****

**EMT**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Providers must be complete with the program

**AT LEAST 60 DAYS PRIOR**

TO THEIR EMT EXPIRATION Course DATE!

***Education Department***

60 days prior to my EMT Program expiration date is:

**National Ambulance**

**HQ, Al Dar, Abu Dhabi – UAE**

[**www.nationalambulance.ae**](http://www.nationalambulance.ae)

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**Practicum Information**

### Student’s Name: ID No.:

Hospital:

Preceptor’s Name:

Coordinator’s Name:

Inclusive Dates:

From: Until:

Serial No.:

**Contact information**

**Program Director: Ahed Al Najjar**

**Phone No. 00 971 5 44 666 987**

**Email:** [**AAlnajjar@nationalambulance.ae**](mailto:AAlnajjar@nationalambulance.ae)

##### EMT/EMT Education

**Guidelines**

1. Students are expected to attend all experiences, including practical (laboratory, community, and institutional practice) and those in the classroom. If unable to attend, the student must notify the instructor and/or the agency.
2. Student should be on-time for the shifts.
3. The student is required to attend all clinical and field internships at the hospitals and at the ambulance. The student must notify the course instructor if he is unable to attend any clinical or field internship training at any location. The student must make-up any missed clinical training prior to being allowed to take the final examinations and graduate.
4. A student who cannot avoid missing practice in a given course must make arrangement to discuss their ability to meet the course objectives within the semester with their clinical instructor. If the clinical objectives of the course have not been clearly met due to absenteeism, practice time must be made up at the expense of the student.
5. Students are expected to schedule avoidable absence, such as doctor’s appointments and

teacher conferences, outside of the scheduled class and practice time.

1. Students must be healthy enough, in a good physical, cognitive, and affective capacity to perform safely in the practicum area. Students whose level of health jeopardizes the performance of safe EMT care will be required to leave the practicum site.
2. Students should be aware that due to practice site demand, extensions or opportunities to make up lost time may be limited with clinical agencies. This may result in the student being unable to secure site placement for this purpose and an incomplete grade being assigned for the course.
3. A student who is sick and going to miss a portion of their practicum as a result, must contact the practice site prior to the shift(s) absence is expected for.
4. If a student is absent due to illness, he is required to bring a sick leave form signed by a physician.
5. The required dress for clinical experiences is the National Ambulance student uniform - navy blue trousers, light blue shirt with MOI and NA patches and black shoes.
6. Uniform should be neat, clean and wrinkle free.
7. The student should also be well groomed, hair should be short. Fingernails should be trimmed also.
8. Failure to comply with the dress requirements may result in the student being asked to leave until such time as they are able to comply with the policy. Repeat failures to comply with the requirements may result in withdrawal from the program.
9. You have to bring your own stethoscope.
10. Students’ attitude should be proper and courteous.
11. Sometimes you may face problem with hospital team or with EMTs in the field, in this case follow these instructions:
    1. Do not talk to any body in the facility.
    2. Do not try to explain your problem to any one (colleagues, friends, preceptors, etc)
    3. Leave the site (your Dept.) immediately.
    4. Call your coordinator immediately, and explain to him, in detail, and frankly, what happen.
    5. Write a report and sign it then give the report directly to the coordinator.
    6. If any one of your colleagues was there, ask him to sign at the bottom of your report as a witness.

**Guidelines (continuation…)**

1. The student will act professional at all times with the staff of the field or clinical facility, and with the patients he encounters. If a student displays unprofessional conduct, he will be dismissed from the course.
2. If in the judgment of the field internship or clinical preceptor the student does not perform to the accepted standards of the field or clinical facility, the student shall be dismissed from the clinical site for the day. If a student continues to perform below the training standards of the National Ambulance and the standards of the field or clinical facility, the students shall be dismissed from the course.
3. The student must respect patient confidentiality at all times. Failure to do so shall result in dismissal from the course.
4. When you provide Emergency Medical care to patient or injured within NA station you have to follow:
   1. The emergency team should not consist of a student alone with a driver or a student alone with one EMT of the NA.
   2. The student has to do his job under supervision of Doctor, EMT EMT.
   3. The student is not allowed to drive the ambulance.
   4. The student is not permitted to work alone with a patient or injured person.
   5. The student is not allowed to make a decision related to a patient or injured person especially not to transport or stopping CPR or declaring the death to keep the legal rights of the patient or injured person & to keep the good quality of the work to avoid legal liability.
5. The student should ask the supervisor to apply these guidelines concerning his specialty and to certify it by signature.
6. The student should under go medical examination, blood test (hepatitis, HIV, blood group) & immunization (tetanus, meningitis, hepatitis) prior to beginning of clinical & field internship (the report should be given to the director of the course).
7. The student will be dismissed if one of the following are present:
   1. Failure to comply with the above policies.
   2. A proof of Academic dishonesty
   3. The student acting disrespectful towards the instructors, his fellow students, the instructional material, the training course, the National Ambulance, or the MOH.
   4. Any activity or speech related to the compromise of a course or standard examination.

I agree to perform the rules & regulations mentioned above with my willingness, convenience and without any external effect.

**Name:**

**Signature:**

**Date:**

##### EMT Education Clinical Education

**Documentation Guidelines**

In order to assess and evaluate the experiences EMT students have during the clinical portions of EMT education, students are required to document important information about patients they come in contact with. This paperwork not only allows us the opportunity to evaluate students in the clinical site, but provides the EMT student with necessary practice with documentation.

The following is description of the guidelines EMT students should use to complete paperwork in clinical site.

Documentation of patient information and student skill performance takes place on the following form and booklets.

##### Clinical Evaluation Form (White form)

* One of these forms must be filled out for each clinical shift the EMT student attends. All the information on this form must be completed, including an itemized list of ALS skills the EMT student completed during that shift.
* The student will turn in the white sheet with all other paperwork form the shift within five days of the completed shift.

##### Patient Narrative Forms (Yellow form)

* This form is to be used for a narrative for every patient the EMT student comes in contact with in any clinical site, hospital or field.
* It is required to complete all information in the shaded box at the top of the form.

The patient contact will not be granted if all this information is not completed.

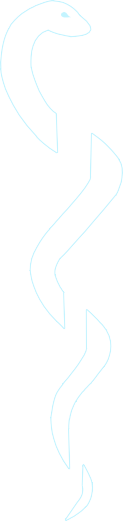
* Complete a narrative for each patient, including patient’s sex, age, past medical history, medications, and allergies. Follow with history of present illness, vital signs, and findings on assessment. Continue with interventions and any responses to those interventions, and secondary/ongoing assessment findings. Please be sure to complete as much of this information that you can for each patient contact.

##### Clinical Time Request Form (Blue form)

* This form is for requesting time, and must be signed by the course coordinator.
* Then must be sent to the hospital to check the availability.

**EMT EDUCATION CLINICAL EDUCATION**

**EMT**



**PRACTICUM**

**LOGBOOK**

**CLINICAL**

##### EMT Education Clinical Education

**EMT EDUCATION PROGRAM CLINICAL**

The National Ambulance EMT Education Program is a competency-based program in which all objectives must be completed. The course is structured such that the competencies can be completed in a certain number of hours per clinical. Hourly requirements are set at a minimum number; the goal is to complete the objectives and skill requirements in this amount of time. If additional time is needed it will be granted on an individual basis.

##### HOSPITAL REQUIRMENTS

The clinical course is designed to accompany Pharmacology and Medication Administration, the Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. Clinical rotations focus on the continued development of patient assessment skills, and patient management skills. Student should be developing patient care team leader skills throughout length of this semester.

##### Hour Summary

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Area** | **No. of Hours** | **No. of Shifts** |
| **1** | ICU / CCU | 96 | 8 |
| **2** | Emergency Dept. (Adult) | 132 | 11 |
| **3** | Pediatric Emergency Dept. |
| **4** | OB GYN | 48 | 4 |
| **Grand Total** | | **276** | **23** |

**EMT PROGRAM**

**TERMINAL PERFORMANCE OBJECTIVES CLINICAL**

Student’s Name: -----------------------------------------------------------------------

|  |  |  |
| --- | --- | --- |
| **Patient Assessment and interview Skills** | **Date Verified** | **Faculty Signature** |
| Perform 15 appropriate physical assessments (minimum 2 pediatric, 2 geriatric) based on the patient chief complaint. |  |  |
| Gather 15 appropriate patient histories (minimum 2  pediatric, 2 geriatric) based on the patient chief complaint. |  |  |
| **Psychomotor Skills** | | |
| Successfully, and while performing all steps of each procedure, perform venepuncture on 15 patients. |  |  |
| While performing all steps of each procedure, administer medications 5 times to actual patients (must include at least three of the following: I.V bolus,  I.V piggyback, oral, and IM). |  |  |

**EMT Education**

##### Burn Area Clinical Education

This rotation is to be attended following the completion of Pre-Hospital Trauma Life Support Program. Please document the following information on this clinical shift objective sheet and complete necessary information for each clinical experience. The student will fill up a patient form and submit to the Clinical Coordinator within five days of the rotation. Please forward this form to the department head.

Student Name: Date:

Clinical Evaluation No.:

Duration: 12 hours

##### SHIFT 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Sat** | **Unsat** | **N/E** |
| 1. Student performed Universal Precautions (BSI) |  |  |  |
| 2. Student assessed and interviewed patients |  |  |  |
| 3. Student performed skills promptly in accordance to the objectives in the area |  |  |  |
| 4. Student observed assessment and care for the patient |  |  |  |
| 5. Student performed any cardiac monitoring and rhythm interpretations. |  |  |  |
| 6. Student was on time for the shift. |  |  |  |
| 7. Student attended the rotation in proper attire. |  |  |  |
| 8. Student was behaved and courteous. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -----------------

##### Burn Area Clinical Education

This rotation is to be attended following the completion of Pre-Hospital Trauma Life Support Program. Please document the following information on this clinical shift objective sheet and complete necessary information for each clinical experience. The student will fill up a patient form and submit to the Clinical Coordinator within five days of the rotation. Please forward this form to the department head.

Student Name: Date:

Clinical Evaluation No.:

Duration: 12 hours

##### SHIFT 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Sat** | **Unsat** | **N/E** |
| 1. Student performed Universal Precautions (BSI) |  |  |  |
| 2. Student assessed and interviewed patients |  |  |  |
| 3. Student performed skills promptly in accordance to the objectives in the area |  |  |  |
| 4. Student observed assessment and care for the patient |  |  |  |
| 5. Student performed any cardiac monitoring and rhythm interpretations. |  |  |  |
| 6. Student was on time for the shift. |  |  |  |
| 7. Student attended the rotation in proper attire. |  |  |  |
| 8. Student was behaved and courteous. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -----------------

##### Burn Area Clinical Education

This rotation is to be attended following the completion of Pre-Hospital Trauma Life Support Program. Please document the following information on this clinical shift objective sheet and complete necessary information for each clinical experience. The student will fill up a patient form and submit to the Clinical Coordinator within five days of the rotation. Please forward this form to the department head.

Student Name: Date:

Clinical Evaluation No.:

Duration: 12 hours

##### SHIFT 3

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Sat** | **Unsat** | **N/E** |
| 1. Student performed Universal Precautions (BSI) |  |  |  |
| 2. Student assessed and interviewed patients |  |  |  |
| 3. Student performed skills promptly in accordance to the objectives in the area |  |  |  |
| 4. Student observed assessment and care for the patient |  |  |  |
| 5. Student performed any cardiac monitoring and rhythm interpretations. |  |  |  |
| 6. Student was on time for the shift. |  |  |  |
| 7. Student attended the rotation in proper attire. |  |  |  |
| 8. Student was behaved and courteous. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------ Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -----------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ----

Preceptor’s Signature: ---------------------------- Date: -------------------

**Emergency Department (Adult)**

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

**SHIFT 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 3

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

**Emergency Department (Adult)**

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

**SHIFT 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 5

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 6

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 7

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 8

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 9

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 10

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

**Emergency Department (Adult)**

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

**SHIFT 11**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 12

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 13

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 14

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 12 hours

##### SHIFT 15

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 16

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 17

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 18

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 19

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 20

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 21

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 22

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 23

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 24

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

##### Emergency Department (Adult)

This emergency department rotation is to be completed in conjunction with Patient Assessment, Basic Airway Management, and Medical Emergencies І courses. This shift is expected to be completed after the midterm session. Please document the requested information on this clinical shift objective sheet and complete all the necessary information for each patient assessed, interviewed or treated on a Patient Narrative Form. This information must be complete, accompany a Clinical Evaluation Form and to be submitted to the Clinical Coordinator within five days of the completion of the shift to receive credit for these clinical hours.

