



# NARAYANA COLLEGE OF NURSING

Chinthareddypalem, Nellore - 524003. A.P.

Ph No: 0861-2317969 | Fax: 0861-2311968.

e-mail: narayana\_nursing@yahoo.co.in || principal.ncn@narayanannursingcollege.com

website: <https://www.narayanannursingcollege.com>

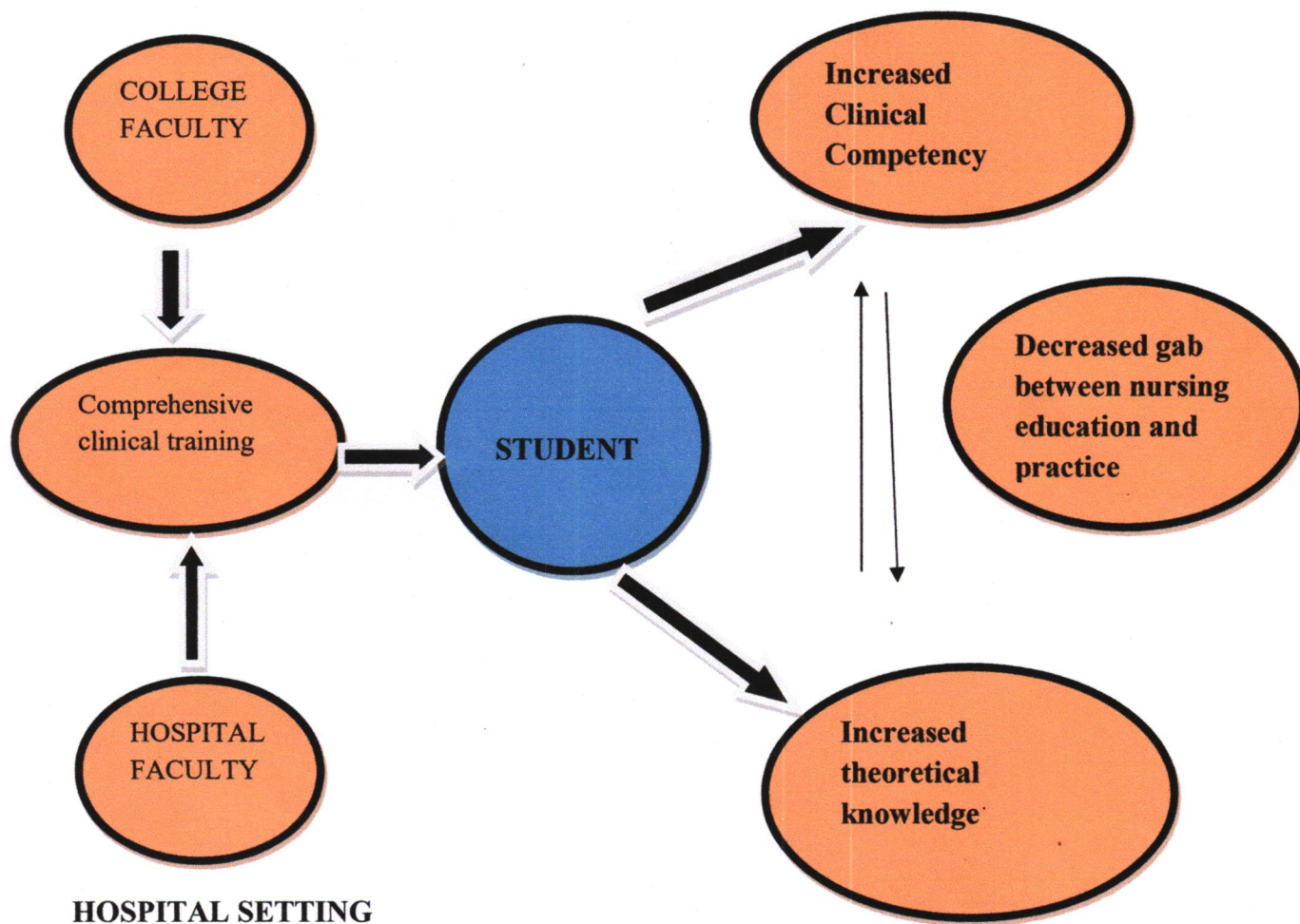


## 7.3: Link for any other relevant information:

### DISTINCTIVENESS FRAME WORK

#### DUAL ROLE INITIATIVE MODEL

##### COLLEGE SETTING



*Dr. B. Anuraj*  
Principal

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Chinthareddypalem,  
NELLORE - 524 003



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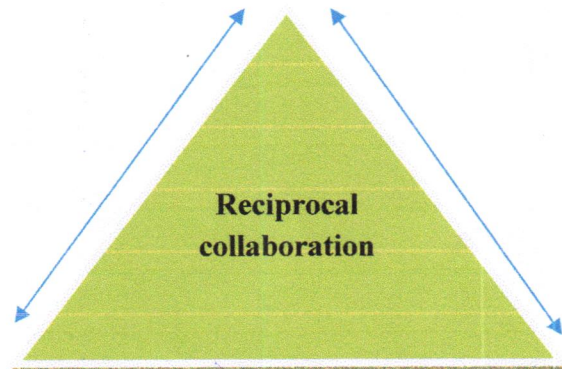
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## CLINICAL PRECEPTORSHIP MODEL



### NURSES PRECEPTORS

- ROLE MODEL
- CLINICAL TEACHER
- EXPERT CASE MANAGER

### FACULTY

EDUCATOR  
FACILITATOR  
ROLE MODEL  
CONSULTANT  
RESEARCH



**OPTIMAL HEALTH OF POPULATIONS**

*Dr. B. Anj*  
Principal

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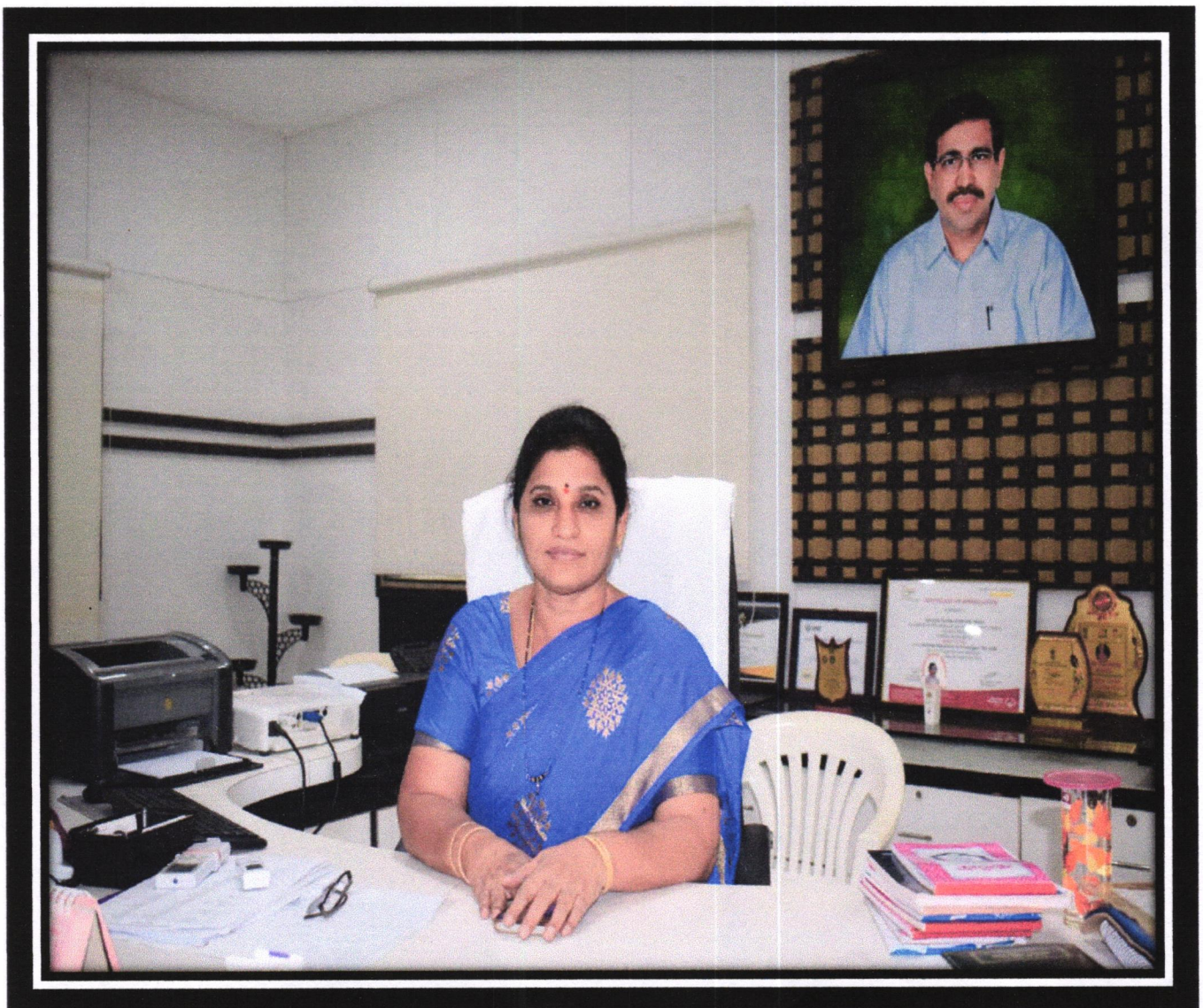
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### FACULTIES PERFORMING DUAL ROLE



**Dr. B. Vanaja Kumari, Principal, M.Sc. (N), PhD (N).**

*Dr. B. Vanaja Kumari*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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website: <https://www.narayanannursingcollege.com>



