

UC-COM OB/GYN CLERKSHIP

NURSE PRECEPTOR EVALUATION OF MEDICAL STUDENT

Name of Student: _____ Date: _____

Name of Nurse Preceptor: _____ Date: _____

INSTRUCTIONS: Encircle one response for each statement.

To be completed by the observer at the end of the day.

4-Strongly Agree; 3-Agree; 2 – Disagree; 1- Strongly Disagree

- | | | | | |
|---|---|---|---|---|
| 1. Student was read to learn by asking questions | 4 | 3 | 2 | 1 |
| 2. Student accepted feedback throughout the day. | 4 | 3 | 2 | 1 |
| 3. Student was able to identify own learning needs. | 4 | 3 | 2 | 1 |
| 4. Student felt free to discuss with me any questions or concerns regarding this observer role. | 4 | 3 | 2 | 1 |
| 5. Student demonstrated accountability and professional behavior. | 4 | 3 | 2 | 1 |
| 6. Student was enthusiastic and willing to learn. | 4 | 3 | 2 | 1 |
| 7. Student has the ability to explain in a clear and understandable manner. | 4 | 3 | 2 | 1 |
| 8. Student demonstrated respect during observation period. | 4 | 3 | 2 | 1 |
| 9. Student was able to review policies, procedures and written resources needed to understand patient care. | 4 | 3 | 2 | 1 |

COMMENTS: _____

Return this form to OB educator/Dr. Thompson