Student Name: -------------------------------------------------- Date: -------------------------------

Clinical Eval # --------------------------

Duration: 8 hours

##### SHIFT 25

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Sat** | **Unsat** | **N/E** |
| 1.) Student performed Universal Precautions (BSI) |  |  |  |
| 2.) Student assessed and interviewed patients with various chief complaint, signs and symptoms. |  |  |  |
| 3.) Student performed skills as authorized on their  “Authorization of Basic Skill” sheet (especially cardiac monitoring.) |  |  |  |
| 4.) Student observed assessment and care of patients with cardiac symptoms. |  |  |  |
| 5.) Student performed cardiac monitoring |  |  |  |
| 6.) Student observes integration of the Emergency Team for  any trauma calls that enter the department. |  |  |  |

Please document the number of BLS procedures the student performed in this shift: ------

Please document the number of patients the student assessed and interviewed during this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

**PATIENT ASSESSMENT - MEDICAL**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PATIENT ASSESSMENT - MEDICAL** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
| Patient No. | Initial Assessment | | | | | | Rapid Assessment /Physical Exam | | | | | | | Preceptor Assessment | | |
| G. Imp | Mental Status | Airway | Breathing | Circulation | Priority | Head | Neck | Chest | Abdomen | Pelvis | Extremities | Posterior | Rating | Preceptor Name | Signature |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PATIENT ASSESSMENT - MEDICAL**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PATIENT ASSESSMENT - MEDICAL** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
| Patient No. | Initial Assessment | | | | | | Rapid Assessment /Physical Exam | | | | | | | Preceptor Assessment | | |
| G. Imp | Mental Status | Airway | Breathing | Circulation | Priority | Head | Neck | Chest | Abdomen | Pelvis | Extremities | Posterior | Rating | Preceptor Name | Signature |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PATIENT ASSESSMENT – Trauma**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT ASSESSMENT – Trauma** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
| Patient No. | Initial Assessment | | | | | | Rapid Trauma Assessment /Physical Exam [DCAP-BTLS] | | | | | | | Preceptor Assessment | | |
| G. Imp | Mental Status | Airway | Breathing | Circulation | Priority | Head | Neck | Chest | Abdomen | Pelvis | Extremities | Posterior | Rating | Preceptor Name | Signature |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PATIENT ASSESSMENT – Trauma**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT ASSESSMENT – Trauma** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
| Patient No. | Initial Assessment | | | | | | Rapid Trauma Assessment /Physical Exam [DCAP-BTLS] | | | | | | | Preceptor Assessment | | |
| G. Imp | Mental Status | Airway | Breathing | Circulation | Priority | Head | Neck | Chest | Abdomen | Pelvis | Extremities | Posterior | Rating | Preceptor Name | Signature |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Patient History**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Patient History** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
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| Patient No. | Chief Complaint | History of Present Illness | | | | | | SAMPLE History | | | | | | Preceptor Assessment | | |
| Onset | Provocation | Quality | Radiation | Severity | Time | Signs &  Symptoms | Allergies | Medication | Past History | Last oral  Intake | Events | Rating | Preceptor  Name | Signature |
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**Patient History**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Patient History** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
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| Patient No. | Chief Complaint | History of Present Illness | | | | | | SAMPLE History | | | | | | Preceptor Assessment | | |
| Onset | Provocation | Quality | Radiation | Severity | Time | Signs &  Symptoms | Allergies | Medication | Past History | Last oral  Intake | Events | Rating | Preceptor  Name | Signature |
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**SKILLS PERFORMED BY STUDENT** - **Emergency Room Skills**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SKILLS PERFORMED BY STUDENT** | | | | | | | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | | | | | | | |
| Patient No. | Breath sounds | Pulse | Skin color, temp,  and condition | Capillary Refill | Pupils (PEARLS) | Blood Pressure | Temperature | Blood Sugar | SPO2 | Auscultation | Inspection | Palpation | Percussion | FAST assessment | ACLS | BLS | Lifting, moving and  patient transfers | ECG/ECG monitoring | Defib | Rating | Preceptor  Name | Signature |
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**SKILLS PERFORMED BY STUDENT** - **Emergency Room Skills**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SKILLS PERFORMED BY STUDENT** | | | | | | | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | | | | | | | |
| Patient No. | Breath sounds | Pulse | Skin color, temp,  and condition | Capillary Refill | Pupils (PEARLS) | Blood Pressure | Temperature | Blood Sugar | SPO2 | Auscultation | Inspection | Palpation | Percussion | FAST assessment | ACLS | BLS | Lifting, moving and  patient transfers | ECG/ECG monitoring | Defib | Rating | Preceptor  Name | Signature |
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**SKILLS PERFORMED BY STUDENT** - **Emergency Room Skills- Trauma**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SKILLS PERFORMED BY STUDENT** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
| Patient No. | Head tilt – chin left | Jaw thrust | Suction | OPA | NPA | I-Gel | Oxygen Administration / Ventilation | Bleeding Control | Tourniquet application | Assets childbirth | Splinting | IV cannulation | Medication prep and administration | Rating | Preceptor  Name | Signature |
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**SKILLS PERFORMED BY STUDENT** - **Emergency Room Skills- Trauma**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SKILLS PERFORMED BY STUDENT** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
| Patient No. | Head tilt – chin left | Jaw thrust | Suction | OPA | NPA | I-Gel | Oxygen Administration / Ventilation | Bleeding Control | Tourniquet application | Assets childbirth | Splinting | IV cannulation | Medication prep and administration | Rating | Preceptor  Name | Signature |
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**SKILLS PERFORMED BY STUDENT** - **Emergency Room Skills- Medical**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SKILLS PERFORMED BY STUDENT** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
| Patient No. | Head tilt – chin left | Jaw thrust | Suction | OPA | NPA | I-Gel | Oxygen Administration / Ventilation | Bleeding Control | Tourniquet application | Assets childbirth | Splinting | IV cannulation | Medication prep and administration | Rating | Preceptor  Name | Signature |
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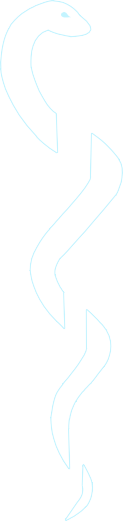
**SKILLS PERFORMED BY STUDENT** - **Emergency Room Skills- Medical**

EMT Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SKILLS PERFORMED BY STUDENT** | | | | | | | | | | | | | | | | |
| **Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory** | | | | | | | | | | | | | | | | |
| Patient No. | Head tilt – chin left | Jaw thrust | Suction | OPA | NPA | I-Gel | Oxygen Administration / Ventilation | Bleeding Control | Tourniquet application | Assets childbirth | Splinting | IV cannulation | Medication prep and administration | Rating | Preceptor  Name | Signature |
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**EMT EDUCATION CLINICAL**

**EMT PRACTICUM**



**LOGBOOK**

**Field**

**EMT-Basic Field Internship**

**EMT Basic Practicum**

**Purpose**

The purpose of this rotation is to expose the EMT Basic Student to the field environment and offer them the opportunity to put the knowledge and skills they learned in the classroom into practice

**Goals**

It is the goal of the EMS Program to expose Students to as many experiences as possible. This may include, but is not limited to:

1. Medication administration via small volume nebulizer.
2. Oral medication administration (nitroglycerin and aspirin).
3. Medication Administration via IV or IM.
4. Bandaging & splinting
5. Traction splinting
6. Utilization of AEDs
7. Assistance with wound care
8. Assist with patient triage
9. Apply cardiac monitoring, and perform 12-lead ECG.

**Objectives**

Students in the EMT Basic clinical are expected to accomplish, at a minimum, the following objectives during each field rotation, assuming the opportunity exists:

1. Documentation of patient assessment and management of each patient contacted, to include a minimum of the following:

* All vital signs taken
* All interventions and the patient’s response
* Any medications administered

1. Documentation of self-assessment as indicated on paperwork
2. Assist the crew in daily station duties
3. Assist with patient extrication
4. Assist with patient packaging

**EMT EDUCATION PROGRAM FIELD**

The National Ambulance EMT Education Program is a competency-based program in which all objectives must be completed. The course is structured such that EMT skills and competencies must be completed and mastered during their exposure in the field and ambulance. Hourly requirements are set at a minimum number; the goal is to complete the objectives and skill requirements in this amount of time. If additional time is needed it will be granted on an individual basis.

##### FIELD REQUIREMENTS

The field course is designed to accompany and Medical Emergencies 2, Trauma Emergency, and Special Considerations and Operation courses. Field rotations focus on the mastery of patient assessment skills, BLS skills, team leader skills and patient management decision making.

##### Hour Summary

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| --- | --- | --- | --- |
| **No.** | **Area** | **No. of Hours** | **No. of Shifts** |
| **1** | Field | 192 | 16 |

During field internship the students may be scheduled for up to twelve (12) hours per day.

##### EMT PROGRAM TERMINAL PERFORMANCE OBJECTIVES

Student’s Name:

|  |  |  |
| --- | --- | --- |
| **Patient Assessment and interview Skills** | **Date Verified** | **Faculty Signature** |
| Perform 50 appropriate physical assessments (minimum 10 pediatric, 10 geriatric) based on the patient chief complaint. |  |  |
| Gather 50 appropriate patient histories (minimum 10 pediatric, 10 geriatric) based on the patient chief complaint. |  |  |
| **Psychomotor Skills** | | |
| Repeatedly demonstrate all steps of each BLS Skill to a faculty member. |  |  |
| Successfully, and while performing all steps of each procedure, intubate 5 patients. |  |  |
| Successfully, and while performing all steps of each procedure,  perform venipuncture on 25 patients. |  |  |
| While performing all steps of each procedure, administer medications 15 times to actual patients (I.V bolus, I.V piggyback, oral, subcutaneous, rectal). |  |  |
| **Patient Assessment and interview Skills** | **Date Verified** | **Faculty Signature** |
| Serve as team leader for 30 ambulance calls (minimum 10 BLS) demonstrating appropriate patient assessment, treatment, reporting/documentation, leadership / problem solving, knowledge of equipment, understanding of the patient’s chief complaint, and  instituting proper patient care protocol. |  |  |

##### EMT PROGRAM

**TERMINAL PERFORMANCE OBJECTIVES**

**Summative Field Evaluation**

Student’s Name:

|  |  |  |
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| **Team Leader Skills** | **Date Verified** | **Faculty Signature** |
| **Act as team leader for 20 calls:** Includes patient assessment, interview, and management. The student should formulate the treatment plan and contact any medical command consults, radio and receiving facility reports as well as written documentation. |  |  |
| **Act as team leader for 12 BLS calls:** Includes patient assessment, interview, and management. The student should formulate the treatment plan and conduct any medical command, radio and receiving. |  |  |

Please document the number of BLS procedures the team performed in this shift: ------

Please document the number of patients the team assessed and interviewed during this shift: ------

Please document the number of the treatment plan the student formulated in this shift: ------

Preceptor’s Signature: ---------------------------- Date: -------------------

**EMT FIELD EVALUATION FORM**

EMT student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nature of Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Units on Scene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Patients: \_\_\_\_\_\_\_\_\_ Was a Medic Unit on the scene? \_\_\_\_\_\_\_\_\_ Did you transport? \_\_\_\_\_\_

1. Did the EMT locate the call location in the GPS unit quickly and accurately? YES NO

2. Did the EMT accurately assess the safety of the scene before exiting the unit? YES NO

3. Did the EMT operate the radio properly? YES NO

4. Did the EMT introduce themselves to the patient BEFORE rendering care? YES NO

5. Did the EMT quickly determine the NOI / MOI of the patient(s)? YES NO

6. Did the EMT obtain all pertinent medical history? YES NO

7. Did the EMT keep their crew informed of medical concerns? YES NO

8. Did the EMT effectively utilize the manpower available to them? YES NO

9. Did the EMT take appropriate safety measures for both patients and crews? YES NO

10. Did the EMT exercise appropriate clinical judgement in patient care and transport? YES NO

11. Did the EMT perform primary assessment accurately and on timely manner? YES NO

12. Did the students identified patient chief complain and provide proper filed impression? YES NO

13. Did the EMT comply with National Ambulance protocols in treatment and transport? YES NO

14. If applicable, did the EMT use the medical radio properly? YES NO

15. Was the EMT in proper uniform? YES NO

16. Did the EMT relay a complete report to the accepting ER staff member? YES NO

17. Did the EMT complete a PCR report properly and completely at the hospital? YES NO

18. Did the EMT assure the ambulance was clean and restocked after the call? YES NO

19. Did the EMT clear the call quickly with the ACC? YES NO

20. Did the EMT enter the call data into the system upon returning to Station? YES NO

21. If applicable, did the EMT complete injury or exposure reports? YES NO

What is your overall impression of the EMT’s ability to function as a charge EMT?

