

CLINICAL EDUCATION STUDENT QUESTIONNAIRE

Name:

Dates of Fieldwork: _____

Address and Phone while at MedStar NRH: _____

Emergency contact and phone number: _____

- 1. What do you expect to learn from this affiliation?
- 2. Please summarize (on a separate sheet) the following information for all full-time affiliations you have done:
 - a. Name of facility
 - b. Patient responsibilities
 - c. Type of supervision
 - d. Things that facilitated your learning
 - e. Things that interfered with your learning
- 3. Have you had experience interacting with (check all that apply):

OTs	MDs	SLPs
COTAs	RN's	Recreational Therapists
OT Aides	Psychologists	Chaplain
PTs	Social workers	Vocational Therapists
PTAs	Dieticians	Physiatrists
PT Aides	Osteopaths	-

- 4. What are your clinical strengths? (Consider previous work experience, affiliations, special training)
- 5. What clinical areas would you like to improve/develop during this affiliation?
- 6. Identify populations, activities, and skills you would like more exposure to.
- 7. List activities and skills which your feel competent in at this point in your training.
- 8. How do you learn best?
- 9. What type of supervision are you most comfortable with?

- 10. What do you expect from your supervisor?
- 11. What are you most concerned/worried about with regard to your upcoming affiliation at NRH? (e.g., type of patients, complexity of patients, size of facility, being from out of town, etc.)
- 12. How much outside reading and preparation for evaluation, treatment, and progress notes do you expect to do?
- 13. What are your hobbies, sport, or extracurricular interests?