

1. Care Setting

Please provide us with your feedback on the Preceptor Academy by completing the following evaluation survey. To ensure this survey remains anonymous, please do not include your name. We greatly appreciate your feedback and will use it to improve future educational opportunities.

* 1. Which care setting do you represent?

- Acute Care
- Community Care
- Long Term Care

2. Acute Care

* 2. Which Acute Care setting best reflects your work environment?

- Critical Access
- Long Term Acute Care
- Community Hospital
- Other Acute Care

3. Community Care

* 3. Which Community Care setting best reflects your work environment?

- Public Health
- Hospice
- Home Health
- Other Community Care

4. Long Term Care

* 4. Which Long Term Care setting best reflects your work environment?

- Nursing Home
- Sub-Acute Care
- Rehabilitation
- Other Long Term Care

5. Proficiency

* 5. After attending this training, I am able to...

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

6. Satisfaction

* 6. Please rate your level of satisfaction with each of the following:

	Low	Moderately Low	Average	Moderately High	High
A. Content: application to my role as a nurse preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>				
B. Notebooks, materials, and handouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>				
C. Pre-registration materials and communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>				
D. Meeting space: seating, lighting, sound, comfort, and food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>				
E. OVERALL RATING FOR THE ACADEMY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>				

7. Topic Suggestions

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

8. Percentage

* 8. What percentage of material was new to you?

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

9. Content and Delivery

* 9. Please rank the following:

	CONTENT	DELIVERY
"Overview of the Role of the Preceptor"	<input type="text"/>	<input type="text"/>
"I need a plan?" - Learning Needs and Goal Setting	<input type="text"/>	<input type="text"/>
"New Kid on the Block" - Workplace Socialization	<input type="text"/>	<input type="text"/>
"Mirror, Mirror . . ." - Emotional Intelligence and Self-Awareness	<input type="text"/>	<input type="text"/>
"Can you hear me now?" - Conflict Resolution	<input type="text"/>	<input type="text"/>
"How am I doing?" - Evaluation and Feedback	<input type="text"/>	<input type="text"/>
"Keep It Real, Keep It Legal" - Human Resource Considerations	<input type="text"/>	<input type="text"/>
"Tool Time" - Tips and Tools	<input type="text"/>	<input type="text"/>

10. Best

10. What did you like BEST about the program?

11. Least

11. What did you like LEAST about the program?

12. Comments

12. Please provide any additional comments:

13. Training

* 13. Trainer's Name

* 14. Trainee's Organization

* 15. City of Training

* 16. Date of Training (mm/dd/yyyy)