

2019-2020 Northwest Community Healthcare Paramedic Program Intensive Care Unit Clinical Activity Form

Name:		Date:		Hospital:		Time in:		Time out:			
Preceptors: Rate student's performance (under "P") <u>AFTER</u> the student rates him/herself (under "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; required critical or excessive prompting; inconsistent performance; indicate if an assessment/skill was not attempted when student was expected to try					
1. Age: Gender:		<u>Admitting</u> chief complaint/ Presenting S&S / Event preceding admission				<u>Current</u> diagnosis/es					
PMH				Current medications							
BP		HR		RR		Temp		SpO2 _____ on _____ O2		ETCO2 _____ waveform _____	
Airway		Breathing			Circulation			Disability / Neuro			
Airway maintained by (list / explain if adjuncts in use) Abnormal sounds (noted w/out stethoscope)		Inspection: Gen rate Depth Effort Accessory muscle use Symmetry of chest movement Auscultation Color of skin and mucous membranes			Pulses: Compare central vs peripheral re: Gen rate Quality Skin: color, temp, moisture Skin turgor ECG rhythm			GCS: _____			
								<table border="1"> <tr> <td>E</td> <td>V</td> <td>M</td> </tr> </table>			E
E	V	M									
								Pupil size			
								Shape			
								Symmetry			
								Reactivity			
								Glucose if recent			
								Motor			
								Sensory			
Activities: List all BLS & ALS skills performed (Incl med name, dose/route; IV gauge/location/rate, other specifics)								Student rating		Preceptor rating and comments if any	



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			Sensory		

Activities: List all BLS & ALS skills performed (Incl med name, dose/route; IV gauge/location/rate, other specifics)	Student rating	Preceptor rating and comments if any
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Note additional ASSESSMENTS/notes/ observed experiences/skills performed

PRECEPTORS PLEASE RATE: 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		

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)

 Preceptor name (PRINT)

 Preceptor signature / credentials

 Preceptor name (PRINT)

 Preceptor signature / credentials