What areas are strengths for this EMT?

What areas are weaknesses for this EMT?

Comments from the EMT students:

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM MUST BE SUBMITTED TO THE PRIMARY EMS EDUCATOR WITH A COPY OF THE PCR REPORT FOR THIS RUN WITHIN 7 DAYS OF THE INCIDENT.**

**Final Hospital Training – Clinical Evaluation Form - ER**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time in: \_\_\_\_\_\_\_\_\_ Time Out: \_\_\_\_\_\_\_\_\_\_**

**Hospital/Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Station/ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rating System: 1-Fails to perform 2-Borderline inconsistent 3-Competent**

|  |  |  |  |
| --- | --- | --- | --- |
| **Students Personal Evaluation** | | | |
| Appearance/Personal Hygiene | 1 2 3 | Vehicle Inspection (Ambulance only) | 1 2 3 |
| Promptness/Punctuality | 1 2 3 | Self Confidence | 1 2 3 |
| Attitude | 1 2 3 | Time Management | 1 2 3 |
| Respect | 1 2 3 | Patient Advocacy | 1 2 3 |
| Communication | 1 2 3 | Careful Delivery of Service | 1 2 3 |
| Self-Motivation | 1 2 3 | Teamwork and Diplomacy | 1 2 3 |
| Integrity and Empathy | 1 2 3 | Psychomotor Skills Performance | 1 2 3 |
| **Rating:** N/A = Not Applicable, No Opportunity to Perform this Skills Today  OBS = Observed Skills Today  1=Fails to Perform  2=Borderline Inconsistent (progressing towards competence)  3=Competent | | | |
| History Taking | NA OBS 1 2 3 | Gain Venous access | NA OBS 1 2 3 |
| Patient Assessment | NA OBS 1 2 3 | Medication Administration | NA OBS 1 2 3 |
| Taking Vital Signs | NA OBS 1 2 3 | Cardiac Management | NA OBS 1 2 3 |
| Airway Management | NA OBS 1 2 3 | Medical Management | NA OBS 1 2 3 |
| Ventilatory Support | NA OBS 1 2 3 | Trauma Management | NA OBS 1 2 3 |
| Bleeding Control | NA OBS 1 2 3 | Patient Movement | NA OBS 1 2 3 |
| Fracture immobilization | NA OBS 1 2 3 |  |  |
| Other Skills (Specify) | | | |

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Preceptor’ Evaluation** | |
| **Rating: Excellent (1) Adequate (2) Not Adequate(3)** | |
| How well did the preceptor function as an intellectual guide or advisor? | 1 2 3 |
| Did the preceptor evaluate in a fair and honest manner? | 1 2 3 |
| Did the preceptor adequately supervise the paramedic Training/Internship? | 1 2 3 |
| How well did the preceptor appear to be up to the date on new developments? | 1 2 3 |
| *Overall Rate this Preceptor:* | 1 2 3 |

Comments:

Preceptor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_

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| **Education Department  EMT / Paramedic Program** Abu Dhabi, UAE | | | | Daily Ambulance/ First Responder Field Internship Evaluation FormNational Ambulance All information above the bold double line is mandatory for all EMS incidents. Below the double line check or fill in all that apply | | | | | | | | | | | | | | | |
| **Student name**: **Badge (ID) #** | | | | | | | | | | | **Preceptor name**: **Badge (ID)#** | | | | | | | | |
| Field Internship Phase check current phase period 🞎 Phase 1–Orientation to EMS Field Environment; individual BLS skills  🞎 Phase 2–Student should be able to function as EMT-Basic  🞎 Phase 3–Student should be able to function as an entry level EMT  🞎 Phase 4–Student MUST demonstrate full TEAM Leadership as a PD-EMT | | | | | | | | | | | | | Date: | | | |  | | |
| Total Runs: | | | |  | | |
| Total Hours: | | | |  | | |
| Unit Number: | | | |  | | |
| Total # of Patients: | | | |  | | |
| **BLS IV ACCESS BLS AIRWAY** | | | | | | | | | | | | | | | | | | | |
| Fluid | IV/IO Attempts | IV/IO Success | | | Site | Gauge | | student team | | | | Airway type | Airway # Attempts | | Success | ET size | | student team | |
|  |  |  | | |  |  | | 🞎 | | 🞎 | |  |  | |  |  | | 🞎 | 🞎 |
|  |  |  | | |  |  | | 🞎 | | 🞎 | |  |  | |  |  | | 🞎 | 🞎 |
|  |  |  | | |  |  | | 🞎 | | 🞎 | |  |  | |  |  | | 🞎 | 🞎 |
|  |  |  | | |  |  | | 🞎 | | 🞎 | |  |  | |  |  | | 🞎 | 🞎 |
| **Basic EKG** **ECG Rhythm Interpretation** | | | | | | | | | | | | | | | | | | | |
| Electrical Therapy | | | | | Energy Levels | | | student team | | | | Document interpretation and ventricular rate | | | | | | student team | |
| Manual Defibrillation | | | | |  | | | 🞎 | 🞎 | | | Rhythm 1 | | | | | | 🞎 | 🞎 |
| Automated Defibrillation | | | | |  | | | 🞎 | 🞎 | | | Rhythm 2 | | | | | | 🞎 | 🞎 |
| Transcutaneous Pacing | | | | |  | | | 🞎 | 🞎 | | | Rhythm 3 | | | | | | 🞎 | 🞎 |
| Synchronized Cardioversion | | | | |  | | | 🞎 | 🞎 | | | Rhythm 4 | | | | | | 🞎 | 🞎 |
| MEDICATION | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | Dose | | Route | student team | | | | Drug | Dose | | Route | | | student team | |
|  | | | | |  | |  | 🞎 | 🞎 | | |  |  | |  | | | 🞎 | 🞎 |
|  | | | | |  | |  | 🞎 | 🞎 | | |  |  | |  | | | 🞎 | 🞎 |
|  | | | | |  | |  | 🞎 | 🞎 | | |  |  | |  | | | 🞎 | 🞎 |
| **BLS CARE BCLS CARE** | | | | | | | | | | | | | | | | | | | |
| Please describe / # skills performed by student team | | | | | | | | student team | | | | Please describe / # performed by student team | | | | | | student team | |
| Patient interview | | |  | | | | | 🞎 | 🞎 | | | Witnessed arrest | |  | | | | 🞎 | 🞎 |
| Physical Exam | | |  | | | | | 🞎 | 🞎 | | | ROSC during transport | |  | | | | 🞎 | 🞎 |
| Hospital notification | | |  | | | | | 🞎 | 🞎 | | | ROSC at release | |  | | | | 🞎 | 🞎 |
| Medical control Consult | | |  | | | | | 🞎 | 🞎 | | | No ROSC at any time | |  | | | | 🞎 | 🞎 |
| Vital signs | | |  | | | | | 🞎 | 🞎 | | | Suction | |  | | | | 🞎 | 🞎 |
| 02 administration | | |  | | | | | 🞎 | 🞎 | | | Chest compressions | |  | | | | 🞎 | 🞎 |
| Bandaging | | |  | | | | | 🞎 | 🞎 | | | Ventilations | |  | | | | 🞎 | 🞎 |
| Traction splint | | |  | | | | | 🞎 | 🞎 | | | **BLS airway adjunct** | |  | | | | 🞎 | 🞎 |
| C-spine immobilization | | |  | | | | | 🞎 | 🞎 | | | Adjunct type: | | | | | | | |
| Long backboard | | |  | | | | | 🞎 | 🞎 | | | **BLS CARE – Other** | | | | | | | |
| Long bone imobilization | | |  | | | | | 🞎 | 🞎 | | | describe / # performed | | | | | | student team | |
| Student physically  involved in lifting patient | | | 🞎 YES 🞎 NO | | | | | | | | | Chest decompression | |  | | | | 🞎 | 🞎 |
| 12 Lead ECG | |  | | | | 🞎 | 🞎 |
| Student Notes | | | | | | | | | | | | Pulse oximetry | |  | | | | 🞎 | 🞎 |

