

Skin Apposition Techniques: Post-experience Questionnaire

Preliminary questionnaire

Your student ID number: _____

Please circle the appropriate response.

What is your gender? **Female** **Male**

How old are you? _____

In relation to using computer technology, how would you describe yourself?

Very confident Confident Not very confident Far from confident

In relation to operating a linear accelerator, how would you describe yourself?

Very confident Confident Not very confident Far from confident

How many weeks clinical experience have you had on linear accelerators treating electron patients?

0 1-3 4-6 More than 6

How would you describe your current level of participation in electron set-ups?

Observation only Limited participation Active participation Competent under supervision

Had you used the VERT system before in order to practice electron set ups? **Yes*** **No**

*If Yes, please give details below:

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Post-experience questionnaire

Your student ID number: _____

Please circle the appropriate response.

Which linac did you use during the VERT session: Varian Elekta

My VERT session was undertaken with:

User tracking turned ON User tracking turned OFF and 3D stereo turned ON User tracking turned OFF and 3D stereo turned OFF

I have enjoyed using VERT.

Strongly agree Agree Neither agree nor disagree Disagree

My skills in setting up skin apposition techniques have been enhanced as a result of my VERT experience

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

My confidence in setting up skin apposition techniques have been enhanced as a result of my VERT experience

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

How satisfied were you with your final set-up (the assessed scenario)?

Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied

Please try to explain the response you have given above:

Continued overleaf:

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Please tell us how you think VERT has prepared you for your clinical practice in relation to skin apposition techniques (if at all).

Please tell us what you particularly liked about using VERT.

Please tell us what you have disliked about using VERT. You can also identify any specific problems/issues you have experienced.

Please feel free to add any other comments you may have.

Finally, would you be prepared to participate in a follow up interview regarding the impact VERT has had on skills development and the extent to which those skills transfer to clinical practice (to be held after your subsequent clinical experiences)?

Yes	No
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If yes, the please add your contact details below:

Name:

Email:

Telephone: