

On-Site/Telephone Communication with Clinical Instructor and Student

Student name: _____

Directed Practice #1 #2

Clinical Facility: _____

Date of communication/site visit: _____

Questions for CI:

- **Professionalism:**

Is student following policies and procedures of this facility? YES NO

Is the student maintaining ethical standards? YES NO

Is the student demonstrating professional conduct? YES NO

**** Student has to receive a score of no less than 4/5 to pass this clinical****

IF "NO", please explain:

- **Communication skills:**

- Documentation

- Oral communication with pts and clinicians

- **Use/knowledge of modalities**

- **Therapeutic exercise/exercise progression**

- **Safety awareness:**

- Is the student safe with patients at all times?

- Yes

- No

- Does the student follow safety procedures that will ensure their safety?

- Yes

- No

- Does the student maintain general safety standards at all times?
 - Yes
 - No

****Student has to receive a score of no less than 4/5 to pass this clinical****

If "NO", please explain:

- Time management:

- Critical thinking skills:

- Areas of strengths/weaknesses:

- Strengths:

- _____
- _____
- _____
- _____
- _____

- Weaknesses

- _____
- _____
- _____
- _____
- _____

- Goals for students to achieve by end of clinical:

- _____
- _____
- _____
- _____
- _____

- **Action plan for any deficiencies noted:**

- **Describe the PT/PTA relationship at this clinical site, does it provide the student with appropriate role-modeling?**

- **Are you a credentialed Clinical Instructor?**
 - Yes
 - No
- **Do you have an advanced certification?**
 - Yes
 - No
 - If "YES", what is your certification

- **Do you feel that our curriculum has adequately prepared the student for this clinical rotation?**
 - YES
 - NO
 - If "NO", please explain

Questions for the PTA student

- **Clinical focus/ types of patients seen**

- **Average number of patients treated per day:**

- **Modalities performed:**
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

- **Hands-on treatment performed:**

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

- **Is supervision from CI adequate?**

- Yes**
- No**
- If "NO", please explain:**

- **Was your feedback from your CI sufficient?**

- Yes**
- No**

- **How is feedback from CI obtained?**

- **Student's perceived strengths and weaknesses:**

- Strengths:**

- Weaknesses**

- **Action plan for weaknesses:**

- **If a PTA was your primary CI, did you ever get to interact with the supervising PT?**
 - Yes
 - No

- **PINS**

- **3 Positive aspects of this clinical:**

- _____
- _____
- _____

- **3 Interesting aspects of this clinical:**

- _____
- _____
- _____

- **3 Negative aspects of this clinical:**

- _____
- _____
- _____

Would you recommend this site to future students?

- Yes
- No

How would you rate this clinical learning experience?

- Definitely Helpful
- Somewhat Helpful
- Neutral
- Not Helpful