



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 |



Comments: _____

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



- 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: _____

Modified From: "Effectiveness of the Clinical Educator--Student's Perspective" by Michael J. Emery, Physical Therapy, Vol. 64, No. 7, July 1984, pp. 1079-1083.

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.

AFWC's Signature

Date

AFWC Teleconference/Meeting Notes: