A COMPUTER PROGRAMMED PHYSICAL THERAPY STUDENT CLINICAL EVALUATION FORM

A THESIS

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CHAPTER I

INTRODUCTION

In the last three years physical therapy education in Texas has taken on new dimensions. This impetus of Texas physical therapy education has been towards collaborative efforts of all the schools to jointly gather and share information, to develop and utilize common evaluation forms, and to coordinate the scheduling of student rotations for clinical education experiences. The collaborative effort began with a federally funded grant that provided for the development of a competency based evaluation form for evaluating the clinical performance of physical therapy students in Texas. Such a tool, Mastery Assessment of Clinical Skills (MACS), was developed, field tested, and is now being utilized by all clinical education sites affiliated with Texas physical therapy programs. The development and utilization of this common evaluation instrument by the physical therapy programs in Texas demonstrated their desire for collaboration in the area of clinical assessment. In addition to the MACS instrument, the advisory committee to the grant project and the directors of Texas physical therapy education programs emphasized the

need for the development of a common evaluation tool for student evaluation of clinical education experiences. A common evaluation form for student clinical site assessment was needed to efficiently gather and analyze data about the clinical education experiences afforded the physical therapy students in Texas. The SECEE form was also needed to provide feedback to the affiliating centers.

Statement of the Problem

Barriers had existed within the physical therapy programs which prohibited the goal of gathering and sharing information about the clinical experiences of the students in Texas. One major deterrent had been that no common student evaluation form of clinical education experiences had ever been developed specifically for use by the Texas programs. Thus, there was no method available, utilizing student ratings, for gathering and sharing the type of information needed by the academic programs in Texas. Data collected using a common format could be used by all the Texas programs to: (1) assist in regional planning; (2) select student assignments; (3) justify expenditures; (4) evaluate new and existing programs, and (5) provide feedback to the individual clinical facilities. Without a common student evaluation form of clinical education experiences, the above activities would be

compromised. Valuable information from the participant, the student, would be neglected.

Another barrier which prohibited the gathering and sharing of information about student clinical education experiences was the method of data collection. The evaluation forms that were currently being used by the physical therapy programs in Texas required manual tabulation. Statistical analysis of the data and ability to manipulate the data were only two limitations presented by manual tabulation. Excessive amounts of time were required for data tabulation which compromised the utilization of the results in providing timely feedback to the facilities.[1]

Purpose of the Study

The purpose of this study was to develop and field test a Student Evaluation of Clinical Education Experiences (SECEE) form for use by the physical therapy programs of the Texas Woman's University (TWU), The University of Texas Medical Branch (UTMB), and The University of Texas Health Sciences Center at Dallas (UTHSCD). A computer program was designed to meet the needs of the physical therapy programs in interpretation of the data collected on the SECEE form.

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[1]Scarvia B. Anderson and Samuel Ball, The Profession and Practice of Program Evaluation (San Francisco: Josey-Bass Publishers, 1978), p. 107.

Operational Definitions

For the purposes of this study, the following terms were defined:

Affiliation: A period of time spent by the physical therapy student in an assigned center or hospital for field experience.[1]

Clinical education: The portion of the physical therapy students' professional education which involves practice and application of classroom skills to on-the-job responsibilities. This occurs at a variety of sites.[2] Synonyms in this study for clinical education were clinical experience and clinical affiliation.

Clinical education sites: Health care agencies of other settings in which learning opportunities and guidance in clinical education for physical therapy students were provided. The clinical location was a hospital, agency, or clinic which was affiliated with one or more educational programs through a contractual agreement.[3] A synonym used in this study for clinical education sites was clinical facilities.

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[1]Margaret L. Moore, Clinical Education in Physical Therapy: Present Status/Future Needs (Washington, D.C.: American Physical Therapy Association, 1976), p. 2.

[2]Ibid., p. 2.

[3]Ibid.

Clinical instructor: A person who is responsible for the direct instruction and supervision of the physical therapy student in the clinical setting.[1]

Limitations of the Study

The limitations of this study were:

1. The SECEE form was field tested by students of three of the physical therapy programs in Texas
2. The pilot study was limited to those students completing affiliations from March 31 to June 6, 1980

Assumptions of the Study

The assumptions for this study were:

1. Students would provide reliable observations of clinical facilities
2. Student ratings are only one source of data for clinical site evaluation
3. Students who participated in the field study were representative of the students throughout the state

Significance of the Study

Program directors and academic coordinators of the Texas physical therapy schools have demonstrated their commitment toward collaborative efforts by the development of a common tool for the evaluation of student performance.

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[1]Ibid., p. 2.

Moreover, the programs have emphasized the need for the development of another form for use in surveying student opinions about clinical education experiences. The data collected would be used by the physical therapy programs to assist in planning, to aid in decision-making, to upgrade program personnel, to improve student clinical experiences, and to insure the accountability of expenditures.[1]

Through this study, the Student Evaluation of Clinical Education Experiences form (SECEE) was developed specifically for the Texas programs in physical therapy. This tool utilized a computer for effectively analyzing information and providing prompt dissemination of the results to appropriate persons. The data collected would be important to both the academic coordinators and students for use in coordinating affiliation assignments, providing information for individual student assignments, and in selecting learning experiences for student needs. This study would also allow data to be collected and stored for use in future longitudinal studies and comparative research.

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[1]Tim L. Wentling and Tom E. Lawson, Evaluating Occupational Education and Training Programs (Boston: Allyn and Bacon, Inc., 1975), p. 18.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Consortium Movement

The current literature suggests that American higher education is at a turning point in higher education. Mathews stated that there is not much doubt that most public institutions will be controlled by the state in somewhat the same fashion as a public utility.[1] He proposed, along with others, that the most positive counterbalance is the consortium movement. In 1973, President Harold Enarson of Ohio State University stated that in state after state a managerial revolution is steadily underway pushing in the "new articles of faith of control, coordination, efficiency, and accountability."[2]

Many factors have contributed to the need for cooperation among institutions of higher education. Considerations such as decreases in operating money,

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[1]David Mathews, "Voluntary Action in Higher Education: A Spirit for '76," In Trends and Issues in Cooperation, ed. Thomas J. Diener (Washington: American Association for Higher Education, 1974), p. 1.

[2]Ibid., p. 1

difficulties in transferring grades from one institution to another, duplication of efforts, and the quest for a balanced and varied academic program have necessitated colleges and universities to enter into cooperative programs. "The rapidly increasing number of consortia and other interinstitutional cooperative arrangements constitutes a notable phenomenon in American higher education."[1]

Physical therapy education in Texas is also progressing toward cooperative agreements among institutions. The Consortium for Physical Therapy Clinical Education was a project funded by the Department of Health, Education, and Welfare, Allied Health Projects Division for a period of three years, June 1977-1980. The grant project was authored by the academic coordinators from the schools of physical therapy in the State of Texas. The major goals of the project emphasized procedures designed to coordinate all aspects of clinical education including the development of a common or standard tool for evaluation of student clinical performance.[2] The competency based student

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[1]Franklin Patterson, Colleges in Consort (San Francisco: Jossey-Bass Publishers, 1974), p. 4.

[2]June Tucker, "Development of the Blue Macs," report of Consortium for Physical Therapy Clinical Education, 1979. (Typewritten.)

performance evaluation form, the MACS instrument, was developed for use by the programs in Texas; however, the instrument has now been shared with 31 physical therapy programs, clinical groups, and interested individuals who did not participate in the project.

In addition to the development of the evaluation form for student clinical performance, the advisory committee of this project agreed that a common evaluation tool for clinical site assessment was needed to efficiently gather and analyze data for use by all the Texas programs. The data collected would be stored in a central location for use by the cooperating Texas institutions. Moore, in her final report of the project on clinical education in physical therapy, also recommends that an instrument should be developed by which students periodically evaluate clinical education sites. She envisioned that such a device would be developed nationally to reduce the number of evaluation instruments currently utilized.[1]

Clinical Education

Clinical education is an inherent part of the total educational experience of students in the health professions. During this aspect of professional education, the

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[1]Moore, Clinical Education in Physical Therapy, p. 2-45.

student has the opportunity to practice and apply classroom knowledge and skills to actual clinical situations. In addition, clinical education provides the student with an opportunity to explore and develop new skills, to increase self-confidence, to observe a role-model, and to be recruited for employment.[1] In physical therapy, effort had been devoted to developing, evaluating, and modifying the process of clinical education.

Traditional clinical education in physical therapy almost exclusively focused on a one-to-one patient care basis. From 1940-1950 there was limited emphasis on roles in physical therapy other than those directly relating to patient care. Skills in administration, management, supervision, teaching, and consulting were either not expected or expected to be learned on the job or through continuing or graduate education.[2]

The old stereotyped view of the physical therapy practitioner functioning in the narrow confines of a very limited clinical environment was forced to accommodate the emerging role of someone actively engaged in the prevention of illness and the maintenance of health.[3] In recent years,

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[1]Ibid., p. 2-26.

[2]Ibid., p. 3-12.

[3]Ibid., p. 3-17.

physical therapy educational experience reflects the changes in the health care environment, the health care delivery system, and the range of services demanded.

Clinical education in physical therapy occurs in many different clinical sites ranging from hospitals and clinics to private offices, schools, and homes. According to Moore's study on selection of physical therapy sites, four major categories of criteria were used by academic programs in selecting clinical sites, the (1) degree and kind of administrative support, (2) resources in patients and equipment, (3) qualifications and character of the physical therapy staff, and (4) availability and variety of clinical learning experiences.[1]

Evaluation

Many new concepts have been emerging in the area of evaluation due to the problems presented by traditional evaluation methods. Wentling and Lawson reported that in the past evaluations were informal and fragmented.[2] These evaluations were narrowly focused and concentrated on individual activities, but were not integrated into an overall evaluation for an entire program or institution. They also

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[1]Ibid., p. 3-20.

[2]Wentling and Lawson, Evaluating Occupational Education and Training Programs, p. 20.

suggested that personnel lacked commitment to the evaluations and seldom used the results for improvement and planning.[1] Newer concepts in evaluation stressed the idea that program evaluation was a process rather than a procedure. Anderson suggested that for the evaluation process to be effective, the evaluation results must be disseminated, communicated, and utilized.[2]

Evaluation in physical therapy clinical education encompassed many forms and covered a variety of individuals, groups, and institutions. Several purposes of evaluation were discussed in the physical therapy literature. One purpose was to determine the worth or value of a person, group, program, process, place, institution, or curriculum. Another purpose was to gather information which could serve as the basis for judging alternatives and making decisions. Evaluations were performed for predictive, descriptive, and prescriptive purposes. Of all the aspects of clinical education which were considered for evaluation, the evaluation of the student received most attention. Perhaps this attention could be explained by another function of evaluation which was grading.

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[1]Wentling and Lawson, Evaluating Occupational Education and Training Programs, p. 21.

[2]Anderson and Ball, The Profession and Practice of Program Evaluation, p. 92.

Evaluation of the physical therapy clinical education sites and the learning experiences provided were also topics discussed in the literature. Evaluation of the clinical site would be performed to determine whether or not the objectives which were established, the criteria which were identified, and the learning experiences through which the student progressed were effective in producing an individual capable of satisfactory performance.[1] In addition, evaluation may guide in program planning, assist in decision making, help upgrade program personnel, and insure accountability of expenditures.

