

## Infirmery Health Student Evaluation of Clinical/Practicum Experience

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

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

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 Infirmery Health facility.

Thank you for your time and thoughtful responses. See below for submission instructions.

	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Staff made me feel welcome					
2	Staff was open to questions					
3	Assistance was given as needed to access supplies and medications					
4	Nurses helped me to understand the patients and their needs					
5	Nurses were good role models for patient care					
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.						
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 name, 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?					

Submission instructions:

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

**MOBILE INFIRMARY** or **LTACH** **THOMAS HOSPITAL** **NORTH BALDWIN INFIRMARY**