

**Clinical Faculty Academy  
Requested Data and Feedback Information**

<b>Requested Information</b>	<b>Timeframe for Submitting Requested Information</b>
A description of how you implemented the model and the modifications you made to the training materials including any changes to the copyright protected reference manual and instructor guide	Annually
Number of nurses who attended each academy training session; including a summary of participant evaluations  <b>PLEASE USE THE ATTACHED PARTICIPANT EVALUATION FORM WHEN REPORTING</b>	After each academy training session
Recommendations for improvement to the curriculum or model, including any other suggestions	Annually

## CLINICAL FACULTY ACADEMY

### *Participant Evaluation Form*

Speakers and Program Session	Content High	Low	Delivery High	Low
<b>Day 1</b>				
<b>Why We Are Here — What is the Context for Curricular Design and Clinical Instruction</b>				
Instructor Name/School:	5	4	3	2 1
<b>Legal Issues in Clinical Education</b>				
Instructor Name/School:	5	4	3	2 1
<b>Student Learning in the Clinical Setting</b>				
Instructor Name/School:	5	4	3	2 1
<b>Clinical Evaluation: Concepts and Process</b>				
Instructor Name/School:	5	4	3	2 1
<b>Clinical Evaluation Tools</b>				
Instructor Name/School:	5	4	3	2 1
<b>Day 2</b>				
<b>Panel Discussion: Multiple Roles – From Staff to Teacher</b>				
<i>Moderator:</i> Moderator Name/School:	5	4	3	2 1
<i>Panelists:</i>				
Panelist Name/School:	5	4	3	2 1
Panelist Name/School:	5	4	3	2 1
Panelist Name/School:	5	4	3	2 1
<b>Conducting Pre- and Post-Clinical Conferences</b>				
Instructor Name/School:	5	4	3	2 1
<b>Dealing with Difficult Students</b>				
Instructor Name/School:	5	4	3	2 1
<b>Creating a Positive Learning Environment</b>				
Instructor Name/School:	5	4	3	2 1

*Please return this evaluation form to the registration table.  
Thank you for making this a successful academy!*

## CLINICAL FACULTY ACADEMY

### *Participant Evaluation Form*

Please respond to the following items as completely and candidly as possible by circling the appropriate response for each question. You are welcome to use the reverse side of this page to make additional comments.

**5 = strongly agree      4 = moderately agree      3 = agree      2 = disagree      1 = strongly disagree**

**At the end of this seminar, the participant will be able to:**

**Agree    Disagree**

A. Identify the context for curriculum development and program planning for nursing education programs. <i>Comments:</i>	5   4   3   2   1
B. Discuss legal issues related to the education of students in a clinical setting. <i>Comments:</i>	5   4   3   2   1
C. Discuss the process and tools of clinical evaluation for students at various levels in the curriculum. <i>Comments:</i>	5   4   3   2   1
D. Describe learning experiences that engage students in developing clinical expertise. <i>Comments:</i>	5   4   3   2   1
E. Explore the challenge of multiple roles as staff, adjunct clinical faculty, and other professional and/or life roles. <i>Comments:</i>	5   4   3   2   1
F. Describe approaches to pre- and post-clinical conferences. <i>Comments:</i>	5   4   3   2   1
G. Discuss issues in dealing with the difficult student in the clinical setting. <i>Comments:</i>	5   4   3   2   1
H. Gain awareness of best practices in facilitating clinical learning. <i>Comments:</i>	5   4   3   2   1

**Please rate the following areas:**

**High      Low**

I. Content – application to my role as a clinical educator <i>Comments:</i>	5   4   3   2   1
J. Binders, materials, and handouts <i>Comments:</i>	5   4   3   2   1
K. Pre-registration materials and communication <i>Comments:</i>	5   4   3   2   1
L. Meeting space – seating, lighting, sound, comfort, and food <i>Comments:</i>	5   4   3   2   1
M. OVERALL RATING FOR THE ACADEMY	5   4   3   2   1

1. What percentage of material was new to you?

- Over 50%     
  25-50%     
  10-25%     
  Less than 10%

More questions are on the reverse side.

***Please return this evaluation form to the registration table.***  
*Thank you for making this a successful academy!*

2. I learned about this program from (check all that apply)
- Nursing School     Hospital     Other, please specify: \_\_\_\_\_
3. I have
- not yet worked as a clinical educator.  
 less than one year of experience as a clinical educator.  
 one or more years of experience as a clinical educator.
4. I am currently employed at a (check all that apply)
- Nursing School     Hospital     Other, please specify: \_\_\_\_\_
5. What did you like BEST about the program?
6. What did you like LEAST about the program?
7. I would like to stay connected through (check all that apply)
- Additional face-to-face training opportunities  
 Online training opportunities  
 Web site  
 Other, please specify \_\_\_\_\_
8. List topic suggestions for future meetings to help you in your role as a clinical educator.
9. Other comments:

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