

Cypress Creek EMS CLINICAL & FIELD PRECEPTOR EVALUATION

Preceptor Name: _____ Date of Rotation _____ Shift: _____

Hospital & Department or EMS Agency: _____

Student Name: _____ Student I.D. Number: _____

Student Instructions: A performance evaluation must be completed for each rotation. Please evaluate the preceptor **HONESTLY** as indicated. This form is used to evaluate our preceptors in order to improve our rotations. This form must be completed for you to receive credit for this rotation. Positive and negative comments should be documented on this form (use the back if necessary).

Check the answer to the statements below. Please explain any negative responses.

The preceptor demonstrated:

	Generally Yes	Generally No	Not Applicable
1. A knowledge of the site and its policies & procedures	Yes []	No []	N/A []
2. A knowledge of the policies of CCEMS EMT program	Yes []	No []	N/A []
3. A knowledge of medical care at my level of training	Yes []	No []	N/A []
4. The ability to ask valuable questions concerning patient care	Yes []	No []	N/A []
5. The ability to answer my questions concerning patient care	Yes []	No []	N/A []
6. The ability to perform skills at his/her level	Yes []	No []	N/A []
7. The ability to assist me in performing skills at my level	Yes []	No []	N/A []
8. Integrity or honesty with patients, students, and staff	Yes []	No []	N/A []
9. Empathy for patients and students	Yes []	No []	N/A []
10. Motivation or enthusiasm to assist with learning opportunities	Yes []	No []	N/A []
11. Professional appearance and personal hygiene	Yes []	No []	N/A []
12. Confidence in interactions with students, patients, and staff	Yes []	No []	N/A []
13. The ability to communicate clearly verbally and in writing	Yes []	No []	N/A []
14. Appropriate time management throughout the rotation	Yes []	No []	N/A []
15. Teamwork and diplomacy in dealing with others	Yes []	No []	N/A []
16. Respect for patients, students, and others	Yes []	No []	N/A []
17. Patient advocacy in dealing with patients	Yes []	No []	N/A []

Explanation of negative responses: _____

Would you like to have this preceptor for future rotations? _____ Why or why not?

How valuable do you feel this rotation was to your EMS education? _____ Why?
