

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
DIVISION OF PHYSICAL THERAPY

**CCCE/CI POST-CLINICAL FEEDBACK**

Clinical site: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Name of person competing this form: \_\_\_\_\_ Circle one: CCCE CI  
 Date: \_\_\_\_\_ Student's Name \_\_\_\_\_

**Primary type of experience:**

\_\_\_\_\_ Acute care                      \_\_\_\_\_ SNF/Sub-acute                      \_\_\_\_\_ IP Rehab                      \_\_\_\_\_ Home Health  
 \_\_\_\_\_ Out-patient ortho                      \_\_\_\_\_ Out-patient neuro                      \_\_\_\_\_ Pediatric                      \_\_\_\_\_ School system  
 \_\_\_\_\_ Federal                      \_\_\_\_\_ Other (explain) \_\_\_\_\_

**Part 1: Evaluation of Curriculum**

The following information will be used by the UNC-CH Division of Physical Therapy Professional Education Committee as part of the evaluation and revision of the curriculum. This is intended to be an evaluation of the academic program, not a rating of the actual performance of the student. Please comment on your perceptions of the student's academic preparation for each area identified:

AREA	Very well prepared	Adequately prepared	Not prepared adequately	No opinion
Professional behavior				
Verbal communication				
Written communication and documentation				
Safety				
General Examination				
General Intervention				
Assessment/evaluation including clinical problem solving				
Plan of care including discharge planning				
Spine orthopedics				
Extremity orthopedics				
Orthopedic manual therapy				
Neuromuscular				
Cardiopulmonary				
Integumentary				
Therapeutic exercise				
Modalities				
Geriatrics				
Pediatrics				
Patient/family education				
Evidence based practice				
Prevention, health promotion and wellness				
Practice management				
Please comment on the overall preparation of the student.				

Please comment on any specific areas in which the academic preparation could be improved.

**Part 2: Clinical Site Feedback**

UNC-CH is very interested in improving the process of clinical education for both our students and our affiliating clinical sites. Your honest feedback is greatly appreciated. Please check the appropriate box for each question and provide additional comments as appropriate. Thank you.

**SA = Strongly agree**  
**A = Agree**  
**D = Disagree**  
**SD = Strongly disagree**  
**NA = Not applicable or don't know**

ITEM	SA	A	D	SD	NA
The process of assigning UNC students to our facility has gone smoothly.					
Information regarding students (immunizations, goals etc) has been complete and timely.					
Communication with UNC regarding the clinical affiliation contract has been appropriate.					
The clinical affiliation process with UNC has been completed smoothly.					
Information about the goals and expectations for students from UNC while on rotation is readily available.					
Information about the curriculum at UNC is readily available.					
Communication with the UNC ACCE regarding student performance has been appropriate in timing and amount.					
The ACCE at UNC is an effective resource with issues related to students.					
The CPI is an effective tool to evaluate student performance.					
The CPI is an effective tool to provide student feedback.					
The length of clinical rotations at UNC is appropriate for this setting.					
The timing of clinical rotations at UNC works well for this facility.					
UNC students are generally well prepared academically for their clinical rotations.					
Overall, we find working with UNC to be an easy process.					
We plan to continue to work with UNC physical therapy students.					

How can we improve the clinical experience for students from UNC?

How can we best support you in your role as CCCE or CI working with UNC students?