GRADUATE STUDENT EVALUATION OF PRECEPTORSHIP

(Facility/Department) (Date)

1. Did your preceptor have a general orientation planned? ______Yes ______No

2. Were you given sufficient introduction to the nursing administrative team? ______Yes ______No

3. Did staff explain their role in the department operations? ______Yes ______No

4. What was your participation in the growth and development of the administrative system?

5. Was the time spent in the department effectively utilized? ______Yes ______No

6. Should the amount of the time spent in this facility’s department be: increased:________

   decreased:________

7. Was your preceptor available when you needed him/her? ______Yes ______No

8. Did your preceptor provide you with relevant and high quality input related to your clinical experience? ______Yes ______No
9. During your preceptorship were the following areas adequately covered:

- Objectives of the Department of Nursing ________Yes ______No
- Continuous Quality Improvement process within and the facility it’s interrelationship with the nursing department ________Yes ______No
- Special problems in the conduct of administrative studies ________Yes ______No
- Future trends/plans ________Yes ______No
- Project or activity assigned to you ________Yes ______No

Comments: (What would you add or change)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Was the assignment to this department a meaningful educational experience? ________Yes ________No

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Rate the Overall quality of the project you chose for this semester

_______ Outstanding _______ High Average _______ Average ________ Poor

Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

(Student Signature and Date)