



Georgia Office of EMS and Trauma

EMS Instructor/Coordinator Internship

Clinical Coordination Evaluation Sheet

This form must be completed and uploaded for EACH Date that the Instructor/Coordinator Candidate is being evaluated for their Clinical Coordination as part of the Internship process.

INSTRUCTOR/COORDINATOR CANDIDATE INFORMATION				
Candidate Full Name	I/C Level Applying For	Date of Evaluation	Start Time	End Time
	<input type="checkbox"/> I/C (EMT) <input type="checkbox"/> I/C (AEMT) <input type="checkbox"/> I/C (Paramedic)			
EMS Initial Education Program Name (Where Clinical Coordination was done)	Course Level	OEMS Course Approval Number		
	<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic			

EVALUATION INSTRUCTIONS

Each criterion must be rated by the Instructor/Coordinator Candidate FIRST and rated by the preceptor SECOND. Mark candidate ratings in the column marked "C" and preceptors in column "P." Candidates Comment on any discrepancies below. Preceptors complete shaded sections. **RATING SCALE:** NA = Not applicable- not needed or expected. 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when candidate was expected to try. 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting

Criteria	Rating		Comments
	C	P	
Clinical/Field Scheduling			
Did the candidate develop and schedule field and clinical time for EMS students with appropriate preceptors?			
Clinical/Field Sites visits			
Did the candidate develop/review affiliation agreements with clinical sites and capstone field internship sites that define the responsibilities of both the program and the sponsor, detailing what the students can do at the site, and the responsibilities of the preceptor?			
Clinical/Field Evaluations			
Did the candidate assist with evaluations and selection of pre-hospital and hospital clinical sites to ensure exposure to minimum clinical requirements?			
Did the candidate assist with the evaluation of the clinical capstone field internship sites provide the minimum requirements for competency?			
Did the candidate review and approve the instruments and processes used to evaluate students clinical, and field internship?			
Did the candidate define minimum team leads that are established by the program and accomplished by each student?			
Did the candidate employ a systematic review of entry level clinical competence of new graduates; with a focus on areas of concern related to critical thinking and clinical/technical skills?			
Criteria	Rating		Comments

	C	P
Clinical/Field Remediation		
Did the candidate employ programs to decrease the attrition rate of students from the clinical component of the EMS program?		
Did the candidate develop or employ exams that are designed to measure the progress attained by EMS Interns in their knowledge of applied science and management of clinical issues?		
Did the candidate monitor and employ rubric's for attitudes and behaviors of the students, including interpersonal interaction?		
Preceptor selection, training, use and evaluation.		
Did the candidate develop and maintain effective communication with preceptor?		
Did the candidate provide supervision of clinical and field internship preceptors?		
Did the candidate develop evaluations tools for clinical preceptors during field internship?		
Did the candidate participate in the development of clinical and field internship preceptors?		
Does the candidate have a functional knowledge of GEMSIS ELITE for entering student PCR's		
OVERALL RATING		
Please give your overall rating for the clinical Coordination.		

INSTRUCTOR/COORDINATOR CANDIDATE SELF ASSESSMENT COMMENTS/ACTION PLAN FOR IMPROVEMENT

ADDITIONAL PRECEPTOR COMMENTS/ACTION PLAN FOR IMPROVEMENT

SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL

I Agree to the above ratings, comments and improvement plan.	CANDIDATE	PRECEPTOR
Printed Name and Title		
Current EMS I/C License Level		
Current EMS I/C License Number		
Signature		
Date Signed		