TRINITY VALLEY COMMUNITY COLLEGE

ASSOCIATE DEGREE NURSING PROGRAM

LEVEL IV – CARDIAC OR PULMONARY REHABILITATION PRECEPTOR EVALUATION

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor Name/Department: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Criteria | Met | Not met |
| **Safety:**   1. Follows standard precautions and infection control guideline 2. Provides safe environment for patient |  |  |
| **Patient Centered Care**:   1. Implements nursing interventions in a safe manner |  |  |
| **Communication:**   1. Effectively communicates to patient/family/caregiver/staff |  |  |
| **Professionalism:**   1. Treats all individuals with respect 2. Arrives on time and follows dress code policy 3. Demonstrates caring and empathy 4. Seeks learning opportunities 5. Practices in a legal and ethical manner |  |  |
| **Teamwork & Collaboration:**   1. Participates as a contributing team member |  |  |
| **Date and hours** :  1. |  |  |

**What are the student’s strengths and weaknesses?**

**Comments:**

**Preceptor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

J: Level IV Concepts/Syllabus 2016 11/28/15