapie

Clinical Facility: _____
 Placement: _____
 Dates: _____
 Area of Practice: _____

Clinical Instructor: _____
 Clinical Instructor: _____
 CCCE: _____
 Student: _____

The purpose of this form is to: 1) Foster communication between the clinical instructor (CI) and student; 2) Provide constructive feedback to the clinical instructor; 3) Provide feedback to the facility/agency on the student's experience; 4) Provide feedback to the Director of Clinical Education (DCE) regarding the clinical experience.

Instructions for completion:

- Students must complete this form at mid and final points of the placement and review the completed form with their CI(s) and CCCE as applicable.
- Comments are extremely valuable and are strongly encouraged. Please append additional comments if required.
- Please check the appropriate rating box for each item according to the following scale: SA = Strongly Agree; A = Agree; N = Neutral; D = Disagree; SD = Strongly Disagree
- The form is to be returned to: Director of Clinical Education / Academic Coordinator of Clinical Education; University address

Section 1: The Site	Mid-point					Final				
	SA	A	N	D	SD	SA	A	N	D	SD
1. I was adequately oriented to the site and clinical area (e.g., emergency and safety procedures, equipment, supplies, workload measurement statistics, documentation standards).						--	--	--	--	--
2. The expectations of the placement, roles, and responsibilities were discussed in the first week of the placement (e.g., learning/teaching style, preferred methods of feedback).										
3. The environment was welcoming, non-threatening, collegial, and respectful.										
4. Opportunities and resources were identified to augment my knowledge and learning (e.g. patient meetings, variety of conditions, in-services).										
5. I was encouraged to take responsibility for my learning.										
6. The amount and type of supervision I received was appropriate to my level/experience/competence.										
7. There was adequate opportunity to: i) conduct assessments and analyse findings.*										
ii) develop and progress treatment plans.*										
iii) deliver treatment interventions.*										
iv) plan for discharges.*										
8. I had opportunity to collaborate with others (e.g., healthcare team, administrative staff, insurance professionals) which facilitated my learning in this setting.										
9. The CCCE was helpful and available in dealing with clinical placement issues.										
Comments at mid-point:	Comments at final point:									

*items with an * are not mandatory items and can be left unrated as applicable to the placement

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Section 2: The Clinical Instructor (*please append an additional sheet for each CI) The Cl...	Mid-point					Final point				
	SA	A	N	D	SD	SA	A	N	D	SD
1. ...provided support and encouragement for my learning.										
2. ...appeared open-minded and non-judgmental.										
3.... was regularly available for discussion and/or consultation.										
4. ... facilitated discussions to review, negotiate, and revise my specific learning goals and objectives regularly.										
5. ...facilitated the development of my skills (e.g., interviews, assessments, clinical skills and techniques, intervention plans, communication, collaboration).										
6. ...helped me develop my clinical reasoning skills (e.g., use of clarifications, probes, reflective questions, etc.).										
7. ...encouraged me to use evidence to support clinical practice.										
8. ...modeled effective physiotherapy behaviours (e.g., clinical skills, clinical reasoning, professional and ethical behaviours, patient and/or family communication).										
9. ...was receptive and responsive to my feedback.										
Comments at mid-point:	Comments at final point:									

Section 3: Feedback and Assessment of the Student	Mid-point					Final point				
	SA	A	N	D	SD	SA	A	N	D	SD
1. I was encouraged to reflect and self-assess my performance.										
2. I was observed and given constructive feedback that was linked to specific examples of my performance.										
3. The feedback I received was regular, timely, and objectively identified my strengths and areas for improvement.										
4. Based on the feedback received, a plan was developed to provide opportunities for ongoing improvement.										
5. I was encouraged to provide feedback to the CI and team.										
6. The mid-point assessment of my performance was useful in identifying additional learning needs related to meeting the objectives for this clinical experience. (optional at mid-point; required at final point)*										
7. The formal assessments of my performance were aligned with the informal feedback received to date. (optional at mid-point; required at final point)*										
Comments at mid-point:	Comments at final point:									

*items with an * are not mandatory items and can be left unrated as applicable to the placement

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Overall, the placement provided the learning experience required to develop competency in this area of practice, appropriate to my clinical level.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

What were the most positive aspects of this placement?	Do you have any suggestions to improve the learning experience?
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Signatures at mid-point		Signatures at final point	
Student Signature: _____	Student Signature: _____	Student Signature: _____	Student Signature: _____
CI Signature: _____	CI Signature: _____	CI Signature: _____	CI Signature: _____
CI Signature: _____	CI Signature: _____	CI Signature: _____	CI Signature: _____
CCCE Signature: _____	CCCE Signature: _____	CCCE Signature: _____	CCCE Signature: _____
Date: _____	Date: _____	Date: _____	Date: _____