MCC/MWLC EMS Paramedic Program
Field Experience Verification Sheet

Student Name____________________________ Preceptor Signature_____________________

Department: ______________________  Date: _________________________    Time: ______________

**Please rate the student, in the following categories at the end of the observational opportunity.

GRADING SCALE:
4= Exceptional (performed above expectations and course knowledge)
3= Appropriate for experience level (functioning at the expected level in the program)
2= Need moderate improvement (needs further education and practice to improve)
1= Need significant improvement (needs intensive assistance and education to improve)

DAILY AFFECTIVE APTITUDE EVALUATION:

**Learner Characteristics**

The student demonstrated attendance within the stated program policy, independently sought out appropriate learning experiences, participated in a multi-skilled approach to patient care, practiced required skills, sought advice to improve skills, demonstrated the superior delivery of patient care required of a paramedic student as stated within the program policy.

**Professional/Attitude**

The student’s behavior demonstrated integrity, empathy, self-motivation, self-confidence, team work, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. The student reported to clinical assignment s on time and in full uniform.

**Communication Skills**

The student performed and reported patient assessments completely and proficiently. He or she interacted with patients and other health care professionals on a “student role” at an appropriate level.

**Ethics and Values**

The student demonstrated integrity by respecting patients, bystanders, the organizations and other allied professionals; he or she demonstrated compassion and empathy toward patients and others.

STUDENT PERFORMANCE:

**Phase/Shift Objectives**

The student reviewed current objectives and performed the tasks to the standards outlined. He or she requested and accepted constructive criticism and took personal responsibility for self-improvement.

**Psychomotor Skills**

The student was able to thoroughly describe all elements of applicable procedures and could accomplish psychomotor skills independently and proficiently.

**Interview**

The student completed comprehensive patient/bystander interviews. He or she demonstrated active listening.

**Exam**

The student completed an appropriate physical exam.

**Treatment**

The student formulated a field impression and implemented a treatment plan. Interventions performed were complete, satisfactory and timely.

Comment s from preceptor: ____________________________________________________________________________________
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