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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