FIELD OBSERVATION

PRECEPTOR EVALUATION

(To be completed by MICN)

# Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Unit\_\_\_\_\_\_\_\_\_\_\_

# MICN Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification #\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Each of the statements below describes a characteristic of the paramedic who was instrumental in providing the field observation experience. Indicate your rating of the above named preceptor by *circling* the appropriate number to the right of each item. Use the number code below:

 4 = Extremely well, a good example, always, etc.

 3 = Well done, frequently, usually, etc.

 2 = Acceptable, sometimes, inconsistent, etc.

 1 = Not done, poorly done, never, etc.

 NA = Not applicable

1. Relates concepts to issues meaningful to my scope of practice 4 3 2 1 NA

2. Demonstrates genuine interest in providing information regarding

 the department’s EMS system 4 3 2 1 NA

3. Approaches teaching and patient care with enthusiasm 4 3 2 1 NA

4. Displays confidence in role as an EMS professional 4 3 2 1 NA

5. Relates practice to field goals and objectives 4 3 2 1 NA

6. Seeks learning opportunities for MICN 4 3 2 1 NA

7. Answers questions clearly without confusion 4 3 2 1 NA

8. Explains reasons for decisions and actions 4 3 2 1 NA

COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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