

Columbia State Community College

EMS Education – EMT - IV Shift Evaluation Form



Student Name:			Please contact EMS Education with any comments or concerns. 931. 540. 2792 E-Mail: tcrabtree@columbiastate.edu			
Clinical Site & Unit	Date	Time In	Time Out	Total Hours	Total Runs	Semester

Student Instructions: Complete self-rating and all shaded areas prior to submission to preceptor.

Preceptor Instructions: Expect your student to show you skill sheets for the procedures that the student is allowed to perform. **It is your responsibility to talk with the student about the skills performed at the end of the shift.**

Affective Objectives: Does the student display the following personal behaviors required of an entry-level EMT - IV?

Area of Performance 1=Unsatisfactory 2=Tentative 3=Competent 4=Good 5=Excellent	Student Rating	Preceptor Rating
INTEGRITY: Consistent honest; being able to be trusted with the property of others; being able to be trusted with confidential information; complete and accurate documentation of patient care.		
SELF-MOTIVATION: Taking initiative to complete assignments or to improve; taking on or following through on tasks without constant supervision; showing enthusiasm; constantly striving for excellence; accepting feedback positively; taking advantage of learning opportunities.		
APPEARANCE/PERSONAL HYGIENE: Complying with clinical dress code; practicing good personal hygiene and grooming.		
SELF-CONFIDENCE: Demonstrating ability to trust personal judgment; demonstrating awareness of strengths and limitations; exercising good judgment.		
COMMUNICATIONS: Speaking clearly; writing clearly; listening actively; adjusting communication strategies to various situations.		
TIME MANAGEMENT: Being consistently punctual; completing work on time.		
TEAMWORK/DIPLOMACY: Placing team success above self; not undermining team; helping, supporting other team members; showing respect; remaining flexible and open to change; communicating with others to resolve problems.		
RESPECT: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.		

Cognitive and Psychomotor Objectives: Does the student display the following knowledge and skills required of an entry-level EMT - IV?

Area of Performance 1=Unsatisfactory 2=Tentative 3=Competent 4=Good 5=Excellent	Student Rating	Preceptor Rating
OCCUPATIONAL HEALTH/SAFETY: Displaying safety consciousness with patients, self, other personnel and equipment.		
VASCULAR ACCESS: Ability to safely and effectively access the venous circulation of patients from all age groups		
MEDICATION ADMINISTRATION: Ability to safely and effectively give Nitroglycerine sublingually, Aspirin, nebulizer treatments, epinephrine injections or D50 intravenously.		
BAG VALVE MASK VENTILATION: Safely and effectively ventilating unintubated patients from all age groups		

Area of Performance 1=Unsatisfactory 2=Tentative 3=Competent 4=Good 5=Excellent	Student Rating	Preceptor Rating
PATIENT ASSESSMENT/MANAGEMENT: Performing an assessment, developing a differential diagnosis, formulating, and implementing a treatment plan demonstrating knowledge base and professional judgment of an entry-level EMT - IV		
WRITTEN RECORDKEEPING: Documenting patient information, observations, and occurrences accurately, completely, concisely, and legibly		
VERBAL COMMUNICATIONS: Communicating pertinent information understandably, completely, concisely, and accurately		

Students: Complete this section prior to leaving clinical site.

Rate yourself 1 – 5 on any skills performed.

Run	Age	Sex	Field Impression	Assessment	Exam	IV	BLS	Meds	Team Led?
1									Yes No
2									Yes No
3									Yes No
4									Yes No
5									Yes No

All above run information must be entered into FISDAP. If more space is needed please continue on separate piece of paper.

I verify these skills were performed and agree disagree with this student's self assessment. If you disagree please put your rating next to the student's rating and initial your addition.

Student Strengths:

Student Weaknesses / Plan for Improvement:

Students: Complete this section prior to leaving clinical site.

Student Evaluation of Site & Preceptor	
Did the staff make you feel welcome and include you in daily activities and patient care?	Yes No
Did this site provide you with adequate patient contacts and other experiences to help you complete the objectives for this course?	Yes No
Did your preceptor make you feel welcome and include you in daily activities and patient care?	Yes No
Did your preceptor assist your learning by building on your knowledge and relating to patient care?	Yes No

Student Signature: _____

Print: _____

Date: _____

It is the student's responsibility to return this form. The information in this document is an accurate record of my activities during this clinical assignment.

Preceptor Signature: _____

Print: _____

Date: _____

I have spoken to the student about this evaluation. Please contact Columbia State - EMS Education if you wish to discuss this student's performance directly with a faculty member.