MCC/MWLC EMS PARAMEDIC PROGRAM  
EMT-P STUDENT CLINICAL DOCUMENTATION FORM

NAME: ___________________________  DATE: ______________  HOSPITAL: ____________

PRECEPTOR: _____________________  Time In ______  Time Out ______  Total Time ______

____________________________________/______________/________  CIRCLE DEPARTMENT:   ER   TRIAGE

Evaluator Signature  Date  Time

EVALUATOR: Thank you for taking the time to complete this form, verifying this individual’s educational experience. Please comment, if appropriate, on your interaction with the individual.

_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

ALS SKILLS PERFORMED:

4) Exceptional-performed above expectations and course knowledge
3) Appropriate for experience level-functioning at the student level
2) Needs moderate improvement-needs further education and practice to improve
1) Needs significant improvement-needs intensive assistance and education to improve

A. IV STARTS/THERAPY
   EVAL  RN/MD
   ___________________  _____  _____
   ___________________  _____  _____

B. MEDICATIONS/ROUTE
   EVAL  RN/MD
   ___________________  _____  _____
   ___________________  _____  _____

C. EKG MONITORING
   ___________________  _____  _____
   ___________________  _____  _____

D. OTHER
   ___________________  _____  _____
   ___________________  _____  _____

PROFESSIONAL CHARACTERISTICS: Please circle the appropriate number, using the following performance scale:

1 = Poor  2 = Needs improvement  3 = Satisfactory  4 = Above Average

1  2  3  4  Integrity: Consistent honesty, trusted with property of others; trusted with confidential
information; complete and accurate documentation

1  2  3  4  Empathy: Showing compassion for others; appropriate response to patients and family
members; respect for others; calm, compassionate, helpful demeanor to those in need;
supportive and reassuring to others

1  2  3  4  Self-Motivation: Completes assignments without constant supervision; improves and/or
corrects behavior; shows enthusiasm for learning; strives for excellence in patient care;
accepts constructive feedback; takes advantage of learning opportunities

1  2  3  4  Appearance and Personal Hygiene: Clothing and uniform appropriate, neat, clean and
well maintained; good personal hygiene and grooming

1  2  3  4  Self-Confidence: Ability to trust personal judgment; aware of strengths and limitations;
exercises good personal judgment

1  2  3  4  Communications: Speaks clearly, writes legibly, listens actively, adjusts communication
strategies to various situations

1  2  3  4  Time Management: Consistent punctuality; completes tasks/assignments on time

1  2  3  4  Teamwork and Diplomacy: Places success of team above self-interest; not undermining
team; helping and supporting team members; shows respect for all team members; remains
flexible and open to change; communicates with others to resolve problems

1  2  3  4  Respect: Polite to others; no derogatory or demeaning terms; behaves in manner
that brings credit to the profession

1  2  3  4  Patient Advocacy: Does not allow personal bias/feelings to interfere with patient care;
places needs of patient above self-interest; protects and respects patient confidentiality and dignity

1  2  3  4  Careful Delivery of Service: functions at student level performing skills, follows policies,
procedures, and protocols; follows orders
COMPLETE FOR EACH PATIENT TREATED OR OBSERVED. USE ADDITIONAL FORMS AS NEEDED. DOCUMENT IN PLATINUM ALL SKILLS COMPLETED AND OBSERVED!

1. Patient Age _____ Sex M / F Chief Complaint ________________________________
   BLS / ALS Medical Trauma Cardiac Psych OB/Gyne (Circle Appropriate Choices)
   Skills You Performed: _________________________________________________________
   __________________________________________________________
   Skills you observed: _________________________________________________________
   __________________________________________________________
   Diagnosis: _____________________________________ Outcome: ______________________

2. Patient Age _____ Sex M / F Chief Complaint ________________________________
   BLS / ALS Medical Trauma Cardiac Psych OB/Gyne Skills You Performed: ______________
   __________________________________________________________
   Skills you observed: _________________________________________________________
   __________________________________________________________
   Diagnosis: _____________________________________ Outcome: ______________________

3. Patient Age _____ Sex M / F Chief Complaint ________________________________
   BLS / ALS Medical Trauma Cardiac Psych OB/Gyne Skills You Performed: _______________
   __________________________________________________________
   Skills you observed: _________________________________________________________
   __________________________________________________________
   Diagnosis: _____________________________________ Outcome: ______________________

4. Patient Age _____ Sex M / F Chief Complaint ________________________________
   BLS / ALS Medical Trauma Cardiac Psych OB/Gyne Skills You Performed: _______________
   __________________________________________________________
   Skills you observed: _________________________________________________________
   __________________________________________________________
   Diagnosis: _____________________________________ Outcome: ______________________

5. Patient Age _____ Sex M / F Chief Complaint ________________________________
   BLS / ALS Medical Trauma Cardiac Psych OB/Gyne Skills You Performed: _______________
   __________________________________________________________
   Skills you observed: _________________________________________________________
   __________________________________________________________
   Diagnosis: _____________________________________ Outcome: ______________________

6. Patient Age _____ Sex M / F Chief Complaint ________________________________
   BLS / ALS Medical Trauma Cardiac Psych OB/Gyne Skills You Performed: _______________
   __________________________________________________________
   Skills you observed: _________________________________________________________
   __________________________________________________________
   Diagnosis: _____________________________________ Outcome: ______________________