

SAN DIEGO CITY COLLEGE
NURSING EDUCATION

STUDENT EVALUATION OF CLINICAL FACILITY

Clinical Facility _____

Course Number _____

Semester/Year _____

Date _____

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Please answer the following questions regarding your present clinical facility. This is an evaluation of how the clinical facility is meeting student needs.

1. Did you feel you received adequate orientation to function within this facility?

YES _____; NO _____; IF NO, PLEASE EXPLAIN:

2. How would you rate the learning experiences available in this facility?

EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

DESCRIBE:

3. What did you find most helpful on the unit(s)?

4. What did you find least helpful on the unit(s)?

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5. A. Did you have an opportunity to rotate to any specialty areas?
 YES _____; NO _____; IF YES, Please list areas:

 B. Were you able to meet your objectives? YES _____; NO _____;
 EXPLAIN:
6. Did the facility provide an adequate classroom/meeting place for pre and post conferences?
 YES _____; NO _____; IF NO, PLEASE EXPLAIN:
7. Describe how you were treated by the staff.
8. Is there a particular nurse that you felt was very helpful or made you feel welcome and comfortable?
9. Would you recommend the unit(s) for future placement of nursing students? (Be specific for each unit)
10. What suggestions would you offer to improve student experiences at this facility? (Be specific for each unit)