DAILY FIELD INTERNSHIP EVALUATION FORM

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT NAME:** | | | | | | ***Preceptor Instructions:*** Expect your student to show you their objectives and Individual Internship Log and evaluation documents prior to the start of your shift without exception. | | |
| **YES** 🞎 **NO** 🞎 Student brought and reviewed the objectives and forms for their shift | | | | | | | | |
| *Please rate the student in the following categories at the end of the shift* | | | | | | | | |
| **GRADING SCALE** | | | |  | | | **definition** | |
| **4** | Field Competent | | | | | | Employable as a Functioning PD-EMT | |
| **3** | Appropriate for Experience Level | | | | | | *Functioning at level expected in the program (see phases other side)* | |
| **2** | Needs Improvement (see comments below) | | | | | | Needs further practice and education to improve | |
| **1** | Dangerous to Practice (see comments below) | | | | | | Hazard to patients and others | |
| **GRADE (circle) Daily affective aptitude evaluation** | | | | | | | | |
| **4 3 2 1** | | | **Professionalism/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. Reported to clinical assignment on time and in full uniform*  Preceptor comment: | | | | | |
| **4 3 2 1** | | | **Learner Characteristics**: *Demonstrates attendance within the stated program policy, independently seeks out appropriate learning experiences, participates in a multi-skilled approach to patient care, practices required skills, and seeks advice to improve skills, demonstrates the superior delivery of patient care required of a EMT student as stated within the program policy*  Preceptor comment: | | | | | |
| **4 3 2 1** | | | **Communication Skills**: *Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a “student role” appropriate level*  Preceptor comment: | | | | | |
| Student Performance | | | | | | | | |
| **4 3 2 1** | | | **Phase/Shift Objectives:** *Reviews current objectives and performs the tasks to standards outlined. Requests and accepts constructive criticism, takes personal responsibility for self-improvement.*  Preceptor Comment: | | | | | |
| **4 3 2 1** | | | **Psychomotor skills**: *Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently.*  Preceptor Comment: | | | | | |
| Team Leader Evaluation | | | | | | | | |
| **4 3 2 1** | | **Interview**: *Completes comprehensive interviews. Demonstrated active listening* | | | | | | |
| **4 3 2 1** | | **Exam**: *Completes appropriate head-to-toe and/or focused physical exam* | | | | | | |
| **4 3 2 1** | | **Treatment**: *Formulates a field impression and implemented a treatment plan* | | | | | | |
| **4 3 2 1** | | **Skill**: *Interventions performed were complete. Satisfactory and timely* | | | | | | |
| **4 3 2 1** | | **Leadership**: *Set priorities, directed team, and adapted to evolving information* | | | | | | |
| **Yes 🞎 No 🞎** Student successfully lead the EMS team during patient encounters | | | | | | | | |
| Preceptor Comments: | | | | | | | | |
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|  | | | | | | | | |
| Preceptor Signature | | | | | Student Signature | | | Program Review 🞎 |

*Contact Ahed Al Najjar, Clinical Education Manager, or Dr. Ayamn Ahmad, Medical Director with any comments or concerns. Please contact on* [*AAlnajjar@nationalambulance.ae*](mailto:AAlnajjar@nationalambulance.ae) *.*

