

Midwifery 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.</p> <p><i>Criteria: I know when to be available for work, my paperwork and my timesheet are completed in a timely manner, my preceptor is available to evaluate and sign my Skills Assessment Checklist, clear instructions and deadlines are offered 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"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 </p>	<p>Administrative Comments:</p>
<p>The preceptor works with professionalism and respect for confidentiality.</p> <p><i>Criteria: Arrives prepared for meetings and client visits, has healthy boundaries around personal and work life, professional appearance within the context of the work setting, respects confidentiality of clients and student, 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"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 </p>	<p>Professionalism Comments:</p>
<p>The preceptor demonstrates interpersonal communication skills and utilizes cultural humility principles.</p> <p><i>Criteria: Uses active listening and nonviolent communication skills with clients and me, 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, uses appropriate tone of voice and choice of words, able to consider and work effectively with clients from a diverse cultural background, approaches care with cultural humility, cooperative with me and other team members in various settings, 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"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 </p>	<p>Interpersonal Communications Comments:</p>

Remit this evaluation to Birthingway College of Midwifery

By Mail: 12113 SE Foster Rd., Portland, OR 97266 By Fax: 503.760.3332 Questions, call: 503.760.3131

<p>My working relationship with my preceptor meets my needs. <i>Criteria: Preceptor is committed to midwifery 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, my preceptor supports my personal and professional growth and development as well as asks for my opinion, 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"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 </p>	<p>Working Relationship Comments:</p>
<p>My preceptor provides adequate instruction on clinical skills. <i>Criteria: Demonstrates competent and individualized midwifery 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> <p style="text-align: center;"> Strongly Agree Agree Neutral Disagree Strongly Disagree </p> <hr/> <p style="text-align: center;"> <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 </p>	<p>Clinical Instruction Comments:</p>
<p>My preceptor provides adequate feedback on my work and clinical skills. <i>Criteria: We both make an effort to process and review client care within one week after a consult, my preceptor offers a thorough and honest critique of care I provide to clients, they review and provide feedback on my charting and documentation, they assess my learning and have reasonable expectations of my experience level, 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"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 </p>	<p>Feedback Comments:</p>
<p>My preceptor provides a safe work environment and follows universal precautions. <i>Criteria: Adequate safety precautions are taken during client care, the buildings in which we work are up to code, training is provided on safety procedures, biohazard materials and waste are disposed of properly, 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"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 </p>	<p>Safety Comments:</p>

I have discussed my feedback with the preceptor. Yes No I would like to discuss my feedback with the Midwifery Program Coordinator. Yes No

Student Signature: _____ Date: _____

Office Use Only	Date/Time/Initial:	Please route in this order: ___ MPC ___ FAC (file)
MPC	Are concerns identified? Yes <input type="checkbox"/> No <input type="checkbox"/> Follow up with student needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Notes:
FAC	Are concerns identified? Yes <input type="checkbox"/> No <input type="checkbox"/> Follow up with preceptor needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Notes: