Welcome to the University of Louisville Hospital-KentuckyOne Health

Thank you for partnering with the University of Louisville Hospital-KentuckyOne Health for your nursing student’s clinical education experiences.

As an academic medical center, it is our mission to provide an exceptional learning opportunity for students. The information found in this guide is designed to assist schools of nursing clinical instructors with the expectations and responsibilities that guide successful Nursing student clinical rotation activities at the University of Louisville Hospital-KentuckyOne Health.

Your University of Louisville Clinical Rotation Coordinator is:

Roselyn Tomasulo, MSN, RN, EFM-C
Advanced Practice Educator
Fax (502) 562-3961
roselyto@ulh.org

This packet includes:

✓ Credentialing process: Required for pre-approved SON Clinical Instructors and their student groups

✓ Expectations of Clinical Instructors and Students

✓ Required Clinical Rotation documents (7):
  o Document 1: Security Access Request Form
  o Document 2: Clinical Manager/Nurse Director Review
    (Pre-Rotation Unit Orientation for Instructors)
  o Document 3: Clinical Rotation Experience Agreement
  o Document 4: Non-Employee Handbook
  o Document 5: Statement of Confidentiality

✓ Evaluations: End of Semester/ Clinical rotation
  o Document 6: Clinical Instructor Evaluation of Clinical Rotation
  o Document 7: Student Evaluation of Clinical Rotation
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Credentialing Process for Clinical Instructors

**Purpose:** To establish documentation of Clinical Instructors who have access to ULH patient care areas for the purpose of nursing student clinical rotations, and to determine readiness to assume responsibility for patients and students in the patient care units of University Hospital.

**Procedure:** Attend Clinical Instructor Orientation: annual seminar event held on-site at ULH, prior to the beginning of the Fall semester.

All Clinical Instructors are required to provide the Nursing Education and Research Department with the following documentation to support clinical instructor approval and access to the patient care areas for clinical instruction:

**Required Clinical Instructor Documents:**
- Kentucky Board of Nursing RN licensure for current year; proof of ARNP licensure credential if instructor is designated as such with the KBN.
- Current Resume or Curriculum Vitae
- Copy of American Heart Association BLS card
- Copy of American Heart Association ACLS card for critical care or emergency department clinical rotations.

Clinical instructor documents are to be up-dated on an annual basis with the Nursing Education and Research Dept. Please provide all documents as a packet; do not provide individual documents.
Expectations of Clinical Instructors and Students

A successful clinical rotation begins with understanding what is expected of all Clinical Instructors and student groups who attend clinical activities at ULH. The following apply:

Clinical Instructor Expectations

- **PRIOR TO THE FIRST DAY** of any student entry to the clinical areas, all required rotation documents must be completed as outlined in this packet. Submit to Roselyn Tomasulo in Nursing Education
- Arrive on the unit **by 0645 or appropriate time for clinical rotation shift** and be ready to receive Nursing Report
- Maintains professional conduct at all times
- Appearance: must maintain professional appearance
  - Name badge of School of Nursing worn at chest level at all times
  - Clean scrubs and shoes are to be worn during all clinical activities
    - *This includes pre-clinical day activities, such as obtaining assignments for student activities for the clinical day*
- Must make an appointment to meet with your assigned unit’s Clinical Manager or Nursing Director to:
  - Provide them with your mobile phone contact info
  - Obtain orientation to the unit
  - Provide copies of the course Objectives
  - Discuss any special considerations of the rotation
- Notify the ULH Clinical Rotation Coordinator ([roselyto@ulh.org](mailto:roselyto@ulh.org)) and the unit if the clinical group will not be reporting for scheduled activities
- Must remain with the students and provide direct supervision for all patient care activities, at all times. The only exception to this is for Leadership or Capstone preceptor ships approved in advance that do not require instructor direct oversight. Contact the ULH Clinical Rotation Coordinator ([roselyto@ulh.org](mailto:roselyto@ulh.org)) for questions.
- Must provide off-going report to the patient’s RN at the end of the clinical day
- Complete Clinical Instructor evaluation of the clinical rotation; submit with completed student evaluations to the ULH Clinical Rotation Coordinator in Nursing Education &Research Dept **on the last clinical rotation day**
Nursing Student Expectations

• Must complete all required documents and clinical documentation training course to ensure access to the clinical patient care areas for the rotation activities

• Will plan to eat breakfast prior to arriving at the ULH Health Sciences campus for any clinical rotation activities

• Must maintain professional conduct and demeanor at all times
  o Including for all pre-clinical day preparation activities

• Appearance: must maintain professional appearance
  o Name badge of School of Nursing worn at chest level at all times
  o Clean scrubs and shoes are to be worn during all clinical activities
  ▪ This includes pre-clinical day activities, such as obtaining assignments for student activities for the clinical day

• Must arrive to the approved patient care unit and be ready to receive Nursing Report by 0645 or appropriate time for clinical rotation shift

• Must provide off-going report to the assigned patient’s RN when leaving the unit for any reason, and at the end of the clinical day

• Will not copy any portion of the patient’s medical record; all documents with protected health information must be placed in the unit’s shredder bins at the end of the clinical day-no exceptions!

• Complete nursing student evaluation of the clinical rotation activities
Additional Clinical Experiences: Student Observations

Observational experiences **MUST** be pre-arranged by the ULH Clinical Rotation Coordinator (roselyto@ulh.org). She/He will notify instructors with approvals for confirmed student observations.

Maximum of 2 student observations per clinical group will be accommodated on a first-come, first-served basis. For maximum student opportunity, these arrangements should be requested with the ULH Clinical Rotation Coordinator in advance of the semester’s rotation activities.

Once an observation arrangement is confirmed, Clinical Instructors are expected to:

- Introduce themselves to the designated contact person at the observation site (i.e.: Clinical Manager)
- Provide mobile phone contact information to this individual for contact in case of emergency
Clinical Rotation Required Documents

After receiving the assignment from the School’s Clinical Coordinator for the upcoming semester’s clinical rotations at ULH, Clinical Instructors should plan to complete the following documents, listed in order of the following three priorities:

**Priority I: U of L HealthCare Security Access Request Form:**

**Complete Document 1: “U of L Health Care Security Access Request Form Information”**

To facilitate a smooth process for gaining IS access to the e-documentation systems at ULH, it is critical that all instructors provide this completed document to the Nursing Education & Research Dept upon receiving their school’s clinical rotation assignment for ULH:

**Purpose is to provide approved clinical instructors with the following:**

- **Remote access:** provides Instructor ability to request Information Systems access from ULH for each student in the clinical group. This access is time-sensitive and limited to the dates provided on the request form; access to all systems is revoked at the end of the day of the last day of clinical rotation activities.

- **Instructor’s computer system access: Net Access/CPOE:** for charting patient care provided by instructors/students

- **Medication dispensing machines (AcuDose)**

- **CSR Supply Pyxis machine**

- **Additional clinically-specific access, if applicable to the rotation**

**Procedure:**

1. **Student assignment of IS access by Instructors:** An instructor guide will be provided to all Clinical Instructors to assist with the student assignment process. Contact Nursing Education and Research for assistance.

2. **Approved Clinical Instructors will receive an email from the ULH Information Systems Dept. containing their clinically-specific access to the ULH systems within 1 week of submission of the request form.**

3. **Approved clinical rotations at ULH should contact the Nursing Education and Research Department to obtain access to the KentuckyOne Health/ULH website portal and will receive instructions for downloading the Clinical Documentation Training module, instructing their student groups, and complete the evaluation for this training.**
Instructors will visit our website: http://www.kentuckyonehealth.org/uofclinicaltraining and remotely download the training materials to your classroom computer; provide the instruction to your student groups on how to document patient care in the ULH computer software system.

***Please NOTE: Access to any/or all systems is based on organizational capacity, rights/privileges to systems may be limited or removed. Please be prepared to make arrangements if access is not available during your clinical rotation. ***

Priority II: Unit Orientation: Schedule a meeting with the Clinical Manager or Nursing Director of the assigned unit for the rotation

**Complete Document 2**: “Clinical Manager/Nurse Director Orientation and Review of Rotation Activities with Clinical Instructor”

Schedule an appointment with your assigned unit’s Clinical Manager or Nursing Director to discuss the rotation’s activities, objectives, and other pertinent information related to the activity.

Contact your school’s Clinical Coordinator for the office number and email address of the Clinical Manager for your unit’s assigned student rotation.

