

Evaluation of Preceptor by Student

Name of Preceptor: Kirsten Campbell

Clinical Unit: Mercy 5

Please rate your preceptor on each question 1=Never/Poor 2=Sometimes/Mediocre 3=Sometime/Good 4=Often/Very Good 5=Always/Superb	Rating Please circle
Establishes a good learning environment (approachable, nonthreatening, enthusiastic, etc.)	1 2 3 4 (5)
Stimulates me to learn independently	1 2 3 4 (5)
Allows me autonomy appropriate to my level/ experience/ competence	1 2 3 4 (5)
Organizes time to allow for both teaching and care giving	1 2 3 4 (5)
Offers regular feedback (both positive and negative)	1 2 3 4 (5)
Clearly specifies what I am expected to know and do during the training period	1 2 (3) 4 5
Adjusts teaching to my needs (experience, competence, interest, etc.)	1 2 3 (4) 5
Asks questions that promote learning (clarifications, probes, Socratic questions, reflective questions, etc.)	1 2 (3) 4 5
Gives clear explanations/reasons for opinions, advice, or actions	1 2 3 (4) 5
Adjusts teaching to diverse settings (bedside, charting, nurses station, etc.)	1 2 3 4 (5)
Coaches me on my clinical/ technical skills (patient history, assessment, procedural, charting)	1 2 3 (4) 5
Incorporates research data and/or practice guidelines into teaching	1 2 3 (4) 5
Teaches diagnostic skills (clinical reasoning, selection/interpretation of tests, etc.)	1 2 3 4 (5)
Teaches effective patient and/or family communication skills	1 2 3 (4) 5
Teaches principles of cost-appropriate care (resource utilization, etc.)	1 2 3 4 (5)

1. What did you like best about your preceptor?

she allowed me to do total pt care, frequently asked if I had any questions & encouraged me to learn new skills

2. Do you have any suggestions for your preceptor to consider when working with future students?

Student Signature: *Tijana Yovani* Date: 5/2/25

IM8 Capstone Preceptorship: Student Self-Evaluation

1. Please reflect on your performance during the capstone preceptorship and rate yourself on the following:

	I need significant guidance	I need average guidance	I need minimal guidance
a. Safety/Quality: I integrate nursing care using evidence-based practice to promote safety and quality for patients, self and others			X
b. Communication: I Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in various healthcare settings. (Documentation, Patient advocacy, & SBAR)		X	
c. Clinical judgement: I integrate use of current evidence-based practice and clinical competence when making clinical decisions in the provision of patient centered care. (Clinical judgement model)		X	
d. Patient centered care: I integrate nursing care for patients from diverse backgrounds based on patient age, culture, values, and educational needs.			X
e. Professionalism: I integrate knowledge, skills, and attitudes required of the professional nurse, embracing lifelong learning to improve the quality of healthcare.			X

2. What do you think are your personal strengths?

<ul style="list-style-type: none"> - communicating every detail w/ pts - collaborating + teamwork 	<ul style="list-style-type: none"> - promoting/maintaining safe environment
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3. What have you identified as a personal opportunity for improvement?

<ul style="list-style-type: none"> - clinical judgements, time management + prioritization

Student Signature:

Ryan M. Brown

Date:

5/2/25

Column1 Column2 Column3 Column4 Column5 Column6
Instructional Module B : Capstone Precepted Clinical Experience Skills Checklist
Medical -Surgical, Antepartum & Mom/Bat Baby/pediatrics/Staffing

Purpose: This inventory of required skills is to be completed : Orientation, Midterm & finals
Introduction: Pre-Assessment= Mark an X on each skills that describes your experience
Preceptorship-Clinical time= write the date & preceptor's initial that describes your experience

Skills	Student's Pre-Assessment			Preceptorship Clinical Time	
	No. Experience	CPE	Clinical	Supervised	Performed independently
1. Assessment					
a. Vital signs		X	X		X
b. Neurological		X			X
c. Respiratory		X			X
d. Cardiovascular		X			X
e. Gastro intestinal		X			X
f. Neuro-vascular		X			X
2. Documentation					
a. Assessment			X		X
b. vital signs			X		X
c. Admission			X		
d. Discharge				X	
e. Transfer	X			X	
3. Collaborative Communication					
a. SBAR		X			
b. Case Mgt			X		X
c. Physician			X		
d. Pharmacy	X			X	
e. Diagnostic	X				
f. Respiratory	X				
g. PT/OT			X		
4. Medication					
a. PO		X			X
b. IVPB		X			X
c. IV push		X			X
d. Topical		X			
e. Tube feeding			X		X
f. IM			X		X
g. Subcutaneous			X		X
h. intradermal			X		X
i. Nasal	X				X
j. Rectal	X			X	
5. CVL & PICC					
a. Med. admin			X		X
b. Blood draws			X		X
c. Dressing change			X		X
e. Clave change	X				
6. Drainage					
a. Removal	X				
b. Dressing change	X			X	
e. Monitoring			X		X
7. Tube feedings					
a. Insertion	X				
b. Removal			X		
c. Checking residual			X		X
d. Feeding			X	X	X
e. Monitoring					X
8. Urinary catheter					
a. Insertion	X				
b. Removal			X	X	
c. Collect specimen	X			X	
9. Blood sugar test					
a. Operate glucometer			X		X
b. Blood draw			X		X
c. finger stick			X		X
d. Heel stick	X				
10. Isolation Precautions					

a. Contact					
b. Droplet		X			X
c. Neutropenic	X				X
d. Airborne					
11. Dressing Change		X			
a. Incision	X				
b. Wound	X				
c. Pressure Ulcer	X			X	
12. Periphera IV					
a. Initiate			X		
b. Maintenance			X		X
c. Removal			X		X
13. Patient Education					X
a. Medication			X		
b. Safety			X	X	X
c. Wound care	X		X	X	X
d. Diet			X		X
e. Activity			X		X
f. Clinic follow-up			X		X
14. Ostomy					X
a. Measure output			X		
b. Change bag	X		X		X
c. Skin care			X		
d. Monitoring			X		X
15. Oxygen Therapy					
a. Nasal Cannula			X		
b. Venturi Mask	X		X		X
c. BIPAP			X		
d. Weaning Oxygen			X		X
16. Unit Routines					
a. Admission			X		
b. Discharge	X		X	X	
c. Transport			X		
e. Blood transfusion	X		X		
f. Sepsis protocol	X		X	X	
g. MEWS			X		
h. Rapid Response	X		X	X	
i. Transfer			X		
j. Huddle			X		
17. OB-GYN					
a. Stress test	X				
b. Post NSD care	X				
c. Newborn screening	X				
d. Pre/post CS care	X				
e. Magnesium Mgt.	X				

Student Name (Print): **Bryanna Moreno**

Student Signature: *Bryanna*

Clinical Unit: **South 5**

Preceptor: **Kirsten Campbell**

Date: **3/26**

IM8: Capstone Appraisal of Student Performance
(preceptor Completes and Review with student)

Student: Dyananna Moreno

Midterm: _____

Unit: Meray 5

Finals: _____

1. Please reflect on the student's clinical performance during the capstone preceptorship and appraise the following:

Clinical Learning Outcomes	Below Average Performance Needs Significant Guidance	Satisfactory Performance Needs Average Guidance	Outstanding Performance Needs Minimal Guidance
a. Safety/Quality: Integrate nursing care using evidence-based practice to promote safety and quality for patients, self and others			✓
b. Communication: Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in various healthcare settings. (SBAR, Documentation, patient advocacy)		✓	
c. Clinical judgement: Integrate use of current evidence-based practice and clinical competence when making clinical decisions in the provision of patient centered care. (Clinical Judgement model)		✓	
d. Patient centered care: Integrate nursing care for patients from diverse backgrounds based on patient age, culture, values, and educational needs.			✓
e. Professionalism: Integrate knowledge, skills, and attitudes required of the professional nurse, embracing lifelong learning to improve the quality of healthcare.			✓

2. What do you think are the student's personal strengths?

She is assertive, asks questions appropriate to the patient's situation, & is willing to learn.

