

Lactation Clinical Training: Preceptor Evaluation Form (to be completed by Student)

Student: _____ Preceptor: _____ Term and Year: _____

Instructions for Student: For each area of evaluation, please rate your preceptor's performance and provide specific and constructive feedback comments for the academic term under consideration. Remit this completed and signed form to Birthingway by the Monday following the last day of the term.

Note: Your comments are valuable! Please make sure to clarify your feedback in the comments fields, especially if you are marking "Disagree" or "Strongly Disagree." Attach additional comments on a separate sheet of paper if necessary.

<p>The preceptor meets my organizational and administrative needs. <i>Examples: I know when to be available for work, she fills out paperwork and signs my timesheet in an expedient manner, she is available to evaluate and sign my Clinical Competencies Checklist, she provides clear instructions and deadlines when assigning me tasks, etc.</i></p> <p style="text-align: center;"> Strongly Agree Agree Neutral Disagree Strongly Disagree </p> <hr/> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 4 3 2 1 </p>	<p>Administrative Comments:</p>
<p>The preceptor works with professionalism and respect for confidentiality. <i>Examples: Arrives prepared for meetings and client visits, has healthy boundaries around personal and work life, professional appearance and behavior within the context of the work setting, respects confidentiality of clients and student(s), practices with cultural competency (does not engage in microaggressions), practices within IBLCE's Code of Professional Conduct, etc.</i></p> <p style="text-align: center;"> Strongly Agree Agree Neutral Disagree Strongly Disagree </p> <hr/> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 4 3 2 1 </p>	<p>Professionalism and Confidentiality Comments:</p>
<p>The preceptor's interpersonal communication skills meet my needs. <i>Examples: Uses active listening and nonviolent communication skills, provides constructive feedback and criticisms that are respectful and tactful, provides feedback at appropriate times (does not criticize me in front of clients), sensitive to the needs and feelings of others, gives me enough verbal support, appropriate tone of voice and choice of words, etc.</i></p> <p style="text-align: center;"> Strongly Agree Agree Neutral Disagree Strongly Disagree </p> <hr/> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 4 3 2 1 </p>	<p>Interpersonal Communications Comments:</p>

<p>My working relationship with my preceptor meets my needs.</p> <p><i>Examples: Preceptor is committed to lactation support and to our relationship, there is an appropriate amount of work for me, we can easily discuss our personal lives and how they might affect our work, she is emotionally supportive of me, she supports my personal and professional growth and development, she asks for my opinion, etc.</i></p> <table style="width: 100%; text-align: center; border-top: 1px solid black;"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Neutral</td> <td>Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	<p>Working Relationship Comments:</p>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5	4	3	2	1												
<p>My preceptor provides adequate instruction on clinical skills.</p> <p><i>Examples: Demonstrates competent and individualized lactation care, gives detailed instructions before expecting me to know how to do something, supervises me at an appropriate level, gives me sufficient opportunities for hands-on learning, stands back and gives me a chance to provide client care on my own when appropriate, etc.</i></p> <table style="width: 100%; text-align: center; border-top: 1px solid black;"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Neutral</td> <td>Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	<p>Clinical Instruction Comments:</p>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5	4	3	2	1												
<p>My preceptor provides adequate feedback on my work and clinical skills.</p> <p><i>Examples: We both make an effort to process and review client care within one week after a consult, she gives me a thorough and honest critique of care I provide to clients, she reviews and provides feedback on my charting and documentation, she assesses my learning and has reasonable expectations of my experience level, etc.</i></p> <table style="width: 100%; text-align: center; border-top: 1px solid black;"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Neutral</td> <td>Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	<p>Feedback Comments:</p>
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5	4	3	2	1												

I have discussed my feedback with the preceptor. Yes No

I would like to discuss my feedback with the Lactation Program Coordinator. Yes No

Student Signature: _____ Date: _____

Office Use Only:	Date/Time/Initials:
Routing:	_____ LPC _____ FAC _____ File