Please TYPE or PRINT

Student name: EMS Agency:

Preceptor(s):

|  |  |  |
| --- | --- | --- |
| Standards of Performance Reviewed | | |
| Accountability | Follow up/follow through | Respect |
| Appearance & personal hygiene | Integrity | Self-motivation |
| Assessment (patient, situational) | Knowledge | Self-confidence |
| Care/competent delivery of service | Patient advocacy | Team leadership |
| Communication (team/OLMC) | Planning | Technique/skill proficiency |
| Critical thinking | Prioritization & delegation | Time mgt: response; interventions; care |
| Empathy | Policy/procedure compliance | Teamwork & diplomacy |
| (Other: Please explain): e.g., acting outside of scope of practice | | |

**Specific examples of performance under review**

*You have not been performing in accordance with course objectives/expectations. It is our intent to make you aware of the situation and give you reasonable time to correct your performance. Please see the specific cause(s) for concern below. It is important that you realize the responsibility to improve is yours alone. Over the course of this plan, we will meet as specified to assess your progress and determine further actions.*

|  |  |  |
| --- | --- | --- |
| **Problem** | **Assessment/examples** | **Performance expectations/**  **time benchmarks**  **Strategies for Improvement/Goals** |
|  |  |  |
|  |  |  |
|  |  |  |

Time plan for follow-up meeting(s):

**Consequences of persistent poor performance**

*Improvement must occur immediately and be maintained. If any portion of this improvement plan is not met at any time during the specified timeframe, further action may be taken including possible dismissal from the program.*

Student explanation for performance gaps:

**Affirmations:** Each signature below signifies that the above findings have been reviewed and understood.

Student Signature Date

Preceptor Name/Signature: Date:

Preceptor Name/Signature: Date:

Nurse Educator Signature: Date: