

**MACOMB COMMUNITY COLLEGE
RESPIRATORY THERAPY PROGRAM
EVALUATION OF CLINICAL ROTATION**

NAME OF CLINIC: _____

DATES ATTENDED: _____

1. Which of the following would you say you spend most of your time with in the clinical setting? (Circle One)		
Clinical Instructor	Preceptor	Both Equally
2. Who completed your performance evaluations? (Circle One)		
Clinical Instructor	Preceptor	Both
3. Who completed your evaluation? (Circle One)		
Clinical Instructor	Preceptor	Both

KEY			
5	STRONGLY AGREE	2	DISAGREE
4	AGREE	1	STRONGLY DISAGREE
3	SOMETIMES AGREE	8	UNABLE TO EVALUATE

CLINICAL INSTRUCTOR/PRECEPTOR	5	4	3	2	1	8
4. The instructor/preceptor was always available when you needed assistance.						
5. The instructor/preceptor was helpful and you felt at ease asking them for assistance.						
6. The instructor/preceptor effectively communicated to you areas needing improvement.						
7. Errors in your job performance were brought to your attention so you could further develop those skills.						
8. The instructor/preceptor answered your questions clearly and carefully.						
9. The instructor/preceptor was a good role model.						
10. The instructor/preceptor followed hospital and program guidelines and dealt with each student in a fair and professional manner.						
11. The instructor/preceptor displayed an interest and enthusiasm for teaching.						

PERFORMANCE EVALUATIONS	5	4	3	2	1	8
12. You were given ample time to practice the performance evaluations prior to being evaluated on those tasks.						
13. While being evaluated on a performance evaluation, the instructor or preceptor OBSERVED you doing the task and documented your performance on the appropriate form.						
14. The instructor/preceptor was consistent in the way performance evaluations were graded. (Students were required to follow the steps outlined in the performance evaluations.)						
EVALUATIONS						
15. The instructor completed a clinical evaluation of your performance at the appropriate time.						
16. The instructor discussed the clinical evaluation with you so you clearly understood your strengths and weaknesses.						
MEDICAL DIRECTION						
17. You were provided with opportunities to interact with the Medical Director of the Department, Program Medical Director, or other physicians during your clinical rotation.						
COMPLETION OF COURSE OBJECTIVES						
18. All course objectives and performance evaluations were completed.						
HOSPITAL STAFF						
19. The respiratory care staff and preceptors were helpful and courteous.						
NUMBER OF STUDENTS ASSIGNED TO THE CLINICAL SITE						
20. The number of students sent to the clinical site was sufficient to allow each student to practice and complete course objectives.						

21. Overall, how would you rate this educational experience? (CIRCLE ONE)

Excellent

Very Good

Good

Fair

Poor

22. What was the most benefit to you at this clinic?

23. What areas would you like to see improved?

24. Additional Comments: