# VA Boston Clinical Fellowship Experience Document

## Please use this document to highlight your clinical experiences during graduate school. Please consider all fields up to the current date, or you may count if you are currently completing (i.e., please do not include future clinical placements if not known). Use the comment field to elaborate further on future placements, if applicable.

# This document must be included with your full application to be reviewed. Thank you in advance!

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elaborate on the number of weeks spent at your **adult** clinical placements. When counting weeks of experience in a facility that performs multiple functions, please divide the number of weeks so that each week is counted only once (for example, if a student spends 4 weeks at a hospital that serves outpatients and acute care patients, one might divide the weeks evenly between “Acute Care” with 2 weeks, and “Outpatient” with 2 weeks). This allows us to have a better understanding of the amount of combined experience you have had within different facilities.

**List your adult medical clinical placements:**

1)

2)

3)

4)

**Adult clinical facility type: Length of time** (in weeks, counting only once. **Where?** (we will also refer to

Divide amongst options if appropriate) resume for further review)

* Inpatient Acute care \_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Long Term Acute Care \_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rehabilitation Hospital \_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* LTC/Nursing home (SNF) \_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hospice \_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Adult outpatient facility \_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home health \_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In-house clinical practicum \_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments (elaborate on anticipated placements, if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. How many Clinical Swallowing Evaluations have you…?**

\_\_\_ Observed only

\_\_\_ Administered

\_\_\_ Administered, Interpreted and/or Reported

**3. How many Modified Barium Swallowing Evaluations have you…?**

*\*Note: please do not include MBSImp in this answer*

\_\_\_ Observed only

\_\_\_ Administered

\_\_\_ Administered Interpreted and/or Reported

**4. How many Flexible Endoscopic Evaluation of Swallowing (FEES) have you…?**

\_\_\_ Observed only

\_\_\_ Administered

\_\_\_ Administered Interpreted and/or Reported

**5. Do you have any experience with the VA?**

**6. Why do you want to work for VA Boston?**