

Lancaster General College of Nursing & Health Sciences Lancaster EMS Paramedic Program



tudent Clinical Evalu	uation Form – Pre-l	hospital Clinical	Rotation – Phase I

Student Name	Station	Date/Time

Preceptor Name _____

Total Hours _____

**All scores above/below a "2"

on the back of this form**

must be clarified with comments

The Student is currently in Phase I of the Pre-hospital Clinical Rotation. During this Phase, the Student is expected to demonstrate proficiency in patient car at the basic life support level. The patient assessment includes history taking, physical assessment, and proper treatment of the BLS patient. The student is not permitted to perform any advanced life support skills during Phase 1.

(3) - Excellent - Consistently exceeds standards

(2) - Acceptable - Meets standards

(1) - Unacceptable – Does not meet standards

N/A – Not Applicable – Did not observe student performance in this area

Evaluation Factors Score with an "X" 2 3 *Professionalism/Communication/Teamwork* N/A 1 1. Appearance & Attendance Arrives on-time to scheduled shift Appropriate uniform/attire donned in professional manor 2. Communication Communicates respectfully/appropriately with all members of the healthcare team Communicates clearly with pts & explains all procedures when able Able to give appropriate/effective report on assigned pts Readiness to Learn 3. Arrives to clinical area prepared and ready/eager to learn Accepts constructive criticism well 4. Teamwork Actively participates in pt care Considers no job too small Works/collaborates well with other healthcare team members Scene Size-up N/A 1 2 3 1. Survey Identifies safety concerns, lighting, noise, throw rugs, pets, etc. Uses appropriate PPE & requests additional resources as needed 2 3 N/A 1 **Assessments** (Please list assessments completed on back of form with any unusual findings) 1. Initial ABC's, AVPU, Chief Complaint, Lung Sounds, Peripheral Pulses, Skin General Impression of Pt condition Provides/assists w/ immediate care and communicate findings 2. Detailed HPI, SAMPLE, OPQRST, DCAPBTLS (whenever applicable) Pertinent positives & pertinent negatives Performs complete physical exam & formulates appropriate differential diagnosis Treatment & Reassessments 3 N/A 1 2

 Treatment Decisions Formulates appropriate treatment plan based on differential diagnosis Able to discuss rationale for above treatment plan Appropriately initiates/administers prescribed treatment plan Accurately monitors/reassesses effects of tx and adjusts accordingly 				
 2. Reassessment Continually reassesses pt after any treatment administered Able to discuss expected outcomes of treatment provided Communicates changes in pt condition with preceptor 				
Documentation		1	2	3
 Documents all pertinent medical information related to the incident Accurately documents all treatments & outcomes of event Narrative documentation is complete, thorough, & well written 				

Number of Patient Care Reports submitted during this clinical rotation

Please place any additional comments below and be sure to sign in designated areas

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COMMENTS	
	_

Date:_____

Preceptor Signature:_____

Date:_____