

CLINICAL FACILITY FEEDBACK PROFORMA

Note: To be filled out by the students

Date of Feedback: _____ Name of Student: _____

Program: _____ Semester/Batch: _____

Hospital Name: _____ Specialty/Lab/Ward Name: _____

Express your feeling of satisfaction by checking on the rating (box) you may give to each specified criterion as follows:

VS-Very Satisfied S- Satisfied MS- Moderately Satisfied D- Dissatisfied VD- Very Dissatisfied

| Description | Satisfaction Level | | | | |
|---|--------------------|---|----|---|----|
| | VD | D | MS | S | VS |
| 1. All equipment's/instruments are in working conditions | | | | | |
| 2. The facility manuals are available | | | | | |
| 3. The facility is neat and clean with proper labeling and marking of instruments/equipment | | | | | |
| 4. Each student gets a chance to observe the lab/specialty activities under due supervision | | | | | |
| 5. The lab/ specialty hours are mostly spent on performing experiments | | | | | |
| 6. The lab/ specialty/facility staff are cooperative | | | | | |
| 7. The supervisors ensure the smooth conduct of the procedures | | | | | |
| 8. The supervisors have a full knowledge of the procedures | | | | | |
| 9. The lab reports are checked timely with proper making or grading (for MLT and Rad only) | | | | | |
| 10. are communication channels clear and effective within the facility? Do you feel comfortable asking questions and seeking clarification from supervisors and colleagues? | | | | | |
| 11. The clinical activates help in better understandings of the procedures | | | | | |
| 12. Your overall satisfaction related to Supervised Clinical rotation | | | | | |

Comments:

Student Signature: _____

