



Central DuPage Emergency Medical Services System Clinical Internship – Summative Evaluation Shift 5

Student Name _____ Date _____

Primary Preceptor _____ Department _____

Instructions:

- This form is to be completed by the student’s preceptor for this shift
- All sections **MUST** be filled in for the form to be considered complete

Note to Preceptors:

This form is to be completed at the end of Shift #5. The purpose of this evaluation is to determine if the student has made progress in their clinical internship. If you do not feel the student has made enough progress towards the Clinical Internship Objectives, please indicate your evaluation below.

Once complete, please discuss this with your student. Both preceptor and student must sign at the end of the form. If at any time you have concerns about the student’s progress or performance, please contact Tiff 630-933-1523 immediately.

Clinical Performance Evaluation

Please check the appropriate level of performance achieved by the paramedic student.
Please add any comments you feel are necessary to support your evaluation score.

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
Comments:				
Skills: initiation and proficiency of learned clinical skills	unable to accomplish	needs repeated attempts	proficient minimal supervision	proficient and independent
Please Circle all that apply: IV insertion Medication Administration Cardiac Rhythm Interpretation 12 Lead ECG Interpretation Oral Suctioning ETT Intubation King LT Insertion BVM Comments:				
Attitude: initiative, motivation, and interest in working in a clinical scenario	no initiative demonstrated	needs constant motivation	positive initiative and motivation	highly motivated

Comments:				
Team member function: communication, interaction, leadership abilities	does not function	weak, poor interactions	appropriate skills and functioning	high leadership potential
Comments:				
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
Comments:				
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
Comments:				

Performance Summary

As the preceptor, do you feel the student is progressing in a manner which will allow him/her to transition from the clinical setting to the field setting at this time? **YES / NO**

If NO, what goals need to be completed for you to allow the transition of role? Please be specific.

Preceptor Signature _____

Student Signature _____