

Oregon Consortium for Nursing Education
NRS 224, NRS 424 & NRS 425: Integrative Practicum I and II
Evaluation of Clinical Teaching Associate (CTA) and Clinical
Learning Environment

Student ID:

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Name of CTA _____

Did CTA participate in OCNE CTA Workshop?

☐ No

☐ Yes

This form is for you to provide feedback regarding your (CTA) to your faculty of record about what you found helpful in your learning during your integrative practicum. We ask that you complete this and submit to your faculty of record to use in overall evaluation of the integrative practicum and to provide appropriate feedback to your CTA.

Please indicate the extent to which you agree that the behavior describes your CTA by either placing a checkmark (✓) or an X inside the appropriate box. If you make an error, please just scratch out the incorrect checkbox. Please fill out this form with a BLACK or DARK BLUE PEN only.

My CTA...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Made clinical enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Made clinical interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Helped me develop my clinical judgment skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Helped me become more proficient in technical skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was very approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Advocated for me with other nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was open to suggestions for improving my learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Needed to provide more guidance in organizing my day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Would think out loud with me, explaining rationale for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pointed out patient signs that I should notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was too critical of my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Helped me feel confident about my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Would not allow me to do anything independently even when I had demonstrated my competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Gave helpful feedback on what to improve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Met with me frequently to discuss what I was learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Would tell me when s/he didn't know the answer to a question	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Would help me find the answer when s/he didn't know the answer to a question	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Was a positive role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments

How was the CTA helpful? _____

What could the CTA have done to be more helpful? _____

Evaluation of Clinical Learning Environment	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The other nursing staff on the unit/facility were hospitable and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. By the end of the term, I felt like I was a member of the team, rather than a guest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Some of the nurses on the unit seemed that they were not happy that I was there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I had opportunities to work with members of other health disciplines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had at least one opportunity to phone a physician to report changes in patient or to ask a question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Some of the nursing staff showed that they expected me to be better prepared than I was.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I had at least one opportunity to practice assigning nursing care functions or delegating care to another member of the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Nursing staff went out of their way to find new learning experiences for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Your campus:

- ☐ BMCC
 ☐ CCC
 ☐ LCC
 ☐ MHCC
 ☐ PCC
 ☐ RCC
☐ SWOCC
 ☐ UCC
 ☐ OHSU
 ☐ Ashland
 ☐ Klamath Falls
☐ LaGrande
 ☐ Monmouth
 ☐ Portland

Name of facility where you had your clinical experience _____

- ☐ I give my permission to release this information to the facility where I completed my Integrative Practicum.
- ☐ I do not my permission to release this information to the facility where I completed my Integrative Practicum.

