



## QUESTIONNAIRE FOR EVALUATION OF THE QUALITY OF EDUCATION DURING PROFESSIONAL PRACTICE

**Dear student,**

*We kindly request you to evaluate the work experience already completed . The survey is anonymous. The data obtained will be for us a source of information about the quality of the professional internships carried out and will allow us to improve them both in terms of the place of their implementation and the persons conducting them.*

Therefore, please complete the data, select the correct answer and mark X rating.

I. Type of practice (according to the apprenticeship program)

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II. Name of the hospital/facility where the professional practice was conducted:

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III. The period of time during which the practice was carried out, from.....to.....

Name of the department where the practice took place professional

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IV. Evaluation of the implementation of professional practice on a rating scale from 1 to 5, where: [1=very low, 2=very low, 3=difficult to say, 4=very high, 5=very high].

Evaluation categories	Rating scale				
	1	2	3	4	5
Conditions in which the practice took place (equipment modern equipment, range of diagnostics and treatment, modern beds, access to changing rooms for students), equipment personal protection (disposable gloves: hygienic and sterile, other material/equipment)					
Attitude of staff towards students					
The attitude of the internship supervisor to the students (kindness, willingness to provide support)					
The skills of the internship supervisor (experience, knowledge, approachable transfer of new information)					
Degree of improvement of professional skills (ability to frequently perform professional activities)					
Degree of deepening the skills listed in the apprenticeship program (acquisition of new skills or ability to deepen and consolidate already known skills)					
Overall evaluation of the indicated professional practice					
Please indicate what activities you most often performed during the assessed practice professional practice					
Please indicate what activities you did not have the opportunity to perform during the assessed practice professional practice					
In your opinion, should the apprenticeship be held at this evaluated location? <div>[ ] yes [ ] no</div>					
Who was the supervisor of the internship? (Surname, first name):  How do you evaluate the cooperation with the internship supervisor?  In your opinion, should the apprenticeship supervisor continue to be the designated Person? <div>[ ] yes [ ] no</div>					

Your other comments relating to the professional practice being evaluated:

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