

Field Shift Evaluation Form  
**CEM** Center for Emergency Medicine

<b>Student Name:</b> _____				<b>Clinical 1</b> <input type="checkbox"/> <b>Clinical 2</b> <input type="checkbox"/>
<b>Date</b>	<b>Time In</b>	<b>Time Out</b>	<b>Total Time</b>	<b>Field Site:</b> _____

**Please use the following rating scale.**

- |   |                                      |   |                               |  |
|---|--------------------------------------|---|-------------------------------|--|
| <b>1</b> Unsatisfactory<br>Requires Assistance<br>Needs more training | <b>2</b> Tentative<br>Needs Guidance | <b>3</b> Competent<br><u>Minimal</u> Prompting<br>Entry Level EMT-P | <b>4</b> Good<br>No prompting | <b>5</b> Excellent<br>Experienced<br>level EMT-P |
|---|--------------------------------------|---|-------------------------------|--|

	Student Rating	Preceptor Rating	Area of Performance
<b>A</b>			<b>Professionalism/Attitude:</b> <i>The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, teamwork, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance &amp; personal hygiene. Reported to work on time &amp; in uniform.</i>
<b>B</b>			<b>Phase/Shift Objectives:</b> <i>Reviews current objectives and performs the tasks to the standard outlined. Requests and accepts constructive criticism, takes personal responsibility for self-improvement.</i>
<b>C</b>			<b>Psychomotor Skills:</b> <i>Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently.</i>

**Students Must Complete this section:**

**Utilizing the scale above, rate yourself if any of the following were performed**

Run	Age	Sex	Field Impression	Interview	Exam	Vitals	Airway	Cardiac	IV/IO	Meds	Comm	Other	Team Lead	Preceptor Initials
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

**Preceptor Comments** (Please note any strengths or weaknesses):

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Please attach a Team Leader Evaluation Form to verify Team Leads)  
 (Signature indicates review of shift objectives and paperwork/skills completed by student.)

*Official Use Only*

Locked: \_\_\_\_\_

**Point Deduction (-1 Point Each)**

- ☐ Late FSDAP
- ☐ Late Paperwork
- ☐ FSDAP Correction Needed
- ☐ Paperwork Correction Needed
- ☐ Late to Shift
- ☐ Leave Shift Early
  
- ☐ Paperwork > 3 weeks late (-5 points)

Initials of who entered: \_\_\_\_\_

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*Correction Needed:*

*Correct and Turn Back By:    /    /*