



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

FIELD OBSERVATION PRECEPTOR EVALUATION FOR INITIAL MICN CERTIFICATION

(To be completed by the MICN candidate)

Preceptor Name: _____ **LAC Accreditation No: P** _____

Fire Department and Unit: _____

MICN CANDIDATE NAME: _____

RN NO: _____ **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:
