

Alliance of Clinical Education (ACE) Clinical Readiness Tool

Student Name: _____

Date: _____

Rotation: _____

The quality of a clinical experience often depends upon adequate student preparation and appropriate clinical instruction. The purpose of this tool is to identify the student's clinical readiness and learning needs. Your responses will be shared with your Clinical Instructor/Scholar/Preceptor to assist in the planning and evaluation of your clinical rotation.

What previous clinical rotation(s) have you completed to date?

Foundations

Medical/Surgical I

Obstetrics

Community Health

Medical/Surgical II

Pediatrics

Leadership

Psychiatric Nursing

Other:

What strengths have you developed from other clinical experiences?

What areas of improvement have you made in your clinical practice?

Have you been or are you currently employed in healthcare? If yes, in what area?

What care setting are you most interested in as you enter into nursing?

What is your greatest concern for this clinical experience?

What learning opportunities do you want to seek?