

YaleNewHavenHealth

Yale New Haven Sponsor Hospital Program Medical Authorization Field Evaluation Form

Preceptee Name:	Service Affiliation:
PFI Name:	Service Affiliation:
Shift Date and Time In and Unit #:	Shift Date and Time In and Unit #:

Grading scale and definitions:

NA = not applicable – not needed or expected 0 = Unsuccessful – required excessive or critical prompting (includes not attempted when expected to try)
 1 = Marginal – inconsistent, not yet competent 2 = Successful / Competent – Minimal prompting 3 = Field Ready – No Prompting

ALL Appropriate boxes must be completed! That includes the IN# for EACH CALL

Call #	Impression / Differential Diagnosis	Chief Complaint /Reason for Call	Summary of Treatments by Preceptee	Patient history and interview	Physical exam	Impression and Treatment Plan	Skill Performance	Communication	Professional Behavior (Affect)	Team Leader? Y/N	Comments and immediate plan for improvement for next contact
1.										Yes	
										No	
2.										Yes	
										No	
3.										Yes	
										No	
4.										Yes	
										No	
5.										Yes	
										No	
6.										Yes	
										No	

PFI Signature: _____

Preceptee Signature: _____

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Total number of interventions performed this shift:

IVs/IOs	Medication administration	ETT/Supraglottic airway	Suction	Electrical	STEMI-Cath lab activation/Stroke/Trauma alert	Other

Comments on the overall shift (at the least, comments about any unsatisfactory ratings):

Overall plan for improvement for future shifts:

Preceptee reported on time, well groomed, in uniform and prepared to begin shift? Yes / No	Preceptee knows equipment location and use? Yes / No
Behavior was professional: accepts feedback openly, self-motivated, efficient, flexible, careful, confident Yes / No	Preceptee helps clean up and restock unprompted Yes / No
Preceptee asked relevant questions and participated in learning answers, used downtime to its highest potential Yes / No	Preceptee left site early (did not complete shift) Yes / No
PFI requests a followup with appropriate YNHSHP personnel: Yes / No	Phone:
PFI requests a followup with appropriate Service Affiliation personnel: Yes / No	Email: