

Pre- and Post-experience Questionnaire

Student questionnaire

Your University: _____

Your student ID number: _____

Please circle the appropriate response.

What is your gender? Female Male

Are you left or right handed? Left Right

How old are you? _____

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

Very confident Confident Not very confident Far from confident

Had you operated a linear accelerator before using VERT?	Yes*	No
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*If **Yes**, please give details below:

Had you used the VERT system before using it specifically for pre-placement experience?	Yes*	No
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*If **Yes**, please give details below:**How confident did you feel in relation to operating a linear accelerator when you commenced your course?**

Very confident Confident Not very confident Far from confident

Pre- and Post-experience Questionnaire

Please complete in relation to your experience in using VERT for gaining practical skills prior to your initial clinical placement.

Which equipment did you gain VERT experience on? Varian Elekta Both

How long did you AS AN INDIVIDUAL get to spend using the VERT system hand pendant?

<20 minutes 20-40 minutes 40-60 minutes >60 minutes

Please circle the appropriate response below.

I have enjoyed using VERT.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

VERT has enhanced my practical skills.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

My confidence in relation to operating a linear accelerator after my VERT experience may be described as?

Very confident Confident Not very confident Far from confident

I feel more confident in using a linear accelerator as a result of using VERT?

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

Continued overleaf:

Pre- and Post-experience Questionnaire

Please briefly describe what VERT experience you undertook prior to your first clinical placement.

Please tell us how you think VERT has prepared you for your clinical practice (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 Focus Group regarding the impact VERT has had on skills development and confidence (to be held after your initial clinical experiences)?

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

Name:

Email:

Telephone: