

2022-2023 NCH Paramedic Program Emergency Dept Clinical Activity Form

Name:			Date:		Hospital:			Time in:		Time out:	
1.	Age / Gender	CC/S&S:	BP	P	ECG	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								
Skills, Interventions			M		Comments:					Rating: P	
			Impression:					Rating: S			

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2.	Age / Gender	CC/S&S:	BP	P	ECG	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						Comments:			Rating: P
						Impression:			Rating: S

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3.	Age / Gender	CC/S&S:	BP	P	ECG	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						
Skills, Interventions			M		<div>Comments:</div> <div>Rating: P</div> <div>Impression:</div> <div>Rating: S</div>				

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4.	Age / Gender	CC/S&S	BP	P	ECG	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					Comments:				Rating: P
					Impression:				Rating: S

2022-2023 NCH Paramedic Program Emergency Dept Clinical Activity Form

5.	Age / Gender	CC/S&S	BP	P	ECG	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						Comments:			Rating: P
						Impression:			Rating: S

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6.	Age / Gender	CC/S&S	BP	P	ECG	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						Comments:			Rating: P
						Impression:			Rating: S

2022-2023 NCH Paramedic Program Emergency Dept Clinical Activity Form

7.	Age / Gender	CC/S&S	BP	P	ECG	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					Comments:				Rating: P
					Impression:				Rating: S

2022-2023 NCH Paramedic Program Emergency Dept Clinical Activity Form

8	Age/ Gender	CC/S&S	BP	P	ECG	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					Comments:			Rating: P	
					Impression:			Rating: S	

2022-2023 NCH Paramedic Program
Emergency Department Clinical Activity Form: Quick Skills / Reflection / Preceptor Evaluation

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. Continue on back if needed**

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Professional Affective Behaviors: Preceptor(s): Please rate the student's performance based on the following scale:

2: Meets all expectations: no prompting or coaching needed	1: Meets some, but not all expectations; inconsistent performer.	0: Does not meet expectations. Explain
Professional characteristics		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 and follows through to complete assignments/tasks; adjusts performance based on constructive feedback; strives for excellence; takes advantage of & shows enthusiasm for learning opportunities.		
Appearance/personal hygiene: 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		
Communication: Speaks clearly; maintains appropriate interactions/language even in difficult situations or when unmonitored; writes legibly; adjusts communication strategies to various situations.		
Time management: punctual; completes assigned tasks on time		
Attitude/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		
Patient advocacy/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 & Signature		Preceptor printed name & Signature