



Student Evaluation of Clinical Experience

Thank you for your time and efforts in providing care to the patients of Bayhealth during your clinical rotation. We hope this experience exceeded your expectations and provided you with a great learning experience. We are interested in your comments and feedback about your rotation at Bayhealth. Please take a few minutes to complete the evaluation. Your feedback is important to us.

STUDENTS: Once completed, please return this evaluation to your INSTRUCTOR. Thank you!

Hospital: _____ Unit: _____ Shift: _____ Semester/Block and Year: _____

Factors: Indicate how well each factor was achieved by circling the appropriate number.

Factors	Very Satisfied	Some What Satisfied	Neither satisfied or dissatisfied	Somewhat dissatisfied	Dissatisfied
1. The unit operations were organized.	1	2	3	4	5
2. Resources such as computers, supplies, patient lift, and etc., were readily available to provide safe patient care.	1	2	3	4	5
3. Bayhealth staff were always friendly and professional.	1	2	3	4	5
4. Bayhealth staff were always supportive and receptive to my learning.	1	2	3	4	5
5. The clinical experience obtained at Bayhealth was beneficial to my education.	1	2	3	4	5
6. I felt I had the knowledge to provide safe and adequate care to patients assigned to me.	1	2	3	4	5

Thank you for completing this evaluation!

INSTRUCTORS - Please return completed evaluations to:

Andrea Bartsch

Bayhealth Education Department
640 S. State Street Dover, DE 19901



If you answered 'Somewhat Dissatisfied' or 'Dissatisfied', please comment below:

Please answer the following questions.

1. What aspects of the clinical site promoted clinical learning?

2. What aspects of the clinical site limited clinical learning?

3. Would you consider this institution as a future employer? Yes No
If no, please explain.

4. What other information would you like to share about this experience?

Thank you for completing this evaluation!

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