Student Ratings of Instruction

Readings in current educational literature suggested that the use of student ratings of instruction was growing, especially at the college level. Borich reported that more universities are introducing policies that require student evaluation of professors before they can be promoted.[2] Most sources agreed that student observation provided the best day-to-day account of teacher behavior and classroom activity. The literature also emphasized that student ratings

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[1]Moore, Clinical Education in Physical Therapy, p. 6-2.

[2]Gary D. Broich, The Appraisal of Teaching: Concepts and Process (Boston: Addison-Wesley Publishing Co., 1977), p. 30.

were a significant component of evaluating classroom teaching, although the use of several components were preferable to any single one.[1]

When discussing student evaluation of instruction, the questions of reliability and validity of student ratings inevitably arise. In addition to the sources of error common to all measurement instruments, Miller stated that reliability of student ratings could be expected.[2]

Validity of an observation instrument is affected by the observability of the behaviors being evaluated, the objectivity of the instrument, the representativeness of instrument items, the clarity and specificity with which the instrument items are stated, and the adequacy of proficiency criteria.[3] The most obvious source of error is with the rater.

In physical therapy education, input from students about their clinical education experiences had been routinely sought by the academic programs. The evaluation instruments used for student feedback were primarily designed by the

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[1]Richard I. Miller, Developing Programs for Faculty Evaluation (San Francisco: Jossey-Bass Publishers, 1974), p. 30.

[2]Ibid., p. 31.

[3]Moore, Clinical Education in Physical Therapy, p. 6-9.

academic program personnel. The forms covered various items including what the student learned, the nature of the orientation program, the adequacy of supervision and instruction, and the type and quality of the learning experiences. Frequently, students were asked to critique a clinical education center using forms designed by the clinical center educators. As a result of the duplication of forms used by the academic and clinical programs, students were required to evaluate one facility using two different evaluation forms. Different evaluation devices from both the academic institutions and clinical centers were analyzed by Moore's project on clinical education in physical therapy. The results of this study indicated that the evaluation forms tended to require narrative responses and did not meet standards of reliability and validity for an evaluation instrument.[1] From the literature, only a few student evaluation forms rating clinical education experiences were developed with content and information specific for academic and clinical programs. No student evaluation form of clinical education experiences had been developed for the Texas physical therapy programs and clinical sites. In reviewing the available literature on student evaluation forms of clinical education experiences, no form in existence was computer compatible.

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[1]Ibid., p. 6-35.

Rating Instruments

From the literature, one of the most frequent evaluation tools used for student rating of instruction was the questionnaire or opinionnaire. The questionnaire extends the investigator's powers and techniques of observation by reminding the respondent of each item, helping insure response to the same item from all respondents, and tending to standardize and objectify the observations of different enumerators.[1] Many questionnaires seek factual information, while others are concerned with opinions, attitudes, and interests.

Questionnaires may be presented to respondents through the mail or in a face-to-face situation. Direct contact with respondents allows the researcher to personally present the questionnaire; explain the purpose; clarify points; answer questions; and motivate respondents to reply. However, mailed questionnaires reach more people in widely scattered areas at a low cost.

Questions on the questionnaire can be framed in a number of different ways on the evaluation tool. The open-ended format for questions yields more complete information, but the items are time-consuming to administer and difficult

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[1]Carter V. Good, Essentials of Educational Research (New York: Century-Crofts, Inc., 1959), p. 213.

to tabulate. The narrative responses to the open-ended format can be important in themselves or as supplements to ratings. In contrast, the closed-ended question supplies fixed alternatives which may take the form of rating scales or inventories.

Many rating scales are available for use with closed-ended questions. The rating scales are usually numerical, graphical, or pictorial. The most frequently employed number of scale points on the numerical scale varies from four to five, however, the more scale points the finer the discrimination in responses. True/false, yes/no, and agree/disagree questions are special two-response cases of numerical scales. When large groups of individuals are involved in an attitudinal assessment, the purpose of the rating scale is to discriminate among varying intensities of attitudes. Likert-type scales for attitude assessment usually employ a five point scale ranging from strongly disagree to strongly agree. Other attitude-measuring techniques are the Thurstone-type scale and Q-sort techniques. For this questionnaire, the rating scales developed were numerical. Rating scales varied in accordance with the desire for a yes/no response or the need for finer discrimination provided by a five point numerical scale. Several factors influenced the selection of a forced-choice numerical rating to assess student opinion: (1) closed-ended

questionnaires are easy to administer and complete, (2) the respondent's mind is riveted to the subject, and (3) numerical rating facilitates the process of tabulation and analysis.[1]

Computers

Initially computers were used in education primarily for processing the data from educational research. However, computer systems today have many varied uses. They are used to give additional flexibility to evaluation systems, for computer-aided instruction, and even for determination of teacher effectiveness. The major advantage of a data collection system is the ability to tabulate, process, analyze, and store large amounts of data which can be easily retrieved. Computerized information can be shared with other institutions for comparative studies or used to decrease duplication and increase collaborative efforts among institutions.

In addition to the advantages of computerization, there are also other factors to consider. Money must be available for establishing, maintaining, or affiliating with computer centers. Programmers and systems experts are necessary to translate information into a machine-processable

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[1]Deobold Van Dalen and William Meyer, Understanding Educational Research (New York: McGraw-Hill Book Company, 1976), p. 302.

form. And most important of all, tools and instruments have to be devised to secure the desired input for computerization.

Summary

The review of the literature revealed the shift in American higher education toward colleges and universities entering into cooperative programs. The Consortium for Physical Therapy Education exemplified this trend. Another change discussed in the literature was the emerging role of the physical therapist and the need for programs at clinical education sites to provide experiences that reflect these changes. New trends toward student ratings of instruction in conjunction with computerization completed the research review.

CHAPTER III

PROCEDURES

A computer compatible Student Evaluation of Clinical Education Experience Evaluation form (SECEE) in physical therapy was developed specifically for the Texas physical therapy programs. The following procedural aspects for developing the SECEE form are discussed in this chapter: (1) setting, (2) sample, (3) development of the research tools, (4) collection of the data, (5) treatment of the questionnaire data, and (6) treatment of the feedback data.

Setting

The clinical education sites that were used for this study were those sites assigned to the students for their affiliation period from March 31 to June 6, 1980. The clinical centers were sites approved by the physical therapy programs of UTMB, UTHSCD, and TWU. The students who were on affiliations during the selected dates were senior students from the physical therapy programs of UTMB, UTHSCD, and TWU-Dallas Center. TWU graduate students from the Houston Center also participated.

Sample

The sample population for this research project was limited to 104 students from the UTMB, UTHSCD, and TWU physical therapy programs who were on affiliations between March 31 to June 6, 1980. The sample was asked to complete the SECEE form and the attached Feedback Form.

Development of the Research Tools

The student evaluation form for clinical education experiences (SECEE) was developed based on the type of information needed by the academic and clinical programs of physical therapy in Texas and on the standards for a clinical education site. By considering the above criteria, the form encompassed both institutional and accreditation requirements for the physical therapy schools in Texas.

To secure input from experts in the field of physical therapy education, a meeting was held with the academic coordinators of the Texas physical therapy programs to discuss the content and format of the evaluation form. Directors of the Texas physical therapy programs were also contacted for their input on format and needed content areas. Feedback obtained from the academic programs was used to derive the seven major content areas and basic format of the evaluation instrument.

The original student evaluation of clinical education experiences (SECEE) tool was developed in the form of a questionnaire. A pilot study was utilized to determine item clarity, basic format, and content area. From the results of the pilot study the form was revised. One hundred sixty-eight closed-ended questions were developed with appropriate rating scales formulated to address each of the seven major content areas decided upon by the experts. The questions were not organized on the SECEE form by categories, but were instead grouped by similar rating scales (see appendix A). However, in developing the SECEE form seven major groupings were used: (1) prior information about clinical sites, (2) clinical site information, (3) orientation, (4) learning experiences, (5) supervision, (6) evaluation process, and (7) summary. The following content areas with their questions from the SECEE form follows:

1. The questions related to the information provided to the student concerning the clinical education site prior to beginning the affiliation period were numbers: 3, 4, 5, 6, 7, 8, 44, 91, 92, 94, 95, 96, 97, 98, 99, and 100.

2. The clinical site questions were numbers: 1, 10, 11, 12, 13, 14, 101, 102, 103, 104, 105, 106, 107, 108, and 109.

3. The questions about the orientation were: 9, 88, 110, 111, 112, 113, 114, 115, 116, and 117.

4. The questions about the learning experiences provided at the clinical education site were numbers: 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 118, 119, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, and 167.

5. The questions on the supervision the students received were numbers: 84, 85, 89, 120, 121, 122, 136, 140, 141, 142, 143, 144, 145, 146, and 147.

6. The evaluation process questions were numbers: 86, 87, 123, 137, 138, and 139.

7. The summary question was number 168.

For the field testing period, a cover letter (see appendix A) was developed to explain the purpose of the study and to provide instructions for the students. The students were advised that return of the questionnaire constituted informed consent to act as a subject in the research. Also, they were made aware that their responses would be grouped with responses of other students. During the field testing of the SECEE form, an additional feedback instrument was devised and implemented (see appendix C). A Feedback Form

was developed and attached to the SECEE form for completion by the physical therapy students. The purpose of this instrument was to obtain information about the format and construction of the SECEE form and to provide an opportunity for narrative feedback. A cover letter was attached explaining the need for the Feedback Form during the initial implementation of the SECEE form (see appendix C).

Collection of Data

The SECEE form and Feedback Form were distributed to the physical therapy Academic Coordinators. Attached to these forms were the direction sheet (see appendix A) and the Scan-Tron Form 2200 (see appendix B). Data were collected from the Texas physical therapy students completing affiliations between March 31 to June 6, 1980. By the last day of the affiliation period, the student was to have completed the SECEE form and the attached Feedback Form and have returned them to the clinical instructor. The student's clinical instructor was to mail the SECEE form and the Feedback Form to the appropriate school with any other required material for termination of the clinical affiliation. However, the student had the option of returning the SECEE form and attached Feedback Form directly to the physical therapy Academic Coordinator of the institution. The participating schools were to forward the SECEE form and

Feedback Form to this investigator for analysis by June 27, 1980. Any forms received after that date were excluded from the study. The forms were given to the computer programmer and the data were entered into the computer.

Treatment of the Questionnaire Data

A computer specialist assisted in assuring computer compatibility of the SECEE form. A computer program was designed and a coding plan formulated for interpretation of the data on the SECEE form (see appendix F). The SECEE form was then administered to the students specified by the study. The investigator maintained confidentiality of the individual's responses by grouping them with responses from other students. After using the data for revision of the SECEE form, the data were returned to the appropriate academic institution for their utilization.

Treatment of the Feedback Data

In an attempt to gather specific feedback about the SECEE form, a narrative Feedback Form was administered with the SECEE form. Manual tabulation of the data was used for the Feedback Form. From the data collected, any revision of the SECEE form indicated by this data was made. The SECEE form is now available for implementation and long-term field testing by the physical therapy programs.

CHAPTER IV

FINDINGS AND DISCUSSION

Data collected from the SECEE form and Feedback Form were gathered according to the described procedure. Results were considered separately for the Feedback Form and the SECEE form. A discussion of the findings will be integrated into each section to provide the rationale for the revision of the SECEE form.

Feedback Form Data

Ninety-four responses of the SECEE Feedback Form were received of the 104 forms distributed to the students. The student responses to the questions on the Feedback Form were manually tabulated and are presented in terms of the percentage of the 94 students responding to each of the five questions.

Question 1 on the Feedback Form was, "Were there questions that asked for a yes/no response that you thought should have a rating scale? If so, which ones?"