## CLINICAL COORDINATORS



**Prof. P. Shanmugavadivu, M.Sc. (N)**

*Dreashy*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





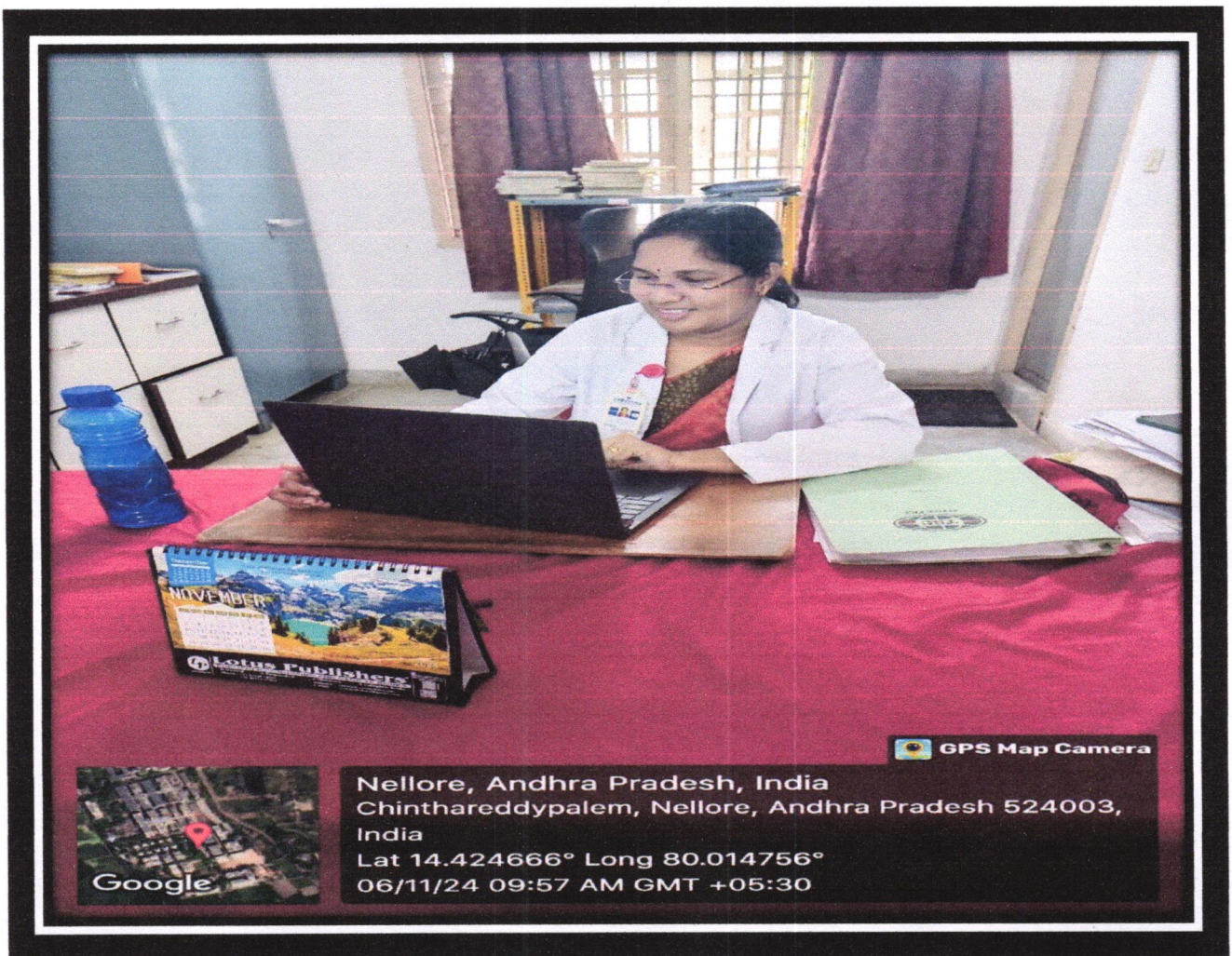
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GPS Map Camera



Google

Nellore, Andhra Pradesh, India  
Chinthareddypalem, Nellore, Andhra Pradesh 524003,  
India  
Lat 14.424666° Long 80.014756°  
06/11/24 09:57 AM GMT +05:30

**Prof. G. Pavithra, M.Sc. (N)**

*Dr. B. Chamy*  
Principal

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Chinthareddypalem,  
NELLORE - 524 003





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**Prof. N. Subhashini, M.Sc. (N), Ph.D**

*Dr. Subhashini*  
Principal

NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003.





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website: <https://www.narayanannursingcollege.com>



**Mrs. Prathima V. M.Sc. (N), Assoc.Professor, Ph.D**

*Dr. R. Chinnay*  
Principal

NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





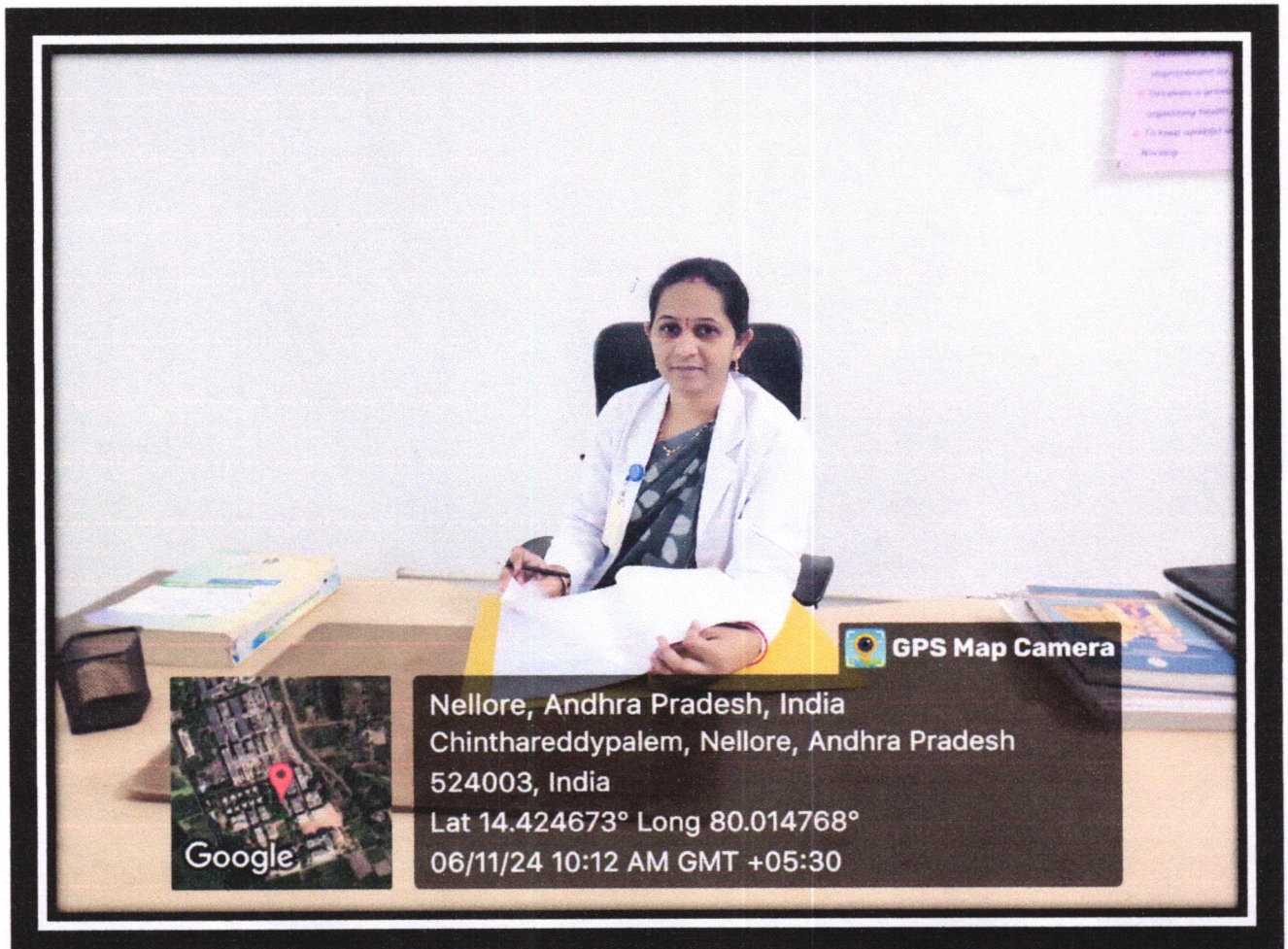
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**Mrs. S. Suchithra, M.Sc. (N), Assoc. Professor**

*Dr. Suchithra*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
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website: <https://www.narayanannursingcollege.com>



