

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

	<u>EVAL</u>	<u>RN/MD</u>		<u>EVAL</u>	<u>RN/MD</u>
A. IV STARTS/THERAPY			B. MEDICATIONS/ROUTE		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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: _____