Seventy-four percent of the students were satisfied with the rating scales provided and reported that no changes in the form were needed (see table 1). The remainder of the respondents indicated a change was needed. The student

responses indicated that in their opinion several SECEE questions required rating scales. Question 2 on the SECEE form was changed, based on the students' desire for a rating scale that reflected the worth of the information supplied about the clinical education experience (see appendix D, Question 43). Question 2 was relocated on the revised SECEE form to the section utilizing the appropriate rating scale. This investigator did not identify a need to change Questions 9, 85, 86, and 87 to a rating scale since the definitive yes/no format provided the desired information. On the suggestion of one student and two of the three Academic Coordinators, Questions 24-60 were changed to a rating scale to provide specific discrimination of the skills evaluated by the MACS instrument (see appendix D, Questions 121-180).

TABLE 1

STUDENT RESPONSES ON SECEE FEEDBACK FORM TO QUESTION 1

SECEE Question Number	Percentage of Student Responses
No changes	74%
2	6%
9	10%
85	4%
86	4%
87	1%
Miscellaneous (i.e. 24-60)	1%

Question 2 on the Feedback Form asked, "Were there instances when the rating scale did not seem appropriate for the information being asked? Explain." Responses to that question revealed that 57 percent of the students thought that the rating scales were appropriate (see table 2).

TABLE 2

STUDENT RESPONSES ON SECEE FEEDBACK FORM TO QUESTION 2

SECEE Question Number	Percentage of Student Responses
Appropriate questions	57%
91-100	9%
124-130	3%
131-135	4%
148-167	12%
Miscellaneous (i.e. 9, 85)	18%

Using the students' suggestions for changing the rating scale for Questions 91-100, the scale was changed (see appendix D, Questions 33-42). Students expressed concern that the key was confusing. In their opinion, the rank order of the key from "useless" followed by "misleading" should have been reversed to "misleading" first followed by "useless." Students pointed out that information could be misleading, but not necessarily useless. In addition, the

rating scale for Questions 148-167 was revised to have zero patients as a separate category and grouping one to two patients together (see appendix D, Questions 101-120). Although Questions 131-135 provided a specific rating scale based on the age of each patient, no changes were made. Significant information about the patient population of a facility is important in planning varied experiences for students. Some students reported that at some facilities Questions 124-130 were not applicable (NA). The scale was modified to add a category for "not applicable" as an answer choice (see appendix D, Questions 71-80).

Question 3 on the Feedback Form was, "List areas that you thought were not covered on the evaluation form, but that are important." Responses to Question 3 revealed that 57 percent of the students thought that no additional content areas were needed on the SECEE form (see table 3).

TABLE 3

STUDENT RESPONSES ON SECEE FEEDBACK FORM TO QUESTION 3

Areas Suggested for SECEE	Percentage of Student Responses
No additional areas needed	57%
Staff-student interaction	13%
Supervision	8%
Time spent on work-related activities	5%
Subjective section	5%
Miscellaneous	12%

Question 14 and Question 81 (see appendix D) were added to the revised SECEE form concerning interaction of the staff with the students. Questions were asked about interactions with the clinical instructor, but no questions on the original SECEE form were directed toward staff interaction.

In the section on supervision, several wording modifications were made and one new question developed. Question 88 (see appendix D) was added to the revised SECEE form to determine the amount of time the clinical instructor actually observed the student treating patients. In addition, Question 87 (see appendix D) was created on the revised SECEE form to relate the amount of time spent outside the clinic for work-related activities. This additional question could provide information to help guide students who had to be employed during the affiliation period. Finally, a section on the Scan-Tron Form 2200 was provided for narrative comments (see appendix E). The student could write in the designated space without interferring with the computer processing of the form.

In addition to the above information, this investigator was concerned about any aspect of the SECEE form that was unclear. Thus, Question 4 on the Feedback Form asked the students to, "Discuss any parts of the evaluation form that were unclear or difficult to answer." The results of

their responses indicated that 63 percent of the students found no parts of the SECEE form unclear (see table 4).

TABLE 4

STUDENT RESPONSES ON SECEE FEEDBACK FORM TO QUESTION 4

SECEE Question Number	Percentage of Student Responses
No unclear parts	63%
106-109	3%
131-135	4%
145	5%
148-167	6%
Miscellaneous	19%

Student responses to Question 4 on the Feedback Form emphasized the need to distinguish between those support services available to the students and those provided by the clinical facility. To provide for the suggested delineation, four new questions were added in addition to Questions 106-109 (see appendix D, Questions 49-56). Although Questions 131-135 concerning the ages of the patients treated and Questions 148-167 indicating numbers of patients treated with certain diagnoses were time-consuming to answer, no modifications were made. Question 145 was reworded for clarity (see appendix D, Question 98). On the Feedback Form four percent of the students responded that the SECEE form

needed an area for comments. From the responses of the students and three of the Academic Coordinators, an area on the Scan-Tron form was allotted for narrative feedback.

Question 5 on the SECEE Feedback Form asked the students to, "Discuss the basic organization of the form." As revealed by table 5, 80 percent of the students stated that the form was well organized.

TABLE 5

STUDENT RESPONSES ON SECEE FEEDBACK FORM TO QUESTION 5

Organization of SECEE form	Percentage of Student Responses
Well organized	80%
No comment area	9%
Too lengthy	3%
Miscellaneous	8%

Under basic organization of the SECEE form, nine percent of the students stated that the organization did not allow for student comment. As discussed earlier, this was remedied by the addition of a comment section on the Scan-Tron form.

Questionnaire Data

The return for the SECEE form totaled 102 of the 104 forms distributed to the participating students. Each of the three participating schools and the 101 clinical facilities were coded for confidentiality (see appendix F). A computer program was utilized which presented the results for each question on the SECEE form making use of several different formats: (1) the responses of students from all three physical therapy schools totaled, (2) student responses for each individual school, and (3) student ratings from all three schools for each clinical facility. Originally this investigator planned to present the results by the seven major groupings of the SECEE form. However, the rating scales varied. Thus, a compilation of scores did not proivide the desired data.

A sampling of the "computer printouts" illustrating the data collected from the SECEE form was presented. Questions were selected from the SECEE form to represent the following different formats for data display: (1) yes/no, (2) yes/no/not applicable (NA), and (3) five point rating scales. Discussion of the findings was limited to only one school and one clinical site.

Data for the findings of each school and the total of the three schools were based on the number of valid

cases. Thus, the adjusted frequency was used to determine the percentage of student responses for each rating scale category.

In discussing the results for each clinical site, the most frequently occurring response was used based on the total number of students affiliating at that site between March 31 to June 6, 1980. The rating scales represented a number value for data interpretation. For example, in a yes/no format, yes (A on the Scan-Tron form) represented one, no (B) represented two, and not applicable (C) was equivalent to three. Therefore, if the most frequently occurring response for a particular yes/no question were 2.0, then this reflected that the most frequently occurring response for the question was "no" or B. For a five point rating scale, the letter A was one, with the scales progressing upward in the alphabet to E which was equivalent to five. For interpretation, a mean of 2.5 indicated that the average student response was between the key response for B and C.

Question 13 on the SECEE form asked, "Were you required to present an inservice education program?" For the school coded 001, there were 38 valid cases for this question. Data indicated that 76.3 percent of the students answered "yes" and 23.7 percent indicated "no" (see table 6).

TABLE 6

FREQUENCIES FOR SECEE QUESTION 13 FOR SCHOOL CODED 001

Category Label	Code	Absolute Frequency	Relative Frequency Percentage	Adjusted Frequency Percentage	Cumulative Frequency Percentage
Yes	1.	29	76.3	76.3	76.3
No	2.	9	23.7	23.7	100.0
	Total	38	100.0	100.0	

Valid cases = 38; Missing cases = 0.

The computer printout for Question 13 indicated the responses for all three Texas physical therapy programs (see table 7). Of the total 102 possible responses only 101 students responded to Question 13; thus one missing case was identified (QNA). Adjusted frequency compensates for the missing cases and bases the results on the valid cases. Approximately 70 percent of the students presented an inservice education program and 30 percent indicated that they had not had this opportunity.

In addition to providing feedback to the academic programs in physical therapy, the SECEE form provides valuable information about each of the clinical sites to be shared with the clinical programs. For this investigation, the computer was programmed to provide student responses for each question for the total number of participating students in that facility. If clinical facilities preferred to have this data more specific, the computer could be programmed to yield the responses by schools. Table 8 represents a sample of the data for the clinical site. Further discussions will be related to data for clinical facility 009. Of the seven students who affiliated at this facility, the most frequently occurring response for SECEE Question 13 was 1.00, indicating that all students had an opportunity to present an inservice program.

TABLE 7

FREQUENCIES FOR SECEE QUESTION 13 FOR SCHOOLS TOTALED

Category Label	Code	Absolute Frequency	Relative Frequency Percentage	Adjusted Frequency Percentage	Cumulative Frequency Percentage
Yes	1.	71	69.6	70.3	70.3
No	2.	30	29.4	29.7	100.0
Questions not Answered	0.	1	1.0	Missing	100.0
	Total	102	100.0	100.0	

Valid cases = 101; Missing cases = 1

TABLE 8

RESPONSES FOR SECEE QUESTION 13 FOR CLINICAL CENTER CODED 009

Code	Sum	Mean	Standard Deviation	Variance	N
	127.0000	1.3093	0.4646	0.2159	97
Inst 2.	1.0000	1.0000	0.0000	0.0000	1
Inst 7.	1.0000	1.0000	0.0000	0.0000	1
Inst 8.	3.0000	1.5000	0.7071	0.5000	2
Inst 9.	7.0000	1.0000	0.0000	0.0000	7
Inst 10.	4.0000	1.0000	0.0000	0.0000	4
Inst 14.	2.0000	2.0000	0.0000	0.0000	1
Inst 16.	4.0000	2.0000	0.0000	0.0000	2
Inst 17.	2.0000	2.0000	0.0000	0.0000	1
Inst 19.	2.0000	2.0000	0.0000	0.0000	1
Inst 20.	1.0000	1.0000	0.0000	0.0000	1
Inst 21	2.0000	2.0000	0.0000	0.0000	1
Inst 24.	3.0000	1.5000	0.7071	0.5000	2
Inst 25.	4.0000	2.0000	0.0000	0.0000	2
Inst 28.	1.0000	1.0000	0.0000	0.0000	1
Inst 31.	2.0000	1.0000	0.0000	0.0000	2
Inst 33.	1.0000	1.0000	0.0000	0.0000	1
Inst 34.	1.0000	1.0000	0.0000	0.0000	1
Inst 36.	1.0000	1.0000	0.0000	0.0000	1
Inst 38.	2.0000	2.0000	0.0000	0.0000	1
Inst 40.	6.0000	2.0000	0.0000	0.0000	3
Inst 41.	2.0000	2.0000	0.0000	0.0000	1
Inst 42.	4.0000	1.0000	0.0000	0.0000	4
Inst 46.	1.0000	1.0000	0.0000	0.0000	1
Inst 47.	1.0000	1.0000	0.0000	0.0000	1
Inst 55.	2.0000	2.0000	0.0000	0.0000	1
Inst 57.	1.0000	1,0000	0.0000	0.0000	1
Inst 59.	1.0000	1.0000	0.0000	0.0000	1
Inst 60.	2.0000	2.0000	0.0000	0.0000	1
Inst 61.	1.0000	1.0000	0.0000	0.0000	1
Inst 63.	4.0000	1.0000	0.0000	0.0000	4
Inst 64.	1.0000	1.0000	0.0000	0.0000	1
Inst 65.	2.0000	2.0000	0.0000	0.0000	1
Inst 67.	2.0000	1.0000	0.0000	0.0000	2
Inst 70.	3.0000	1.0000	0.0000	0.0000	3
Inst 71.	2.0000	1.0000	0.0000	0.0000	2
Inst 72.	2.0000	1.0000	0.0000	0.0000	2

TABLE 8--Continued

Code	Sum	Mean	Standard Deviation	Variance	N
Inst 76.	2.0000	1.0000	0.0000	0.0000	2
Inst 77.	2.0000	2.0000	0.0000	0.0000	1
Inst 80.	2.0000	1.0000	0.0000	0.0000	2
Inst 81.	4.0000	2.0000	0.0000	0.0000	2
Inst 82.	1.0000	1.0000	0.0000	0.0000	1
Inst 83.	10.0000	2.0000	0.0000	0.0000	5
Inst 86.	1.0000	1.0000	0.0000	0.0000	1
Inst 87.	1.0000	1.0000	0.0000	0.0000	1
Inst 88.	1.0000	1.0000	0.0000	0.0000	1
Inst 89.	2.0000	2.0000	0.0000	0.0000	1
Inst 90.	4.0000	1.3333	0.5774	0.3333	3
Inst 91.	2.0000	2.0000	0.0000	0.0000	1
Inst 92.	3.0000	1.0000	0.0000	0.0000	3
Inst 94.	1.0000	1.0000	0.0000	0.0000	1
Inst 95.	1.0000	1.0000	0.0000	0.0000	1
Inst 97.	4.0000	1.0000	0.0000	0.0000	4
Inst 98.	1.0000	1.0000	0.0000	0.0000	1
Inst 99.	2.0000	1.0000	0.0000	0.0000	2

Total cases = 102; Missing cases = 5 or 4.9%.

The computer printout also showed the most frequently occurring response (1.30) for the 97 students, representing all of the Texas physical therapy students, responding to Question 13. A physical therapy educator could note from this printout which clinical facilities did not provide an opportunity for the student(s) to present an inservice education program.

The second method for data display was the yes/no/not applicable (NA) format illustrated by Question 12. On the computer printout, not applicable appears as "not available." SECEE Question 12 asked the students, "Did students from other programs make your affiliation experience more enjoyable?" Of the 38 student responses, 73.7 percent indicated that other students did make the affiliation more enjoyable and 7.9 percent reported that other students made no difference (see table 9). However, 18.4 percent of the students did not have the opportunity to work with other students and responded NA. By utilizing the NA response, the student responses were more representative of the opportunities provided by the clinical site.

There were 101 total student responses from the three physical therapy programs to Question 12. The adjusted frequency indicates that 66.3 percent of the students enjoyed other students working with them and 5.9 percent stated that other students made no difference (see table 10). Of the

TABLE 9

FREQUENCIES FOR SECEE QUESTION 12 FOR SCHOOL CODED 001

Category Label	Code	Absolute Frequency	Relative Frequency Percentage	Adjusted Frequency Percentage	Cumulative Frequency Percentage
Yes	1.	28	73.7	73.7	73.7
No	2.	3	7.9	7.9	81.6
Not Available	3.	7	18.4	18.4	100.0
	Total	38	100.0	100.0	

Valid cases = 38; Missing cases = 0.

TABLE 10

FREQUENCIES FOR SECEE QUESTION 12 FOR SCHOOLS TOTALED

Category Label	Code	Absolute Frequency	Relative Frequency Percentage	Adjusted Frequency Percentage	Cumulative Frequency Percentage
Yes	1.	67	65.7	66.3	66.3
No	2.	6	5.9	5.9	72.3
Not Available	3.	28	27.5	27.7	100.0
Questions not Answered	0.	1	1.0	Missing	100.0
	Total	102	100.0	100.0	

Valid cases = 101; Missing cases = 1.

students reporting, 27.5 percent indicated that there were no other students affiliating at their clinical facility.

Finally, the clinical sites were addressed by Question 12. Clinical site coded 009 had seven student responses to the question with an average response of 1.00 (see table 11). This indicated that all of the seven respondents answered yes to the question, "Did students from other programs make your affiliation experience more enjoyable?"

Question 106 is representative of a five point rating scale. By using this rating scale, discriminative responses were obtained in response to the quality of student housing available. Question 106 asked the student to, "Describe the support services that were available (not necessarily provided) to you." Responses from students from coded school 001 described the available housing as follows: 38.4 percent reported the housing good; 15.2 percent reported adequate housing; 7.1 percent described the housing as somewhat lacking; 2.0 percent responded that housing was inadequate; and 37.4 percent responded not applicable (see table 12). Results from this question were not as definitive as desired. Not applicable responses provided ambiguous findings since the student responses may have implied that housing was not available or just that the students did not require the housing that was available. Also, the distinction between services provided and those available

TABLE 11

RESPONSES FOR SECCE QUESTION 12 FOR CLINICAL CENTER CODED 009

Code	Sum	Mean	Standard Deviation	Variance	N
	157.0000	1.6186	0.9065	0.8217	97
Inst 2.	3.0000	2.0000	0.0000	0.0000	1
Inst 7.	1.0000	1.0000	0.0000	0.0000	1
Inst 8.	4.0000	2.0000	1.4142	2.0000	2
Inst 9.	7.0000	1.0000	0.0000	0.0000	7
Inst 10.	6.0000	1.5000	1.0000	1.0000	4
Inst 14.	1.0000	1.0000	0.0000	0.0000	1
Inst 16.	6.0000	3.0000	0.0000	0.0000	2
Inst 17.	3.0000	3.0000	0.0000	0.0000	1
Inst 19.	1.0000	1.0000	0.0000	0.0000	1
Inst 20.	1.0000	1.0000	0.0000	0.0000	1
Inst 21.	1.0000	1.0000	0.0000	0.0000	1
Inst 24.	6.0000	3.0000	0.0000	0.0000	2
Inst 25.	2.0000	1.0000	0.0000	0.0000	2
Inst 28.	1.0000	1.0000	0.0000	0.0000	1
Inst 31.	4.0000	2.0000	1.4142	2.0000	2
Inst 33.	3.0000	3.0000	0.0000	0.0000	1
Inst 34.	3.0000	3.0000	0.0000	0.0000	1
Inst 36.	1.0000	1.0000	0.0000	0.0000	1
Inst 38.	1.0000	1.0000	0.0000	0.0000	1
Inst 40.	5.0000	1.6667	1.1547	1.3333	3
Inst 41.	1.0000	1.0000	0.0000	0.0000	1
Inst 42.	4.0000	1.0000	0.0000	0.0000	4
Inst 46.	3.0000	3.0000	0.0000	0.0000	1
Inst 47.	3.0000	3.0000	0.0000	0.0000	1
Inst 55.	3.0000	3.0000	0.0000	0.0000	1
Inst 57.	2.0000	2.0000	0.0000	0.0000	1
Inst 59.	3.0000	3.0000	0.0000	0.0000	1
Inst 60.	3.0000	3.0000	0.0000	0.0000	1
Inst 61.	3.0000	3.0000	0.0000	0.0000	1
Inst 63.	4.0000	1.0000	0.0000	0.0000	4
Inst 64.	1.0000	1.0000	0.0000	0.0000	1
Inst 65.	3.0000	3.0000	0.0000	0.0000	1
Inst 67.	4.0000	2.0000	1.4142	2.0000	2
Inst 70.	3.0000	1.0000	0.0000	0.0000	3
Inst 71.	2.0000	1.0000	0.0000	0.0000	2
Inst 72.	2.0000	1.0000	0.0000	0.0000	2

TABLE 11--Continued

Code	Sum	Mean	Standard Deviation	Variance	N
Inst 76.	2.0000	1.0000	0.0000	0.0000	2
Inst 77.	1.0000	1.0000	0.0000	0.0000	1
Inst 80.	2.0000	1.0000	0.0000	0.0000	2
Inst 81.	4.0000	2.0000	1.4142	2.0000	2
Inst 82.	3.0000	3.0000	0.0000	0.0000	1
Inst 83.	7.0000	1.4000	0.8944	0.8000	5
Inst 86.	2.0000	2.0000	0.0000	0.0000	1
Inst 87.	1.0000	1.0000	0.0000	0.0000	1
Inst 88.	3.0000	3.0000	0.0000	0.0000	1
Inst 89.	1.0000	1.0000	0.0000	0.0000	1
Inst 90.	3.0000	1.0000	0.0000	0.0000	3
Inst 91.	2.0000	2.0000	0.0000	0.0000	1
Inst 92.	5.0000	1.6667	1.1547	1.3333	3
Inst 94.	2.0000	2.0000	0.0000	0.0000	1
Inst 95.	1.0000	1.0000	0.0000	0.0000	1
Inst 97.	4.0000	1.0000	0.0000	0.0000	4
Inst 98.	3.0000	3.0000	0.0000	0.0000	1
Inst 99.	6.0000	3.0000	0.0000	0.0000	2

Total cases = 102; Missing cases = 5 or 4.9%.

TABLE 12

FREQUENCIES FOR SECEE QUESTION 106 FOR SCHOOL CODED 001

Category Label	Code	Absolute Frequency	Relative Frequency Percentage	Adjusted Frequency Percentage	Cumulative Frequency Percentage
Good	1.	14	36.8	36.8	36.8
Adequate	2.	9	23.7	23.7	60.5
Somewhat Lacking	3.	3	7.9	7.9	68.4
NA	5.	12	31.6	31.6	100.0
	Total	38	100.0	100.0	

Valid cases = 0; Missing cases = 0.

appeared to be unclear. This question was revised on the final SECEE form.

Question 106 had 99 student respondents from the total available responses of 102. Results from the SECEE form indicated that: 38.4 percent thought available housing was good; 15.2 percent adequate; 7.1 percent described housing as somewhat lacking; and 2.0 stated housing to be inadequate. Of the total 99 students, 37.4 percent responded NA (see table 13). Again, the NA category provided misleading results as to the reason the question was not applicable.

Responses from students from all of the three schools concerning the clinical facility coded 009, revealed that the seven students responding had a mean response of 1.71 (see table 14). This figure indicated that the average of the student responses to Question 106 was that the housing available at facility 009 was adequate. For the total 95 respondents, the mean was 2.85. This mean indicated that the average response of the student toward housing available at clinical facilities was "somewhat lacking." With the modification of this question on the revised SECEE form, more precise information should be gathered about housing available. However, from these initial findings, housing did appear to be a problem for many students.

TABLE 13

FREQUENCIES FOR SECEE QUESTION 106 FOR SCHOOLS TOTALED

Category Label	Code	Absolute Frequency	Relative Frequency Percentage	Adjusted Frequency Percentage	Cumulative Frequency Percentage
Good	1.	38	37.3	38.4	38.4
Adequate	2.	15	14.7	15.2	53.5
Somewhat Lacking	3.	7	6.9	7.1	60.6
Inadequate	4.	2	2.0	2.0	62.6
NA	5.	37	36.3	37.4	100.0
	0.	3	2.9	Missing	100.0
	Total	102	100.0	100.0	

Valid cases = 99; Missing cases = 3.

TABLE 14

RESPONSES FOR SECEE QUESTION 106 FOR CLINICAL CENTER CODED 009

Code	Sum	Mean	Standard Deviation	Variance	N
	271.0000	2.8526	1.8041	3.2546	95
Inst 2.	3.0000	3.0000	0.0000	0.0000	1
Inst 7.	1.0000	1.0000	0.0000	0.0000	1
Inst 8.	6.0000	3.0000	2.8284	8.0000	2
Inst 9.	12.0000	1.7143	1.4960	2.2381	7
Inst 10.	12.0000	3.0000	1.8257	3.3333	4
Inst 14.	5.0000	5.0000	0.0000	0.0000	1
Inst 16.	2.0000	1.0000	0.0000	0.0000	2
Inst 17.	4.0000	4.0000	0.0000	0.0000	1
Inst 19.	1.0000	1.0000	0.0000	0.0000	1
Inst 21.	5.0000	5.0000	0.0000	0.0000	1
Inst 24.	4.0000	2.0000	1.4142	2.0000	2
Inst 25.	10.0000	5.0000	0.0000	0.0000	2
Inst 28.	5.0000	5.0000	0.0000	0.0000	1
Inst 31.	6.0000	3.0000	2.8284	8.0000	2
Inst 33.	5.0000	5.0000	0.0000	0.0000	1
Inst 34.	5.0000	5.0000	0.0000	0.0000	1
Inst 36.	5.0000	5.0000	0.0000	0.0000	1
Inst 38.	5.0000	5.0000	0.0000	0.0000	1
Inst 40.	8.0000	2.6667	2.0817	4.3333	3
Inst 41.	5.0000	5.0000	0.0000	0.0000	1
Inst 42.	5.0000	1.2500	0.5000	0.2500	4
Inst 46.	5.0000	5.0000	0.0000	0.0000	1
Inst 47.	2.0000	2.0000	0.0000	0.0000	1
Inst 55.	2.0000	2.0000	0.0000	0.0000	1
Inst 58.	5.0000	5.0000	0.0000	0.0000	1
Inst 59.	3.0000	3.0000	0.0000	0.0000	1
Inst 60.	1.0000	1.0000	0.0000	0.0000	1
Inst 61.	1.0000	1.0000	0.0000	0.0000	1
Inst 63.	6.0000	1.5000	0.5774	0.3333	4
Inst 64.	5.0000	5.0000	0.0000	0.0000	1
Inst 65.	5.0000	5.0000	0.0000	0.0000	1
Inst 67.	2.0000	1.0000	0.0000	0.0000	2
Inst 70.	3.0000	1.0000	0.0000	0.0000	3
Inst 71.	10.0000	5.0000	0.0000	0.0000	2
Inst 72.	2.0000	1.0000	0.0000	0.0000	2

TABLE 14--Continued

Code	Sum	Mean	Standard Deviation	Variance	N
Inst 76.	3.0000	1.5000	0.7071	0.5000	2
Inst 77.	1.0000	1.0000	0.0000	0.0000	1
Inst 80.	3.0000	1.5000	0.7071	0.5000	2
Inst 81.	6.0000	3.0000	2.8284	8.0000	2
Inst 82.	2.0000	2.0000	0.0000	0.0000	1
Inst 83.	25.0000	5.0000	0.0000	0.0000	5
Inst 86.	3.0000	3.0000	0.0000	0.0000	1
Inst 87.	5.0000	5.0000	0.0000	0.0000	1
Inst 88.	5.0000	5.0000	0.0000	0.0000	1
Inst 89.	5.0000	5.0000	0.0000	0.0000	1
Inst 90.	3.0000	1,5000	0.7071	0.5000	2
Inst 91.	5.0000	5.0000	0.0000	0.0000	1
Inst 92.	15.0000	5.0000	0.0000	0.0000	3
Inst 94.	5.0000	5.0000	0.0000	0.0000	1
Inst 95.	1.0000	1.0000	0.0000	0.0000	1
Inst 97.	7.0000	1.7500	0.9574	0.9167	4
Inst 98.	3.0000	3.0000	0.0000	0.0000	1
Inst 99.	6.0000	3.0000	2.8284	8.0000	2

Total cases = 102; Missing cases = 7 or 6.9%.

Summary

Data collected from the Feedback Form and SECEE form were used to revise the SECEE form and to provide information to the clinical and academic programs concerning the learning experiences available to the Texas physical therapy students. Data from this initial field test of the SECEE form were limited to one time frame.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

A need existed for the development of a common evaluation instrument, utilizing student ratings, to assess the clinical education experiences of the Texas physical therapy students. The purpose for the investigation was to develop and field test a Student Evaluation of Clinical Education Experiences (SECEE) form for use by the physical therapy programs.

A total of 104 physical therapy students completing their affiliations from March 31 to June 6, 1980 participated in the pilot study. The students were from the following three Texas physical therapy programs: the Texas Woman's University, The University of Texas Medical Branch at Galveston, and The University of Texas Health Science Center at Dallas.

The participants in the field study were to complete the 168 questions on the SECEE form by the last day of the affiliation period. In addition, the students were requested to complete the Feedback Form that was attached to the SECEE form. A computer program was used for data compilation. The results were used to determine needed revisions on the

SECEE form and computer program. Data gathered from the Feedback Form was manually tabulated and used to revise the SECEE form.

Conclusions

The following are conclusions of this study:

1. There was agreement between students and Academic Coordinators to include a comment section on the answer sheet

2. The SECEE form was expanded from a 168 to a 181 question format to provide the expressed additions needed in each category

3. An effective way of gathering and utilizing data concerning ratings of clinical education experiences was through computerization

4. The SECEE form afforded specific information about the learning experiences available at each clinical facility

Recommendations

Based on the findings of the study, the following are recommendations:

1. A replication study be conducted using the revised SECEE form

2. A format for providing the SECEE form results to the clinical facilities be implemented by the academic programs

3. The SECEE form results be promptly returned to the clinical sites at the end of the affiliation period

4. Further statistical analyses, including a histogram, be developed for the Texas physical therapy program using the SECEE form

5. The SECEE form be used by all academic programs using the MACS instrument

6. The SECEE form be revised for use during preclinical experiences

7. Each academic institution have the Student Evaluation of Clinical Education Experiences (SECEE) form and answer sheets printed

APPENDIXES

APPENDIX A

STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCES (SECEE) FORM

STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCES (SECEE)

Evaluation of Individual Assignment

Purpose

The form you are about to complete is newly developed and replaces the previously used student evaluation of clinical education experiences form. The development and field testing of the form is in partial fulfillment of the investigator's degree of Master of Science in Health Sciences Instruction. Your responses on this form will not be used individually, but will be grouped with responses of other students. After your responses are used for refinement of the form, normal procedure will be followed in returning the forms to the appropriate schools. I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH. No medical service or compensation is provided to subjects by the university as a result of injury from participation.

Your responses to these questions will be of utmost importance in: (1) evaluating the learning experiences provided at each clinical site and giving feedback; (2) providing specific information to students and faculty to assist

in their selection of affiliation sites; and (3) coordinating and scheduling the rotations for clinical education experiences.

Instructions

Complete the requested information on the Scan-Tron Form 2200. Complete the evaluation form and the attached Feedback Form by the end of your clinical experience at each service or facility. Share the information on the evaluation form with your clinical instructor if you desire. Then return the completed forms to your clinical instructor who will immediately send them to your school. If you do not wish to share the information on the form, you are responsible for mailing the form immediately to the Academic Coordinator at your institution.

STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCES (SECEE)

Evaluation of Individual Assignment

Fill in the appropriate boxes on the Scan-Tron sheet. Some questions may not apply to your clinical experience. Indicate this by filling in C. NA (not applicable).

1. Did you select this facility for an affiliation? A. Yes B. No

2. Did you find that the information supplied to you about this clinical education experience was adequate? A. Yes B. No

Prior to beginning your clinical affiliation, how was information about this clinical experience made available to you?

3. Letter about program A. Yes B. No
4. Pamphlets, notebooks, etc. A. Yes B. No
5. Slides A. Yes B. No
6. Photographs or pictures A. Yes B. No
7. Visit to facility A. Yes B. No
8. Visit from facility A. Yes B. No

9. After your orientation to this facility, did you know what would be expected of you? A. Yes B. No

During your affiliation at this site were there:

10. Students who were affiliating from other physical therapy programs? A. Yes B. No
11. Students who were affiliat- with other disciplines or service departments? A. Yes B. No

12. Did students from other programs make your affiliation experience more enjoyable? A. Yes B. No C. NA

13. Were you required to present an inservice education program? A. Yes B. No

14. Did you select the topic for your inservice education presentation? A. Yes B. No

What special learning experiences were available to you during this affiliation?

15. Clinics (amputee, hand, etc.) A. Yes B. No
16. Family conferences A. Yes B. No
17. Home visits A. Yes B. No
18. Patient conferences A. Yes B. No
19. Surgery observation A. Yes B. No
20. X-ray viewing A. Yes B. No
21. Diagnostic testing A. Yes B. No
22. Specialized classes A. Yes B. No
23. Research activities A. Yes B. No

Which of the following skills did you attempt to master or master during this affiliation?

24. SKILL # 1 A. Yes B. No
25. SKILL # 2 A. Yes B. No
26. SKILL # 3 A. Yes B. No
27. SKILL # 4 A. Yes B. No
28. SKILL # 5 A. Yes B. No
29. SKILL # 6 A. Yes B. No
30. SKILL # 7 A. Yes B. No
31. SKILL # 8 A. Yes B. No
32. SKILL # 9 A. Yes B. No
33. SKILL #10 A. Yes B. No
34. SKILL #11 A. Yes B. No
35. SKILL #12 A. Yes B. No
36. SKILL #13 A. Yes B. No
37. SKILL #14 A. Yes B. No
38. SKILL #15 A. Yes B. No
39. SKILL #16 A. Yes B. No
40. SKILL #17 A. Yes B. No
41. SKILL #18 A. Yes B. No
42. SKILL #19 A. Yes B. No
43. SKILL #20 A. Yes B. No
44. SKILL #21 A. Yes B. No
45. SKILL #22 A. Yes B. No
46. SKILL #23 A. Yes B. No
47. SKILL #24 A. Yes B. No
48. SKILL #25 A. Yes B. No
49. SKILL #26 A. Yes B. No
50. SKILL #27 A. Yes B. No

51.	SKILL #28	A. Yes	B. No
52.	SKILL #29	A. Yes	B. No
53.	SKILL #30	A. Yes	B. No
54.	SKILL #31	A. Yes	B. No
55.	SKILL #32	A. Yes	B. No
56.	SKILL #33	A. Yes	B. No
57.	SKILL #34	A. Yes	B. No
58.	SKILL #35	A. Yes	B. No
59.	SKILL #36	A. Yes	B. No
60.	SKILL #37	A. Yes	B. No
61.	SKILL #38	A. Yes	B. No
62.	SKILL #39	A. Yes	B. No
63.	SKILL #40	A. Yes	B. No
64.	SKILL #41	A. Yes	B. No
65.	SKILL #42	A. Yes	B. No
66.	SKILL #43	A. Yes	B. No
67.	SKILL #44	A. Yes	B. No
68.	SKILL #45	A. Yes	B. No
69.	SKILL #46	A. Yes	B. No
70.	SKILL #47	A. Yes	B. No
71.	SKILL #48	A. Yes	B. No
72.	SKILL #49	A. Yes	B. No
73.	SKILL #50	A. Yes	B. No
74.	SKILL #51	A. Yes	B. No
75.	SKILL #52	A. Yes	B. No
76.	SKILL #53	A. Yes	B. No
77.	SKILL #54	A. Yes	B. No
78.	SKILL #55	A. Yes	B. No
79.	SKILL #56	A. Yes	B. No
80.	SKILL #57	A. Yes	B. No
81.	SKILL #58	A. Yes	B. No
82.	SKILL #59	A. Yes	B. No
83.	SKILL #60	A. Yes	B. No

84. Within the first week of your affiliation, did you and your clinical instructor select skills from the MACS to attempt to master? A. Yes B. No

85. Did you participate in selecting your patient load? A. Yes B. No

86. Did you receive feedback about your clinical performance only during the mid-term and final examinations? A. Yes B. No

87. Were you given the opportunity to discuss your self-evaluation? A. Yes B. No

88. How many patient treatments did you perform on your first day in this facility?

A. 0 B. 1-4 C. 5-8 D. 9-12 E. 13 or over

89. How many other students was your clinical instructor directly supervising?

A. 0 B. 1 C. 2 D. 3 E. 4

90. How many of the required skills did you master during this affiliation period?

A. 0-5 B. 6-11 C. 12-17 D. 18-23 E. 24 or over

Fill in the appropriate boxes on the Scan-Tron sheet.