**Complete Document 3**: “Clinical Rotation/Clinical Experience: Instructor Agreement” (2-page document; must complete both pages)

**Complete Document 4**: “Non-Employee Handbook, Page 38: Acknowledgement Page” (HIPAA/Confidentiality form: Instructors and students must complete and sign this form)

**Complete Document 5**: “Statement of Confidentiality”: Instructors and students must complete this for Information Systems access at ULH. PRIOR TO THE FIRST DAY OF THE SCHEDULED CLINICAL ROTATION DAY:

**Submit Documents #s 2-5 as a packet to Nursing Education & Research Dept: Attention: Clinical Rotation Coordinator  
Fax: (502) 217-5138  
Email: roselyto@ulh.org**

**ATTENTION:**

*Please do not provide the above listed documents to Nursing Education Dept. as separate items. Thank you for your assistance with this request.*
PRIORITY III: The Last Scheduled Clinical Day: Evaluations

Complete Document 6: “Clinical Instructor Evaluation”
Complete Document 7: “Student Evaluation of Clinical Rotation”

On the last day of the scheduled clinical rotation activities, Clinical Instructors are to provide all completed evaluations (for instructors and students) for the rotation to the Nursing Education & Research Dept. The rotation is considered incomplete without submission of the evaluations.

We look forward to working with each Instructor and nursing student clinical group. Feel free to contact me anytime for questions as I am happy to assist.

Thank you,

Nursing Education and Research Dept.
Ambulatory Care Building
Required Documentation:

Please complete all applicable areas, sign, and return all forms after this point.

Document 4 – Page 38 of ULH / Kentucky One- Nonemployee Handbooks

Handbook Attached Separately

***Page 38 required for All Clinical Instructors and Students***
Date Access Needed (Clinical rotation start date):

_____________________________

Date Access Ends (Clinical rotation completion date):

_____________________________

School: _________________________________________________________________

Approved Clinical Unit:

_____________________________________________________________________

Instructor name: _________________________________________________________

Last 4 of Social Security Number:

_____________________________________________________________________

Date of Birth:____________________________________________________________

Instructor’s e-mail Address:

_____________________________________________________________________

Instructor’s Mobile Phone:

_____________________________________________________________________
Document 2:

Clinical Manager/Nursing Director Review of Rotation Activities with Clinical Faculty

For Unit-based Orientation Clinical Instructors and Capstone Students

<table>
<thead>
<tr>
<th>What to Review</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Assignment and Change of Shift Reporting Processes</td>
<td></td>
</tr>
<tr>
<td>Clinical Manager/Nurse Director Rounding</td>
<td></td>
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<tr>
<td>Nursing Clinical Documentation (Access provided by IS)</td>
<td></td>
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<tr>
<td>Nursing Assessment</td>
<td></td>
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<tr>
<td>Medication Administration</td>
<td></td>
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<tr>
<td>AcuDose medication access (Access provided by IS)</td>
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<tr>
<td>Unit Telephone Number and Manager/Director Contact Number</td>
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<tr>
<td>Code for Med Room and Pantry</td>
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<tr>
<td>Electronic PCAR access</td>
<td></td>
</tr>
<tr>
<td>List of Physicians and contact info for Major Services, Nurse Practitioners, Medical Director, How to access: Patient Care Policy and Procedure Manual (InfoStation)</td>
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<tr>
<td>Patient and Family-Care Model</td>
<td></td>
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<tr>
<td>Service Scope of Care for assigned unit</td>
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<tr>
<td>Copy machine location and use</td>
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<tr>
<td>Review of Safety Codes and Procedure for calling a code; MEWS and STAT Response Processes</td>
<td></td>
</tr>
<tr>
<td>Student and Faculty Evaluations <em>(due on last day of scheduled clinical rotation to Nursing Education &amp; Research Dept.)</em></td>
<td></td>
</tr>
<tr>
<td>Review the National Patient Safety Goals, NDNQI and HCAHPS goals</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Clinical Manager/Nurse Director Signature ___________________________ Date ________________

Clinical Faculty Signature ___________________________ Date ________________
Clinical Rotation Experience Agreement

I, ______________________________, of ______________________________ am the individual responsible for coordinating clinical rotations/experiences for the below named persons. I attest that I have been oriented to University Hospital and I am familiar with its policies, procedures and processes. By signing below, I agree to the following:

a. I attest that the persons named below will each be given a University Hospital orientation packet from me and will be oriented by me to the hospital and the specific department where the clinical experience will take place PRIOR to the experience.

b. I attest that the individuals named below meet all of the health and safety requirements outlined in the contract between University Hospital and my facility, including, but not limited to: all applicable immunizations, including a current PPD, and all applicable certifications (i.e., BLS).

c. I agree to sign, and have each individual below sign, a confidentiality statement and return these to the designated Hospital Clinical Rotation Coordinator for my discipline PRIOR to the first clinical experience.

Student Names (PLEASE PRINT)

<table>
<thead>
<tr>
<th>Name 1</th>
<th>Name 2</th>
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</tr>
</tbody>
</table>
Clinical Instructor Confidentiality Statement

This certifies that I have attended formal HIPAA training at my institution of employment and that the training I received may be verified.

