



STUDENT EVALUATION OF CLINICAL SITE

Student's Name _____ Date _____

Clinical Site _____

Please rate the following statements according to this scale: 5=Strongly Agree, 4=Agree, 3=Somewhat Agree, 2=Disagree, 1=Strongly Disagree

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|---|-----------|
| 1. The clinical site provided me with an adequate orientation to the facility | 1 2 3 4 5 |
| 2. Clinical preceptors were knowledgeable and skilled at instructing in the clinical area | 1 2 3 4 5 |
| 3. The surgeons at the clinical site offered assistance and guidance when needed | 1 2 3 4 5 |
| 4. The staff/preceptor at the clinical site provided clinical evaluations in accordance to program policy | 1 2 3 4 5 |
| 5. I was treated with respect during my clinical rotation | 1 2 3 4 5 |
| 6. The staff/preceptor at the clinical facility created a non-threatening environment | 1 2 3 4 5 |
| 7. policies and procedures were enforced and clearly communicated to staff | 1 2 3 4 5 |
| 8. I was assigned to surgical procedures/specialties appropriate for my learning needs | 1 2 3 4 5 |
| 9. I received consistent, constructive feedback pertaining to my clinical performance | 1 2 3 4 5 |
| 10. What were the strengths of the clinical site and staff/preceptors? | |

11. Were there any areas of the clinical site that could be improved?

12. What did you like best about your experiences at the clinical site?

13. What did you like least about your experiences at the clinical site?
