

# EMS STUDENT EVALUATION OF CLINICAL ROTATION

*A separate form should be completed for each clinical rotation the student completes*

Student Name: \_\_\_\_\_ Date of Rotation: \_\_\_\_\_

Rotation performed at: \_\_\_\_\_

Facility

Department

Use the following rating scale, circle the number which best describes your evaluation of the designated rotation with 1 standing for the worst and 5 standing for the best. Use the back of this form for additional space for you positive or negative comments.

1. Appropriate Orientation by the CIC 1    2    3    4    5

Comments: \_\_\_\_\_

2. Responsibilities clearly defined by the CIC 1    2    3    4    5

Comments: \_\_\_\_\_

3. Adequate Clinical Supervision at the clinical site 1    2    3    4    5

Comments: \_\_\_\_\_

4. Availability of preceptor(s) during the clinical session 1    2    3    4    5

Comments: \_\_\_\_\_

5. Responsiveness to clinical questions by staff at clinical site 1    2    3    4    5

Comments: \_\_\_\_\_

6. Incorporation as member of service or clinical site 1    2    3    4    5

Comments: \_\_\_\_\_

7. Educational objectives accomplished 1    2    3    4    5

Comments: \_\_\_\_\_

8. Overall educational experience 1    2    3    4    5

Comments: \_\_\_\_\_

Comment on Individual Preceptors with which you have had significant educational interactions.

Preceptor or faculty	Availability	Clinical teaching
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1. _____	1   2   3   4   5	1   2   3   4   5
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Comments: \_\_\_\_\_

2. _____	1   2   3   4   5	1   2   3   4   5
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Comments: \_\_\_\_\_

3. _____	1   2   3   4   5	1   2   3   4   5
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Comments: \_\_\_\_\_