Door County Medical Center
IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

OBSERVATION EXPERIENCE EVALUATION

Name: _____

What area or areas did you observe?

Did you feel your request was handled in a timely manner? ☐ Yes ☐ No

Do you feel that the experience was well organized? ☐ Yes ☐ No

How do you feel the observation experience helped you?

If there was anything you could change about your experience, what would it be?

Would you choose DCMC as a place you would like to work in the future? ☐ Yes ☐ No

What do you feel we could do to better our process?

E-mail completed evaluation form to:
education@dcmedical.org

Mail completed evaluation form to:
Renee Glesner, Education Coordinator
Door County Medical Center
323 S 18th Ave.
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