

# Clinical Evaluation

## Spokane Community College

### Paramedic Program

CoAEMSP Accreditation Program # 600059

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
 Hospital \_\_\_\_\_ Department \_\_\_\_\_

Please complete this document for the above student at the end of their rotation in your clinical area.  
 Thank you in advance for your help and expertise.

	<b>Exceeds expectation</b>	<b>Acceptable</b>	<b>Unacceptable</b>	<b>Not applicable</b>
	<b>2</b>	<b>1</b>	<b>0</b>	<b>N/A</b>
The student was able to perform tasks as assigned				
The student accepts constructive criticism well and is open to suggestions regarding their performance.				
The student has a good working knowledge base of disease states and their effects on patients and their care.				
The student has a working knowledge of medications and their effects on patients				
The Student interacts with patients well, including communicating with the patient regarding treatments, therapies, medications.				
The student is able to interact with staff and physicians in a professional and courteous manner				

Please include comments, recommendations and observations in the area provided below:

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Preceptor Name (Please Print) \_\_\_\_\_ Initial \_\_\_\_\_