

Nurse Preceptor Academy

Requested Data and Feedback Information

Requested Information	Timeframe for Submitting Requested Information
A description of how you implemented the Nurse Preceptor Academy and any changes you made to the copyright protected reference manual and instructor guide	Annually during the first two years
Number of nurses who attended each academy training session; including a summary of participant evaluations during the first two years PLEASE USE THE ATTACHED PARTICIPANT EVALUATION FORM WHEN REPORTING	After each academy training session during the first two years
Recommendations for improvement to the curriculum or training materials, including any other suggestions	Annually during the first two years

NURSE PRECEPTOR ACADEMY EVALUATION

[Participant Evaluation Form]

Please respond to the following items as completely and candidly as possible by circling the appropriate response for each question.

1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Moderately agree 5 = Strongly agree

At the end of this seminar the participant will be able to: **Disagree Agree**

A. Examine the roles and responsibilities of a preceptor. <i>Comments:</i>	1	2	3	4	5
B. Describe the process to assess and meet preceptee's learning needs. <i>Comments:</i>	1	2	3	4	5
C. Identify strategies to support the preceptee in the socialization process. <i>Comments:</i>	1	2	3	4	5
D. Understand the possible impact of personality type on professional and personal relationships. <i>Comments:</i>	1	2	3	4	5
E. Discuss techniques to promote constructive communication between the new staff member and the preceptor. <i>Comments:</i>	1	2	3	4	5
F. Demonstrate how to provide effective and constructive feedback on performance. <i>Comments:</i>	1	2	3	4	5
G. Discuss human resource and legal issues associated with precepting. <i>Comments:</i>	1	2	3	4	5

Please rate the following areas: **Low High**

H. Content – application to my role as a nurse preceptor <i>Comments:</i>	1	2	3	4	5
I. Notebooks, materials, and handouts <i>Comments:</i>	1	2	3	4	5
J. Pre-registration materials and communication <i>Comments:</i>	1	2	3	4	5
K. Meeting space – seating, lighting, sound, comfort, and food <i>Comments:</i>	1	2	3	4	5
L. OVERALL RATING FOR THE ACADEMY	1	2	3	4	5

1. List topic suggestions for future meetings to help you in your role as a preceptor:

2. What percentage of material was new to you?

- Over 50%
 25-50%
 10-25%
 Less than 10%

More questions on the flip side.

	Content					Delivery					
	Low			High		Low			High		
“Overview of the Role of the Preceptor”	1	2	3	4	5		1	2	3	4	5
“I need a plan?” Learning Needs and Goal Setting	1	2	3	4	5		1	2	3	4	5
“New Kid on the Block” Workplace Socialization	1	2	3	4	5		1	2	3	4	5
“Mirror, Mirror . . .” Emotional Intelligence and Self-Awareness	1	2	3	4	5		1	2	3	4	5
“Can you hear me now?” Conflict Resolution	1	2	3	4	5		1	2	3	4	5
“How am I doing?” Evaluation and Feedback	1	2	3	4	5		1	2	3	4	5
“Keep It Real, Keep It Legal” Human Resource Considerations	1	2	3	4	5		1	2	3	4	5
“Tool Time” Tips and Tools	1	2	3	4	5		1	2	3	4	5

3. What did you like BEST about the program?

4. What did you like LEAST about the program?

5. Other comments:

*Please return this evaluation form to the registration table.
Thank you for making this a successful academy!*