



FIELD SHIFT SUMMARY REPORT

STUDENT EVALUATION

Student to complete:

Name	
Agency	

Date	
Time	to
Total Hours	

NOTE:

- Skills must be documented on the internship paperwork to be credited
- Call Managements require completion of Call Management Documentation form.

Call Description	Call MGMT ID (if applicable)	Skills performed	Student Evaluation

Student Signature

PRECEPTOR EVALUATION OF STUDENT

Preceptor to complete:

- Was student ON TIME? Yes No
 Was student in the appropriate uniform? Yes No
 Was student prepared for the field site? Yes No
 Was the student open to learning opportunities? Yes No

Affective Objectives	Competent	Needs Improvement	No Opportunity to Evaluate
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently honest; is able to be trusted with the property of others; can be trusted with confidential information.			
Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows compassion for others; responds appropriately to the emotional response of patients and family members; demonstrates a calm, compassionate, and helpful demeanor toward those in need; is supportive and reassuring to others.			
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline, resourceful, takes on tasks and follows through without constant supervision; consistently strives for excellence in all aspects of patient care and professional activities; accepts coaching in a positive manner and immediately modifies behavior as requested; participates in all phases of shift duties; seeks and takes advantage of all learning opportunities. Active participant interested in clinical environment.			
Appearance/ Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always clean, neat, well groomed, wearing clothing appropriate for a medical professional team member and presents a positive image of EMS within the hospital; good personal hygiene and grooming.			
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an awareness of own strengths and limitations; exercises good personal judgment.			
Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly; maintains appropriate interactions/language even in difficult situations or when unmonitored; writes legibly; listens actively; adjusts communication strategies to various situations.			
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently punctual; completes tasks and assignments on time.			
Teamwork/ Diplomacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places the success of the team above self-interests; does not undermine the team; helps and supports other team members; remains flexible and open to change; communicates with others to resolve problems.			
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrains from complaining; demonstrates a positive attitude through verbal and non-verbal communication.			
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is polite to others; does not use derogatory or demeaning terms; behaves in a manner that brings credit to the profession.			
Patient Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not allow personal bias to interfere with patient care; places the needs of patients above self-interest; insists on appropriate patient management.			
Careful Delivery of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs complete equipment checks; demonstrates careful and safe ambulance operations; makes independent critical judgments supported by ethical, legal and moral standards as specified in system standards; follows orders.			

Preceptor Comments:

_____ Preceptor Name, PRINTED _____ Preceptor, Signed _____ Date