**Edward-Elmhurst Health**

**Student Clinical Rotation Evaluation**

Thank you for spending time with us here at Edward Elmhurst Health Hospital. We are interested in your feedback on your clinical rotation. Please complete this evaluation so that we can continue to improve clinical experiences for students.

**Part A**

For the items below, please choose the response that best matches your experience:

**1 – Strongly Disagree 2 – Disagree 3 – Agree 4 – Strongly Agree**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | As a student, I felt welcome on the unit/department | 1 | 2 | 3 | 4 |
| 2. | The staff on the unit/department were available to answer my questions | 1 | 2 | 3 | 4 |
| 3. | The care I observed on the unit/department was of high quality | 1 | 2 | 3 | 4 |
| 4. | As a result of this experience, I feel more confident in providing health care | 1 | 2 | 3 | 4 |
| 5. | I was able to meet my learning objectives through my experience on this unit/department | 1 | 2 | 3 | 4 |
| 6. | I would like to have the opportunity for additional clinical rotations at Edward-Elmhurst Health | 1 | 2 | 3 | 4 |
| 7. | I would recommend Edward-Elmhurst Health for other students | 1 | 2 | 3 | 4 |
| 8. | I am considering employment at Edward-Elmhurst Health | 1 | 2 | 3 | 4 |

9. Please tell us why you would or would not consider employment at Edward-Elmhurst Health:

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1. Which clinical staff member impressed you and why? Please be specific: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What aspects of your experience could we improve?

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1. Please share additional comments here. (Use reverse side if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B**

Please provide this information about you:

Your college \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your anticipated graduation date \_\_\_\_\_\_\_\_\_\_\_\_\_

The EEH Unit/Department and date of your clinical experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_