## NURSING COORDINATOR



**Mrs. K. Madhavalatha, M.Sc. (N)**

*Dr. R. Ramesh*  
Principal

NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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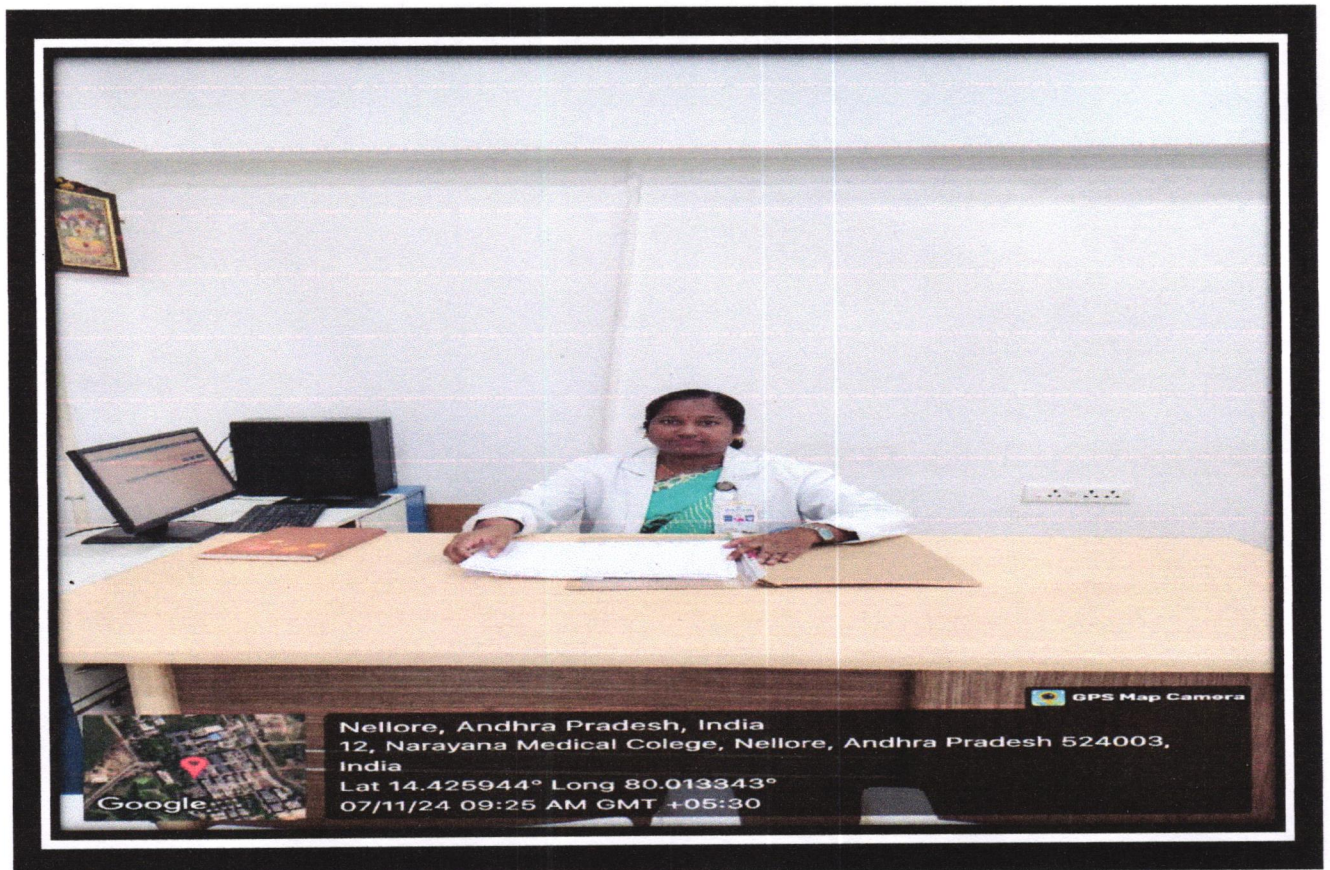
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## NURSING COORDINATOR



**Dr. K. KANTHA, M.Sc. (N), PhD**

*Dr. K. K. Kant*  
Principal

NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003.





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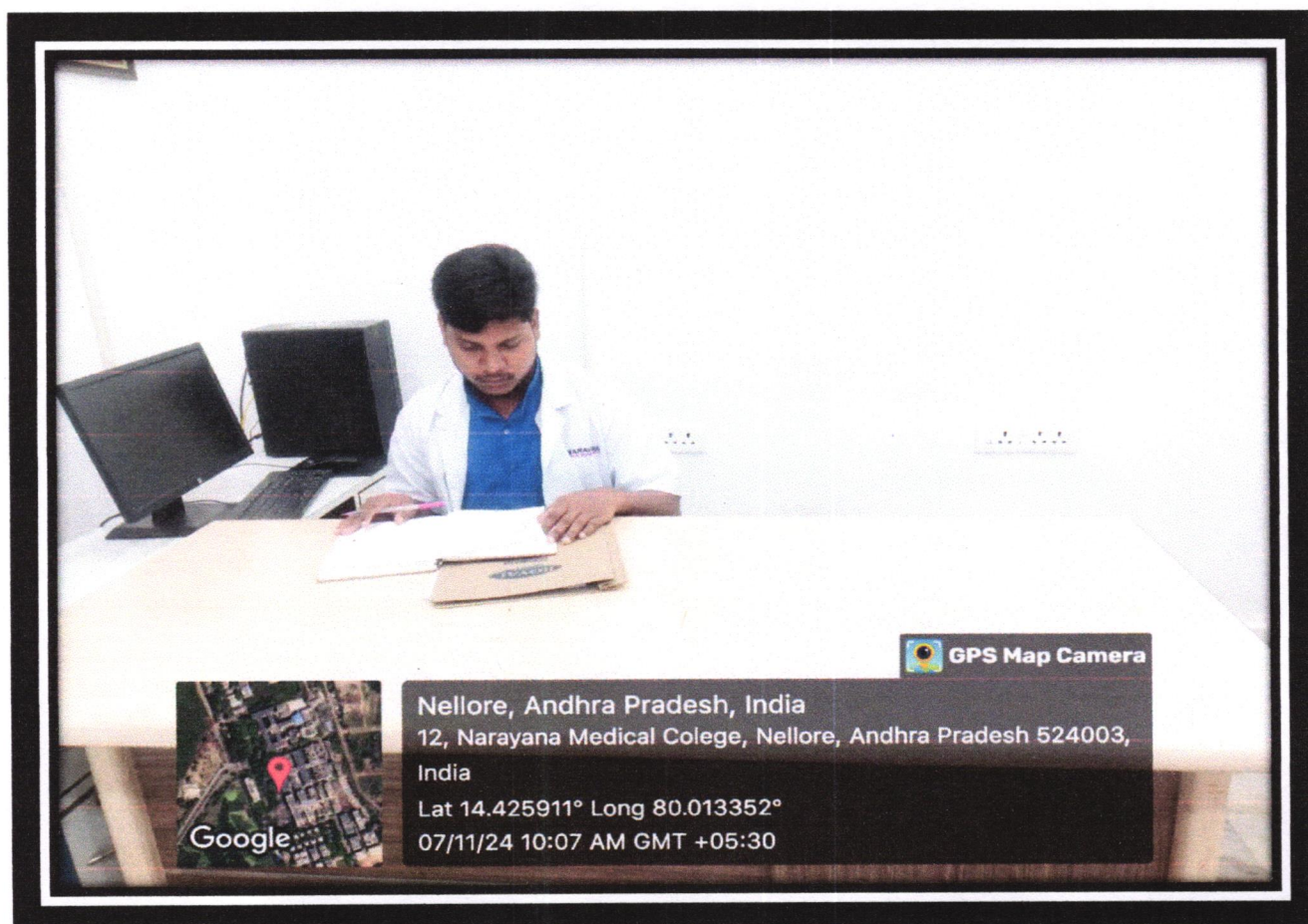
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website: <https://www.narayanannursingcollege.com>



## INFECTION CONTROL COORDINATOR



Mr. B. SYAMALA RAO, M.Sc (N).

*Dr. B. S. Rao*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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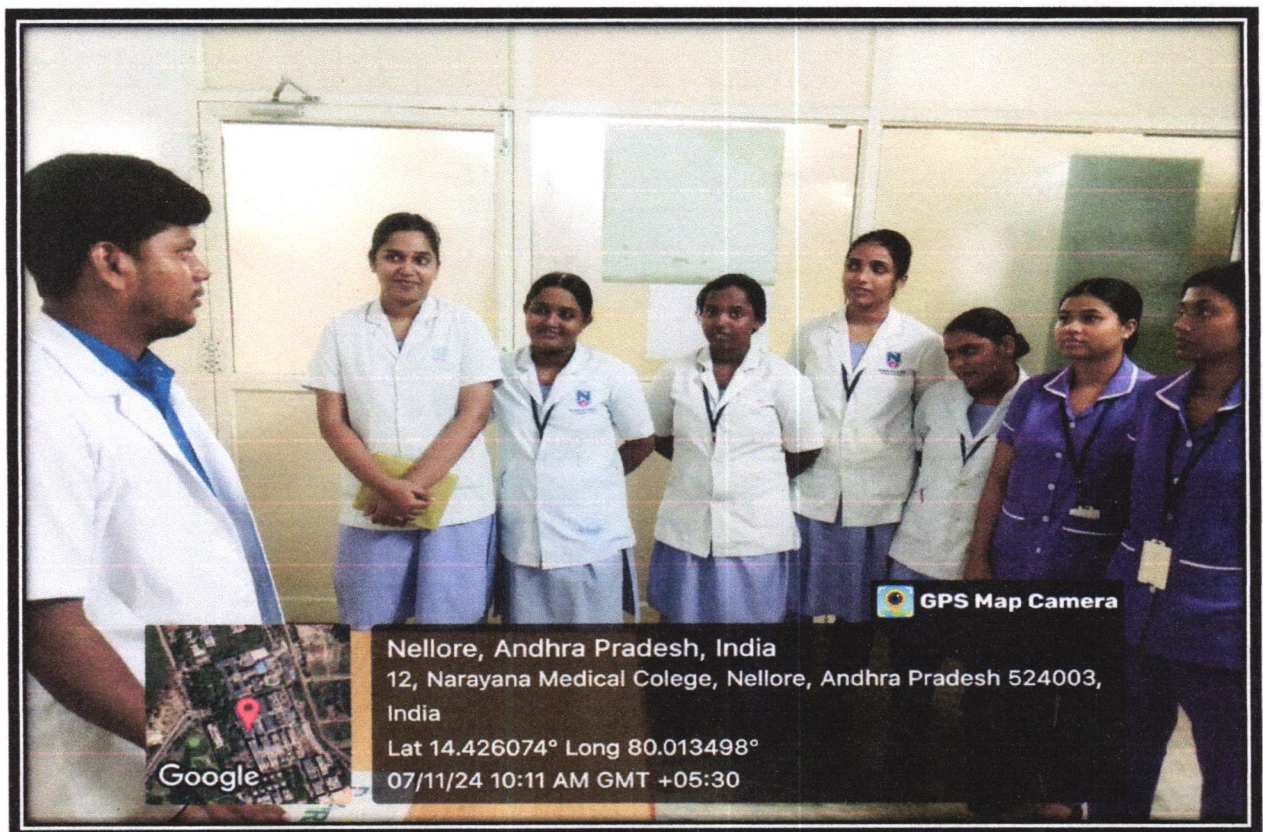
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website: <https://www.narayanannursingcollege.com>



