Schedule for Student Preceptor Clinical Experience

FIRELANDS REGIONAL MEDICAL CENTER

Student Name: June Baker

School: Firelands Regional Medical Center School of Nursing

Each student must:

1. Review student/preceptor clinical experiences policy. Initial indicates completion. JB
2. Circle total hours of clinical practicum/Preceptorship needed. **50 LPN 60 Regular Students**
3. Sign this form and submit your scheduled days to the assigned faculty member prior to the first clinical day for approval and signature.
4. Obtain the signature of preceptor after **EACH** clinical day.
5. At the end of the clinical rotation, submit the completed form to the assigned faculty member within a week of completing your clinical course.

Date	Hours i.e. 0700-1930 or 1930-0730	Preceptor Signature
11-6-12	0700 - 1500	T Heber RN
11-7-12	0700 - 1900	T Heber RN
11-10-12	0700 - 1900	T Heber RN
11-11-12	0700 - 1900	T Heber RN
11-13-12	0700 - 1500	T Heber RN
11-14-12	0700 - 1500	T Heber RN

Student Signature June Baker Date 11-14-12

Faculty Signature _____ Date _____

Student Evaluation by Preceptor

on

(Nursing Unit)

☐ Daily ☐ Weekly ☐ By experience

Student June Baker

Nursing School/College: FRMC SN

Nursing Faculty Member

Preceptor: Theresa Leber

	Student Self Eval			Preceptor Eval		
Criteria	Needs* Improve	Meets Standard	Exceeds Standard	Needs* Improve	Meets Standard	Exceeds Standard
1. Provider of Care a. Knowledge Base			X			X
b. Technical Skills			X			X
c. Collection/Documentation of Data			X			X
d. Establishment of Plan of Care		X				X
2. Manager of Care a. Communication Skills			X			
b. Delegation						X
3. Member of Profession a. Professionalism			X			X
b. Attendance			X			X

Student Self Goals for Next Experience: I was able to complete a newborn assessment well & would like to have more experience with the postpartum exam.

Instructor/Preceptor Comments: June was awesome to work with. She saw things that needed to be done and carried through on plan & care for unexpected pts. Very eager to participate and to learn. She had a wide range of experiences from NBN, many C-sections, and many newborn admissions as well as delivery room experiences. She is going to make an awesome nurse!

Student's Signature _____ Date _____

Preceptor's Signature Theresa A Leber Date 11/14/12.

*Any "needs improvement" must have comments written.

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Evaluation of Preceptor and Preceptorship Experience

Date: 11/14/12 Preceptor: Theresa Leber Unit: OB

Evaluation Scale: Needs Improvement (1)
Met Expectations (2)
Met Above Expectations (3)

Evaluation Criteria	1	2	3
1) How would you rate your preceptor as a mentor?			X
Comments: Very Knowledgeable.			
2) Did your preceptor provide you with feedback? Did you have an idea of how you were doing from his/her feedback?			X
Comments: Yes she did, she was available + gave great feedback			
3) Did your preceptor provide learning opportunities when available?			X
Comments: So many, She had enough faith in me as a student She let me do the whole assessment.			
4) How would you rate your overall preceptorship experience?			X
Comments: Wonderful			
5) Would you recommend continuing the preceptorship program?	No		Yes (circled)
6) Strengths: It is so helpful to work right next to someone who has mastered their area. It makes the learning experience a very good one.			
7) Areas in need of improvement:			