

Hospital of the University Of Pennsylvania

DEPARTMENT OF NURSING DEVELOPMENT and EDUCATION

**Faculty Evaluation**

The purpose of the evaluation is to seek input from the school of nursing faculty regarding the patient care areas used to support students’ clinical experiences. Your candid response will assist the department to strengthen these experiences.

Clinical Faculty\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course name/#: \_\_\_\_\_\_\_\_\_\_ Clinical Unit / Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Please check the number that indicates your response utilizing the following scale/s:

* 4 = Excellent ***or*** 4 = Very Much So
* 3 = Good ***or*** 3
* 2 = Fair ***or*** 2
* 1 = Poor ***or*** 1 = Not At All

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | 1 | 2 | 3 | 4 | n/a |
| Patient Population is of sufficient size to meet the course objectives. |  |  |  |  |  |
| Patient Population represents health patterns to meet the course objectives. |  |  |  |  |  |
| Rate the overall quality of the clinical experiences on the units(s) where your students had their clinical experience. |  |  |  |  |  |
| The staff supported a collaborative relationship with faculty and students |  |  |  |  |  |
| The staff served as professional role models. |  |  |  |  |  |
| The environment is conducive and supportive of student learning. |  |  |  |  |  |
| The resources on the unit(s) were adequate for student learning. |  |  |  |  |  |

Please comment on any rating less than 3 (“Good").

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you change about the clinical experiences provided for your students? (Indicate if there are suggestions for specific units.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email the completed form to**:

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