## GUIDING STUDENTS BY INFECTION CONTROL IN CHARGE



*D. S. Chinn*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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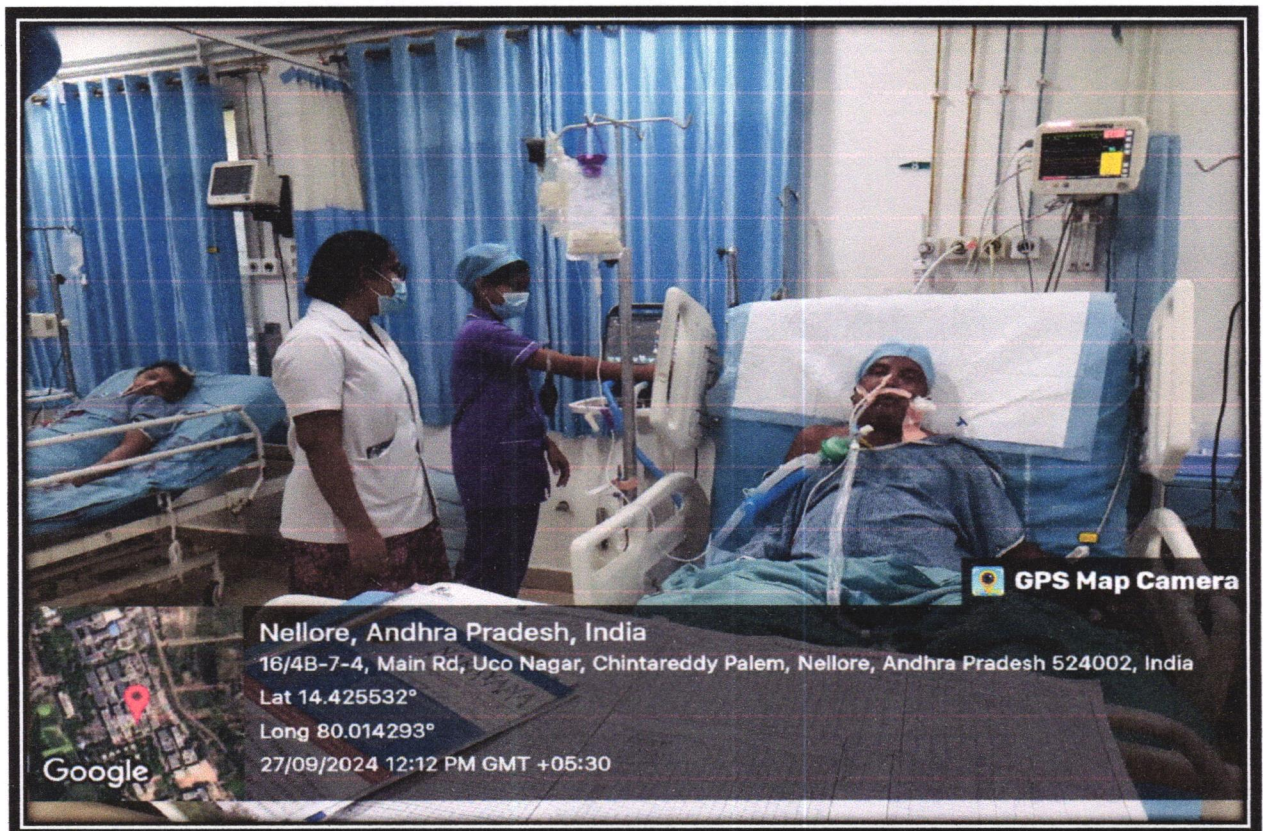
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## THE NURSING COORDINATOR DURING THE INTERNAL AUDIT IN THE HOSPITAL



*Dr. S. Chinnji*  
Principal

NARAYANA COLLEGE OF NURSING  
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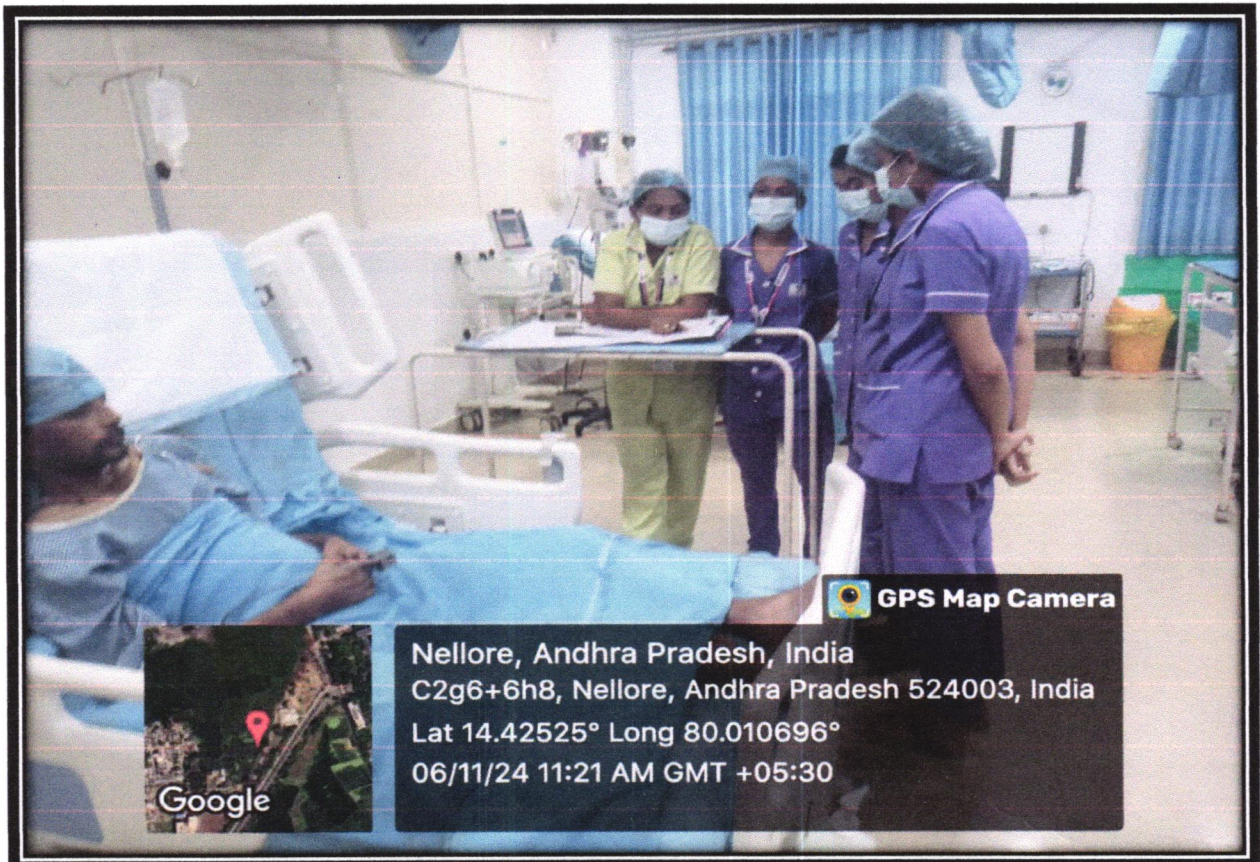
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## SUPERVISION BY THE WARD INCHARGE IN GICU



GPS Map Camera



Google

Nellore, Andhra Pradesh, India

C2g6+6h8, Nellore, Andhra Pradesh 524003, India

Lat 14.42525° Long 80.010696°

06/11/24 11:21 AM GMT +05:30

*Dr. Babu*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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# WELL EQUIPPED SIMULATION LABS