KEY:
A - Definitely helpful
B - Somewhat helpful
C - Useless
D - Misleading
E - NA

Describe the following information that was made available to you prior to your clinical education experience:

91.	Support services (room, board, parking)	A B C D E
92.	Cost of support services	A B C D E
93.	Travel information	A B C D E
94.	Schedule of working hours	A B C D E
95.	Uniform requirements	A B C D E
96.	Location of site	A B C D E
97.	Types of patients served	A B C D E
98.	Specialty programs available	A B C D E
99.	Learning experiences provided	A B C D E
100.	Library facilities	A B C D E

KEY: A - Good
B - Adequate
C - Somewhat lacking
D - Inadequate
E. NA

Describe the amount of space that was available to you for:

101.	Accommodating personal belongings	A B C D E
102.	Charting and record keeping	A B C D E
103.	Studying	A B C D E
104.	Counseling/discussing with clinical instructor	A B C D E
105.	Treating patients	A B C D E

Describe the support services that were available (not necessarily provided) to you:

106.	Housing	A B C D E
107.	Meals	A B C D E
108.	Laundry	A B C D E
109.	Parking	A B C D E

Describe your orientation to this facility in:

110.	Administrative procedures	A B C D E
111.	Departmental organization	A B C D E
112.	Personnel policies	A B C D E
113.	Standards of the department	A B C D E
114.	Scheduled daily/weekly activities	A B C D E
115.	Staff personnel introductions	A B C D E
116.	Physical layout	A B C D E

117.	The orientation you received after your arrival at this center was:	A B C D E
118.	The learning experiences provided by this institution were:	A B C D E
119.	The variety of patients available to you to master the skills you selected was:	A B C D E
120.	The amount of time available for communications/discussions with your clinical instructor was:	A B C D E
121.	The communications/discussions you had with your clinical instructor were:	A B C D E
122.	Based on your clinical experience and skill, the degree of supervision you received was:	A B C D E

123. The feedback you received from your clinical instructor about your clinical performance was: A B C D E

KEY:
A - Always
B - Frequently
C - Sometimes
D - Seldom
E - Never

How often did you have an opportunity to interact with other services for consultation, discussion, conferences, or rounds?

124. Occupational therapy services A B C D E
125. Speech therapy services A B C D E
126. Nursing services A B C D E
127. Social service A B C D E
128. Psychological services A B C D E
129. Respiratory therapy services A B C D E
130. Classroom teachers services A B C D E

How often did you treat patients in the following age groups?

131. 0-5 years A B C D E
132. 6-20 years A B C D E
133. 21-40 years A B C D E
134. 41-64 years A B C D E
134. 65 or over A B C D E

136. How often did you have an opportunity for communications/discussions with your clinical instructor? A B C D E

137. How often did you and your clinical instructor discuss the specific skills or key indicators you were attempting to master? A B C D E

138. How frequently did you receive feedback from your clinical instructor about your performance? A B C D E

139. In your opinion were the evaluations of your performance based on objective information? A B C D E

How often did your clinical instructor:

140.	Stimulate you to problem solve	A B C D E
141.	Make you feel free to ask questions	A B C D E
142.	Stimulate your thinking by questioning	A B C D E
143.	Allow you to express your own ideas	A B C D E
144.	Answer questions in a straightforward and complete manner	A B C D E
145.	Involve you in practice opportunities	A B C D E
146.	Provide an adequate model to watch and imitate	A B C D E
147.	Communicate readily and clearly with you	A B C D E

KEY: A - 0-1 patient
B - 2-3 patients
C - 4-5 patients
D - 6-7 patients
E - 8 or more patients

How many patients did you treat with the following primary diagnoses?

148.	Amputation	A B C D E
149.	Arthritis and related collagen diseases	A B C D E
150.	Burns and open lesions	A B C D E
151.	Cancer and benign tumors	A B C D E
152.	Cardiopulmonary disorders	A B C D E
153.	C.P.	A B C D E
154.	C.V.A.	A B C D E
155.	Cervical, dorsal, lumbar strains	A B C D E
156.	Developmental disability	A B C D E
157.	Fractures	A B C D E
158.	Head injury	A B C D E
159.	Joint/muscle injury	A B C D E
160.	Joint replacements	A B C D E
161.	M.D. and related neuromuscular diseases	A B C D E
162.	Neuropathy and myopathy	A B C D E
163.	Parkinson's disease	A B C D E
164.	Psychiatric disorders	A B C D E
165.	Scoliosis	A B C D E
166.	Spinal cord injury	A B C D E
167.	Debilitation (numerous medical problems)	A B C D E

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

A	B	C	D	E
A very positive experience, wish they were all like this	Time well spent	Average	A waste of time	A very negative experience, would not recommend to others

NOW FILL OUT THE ATTACHED FEEDBACK FORM

APPENDIX B

SCAN-TRON FORM 2200

SCAN-TRON FORM 2200

1	A	B	C	D	E	51	A	B	C	D	E								
2	A	B	C	D	E	52	A	B	C	D	E								
3	A	B	C	D	E	53	A	B	C	D	E								
4	A	B	C	D	E	54	A	B	C	D	E								
5	A	B	C	D	E	55	A	B	C	D	E								
6	A	B	C	D	E	56	A	B	C	D	E								
7	A	B	C	D	E	57	A	B	C	D	E								
8	A	B	C	D	E	58	A	B	C	D	E								
9	A	B	C	D	E	59	A	B	C	D	E								
10	A	B	C	D	E	60	A	B	C	D	E								
11	A	B	C	D	E	61	A	B	C	D	E								
12	A	B	C	D	E	62	A	B	C	D	E								
13	A	B	C	D	E	63	A	B	C	D	E								
14	A	B	C	D	E	64	A	B	C	D	E								
15	A	B	C	D	E	65	A	B	C	D	E								
16	A	B	C	D	E	66	A	B	C	D	E								
17	A	B	C	D	E	67	A	B	C	D	E								
18	A	B	C	D	E	68	A	B	C	D	E								
19	A	B	C	D	E	69	A	B	C	D	E								
20	A	B	C	D	E	70	A	B	C	D	E								
21	A	B	C	D	E	71	A	B	C	D	E								
22	A	B	C	D	E	72	A	B	C	D	E								
23	A	B	C	D	E	73	A	B	C	D	E								
24	A	B	C	D	E	74	A	B	C	D	E								
25	A	B	C	D	E	75	A	B	C	D	E								
26	A	B	C	D	E	76	A	B	C	D	E								
27	A	B	C	D	E	77	A	B	C	D	E								
28	A	B	C	D	E	78	A	B	C	D	E								
29	A	B	C	D	E	79	A	B	C	D	E								
30	A	B	C	D	E	80	A	B	C	D	E								
31	A	B	C	D	E	81	A	B	C	D	E								
32	A	B	C	D	E	82	A	B	C	D	E								
33	A	B	C	D	E	83	A	B	C	D	E								
34	A	B	C	D	E	84	A	B	C	D	E								
35	A	B	C	D	E	85	A	B	C	D	E								
36	A	B	C	D	E	86	A	B	C	D	E								
37	A	B	C	D	E	87	A	B	C	D	E								
38	A	B	C	D	E	88	A	B	C	D	E								
39	A	B	C	D	E	89	A	B	C	D	E								
40	A	B	C	D	E	90	A	B	C	D	E								
41	A	B	C	D	E	91	A	B	C	D	E								
42	A	B	C	D	E	92	A	B	C	D	E								
43	A	B	C	D	E	93	A	B	C	D	E								
44	A	B	C	D	E	94	A	B	C	D	E								
45	A	B	C	D	E	95	A	B	C	D	E								
46	A	B	C	D	E	96	A	B	C	D	E								
47	A	B	C	D	E	97	A	B	C	D	E								
48	A	B	C	D	E	98	A	B	C	D	E								
49	A	B	C	D	E	99	A	B	C	D	E								
50	A	B	C	D	E	100	A	B	C	D	E								

FEED THIS DIRECTION

IMPORTANT:

- USE # 2 PENCIL
- EXAMPLE: (A) (B) (C) (D) (E)
- ERASE COMPLETELY TO CHANGE

NAME OF STUDENT

SCHOOL AFFILIATION NUMBER

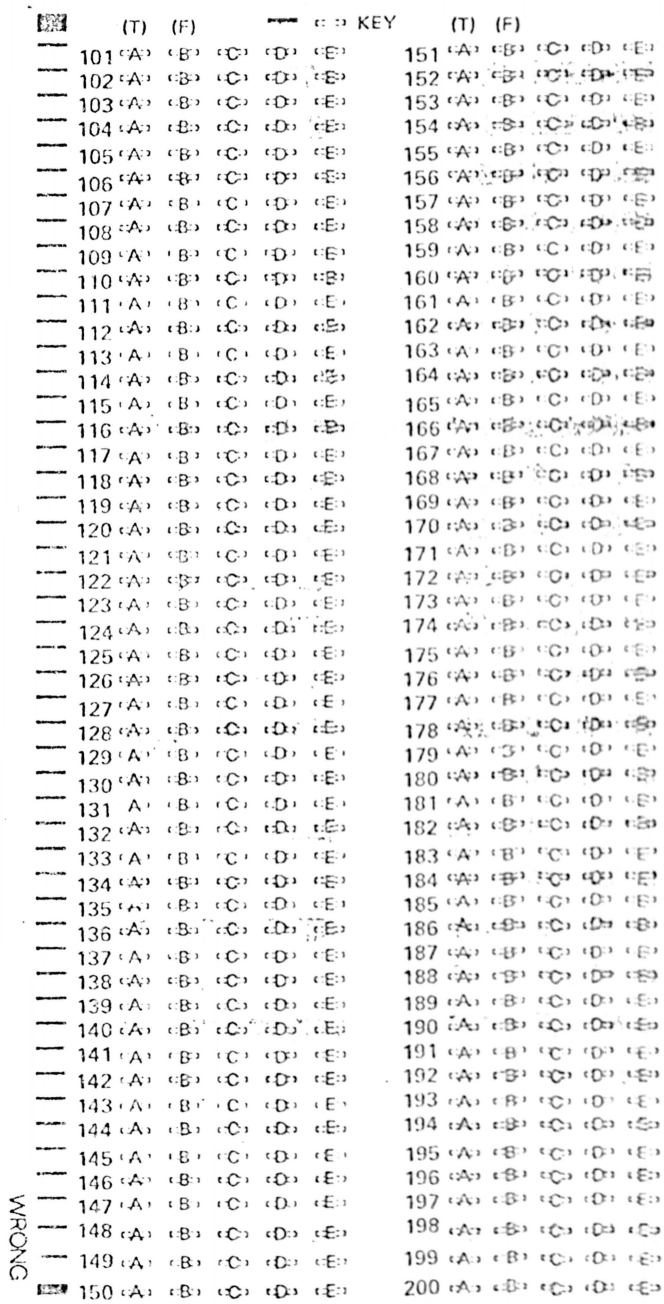
NAME OF CENTER

NAME OF STUDENT'S CLINICAL INSTRUCTOR

STUDENT'S SIGNATURE DATE

SCAN-TRON® FORM 2200

Reverse Side of Scan-Tron Form



APPENDIX C

FEEDBACK FORM FOR STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCES (SECEE) FORM

STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCES (SECEE)

Feedback Form

During the initial implementation of the student evaluation of clinical education experiences (SECEE), it is essential that your specific feedback be obtained to identify needed changes, additions, and suggestions for refinement of the form. Please complete this Feedback Form at the end of your clinical education experience at each service or facility. This instrument cannot be truly your tool unless we get your opinions. Please return this Feedback Form and the evaluation form to your clinical instructor for immediate return to your school.

