

Appendix 15. Practice Placement Evaluation Form¹

To help [insert organisation name] improve and develop our practice placement program we would like you to complete the following evaluation. This is a valuable tool for us and will assist in the planning and preparation for future programs.

Student Name: _____

Education Provider _____

Course: _____

Dates & hours of placement _____

How would you rate your practice placement experience: (Please tick the appropriate box)	Excellent	Good	Fair	Poor
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-placement Information:				
• Clarity of organisation's expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Materials for placement preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Individual contact by telephone, email or in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation & Induction:				
• Completion of formal induction & orientation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Standard of formal induction & orientation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clarity and accessibility of policies & procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities:				
• Appropriateness to your level of skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Degree of hands on experience provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Variety of tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Time allocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision:				
• Availability of placement educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Approachability and supportiveness of placement educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Regularity of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Standard of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Support from staff other than placement educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Evaluation:				
• Provision of professional and appropriate feedback by placement educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appropriateness of timing and venues for feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Opportunity to discuss feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Mental Health Coordinating Council 2013, Practice Placement Guide: Mental Health Workforce Professional Entry Practice Placements in the NSW Community Managed Mental Health Sector, MHCC, Sydney.

Learning Experiences
<ol style="list-style-type: none"> 1. My goals and objectives were/were not met 2. I experienced interprofessional learning opportunities such as ... 3. What was the most enjoyable part of the placement? 4. What were the two most useful things things you gained from the placement? 5. What was the least enjoyable aspect of the placement?
What could [insert organisation name] improve on?
<ol style="list-style-type: none"> 1. Have you any suggestions about how your placement experience could have been improved? 2. Are there any additional resources, information needs or activities you think would improve future placement experiences for students at [insert organisation name]?
Additional Comments
<p><i>Please note any additional comments which may be of value in reviewing the [insert organisation name] Practice placement Program.</i></p>

THANK YOU FOR YOUR FEEDBACK

For Office Use Only:	
[insert organisation name] Follow Up Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Action:	
Initiated:	

Appendix 17C. Placement Educator Feedback Form (from a student) ²

Thank you for providing feedback about my performance as a Placement Educator – your feedback will help me to develop my skills in placement supervision³.

1. Did you feel like you had consistent access to your placement educator? YES / NO

2. Please tick the box which best describes your experience of the Placement Educator:

	1 = Not at all		3 = somewhat		5 = Excellent	
	1	2	3	4	5	
a) Was expecting me & made me feel welcome						
b) Identified my previous knowledge & skill set & set goals with me that reflected this						
c) Had good clinical knowledge & helped me understand & develop skills						
d) Used appropriate & effective clinical teaching skills						
e) Was approachable & communicated well						
f) Was a professional role model in confidently managing clinical situations that assisted my learning						
g) Regularly evaluated my knowledge & understanding of core competencies						
h) Assisted me to identify other people & resources to assist my learning						
i) Offered regular specific constructive feedback						
j) Demonstrated competent & safe consumer support						
k) Extended my learning through creating practice opportunities						
l) Challenged my knowledge base by linking to practice standards & evidence-based practice						
m) Provided regular time for reflection						
n) Upheld our learning contract						
o) Created a safe learning environment						

3 Describe the attributes that you appreciated in your placement educator.

4. What would you have liked done differently?

5. Would you consider working in this service/organisation? YES / NO
Why?

6. Any other comments/feedback:

² Mental Health Coordinating Council 2013, Practice Placement Guide: Mental Health Workforce Professional Entry Practice Placements in the NSW Community Managed Mental Health Sector, MHCC, Sydney.

³ The Werry Centre 2012, pp.71-72