*Dr. S. Chinnay*  
Principal

NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
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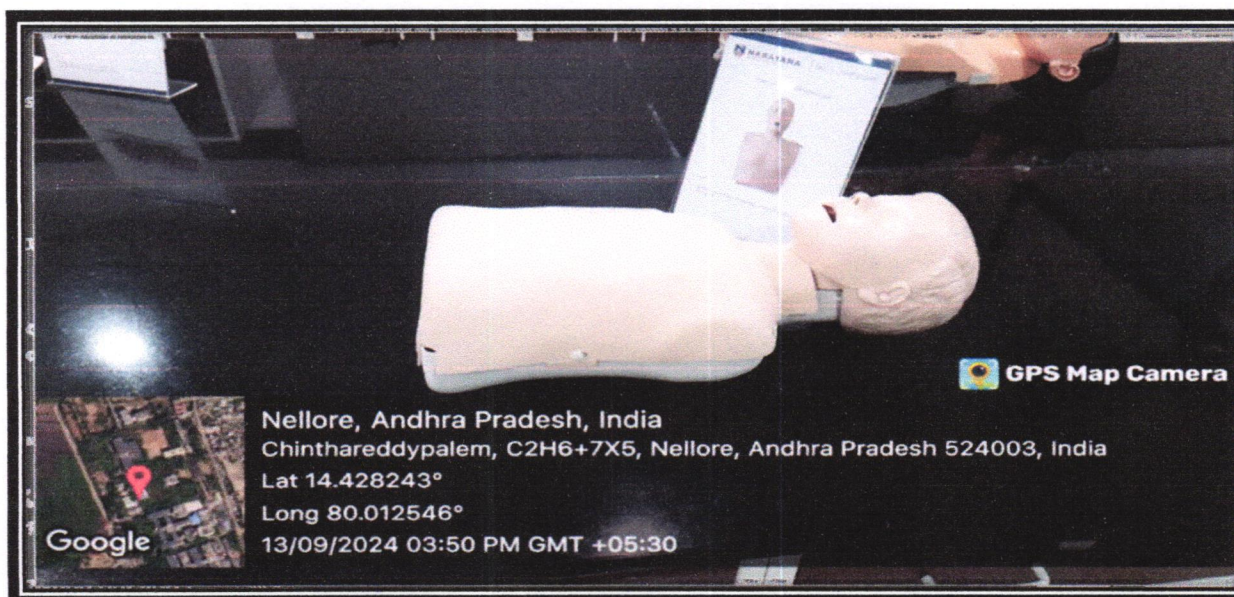
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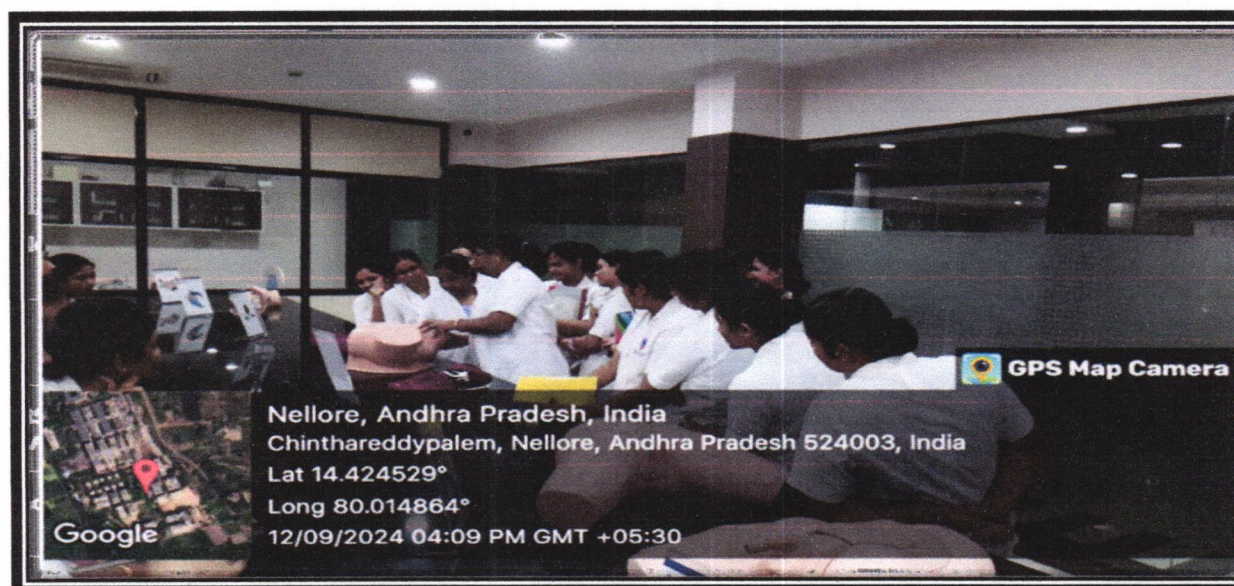
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## Patient simulators for simulation-based training



## CPR (Cardiopulmonary Resuscitation) training mannequin.



## Demonstrating Mechanism of Labour

*Dr B. Anny*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
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## Patient simulators for simulation-based training

### Demonstrating Mechanism of Labour



### Physical examination

*Dr. B. Chinnay*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
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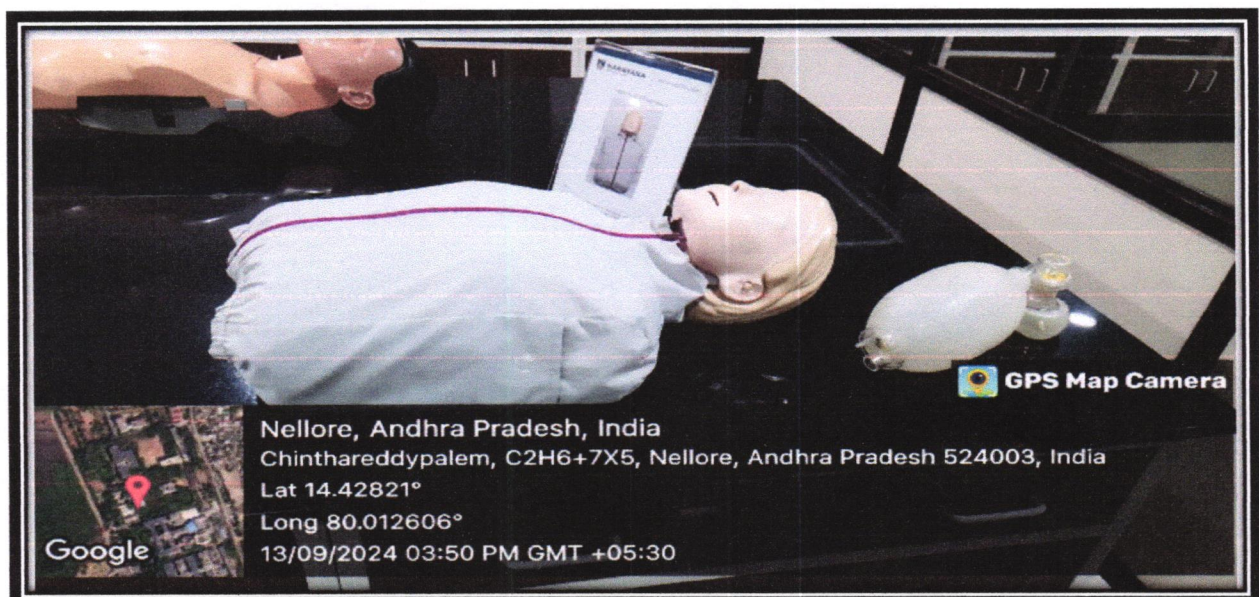
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**Specific task – Examination try**



**Head Mannequin for Airway Management**

*Dr. B. Chinnay*  
Principal

NARAYANA COLLEGE OF NURSING  
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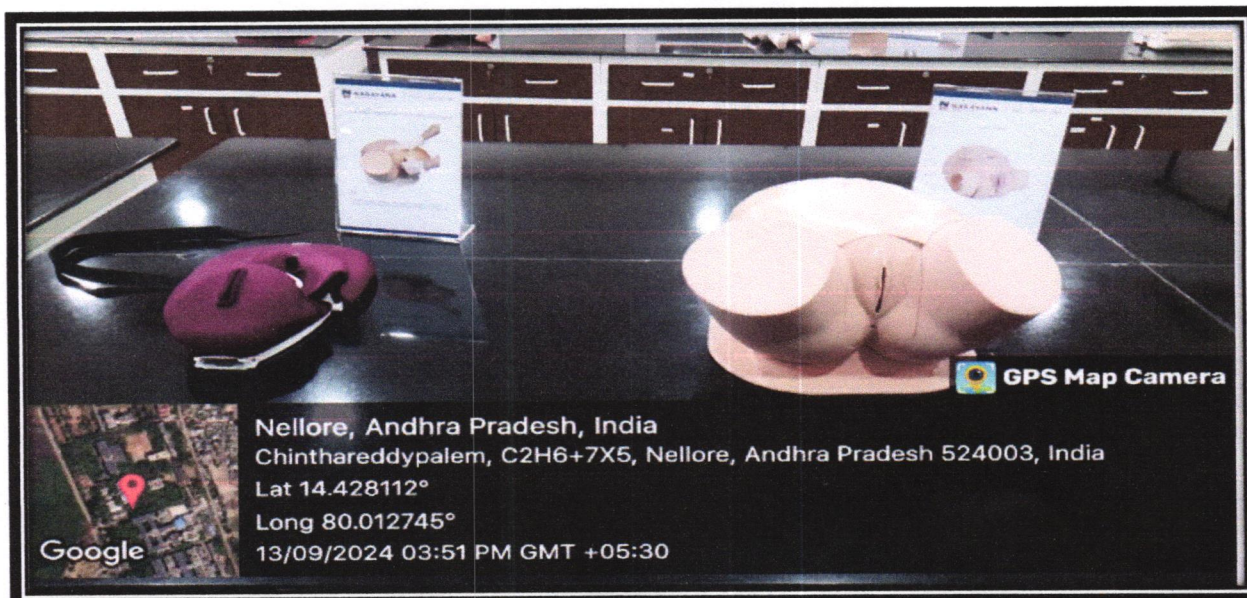
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**Chest compression feedback device**



