

Lancaster EMS Paramedic Program

Student Clinical Evaluation Form – **Pre-hospital Clinical Rotation – Phase II**

Student Name _____ Station _____ Date/Time _____
 Preceptor Name _____ Total Hours _____

The Student is currently in Phase II of the Pre-hospital Clinical Rotation. During this Phase, the Student is expected to be proficient in patient care at the BLS level, and to become competent in ALS assessments and treatment as a Team Member. The Student is permitted to perform advanced skills only as noted on the Skill Competency Checklist.

- (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

****All scores above/below a “2” must be clarified with comments on the back of this form****

| Evaluation Factors | Score with an “X” | | | |
|--|-------------------|---|---|---|
| <i>Professionalism/Communication/Teamwork</i> | N/A | 1 | 2 | 3 |
| 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 | | | | |
| 3. Readiness to Learn - 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 | | | | |
| <i>Scene Size-up</i> | N/A | 1 | 2 | 3 |
| 1. Survey - Identifies safety concerns, lighting, noise, throw rugs, pets, etc. - Uses appropriate PPE & requests additional resources as needed | | | | |
| <i>Assessments (Please list assessments completed on back of form with any unusual findings)</i> | N/A | 1 | 2 | 3 |
| 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 | | | | |
| <i>Treatment & Reassessments</i> | N/A | 1 | 2 | 3 |
| 1. 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 | | | | |

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|---|------------|----------|----------|----------|
| 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 | N/A | 1 | 2 | 3 |
| 1. Documents all pertinent medical information related to the incident | | | | |
| 2. Accurately documents all treatments & outcomes of event | | | | |
| 3. Narrative documentation is complete, thorough, & well written | | | | |

| Successful IV/IO | Fluid Type | Gauge/Site | Attempts | EKG /Pt. Chief Complaint | Pt. age | Rate/rhythm |
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| Med Admin/ Type | Route | | 12-Lead/ CC | Interpretation | | |
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| O2 Administration | Number performed | | Defibrillation | Patient age | Rate/rhythm | |
| Nasal Cannula | | | | | | |
| Non-rebreather | | | | | | |
| Endotracheal intubation | | | | | | |
| Nasotracheal intubation | | | | | | |
| CPAP | | | | | | |
| Capnography | | | | | | |
| Pulse Oximetry | | | | | | |
| O2 Administration | Number performed | | Cardioversion | Patient age | Rate/rhythm | |
| Nasal Cannula | | | | | | |
| Non-rebreather | | | | | | |
| Endotracheal intubation | | | | | | |
| Nasotracheal intubation | | | | | | |
| CPAP | | | | | | |
| Capnography | | | | | | |
| Pulse Oximetry | | | | | | |
| O2 Administration | Number performed | | Pace | Patient age | Rate/rhythm | |
| Nasal Cannula | | | | | | |
| Non-rebreather | | | | | | |
| Endotracheal intubation | | | | | | |
| Nasotracheal intubation | | | | | | |
| CPAP | | | | | | |
| Capnography | | | | | | |
| Pulse Oximetry | | | | | | |

Medication Knowledge

*****Please choose 10 medications to review with the student. Indicate in the appropriate column whether the student knew the information by writing "yes" or did not know the information by writing "no" *****

| Medication Name | Class | Mechanism Of Action | Indications/Contraindications | Adverse Effects | Dosage | Route(s) |
|-----------------|-------|---------------------|-------------------------------|-----------------|--------|----------|
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*****Please place any additional comments below and be sure to sign in designated areas*****

| COMMENTS |
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Student Signature: _____

Date: _____

Preceptor Signature: _____

Date: _____