Jackson State Community College Physical Therapist Assistant Program

Post-Clinical Education Experience <u>Student Assessment</u>

Stu	dent's Name:
Cli	nical Instructor Name:
	cility Name:
Da	tes of Experience:
	ctions: Please respond to each of the following questions in reference to only your most nt clinical education experience. Please provide comments, especially if NO is chosen.
1.	Was communication with the ACADEMIC Coordinator of Clinical Education (ACCE) sufficient and effective prior to and during the clinical experience? YES NO Comments:
2.	Was communication with <i>your</i> Clinical Instructor (CI) sufficient and effective prior to and during the clinical experience? YES NO Comments:
3.	Was the length of the clinical experience appropriate to meet the clinical course objectives as noted in the program's PTA Clinical Education Manual and your course syllabus? YES NO Comments:
4.	Did your CI have adequate time, aside from his/her patient/client responsibilities, to assume the responsibilities of clinical teaching for you? YES NO Comments:
5.	Were accommodations made to provide adequate student supervision at all times, even when your CI was not present or off duty? YES NO Comments:

6.	Were you able to effectively interact with the supervising PT on a regular basis during the clinical education experience? YES NO Comments:
7.	Were your learning opportunities during the clinical education experience consistent with the clinical course objectives as noted in the PTA Clinical Education Manual and the course syllabus? YES NO Comments:
8.	Were you able to sufficiently experience interprofessional collaborations and/or interactions with other health professionals during the clinical education experience? YES NO Comments:
9.	Were you able to sufficiently experience general physical therapy practice management opportunities during the clinical education experience? YES NO Comments:
10.	Was feedback effectively and sufficiently exchanged between you and the CI during the clinical education experience? YES NO Comments:
11.	Overall, did you feel academically prepared for this clinical education experience? YES NO Comments:
12.	Did you use the PTA Clinical Education Manual as a reference during your clinical education experience? YES NO
	If not, why? Finally, please tell us how we could have more adequately assisted you during this clinical education experience.

Thank you for your assistance with this survey. We value your feedback!