



HUTCHINSON
REGIONAL MEDICAL CENTER

Student Evaluation of the Hospital

Dates of Clinical

Program

Please rate the following aspects of your clinical rotation using the scale below:

- A. Strongly agree
- B. Agree
- C. Neither agree or disagree
- D. Disagree
- E. Strongly disagree
- F. N/A

1. The Student clinical orientation to the hospital was satisfactory. _____
2. The nurses were open to having a Students assigned to their areas. _____
3. Nurses were willing to help with procedures and medication administration. _____
4. You received sufficient support/guidance from the nurses and other staff. _____
5. The experience I had in this setting enhanced my learning and assisted me in meeting my clinical objectives. _____

Please list the unit(s) where you were assigned:

Which units provided you with the best experiences?

Please describe any problems you encountered during the rotation and the location. Please indicate if the problem(s) was resolved to your satisfaction.

What comments or suggestions do you have as to how this rotation can be improved?

Thank you for your participation and input. Please submit this form to your faculty.