

[Type text]

## ATTACHMENT J (optional)

### LEARNING EXPERIENCES FEEDBACK LOG

The Learning Experiences Log may best be described as a log of actual behaviors which are indicative of overall performance. Each entry should be as objective as possible and not contain interpretive opinions. Although keeping this log is essential in situations where a student's performance is unsatisfactory or questionably competent, having a record of specifics with which to counsel or commend the student is always useful during feedback sessions.

A student who performs on an unsatisfactory level (see grading criteria for appropriate clinical education period) may have to repeat the clinical experience and postpone promotion or graduation, or if the performance does not improve in remediating clinical education experiences, may be asked to withdraw from the Program. Documentation of deficiencies through behavioral statements is essential in the process of supporting evaluative statements by the facility or the school about the student.

We strongly recommend starting a log on every student from day one, and we hope the student will keep a log on his/her own progress. However, at the first indication that a student is performing in an unsatisfactory manner, a daily log must be used to document problems. This log should be kept for the remainder of the clinical affiliation and a copy sent to the Academic Coordinator of Clinical Education after the period ends. The following examples point out the distinction between opinions and behavioral statements:

A Learning Experiences Log:

#### IS

3/12 Student was walking pt. M.J. age 75 yrs. when pt. started breathing very heavily and became very flushed. M.J. asked to rest but student insisted he walk to the end of the hall. When therapist intervened student stated he thought pt. was just lazy.

3/15 Student had orders for R.O.M. and exercises for pt. P.N. - a 35-yr. old paraplegic of 2 yrs. duration. The chart indicated severe osteoporosis in both lower extremities. The student was observed to be performing very forceful stretching on the lower extremities. When questioned about this procedure the student was unaware of the osteoporosis and stated she didn't think it would make any difference anyway.

#### IS NOT

Student not aware of vital signs and does not adjust treatment as indicated.

Student does not obtain pertinent information from the chart. Unaware of contraindications.

[Type text]

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IS (con't):

3/15 Student performed muscle test and R.O.M. test on S.H. - a quadriplegic pt. Student indicated the thenar eminence muscles were all fair. The therapist checked these muscles and found them all to be atrophied with no function present. R.O.M. for hip was stated as 120° of flexion. The therapist checked this motion and found only 70° of motion.

3/18 Mr. S.'s family arrived in the department and asked to talk to his therapist. Since the student was working with Mr. S. she was asked to talk to the family. She was heard to inform the family she was too busy taking care of patients and she didn't have time to talk to relatives.

Your assistance in specifically analyzing each student's clinical performance will enable each student to grow professionally, as well as enable terminal evaluation of performance as it is related to the grading criteria for each clinical period.

Following are 2 sample formats which may be used to maintain a daily log. On the first, the CI and student could keep separate log sheets and compare daily. On the second, the CI and student could document comments on the same form. We hope you will find this useful and helpful!

IS NOT (con't):

Tests are inaccurate

Poor rapport with patient's family.

[Type text]

LEARNING EXPERIENCES FEEDBACK LOG			
DATE	PATIENT/ DIAGNOSIS	STUDENT COMMENTS ON PERFORMANCE	CI COMMENTS PERFORMANCE

\_\_\_\_\_  
CI Signature

\_\_\_\_\_  
Student Signature

Plan for improvement (“to do” list):  
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