Preceptor and Student Joint Feedback Form

This form can be used by <u>both student and preceptor</u> 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 | Knowledgeable |
|---------------------------------------|---|
| Timely | Complete/Comprehensive |
| Prioritizes appropriately | Seeks answers |
| Requires prompts/reminders | Recognizes limitations |
| Seeks out and utilizes resources | Open to corrections/suggestions |
| Asks for help when needed | Takes responsibility for own learning |
| Embraces opportunities and challenges | 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.