## Infirmary Health Instructor Evaluation of Clinical Experience

FA	CI	ILI	ITY:

Name (optional):			ng:		
Course#:	Unit: (	Quarter/	Semester & Year:		
Have you had a prior clinical	experience at IHS: Yes	No	Staff Nurse/Manager?	Instructor?	
Have you had a previous exp	perience on this unit: Yes	No	Staff Nurse/Manager?	Instructor?	
In our efforts to continuously	improve the quality of studing instructor this quarter/s	dent clinic	cal experiences, please answer	the following questi	ons

	Question	Agree	Neutral	Disagree	N/A		
1	I didn't need any more orientation; I've had students on this unit before						
2	I was assisted in getting access in the hospital (ID badge, parking permit, EPIC LifeCare, Medication dispensing system)						
3	I met with the nurse manager or clinical coordinator to discuss expectations and working relationships with students						
4	Staff made me feel welcome and was helpful						
5	I felt comfortable asking questions						
6	The students and I had a place to put our belongings, and a place to meet and talk						
7	Unit personnel worked cooperatively with us						
8	Nurses were helpful in selecting patient assignments for students						
9	Nursing staff were supportive in sharing patient information and involving students in patient care						
10	Learning opportunities on the unit matched the needs of the students						
11	Please identify by name, staff who you felt were positive role models for the students						
12	Were there any other activities on the unit that impacted your students' learning opportunities or experiences? Please describe						
13	Do you have any recommendations that would be helpful for future instructors/faculty?						
14	Would you recommend this unit as a future learning site for students? Why or why not?						

Submission instructions:

Save document and click the facility name below to submit via email.

MOBILE INFIRMARY or LTACH THOMAS HOSPITAL NORTH BALDWIN INFIRMARY

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