

EMT-Basic Field Preceptor Evaluation Form

Student Name	Date	Clinical Site	Time In:			
Preceptor Name	Rating scale ↓	Clinical Area	Time Out:			
1) UNACCEPTABLE -Frequently fails to perform procedure/skill in a competent manner 2) NEEDS CONTINUED WORK -Inconsistent performing procedure/skill but is showing improvement 3) ACCEPTABLE -Consistently performs procedure in a safe and manner according to established protocols N/A) Did not perform skill/Procedure						
Skills/Procedures and Professionalism			1	2	3	N/A
Obtained Blood Pressure Correctly						
Medication Administration (Nitro, ASA, oral glucose, activated charcoal, epi-pen,)						
Basic Airway Management (OPA, NPA, etc)						
Application of oxygen devices (NC, NRB, BVM, etc)						
Application of suction procedures (Oral, Tracheal, etc)						
Application of motion restriction devices (LSB, KED, CID, C-collar, etc)						
Application of Splinting devices (Rigid, Soft, Traction, etc)						
Adult Medical Assessment						
Adult Trauma Assessment						
Pediatric Medical Assessment						
Pediatric Trauma Assessment						
Treatment Plans and Understanding Of Illness/Injuries						
Obtaining History and Physical Assessment						
Builds Rapport with the Health Care Team, Patient, and Family						
Performs Well Under Stressful Situations						
Is Able to Accept Constructive Criticism and Guidance						
Exhibits Professional Attitude and Work Ethic						
Able to Give Concise Useful Radio and Verbal Reports to Facilities						
Clean or Prepare Area for Sutures						
Safely Lift and Move a Suspected Spinal, Neck, or Head Injured Patient						
Observe X-Ray procedure for Suspected Fractures						
Other:						
Observed or Treated Patients with the Following Conditions			Observed	Not Observed		
Trauma to head, neck, chest, abdomen, or spine						
Cardiac Problems						
Respiratory Problems						
Diabetic Emergencies						
Seizures						
OB GYN						
Psychiatric Emergencies						
Overdose/Poisoning						
Intoxication						
Other :						

Please make any comments and provide rationale for any rating below at a "2" or below

Thank you for completing this evaluation. We really appreciate your honesty. If you need to make further confidential remarks, go to the preceptor page at www.jcjc.edu/depts/emt or contact the ***Emergency Technology Clinical/Field Coordinator at 601-477-4074***

Evaluators Signature:	Date:							
Office Use Only								
Number of Emergency Calls					Total Hours:			

