University of Colorado Hospital Evaluation of the <u>Specialty Rotation Preceptorship</u>

Please complete one form for each of your primary preceptors.

Name: Dominick Collins Pro	eceptor: _	M	esan	Date: 4/14/15
My Preceptor demonstrated the following:	Did NOT meet	Met	Exceeded	Comments
Teaching			人	very willing to teach
discussed daily expectations/goals			人	
established process to meet goals/expectations			X	
Learning Facilitation			X	
 provided opportunities for me to meet my daily learning goals 			人	
fostered autonomy in practice while providing appropriate guidance			X	
Role Modeling			X	good personally
demonstrated expertise in field			乂.	went over and beyond to
provided evidence-based framework for my nursing practice			NA	feach.
Feedback/Communication			X	
asked questions to maximize my learning			X	
answered questions professionally and knowledgeably			X	
Understanding of Adult Learning Principles			×	
discussed my learning needs/styles/preferences			X	
respected my life experiences as they related to my learning needs			Х	
Advocacy			X	·
 provided an environment in which I felt safe/comfortable 				
 advocated for variety in my learning (i.e. daily assignments, etc.) 				
Socialization/Role Transition		 	(A	
helped me identify role expectations of the OR nurse			NIA	
 helped me understand my nursing responsibilities as a member of the multidisciplinary OR team 			2/4	
As a result of this	speci	ialty rota	ation precep	torship, I rate my practice as (circle one):
Novice Advanced Beginner	Com	petent		Proficient Expert
Please rate your overall orientation experience in this surgery	specialty	service	(circle one)	
1 2 3 4	5	6 7	7 8	9 10 best
What was the most helpful aspect of your orientation to this s	pecialty?			

Moore M. (2000). Developing the Precentorship Evaluation Survey: A Multifaceted Approach Including C

Any suggestions for improvement: