

Forms for Preceptorship

Performance Evaluation / Measuring Outcomes

Preceptee's Preassessment Needs

1. Fill out and make two copies of this page. Student is responsible for completing this page. Submit copies as follows:
Copy #
1—Keep a copy for yourself
2—Give a copy to your preceptor on your first day of precepting
3---Turn in a copy on the first Tuesday (week 13)
4---Use this page to fill out the following weekly progress tracker
2. Submit a copy with assigned exercises at the end of preceptorship.
3. Student: _____
Date: _____
Preceptor: _____
Facility: _____

Skills Never Completed:

Skills Needing Mastery:

Time Management (Broad Goal):

Delegation/Prioritization:

Misc:

Weekly Learning Plan Progress Tracker

To be **completed by preceptee weekly** / one form per week (Wed-Mon)
 At the end of the day; form should be reviewed by preceptor with signature /
 Comments

Preceptee: _____

Preceptor(s): _____

Dates: _____ Preceptor day(s): 1, 2, 3, 4, 5, 6 Pt. Load: / /

Preceptee's Goals for the Week: Make this a broad goal.

Goal	Met	Not Met	Evaluation

Progress on preassessment needs:

Learning needs identified:

Preceptor Signature/Comments

Weekly Learning Plan Progress Tracker

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Preceptor(s): _____

Dates: _____ Preceptor day(s): 1, 2, 3, 4, 5, 6 Pt. Load: / /

Preceptee's Goals for the Week: Make this a broad goal.

Goal	Met	Not Met	Evaluation

Progress on preassessment needs:

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Preceptor Signature/Comments

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Preceptor(s): _____

Dates: _____ Preceptor day(s): 1, 2, 3, 4, 5, 6 Pt. Load: / /

Preceptee's Goals for the Week: Make this a broad goal.

Goal	Met	Not Met	Evaluation

Progress on preassessment needs:

Learning needs identified:

Preceptor Signature/Comments

Submitted

Preceptor Eval _____

Preceptee Eval _____

Preceptor Assignments

Submit before class on Tuesdays during Preceptorship

Name _____

<u>Assignment</u>	Completion Date	Completion Date	Completion Date	Completion Date	Completion Date
<u>Due week 1</u> Pt interaction: faculty will assign if not met prior to preceptorship					
<u>One due weekly</u> Charting Norm Procedure note					
<u>Complete day 3</u> Psychomotor Moral/ethical/legal/HIPPA Accountability/Prof standards SBAR					
<u>One due during preceptorship</u> Calling MD					
<u>Due last week of preceptorship</u> Priority Assessment Activity					
Faculty Initials					

Name of preceptor: _____

Facility: _____

Preceptor Evaluation

The Following Evaluation integrates the Scope of Practice for Registered Nurses Section # 2725

Please circle 1 - 4 with 4 being meet standard

1. My preceptor allowed me to perform direct (independent) and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures. Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative ordered by a license Physician.

1 2 3 4

2. Did my preceptor help to develop me in my role in the decision process by assisting in the evaluation process of

a. Observing signs and symptoms of illness

1 2 3 4

b. Observing reactions to treatment

1 2 3 4

c. Observing general behavior or general physical condition

1 2 3 4

d. Determination of whether the S/S, reactions behavior or general appearance exhibit abnormal characteristics.

1 2 3 4

3. Did my preceptor assist me in

a. Implementation, based on observed abnormalities

1 2 3 4

b. Appropriate reporting, referral

1 2 3 4

c. The use of standardized procedures

1 2 3 4

4. Did my preceptor include me in the initiation of emergency procedures

1 2 3 4

5. Did my preceptor give me feedback or allow for debriefing following patient care activities

1 2 3 4

6. Did my preceptor facilitate me in meeting the objectives of preceptorship

1 2 3 4

7. What was the most valuable thing I learned from my preceptor

8. What could have been an area of improvement in my preceptorship experience

Signature of RN student: _____

Preceptor Facilitator Signature: _____

Date: _____

Performance Evaluation

Preceptee/Student _____

Direction to the preceptor: This form is intended to summarize the ability of the orientee/student at the end of the formal preceptorship experience and to provide direction for further development. Please evaluate the orientee/student on each of the listed behaviors.

	Consistently demonstrates behavior	Demonstrates behavior with minimal prompting	Demonstrates behavior with repeated prompting
Professionalism			
Identifies self-learning needs			
Develops a plan to meet self-learning needs			
Orients to preceptor and staff			
Orients to layout of unit, medication, charts, utility rooms, supplies			
Locates the crash cart, IV's meds, defibrillator, and intubations supplies and reviews appropriate application of leads/defibrillation pads			
Reviews charts for new orders frequently			
Demonstrates personal and professional accountability			
Maintains patient confidentiality			
Acts as a patient advocate			
Performs within ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice			
Comments:			
Critical Thinking			
Identifies changes in patient status and reports to health care provider			
Makes decisions about the administration of specific medications based on assessed findings			
Supports learning needs and available resources to the patient's clinical presentation			
Intervene safely for patients synthesizing knowledge of underlying principles to perform therapeutic nursing interventions			
Comments:			
Outcome Identification and Care Planning			
Identifies expected outcomes individualized to the patients			
Develops a plan of care (Map) that prescribes interventions to attain expected outcomes			
Identifies appropriate interventions and modifies plan as needed			
Establishes reasonable priorities			
Communicates plan appropriately to patient and other health team members			
Comments:			
Communication			
Assist with Documents patient care problems and interventions in the medical record			

	Consistently demonstrates behavior	Demonstrates behavior with minimal prompting	Demonstrates behavior with repeated prompting
Utilizes organizational strategies to assist in planning and organizing patient care (worksheets, report sheets, colored markers, etc.)			
Takes report on patient care assignment from off going RN			
Organizes end of shift report with preceptors input			
Gives end of shift report with preceptor guidance			
Participates in MD's rounds on patients			
Communicates with RN regarding patient care needs			
Initiates communication with MD regarding patient care needs			
Takes a telephone or verbal order from MD with preceptor support (listening)			
Implements new orders from MD's in a timely fashion throughout shift			

Comments:

Leadership			
Evaluates the patient's progress toward outcomes			
Delegates specific instructions to CNA's to assist the RN in caring for and monitoring patients			
Follows up with CNA's on the aspects of patient care that were delegated to them			
Follow up and reprioritizes with the aspects of patient care that were delegated to them			
Supervises and evaluates the activities of other assistive personnel			
Informs and educates patient and family			

Comments:

Focus for Further Development:

Preceptee _____ Date _____

Educator _____ Date _____

Preceptor _____ Date _____

Communication Techniques Used with Patient	a) What you stated b) What the client stated	How the Communication was Effective	How the Communication was Ineffective (or) I could have used _____ communication technique and define your reasoning.	Ways I can improve.

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Rubric for Patient Interactions Sheet

Performance Criteria	S	NI	U
Identify effective communication skills to use when interacting with patients, significant others, and health care team members.	Clearly describes communication between self and patient. Identifies non therapeutic communication used. Offers at two ways to improve future interactions listing specific therapeutic communication techniques. Identifies which therapeutic/non-therapeutic was used for each question posed to client in column one.	Describes communication between self and patient. Identifies non therapeutic communication used. Offers only one way to improve future interactions. Fails to list specific therapeutic communication techniques, instead asks ice breaker <u>or</u> insightful questions <u>or</u> similar. Resident leads. Use of "silence".	Descriptions of communication between self and patient are scant and unorganized. Does not offer ways to improve future interactions.