I understand that University Hospital has legal and ethical responsibilities to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information. I understand that I am expected to comply with hospital policies as they relate to maintaining the privacy of our patients’ individually identifiable health information.

I know it is my right and responsibility to seek guidance about privacy issues when I am uncertain about which actions to take, and report situations to hospital management when I have reason to believe there is a violation of these policies.

I will fully cooperate in any investigation of conduct that may be a violation of these policies and standards.

I also agree to the following statements:

1. I will not disclose or discuss any confidential information with others, including friends and family, who do not have a need to know it.
2. I will not in any way divulge copy, release, sell, and loan, alter, or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. It is not acceptable to discuss confidential information even if the patient’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.
5. I agree that my obligations under this Agreement will continue after completion of the clinical rotation/experience and/or my relationship ceases with University Hospital.
6. I understand I have no right to any ownership interest in any information accessed or created by me during my relationship with University Hospital.
7. I will act in the best interests of the Hospital and in accordance with its Code of Conduct at all times during my relationship with the Hospital.
8. I understand that violation of this Agreement may result in disciplinary and/or legal action including suspension and loss of privileges, and/or authorization to teach within the Hospital, in accordance with the Hospital’s policies.

________________________________ ____________________________ ____________
Print Name     Signature     Date
Document 5:
Statement of Confidentiality

All information obtained through the hospital computer system with respect to patient’s chart, employee files, or learned through conference with physicians, employees, patients, or family members is to be handled in a highly confidential manner and is not to be discussed with anyone not directly involved in the patient’s care. Understand that any violation of the confidentiality of patient medical or business information results in penalties that range from administrative action to substantial fines and imprisonment, depending on the severity of the violation.

What is Protected Health Information (PHI)?
Protected Health Information (PHI) is any information about health status, provision of health care, or payment for health care that can be linked to a specific individual. PHI includes any information that can connect an individual to that information, such as address, social security number, name, etc.

Implications for you as a non-employee
You are expected to share information only when needed and only as much is necessary. Do not share patient information with others in the elevators, cafeteria, or anywhere else that is not appropriate.

U of L Health Care Information Systems (IS) is committed to protecting U of L Health Care (ULH) employees, resources, patients, and partners from damaging or illegal actions by individuals, either knowingly or unknowingly. Computer resources are one of ULH’s most valuable assets and shall be protected from theft, misuse, destruction or disclosure under applicable law, including PHI covered under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Therefore, I agree to the following provisions:
• Not to demonstrate the operation of computer equipment, systems or resources to anyone without specific authorization.
• To maintain assigned passwords in strict confidence and not to disclose a password for anyone, at any time, for any reason.
• To access only computer equipment, systems and resources as required for the performance of my professional responsibilities.
• To contact the ULH IS department immediately if any security information (including User ID and Password) is compromised.
• Not to disclose any portion of ULH computer resources to any unauthorized individuals.
• Not to disclose any portion of a patient’s PHI except to recipients designated by HIPAA for treatment, payment or operations.
• To report any activities that may be a breach of confidentiality to the ULH IS Help Desk.
• I understand that willful disclosure of my User ID and Passwords or use of another’s passwords will be grounds for disciplinary action up to and including ineligibility to continue in the program.

The ULH Help Desk phone number is 502-562-3637, or in house ext. 3637. The fax number is 502-217-1048.

I have read and understand the information above. I understand that it is my responsibility as a non-employee to adhere to University of Louisville Healthcare’s policies and procedures.

______________________________________________  ______________________________________
Student Printed Name     Nursing Faculty Printed Name

______________________________________________  ______________________________________
Student Signature       Nursing Faculty Signature
Reference Sheet: Survey Monkey Links to End of Semester Evaluations

In addition to providing the following evaluations in hard copy (see website), the following links can be implemented into your end of clinical rotation process.

Please be advised, however, if utilizing the electronic method (the link), you will need to ensure you allow time for your students to complete the evaluation and verify that they’ve done so.

