

Student Nurse Instructor Evaluation of St. Vincent's Clinical Experience

Instructor Name: _____
School: _____
Hospital: _____
Nursing Unit: _____
Semester/Year: _____

We are ever striving to improve the learning opportunities we provide to nursing students through clinical rotations. Please take a moment to complete the questions below so that we can evaluate our effectiveness in assisting in the education of undergraduate nursing students. If you have additional comments or desire to speak with me personally, please do not hesitate to contact me either by phone or email.

Please return this completed evaluation either by fax, email, or postal mail. Thank you so much for your input and for choosing St. Vincent's as your clinical site!

Kay Honeycutt, Staffing Manager/Nursing Finance Officer
205-838-3632
Fax: 205-838-3469
Kay.Honeycutt@stvhs.com

Please circle the answer that most closely matches your assessment.

1. Overall I would rate my group's experience at St. Vincent's East:

Excellent Good Fair Poor

2. Overall I would rate the staff on the unit:

Excellent Good Fair Poor

3. Overall I would rate the quality of care in this department as:

Excellent Good Fair Poor

4. The nursing leadership in this department: (circle all that apply)

- a. was accessible
- b. was approachable
- c. demonstrated a collaborative approach to working with me
- d. was welcoming

5. I would recommend St. Vincent's to other instructors
YES NO
6. I would recommend this department/unit to other instructors.
YES NO
7. My goals and objectives for the students for the semester were: (circle one)
Exceeded Met Partially met Not met
If goals/objectives not met, please explain:
8. How could the clinical experience have been more effective/efficient?
9. Please share any other comments relative to how your experience could have been improved.
10. Please note any positive feedback that you would like to have shared with the staff or with particular staff members.

Thank-you!!!