



Undergraduate Student Placement Exit Survey

The purpose of this survey is to get feedback from you, as a student who has completed a placement through the Bay of Plenty District Health Board (BOPDHB) Clinical School, about your level of satisfaction with your learning experience. Your supervisor will not see your feedback – it will be used by Clinical School administrative staff only to help us identify how we can improve the student placement experience for future students. It should take less than ten minutes of your time to complete.

Name (optional) _____

University/Polytechnic _____

Department/Area of Placement _____

Dates of Placement _____

Supervisor(s) While on Placement _____

Please indicate how strongly you agree or disagree with the following statements by putting an x in the most appropriate box. Please elaborate on your responses (if you wish), at the end of the form.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Prior to Arrival						
1	My university/polytechnic courses prepared me well for this placement					
2	The information I received from my university/polytechnic about my placement was accurate and timely					
3	The information I received from the BOPDHB/Clinical School about my placement (before I arrived) was accurate and timely					
Accommodation (Please only answer the next four questions if you stayed in Jacaranda House)						
4	My room in Jacaranda House was suitably furnished					
5	Jacaranda House was clean and comfortable					
6	I felt safe in Jacaranda House					
7	The accommodation at Jacaranda House was priced fairly					
Learning Resources and Support						
8	On the first day of my placement I received a useful orientation to my placement					
9	I was provided with appropriate identification, access and communications devices (eg ID card, swipe card, keys, pager)					
10	I could access a computer when I needed to					
11	The hospital library had the books, serials and electronic resources I needed for my placement					
12	The BOPDHB's training facilities met my learning needs					

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
--	--	----------------	-------	----------	-------------------	----------------

Department/Area of Placement

13	The staff in the department/service area where I was working made me feel welcome, valued and part of the team					
14	I had access to the medical equipment and tools I needed for my placement					
15	The staff I worked with were professional and helpful					
16	The number and types of patients I saw were sufficient to promote my learning					

People

17	My placement supervisor was a good teacher					
18	The feedback I received from staff (positive and negative) helped my learning					
19	I learnt useful things from other students on placement at the same time as me					
20	Some of my learning was with students from other disciplines (eg medicine, nursing, physiotherapy)					
21	I socialised with students from other disciplines during my placement					

Overall

22	Overall my placement experience was a positive one					
23	As a result of my placement experience I am more likely to apply for a position with the BOP District Health Board after I graduate					
24	I would encourage other students to seek clinical placements at the BOP District Health Board					

Apart from things mentioned in the statements above, how else could your placement have been improved?

Is there any other comment you wish to make about your placement with the BOP District Health Board?

**Please return your completed form to
BOP Clinical School, Private Bag 12024, Tauranga 3143
Attention: Student Placement Coordinator**