

# SAMPLE CLINICAL SITE DATA SHEET

Site Name \_\_\_\_\_

Type of setting \_\_\_\_\_

Location \_\_\_\_\_ Date of visit \_\_\_\_\_

Miles from academic unit \_\_\_\_\_ Telephone \_\_\_\_\_

Transportation needed/available/cost \_\_\_\_\_

Type of practice \_\_\_\_\_

Primary contact for practice \_\_\_\_\_

Total staff (attach CV or resume for each) \_\_\_\_\_

Written policies/protocols available \_\_\_\_\_ Date \_\_\_\_\_

Medical Director if appropriate \_\_\_\_\_

Type and level of learners in setting (Who, what, how many, and when?) \_\_\_\_\_

Educational opportunities available (e.g., rounds, patient education, conferences) \_\_\_\_\_

\_\_\_\_\_

Descriptive data on approximate number and type of patients per week/session \_\_\_\_\_

\_\_\_\_\_

Procedures routinely available for learning \_\_\_\_\_

Owner at the practice \_\_\_\_\_

Continuity of care possible \_\_\_\_\_

Willingness to supervise APN/midwifery learners \_\_\_\_\_

Expectations of practice for use of clinical facility \_\_\_\_\_

Expectations of academic unit for clinical site \_\_\_\_\_

Mechanisms agreed for feedback/evaluation of learner progress \_\_\_\_\_

General impression of suitability for use as clinical site \_\_\_\_\_

Person(s) preparing this report \_\_\_\_\_

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