

Clinical Perception

Radiologic Technology Program



INDIANHILLS
COMMUNITY COLLEGE

Life. Changing.

Student Name: _____

Clinical Facility: _____

Rotation: _____

Scoring: 4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree

FACILITY:

4 3 2 1

- | | | | | |
|--|-------|-------|-------|-------|
| 1. The facility provided me with an adequate number and variety of learning experiences. | _____ | _____ | _____ | _____ |
| 2. I was encouraged to ask questions and received clarification on techniques, policies, and procedures from department employees and technologists. | _____ | _____ | _____ | _____ |
| 3. I received assistance from the department staff when it was requested. | _____ | _____ | _____ | _____ |
| 4. I was encouraged to complete procedures independently. | _____ | _____ | _____ | _____ |
| 5. I was supervised within JRC guidelines (direct/indirect supervision). | _____ | _____ | _____ | _____ |
| 6. I feel more competent as a result of being at this facility. | _____ | _____ | _____ | _____ |
| 7. I was not expected to perform procedures I had not been taught in theory. | _____ | _____ | _____ | _____ |
| 8. This facility has a professional yet comfortable atmosphere. | _____ | _____ | _____ | _____ |
| 9. I was not subjected to destructive criticism by department staff, radiologists, or clinical instructor. | _____ | _____ | _____ | _____ |
| 10. I feel that this clinical facility did everything possible to make this a positive learning experience. | _____ | _____ | _____ | _____ |
| 11. I would like to work at this facility. | _____ | _____ | _____ | _____ |

CLINICAL INSTRUCTOR

4 3 2 1

- | | | | | |
|---|-------|-------|-------|-------|
| 1. Clinical Instructor adequately and clearly explained expectations. | _____ | _____ | _____ | _____ |
| 2. Room assignments reflected areas I needed to be in and were adequate in length. | _____ | _____ | _____ | _____ |
| 3. The Clinical Instructor was available on a regular basis. | _____ | _____ | _____ | _____ |
| 4. The Clinical Instructor or their designee demonstrated an interest in my learning and were willing to assist with competency check-offs. | _____ | _____ | _____ | _____ |
| 5. The Clinical Instructor and Technologist Evaluations were a reasonable reflection of my performance. | _____ | _____ | _____ | _____ |

4 3 2 1

6. A proper orientation was provided by the Clinical Instructor within the first two weeks at the facility.

7. The Clinical Instructor responded effectively to my concerns.

8. I met with the Clinical Instructor on a regular basis to discuss progress and concerns.

9. The Clinical Instructor spent time helping me learn at times other than during patient exams.

Comments:

Student's Signature: _____ Date: _____

Clinical Coordinator's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____