



Name (optional): _____ Academic Program: DPT _____

BCH Clinical Site: _____ BCH Clinical Instructors: _____

Clinical Experience Number: _____ Clinical Experience Dates: _____

Congratulations and Thank You for your commitment to patient care at Boston Children's Hospital over the course of your rotation!

As an Education Team, we strongly feel that our Clinical Education Program benefits from ongoing improvement, including receiving feedback directly from you, to improve the quality of our clinical experiences moving forward. Please complete the following questionnaire and be prepared to discuss with the SCCE or Education Manager at your Exit Meeting, during your final week on site. Please feel free to add comments wherever you like to explain or expand upon your answers. If you score any section at a 3 or below, please provide additional comments. Your specific answers will remain confidential from your Clinical Instructor though overall the feedback will be used for improvement. **We greatly value your feedback.**

If you had two Clinical Instructors during your clinical rotation, you may complete two of these documents if you feel like this will capture your experience more clearly.

This exit survey has been developed from feedback from previous students, as well as modified from the APTA Student Physical Therapist Evaluation Form and initiatives throughout the PT and OT Department.

ORIENTATION					
Please use the following scale to rate the items below:					
1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	N/A
I was provided with a thorough and organized general department orientation with the SCCE or Manager of Education.					
1	2	3	4	5	N/A
I was provided with a thorough and organized orientation at my assigned clinical location, with my Clinical Instructor(s).					
1	2	3	4	5	N/A
I found the BCH Orientation to be insightful and beneficial for my time while at Boston Children's.					
1	2	3	4	5	N/A
Additional Comments:					



WORK ENVIRONMENT / OFFICE CULTURE					
Please use the following scale to rate the items below:					
1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	N/A
I felt welcomed and supported by all staff within the department.					
1	2	3	4	5	N/A
I was provided with an adequate workspace.					
1	2	3	4	5	N/A
My Clinical Instructor(s) and others within my assigned location created a positive working environment.					
1	2	3	4	5	N/A
My Clinical Instructor(s) provided effective role modeling for problem solving, communication, and teamwork.					
1	2	3	4	5	N/A
My Clinical Instructor(s) and I had adequate time to meet, including preparing for patient care, receiving feedback, documentation review, and weekly goal review.					
1	2	3	4	5	N/A
Additional Comments:					

CLINICAL INSTRUCTION/SUPERVISION					
Please use the following scale to rate the items below:					
1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	N/A
The amount of supervision I received throughout my clinical experience was appropriate.					
1	2	3	4	5	N/A
My Clinical Instructor(s) made me feel comfortable and welcomed.					
1	2	3	4	5	N/A
My Clinical Instructor(s) respected me.					
1	2	3	4	5	N/A
My Clinical Instructor(s) was (were) accessible.					
1	2	3	4	5	N/A
I was able to participate in establishing weekly measureable goals for myself, in collaboration with my Clinical Instructor(s).					
1	2	3	4	5	N/A
I participated in weekly meetings with my Clinical Instructor(s) to discuss goals, progress, and my schedule.					
1	2	3	4	5	N/A



My Clinical Instructor(s) was (were) knowledgeable in the areas pertaining to his/her patient caseload.					
1	2	3	4	5	N/A
My Clinical Instructor(s) demonstrated active listening.					
1	2	3	4	5	N/A
My Clinical Instructor(s) provided constructive feedback regarding my performance.					
1	2	3	4	5	N/A
My Clinical Instructor(s) provided timely feedback regarding my performance, including but not limited to direct patient care, documentation, and use of evidence-based practice.					
1	2	3	4	5	N/A
My Clinical Instructor(s) allowed me to express my individual style.					
1	2	3	4	5	N/A
My Clinical Instructor(s) verbally acknowledged my strengths.					
1	2	3	4	5	N/A
My Clinical Instructor(s) provided constructive feedback for areas of focusing my weekly goals					
1	2	3	4	5	N/A
My Clinical Instructor(s) encouraged and facilitated active self-reflection throughout this clinical experience.					
1	2	3	4	5	N/A
I felt there was open communication on my performance throughout my clinical rotation, such that there were no surprises for the midterm or final CPI report.					
1	2	3	4	5	N/A
Additional Comments:					

CLINICAL EXPERIENCE					
Please use the following scale to rate the items below:					
1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	N/A
During this experience, my clinical case load included a varied patient population with the pediatric setting.					
1	2	3	4	5	N/A
During this experience, I was actively involved in patient evaluations, plan of care development, and goal writing for a diverse patient population.					
1	2	3	4	5	N/A
During this experience, I was able to creatively and effectively provide direct interventions to a diverse patient population.					
1	2	3	4	5	N/A
My inservice was a meaningful part of this clinical experience.					
1	2	3	4	5	N/A



I received feedback regarding my inservice from my Clinical Instructor(s) and others in the department.					
1	2	3	4	5	N/A
I was able to collaborate with other providers, including across disciplines, throughout my clinical experience.					
1	2	3	4	5	N/A
I was able to collaborate with physical therapist assistants and provide direct supervision of support personnel (ex: rehab aides) throughout my clinical experience.					
1	2	3	4	5	N/A
I actively attended in-services and other educational programs offered within the PT/OT department or across the BCH System.					
1	2	3	4	5	N/A
I would recommend this clinical education site to another student.					
1	2	3	4	5	N/A
Additional Comments:					

EQUITY, DIVERSITY, AND INCLUSION					
Please use the following scale to rate the items below:					
1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	N/A
People (including patients, families, and staff) of all cultures and backgrounds are respected and valued in this clinical setting/environment.					
1	2	3	4	5	N/A
I participated in discussion with my Clinical Instructor(s) or others in the department around the diverse needs of my caseload and patient population within this setting.					
1	2	3	4	5	N/A
I actively reflected on potential barriers for patients and families related to access to medical care, including the impact of socioeconomic status, gender, age, cognition, health literacy, and physical access.					
1	2	3	4	5	N/A
I felt included and respected throughout my clinical affiliation.					
1	2	3	4	5	N/A
Additional Comments:					



What specific qualities or skills do you believe a physical therapist student should have to be successful at this clinical education site?

What are 3 things that you learned that you did not expect to learn in this clinical experience?

What are 3 things that you learned here that you will apply to any setting in the future?