Clear Form

Preceptor and Student Joint Feedback Form

This form can be used by both student and preceptor to prepare for feedback sessions and then as a basis from which to discuss your thoughts and observations

Date: _____ Practice Setting: _____

What went well today/this week?

The most difficult task or moment was:

What do we need to do differently next time or next week?

A learning goal we will focus on next week is:

An area I could really use help with is:

An area I would like more feedback on is:

Use this checklist to quickly identify progress in areas of practice and professional behaviours. Comment as appropriate.

Professional Practice

- ☐ Accurate
- ☐ Timely
- ☐ Prioritizes appropriately
- ☐ Requires prompts/reminders
- ☐ Seeks out and utilizes resources
- ☐ Asks for help when needed
- ☐ Embraces opportunities and challenges
- ☐ Knowledgeable
- ☐ Complete/Comprehensive
- ☐ Seeks answers
- ☐ Recognizes limitations
- ☐ Open to corrections/suggestions
- ☐ Takes responsibility for own learning
- ☐ Utilizes critical thinking and clinical reasoning

Comments:

(continued)

Professional Behaviours:

- ☐ Confident
- ☐ Fully present
- ☐ Motivated
- ☐ Compassionate
- ☐ Flexible
- ☐ Argumentative
- ☐ Calm
- ☐ Defensive
- ☐ Inquisitive
- ☐ Distracted
- ☐ Conscientious
- ☐ Punctual
- ☐ Eager/demonstrates initiative
- ☐ Appropriate non-verbal behaviour
- ☐ Positive
- ☐ Reflective

Other:

- ☐ Appropriate dress and appearance
- ☐ Appropriate interactions with clients/families and members of the care team
- ☐ Fully engages in team/setting activities
- ☐ Accepts and takes action on feedback

Comments:

Student signature: _____ Preceptor signature:_____

Adapted from: "Nursing Orientation Weekly Feedback", *Preceptor Treasures*, Vanderbilt Nursing, Vanderbilt University Medical Center.