**Female Urinary Catheterization & Enema Trainer**

*Dr. Reddy*  
Principal

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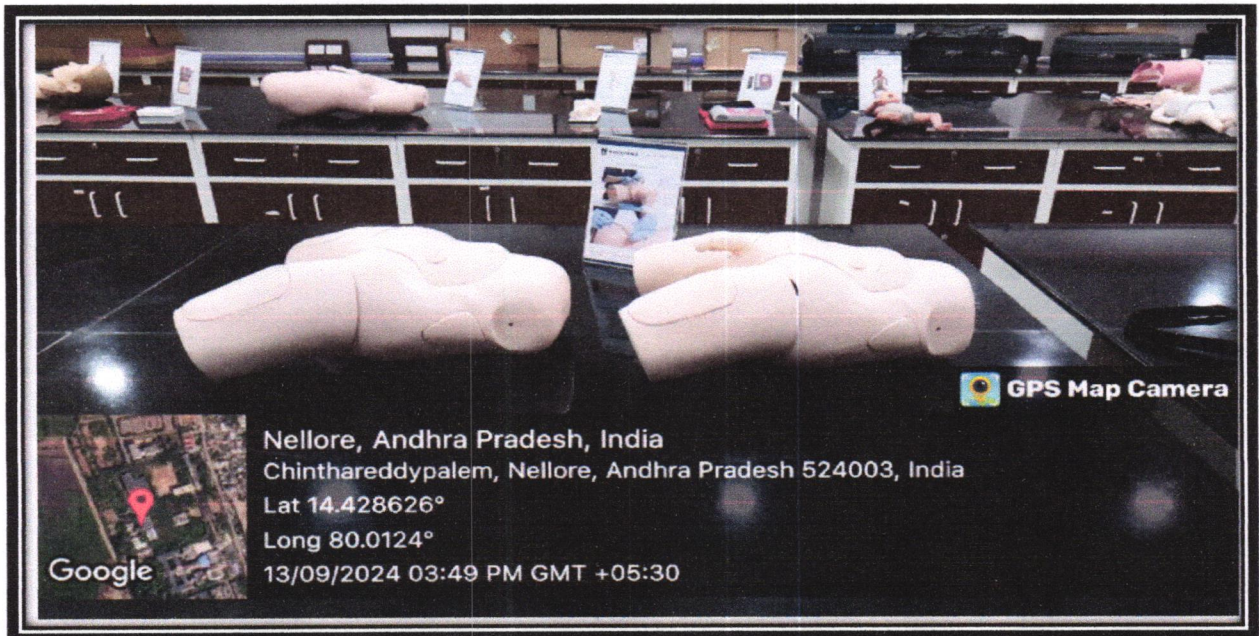
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website: <https://www.narayanannursingcollege.com>



## Male Urinary Catheterization & Enema Trainer



## Trauma or Wound Care Simulation Mannequin

*Dr. R. S. Prasad*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
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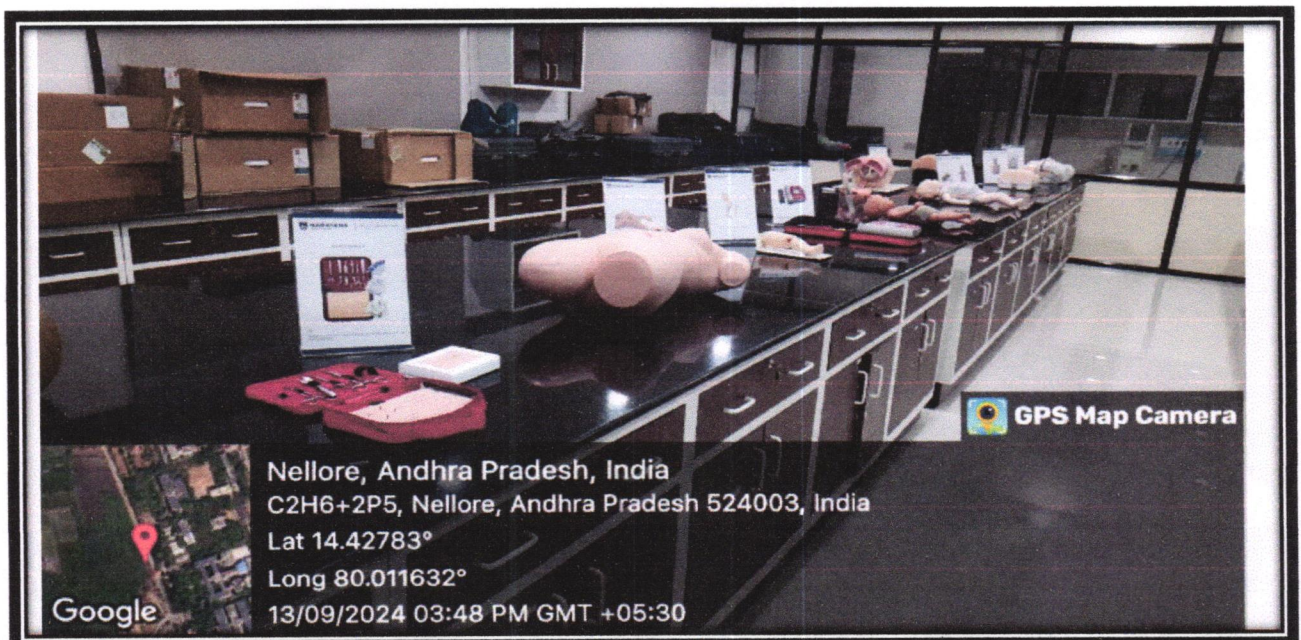
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Suturing Simulator



Skill Lab Mannequins

*Dr. Reddy*  
Principal

NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





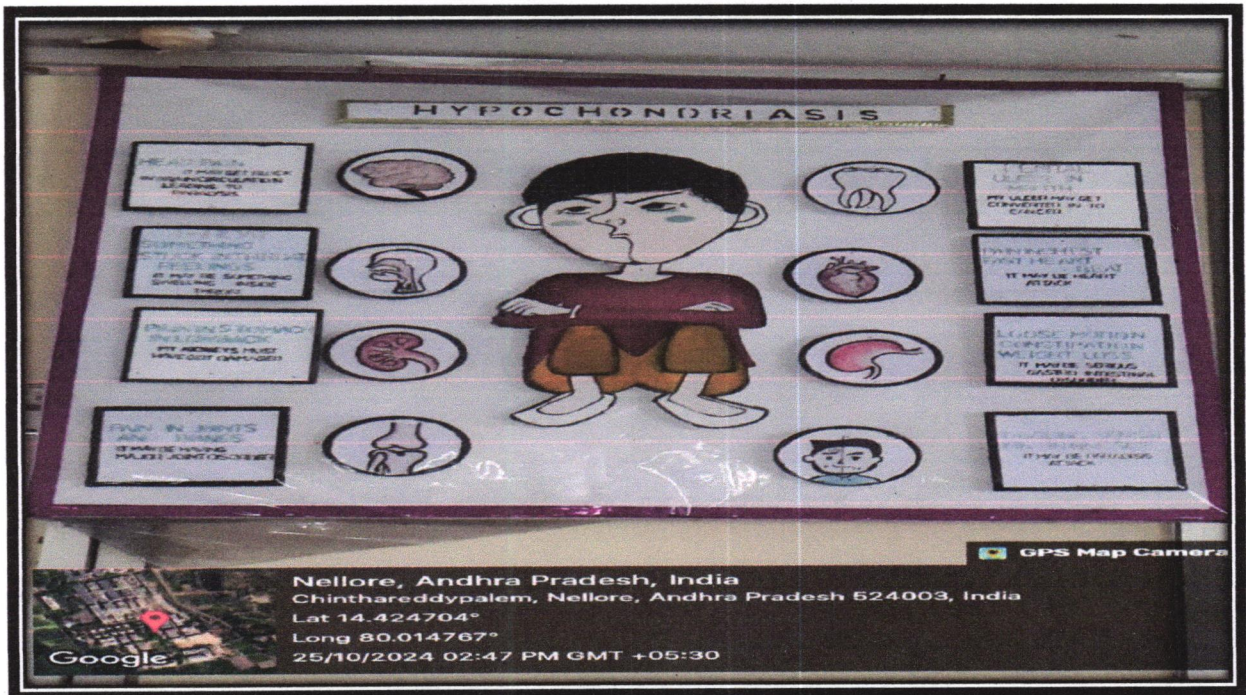
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Signs and symptoms of hypochondriasis disorder



Types of Illusion model

*Dr. S. S. Srinivas*  
Principal

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Chinthareddypalem,  
NELLORE - 524 003





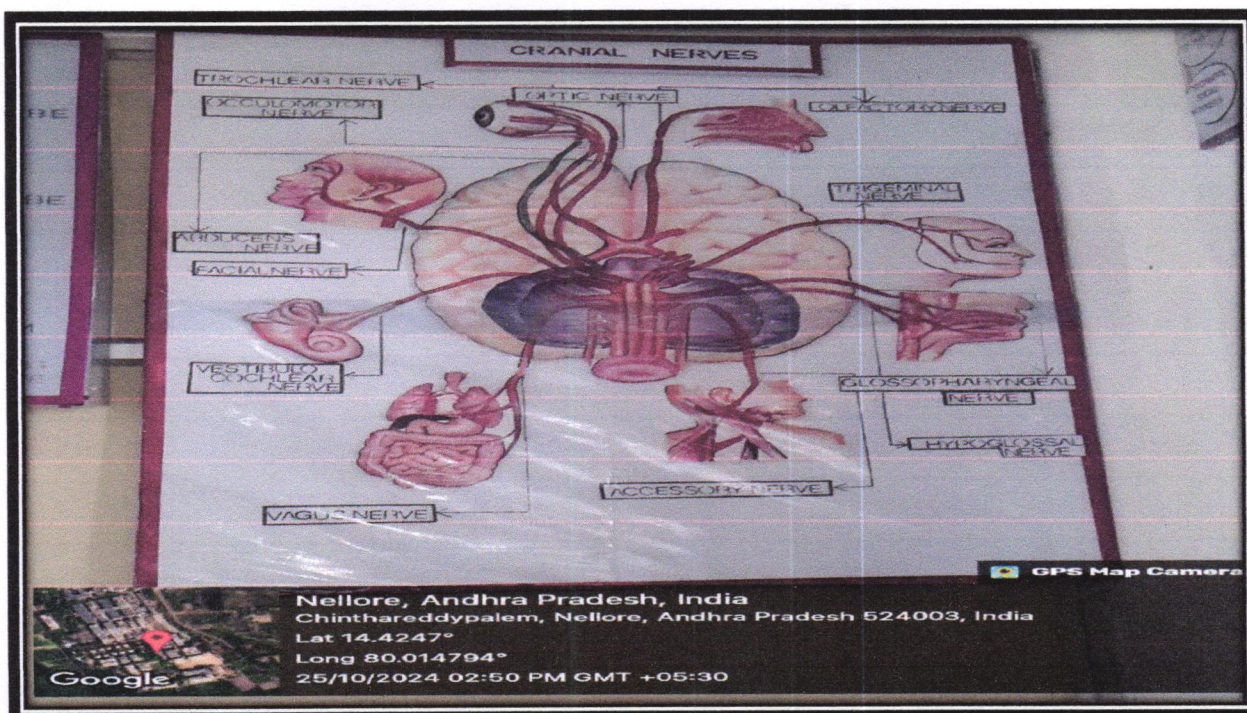
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website: <https://www.narayanannursingcollege.com>