3. What have you identified as an opportunity for improvement for the student?

Documentation

Preceptor Signature: Tanya Bucoy, RN Date: 5/1/2025

Student Signature: Dyananna Moreno Date: 5/1/25

Record of Precepted Clinical Experiences

Date	Exact Time Ex.(0645- 1915)	Location	Preceptor's Print & Signature
3/26	1940-0715	Mercy 5	Kirsten Campbell Kirsten Campbell RN
3/27	1945-0710	Mercy 5	Kirsten Campbell Kirsten Campbell RN
4/2	1940-0705	Mercy 5	Kirsten Campbell Kirsten Campbell RN
4/4	1940-0710	Mercy 5	Kirsten Campbell RN Kirsten Campbell
4/9	1945-0715	Mercy 5	Kirsten Campbell RN Kirsten Campbell RN
4/17	1940-0720	Mercy 5	Kirsten Campbell RN Kirsten Campbell RN
4/18	1945-0720	Mercy 5	Tanya Bucos, RN Tanya
4/23	1940-0710	Mercy 5	Tanya Bucos, RN Tanya
4/30	1945-0700	Mercy 5	Tanya Bucos, RN Tanya
5/2	1945-0720	Mercy 5	Tanya Bucos, RN Tanya

REMINDER: Do not pre-fill out, Document your actual time after each shift & have your preceptor sign. The time prior shift starting time & the time after does not count extra, 0645-1915 is simply a 12 hour shift.

Preceptor's Signature Kirsten Campbell RN
 Preceptor's Signature Tanya Bucos RN

<p>Highlights:</p> <ol style="list-style-type: none"> 1. Discharged pt 2. New admin. 3. learned about vent. <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. Charting 2. time management 3. pt education <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. PEG1 meds 2. blood draw 3. bed baths 	<p>Date/Initial =Student =Preceptor</p> <p>Date: 4/10</p> <p><u>B. Moreno</u> Student</p> <p><u>Krista Smith</u> Preceptor</p>	<p>Highlights:</p> <ol style="list-style-type: none"> 1. rapid response 2. Chemo precautions 3. rectal tube insert <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. Prioritization 2. time management 3. charting <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. blood draw, IJ 2. IV med 3. Assessments 	<p>Date/Initial =Student =Preceptor</p> <p>Date: 4/17</p> <p><u>B. Moreno</u> Student</p> <p><u>Krista Smith</u> Preceptor</p>
<p>Highlights:</p> <ol style="list-style-type: none"> 1. new admission 2. learned about prepping 3. Chemo precautions transfusions <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. Pt education 2. SBAR 3. time management <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. blood transfusion 2. IV antibiotics 3. blood draws 	<p>Date/Initial =Student =Preceptor</p> <p>Date: 4/18</p> <p><u>B. Moreno</u> Student</p> <p><u>Tanya Bui</u> Preceptor</p>	<p>Highlights:</p> <ol style="list-style-type: none"> 1. new admin 2. swallow test 3. stroke test <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. assessments 2. pt education 3. time management <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. blood draws 2. successful stick 3. IV meds 	<p>Date/Initial =Student =Preceptor</p> <p>Date: 4/24</p> <p><u>B. Moreno</u> Student</p> <p><u>Tanya Bui</u> Preceptor</p>
<p>Highlights:</p> <ol style="list-style-type: none"> 1. teamwork - bed baths 2. new admin 3. doc care plan/education <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. charting 	<p>Date/Initial =Student =Preceptor</p> <p>Date: 4/30</p> <p><u>B. Moreno</u> Student</p> <p><u>Tanya Bui</u> Preceptor</p>	<p>Highlights:</p> <ol style="list-style-type: none"> 1. learned about capsule ^{bowel} 2. helped other nurse 3. successful blood ^{draws} <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. time management 	<p>Date/Initial =Student =Preceptor</p> <p>Date: 5/2</p> <p><u>B. Moreno</u> Student</p> <p><u>Tanya Bui</u> Preceptor</p>
<p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. PEG1 feeding/meds 2. Trach care 3. TR band removal 	<p><u>Tanya Bui</u> Preceptor</p>	<p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. blood draws 2. PEG1 feed/meds 3. trach care 	<p><u>Tanya Bui</u> Preceptor</p>