Appendix C: Preceptor Evaluation Form

MHA INTERNSHIP EVALUATION BY PRECEPTOR

Thank you for your sponsorship of this intern. Please complete this evaluation form and return it to the MHA Program (by mail, email, or fax).

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methomp1@uncc.edu
704.687.8980 (phone)
704.687.1644 (fax)

Your evaluation is a key part of the internship process. The information will provide useful feedback for the student intern and help us to better prepare future MHA students. Your evaluation is confidential; we will share only summary information, in a way so that no preceptor or student can be identified.

Student’s Name:
_________________________________________________________________

Preceptor’s Name:
_________________________________________________________________

Preceptor’s Title: _______________________________________________________

Organization in which the Internship was served, including division/unit if applicable:
_____________________________________________________________________
Intern Name: ____________________________________

Please circle one response for each of the two questions below:

1. The student fulfilled agreed-upon time commitment (160 hours minimum), and completed internship assignments in the time frame agreed on in advance.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Comments (optional):

2. The student demonstrated professionalism in her or his performance, appearance, and in all interactions with the preceptor and with other employees in the organization.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Comments (optional):

Using the scales below, please indicate the degree to which the student demonstrated that she or he met your expectations for each competency during the internship experience.

<table>
<thead>
<tr>
<th>Competency Domain – Leadership and Critical Thinking</th>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neutral</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrated professionalism in value systems, ethics, and in interactions with others.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>2. Demonstrated cultural sensitivity and respect for all employees in the organization.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>3. Demonstrated a high level of emotional intelligence.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
</tbody>
</table>
4. Demonstrated that she or he is an effective team player. | 5 | 4 | 3 | 2 | 1 | NA
5. Demonstrated the ability to critically analyze information and situations. | 5 | 4 | 3 | 2 | 1 | NA
6. Demonstrated the ability to use system and strategic thinking models and methods to make decisions and solve problems. | 5 | 4 | 3 | 2 | 1 | NA

**Competency Domain – Science and Analysis**

| 1. Demonstrated the ability to examine data appropriately, including, as appropriate for the project, qualitative analysis (e.g., case studies) and quantitative analysis (e.g., descriptive statistics, survey analysis) to identify patterns and trends. | 5 | 4 | 3 | 2 | 1 | NA
2. Demonstrated the ability to use and manage relevant computer technology. | 5 | 4 | 3 | 2 | 1 | NA
3. Demonstrated a working knowledge of management information systems. | 5 | 4 | 3 | 2 | 1 | NA

**Competency Domain – Management**

| 1. Demonstrated the ability to apply concepts and tools of strategic planning and/or management. | 5 | 4 | 3 | 2 | 1 | NA
2. Demonstrated an ability to interpret the impacts of legal, regulatory, and political environments on health care organizations. | 5 | 4 | 3 | 2 | 1 | NA
3. Demonstrated an ability to apply a public health perspective to health care management. | 5 | 4 | 3 | 2 | 1 | NA
<table>
<thead>
<tr>
<th>Competency Domain – Political/Community Stakeholder &amp; Communication</th>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neutral</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrated the ability to identify all of the major stakeholders of health services organizations and understand their interests.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>2. Demonstrated the ability to use negotiation, consensus and conflict resolution to promote relationships in the health care organization and, if appropriate, in the community.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>3. Demonstrated the ability to listen, hear, and respond effectively to the ideas and thoughts of others.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>4. Demonstrated the ability to speak clearly and effectively with individuals and in groups, in formal and informal settings.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>5. Demonstrated the ability to write clearly and effectively.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
</tbody>
</table>
**Comments:** Please respond to all of the following:

1. Please provide an example(s) of competency area(s) in which the student demonstrated strengths.

2. Please provide specific examples of the student’s behavior or performance in any instances where the student did not meet your expectations for performance (in the competency areas rated above or in other competencies areas).

3. Please describe your overall impression of the student’s performance.

4. Please identify any areas where the student’s academic preparation for assigned work could be improved.
5. Please describe the value of the internship for your organization.

6. If you have an opportunity in the future, would you consider sponsoring another intern from the UNC Charlotte MHA Program?

Thank you!

Preceptor’s Signature: _______________________________________________________

Date: _______________________________________________________________