



Central DuPage Emergency Medical Services System Clinical Internship – Final Preceptor Approval

Student Name: _____

Primary Preceptor: _____ Department: _____ Emergency Dept. _____

Instructions:

- This form is to be completed by the student’s primary preceptor
- All sections **MUST** be filled in for the form to be considered complete - this includes the comments sections
- When complete, please be sure to sign the form, seal it in an envelope and give it to the student to bring to class

Note to Preceptors:

Successful completion of the clinical internship **requires** your approval. This means that you have observed the student for the majority of their clinical internship and you feel that they are ready to transition to their field internship. This also means that if you feel that the student is **not** ready and needs more education or more time in their internship, **you must indicate so**. If you have any questions at all, please contact Tiff immediately at (630) 933-1523.

Final Clinical Performance Evaluation

Please check the appropriate level of performance achieved by the paramedic student.

SCORE: 1 = Unsatisfactory performance 2 = Marginal performance 3 = Satisfactory performance 4 = Outstanding performance	1	2	3	4
Correlative ability: application of didactic material to clinical patient management	cannot apply	poor application	correlates and initiates properly	initiates and proceeds
Skills: initiation and proficiency of learned clinical skills	unable to accomplish	needs repeated attempts	proficient minimal supervision	proficient and independent
Attitude: initiative, motivation, and interest in working in a clinical scenario	no initiative demonstrated	needs constant motivation	positive initiative and motivation	highly motivated
Team member function: communication, interaction, leadership abilities	does not function	weak, poor interactions	appropriate skills and functioning	high leadership potential
Decision making capabilities: appropriate decision making, degree of guidance required	no initiative demonstrated	high level of supervision required	independent but seeks appropriate help	independent, creative, flexible
Organization and priority setting: degree of organization and prioritizing under stress	unable to accomplish	high level of supervision required	organized, needs minimal guidance	well organized, excellent prioritizing

Final Professional Behavior Evaluation

1. INTEGRITY	Competent	Not Yet Comments:
Examples: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.		
2. EMPATHY	Competent	Not Yet Comments:
Examples: Showing compassion for others; responding appropriate to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.		
3. SELF-MOTIVATION	Competent	Not Yet
Comments:		
Examples: Taking initiative to perform the Team Leader Role efficiently. Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.		
4. APPEARANCE AND PERSONAL HYGIENE	Competent	Not Yet Comments:
Examples: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.		
5. SELF-CONFIDENCE	Competent	Not Yet Comments:
Examples: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment. Able to ask patient appropriate history taking questions based on chief complaint rather than no deviation from the SAMPLE/OPQRST.		
6. COMMUNICATIONS	Competent	Not Yet Comments:
Examples: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations. Effective communication with team members. Effective communication with all field personnel. Appropriate use of delegation to crew members in Team Leader and Team Member roles.		
7. TIME MANAGEMENT	Competent	Not Yet Comments:
Examples: Consistent punctuality; completing tasks and assignments on time. Demonstrates the understanding between urgency of BLS vs. ALS and time sensitive patients. Appropriate use of scene time.		
8. TEAMWORK AND DIPLOMACY	Competent	Not Yet Comments:
Examples: Placing the success of the team above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.		
9. RESPECT	Competent	Not Yet Comments:
Examples: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession. Demonstrates respectful care to patient.		
10. PATIENT ADVOCACY	Competent	Not Yet Comments:
Examples: Not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.		
11. CAREFUL DELIVERY OF SERVICE	Competent	Not Yet Comments:
Examples: Mastering and refreshing skills; Appropriate identification and implementation of SOPs/care for patient based on signs and symptoms. Able to establish a treatment plan for all types of complaints (ie: cardiac, respiratory, etc); performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.		

Use the space below or on the back to explain **ANY** “Not Yet Competent” ratings.
Please be specific.

Preceptor Final Evaluation

State your overall impression of the paramedic student's capabilities and limitations.

List what you feel are the student's strong points.

List what you feel are the student's weak points.

Would you trust THIS STUDENT to care for your family during any emergency? YES / NO
Please explain:

Indicate your final rating: Approved / Not Approved

Explanation:

Preceptor Signature: _____ Date: _____

Reviewed by _____ EMS Medical Director

Reviewed by _____ Paramedic Program Director

Reviewed by _____ EMS System Coordinator

Reviewed by _____ Program Lead Instructor