**Crew Resource Management Score Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Students Name |  | ID number |  | Date |  |
| Type of the call | Medical / Trauma | Possible Diagnosis |  | Preceptor |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **Total** |
| **Crew Leader Identification** | > 6 minutes in the Field, or crew remained unorganized or confused about leadership | 3-6 Minutes in the Field, or the crew seemed unsure of who the leader was | 1-3 Minutes in the Field, but a clear leader was identified | Immediately or before arriving the scene, and the crew leader led the entire Field with confidence |  |
| **Role Assignment** | No roles were assigned; crew was disorganized throughout the patient care | Crew members sometimes switched roles, but tasks were completed | The crew was organized quickly with little confusion and very little role switching. | The crew leader assigned roles immediately at the beginning of the patient care (or before) and everyone remained in their assigned position. |  |
| **Communication** | There was very little or no closed-lope communication between the crewmembers and the leader. | There was some closed-loop communication, but important information wan consistently not relayed to the crew leader. | The crew made an effort to communicate effectively with each other and the leader, but some important information was not relayed. | The crew communicated well. The leader consistently used closed-loop communication and all-important information was received. |  |
| **Team Dynamic/ Body Language** | The crew seemed afraid to make suggestions and there was very little nose or eye contact during patient care | The crew seemed to want to provide information, but they did not say it, or body language suggested that had question but they did not ask them. | The crewmembers hesitated, but did ask questions and provide some suggestions to the ream or leader. | The crew seemed confident when making suggestions to the leader or other crewmember. Eye contact was often made and ideas were well received. |  |
|

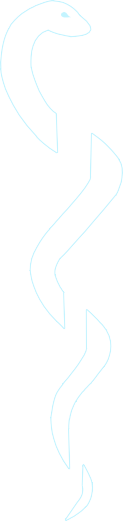
|  |  |
| --- | --- |
| **Scoring Criteria** | |
| **Score Range** | **Criteria** |
| **4‒8** | **Means that the crew needs more guidance. A root cause should be determined by the facilitator based on the scores and what actions or inactions were observed in the Field.** |
| **9‒12** | **Mean that the crew has some cohesion, but needs more practice.** |
| **13‒16** | **Mean that the crew is functioning very well together and that they have learned to communicate properly.** |

Preceptor Comments:

Students signature: Date:

**EMT EDUCATION CLINICAL EDUCATION**

**EMT PRACTICUM LOGBOOK**



**Appendices**

**Emergency Medical Science Program**

**Hospital Rotations**

|  |
| --- |
| **Hospital Rotations** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **Level:** |  |
| **ID Number:** |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Site** | **Department/Station** | **In** | **Out** | **Total hours** | **Preceptor Printed Name** |
| 18/04/2020 | Qassmi Hospital | Emergency Room | 0700 | 1900 | 12 hrs | Daniel / Neamah |
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| **Student Signature** |  |
| **Date of Completion** |  |
| **Total Hours Completed** |  |
| **Clinical Coordinator** |  |

**Ambulance Rotations**

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| --- |
| **Ambulance Rotations** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **Level:** |  |
| **ID Number:** |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Site** | **Department/Station** | **In** | **Out** | **Total hours** | **Preceptor Printed Name** |
| 18/04/2020 | Responder | Sharjah/ Mouilih station | 0600 | 1800 | 12hrs | Bahaa |
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| **Student Signature** |  |
| **Date of Completion** |  |
| **Total Hours Completed** |  |
| **Clinical Coordinator** |  |

**EMT PROGRAM**

**EVALUATION OF CLINICAL PERFORMANCE**

Name of Student: Student Number: Name of Hospital: Area of Assignment: Date of Assignment: Final Rating:

***(Instruction to Preceptors: Please rate the performance of the student using this evaluation tool, write your comment/s below)***

|  |  |  |
| --- | --- | --- |
| **NO.** | **SKILLS** | **Rating** |
| ***A. Professional Values (30%)*** | | |
| 1 | Attendance and Punctuality |  |
| 2 | Behavior and Attitude |  |
| 3 | Reports to appropriate person in-charge |  |
| 4 | Wear the prescribed uniform. |  |
| 5 | Respect authority and demonstrate assertiveness |  |
| 6 | Responsibility and self confidence |  |
| ***B. Assessment of Skills Performance and Communication Abilities (70%)*** | | |
| 1 | Perform body substance isolation (e.g. hand washing; gloving; mask; goggles etc) |  |
| 2 | Identify various equipment and instruments needed in a procedure. |  |
| 3 | Able to prepare and maintain equipment and instruments. |  |
| 4 | Perform procedure correctly and systematic. |  |
| 5 | Maintain legal and ethical values when performing a procedure. |  |
| 6 | Able to maintain safety and security to client and other member of the health team when performing procedure. |  |
| 7 | Able to communicate effectively with other members of the health team. |  |
| 8 | Able to abide standard operating procedures in the area of  assignment. |  |
| 9 | Strictly follow aseptic technique when doing a procedure. |  |
| 10 | Able to accomplish work on time. |  |

**(Ratings: Poor = 1; Fair = 2; Good = 3; Very Good = 4; Excellent = 5) Comment/s:**

Name and Signature of Preceptor:

**EMT PROGRAM EVALUATION OF CLINICAL PERFORMANCE**

Name of Student: Student Number: Name of Hospital: Area of Assignment: Date of Assignment: Final Rating:

***(Instruction to Preceptors: Please rate the performance of the student using this evaluation tool, write your comment/s below)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NO** | **PERFORMANCE FACTORS** | **1** | **2** | **3** | **4** | **5** |
| **A. PROFESSIONAL VALUES (Attitude 30%)** | | | | | | |
| 1 | Attendance and Punctuality |  |  |  |  |  |
| 2 | Behavior and Attitude |  |  |  |  |  |
| 3 | Reports to appropriate person in-charge |  |  |  |  |  |
| 4 | Wears the prescribed uniform |  |  |  |  |  |
| 5 | Respects authority and demonstrates assertiveness |  |  |  |  |  |
| 6 | Responsibility and self confidence |  |  |  |  |  |
| **B. PSYCHOMOTOR (Skills 40%)** | | | | | | |
| 1 | Performs skills assessment of client with health problems |  |  |  |  |  |
| 2 | Assists health care team member in doing routine tasks |  |  |  |  |  |
| 3 | Prepares and maintains equipment and instruments |  |  |  |  |  |
| 4 | Practices proper documentation |  |  |  |  |  |
| 5 | Accomplishes work on time |  |  |  |  |  |
| 6 | Organizes and prioritizes job |  |  |  |  |  |
| 7 | Practices standard safety precautions |  |  |  |  |  |
| 8 | Provides safe and appropriate care to client’s health  problem |  |  |  |  |  |
| **C. COGNITIVE (Knowledge 30%)** | | | | | | |
| 1 | Communicates using scientific and medical terminology |  |  |  |  |  |
| 2 | Knows the standard precautions necessary for all clinical procedures |  |  |  |  |  |
| 3 | Demonstrates mastery of skills and competencies |  |  |  |  |  |
| 4 | Maintains legal and ethical values when giving care to client |  |  |  |  |  |
| 5 | Provides appropriate and relevant health teachings to  clients |  |  |  |  |  |
| 6 | Knows proper protocol in the delivering care to client |  |  |  |  |  |

