



## Student Experience Evaluation

DEPARTMENT/UNIT \_\_\_\_\_

Please have students complete at the end of their rotation and submit to BFMC Education Department.

1. Staff members directly involved with my training were supportive of my work.

Indicate your level of agreement

Do not agree 1 2 3 4 5 6 Highly agree 7

2. Other staff members were supportive of my work.

Indicate your level of agreement

Do not agree 1 2 3 4 5 6 Highly agree 7

3. Rotations to other departments increased my learning (If applicable).

Indicate your level of agreement

Do not agree 1 2 3 4 5 6 Highly agree 7

4. Other department staff members were supportive of my work.

Indicate your level of agreement

Do not agree 1 2 3 4 5 6 Highly agree 7

5. Enough computers were available to complete my work.

Indicate your level of agreement

Do not agree 1 2 3 4 5 6 Highly agree 7

N/A

6. The Hospital orientation Self Learning Packet prepared me for my work.

Indicate your level of agreement

Do not agree 1 2 3 4 5 6 Highly agree 7

7. Computer training prepared me for my work.

Indicate your level of agreement

Do not agree 1 2 3 4 5 6 Highly agree 7

N/A

8. The hospital/clinical areas were satisfactory for clinical/educational rotation.

Indicate your level of agreement

Do not agree 1 2 3 4 5 6 Highly agree 7

9. Please provide feedback about any item(s) above or concerns that need improvement.