

Field Shift Evaluation Form
University of Pittsburgh – EM

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

Please use the following rating scale.

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

	Student Rating	Preceptor Rating	Area of Performance
A			Professionalism/Attitude: <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 & personal hygiene. Reported to work on time & in uniform.</i>
B			Phase/Shift Objectives: <i>Reviews current objectives and performs the tasks to the standard outlined. Requests and accepts constructive criticism, takes personal responsibility for self-improvement.</i>
C			Psychomotor Skills: <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 FIDAP
- Late Paperwork
- FIDAP Correction Needed
- Paperwork Correction Needed
- Late to Shift
- Leave Shift Early

- Paperwork > 3 weeks late (-5 points)

Initials of who entered: _____

Official Use Only

Correction Needed:

Correct and Turn Back By: / /