# [School name]

## Clinical Facility Audit Tool

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Name:** |  |  |  |
| **Reviewer:** |  |  |  |
| **Date of Review:** |  |  |  |

### Clinical Care Environment

|  |  |  |  |
| --- | --- | --- | --- |
| Y=YES; N=NO; NA=NOT APPLICABLE | **Y** | **N** | **NA** |
| 1. Adequate number of patients for students? |  |  |  |
| Comments: |
| 2. Appropriate inpatient/outpatient balance? |  |  |  |
| Comments: |
| 3. Appropriate diversity of patients for type of facility? |  |  |  |
| Comments: |
| 4. Practice patterns consistent with modern practice standards? |  |  |  |
| Comments: |
| 5. Adequate modern diagnostic equipment? |  |  |  |
| Comments: |
| 6. Adequate modern therapeutic equipment? |  |  |  |
| Comments: |
| 7. Adequate modern monitoring equipment? |  |  |  |
| Comments: |
| 8. Adequate supply and diversity of medications? |  |  |  |
| Comments: |
| 9. Appropriate number of clinicians to treat patients? |  |  |  |
| Comments: |
| 10. Robust quality assurance program? |  |  |  |
| Comments: |
| 11. Ready access to medical records? |  |  |  |
| Comments: |

### Educational Environment

|  |  |  |  |
| --- | --- | --- | --- |
| Y=YES; N=NO; NA=NOT APPLICABLE | **Y** | **N** | **NA** |
| 1. Classroom space for small group instruction? |  |  |  |
| Comments: |
| 2. Current or prior successful clinical education program? |  |  |  |
| Comments: |
| 3. Clinical staff expresses interest in educational program? |  |  |  |
| Comments: |
| 4. Management expresses interest in educational program? |  |  |  |
| Comments: |
| 5. Appropriate supervision is provided? |  |  |  |
| Comments: |
| 6. Unique educational aspects of this facility? |  |  |  |
| Comments: |
| 7. All clinical personnel understand the students’ role? |  |  |  |
| Comments: |
| 8. A clear mechanism exists to provide immediate feedback to the school in case of an untoward even? |  |  |  |
| Comments: |

### Facility Elements

|  |  |  |  |
| --- | --- | --- | --- |
| Y=YES; N=NO; NA=NOT APPLICABLE | **Y** | **N** | **NA** |
| 1. Adequate safety and security is provided? |  |  |  |
| Comments: |
| 2. Reasonable distance from school? |  |  |  |
| Comments: |
| 3. Adequate public transport to location? |  |  |  |
| Comments: |
| 4. Fire safety and disaster plan and equipment? |  |  |  |
| Comments: |
| 5. Evidence of cultural bias or discrimination? |  |  |  |
| Comments: |
| 6. Sterile clothing provided for surgical and other clean areas? |  |  |  |
| Comments: |
| 7. Protective equipment (masks, gloves, gowns, etc.) provided for potentially infected procedures and areas? |  |  |  |
| Comments: |
| 8. Parking sufficient to accommodate students? |  |  |  |
| Comments: |  |  |  |
| 9. Food service or safe, convenient outside food vendors available to students? |  |  |  |
| Comments: |
| 10. Residential facilities adequate, if students will spend nights on-call? |  |  |  |
| Comments: |  |  |  |
| 11. Break rooms in clinical areas open to students? |  |  |  |
| Comments: |