

Intern: _____ Date: _____ Shift # _____ Hospital/Dept: _____

Evaluation Factors: 1- Requires instruction and prompting when performing
2- Able to perform with minimal instruction
3- Able to perform without instruction (competent)

	Rating:	Comments
<u>ASSESSMENT/PATHOLOGIES</u>		
Assessment and Interventions	_____	_____
Assessment Interpretation	_____	_____
<u>PSYCHOMOTOR SKILLS</u>		
Patient Management	_____	_____
Skills (IV, Meds, Defib, ET) Performance	_____	_____
Equipment Operation	_____	_____
Bandaging/Splinting/C-Spine	_____	_____
<u>COMMUNICATION</u>		
Professionalism/Attitude	_____	_____
Rapport with Patient, Family, Staff	_____	_____
Documentation	_____	_____
<u>LEADERSHIP</u>		
Initiative, Participation	_____	_____
Feedback and Guidance	_____	_____
Attendance and Appearance	_____	_____

SUMMARY OF PERFORMANCE

Written summary of intern's performance to date: _____

Plan for improvement: _____

Preceptor Signature: _____

Intern Signature: _____

Time in: _____ Time Out: _____ Preceptor/Charge Nurse Name: _____