

Operations		
Were you able to compose and implement a plan to extricate the patient safely and comfortably? Did you feel you chose the correct tools to move the patient from their location to the ambulance?	Yes / No	Yes / No
Did you provide an organized succinct report to the receiving facility? Was your report adequately detailed to alert the proper resources? Did you provide the maximum amount of warning time up to 15 minutes to give the receiving facility a chance to prepare for your patient?	Yes / No	Yes / No
Were you able to smoothly incorporate necessary paperwork into patient interaction? Did you feel like you were treating the patient and not the laptop?	Yes / No	Yes / No
Overall, did you feel competent to run this call without assistance?	Yes / No	Yes / No

Self-Evaluation: What went well? If you answered “No” to any of the above, what did you not like? Would you do something differently? If something went really wrong, how would you handle it next time? Were you prepared for the patient’s status to worsen?

Preceptor Evaluation: What impressed you? What would you like to see next time, or see done differently? If you disagreed with the candidate’s self-evaluation, why? Do you feel like the candidate was able to formulate a working differential diagnosis and use their skills and assessments to support or contradict that differential?

Preceptor Signature: _____

Preceptor Recommending Candidate Release to Practice: _____