

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
COLLEGE OF NURSING
NURSE PRACTITIONER TRACK**

CLINICAL SITE EVALUATION¹

Name of Site: _____

Location: _____

Evaluated By: _____ **Date:** _____

Instructions:

- 1 Please mark an AX@ in the most appropriate space after each statement regarding the site.
- 2 Space is provided after each statement if you choose to add any written comments.

Table 1

	YES	NO	N/A	COMMENTS
Is adequate space provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is adequate time given to see clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there sufficient numbers of clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the types of clients varied as to age, type of problem, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are students allowed to select clients according to their learning needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are students given the opportunity to follow up with clients and/or problems of interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are reports from lab and x-ray accessible to student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is support staff appropriately helpful to and accepting of the student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Developed by the University of Washington, School of Nursing, Family Nurse Practitioner Program. Reproduced by permission from *Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education* by National Organization of Nurse Practitioner Faculties, 1995, Washington, DC.

Does the clinic/unit provide: a. Health promotion and disease prevention? b. Disease diagnosis and management? c. Both?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--

¹ Developed by the University of Washington, School of Nursing, Family Nurse Practitioner Program. Reproduced by permission from *Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education* by National Organization of Nurse Practitioner Faculties, 1995, Washington, DC.

	YES	NO	N/A	COMMENTS
Are instructional materials available for clients to supplement their learning (i.e. pamphlets, outside class opportunities, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are community resources, other agencies, and professional disciplines involved with client welfare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How far away is site?

Mileage: _____

Travel Time from University: _____

Accessibility - Public Transportation: _____

GENERAL COMMENTS:

1. List ways this agency/individual provides good clinical experience for students.

2. List areas in which this agency/individual needs improvement in order to provide optimal student learning.

3. Do you recommend this agency/individual for other students? YES NO

a. Why or why not?

¹ Developed by the University of Washington, School of Nursing, Family Nurse Practitioner Program. Reproduced by permission from *Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education* by National Organization of Nurse Practitioner Faculties, 1995, Washington, DC.