



Central DuPage Emergency Medical Services System Field Internship – Summative Evaluation Shift 15

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 #15. The student has now completed 2/3 of the Field Internship minimum hours. The student should be improving with each shift and demonstrating more proficiency and independence. Please provide a comment with each section as indicated 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.

Field Performance Evaluation

Please check the appropriate level of performance achieved by the paramedic student. Please provide a comment for **EACH** section.

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 IGel 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
<i>Comments:</i>				
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
<i>Comments:</i>				
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
<i>Comments:</i>				

Performance Summary

As a preceptor, have you identified any areas of concern that would prevent this student from not completing the Field Internship after completion of the 25th shift? **YES / NO**

Please explain any concerns or additional comments below.

Preceptor Signature _____

Student Signature _____