Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office:\_\_\_\_\_\_\_\_\_ Week #\_\_\_\_\_

Preceptor completes this form after each week and returns to the Team Leader.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Office Knowledge and Performance**  **1**= Requires complete assistance  **2**= Requires monitoring of activities and some assistance  **3**= Requires minimal assistance  **4**= No assistance required but still dependent on preceptor  **5**= Works independently | | | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |  | **Comments** |
| **COMMUNICATION** | | | | | | | |
| Communicates in a clear and timely manner |  |  |  |  |  |  |  |
| Uses interpersonal-communication strategies with individuals that are intended to achieve aperception of satisfaction by those involved and desirable/acceptable outcomes/responses |  |  |  |  |  |  |  |
| Welcomes and accepts constructive criticism |  |  |  |  |  |  |  |
| Communicates with members of multidisciplinary team |  |  |  |  |  |  |  |
| Communicates effectively with patient and family |  |  |  |  |  |  |  |
| Appropriately adjusts own practice based on feedback |  |  |  |  |  |  |  |
| Documents consistent with established guidelines |  |  |  |  |  |  |  |
|  | | | | | | | |
| **CRITICAL THINKING SKILLS** | | | | | | | |
| Explores multiple solutions to a given problem |  |  |  |  |  |  |  |
| Demonstrates ability to respond to emergency situation |  |  |  |  |  |  |  |
| Verbalizes understanding of rationale for following established protocols or policies |  |  |  |  |  |  |  |
| Recognizes need for assistance and consults with the preceptor and staff as needed |  |  |  |  |  |  |  |
| Demonstrates teamwork for recognizing the need for and providing assistance to others |  |  |  |  |  |  |  |
| Solves problems as they occur |  |  |  |  |  |  |  |
| Seeks appropriate resources to improve patient care |  |  |  |  |  |  |  |
| Gives a rationale for actions or decisions |  |  |  |  |  |  |  |
|  | | | | | | | |
| **ORGANIZATION SKILLS** | | | | | | | |
| Prioritizes and organizes work effectively |  |  |  |  |  |  |  |
| Prioritizes the most urgent items during the day |  |  |  |  |  |  |  |
| Demonstrates effective time management skills |  |  |  |  |  |  |  |
| Demonstrates flexibility with changes |  |  |  |  |  |  |  |

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| **TEAMWORK** | | | | | | | |
| Offers assistance to team members |  |  |  |  |  |  |  |
| Demonstrates understanding of the Team Leader & Lead roles |  |  |  |  |  |  |  |
| Displays self direction and initiative |  |  |  |  |  |  |  |
| **SAFETY** | | | | | | | |
| Demonstrates safe practice |  |  |  |  |  |  |  |
| Consistently washes hands before and after patient contact |  |  |  |  |  |  |  |
| Uses PPE and isolation standards when applicable |  |  |  |  |  |  |  |
| Seeks supervision, consultation, and assistance when unable to perform effectively or safely independently |  |  |  |  |  |  |  |
| Complies with established hospital/department personnel policies |  |  |  |  |  |  |  |

Experiences from the week:

Goals for next week:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Preceptor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Leader Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Student MA Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | *MoHealthWINs* |
| *This workforce solution was funded by a grant awarded by the U.S. Department of Labor’s Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.* | |



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