

Written Evaluation of iPad – Clinical Supervisor

1. Enter your code for this project: _____
2. Date of session? _____ / /
3. What time did you commence using the iPad? _____
4. What time did you cease using the iPad? _____
5. What was the main focus of the occupational therapy session?
 - ☐ Initial assessment
 - ☐ Self care assessment/therapy
 - ☐ Domestic assessment/therapy
 - ☐ Community assessment/therapy
 - ☐ Cognitive assessment/therapy
 - ☐ Home assessment
 - ☐ Hand therapy
 - ☐ Upper limb assessment/therapy
 - ☐ Splinting
 - ☐ Follow up assessment
 - ☐ Group session
 - ☐ Clinical supervision
 - ☐ Other (please specify below)

6. Were there any other areas addressed during the occupational therapy session?
 - ☐ Initial assessment
 - ☐ Self care assessment/therapy
 - ☐ Domestic assessment/therapy
 - ☐ Community assessment/therapy
 - ☐ Cognitive assessment/therapy
 - ☐ Home assessment
 - ☐ Hand therapy
 - ☐ Upper limb assessment/therapy
 - ☐ Splinting
 - ☐ Follow up assessment

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- ☐ Group session
- ☐ Clinical supervision
- ☐ Other (please specify below)

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7. Where did the occupational therapy session take place?

- ☐ Hospital ward (please specify which ward, eg. AC2, Rehab A) _____
- ☐ OT treatment area (please specify the treatment area, eg. Treatment room 1) _____
- ☐ Other hospital treatment area (please specify) _____
- ☐ Client/carer home: Postcode _____
- ☐ Community setting: Postcode _____
- ☐ Client work setting: Postcode _____
- ☐ Other (please specify below): Postcode _____

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8. Were you able to connect via video conferencing during this session?

- ☐ Yes, all of the time
- ☐ Yes, some of the time
- ☐ No, not at all

9. Which video conferencing application did you use?

- ☐ Jabber
- ☐ Facetime
- ☐ Other (please specify) _____

10. Were any other applications used during this session? (eg. Safari, Calender, Measures, Office Pro, Email etc.)

- ☐ Yes, please specify below

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- ☐ No

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11. If other applications were used, please describe why you used these applications. If not, then proceed to question 12.

12. Were you able to hear the client during the session?

- ☐ All of the time
- ☐ Some of the time
- ☐ None of the time
- ☐ N/A

13. Were you able to hear the student during the session?

- ☐ All of the time
- ☐ Some of the time
- ☐ None of the time
- ☐ N/A

14. Were you able to see the client during the session?

- ☐ All of the time
- ☐ Some of the time
- ☐ None of the time
- ☐ N/A

15. Were you able to see the student during the session?

- ☐ All of the time
- ☐ Some of the time
- ☐ None of the time
- ☐ N/A

16. Was there anything that you needed to see or hear that you were not able to? If yes, please describe below. If no, proceed to question 17.

- ☐ Yes

- ☐ No

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17. Were any technical difficulties experienced? If yes, please describe below. If no, proceed to question 18. (eg. picture pixelated, audio not smooth, difficulty connecting, drop out in connection, etc.)

☐ Yes (comment)

☐ No

18. I was able to provide support to the student, during the session, when required

strongly
disagree

disagree

neutral

agree

strongly
agree

☐

☐

☐

☐

☐

19. I was able to intervene to redirect the student, during the session, as required

strongly
disagree

disagree

neutral

agree

strongly
agree

☐

☐

☐

☐

☐

20. I was able to provide sufficient feedback to the student, during the session, as required

strongly
disagree

disagree

neutral

agree

strongly
agree

☐

☐

☐

☐

☐

21. Overall, I was able to supervise the student effectively, during the session

strongly
disagree

disagree

neutral

agree

strongly
agree

☐

☐

☐

☐

☐

22. Did you carry out any other tasks whilst supervising the student? If yes, please list the tasks you were able to attend to

- ☐ Yes, all the time
- ☐ Yes, some of the time
- ☐ Not at all
- ☐ N/A

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23. The iPad provided me with greater flexibility around student supervision during the session

strongly
disagree

☐

disagree

☐

neutral

☐

agree

☐

strongly
agree

☐

24. The iPad reduced the amount of time, that I was required to spend with the student in direct supervision during the session

strongly
disagree

☐

disagree

☐

neutral

☐

agree

☐

strongly
agree

☐

25. Were there any other observations or issues you wish to share? _____

END

Thank you for the time you have taken to complete this survey.

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