



THIS FORM IS A PREVIEW ONLY!

CLINICAL YEAR EVALUATION OF CLINICAL EXPERIENCE

Please evaluate your clinical experience, site and staff below. Evaluation of your site supervisor will be completed with a separate evaluation.

For each statement below select one answer reflecting if you strongly disagree, disagree, are neutral, agree, strongly agree with the statement, or, if you cannot assess your experience on that statement.

Note: These evaluations may be shared with the clinical site upon their request.

OVERALL EVALUATION OF THE CLINICAL EXPERIENCE

(Question 1 of 7)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
The overall educational experience on this clinical experience met or exceeded my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this clinical experience to other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The EValue description/materials regarding this clinical rotation were accurate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would consider working as a member of this organization after graduation (if it is in my field of interest).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on your overall clinical experience, including any areas you ranked as neutral, disagree or strongly disagree. [Please be specific and provide examples.](#) *(Question 2 of 7)*

CLINICAL SITE

(Question 3 of 7)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
The clinical site provided me with an orientation at the beginning of the rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The orientation provided me with a good background to start this rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My role and responsibilities were well defined in the orientation and throughout the rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My learning contract was honored as much as possible during this rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facilities were clean, well-maintained with adequate safety measures present.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on your clinical site, including any areas you ranked as neutral, disagree or strongly disagree. **Please be specific and provide examples.** (Question 4 of 7)

CLINICAL SITE STAFF EVALUATION

Note: The clinical site supervisor will be assessed on a different form.

(Question 5 of 7)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
Demonstrated knowledge and competence in their discipline(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided well supervised guidance while allowing me to maintain responsibility for patient care on selected cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided me with adequate opportunity to develop my technical skills,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided me with adequate opportunity to develop my communication skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided me feedback in a timely, specific and constructive manner to allow improvement throughout the rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treated me in a professional and respectful manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were approachable and available when I requested assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment on the clinical site staff, including any areas you ranked as neutral, disagree or strongly disagree. **Please be specific and provide examples.** (Question 6 of 7)

Do you have any other comments regarding this clinical experience or how to improve the experience? (Question 7 of 7)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.

[Save For Later](#) [Submit](#)