

Faculty Evaluation of Clinical Experience, Management and Staff

Date of clinical _____ Name of School _____ Course Title _____

Assigned Unit _____ Shift _____ Program (circle): Nursing/EMT/AUA/Other

In order to provide the best clinical experience possible, we seek feedback about your experiences here. Any suggestions you have will be welcomed. Please rate your experience using the scale below.

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree

Comments

1.	My orientation to the institution was informative and adequate for me to function.	1 2 3 4	
2.	The student's orientation to the institution and unit was adequate for them to function.	1 2 3 4	
3.	The staff was welcoming to faculty and students and demonstrated interest in the student's learning.	1 2 3 4	
4.	The staff was available and willing to assist the students and the total environment contributed to the student's learning.	1 2 3 4	
5.	The clinical experience was appropriate to the student level and the course objectives were fulfilled.	1 2 3 4	
6.	I would rate my experience at this facility as 1=Poor; 2=Below Average; 3=Good; 4=Excellent	1 2 3 4	

Please respond to the following:

1. What problems/issues, if any, did you encounter during this clinical experience?

2. Identify the positive outcomes of this clinical rotation.

3. Do you have any suggestions for future clinical rotation?

Please return this form to Nursing Education or _____