

Del Mar College
Department of Registered Nursing Education

STUDENT EVALUATION OF CLINICAL FACILITY

COURSE #: _____ **FACILITY/UNIT:** _____ **SEMESTER:** _____

In order to improve and strengthen the course, please respond to the following statements. Write additional comments on the back of this page if desired. Thank you for your feedback.

		Agree	←—————→			Disagree
1.	I was able to meet clinical objectives on this unit.	5	4	3	2	1
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2.	The types of patients were appropriate for this course.	5	4	3	2	1
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3.	The staff was helpful and receptive to students.	5	4	3	2	1
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4.	The primary caregiver demonstrated responsibility for patients assigned to students.	5	4	3	2	1
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5.	I was oriented to the facility/unit.	5	4	3	2	1
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6.	The staff provided report on the patient's condition before beginning care.	5	4	3	2	1
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7.	Supplies and equipment needed for patient care were readily available.	5	4	3	2	1
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8.	The licensed healthcare providers on the unit acted in a professional manner.	5	4	3	2	1
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COMMENTS: