

# TEEX ESTI EMS Programs

## Student Evaluation of Clinical Experience

*NOTE: THIS MUST ACCOMPANY ALL CLINICAL FORMS SUBMITTED*

Name of Student: (Print) _____	Clinical Date: _____
Clinical Site: _____	Clinical Type: EMS ER OR ICU NICU CATH HEART
Preceptor Name: (Print) _____	RT L&D BEHAV

After you have left the unit, please evaluate the clinical experience and your preceptor using the following scale. Use the comments sections to elaborate, particularly when a rating of 3 or lower is given. *IF THIS FORM IS NOT COMPLETED AND A COMPLETE EVALUATION IS NOT PROVIDED, THE STUDENT WILL BE REQUIRED TO REPEAT THE ROTATION.*

	5 = Strongly Agree	4 = Agree	3 = Neither Agree or Disagree	2 = Disagree	1 = Strongly Disagree
1. The orientation I received to the clinical unit and its procedures was adequate. Comments: _____ _____	1	2	3	4	5
2. The learning experiences provided by this clinical unit contributed toward my acquiring the knowledge, skills, and personal behaviors/attitudes required of an entry-level EMS professional. Comments: _____ _____	1	2	3	4	5
3. The clinical unit provided access to an adequate volume and variety of patients to contribute toward my knowledge, skills, and personal behaviors/attitudes required of an entry-level EMS professional. Comments: _____ _____	1	2	3	4	5
4. The amount of time available for communications/discussions with my clinical preceptor was adequate. Comments: _____ _____	1	2	3	4	5
5. The student/clinical preceptor ratio was adequate to assure an effective and efficient learning experience. Comments: _____ _____	1	2	3	4	5
6. My clinical preceptor was helpful in assuring access to patients and assigning work that enabled me to complete the objectives for this clinical unit. Comments: _____ _____	1	2	3	4	5
7. My communication/discussions with my clinical preceptor contributed toward my acquiring the knowledge, skills, and personal behavior/attitudes required for an entry-level EMS professional. Comments: _____ _____	1	2	3	4	5
8. My preceptor was helpful in explaining the care given to patients and answering my questions. Comments: _____ _____	1	2	3	4	5

9. Based on my clinical experience and skill, the degree of supervision I received from my preceptor was adequate and appropriate to assure effective and efficient learning.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
10. The feedback I received from my preceptor regarding my clinical performance was adequate and contributed to my acquiring the knowledge, skills, and personal behaviors/attitudes required of an entry-level EMS professional.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
11. The evaluation of my performance was based on objective information.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
12. My preceptor made me feel free to ask questions.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
13. My preceptor stimulated me to think and problem solve.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
14. My preceptor answered questions in a straightforward and complete manner.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
15. My preceptor communicated readily and clearly with me.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
16. The environment was professional and conducive to patient care and to effective and efficient learning.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
17. My expectations for this rotation were met.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
18. Based on my past experiences in clinical education and my concept of the "ideal" clinical education experience, my experience at this site was time well spent and I would recommend this site to other students.
- Comments: \_\_\_\_\_ 1 2 3 4 5  
 \_\_\_\_\_
19. What was your most favorable experience on this rotation?
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. What was your least favorable experience on this rotation?
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Please list your comments, ideas, or recommendations for improvement of this rotation.
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature: \_\_\_\_\_