

**Infirmiry Health System  
Student Evaluation of Clinical Experience**

Name (optional): \_\_\_\_\_ College/School of Nursing: \_\_\_\_\_

Course#: \_\_\_\_\_ Unit: \_\_\_\_\_ Quarter/Semester & Year: \_\_\_\_\_

IHS Facility: Mobile Infirmiry \_\_\_ LTAC \_\_\_ Thomas Hospital \_\_\_ North Baldwin Infirmiry \_\_\_ Oakwood \_\_\_

In our efforts to continuously improve the quality of student clinical experiences, please answer the following questions about your experience participating in this clinical rotation at an Infirmiry Health System facility.

	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Staff made me feel welcome					
	Example:					
2	Staff were open to questions					
	Example:					
3	Assistance was given as needed to access supplies and medications					
4	Nurses helped me to understand the patients and their needs					
	Example:					
5	Nurses were good role models for patient care					
	Example:					
<p><b>If you were a practicum student please complete questions 6-9 and continue. If you were NOT a practicum student please skip to question 10.</b></p>						
6	My preceptor planned patient care assignments in consideration of my abilities and course objectives					
7	My preceptor served as a positive role model					
8	My preceptor had an up to date nursing knowledge base					
9	My preceptor helped me to organize my nursing care activities and set priorities					
10	Please identify by <u>name</u> , staff who you felt were positive role models. How were they positive role models?					
11	Were there other activities on the unit that impacted your learning opportunities or experiences? Please describe.					
12	Would you recommend the unit as a future learning site for students? Why or why not?					

Thank you for your time and thoughtful responses. Please submit the completed form to the hospital clinical coordinator.