**Clinical Instructor Evaluation** of Clinical Rotation Activities at University of Louisville Hospital


**Student Evaluation** of Clinical Rotation Activities at University of Louisville Hospital

[https://www.surveymonkey.com/r/StudentEvalClinRota](https://www.surveymonkey.com/r/StudentEvalClinRota)
Student Evaluation Form

Name (optional): ___________________________ Dates of Rotation: ____________________

Name of School and Clinical Instructor: ____________________________________________

Assigned Unit: __________________________

1. Were your course objectives for clinical application met in the patient care setting (please circle)?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>None were met</td>
<td>Most were not met</td>
<td>Some were met, some were not</td>
<td>Most were met</td>
<td>All were met</td>
</tr>
</tbody>
</table>

If you rated this a 1, 2, or 3, please comment: ________________________________________

2. Were you given opportunities to implement nursing care in your daily assignments (i.e., at the bedside, participating at reports or conferences, nursing rounds, patient teaching, and documentation on the chart) (Please circle)?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had no variety of opportunities</td>
<td>I had few variety of opportunities</td>
<td>I had some variety of opportunities</td>
<td>I had a fair variety of opportunities</td>
<td>I had a wide variety of opportunities</td>
</tr>
</tbody>
</table>

If you rated this a 1, 2, or 3, please comment: ________________________________________

3. Did you have a chance to meet and interact with any of the following (please check all that apply):

- Unit Clinical Manager
- Unit Charge Nurse(s)
- Care Coordinator(s)
- Social Worker
- Physical, Occupational, or Speech Therapist
- Clinical Pharmacist
- Respiratory Therapist
- Radiology Staff
- Other: ______________________________________

4. What types of patients did you care for in your clinical rotation (please mark an estimated percentage (%) in each column):

[ ] Unit Clinical Manager
[ ] Unit Charge Nurse(s)
[ ] Care Coordinator(s)
[ ] Social Worker
[ ] Physical, Occupational, or Speech Therapist
[ ] Clinical Pharmacist
[ ] Respiratory Therapist
[ ] Radiology Staff
[ ] Other: ______________________________________
<table>
<thead>
<tr>
<th>% of patients</th>
<th>___%</th>
<th>___%</th>
<th>___%</th>
<th>___%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Acuity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Description (examples)</td>
<td>Independent care ↑ adlib Oral meds</td>
<td>Activities with assist Oral meds 1 IV Simple dressings</td>
<td>Complete care &gt;1 IV line Indwelling tubes &gt;1 dressing Oral meds and IV meds</td>
<td>Complete care NPO Central line Indwelling tubes Complex dressings IV meds</td>
</tr>
</tbody>
</table>

5. Did the staff nurses reflect a role model for you to emulate (please circle)?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>None did</td>
<td>Most did not</td>
<td>Some did, some did not</td>
<td>Most did</td>
<td>All did</td>
<td></td>
</tr>
</tbody>
</table>

If you rated this a 1, 2, or 3, please comment: ____________________________


6. Mark the characteristics that were displayed by most nursing staff with a “✓” and those that were not displayed with a “X.”

<table>
<thead>
<tr>
<th>Good customer service</th>
<th>Good organizational/prioritization skills</th>
<th>Collaboration and teamwork</th>
<th>Personal responsibility/accountability</th>
<th>Respect for patients and staff</th>
<th>Leadership qualities</th>
<th>Willing to provide a variety of useful clinical learning experiences for you</th>
<th>Supportive of your delivery of patient care</th>
</tr>
</thead>
</table>

Please comment on any of those you marked with “X” above: ____________________________


7. Are the clinical resources at University of Louisville Hospital adequate and appropriate for meeting your course objectives (please circle)?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>Fair</td>
<td>To a great degree</td>
<td>Very good</td>
<td></td>
</tr>
</tbody>
</table>

8. Please provide the best experience during the clinical rotation.


9. Please provide areas/items that could improve the clinical rotation.
10. Would you consider employment at University of Louisville Hospital? ___Yes ___No

If no, why? ____________________________________________________________

Would you like a nurse recruiter to contact you about employment opportunities and scholarship issues?

___Yes ___No  If yes, please be sure to put your name on this form.

***Thank you for taking the time to complete this evaluation. Your answers will influence changes and improvements for future student clinical experiences.***
Document 6: End-of-Semester Evaluation
Clinical Instructor Evaluation of Clinical Rotation Activities at University of Louisville Hospital

(Please Return to Nursing Education & Research Dept. on last day of Student Clinical Rotation)

<table>
<thead>
<tr>
<th>School of Nursing:</th>
<th>Unit:</th>
<th>Time/Days:</th>
<th>Name of Instructor:</th>
</tr>
</thead>
</table>

Describe if and how the unit supported the goals of the clinical rotation
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe the extent to which nursing practices supported the goals of the clinical rotation
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe the staff and student and staff and faculty interaction and communication
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Identify any issues that may benefit future clinical rotations
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Identify any issues or concerns that may require an investigation or action plan
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________