

UNIVERSITY of HOUSTON | NURSING

MASTER OF SCIENCE IN NURSING (MSN) STUDENT EVALUATION OF PRECEPTOR

Student Name: _____

Preceptor Name: _____

Legal Name of Site: _____

Address: _____

Phone: _____ Fax: _____

Preceptor Email: _____

Please evaluate the experience with your preceptor by rating each of the items below. Your honesty and constructive criticism will be used to improve the preceptorship experience in the future.

1 = Rarely; 2 = Sometimes; 3 = Frequently; 4 = Always; N/A = Not applicable to this clinical situation, or unable to evaluate

MY PRECEPTOR AS A PRACTITIONER:

	1	2	3	4	N/A
1. Was acutely aware of the concerns of patients and their families					
2. Demonstrated an ease of communication with both patients and their families					
3. Was involved in community-oriented activities					
4. Respected different opinions					
5. Was up-to-date in general approach and treatment of medical problems					
6. Was up-to-date in approach and management of nursing problems					
7. Managed the clinical practice efficiently					
8. Demonstrated an active interest in continuing medical and nursing education					

MY PRECEPTOR AS AN INSTRUCTOR:

	1	2	3	4	N/A
1. Was enthusiastic about teaching and having me as a student					
2. Was available to me					
3. Established a working relationship with me based on trust and respect					
4. Allowed me ample opportunity for practicing newly-learned technical skills, e.g. EKGs, physicals, x-rays					
5. Stimulated my problem-solving capabilities by asking probing questions					
6. Maintained an approachable teaching atmosphere					
7. Explained to me the approach to problems that was used and the reasons decisions were made					
8. Elicited my perception of what I should learn					
9. Encouraged me to ask questions					
10. Provided me with positive feedback					
11. Encouraged independent learning by suggestion articles, books, and other resources					
12. Gave me the opportunity to offer opinions on patient problems and treatment					
13. Provided a model of the type of practitioner I would like to be					

Additional Comments: *(Comments in this area are greatly appreciated)*

Preceptor Signature: _____ Date: _____

Student Signature: _____ Date: _____