FIELDWORK EDUCATOR EFFECTIVENESS

Student’s Name: ____________________________ Course ID#: OTH__________

Fieldwork Educator’s (FE) Name: _______________________________________

The following behaviors were identified by students as being characteristics that can make a significant difference in the quality of a fieldwork experience.

On a scale of one to five with one being ineffective and five being exceptionally effective, please rate your fieldwork educator.

I. Communication Behaviors

1. Makes himself/herself understood 1---2---3---4---5
2. Provides useful feedback 1---2---3---4---5
3. Is an active listener 1---2---3---4---5
4. Provides positive feedback on performance 1---2---3---4---5
5. Communicates in a non-threatening manner 1---2---3---4---5
6. Openly and honestly reveals perceptions that the FE has of the student 1---2---3---4---5
7. Provides timely feedback 1---2---3---4---5
8. Is open in discussing issues with the student 1---2---3---4---5
9. Teaches in an interactive way; encourages dialogue 1---2---3---4---5
10. Provides feedback in private 1---2---3---4---5

Comments:______________________________________________________________
_______________________________________________________________________
________________________________

II. Interpersonal Relations Behaviors

1. Establishes an environment in which the student feels comfortable 1---2---3---4---5
2. Provides appropriate support for student concerns, frustrations, anxieties 1---2---3---4---5
3. Empathetic 1---2---3---4---5
4. Demonstrates a genuine concern for patients 1---2---3---4---5
5. Presents student as a professional to others 1---2---3---4---5
6. Demonstrates positive regard for student as a person 1---2---3---4---5
III. Professional Skills Behavior

1. Employs occupational therapy practice with competence 1---2---3---4---5
2. Demonstrates professional behavior as a member of the health-care team 1---2---3---4---5
3. Demonstrates systematic approach to problem-solving 1---2---3---4---5
4. Explains physiological basis of OT/discipline’s treatment 1---2---3---4---5
5. Explains physiological basis of OT/discipline’s evaluation 1---2---3---4---5
6. Demonstrates appropriate role of OT/discipline as part of total health care 1---2---3---4---5
7. Serves as an appropriate role model 1---2---3---4---5
8. Manages own time well 1---2---3---4---5
9. Demonstrates leadership among peers 1---2---3---4---5

Comments:______________________________________________________________
_______________________________________________________________________

IV. Teaching Behaviors

1. Allows the student progressive, appropriate independence 1---2---3---4---5
2. Is available to the student 1---2---3---4---5
3. Makes the formal evaluation a constructive process 1---2---3---4---5
4. Makes effective learning experience out of situations as they arise 1---2---3---4---5
5. Plans effective learning experiences 1---2---3---4---5
6. Provides a variety of patients/clients 1---2---3---4---5
7. Questions/coaches in a way to facilitate student learning 1---2---3---4---5
8. Points out discrepancies in student’s performance 1---2---3---4---5
9. Provides unique learning experiences 1---2---3---4---5
10. Makes relationship between academic knowledge and fieldwork practice 1---2---3---4---5
11. Is accurate in documenting student evaluation 1---2---3---4---5
12. Helps student define specific objectives for the fieldwork education experience 1---2---3---4---5

Comments:______________________________________________________________
13. Observes performance in a discreet manner
   1---2---3---4---5

14. Schedules regular meetings with student
   1---2---3---4---5

15. Plans learning experiences before student arrives
   1---2---3---4---5

16. Manages student's time well
   1---2---3---4---5

17. Is timely in documenting the student's evaluation
   1---2---3---4---5

18. Is perceived as a consistent extension of the academic program
   1---2---3---4---5

Comments:______________________________________________________________
_______________________________________________________________________


Signatures:

This document has been reviewed by the student with Fieldwork Educator/AFWC.

Student's Signature: ____________________________ Date __________

CCCE/Fieldwork Educator's Signature: ____________________________ Date __________

FOR AFWC's USE ONLY:

Results of this evaluation has been reviewed by the AFWC and discussed with student/shared with CCCE/Fieldwork Educator, as appropriate.

______________________________ Date

AFWC Teleconference/Meeting Notes: