

Appendix E
University of Colorado Hospital
Evaluation of the Preceptor Form

Complete this form for each preceptor who participates in your orientation. Return completed forms to your Manager/Educator/Designee. Thank you.

Name of Preceptor: _____ Date: _____

Name of Preceptee: _____ Unit: _____

	Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
Problem Solving/Critical Thinking					
• Selected assignments based upon my learning needs					
• Set realistic expectations for my performance					
• Helped me prioritize, organize, and problem solve					
Resource Utilization/Clinical Skills					
• Provided me with a knowledge of service; directed me to resources including UCH policy and procedures and the UCH Web Page					
• Reviewed the standards for the department/service including documentation					
• Supported my research/understanding of diagnoses, procedures, and tasks to be completed and asked key questions to promote my critical thinking skills					
• Supervised my performance throughout the shift; was available to answer my questions					
Feedback/Communication					
• Collaboratively developed my goals/objectives for the next shift					
• Provided daily constructive feedback; available to answer questions; used various teaching strategies					
• Helped me to feel confident and competent; conveyed a positive attitude and acted as a supportive role model					
• Was easily approachable, patient and encouraging; respected me as a person and learner					
• Respected co-workers and patients					
• Supported socialization into the unit/team by introducing me to other care team members					

Strengths/Areas for Improvement

What did your preceptor do that was most helpful?

What could your preceptor do differently?

Any other suggestions for improvement of your orientation process?