

Rotation Summary Form



STUDENT NAME: _____ SITE: _____

DATE: _____ START TIME: _____ END TIME: _____ TOTAL HOURS: _____

DATE SUBMITTED: _____ REC'D BY: _____

PRECEPTOR'S EVALUATION OF THE STUDENT (to be filled out by primary preceptor)

AFFECTIVE OBJECTIVES

Does the student display the following personal behaviors required of an entry-level Advanced Life Support Provider?

INTEGRITY AND RESPECT: Student demonstrates consistent honesty; being able to be trusted with the property of others; with confidential information. Student is polite to others and behaves in a manner that brings credit to the profession.	Yes	No	NBE*
EMPATHY AND PATIENT ADVOCACY: Student demonstrates compassion for others; responding appropriately to patient and family member emotions. Student places patient need above self-interest; protecting and respecting patient confidentiality and dignity.	Yes	No	NBE
SELF-MOTIVATION AND TIME MANAGEMENT: Student takes initiative to improve and completes assignments. Student follows through on tasks without constant supervision; showing enthusiasm; constantly striving for excellence; accepting feedback positively; taking advantage of learning opportunities.	Yes	No	NBE
SELF-CONFIDENCE: Demonstrating ability to trust personal judgment; demonstrating awareness of strengths and limitations; exercising good judgment.	Yes	No	NBE
TEAMWORK AND COMMUNICATIONS: The student works appropriately as part of a patient care team. The student communicates respectfully and appropriately with other members of that team.	Yes	No	NBE
CAREFUL SERVICE DELIVERY: Developing and maintaining mastery of knowledge and skills; Demonstrating safe, careful, complete attention to duties; following orders and instructions. complete and accurate documentation of patient care and learning activities.	Yes	No	NBE

* No basis for evaluation

PRECEPTOR'S COMMENTS: *(Please attach separate sheet for additional comments.)*

STUDENT EVALUATION OF THE CLINICAL SITE (to be filled out by student)

Did the staff make you feel welcome and include you in daily activities and patient care?	Yes	No
Did this site provide you with adequate patient contacts and other experiences to help you complete the objectives of the rotation?	Yes	No

STUDENT EVALUATION OF THE PRECEPTOR (to be filled out by student)

Did the clinical preceptor make you feel welcome and include you in patient care activities and non-clinical activities?	Always	Usually	Sometimes	Never
The clinical preceptor informed me of my role (observer, assistant, team leader) as it pertained to patient care:	Always	Usually	Sometimes	Never
The clinical preceptor allowed me to actively participate in patient care.	Always	Usually	Sometimes	Never
The clinical preceptor discusses/evaluates my performance, can identify and correct weak areas and offers guidance and/or practice with procedures.	Always	Usually	Sometimes	Never

COMMENTS: *(All answers located in the shaded area require a comment)(Please attach separate sheet for additional comments.)*