## Cranial nerves

*Dr. Bolunji*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





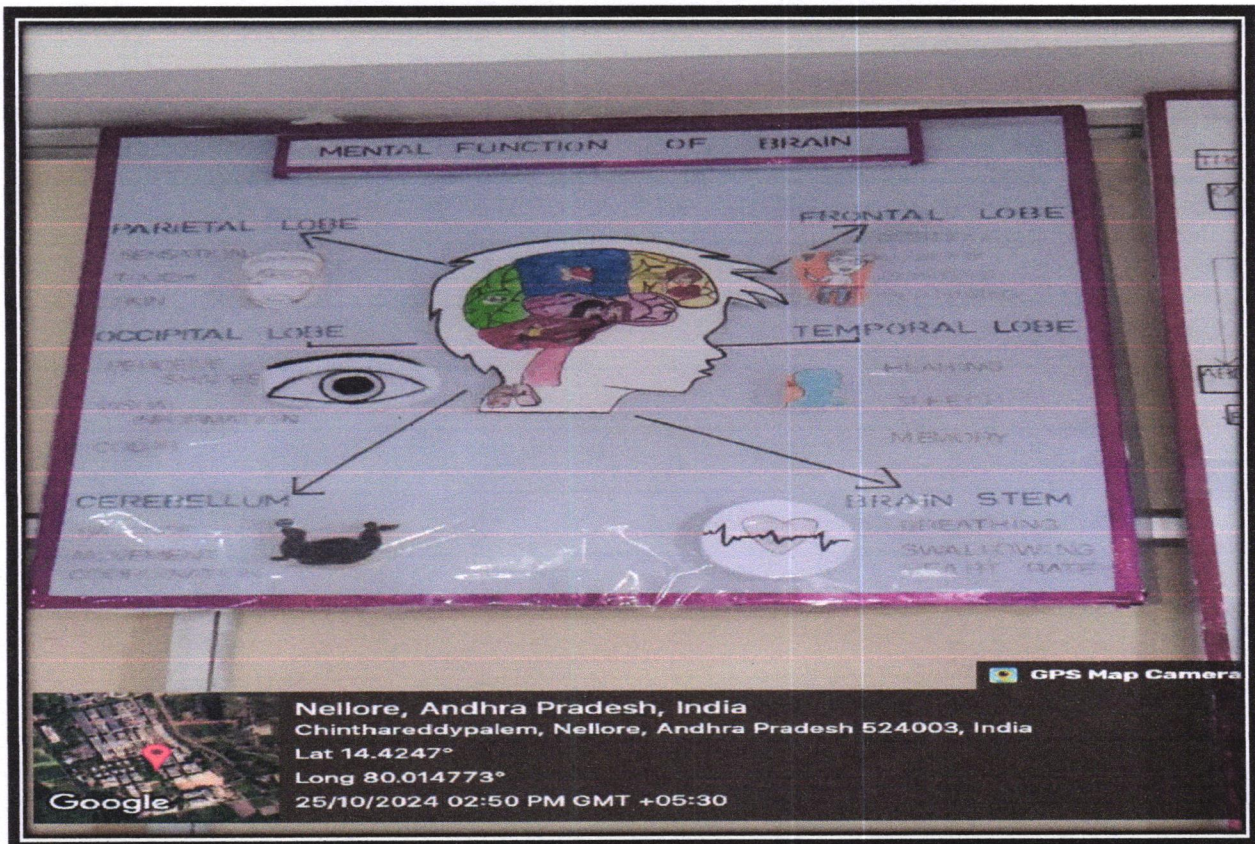
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website: <https://www.narayanannursingcollege.com>



Mental functions of brain

*Dr. B. B. B. B.*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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## Role play:

A role-play situation is designed to reflect the interaction between a care provider and the patient in order to implement the expected therapeutic outcome.



**Role play on importance of breast-feeding celebration week**

*Dr. B. Chinnay*  
Principal

NARAYANA COLLEGE OF NURSING  
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## **EVALUATION FORMS FOR PRECEPTORS**





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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: N. SUMATHI

Name of the Preceptee: S. BHANU SRI

Area of Posting: Gyanaec

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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Signature of the Preceptee

Dr. Bhanu  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: M. BHARGIAVI

Name of the Preceptee: K. KAVYA SRI

Area of Posting: CUS ICU

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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Signature of the Preceptee

Dr. B. Ravi  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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website: https://www.narayanannursingcollege.com



## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: M. DIVYA


Name of the Preceptee: LIKITHA

Area of Posting: Opthalmology

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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Signature of the Preceptee

  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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Chinthareddypalem, Nellore - 524003. A.P.

Ph No: 0861-2317969 | Fax: 0861-2311968.

e-mail: narayana\_nursing@yahoo.co.in || principal.ncn@narayanannursingcollege.com

website: https://www.narayanannursingcollege.com



## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: JAMIMA KAVITHA


Name of the Preceptee: LAHARI

Area of Posting: Urology O.T

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 2              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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Signature of the Preceptee

  
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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: G. SUMALATHA

Name of the Preceptee: B. PRIYA

Area of Posting: Neurosurgery ICU

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 3              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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Signature of the Preceptee

Dr. B. Chinnay  
Principal

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## Evaluation form for Preceptor (Ward In charge)


Name of the Preceptor: B. GHEEBA


Name of the Preceptee: S. LATHA

Area of Posting: Shanwanthare

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: N.P THARA

Name of the Preceptee: P. KANYA

Area of Posting: dialysis

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: Y. UMA RANI

Name of the Preceptee: S. SNEHA LATHA

Area of Posting: CTRIS Ward

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 3              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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Signature of the Preceptee

Dr. B. Anuj  
Principal

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## Evaluation form for Preceptor (Ward In charge)


Name of the Preceptor: P. LAKSHMI

Name of the Preceptee: D. BHUVANA

Area of Posting: Medical Gastroenterology

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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## Evaluation form for Preceptor (Ward in charge)

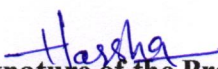
Name of the Preceptor: JADA RAJESWARI


Name of the Preceptee: P. HARSHA

Area of Posting: NICU & PICU

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 3              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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website: https://www.narayananursingcollege.com



## Evaluation form for Preceptor (Ward In charge)


Name of the Preceptor: K. PRAMEELA


Name of the Preceptee: ARCHANA T.P

Area of Posting: Ortho (Female)

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: T. WMA DEVI

Name of the Preceptee: ATHIRA BINU

Area of Posting: Sharing Rooms

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 3              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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Signature of the Preceptee

Dr. B. S. S. S. S. S.  
Principal

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: M.MANTHRI MARY


Name of the Preceptee: ALEENA BABU

Area of Posting: General Surgery (Female)

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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e-mail: narayana\_nursing@yahoo.co.in || principal.ncn@narayanannursingcollege.com

website: https://www.narayanannursingcollege.com



## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: B. CHANDRAKALA

Name of the Preceptee: ADLINE MARY THOMAS

Area of Posting: Psychiatry

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 3              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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Signature of the Preceptee

Principal

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: SHAIK RUKSANA

Name of the Preceptee: ADITHYA MADHU

Area of Posting: General ICU

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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Signature of the Preceptee

*Dr. R. S. Srinivas*  
Principal  
NARAYANA COLLEGE OF NURSING  
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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: M. GIAYATHRI

Name of the Preceptee: ADITHYA SURESH KUMAR

Area of Posting: General Medicine (Male)

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: M. KANAKADURGIA

Name of the Preceptee: ASWITHA.A

Area of Posting: CI. 01

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: G. REVATHI


Name of the Preceptee: SONA MARIYAM JOSE

Area of Posting: Cardiac ICU

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: MANTHRI MARY

Name of the Preceptee: B. DEEPIKA

Area of Posting: General Surgery (Male)

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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Signature of the Preceptee

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: Y. RADHIKA


Name of the Preceptee: M. SRIVIDYA

Area of Posting: General Surgery (Female)

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 4              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: P. MADHAVI


Name of the Preceptee: K. PALLAVI

Area of Posting: Nephrology

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
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| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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## Evaluation form for Preceptor (Ward In charge)

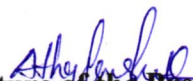
Name of the Preceptor: P. LAKSHMI PARVATHI


Name of the Preceptee: ATHULYA SHJI

Area of Posting: ICU

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 3              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 3              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

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Signature of the Preceptee

  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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Ph No: 0861-2317969 | Fax: 0861-2311968.

e-mail: narayana\_nursing@yahoo.co.in || principal.ncn@narayanannursingcollege.com

website: https://www.narayanannursingcollege.com



## Evaluation form for Preceptor (Ward In charge)

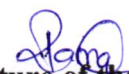
Name of the Preceptor: A. SANDHYA RANI


Name of the Preceptee: K. RAMA

Area of Posting: urology

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 4              |

18

  
Signature of the Preceptee

  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: I. MRUDULA

Name of the Preceptee: DIVYA

Area of Posting: DVL

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 4              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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Signature of the Preceptee

D. S. Srinivas  
Principal

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## Evaluation form for Preceptor (Ward In charge)