**Ratings Legend:**

**1 – Poor; 2 – Fair; 3 – Good; 4 – Very Good; 5 - Excellent Comment/s:**

**Name and Signature of Preceptor: Position:**

**PREHOSPITAL EMERGENCY MEDICINE**

##### CLINICAL TIME REQUEST

**Student’s Name: Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SITE** | **UNIT/DEPT** | **DATE** | **SHIFT** |  |
| 1) |  |  |  | □Approved |
| NOTES: | | | | □Not approved |
| 2) |  |  |  | □Approved |
| NOTES: | | | | □Not approved |
| 3) |  |  |  | □Approved |
| NOTES | | | | □Not approved |

Clinical Coordinator

## PREHOSPITAL EMERGENCY MEDICINE

##### CLINICAL TIME REQUEST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SITE** | **UNIT/DEPT** | **DATE** | **SHIFT** |  |
| 1) |  |  |  | □Approved |
| NOTES: | | | | □Not approved |
| 2) |  |  |  | □Approved |
| NOTES: | | | | □Not approved |
| 3) |  |  |  | □Approved |
| NOTES | | | | □Not approved |

Clinical Coordinator

##### WARNING REPORT

Date:

Student’s Name: Student Number:

Please be informed that this serves as your:

First Warning

Second Warning

Third Warning (To report to the Supervisor General)

Fourth Warning (Dismissal from the Program)

For being (state the reason)

Witness: Clinical Instructor

Noted By:

Conform:

Student’s Signature over Printed Name

Approved by:

Clinical Coordinator Supervisor General

**EMS Program Student Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that I have read and understand the policies outlined and described in the EMT Student Clinical Manual with regard to National Ambulance – EMT B Project Program. I agree to abide by said agreement and fully understand the implications and consequences of failure on my part. I further agree that I shall indemnify and hold harmless any and all agencies, faculty, staff, and examiners from all lawsuits, actions or claims of any type or form brought on, or as a result of, any person, equipment, or property connected with this course. I hereby acknowledge receipt of a copy of this document prior to commencement of said course.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT CONTRACT**

The National Ambulance Emergency Medical Science Education Program has established an EMT curriculum for teaching students who desire to receive certification as an Emergency Medical Technician-Basic. As part of the requirements for this certification, one must participate in clinical rotations at all hospitals and emergency ambulance services that have an affiliation with the International standard.

As a student, I fully understand that the privilege of participating in these internships is based on my conformance with the following requirements:

1. I agree to arrive at my clinical assignments on time and to stay the entire length of the assigned time. In the unlikely event that I cannot go to the rotation as scheduled or stay the entire length of the rotation, I agree to call the Hospital/ER supervisor or National Ambulance Clinical Educator/ Preceptor. I will attempt to call as early as possible to cancel the rotation and/or before leaving a clinical rotation site early.

\*\* (Not notifying your clinical educator and emailing the Clinical Coordinator about being absent will result in a NO CALL NO SHOW).

1. Should I miss a clinical rotation or leave early, I understand that I must make it up at the discretion of the EMS Clinical Coordinator/Preceptor. I also understand that if I excessively miss more than 3 clinical rotations, that I will be met with immediate disciplinary action and violators are subject up to dismissal from the program.
2. I agree to follow the dress code that is appropriate for the type of rotation that I am doing, as outlined in the Student Handbook/Guidelines.
3. I agree to conduct myself in a professional manner and to show respect to both patients and medical personnel with whom I will be working.
4. I agree to report to the National Ambulance Clinical Educator/ Preceptor at the beginning of my rotation and to willingly perform all duties assigned to me to the best of my ability.
5. I agree to render care in the manner in which I have been taught in my EMT classes and not to render care that is beyond the training that I have received in those classes. I also agree to inform the Clinical Instructor/ Preceptor if he should assign duties that are beyond the scope of this training.
6. I agree to observe accepted rules of confidentiality. Specifically, I agree to refrain from discussing the patient’s condition with him, his family, or anyone other than medical personnel directly responsible for his care. I will not make any unauthorized copies of patient information. I also agree to refer to my National Ambulance Clinical Instructor/ Preceptor any questions that the patient or his family may ask. **I also understand that a violation of a patient’s right to confidentiality will subject me to disciplinary action and/or dismissal from the program.**
7. Should I have questions about the care that a patient has received, I agree not to dispute the care in the presence of the patient or his family and further agree to choose an appropriate time and place to discuss the matter with the medical personnel involved and with the National Ambulance Clinical Instructor, Clinical Preceptor, Clinical Coordinator, and/or Program Director
8. I agree to actively participate in the care of each patient to whom I am assigned and not to limit my attentions to those who are considered to be “interesting” patients.
9. I understand that while on clinical rotations, the National Ambulance Clinical Instructor/ Preceptor or charge person has full and final authority in directing patient care.
10. I will expressly follow, without hesitation, any directions by the NA Clinical Instructor/ Preceptor or ambulance commanders in regards to safety and regulations
11. Receiving or placing calls or other use of cellular phones while performing clinical rotations is expressly forbidden. Cellular phones, pagers, and/or radios will be turned off while at the clinical sites.
12. Any breach of the above requirements will cause me to forfeit the privilege of doing clinical rotations until the situation can be resolved with the NA Clinical Coordinator/ Preceptor.
13. Any falsification of ANY clinical, classroom or lab documentation is unacceptable and grounds for removal from the EMS Program

\*\*\*Any violation of anything declared in the EMS Clinical logbook is unacceptable and subject to disciplinary actions or removal from the EMS Program. \*\*\*Disciplinary action will be a case by case basis and will be decided by the National Ambulance Program Director, Clinical Coordinator/ Preceptor, Medical Director and ALL EMS Program Faculty.

I have read and understand the policies outlined in the logbook and this Student Contract. I understand that I may have to attend clinical rotations on days I am scheduled to work. It is my responsibility to make arrangements with my employer to be at the scheduled clinical site