

Central Georgia Technical College

Shift Evaluation Form

Student Name:			Please call Chris Hobbs, with <u>any</u> comments or concerns (478)757-3567; Pager: (478)751-1518; E-Mail: chobbs@centralgatech.edu				
Ambulance Serv. + Unit	Date	Time In	Time Out	Total Hrs..	Total Runs	Current Phase	
						1	2 3 4

Student Instructions: Complete all shaded areas, **prior** to submission to preceptor.

Preceptor Instructions: : Expect your student to show you shift/phase objectives and past team lead (assessment) evaluations prior to the start of your shift without exception:

Please rate the student in the following categories at the end of the shift.

Yes No Student brought and reviewed the objectives of their current phase/shift.

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1 Unsatisfactory Requires Assistance Needs more training
 2 Tentative Needs Guidance
 3 Competent Minimal 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 and personal hygiene. Reported to work on time and in full uniform.</i> Preceptor comment:
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> Preceptor comment:
C			Psychomotor Skills: <i>Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently.</i> Preceptor comment:

Students Must Complete this section:

Give 1-5 your self a Rating if skill was performed

Run	Age	Sex	Field Impression	Inter-view	Exam	IV	EKG	Meds	Team Led?
1									Y N
2									Y N
3									Y N
4									Y N
5									Y N
6									Y N
7									Y N
8									Y N
9									Y N
10									Y N

I verify these skills were performed and agree disagree with this student's self-assessment. If you disagree please put your rating next to the student's rating and initial your addition.

Student Strengths:

Student Weaknesses / Plan for Improvement:

Preceptor Signature:

This form may be returned to the student or mailed directly to: Chris Hobbs, EMS Program Chair Central Georgia Technical College 3300 Macon Tech Dr. Macon, GA 31216-6709. Office 478 – 757 – 3567, Pager 478-751-1518, Fax 478-757-3575; e-mail chobbs@cgtcollege.org