 **Student Clinical Evaluation of Preceptor**

**Student:** **School**:

**Semester** (circle one): Fall Spring Summer **Year:** **Level:**

**Preceptor:** **Unit/Floor:**

**CHI Facility** (circle): Infirmary Morrilton North Clinics

**Please indicate how you feel the preceptor met the following objectives by placing a mark in the appropriate box:**

1: strongly disagree 2: disagree 3: neither agree nor disagree 4: agree 5: strongly agree

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Objectives | 1 | 2 | 3 | 4 | 5 | NA |
| Reverence |  |  |  |  |  |  |
| 1. The staff was welcoming and friendly  |  |  |  |  |  |  |
| 2. The staff was supportive in helping me learn new skills |  |  |  |  |  |  |
| 3. My preceptor utilized effective teaching strategies to facilitate the learning experience |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |
| 4. My preceptor was physically present & available as a resource at all times while in the clinical setting |  |  |  |  |  |  |
| 5. My preceptor observed and assisted in the performance of simple and complex procedures while adhering to hospital policy and procedures |  |  |  |  |  |  |
| Compassion |  |  |  |  |  |  |
| 6. My preceptor created an accepting, supportive & positive learning environment (felt free to ask questions) |  |  |  |  |  |  |
| 7. My preceptor was a professional role model in providing effective, efficient & safe care |  |  |  |  |  |  |
| Excellence |  |  |  |  |  |  |
| 8. Learning and patient care opportunities were available to sufficiently meet my clinical needs and objectives |  |  |  |  |  |  |
| 9. Overall, I would work with this preceptor again  |  |  |  |  |  |  |

10. What did the staff do which was especially helpful toward your learning?

11. What could the staff have done to further enhance your learning experience?

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Please list any staff you would like to recognize from your clinical experience:

Additional Comments

Thank you for your honest evaluation! From the entire CHI St. Vincent staff, we hope you have enjoyed your clinical rotation and wish you much success in your continued education and future career!

Sincerely,

*CHI St. Vincent Health System*

**\* Please return completed evaluation to your school clinical instructor/coordinator or to Sarah Beeler in the Clinical Education Department\***

**Sarah Beeler MNSc, RN**

**Clinical Nurse Educator**

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