

ANGELO STATE UNIVERSITY
 Doctor of Physical Therapy Program
 Clinical Practicum I: Course Outcomes

Class _____ Dates of Practicum _____

1. Facility Type: (Please check only one) Acute Care/Hospital Ambulatory Care/Outpatient ECF/Nursing Home/SNF Federal/State/county Health Home Health Care Rehab/Subacute Rehab School/Preschool Program Wellness/Prevention Program Other (Please specify _____)

2. (Please check one) Are you the Clinical Instructor Center Coordinator of Clinical Education Both

3. Was this a split rotation? Yes No If yes, were you the first or second clinical instructor for the student? First Second

4. Please check the response that best describes the **VALUE** you, the clinical instructor, place in each of the following categories:

5. Please check the response that best describes the **LEVEL OF ACADEMIC PREPARATION** in each of the categories:

		High	Mode-rate	No Value
1	Oral/Written Communication Skills			
2	Critical Thinking Skills			
3	Problem Solving Skills			
4	Interpersonal Skills			
5	Professional Behavior			
6	Safety Awareness			
7	Professional Development			
8	Ethical/legal Practice			
9	Supervisory Administrative Skills			
10	Teaching Skills			
11	Individual and Cultural Differences			
12	Screening Skills			
13	Examination/Evaluation Skills for Basic Musculoskeletal and/or Cardiopulmonary Problems			
14	Diagnosis/Prognosis/ Plan of Care Skills for Basic Musculoskeletal and/or Cardiopulmonary Problems			
15	Physical Therapist Clinical Skills for Basic Musculoskeletal and/or Cardiopulmonary Problems			
16	Consultation Skills			
17	Prevention/Wellness Skills			
18	Management of Resources			
19	Outcomes Measurement/Evaluation			
20	Assessment of Quality of Service			

Well Above Average	Above Average	Average	Below Average	Well Below Average

Please turn the page over to complete the survey. =>

6. Please circle your response to the following statement:

“The academic preparation of this Angelo State University MPT student compares favorably with MPT students from other academic programs on their first clinical experience.”

Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion/Experience

Additional Comments:

Please complete the following.

Name of Facility _____

Clinical Instructor's name (please print) _____

Clinical Instructor's Signature _____ Date completed _____

Name of person completing this form if different from above (print) _____ Signature _____

Please return this document in the pre-addressed envelope or fax to Jimmy Villers, PT, DPT, ACCE at (325) 942-2548. In addition, please accept our sincere appreciation for your input. If you have any questions, please feel free to contact the Academic Coordinator of Clinical Education (325-942-2547 or james.villers@angelo.edu)