

YEAR: \_\_\_\_\_

**University of Delaware  
Department of Medical Laboratory Sciences  
Senior Clinical Practicum Site Evaluation**

NAME: \_\_\_\_\_

<b>Clinical Practicum Period:</b> <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four
<b>Name of Clinical Education Site:</b>
Discipline: <input type="checkbox"/> Blood Bank <input type="checkbox"/> Chemistry <input type="checkbox"/> Hematology <input type="checkbox"/> Microbiology <input type="checkbox"/> Urinalysis

<b>I. Orientation</b>			
A.	After your arrival at the department, were you given the following information?	Yes	No
	1. Written objectives		
	2. Evaluation and grading process of students		
	3. Clinical practicum schedule		
	4. Department structure, organization and policies		
	5. Protocol for reporting results and contribution to laboratory services		
	6. Names of staff in the department so that you were made to feel part of the laboratory		
B.	After the orientation, did you have a clear understanding as to what was expected of you?		
C.	Please give comments or suggestions in regard to the orientation, e.g. amount of information.	Adequate	Inadequate

II.	Clinical Learning Experience			
A.	Clinical Instruction	Yes	Some-what	No
	1. Were the learning experiences well planned and structured?			
	2. Did the learning experiences reflect the goals of the course objectives?			
	3. Was there flexibility in your rotation to provide for the level of competency you demonstrated?			
	4. Was adequate time provided to fulfill the course objectives?			
	5. In view of your background education and experiences, was the amount of responsibility given to you during the majority of your clinical experience appropriate?			
	6. Was extra time, if available, utilized appropriately for learning activities (projects, journal articles, study questions)?			
	7. At the completion of the clinical rotation were you adequately confident in your laboratory performance without any supervision?			
B.	Supervision			
	8. Did you have a clear understanding as to whom you were directly responsible?			
	9. Did you have adequate opportunities to communicate with your instructor(s)?			
	10. Based on your experience and skill, was the degree of supervision appropriate?			
C.	Laboratory Interactions			
	11. Did you have some opportunities to interact with members of the staff in sharing professional concerns?			
	12. Were you given opportunities to <b>attend</b> in-service education (seminars, conferences, medical rounds, case presentations)?			
	13. Were you given opportunities to <b>participate</b> in any in-service education programs?			
D.	Evaluation Process			
	14. Were you satisfied with the frequency in receiving your clinical evaluations?			
	15. Were you given an opportunity to comment on your final evaluation?			
	<p>16. Check the statement that best describes your feelings in reference to the clinical evaluation.</p> <p>a. The criteria used for evaluation reflected heavily on:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> cognitive domain (theory, knowledge)</li> <li><input type="checkbox"/> psychomotor domain (laboratory procedure performance)</li> <li><input type="checkbox"/> personality trait</li> <li><input type="checkbox"/> well balanced of all three above</li> </ul> <p>b. The final evaluation of my performance was:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> discussed with me prior to completion in writing</li> <li><input type="checkbox"/> discussed with me after completion in writing</li> <li><input type="checkbox"/> not discussed</li> </ul>			

<b>III.</b>	<b>Summary</b>
A.	Please rate this clinical education experience. <input type="checkbox"/> A very positive experience, wish they all were like this. <input type="checkbox"/> Time well spent. <input type="checkbox"/> Could have been better. <input type="checkbox"/> A very negative experience, would not recommend to other students.
B.	Other comments and recommendations:

<b>IV.</b>	<b>Academic Preparation</b>
A.	State the strengths and weaknesses of your academic preparation for this clinical experience.
B.	Suggestion: Topic(s) that should be considered in future academic preparation.

