

Inpatient Physical Therapy Clinical Education Student Questionnaire

You may complete this as a word document and then return it to <u>maria.m.summers@medstar.net</u> as an attachment. Otherwise, complete this form and mail or fax as directed in the "Welcome Letter" information.

| Name: | | Date: | |
|-----------------------------------|-----------|-------|--|
| Current Address: | | | |
| Cell Phone #: | _ E-mail: | | |
| Dates of MedStar NRH Affiliation: | | | |

1. What are your goals for this affiliation?

2. Please provide the following information for all FULL-TIME affiliations you have completed: (please feel free to use back of sheet/additional sheet and only answer questions not already addressed on your school's student data form)

- a. Name of facility
- b. Patient responsibilities
- c. Administrative/organizational responsibilities (i.e. scheduling/ billing)
- d. Type of supervision
- e. Things that facilitated your learning
- f. Things that interfered with your learning

3. Have you had experience interacting with (check all that apply):

| PTAs | MD | Speech Therapists |
|-----------|------------------------|------------------------|
| PT Aides | Physiatrist | Dietician |
| ОТ | Psychologist | Social Work/ Case Mgmt |
| СОТА | Rehab Engineer | RN |
| Voc Rehab | Therapeutic Recreation | |

4. What are your *clinical* strengths? (Consider previous work experience, affiliations, special training)

5. What clinical areas would you like to improve during this affiliation?

6. Identify which activities and skills you would like more exposure to:

7. List any skills which you feel competent in at this point in your training:

8. How do you learn best?

9. What type of supervision are you comfortable with?

10. What do you expect from your clinical instructor?

11. What are you most concerned about with regards to your upcoming affiliation in Medstar National Rehabilitation Hospital? (i.e. type/complexity of patients, size of facility, being away from home, etc.)

12. How much outside reading and preparation for evaluation, treatment and progress notes do you expect to do while you are on your affiliation?

13. What are your hobbies, sport or extracurricular interests?

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