Facility Evaluation - 1 Facility, 1 unit

Q3 Facility:
- OU Medical Systems Children's Tower (1)
- OU Medical Systems Maternal-Newborn (2)
- OU Edmond (3)
- Norman Healthplex (4)
- Mercy Family Birthplace (5)
- Mercy Medical Surgical (Adult) (6)
- VA Medical Center (7)
### Q4 Assigned Units:

- **If Facility: OU Medical Systems Children's Tower Is Selected**
  - 8th Floor (1)
- **If Facility: OU Medical Systems Children's Tower Is Selected**
  - 9th Floor (2)
- **If Facility: OU Medical Systems Children's Tower Is Selected**
  - Hematology Oncology (3)
- **If Facility: OU Medical Systems Maternal-Newborn Is Selected Or Facility: Norman Healthplex Is Selected**
  - Labor and Delivery (5)
- **If Facility: OU Medical Systems Maternal-Newborn Is Selected**
  - Mother-Baby (6)
- **If Facility: OU Medical Systems Maternal-Newborn Is Selected**
  - High Risk OB (7)
- **If Facility: OU Medical Systems Maternal-Newborn Is Selected**
  - Infant Care (8)
- **If Facility: OU Edmond Is Selected**
  - Medical Surgical (9)
- **If Facility: Norman Healthplex Is Selected**
  - Post-Partum (10)
- **If Facility: Norman Healthplex Is Selected**
  - Newborn Nursery (11)
- **If Facility: Mercy Family Birthplace Is Selected**
  - Mercy Family Birthplace (12)
- **If Facility: Mercy Medical Surgical (Adult) Is Selected**
  - 3A (13)
- **If Facility: Mercy Medical Surgical (Adult) Is Selected**
  - 3B (14)
- **If Facility: Mercy Medical Surgical (Adult) Is Selected Or Facility: VA Medical Center Is Selected**
  - OR (15)
- **If Facility: Mercy Medical Surgical (Adult) Is Selected**
  - Outpatient Diagnostics (16)
- **If Facility: VA Medical Center Is Selected**
  - 6 North (17)
- **If Facility: VA Medical Center Is Selected**
  - 7 East (18)
Q5 $(q://QID7/ChoiceGroup/SelectedChoices}$
<table>
<thead>
<tr>
<th>Comments</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>My orientation to the clinical facility was informative and adequate for me to function.</strong> (1)&lt;br&gt;The staff demonstrated interest in my learning and communicated well with me. (2)&lt;br&gt;Students are made to feel valued and a part of the team. (3)&lt;br&gt;I had access to my assigned patients’ health information either individually or with assistance from staff or instructor to adequately care for my patient. (4)&lt;br&gt;I worked with nurses who displayed what I believe to be attributes of a professional nurse. (5)</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
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Any suggestions you have will be welcomed

Please rate your experience using the scale below.
<p>| | | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>The clinical experience met my learning needs. (6)</td>
<td></td>
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<tr>
<td>From my current level of understanding the clinical facility provides patient care using evidence-based practices. (7)</td>
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<tr>
<td>From my current level of understanding the clinical facility meets (follows) nationally established patient health and safety goals. (8)</td>
<td></td>
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<tr>
<td>The clinical facility is a place I would consider for a place of employment. (9)</td>
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</table>
Q6 $\{q://QID3/ChoiceGroup/SelectedChoices\}$

<table>
<thead>
<tr>
<th></th>
<th>Poor (1)</th>
<th>Below Average (2)</th>
<th>Good (3)</th>
<th>Excellent (4)</th>
<th>Comments ()</th>
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</thead>
<tbody>
<tr>
<td>I would rate my experience at this facility as (1)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
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Q7 Please respond to the following:

<table>
<thead>
<tr>
<th></th>
<th>Please write additional comments below:</th>
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</thead>
<tbody>
<tr>
<td>List the positive aspects of your clinical experience (1)</td>
<td>Comments ()</td>
</tr>
<tr>
<td>List the negative aspects of your clinical experience (2)</td>
<td></td>
</tr>
<tr>
<td>Please list suggestions for future clinical rotation. Include ideas to enhance learning opportunities and improve clinical skill (3)</td>
<td></td>
</tr>
</tbody>
</table>