

**Intern Evaluation of Preceptor/Affiliate/Site**  
**Missouri Department of Health and Senior Services' Program for Dietetic Interns**  
**2014-2015**

**Rotation Type:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

**Intern Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Supervising Dietitian:** \_\_\_\_\_

This form is designed to provide feedback concerning intern experiences. **When completing this form please consider only your experiences at and assignments related to this facility.** Please use completion of this form as an opportunity to practice phrasing constructively any comments you may have. If a weakness is identified, it is helpful for the facility to know how it might be corrected. Facilities also need to know their strengths so they do not change an experience or schedule that already works well.

Please circle the number, which most closely corresponds, to your experience with the rotation at this affiliate/site:

**5=Excellent      4=Good      3=Average      2=Fair 1=Poor**

**ABOUT THE SUPERVISING DIETITIAN**

**Is Organized and Focused:**

Pre-planned learning activities	5	4	3	2	1
Prepared for precepting activities	5	4	3	2	1
On time for precepting activities	5	4	3	2	1
Took the time to explain concepts fully and clearly	5	4	3	2	1
Careful and precise in answering questions	5	4	3	2	1
Summarized major learning points	5	4	3	2	1
Focused on the identified learning objectives/orientation to the area, experiences, assignments	5	4	3	2	1
Identified what was considered most important	5	4	3	2	1

**Additional Comments:**

**Values Intern-Preceptor Interactions:**

Encouraged discussion	5	4	3	2	1
Invited intern to share knowledge, experiences, and opinions	5	4	3	2	1
Welcomed and encouraged questions	5	4	3	2	1
Used eye-contact with intern	5	4	3	2	1
Clarified thinking by identifying reasons for questions	5	4	3	2	1
Intern could tell if the preceptor understood them or not	5	4	3	2	1
Had interest and concern in the quality of their precepting	5	4	3	2	1
Encouraged active learning, that is, the intern was involved and engaged rather than simply observing	5	4	3	2	1
Gave intern enough independence in experience and allowed intern to be self-directed	5	4	3	2	1

**Additional Comments:**

**Is Dynamic and Enthusiastic:**

Enthusiastic about their professional responsibilities, including precepting	5	4	3	2	1
Varied the speed and tone of their voice	5	4	3	2	1
Used humor appropriately with intern	5	4	3	2	1
Had an interesting style of presentation / teaching	5	4	3	2	1

**Additional Comments:**

**Relates Well to Interns:**

Had a genuine interest in intern	5	4	3	2	1
Respected intern as a person	5	4	3	2	1
Attempted to relate to intern as an individual	5	4	3	2	1
Adapted to the differences in individual interns	5	4	3	2	1
Was valued for advice beyond that directly related to the supervised practice experience	5	4	3	2	1
Was accessible to interns	5	4	3	2	1
Was approachable and friendly	5	4	3	2	1

**Additional Comments:**

## **ABOUT THE SUPERVISING DIETITIAN CON'T**

### **Relates Well to Interns**

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Was accessible to interns	5	4	3	2	1
Was approachable and friendly	5	4	3	2	1

**Additional Comments:**

### **Uses an Analytical Approach**

Discussed recent developments in the field	5	4	3	2	1
Discussed points of view other than their own	5	4	3	2	1
Shared the origins of their ideas and concepts	5	4	3	2	1
Provided references for interesting and involved points	5	4	3	2	1
Explained why the intern's work was correct or incorrect	5	4	3	2	1
Had intern apply concepts to demonstrate understanding	5	4	3	2	1
Provided constructive and timely feedback on areas of strength in addition to areas for improvement	5	4	3	2	1

**Additional Comments:**

### **Is Competent and Confident**

Demonstrated mastery in the area in which they are precepting	5	4	3	2	1
Keeps up-to-date in the area in which they are precepting	5	4	3	2	1
Confident in their expertise in the area in which they are precepting	5	4	3	2	1
Confident in their skill as preceptor	5	4	3	2	1
Provided experiences/assignments that were valuable in your learning process	5	4	3	2	1

**Additional Comments:**

### **Models Professional Behavior**

Showed respect for others	5	4	3	2	1
Demonstrated empathy for others	5	4	3	2	1
Took responsibility for their actions	5	4	3	2	1
Recognized their own limitations	5	4	3	2	1

**Additional Comments:**

## **ABOUT THE ASSIGNMENTS AND TASKS**

Relevance	5	4	3	2	1
Written Instructions	5	4	3	2	1
Resources Available	5	4	3	2	1
Adequate Time Allowed	5	4	3	2	1
Positive Learning Experience	5	4	3	2	1
Feedback on performance and progress was adequate	5	4	3	2	1

**Additional Comments:**

## **ABOUT THE FACILITY AND SUPPORT STAFF**

Cooperative Staff	5	4	3	2	1
Adequate Equipment	5	4	3	2	1
Adequate Workspace	5	4	3	2	1
Adequate Supplies	5	4	3	2	1
Environment was conducive to learning	5	4	3	2	1
Overall Evaluation of Facility	5	4	3	2	1

**Additional Comments:**

## **OVERALL QUALITY OF THIS ROTATION**

5 4 3 2 1

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**Describe and explain the experience or activity that was most valuable to you.**

**Describe and explain the experience or activity that was least valuable to you.**

**List any experiences or activities at this facility that were repetitious of those you had previously in the program at other facilities.**

**Do you feel that the time provided for the affiliation and/or individual rotation was adequate?**

☐ Yes

☐ No

**If NOT, please comment.**

**Were you sufficiently prepared throughout the experience for completing objectives?**

☐ Yes

☐ No

**If NOT, what additional preparation is needed prior to the experience or concurrent with the experience?**

**Describe how this facility could change to improve the experience for future interns.**

**In what subject area or skill do you feel strongest? Why?**

**In what subject area or skill do you feel weakest? Why?**

**Other comments?**