



Hospital Evaluation – I.C.U. (Optional)

Fax this form to (780) 608-1235 as soon as the Hospital Practicum is complete.

Paramedic Supervisor/Preceptor (print) _____

Name of Facility _____

Student Name (print) _____

	Agree	Disagree
Student takes appropriate safety precautions		
Student establishes adequate patient communication		
Student is able to work collaboratively with hospital staff		
Student shows initiative		
Student is able to make critical interventions where necessary		
Student accepts and delivers constructive feedback		
Student displays a learning attitude		
Student uses appropriate language/actions with patients and staff		
Student demonstrates problem solving skills and prudent judgement		
Student communicates reports in properly written and verbal form		
Student maintains patient confidentiality		
Student maintains patient dignity		
Student abides by schedule as set by hospital staff		
Student dresses appropriately and maintains personal hygiene		
Student functions within the scope of practice		
The Student performed all skills and competencies necessary to successfully complete this practicum		

Comments:

Preceptor Signature: _____

Student Signature: _____

Date: _____

Return this form by fax to (780) 608-1235 immediately upon completion.

Further Comments:

Please fax this form to (780) 608-1235 as soon as the Hospital Practicum is complete.

Preceptors wishing to contact the school should phone 780-608-1240 or email and leave a message. Please leave all available contact numbers or email addresses so that we may contact you as quickly as possible. E-mail: emsprograms@lakelandcollege.ca