

Preceptor Assessment Form

This assessment should be completed by the intern for each preceptor and submitted to the Director on the last day of the rotation.

I. Professionalism

Punctuality and Time Management						
1.	Preceptor met intern at the identified time and place at the beginning of the rotation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment: Click here to enter text.		
2.	Preceptor arrived on time at the time he or she communicated to the intern during the rotation:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
2.	Intern assignments were reviewed within a reasonable time period:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment: Click here to enter text.		
Appearance and Attitude						
1.	Preceptor has a professional appearance and demeanor: If did not answer "all of the time" how was this addressed? Click here to enter text.	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
2.	Preceptor has a positive attitude: If answered "Rarely" or "Never", how was this addressed? Click here to enter text.	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Cultural Awareness and Teamwork						
1.	Preceptor exhibits cultural awareness and cultural sensitivity when working with clients or patients of another cultural or religious background:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never <input type="checkbox"/> N/A
2.	Preceptor exhibits and seeks teamwork for optimal patient care or completion of projects:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never <input type="checkbox"/> N/A
3.	Preceptor provides guidance for when to refer clients or patients to other professionals/services when beyond own scope of practice:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never <input type="checkbox"/> N/A

II. Communication

1.	Preceptor provides guidance on appropriate charting, how to utilize appropriate language, and include all necessary documentation, all in a timely manner:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never <input type="checkbox"/> N/A
2.	Preceptor communicates necessary patient information to me:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never <input type="checkbox"/> N/A
3.	Preceptor encouraged intern participation on patient rounds:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never <input type="checkbox"/> N/A
4.	Preceptor dedicates adequate time to answer intern questions:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never <input type="checkbox"/> N/A
5.	Preceptor appears to have collaborative relationships with others:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never <input type="checkbox"/> N/A

III. General Skills, Evidence-Based Practice and Nutrition Care Process (NCP)

1.	Preceptor utilizes evidenced-based resources and guidelines to optimize and justify care or services:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
2.	Preceptor appears very knowledgeable about his or her area of nutrition practice:	<input type="checkbox"/> Very Strongly Agree	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	
3.	Preceptor encourages intern independence in decision-making and problem-solving when appropriate:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
4.	Preceptor encourages intern in making nutrition recommendations:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
5.	Preceptor performs NCP in assessment of patients:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
6.	Preceptor diagnoses nutrition problems and creates PES statements:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
7.	Preceptor plans and implements nutrition interventions:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> N/A
8.	Preceptor monitors and evaluates problems, etiologies, signs and symptoms:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> N/A

Overall, this preceptor:	<input type="checkbox"/> Exceeded all expectations for this rotation	<input type="checkbox"/> Met all expectations for this rotation	<input type="checkbox"/> Met most expectations for this rotation	<input type="checkbox"/> Met few expectations for this rotation	<input type="checkbox"/> Did not meet expectations for this rotation
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Additional Intern Comments:

Click here to enter text.

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Preceptor Name _____

Rotation _____

Intern Name _____

Intern Signature _____ Date _____

Survey available online: <https://redcap.ucdenver.edu/surveys/?s=7CZkhN>