

Clinical Evaluation for St. Vincent's East

School Affiliate: _____

Department Assigned: _____ Clinical Dates: _____

Please evaluate the following statements as related to your clinical experience using the following criteria.

Poor =1, Somewhat =2, Not applicable =3, Met Objectives =4, Excellent = 5

If any objective is a "1" please provide comments specific to objective so that we may improve our performance.

1. Content- How relevant was the clinical experience to your objectives?

1 2 3 4 5

Comments:

2. Effectiveness- How well did the clinical experience actually enhance your attitudes, knowledge, and/or skills as a student?

1 2 3 4 5

Comments:

3. Quality- How would you relate the quality of care in this department?

1 2 3 4 5

Comments:

4. Overall- Please provide an overall rating of this clinical experience

1 2 3 4 5

Comments:

How could the clinical experience have been made more effective/efficient?

Please list any identified opportunities to improve care. Please use back of evaluation form for additional comments. Thank you.