

Student Clinical Evaluation

Dear Nursing Students: We value providing you with an excellent experience. Therefore, at the completion of your clinical rotation, please take a few minutes to complete this brief survey.

Please complete this survey form for each clinical unit and submit to your Nursing Instructor at the completion of each quarter/semester clinical rotation. Your feedback is important to us. *Thank you.*

Indicate your satisfaction with the various aspects of the orientation topics by circling the appropriate number for each of the following statements:

1 = Extremely Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent							
Teaching Effectiveness	1	Staff collaborated with me to meet course clinical objectives and goals	1	2	3	4	5
	2	Staff assisted me in identifying appropriate learning opportunities	1	2	3	4	5
	3	Staff offered me a balance of supervision/independence	1	2	3	4	5
	4	Staff immediately followed up with me when an intervention was needed to ensure patient safety	1	2	3	4	5
	5	Staff demonstrated knowledge, expertise and guidance in accessing unit resources/equipment	1	2	3	4	5
	6	Staff offered guidance in accurate retrieval and documentation of patient information in the electronic patient record and Medication Administration System	1	2	3	4	5
	7	Staff promoted effective clinical guidance to build and reinforce my critical thinking, problem solving, prioritization, and decision-making skills	1	2	3	4	5
Communication	8	Staff welcomed me to the nursing unit by introducing themselves	1	2	3	4	5
	9	Staff communicated effectively and courteously fostering a two-way relationship with me	1	2	3	4	5
	10	Staff demonstrated professionalism in the registered nurse role	1	2	3	4	5
	11	Staff acknowledged and praised others for their teamwork contributions	1	2	3	4	5

COMMENTS:

12 What was the most helpful action the Memorial staff/preceptor did to help you meet the course clinical objectives?

13 How could your clinical experience at this facility have been improved?

14 Is there any staff member you would like to recognize that was especially helpful during this clinical rotation?

15 Additional Comments:

Date Survey Completed: _____

Student Name (optional): _____

School: Heritage WSU YVCC Other

Quarter: _____

Check unit surveyed:

<input type="checkbox"/> 2 E/W	<input type="checkbox"/> Psych	<input type="checkbox"/> 5 W
<input type="checkbox"/> 2 S	<input type="checkbox"/> Peds	<input type="checkbox"/> Wound Care
<input type="checkbox"/> 2 NW	<input type="checkbox"/> NICU	<input type="checkbox"/> Infusion Care
<input type="checkbox"/> ICU	<input type="checkbox"/> FBP	<input type="checkbox"/> Other _____
<input type="checkbox"/> 3 E	<input type="checkbox"/> ED	
<input type="checkbox"/> 2 W	<input type="checkbox"/> 5 F	