

\_\_\_\_\_  
Student's Name

Washington State Community College PTA

**STUDENT EVALUATION OF  
CLINICAL EDUCATION EXPERIENCES (SECEE)**

Evaluation of Individual Assignment

Facility: \_\_\_\_\_

Affiliation # or Course #: \_\_\_\_\_

Program: \_\_\_\_\_

Please indicate your response to each question:

I. Selecting the Affiliation

1. Did you have input on the selection of this facility for your affiliation site?    1. Yes    2. No
2. Was this clinical facility assigned to you because of cancellation of    1. Yes    2. No  
the one to which you had been assigned?

To gain knowledge about this clinical affiliation site which of the following sources did you use?

3. Pamphlets, notebooks, etc.    1. Yes    2. No
4. Information from academic faculty    1. Yes    2. No
5. Information from other students    1. Yes    2. No

**KEY FOR QUESTIONS 6 – 18**

1. Definitely helpful    4. Not helpful  
2. Somewhat helpful    5. Not applicable  
3. Not accurate

Describe the value of the following information that was available to your prior to your clinical education experience:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 6. Location of site  | 1 | 2 | 3 | 4 | 5 |
| 7. Travel Information                                      | 1 | 2 | 3 | 4 | 5 |
| 8. Support services (meals, room, board, parking)          | 1 | 2 | 3 | 4 | 5 |
| 9. Cost of support services                                | 1 | 2 | 3 | 4 | 5 |
| 10. Availability of stipend                                | 1 | 2 | 3 | 4 | 5 |
| 11. Schedule of working hours                              | 1 | 2 | 3 | 4 | 5 |
| 12. Dress requirements                                     | 1 | 2 | 3 | 4 | 5 |
| 13. Types of patients usually treated                      | 1 | 2 | 3 | 4 | 5 |
| 14. Specialty programs available                           | 1 | 2 | 3 | 4 | 5 |
| 15. Learning experiences available                         | 1 | 2 | 3 | 4 | 5 |
| 16. Library facilities                                     | 1 | 2 | 3 | 4 | 5 |
| 17. Verification of affiliation assignment by the facility | 1 | 2 | 3 | 4 | 5 |
| 18. The information provided for this clinical education   | 1 | 2 | 3 | 4 | 5 |

Experience was:

Comments:

## KEY FOR QUESTIONS 19 – 26

- |              |                   |
|--------------|-------------------|
| 1. Excellent | 4. Inadequate     |
| 2. Good      | 5. Not applicable |
| 3. Adequate  |                   |

### II. Describe your orientation to the Clinical Facility:

19. Administrative procedures/departmental policies	1	2	3	4	5
20. Departmental Organization	1	2	3	4	5
21. Personnel policies	1	2	3	4	5
22. Standards of practice of the department	1	2	3	4	5
23. Schedule of daily/weekly activities	1	2	3	4	5
24. Staff personnel introductions	1	2	3	4	5
25. Physical layout of the facility	1	2	3	4	5
26. Safety procedures and standards	1	2	3	4	5

### III. During the Affiliation

During your affiliation at this clinical facility were there other students who were:

27. From other physical therapist assistant programs?	1. Yes	2. No
28. From physical therapy programs?	1. Yes	2. No
29. With other disciplines or service departments?	1. Yes	2. No
30. How many students other than you was your CI directly supervising during your affiliation?	1. Yes	2. No
	A = 0	B = 1 C = 2 D = 3 E = 4
31. Did you present an in-service program at this facility?	1. Yes	2. No
32. Did you participate in the selection of your in-service topic?	1. Yes	2. No

In what types of special learning experiences did you participate during this affiliation?

33. Clinics (amputee, hand, etc.)	1. Yes	2. No
34. Family conferences	1. Yes	2. No
35. Home evaluation/visit	1. Yes	2. No
36. Patient care conferences	1. Yes	2. No
37. Surgery observation	1. Yes	2. No
38. Review of x-rays/imaging	1. Yes	2. No
39. Diagnostic testing	1. Yes	2. No
40. Specialized classes	1. Yes	2. No
41. Research activities	1. Yes	2. No
42. Administrative activities	1. Yes	2. No
43. Prevention or wellness programs	1. Yes	2. No
44. QA/AI activities	1. Yes	2. No
45. Present in team conferences	1. Yes	2. No
46. Refer to other services	1. Yes	2. No
47. Assist in supervision of supportive personnel	1. Yes	2. No
48. Other: _____	1. Yes	2. No

### KEY FOR QUESTIONS 49 – 73

- |                 |                        |
|-----------------|------------------------|
| 1. 0 patients   | 4. 7-9 patients        |
| 2. 1-3 patients | 5. 10 or more patients |
| 3. 4-6 patients |                        |

How many patients did you treat who had the following primary diagnoses?