1. Were there questions that asked for a yes/no response that you thought should have had a rating scale? If so, which ones?

2. Were there instances when the rating scale did not seem appropriate for the information being asked? Explain.

3. List areas that you thought were not covered on the evaluation form, but that are important.

4. Discuss any parts of the evaluation form that were unclear or difficult to answer.

5. Discuss the basic organization of the form.

THANK YOU FOR YOUR COOPERATION. PLEASE RETURN THE SCAN-TRON SHEET AND FEEDBACK FORM TO YOUR CLINICAL INSTRUCTOR.

APPENDIX D

REVISED STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCES (SECEE) FORM

STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCES (SECEE)

Evaluation of Individual Assignment

Directions:

Fill in the appropriate boxes on the Scan-Tron Form 2200.
Note: NA means not applicable.

1.	Did you select this facility for an affiliation?	A. Yes	B. No
	Prior to beginning your clinical affiliation, how was information about this clinical experience made available to you?		
2.	Letter about program	A. Yes	B. No
3.	Pamphlets, notebooks, etc.	A. Yes	B. No
4.	Slides	A. Yes	B. No
5.	Photographs or pictures	A. Yes	B. No
6.	Visit to facility	A. Yes	B. No
7.	Visit from facility	A. Yes	B. No
8.	After your orientation to this facility, did you know what would be expected of you?	A. Yes	B. No
	During your affiliation at this site were there:		
9.	Students who were affiliating from other physical therapy programs?	A. Yes	B. No
10.	Students who were affiliating with other disciplines or service departments?	A. Yes	B. No
11.	Did students from other programs make your affiliation experience more enjoyable?	A. Yes	B. No C. NA
12.	Were you required to present an inservice education program?		
13.	Did you select the topic for your inservice education presentation?	A. Yes	B. No C. NA

14. Did the department/facility relate to you with the attitude of "he/she is just a student"? A. Yes B. No

What special learning experiences were available to you during this affiliation?

15. Clinics (amputee, hand, etc.) A. Yes B. No
16. Family conferences A. Yes B. No
17. Home visits A. Yes B. No
18. Patient conferences A. Yes B. No
19. Surgery observation A. Yes B. No
20. X-ray viewing A. Yes B. No
21. Diagnostic testing A. Yes B. No
22. Specialized classes A. Yes B. No
23. Research activities A. Yes B. No
24. Administrative activities A. Yes B. No
25. Other _____ _____ A. Yes B. No

26. Within the first week of your affiliation, did you and your clinical instructor select skills from the MACS to attempt to master? A. Yes B. No

27. Did you participate in selecting your patient load? A. Yes B. No

28. Did you receive feedback about your clinical performance only during the mid-term and final evaluations? A. Yes B. No

29. Were you given the opportunity to discuss your self-evaluation? A. Yes B. No

30. How many patient treatments did you perform on your first day in this facility? A B C D E

A. 0 B. 1-4 C. 5-8 D. 9-12 E. 13 or over

31. How many other students was your clinical instructor directly supervising? A B C D E

A. 0 B. 1 C. 2 D. 3 E. 4

32. How many skills were approved during this affiliation period? A B C D E

A. 0-5 B. 6-11 C. 12-17 D. 18-23 E. 24 or over

Fill in the appropriate boxes on the Scan-Tron sheet.

KEY:
A - Definitely helpful
B - Somewhat helpful
C - Misleading
D - Useless
E - Not applicable

Describe the following information that was made available to you prior to your clinical education experience:

33. Support services (room, board, parking) A B C D E
34. Cost of support services A B C D E
35. Travel information A B C D E
36. Schedule of working hours A B C D E
37. Uniform requirements A B C D E

38. Location of site A B C D E
39. Types of patients served A B C D E
40. Specialty programs available A B C D E
41. Learning experiences provided A B C D E
42. Library facilities A B C D E

43. Did you find that the information supplied to you about this clinical education experience was: A B C D E

KEY:
A - Good
B - Adequate
C - Somewhat lacking
D - Inadequate
E - Not applicable

Describe the amount of space that was available to you for:

44. Accommodating personal belongings A B C D E
45. Charting and record keeping A B C D E
46. Studying A B C D E
47. Counseling/discussing with clinical instructor A B C D E
48. Treating patients A B C D E

Describe the support services that were provided to you:

49.	Housing	A B C D E
50.	Meals	A B C D E
51.	Laundry	A B C D E
52.	Parking	A B C D E

Describe the support services that were not provided for you but available:

53.	Housing	A B C D E
54.	Meals	A B C D E
55.	Laundry	A B C D E
56.	Parking	A B C D E

Describe your orientation to this facility in:

57.	Administrative procedures	A B C D E
58.	Departmental organization	A B C D E
59.	Personnel policies	A B C D E
60.	Standards of the department	A B C D E
61.	Scheduled daily/weekly activities	A B C D E
62.	Staff personnel introductions	A B C D E
63.	Physical layout	A B C D E

64. The orientation you received after your arrival at this center was: A B C D E

65. The learning experiences provided by this institution were: A B C D E

66. The variety of patients available to you to master the skills you selected was: A B C D E

67. The amount of time available for communications/discussions with your clinical instructor was: A B C D E

68. The communications/discussions you had with your clinical instructor were: A B C D E

69. Based on your clinical experience and skill, the degree of supervision you received was: A B C D E

70. The feedback you received from your clinical insructor about your clinical performance was: A B C D E

KEY: A - Frequently
B - Sometimes
C - Seldom
D - Never
E - Not applicable

How often did you interact with other services for consultation, discussion, conferences, or rounds?

71.	Medical services	A B C D E
72.	Nursing services	A B C D E
73.	Occupational therapy services	A B C D E
74.	Recreational therapy services	A B C D E
75.	Social service	A B C D E
76.	Vocational rehabilitation services	A B C D E
77.	Psychological services	A B C D E
78.	Classroom teacher services	A B C D E
79.	Orthotic services	A B C D E
80.	Prosthetic services	A B C D E

81. How often did you interact with staff members other than your clinical instructor? A B C D E

How often did you treat patients in the following age groups?

82.	0-5 years	A B C D E
83.	6-20 years	A B C D E
84.	21-40 years	A B C D E
85.	41-64 years	A B C D E
86.	65 or over	A B C D E

87. How often was it necessary to work after hours on progress notes, evaluations, program plans, or other departmental activities? A B C D E

88. How often did your clinical instructor observe you performing patient treatments? A B C D E

89. How often did you have an opportunity for communications/discussions with your clinical instructor? A B C D E

90. How often did you and your clinical instructor discuss the specific skills or key indicators you were attempting to master? A B C D E

91. How frequently did you receive feedback from your clinical instructor about your performance? A B C D E

92. In your opinion were the evaluations of your performance based on objective information? A B C D E

How often did your clinical instructor:

93. Stimulate you to problem solve A B C D E
94. Make you feel free to ask questions A B C D E
95. Stimulate your thinking by questioning A B C D E
96. Allow you to express your own ideas A B C D E
97. Answer questions in a straightforward and complete manner A B C D E
98. Simulate situations for practice A B C D E
99. Provide an adequate model to watch and imitate A B C D E
100. Communicate readily and clearly with you A B C D E

KEY:
A - 0 patients
B - 1-2 patients
C - 3-4 patients
D - 5-6 patients
E - 7 or more patients

How many patients did you treat with following primary diagnoses?

101. Amputation A B C D E
102. Arthritis and related collagen diseases A B C D E
103. Burns and open lesions A B C D E
104. Cancer and benign tumors A B C D E
105. Cardiopulmonary disorders A B C D E
106. C. P. A B C D E
107. C. V. A. A B C D E
108. Cervical, dorsal, lumbar strains A B C D E
109. Developmental disability A B C D E
110. Fractures A B C D E
111. Head injury A B C D E
112. Joint/muscle injury A B C D E
113. Joint replacements A B C D E
114. M. D. and related neuromuscular diseases A B C D E
115. Neuropathy and myopathy A B C D E
116. Parkinson's disease A B C D E
117. Psychiatric disorders A B C D E
118. Scoliosis A B C D E
119. Spinal cord injury A B C D E
120. Debilitation (numerous medical problems) A B C D E

KEY: A - Skill approved
B - Skill being attempted
C - Skill challenged
D - Skill reapproved
E - Skill not attempted

Describe your work during this affiliation toward competent performance/mastery of each skill (see MACS):

121.	SKILL # 1	A B C D E
122.	SKILL # 2	A B C D E
123.	SKILL # 3	A B C D E
124.	SKILL # 4	A B C D E
125.	SKILL # 5	A B C D E
126.	SKILL # 6	A B C D E
127.	SKILL # 7	A B C D E
128.	SKILL # 8	A B C D E
129.	SKILL # 9	A B C D E
130.	SKILL #10	A B C D E
131.	SKILL #11	A B C D E
142.	SKILL #12	A B C D E
133.	SKILL #13	A B C D E
134.	SKILL #14	A B C D E
135.	SKILL #15	A B C D E
136.	SKILL #16	A B C D E
137.	SKILL #17	A B C D E
138.	SKILL #18	A B C D E
139.	SKILL #19	A B C D E
140.	SKILL #20	A B C D E
141.	SKILL #21	A B C D E
142.	SKILL #22	A B C D E
143.	SKILL #23	A B C D E
144.	SKILL #24	A B C D E
145.	SKILL #25	A B C D E
146.	SKILL #26	A B C D E
147.	SKILL #27	A B C D E
148.	SKILL #28	A B C D E
149.	SKILL #29	A B C D E
150.	SKILL #30	A B C D E
151.	SKILL #31	A B C D E
152.	SKILL #32	A B C D E
153.	SKILL #33	A B C D E
154.	SKILL #34	A B C D E
155.	SKILL #35	A B C D E
156.	SKILL #36	A B C D E
157.	SKILL #37	A B C D E
158.	SKILL #38	A B C D E
159.	SKILL #39	A B C D E
160.	SKILL #40	A B C D E

KEY: A - Skill approved
B - Skill being attempted
C - Skill challenged
D - Skill reapproved
E - Skill not attempted

