

40-hour Preceptor Feedback Form

Student Name: _____

Student ID: _____

Preceptor Name: _____

Semester Date: _____

Instructions

1. The preceptor will complete a copy of this form at the 40-hour mark of the practice education experience.
2. The student will submit the completed form in the appropriate course dropbox.

Preceptor Information

1. Direct instruction from the preceptor is needed to guide student actions.
2. Student consults preceptor for each patient.

Practice Education Performance Indicators	Met	Partially Met	Not Met
1. Presents to clinical prepared for the practice environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Maintains patient safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sees required patients per 8-hour day Must be face to face visits <ul style="list-style-type: none"> • MNUR 806, 807, 808, 6-8 patients per 8-hour day • MNUR 810, 10-12 patients per 8-hour day 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Performs health history and physical exam independently prior to consulting with preceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Competent at collecting a health history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Competent at completing a focused physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practice Education Performance Indicators	Met	Partially Met	Not Met
7. Articulates a minimum of 3 differential diagnoses based on the presenting complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Identifies red flags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Orders and interprets diagnostic tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Uses point of care resources appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Develops management plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Competent at writing a SOAP note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>I attest that the number of hours on this document reflects timespent in practice education experience and I have discussed this evaluation with my preceptor.</p> <p>Student (print):</p> <p>Student Signature:</p> <p>Date:Click or tap to enter a date.</p>	<p>I have discussed the completed form with the student, and I have made comments as needed.</p> <p>Preceptor (print):</p> <p>Preceptor Signature:</p> <p>Date:Click or tap to enter a date.</p>
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