**Illinois State University**

**Mennonite College of Nursing**

**DNP Clinical Residency Evaluation of Preceptor and Site**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_ Course number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor name, position title, and organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Evaluation of Preceptor and Site**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Preceptor Rating Factors**  | **N/A** | **Poor** | **Fair** | **Good** | **Excellent** |
| Availability for consultation |  |  |  |  |  |
| Facilitates access to information and resources in the organization  |  |  |  |  |  |
| Provides timely and constructive feedback |  |  |  |  |  |
| Recommends additional learning experiences |  |  |  |  |  |
| Demonstrates use of evidence in health care delivery planning  |  |  |  |  |  |
| Employs systems thinking and quality improvement principles  |  |  |  |  |  |
| Uses data (internal and/or external) to improve patient health outcomes |  |  |  |  |  |
| Employs effective communication and collaborative skills with stakeholders (intra- and inter-professional team, patient, family, community) |  |  |  |  |  |
| Uses student’s strengths and knowledge in advanced nursing practice specialty |  |  |  |  |  |
| Demonstrates an understanding of the doctoral prepared advanced nursing role |  |  |  |  |  |
| **I would recommend this clinical preceptor for another DNP student.** (insert Yes or No) **\_\_\_\_\_\_\_\_\_\_\_\_** |
| Comments by student regarding preceptor: |
| **Site Rating Factor** |
| Site supported student learning (patient population, facility resources, and staff) |  |  |  |  |  |
| **I would recommend this clinical site for another DNP student.** (insert Yes or No)  **\_\_\_\_\_\_\_\_\_\_\_**  |
| Comments by student regarding site: |

Completed by Student (signature-typed or written): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Submit Completed Form to Course Faculty**

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| --- |
| **Course Faculty Evaluation of Preceptor and Site** |
| I recommend this clinical preceptor/mentor for another DNP student. (insert Yes or No) **\_\_\_\_\_\_\_\_\_\_\_\_** |
| I recommend this clinical site for another DNP student. (insert Yes or No) **\_\_\_\_\_\_\_\_\_\_\_\_** |
| Comments by course faculty: |

Completed by Faculty (signature-typed or written): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_