

FOR NURSING CLINICAL COURSES

By thoughtfully answering this survey, you will provide information to help improve teaching effectiveness.

Instructor:

Course:

Course No.:

Evaluation Start Date:

Evaluation End Date:

INSTRUCTIONS: *Thinking about your experience in this course, please select your level of agreement with each of the following statements.*

Please choose one of the following for each of the statements below: **Strongly Disagree (SD)**, **Disagree (D)**, **Neutral (N)**, **Agree (A)** or **Strongly Agree (SA)**.

This clinical experience was clearly organized. ☐ SD ☐ D ☐ N ☐ A ☐ SA

I knew what was expected of me in this clinical experience. ☐ SD ☐ D ☐ N ☐ A ☐ SA

I received timely feedback on clinical assignments that was helpful. ☐ SD ☐ D ☐ N ☐ A ☐ SA

The instructor encouraged students to play an active role in this clinical experience. ☐ SD ☐ D ☐ N ☐ A ☐ SA

The instructor prompted students to ask questions. ☐ SD ☐ D ☐ N ☐ A ☐ SA

The instructor was approachable throughout the semester. ☐ SD ☐ D ☐ N ☐ A ☐ SA

The instructor encouraged problem-solving during this clinical experience. ☐ SD ☐ D ☐ N ☐ A ☐ SA

I received feedback from an instructor regarding my clinical experiences that encouraged self-reflection and growth. ☐ SD ☐ D ☐ N ☐ A ☐ SA

I can apply knowledge and information from this experience to my clinical practice. ☐ SD ☐ D ☐ N ☐ A ☐ SA

The instructor encouraged me to enhance my understanding through self-reflection of my clinical experiences. ☐ SD ☐ D ☐ N ☐ A ☐ SA

My instructor respected the expression of diverse ideas. ☐ SD ☐ D ☐ N ☐ A ☐ SA

This clinical experience has helped me develop the skills necessary to work effectively with people from various backgrounds. ☐ SD ☐ D ☐ N ☐ A ☐ SA

Clinical activities and/or interactions (conference, simulation, etc.) with classmates contributed to my learning. ☐ SD ☐ D ☐ N ☐ A ☐ SA

What comments would you like to share regarding your instructor's clinical skill and judgment during this clinical experience? (Not applicable for precepted experiences).

Describe ways that the instructor effectively facilitated interactions among students and healthcare professionals. (Not applicable for precepted experiences).

What are one to three specific things about the instructor that helped to support your learning?

What are one to three specific things that could be improved to better support your learning?

The MU campus collects evaluations of faculty responsible for delivery of instruction to all or part of a course. Your answers to the following questions will be combined with those of other students and posted in the schedule of courses the next time this instructor teaches this course. Thank you for providing honest input.

Please choose one of the following for each of the statements below: **Yes**, **No**, or **I don't know (IDK)**.

Would you recommend this class to other students regarding...?

CLASS CONTENT	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> IDK
CLASS STRUCTURE (E.G., ORGANIZATION, PACING)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> IDK
POSITIVE LEARNING ENVIRONMENT	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> IDK
INSTRUCTOR'S TEACHING SKILL/STYLE	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> IDK
FAIRNESS OF GRADING	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> IDK

Please fill out the student information section

For me this course is a(n)...	In this course, I expect my grade to be...	I am a ...
<input type="radio"/> Requirement	<input type="radio"/> A	<input type="radio"/> Freshman
<input type="radio"/> Elective	<input type="radio"/> B	<input type="radio"/> Sophomore
<input type="radio"/> Other	<input type="radio"/> C	<input type="radio"/> Junior
	<input type="radio"/> D	<input type="radio"/> Senior
	<input type="radio"/> F	<input type="radio"/> Graduate
	<input type="radio"/> S	<input type="radio"/> Other
	<input type="radio"/> U	
	<input type="radio"/> None	