

DAILY HOSPITAL CLINICAL EVALUATION FORM - FGC

STUDENT NAME:	PRECEPTOR NAME:
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USE THIS SECTION FOR SPECIALTY UNITS: (circle the appropriate unit) ED – Triage - ICU - CCU - Peds CLINIC - L&D - OTHER ____					
	Gender M F	Ethnicity	Problem/Possible Diagnosis Field Impression	Brief Patient History Leading to Procedure/Treatment	Student Comments
1					
2					
3					
4					
5					
6					
7					

YES NO Student brought and reviewed the objectives and forms for their clinical rotation

Please evaluate the student in the following categories at the end of their hospital clinical rotation

GRADING SCALE

- 4** Proficient – Field Competent
- 3** Acceptable – Appropriate for Experience
- 2** Needs Improvement (see comments)
- 1** Dangerous to Practice

DEFINITION

- Functioning as an entry level EMT or Paramedic as appropriate*
- Functioning at level expected in the program*
- Needs further practice and education to improve*
- Hazard/Potentially Unsafe to patient and others*

GRADE	DAILY AFFECTIVE APTITUDE EVALUATION
4 3 2 1	<p>Professionalism/Attitude: <i>The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, team work, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. Reported to clinical assignment on time and in full uniform</i></p> <p>COMMENT:</p>
4 3 2 1	<p>Learner Characteristics: <i>Demonstrates attendance within the stated program policy, independently seeks out appropriate learning experiences, participates in a multi-skilled approach to patient care, practices required skills, and seeks advice to improve skills, demonstrates the superior delivery of patient care required of a paramedic student as stated within the program policy</i></p> <p>COMMENT:</p>
4 3 2 1	<p>Communication Skills: <i>Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a "student role" appropriate level</i></p> <p>COMMENT:</p>

Preceptor Comments:

Preceptor Signature	Student Signature	Date
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Contact John Gosford, EMS Coordinator, with any comments or concerns at voice mail/office number 386.754.4292. If necessary to contact the coordinator immediately, call John Gosford at 850.528.0283. Electronic submission of student information and performance can be done by the preceptor, please contact EMS Coordinator for further information. All information shall be entered into Fisdap according to syllabus.

Program Review _____