# First 2 letters of your mother’s maiden name \_\_\_ \_\_\_

Month of your birthday \_\_\_ \_\_\_

Last 2 digits of your social security number \_\_\_ \_\_\_

**E14. Great Lakes FASD Regional Training Center**

**Clinical Experience B Evaluation Form**

Please review and respond to the questions below. Your responses are essential to us as we work to make our training activities as meaningful as possible. Your responses will be treated confidentially.

**1. On a scale from 1-10 where 1 means “Not confident in my skills” and 10 means**

**“Totally confident in my skills,” how *confident* are you in your skills to recognize and assess FASD in your patient population.**

1 2 3 4 5 6 7 8 9 10

1a. If you did not rate yourself a “10”, what would need to happen for you to

give yourself that rating? Please check all that apply.

❒ I need a better understanding of FASD concepts

❒ I need better skill at diagnosing

❒ I need more support from colleagues

❒ I need more information about where to refer a patient

❒ I need more time for a patient appointment

❒ I need to feel more comfortable bringing up the topic to patients and

family members

* I need to feel more comfortable brining up the topic to colleagues
* I need more practice
* I’d rather refer
* Other: ­

­ ­\_\_\_\_\_\_

*1*

*(over)*

**2. On a scale of 1-10 where 1 means “Not at all Ready” and 10 is “Totally Ready,” how *ready* are you at the present time to include clinical assessment in your professional practice.**

 1 2 3 4 5 6 7 8 9 10

**3. On a scale of 1-10 where 1 means “I am not likely to include clinical assessment for FASD” and 10 means “I am very likely to include clinical assessment for FASD.” How *likely* are you to include FASD assessment with your patient population?**

 1 2 3 4 5 6 7 8 9 10

3a. If you did not rate yourself a “10”, what would need to happen for you to

give yourself that rating? Please check all that apply.

❒ I need a better understanding of FASD concepts

❒ I need better skill at diagnosing

❒ I need more support from colleagues

❒ I need more information about where to refer a patient

❒ I need more time for a patient appointment

❒ I need to feel more comfortable bringing up the topic to patients and

family members

* I need to feel more comfortable brining up the topic to colleagues
* I need more practice
* I’d rather refer
* Other:

*2*

*(continue)*

1. **On a scale of 1-10 where 1 means “Very Poor” and 10 means “Excellent,” how would you rate the clinical preceptorship you have just received in assessing Fetal Alcohol Spectrum Disorders (FASD)?**

 1 2 3 4 5 6 7 8 9 10

1. **What suggestions do you have for improving this training?**

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*3*

*(over)*

|  |
| --- |
| **Please take a moment to tell us about yourself:** |
| **Are you (Circle one):** **1=Male** **2=Female** **3=Transgender****In which State do you provide services?** **1=Wisconsin** **2=Michigan** **3=Indiana** **4=Ohio** **5=North Carolina** **6=Minnesota**  **7=Hawaii**  **8=Other**  Specify  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (8a)****Are you Hispanic or Latino(a)?** **1=Yes** **2=No****How would you describe your race?****(Select all that apply)** **1=American Indian/Alaska Native** **2=Asian** **3=Black or African American** **4=Native Hawaiian or other Pacific** **Islander** **5=White****Are you a parent/caregiver of a child with FAS/FASD?** **1=Yes** **2-No** | **If you are a PROFESSIONAL, please circle the one that best represents your current position:****PHYSICIAN** **1=OB/GYN** **2=Geneticist** **3=Pediatrician** **4=Psychiatrist** **5=Family Physician**  **6=Internist** **7=Preventive Medicine** **8=Occupational Medicine** **9=Addiction Medicine** **10=Physician, other**Specify \_\_\_\_\_\_\_\_\_\_\_\_(10a)**OTHER MEDICAL** **11=Dentist** **12=Physician Assistant** **13=Nurse (NP, RN, LPN)** **14=Other Medical**Specify \_\_\_\_\_\_\_\_\_\_\_\_\_(14a)**ALLIED HEALTH** **15=Psychologist (unspecified)** **16=Rehabilitation Psychologist** **17=Clinical Psychologist** **18=Community Psychologist** **19=Counselor** (including AODA Counselor) **20=Social worker** **21=OT/PT/SLP** **22=Medical Technologist** **23=Other allied health professional:**Specify \_\_\_\_\_\_\_\_\_\_\_\_\_ (23a)**OTHER** **24=Public Health** **25=Special Educator** **26=Other Educator** **27=Administrator** **28=Corrections**  **29=Lawyer/Judge** **30=Scientist** **31=Prevention** **32=Other:** Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (32a) | **If you are a STUDENT OR RESIDENT, please circle all that apply:****MEDICAL AND NURSING STUDENTS**  **1a=Med 1** **1b=Med 2** **1c=Med 3** **1d=Med 4** **1e=Clerkship** **1f=Preceptorship** **2=Nursing** **3=Dental****ALLIED HEALTH** **4=Allied Health** (inc. OT/PT SLP/Social Work,  Counseling, etc.)**RESIDENT** **5=OB/GYN**  **6=Genetics**  **7=Pediatric**  **8=Psychiatry** **9=Family Medicine**  **10=Internal Medicine** **11=Preventive Medicine** **12=Occupational Medicine** **13=Addiction Medicine** **14=Dental** **15=Other resident:** Specify **\_\_\_\_\_\_\_\_** (15a)**OTHER STUDENT** **16=Pre-doctoral student** **17=Graduate Student** **18=Undergraduate Student** **19=Other**Specify \_\_\_\_\_\_\_ (19a) |

***THANK YOU for your participation in our Great Lakes***

***FASD Regional Training Center Clinical Training***

Date Entered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_