

Staff Evaluation of Clinical Experience, Faculty and Students

Date of clinical _____ Evaluator _____ Name of School _____

Faculty Name _____ Course Title _____ **Assigned Unit** _____

Shift _____ Program (circle): Nursing EMT AUA Other _____

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

1.	The instructor made clinical objectives available to staff prior to the clinical experience.	1 2 3 4	
2.	The instructor prepared the students in basic knowledge of nursing procedures prior to the clinical experience.	1 2 3 4	
3.	The instructor was accessible to the staff at all times.	1 2 3 4	
4.	The instructor portrayed a professional manner when dealing with staff and students.	1 2 3 4	
5.	The instructor coordinated the clinical experience effectively.	1 2 3 4	
6.	Students arrived on time and prepared for the clinical experience.	1 2 3 4	
7.	Students kept staff informed of what they were doing and reported problems or issues (including end of day report before leaving).	1 2 3 4	
8.	Students displayed basic nursing skills and knowledge appropriate to their level of education.	1 2 3 4	
9.	Students were interested and motivated to learn.	1 2 3 4	
10.	Students carried out their assignments independently without requiring excessive amount of staff time.	1 2 3 4	
11.	Students interacted with staff in a professional manner.	1 2 3 4	

Please respond to the following:

1. Additional comments concerning this program, faculty, students, and/or suggestions for improvement.

2. Would you have the students of this program return to your facility/unit? Yes or No (if no please explain)

Please return this form to Nursing Education or _____