



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

2018-2019 NCH Paramedic Program Emergency Dept Clinical Activity Performance Form

Name:			Date:		Hospital:		Time in:		Time out:	
Please rate the student's performance (box "P") after the student rates him/herself ("S"), based on the following scale:										
NA=not applicable; observed only		2=Successful/competent; no prompting necessary		1=Not yet competent; marginal or inconsistent; needs assistance or direction; includes partial attempts			0=Unsuccessful; requires critical or excessive prompting; inconsistent performance; includes not attempted when expected to try			
1.	Age / Gender	CC/S&S:		BP	P	R	SpO2	ETCO2	T	
A:		M:		P:		L:		E:		
Airway/Breathing				Circulation			O:		P:	
							Q:		R:	
							S:		T:	
Disability/Neuro:				GCS:		Secondary Assessment				
				E: V: M:						
Skills, interventions						Impression:		Comments		Rating
										P S
2.	Age/gender	CC:		BP	P	R	SpO2	ETCO2	T	
A:		M:		P:		L:		E:		
Airway/Breathing				Circulation			O:		P:	
							Q:		R:	
							S:		T:	
Disability/Neuro:				GCS:		Secondary Assessment				
				E: V: M:						
Skills, interventions						Impression:		Comments		Rating
										P S



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3.	Age / Gender	CC/S&S:	BP	P	R	SpO2	ETCO2	T	
A:	M:	P:	L:	E:					
Airway/Breathing		Circulation		O:		P:			
				Q:		R:			
				S:		T:			
Disability/Neuro:		GCS:	Secondary Assessment						
		E: V: M:							
Skills, interventions				Impression:		Comments		Rating	
								P	S
4.	Age / Gender	CC/S&S:	BP	P	R	SpO2	ETCO2	T	
A:	M:	P:	L:	E:					
Airway/Breathing		Circulation		O:		P:			
				Q:		R:			
				S:		T:			
Disability/Neuro:		GCS:	Secondary Assessment						
		E: V: M:							
Skills, interventions				Impression:		Comments		Rating	
								P	S



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5.	Age / Gender	CC/S&S:	BP	P	R	SpO2	ETCO2	T
A:	M:	P:	L:	E:				
Airway/Breathing		Circulation		O:		P:		
				Q:		R:		
				S:		T:		
Disability/Neuro:		GCS:	Secondary Assessment					
		E: V: M:						
Skills, interventions				Impression:	Comments		Rating	
							P	S
6.	Age / Gender	CC/S&S:	BP	P	R	SpO2	ETCO2	T
A:	M:	P:	L:	E:				
Airway/Breathing		Circulation		O:		P:		
				Q:		R:		
				S:		T:		
Disability/Neuro:		GCS:	Secondary Assessment					
		E: V: M:						
Skills, interventions				Impression:	Comments		Rating	
							P	S



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7.	Age / Gender	CC/S&S:	BP	P	R	SpO2	ETCO2	T	
A:	M:	P:	L:	E:					
Airway/Breathing		Circulation		O:		P:			
				Q:		R:			
				S:		T:			
Disability/Neuro:		GCS:	Secondary Assessment						
		E: V: M:							
Skills, interventions				Impression:		Comments		Rating	
								P	S

8.	Age / Gender	CC/S&S:	BP	P	R	SpO2	ETCO2	T	
A:	M:	P:	L:	E:					
Airway/Breathing		Circulation		O:		P:			
				Q:		R:			
				S:		T:			
Disability/Neuro:		GCS:	Secondary Assessment						
		E: V: M:							
Skills, interventions				Impression:		Comments		Rating	
								P	S



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9.	Age / Gender	CC/S&S:	BP	P	R	SpO2	ETCO2	T	
A:	M:	P:	L:	E:					
Airway/Breathing		Circulation		O:		P:			
				Q:		R:			
				S:		T:			
Disability/Neuro:		GCS:	Secondary Assessment						
		E: V: M:							
Skills, interventions				Impression:		Comments		Rating	
								P	S

10.	Age / Gender	CC/S&S:	BP	P	R	SpO2	ETCO2	T	
A:	M:	P:	L:	E:					
Airway/Breathing		Circulation		O:		P:			
				Q:		R:			
				S:		T:			
Disability/Neuro:		GCS:	Secondary Assessment						
		E: V: M:							
Skills, interventions				Impression:		Comments		Rating	
								P	S



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ADDITIONAL SPACE FOR ASSESSMENTS, QUICK SKILLS, ETC.

Student reflection on experience: What did you learn in this clinical rotation that can be applied to your role as a paramedic? What can you do better now than before the experience? What additional knowledge/skill practice/patient engagement opportunities do you need before you gain competency in caring for emergent patients? How could this experience have been improved to meet your learning needs? (Must be completed for credit to be awarded; cont. on back if needed)

PROFESSIONAL AFFECTIVE BEHAVIOR OBJECTIVES (use Rating Scale on page 1)

Professional Characteristic	Rating	Comments
Integrity / honesty: honors confidential nature of patient information; can be trusted with others' property; accurately documents learning activities		
Empathy: sensitive to and respectful of patient's/family's feelings; responds to patient's emotions w/ helpful demeanor; supportive and reassuring to others		
Self-motivation: takes initiative to complete assignments; follows through to complete tasks; adjusts performance based on constructive feedback; strives for excellence; takes advantage of and shows enthusiasm for learning opportunities.		
Appearance: clothing/uniform clean and well-maintained; good personal hygiene and grooming; presents a positive image of EMS		
Self-confidence: projects trust in personal judgment to patients; aware of strengths and limitations		
Time management: punctual; completes assigned tasks on time		
Respect: polite in behavior and speech; demonstrates consideration, dignity, and esteem for coworkers and customers; conducts self in a way that brings credit to the profession		
Careful delivery of service: makes critical decisions based on ethical, legal and moral standards; follows orders and adheres to policies, procedures, and protocols		
Preceptor printed name and signature	Preceptor printed name and signature	