161.	SKILL #41	A B C D E
162.	SKILL #42	A B C D E
163.	SKILL #43	A B C D E
164.	SKILL #44	A B C D E
165.	SKILL #45	A B C D E
166.	SKILL #46	A B C D E
167.	SKILL #47	A B C D E
168.	SKILL #48	A B C D E
169.	SKILL #49	A B C D E
170.	SKILL #50	A B C D E
171.	SKILL #51	A B C D E
172.	SKILL #52	A B C D E
173.	SKILL #53	A B C D E
174.	SKILL #54	A B C D E
175.	SKILL #55	A B C D E
176.	SKILL #56	A B C D E
177.	SKILL #57	A B C D E
178.	SKILL #58	A B C D E
179.	SKILL #59	A B C D E
180.	SKILL #60	A B C D E

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

A	B	C	D	E
A very positive experience, wish they were all like this	Time well spent	Average	A waste of time	A very negative experience, would not recommend to others

182. Use designated space on Scan-Tron for <u>comments</u>.

APPENDIX E

REVISED SCAN-TRON FORM 2200

REVISED SCAN-TRON FORM 2200

1	A	B	C	D	E	51	A	B	C	D	E								
2	A	B	C	D	E	52	A	B	C	D	E								
3	A	B	C	D	E	53	A	B	C	D	E								
4	A	B	C	D	E	54	A	B	C	D	E								
5	A	B	C	D	E	55	A	B	C	D	E								
6	A	B	C	D	E	56	A	B	C	D	E								
7	A	B	C	D	E	57	A	B	C	D	E								
8	A	B	C	D	E	58	A	B	C	D	E								
9	A	B	C	D	E	59	A	B	C	D	E								
10	A	B	C	D	E	60	A	B	C	D	E								
11	A	B	C	D	E	61	A	B	C	D	E								
12	A	B	C	D	E	62	A	B	C	D	E								
13	A	B	C	D	E	63	A	B	C	D	E								
14	A	B	C	D	E	64	A	B	C	D	E								
15	A	B	C	D	E	65	A	B	C	D	E								
16	A	B	C	D	E	66	A	B	C	D	E								
17	A	B	C	D	E	67	A	B	C	D	E								
18	A	B	C	D	E	68	A	B	C	D	E								
19	A	B	C	D	E	69	A	B	C	D	E								
20	A	B	C	D	E	70	A	B	C	D	E								
21	A	B	C	D	E	71	A	B	C	D	E								
22	A	B	C	D	E	72	A	B	C	D	E								
23	A	B	C	D	E	73	A	B	C	D	E								
24	A	B	C	D	E	74	A	B	C	D	E								
25	A	B	C	D	E	75	A	B	C	D	E								
26	A	B	C	D	E	76	A	B	C	D	E								
27	A	B	C	D	E	77	A	B	C	D	E								
28	A	B	C	D	E	78	A	B	C	D	E								
29	A	B	C	D	E	79	A	B	C	D	E								
30	A	B	C	D	E	80	A	B	C	D	E								
31	A	B	C	D	E	81	A	B	C	D	E								
32	A	B	C	D	E	82	A	B	C	D	E								
33	A	B	C	D	E	83	A	B	C	D	E								
34	A	B	C	D	E	84	A	B	C	D	E								
35	A	B	C	D	E	85	A	B	C	D	E								
36	A	B	C	D	E	86	A	B	C	D	E								
37	A	B	C	D	E	87	A	B	C	D	E								
38	A	B	C	D	E	88	A	B	C	D	E								
39	A	B	C	D	E	89	A	B	C	D	E								
40	A	B	C	D	E	90	A	B	C	D	E								
41	A	B	C	D	E	91	A	B	C	D	E								
42	A	B	C	D	E	92	A	B	C	D	E								
43	A	B	C	D	E	93	A	B	C	D	E								
44	A	B	C	D	E	94	A	B	C	D	E								
45	A	B	C	D	E	95	A	B	C	D	E								
46	A	B	C	D	E	96	A	B	C	D	E								
47	A	B	C	D	E	97	A	B	C	D	E								
48	A	B	C	D	E	98	A	B	C	D	E								
49	A	B	C	D	E	99	A	B	C	D	E								
50	A	B	C	D	E	100	A	B	C	D	E								

FEED THIS DIRECTION

IMPORTANT:

- USE # 2 PENCIL
- EXAMPLE: (A) (B) (C) (D) (E)
- ERASE COMPLETELY TO CHANGE

NAME OF STUDENT

SCHOOL AFFILIATION NUMBER

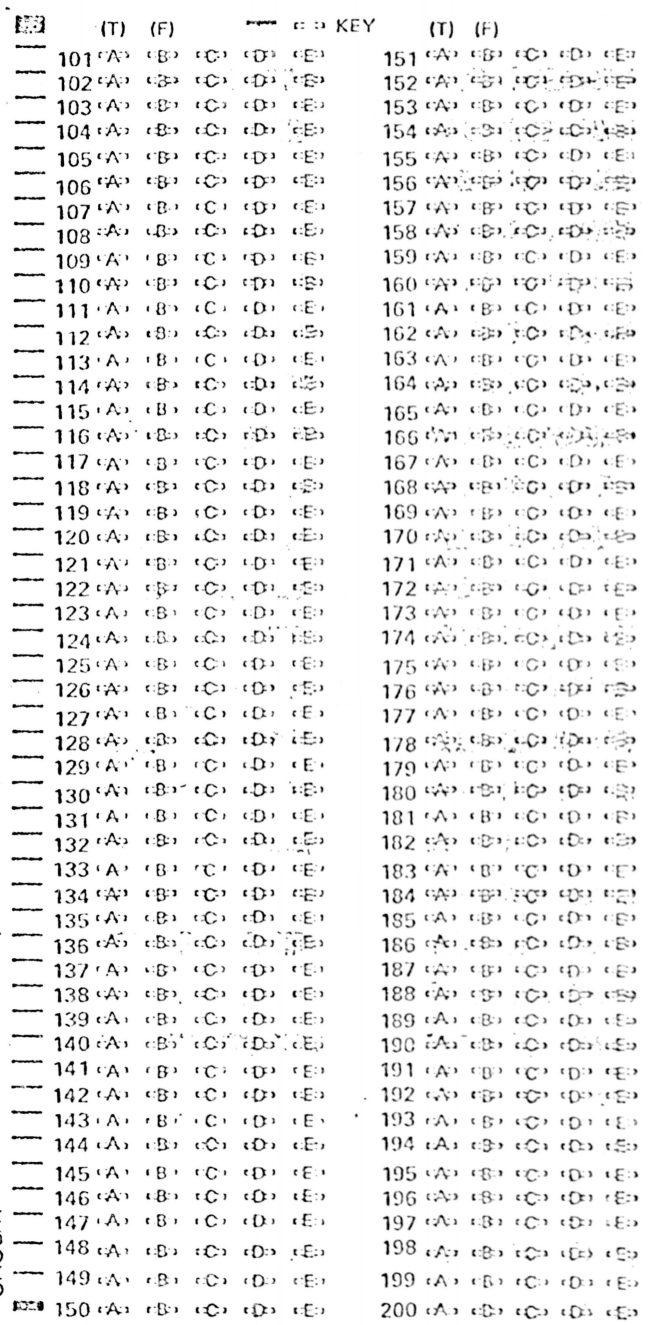
NAME OF CENTER

NAME OF STUDENT'S CLINICAL INSTRUCTOR

STUDENT'S SIGNATURE DATE

SCAN-TRON® FORM 2200

Reverse Side of Revised Scan-Tron Form



182: Comments

APPENDIX F

CODING INFORMATION FOR PARTICIPATING SCHOOLS AND CLINICAL CENTERS

CODING INFORMATION FOR PARTICIPATING SCHOOLS AND CLINICAL CENTERS

List of Schools with Codes

1 TWU - Texas Woman's University
2 UTHSCD - The University of Texas Health Science Center at Dallas
3 UTMB - The University of Texas Medical Branch

List of Centers with Codes

001 Ada Wilson
002 Arkansas Rehabilitation
003 Austin Independent School District Developmental Center
004 Austin State Hospital
005 Austin State School
006 Austin-Travis County Public Health Department
007 Baptist Medical Center
008 Baptist Memorial Hospital
009 Baylor University Medical Center
010 Baytown Hospital
011 Baytown Cerebral Palsy Center
012 Bell County Rehabilitation Center
013 Ben Taub Hospital
014 Bexar County Hospital
015 Brackenridge Hospital
016 Brooke General Hospital
017 Brownsville Society for Crippled Children
018 Caney Valley Hospital
019 Capitol Area Rehabilitation Center
020 Caruth Memorial Rehabilitation Center
021 Cerebral Palsy Treatment Center (San Antonio)
022 Charity Hospital of Louisiana
023 Charlton Hospital
024 Child Developmental Clinic
025 Children and Youth (C&Y) Project
026 Children's Hospital--New Orleans
027 Clear Lake City Hospital
028 Dallas Rehabilitation Hospital
029 Dallas Society for Crippled Children
030 Danforth Memorial Hospital
031 Denton State School
032 Doctor's Hospital
033 Dora Roberts Hospital

034 Easter Seals (Fort Worth)
035 El Paso Rehabilitation Center
036 Fort Worth Children's
037 Fort Worth State School
038 Good Samaritan Hospital
039 Good Shepherd Hospital
040 Hendricks Medical Center
041 Hermann Hospital
042 High Plains Baptist Hospital
043 Hillcrest Medical Center
044 Jefferson Davis Hospital
045 Joe B. Wood Clinic
046 John Peter Smith Hospital
047 John Sealy--UTMB
048 Larsen P. T. Services
049 Lewisville Memorial Hospital
050 Louisiana Rehabilitation Institute
051 M. D. Anderson Hospital
052 Medical Center Del Oro
053 Medical City Dallas
054 Memorial City General Hospital
055 Memorial Hospital--Little Rock
056 Memorial Hospital of Galveston County
057 Methodist Hospital--Dallas
058 Methodist Hospital--Houston
059 Methodist Hospital--Lubbock
060 Meyer Center for Developmental Pediatrics
061 Moody State School for Cerebral Palsied Children
062 Nacogdoches Medical Center Hospital
063 New Mexico Rehabilitation Center
064 Northwest Texas Hospital
065 Parkland Hospital
066 Physical Therapy Services
067 Presbyterian Hospital of Dallas
068 Presbyterian Hospital--Oklahoma City
069 Richmond State School
070 Ruthe B. Cowl Rehabilitation Center
071 St. Anthony Center--Houston
072 St. Anthony's Hospital--Oklahoma City
073 St. Joseph's Hospital
074 St. Mary's Hospital--Galveston
075 St. Mary's Hospital--Tucson
076 Scott & White Memorial Hospital
077 Scottish Rite Hospital
078 Shamrock Physical Therapy
079 Shoal Creek Hospital
080 Shriners Burns Institute
081 Shriners Hospital for Crippled Children

082 Spohn Hospital
083 Sports Medicine Clinic of North Texas
084 Spring Branch Hospital
085 Texas Rehabilitation Hospital
086 Texoma Medical Center
087 University Affiliated Center
088 University of Texas Medical Branch General Clinic
089 U.S. Public Health Clinic--Houston
090 Veterans Administration Center (Temple)
091 Veterans Administration Hospital (Dallas)
092 Veterans Administration Hospital (Houston)
093 Visiting Nurse Association of Houston
094 Wadley Hospital
095 Warm Springs Rehabilitation Center
096 Wesley Medical Center
097 West Texas Rehabilitation Center--Abilene
098 West Texas Rehabilitation Center--San Angelo
099 Wilford Hall
100 Rehabilitation Services of Columbus, Inc.
101 Tucson Independent School District
102 Tulsa Rehabilitation Center

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