49. Amputation	1	2	3	4	5
50. Arthritis and related collagen disease	1	2	3	4	5
51. Burns and wounds	1	2	3	4	5
52. Cancer and benign tumors	1	2	3	4	5
53. Cardiac rehabilitation	1	2	3	4	5
54. Cerebral Palsy	1	2	3	4	5
55. Cardiovascular accidents	1	2	3	4	5
56. Chronic pain	1	2	3	4	5
57. Debilitation/multiple medical problems	1	2	3	4	5
58. Developmental disability	1	2	3	4	5
59. Fractures	1	2	3	4	5
60. HIV/AIDS	1	2	3	4	5
61. Joint replacements	1	2	3	4	5
62. MD and other related neuromuscular diseases	1	2	3	4	5
63. Myopathy	1	2	3	4	5
64. Neuropathy	1	2	3	4	5
65. Organ transplant	1	2	3	4	5
66. Parkinson's disease	1	2	3	4	5
67. Psychiatric disorders	1	2	3	4	5
68. Pulmonary disorders	1	2	3	4	5
69. Scoliosis	1	2	3	4	5
70. Sprain/strain	1	2	3	4	5
71. Spinal cord injury	1	2	3	4	5
72. Spinal dysfunction	1	2	3	4	5
73. Traumatic brain injury	1	2	3	4	5

List any other patient diagnoses you treated that were not listed/categorized above.

**KEY FOR QUESTIONS 74 – 78**

- 1. Daily
- 2. Weekly
- 3. At midterm and final
- 4. Only at final

How often did your CI:

- |  |              |   |   |   |   |
|--|--------------|---|---|---|---|
| 74. Observe you performing patient treatments?                                   | 1            | 2 | 3 | 4 | 5 |
| 75. Discuss patients/treatment issues with you?                                  | 1            | 2 | 3 | 4 | 5 |
| 76. Discuss the specific skills or key indicators you were attempting to master? | 1            | 2 | 3 | 4 | 5 |
| 77. Provide feedback through regularly scheduled conferences?                    | 1            | 2 | 3 | 4 | 5 |
| 78. Provide informal feedback to you about your performance?                     | 1            | 2 | 3 | 4 | 5 |
| 79. Were you able to participate in selecting your patient load?                 | 1. Yes 2. No |   |   |   |   |
| 80. Were you encouraged to evaluate your own performance?                        | 1. Yes 2. No |   |   |   |   |
| 81. Were the evaluations of your performance based on objective information?     | 1. Yes 2. No |   |   |   |   |

Please provide comments:

82. Describe the amount and type of supervision you received and how it was adapted to your level of academic and clinical experience:

83. Describe the type of feedback you received from your CI about your clinical performance:

84. Describe the environment at this clinical facility in terms of role modeling of:  
1. use of state-of-the-art clinical skills:

2. professional development (e.g., continuing education, in-services, etc.):

85. Based on your past experience in clinical education and your concept of the "ideal" clinical education experience, your experience at this clinical site was:

1. Excellent clinical learning experience, would not hesitate to recommend this site to another student.
2. Time well spent, would recommend this site to other students.
3. Some good learning experiences; student program needs to continue to be more developed.
4. Student program is not adequately developed at this time.

86. Please list suggestions for improvement:

87. Please comment on this clinical experience in each of the categories listed. (Comments are used to give feedback to the clinical facility based on the strengths and weaknesses of the clinical education program.)

1. Orientation

2. Quality and variety of clinical learning experiences

3. Supervision and clinical teaching

4. "Atmosphere/personality" of the facility

5. Services provided for students (e.g., housing, meals, parking)

6. Overall assessment

88. Based on the academic course work that you have completed prior to this clinical affiliation, what do you believe the academic strength(s) of your preparation for this clinical facility to be?

89. Based on the academic course work that you have completed prior to this clinical affiliation, what do you believe the academic weakness(es) of your preparation for this clinical experience to be?

90. To what new academic information, not included in your previous academic preparation, were you introduced during this clinical education experience?

91. What curriculum changes would you suggest in your physical therapy program based on the strength(s) and weakness(es) you noted above that would have better prepared you for this affiliation?

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Signature of CI

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date