



CCNM - BOUCHER CAMPUS PRECEPTOR PROGRAM

Revised: November 22, 2021
By: Dr. Fairman-Young

PRECEPTOR EVALUATION PROCEDURE

Student Name: _____ ND: _____

Preceptor Name and Title: _____

Address: _____

Dates of Placement (mm/dd/yy): from: _____ to: _____

Total hours estimated for preceptorship: _____

All sections are graded from 1 to 5, with 1 showing a poor competency in the evaluation topic and 5 showing an excellent level of the evaluation topic.

Grade	Interpretation
1	Poor
2	Fair
3	Good
4	Very good
5	Excellent

Students:

Please evaluate yourselves (Page 2) and the preceptor host (Page 3) according to the above criteria. Please give your preceptor page 4 of this package, which is their evaluation of you. Once completed, please have them emailed to Ellen Kolvers at ekolvers@CCNM.edu.

The goal of the preceptorship program is to create opportunities for students to observe doctors and practitioners outside of the structured learning environment at Boucher Institute. Students are encouraged to observe and reflect on their observations and experiences with the intent of better understanding their own strengths and weaknesses, and to identify opportunities for further professional and personal growth.

The student is equally encouraged to use this opportunity to learn about diagnostic tools & techniques, patient rapport, effective communication skills, case analysis, treatment selection, as well as patient & practice management.



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Preceptor Host:

Please evaluate your student according to the above criteria and add any comments you wish to make. The form should be completed on the last day of the preceptorship. Please give this to the student in a sealed envelope or email completed forms to the Clinical Studies Coordinator Ellen Kolvers at ekolvers@CCNM.edu.

PRECEPTOR HOST EVALUATION OF STUDENT

Student name: _____

Preceptor Name and Title: _____

Address: _____

Dates of Placement: from: _____ to: _____

	Score 1 – 5 or N/A
Professional image (punctuality/dress code).	
Communication skills with the physician.	
Communication skills with patients.	
Communication skills with staff.	
Willingness to learn.	
Listening skills.	
Understanding of naturopathic medicine.	
Knowledge level commensurate with class grade level.	
Self-confidence.	
Student behaved in a professional manner.	

Comments:

Preceptor Signature: _____ **Date:** _____



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STUDENTS SELF EVALUATION

Please answer the following questions and rate your experience and learning based on the categories listed below.

1. What were you able to identify as areas you feel particularly strong in?

2. What were you able to identify as areas you would like to improve on?

(1 = learned very little in this category – 5 = learned a significant amount in this category)

	Score 1 – 5 or N/A	Comments
Diagnostic Tools & Techniques		
Patient Rapport		
Communication Skills		
Case Analysis/Diagnosis Skills		
Treatment Plan Development		
Patient Management		
Practice/Business Management		

Please reflect upon and discuss your experience at this preceptor site, ie. goals, expectations, needs met, learning experience etc. (50 words minimum).

Student Signature: _____ **Date:** _____



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STUDENT EVALUATION OF PRECEPTOR HOST

	Score 1 – 5 or N/A
Involved me in patient care discussions and decisions.	
Provide me with an appropriate level of supervision and backup support.	
Punctual for patient care.	
Provided me with teaching tips and skills.	
Made observations and provided me with helpful feedback.	
A role model of conscientious care.	
A role model of respectful, cooperative, productive interaction with the health care team.	
In general, an effective teacher.	
The preceptor displayed enthusiasm for teaching.	
The preceptor gave clear explanations.	
The preceptor displayed interest in me as a student.	
The preceptor appeared knowledgeable about Naturopathic practice.	

I would recommend this preceptor to my peers. Yes No
Why?

Did this preceptor effectively contribute to your clinical education? Yes No
How?

Student Signature: _____ **Date:** _____



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RECORD OF HOURS AND PATIENT CONTACTS

Student Name: _____

ND: _____

Preceptor Name and Title: _____

Date (d/m/y)	Hours (#)	Patients (#)	Preceptor name (Please print)	Preceptor signature	CE hours* (yes/no)
Totals					

*To collect Continuing Education (CE) hours the preceptor must have submitted an application form stating they will be an approved CCNM – Boucher Campus preceptor. Only one preceptor per package. Each preceptor must have their own Evaluations and Record of Hours form.

Please email this completed form to the Clinical Studies Coordinator (ekolvers@CCNM.edu)

Student signature: _____ Date: _____