Name of the Preceptor: B. VANISRI

Name of the Preceptee: LASYA

Area of Posting: ENI

| S.No | Criteria  | Max. Marks | Marks obtained |
|------|---|------------|----------------|
| 1.   | My preceptor guided me to perform direct and indirect patient care services such as<br>✓ Comfort meets<br>✓ Medications<br>✓ Nutritional needs<br>✓ Dressing<br>✓ Attending rounds<br>✓ IV cannulization<br>✓ Sample collection | 4          | 4              |
| 2.   | My preceptor was friendly and made me comfortable   | 4          | 3              |
| 3.   | The preceptor and other staff made me feel like a team member   | 4          | 3              |
| 4.   | My preceptor give me timely correction  | 4          | 4              |
| 5.   | My preceptor is role model for me   | 4          | 3              |

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Signature of the Preceptee

Dr. B. Chinnay  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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e-mail: [narayana\\_nursing@yahoo.co.in](mailto:narayana_nursing@yahoo.co.in) || [principal.ncn@narayanannursingcollege.com](mailto:principal.ncn@narayanannursingcollege.com)

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---



# **EVALUATION FORMS FOR PRECEPTEE**



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## Evaluation form for Preceptee (Student)

Name of the Student: Ancy cheriyan

Year: IV year

Ward Duration: ophthalmology ward

Name of the Preceptor: K. Rajamma

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

K. Rajamma

Signature of the Preceptor

Dr. Rajamma  
Principal

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NELLORE - 524 003





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## Evaluation form for Preceptee (Student)

Name of the Student: Alpena maria Babu


Year: IV year


Ward Duration: paediatric ward

Name of the Preceptor: K-ShahiraBabu

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

  
Signature of the Preceptor

  
Principal  
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Chinthareddypalem,  
NELLORE - 524 003



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## Evaluation form for Preceptee (Student)

Name of the Student: Ayona Sabu

Year: IV year

Ward Duration: General Surgery (male)

Name of the Preceptor: V. RADHIKA

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

V. Radhika  
5/3/20  
Signature of the Preceptor

Dr. Radhika  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





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## Evaluation form for Preceptee (Student)

Name of the Student: *ARA SHY MV*

Year: *1<sup>st</sup> year*

Ward Duration: *General surgery female*

Name of the Preceptor: *Mary*

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

*Mary 2/11/24.*  
Signature of the Preceptor

*D. S. S. S. S.*  
Principal  
NARAYANA COLLEGE OF NURSING  
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NELLORE - 524 003



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## Evaluation form for Preceptee (Student)

Name of the Student: *ASHNAJINYO*

Year: *IV th year*

Ward Duration: *orthopedics male*

Name of the Preceptor: *HP*

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

Signature of the Preceptor

*Dr. Rohini*  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
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## Evaluation form for Preceptee (Student)

Name of the Student: *Ax Capaby*

Year: *5<sup>th</sup> year*

Ward Duration: *orthopedics female*

Name of the Preceptor: *K. Prasad*

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

*K. Prasad*  
Signature of the Preceptor

*D. R. Prasad*  
Principal  
NARAYANA COLLEGE OF NURSING  
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## Evaluation form for Preceptee (Student)

Name of the Student: *ASHAMOL A K*

Year: *IV<sup>th</sup> year*

Ward Duration: *pulmonology female*

Name of the Preceptor: *Ang 8/13*

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

*Ang 8/13*  
Signature of the Preceptor

*Dr. B. Anji*  
Principal

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Ph No: 0861-2317969 | Fax: 0861-2311968.

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## Evaluation form for Preceptee (Student)

Name of the Student: Jimmy C. J.

Year: IV year

Ward Duration: NSICU

Name of the Preceptor: N. Manju

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

N. Manju  
Signature of the Preceptor

Dr. B. Manjula  
Principal  
NARAYANA COLLEGE OF NURSING  
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## Evaluation form for Preceptee (Student)

Name of the Student: Rose mariya

Year: IV year

Ward Duration: Labour ward

Name of the Preceptor: S. Jyothsna

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

S. Jyothsna

Signature of the Preceptor

Dr. B. Jyothsna  
Principal

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## Evaluation form for Preceptee (Student)

Name of the Student: *Angel Riju*

Year: *IVth year BSC (N)*

Ward Duration: *ENT*

Name of the Preceptor: *B. VANISRI*

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

*B. Vanisri*  
Signature of the Preceptor

*Dr. B. Vanisri*  
Principal  
NARAYANA COLLEGE OF NURSING  
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## Evaluation form for Preceptee (Student)

Name of the Student: Anjammol Sebastian

Year: 4 Year BSO B- Batch

Ward Duration: DVL

Name of the Preceptor: I. Mondula.

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

I. Mondula.

Signature of the Preceptor

DY. B. Anuj  
Principal

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## Evaluation form for Preceptee (Student)

Name of the Student: Ansu Raj

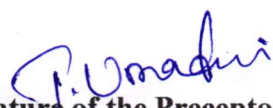
Year: 14<sup>th</sup> year BSc(N)

Ward Duration: General Shaving Room

Name of the Preceptor: P. Umadevi

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

  
Signature of the Preceptor

  
Principal  
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## Evaluation form for Preceptee (Student)

Name of the Student: CHRISTEENA BAIJU

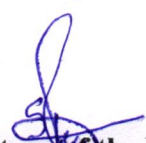
Year: IV<sup>th</sup> year B.sc Nursing.


Ward Duration: EDICU

Name of the Preceptor: ShaiK. Rukmana

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

  
Signature of the Preceptor

  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
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## Evaluation form for Preceptee (Student)

Name of the Student: Deethi Thomas

Year: B.Sc Nursing IV<sup>th</sup> Year.

Ward Duration: Psychiatry Ward.

Name of the Preceptor: Bijoy Gunni

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

*Bijoy Gunni* 5330

Signature of the Preceptor

*Dr. R. Anuj*  
Principal  
NARAYANA COLLEGE OF NURSING  
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NELLORE - 524 003



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## Evaluation form for Preceptee (Student)

Name of the Student: FEBIN REJI


Year: IV<sup>th</sup> Year B-Batch


Ward Duration: EHS B2

Name of the Preceptor: S. Sompal Kumar

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

  
Signature of the Preceptor

  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





# NARAYANA COLLEGE OF NURSING

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Ph No: 0861-2317969 | Fax: 0861-2311968.

e-mail: narayana\_nursing@yahoo.co.in || principal.ncn@narayanannursingcollege.com

website: https://www.narayanannursingcollege.com



## Evaluation form for Preceptee (Student)

Name of the Student: Bitimol Antony.

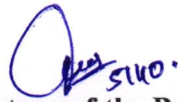
Year: IV<sup>th</sup> Year BSc (Nursing)

Ward Duration: HDU.

Name of the Preceptor: U. pallavi.

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

  
Signature of the Preceptor

D.V. Bhatnagar  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003



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## Evaluation form for Preceptee (Student)

Name of the Student: MISS. SANDRA JAYAKUMAR.

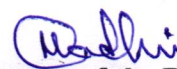
Year: 1<sup>ST</sup> YEAR BATCH.


Ward Duration: NEUROLOGY WARD.

Name of the Preceptor: T. Madhuri

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

  
Signature of the Preceptor

  
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## Evaluation form for Preceptee (Student)

Name of the Student: GAYATHRI JALEDHAN

Year: IV YEAR

Ward Duration: General medicine C1

Name of the Preceptor: Mrs. B. Blusikiran.

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

B. Blusikiran  
Signature of the Preceptor

D. B. Reddy  
Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003



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## Evaluation form for Preceptee (Student)

Name of the Student: Ms SNEHA SHAJI

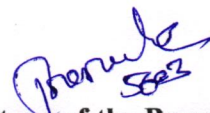
Year: IV YEAR

Ward Duration: CTVS WARD

Name of the Preceptor: MS K. PRAMEELA

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

  
Signature of the Preceptor

  
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## Evaluation form for Preceptee (Student)

Name of the Student: **MS MEKHA MOL BINU**

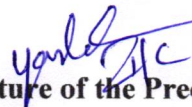
Year: **IV YEAR**

Ward Duration: **CARDIOLOGY**

Name of the Preceptor: **Mrs CH. YASHODHA**

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

  
Signature of the Preceptor

  
Principal  
NARAYANA COLLEGE OF NURSING  
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## Evaluation form for Preceptee (Student)

Name of the Student: **Ms MELFY PHILIP**

Year: **IV YEAR**

Ward Duration: **SANJEEVANI**

Name of the Preceptor: **Ms P. KALPANA**

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

**P. Kalpana**  
Signature of the Preceptor

**Dr B. S. Srinivas**  
Principal

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## Evaluation form for Preceptee (Student)

Name of the Student: SNEHA MANOJ

Year: IV YEAR

Ward Duration: DHANYANTRI

Name of the Preceptor: Mrs B. SHEEBA

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

Signature of the Preceptor

Dr. B. Sheeba  
Principal

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## Evaluation form for Preceptee (Student)

Name of the Student: *Seemay*

Year: *11<sup>th</sup> year Bsc(N)*

Ward Duration: *OID POSTOP*

Name of the Preceptor: *P. Recha.*

| S.No | Criteria   | Max. Marks | Marks obtained |
|------|--|------------|----------------|
|      | <b>KNOWLEDGE</b>                                     |            |                |
| 1.   | The student is aware of the steps of doing procedure | 4          |                |
| 2.   | The student knows the patient condition              | 4          |                |
|      | <b>SKILL</b>   |            |                |
| 1.   | The student shows interest                           | 4          |                |
| 3.   | Punctual   | 4          |                |
| 4.   | Team Work  | 4          |                |
|      | <b>TOTAL</b>   | 20         |                |

Suggestions for improvement:

Signature of the Preceptor

*D. R. Reddy*  
Principal

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