Emergency Medical Technician – Basic

Clinical Evaluation Form

**NOTE TO PROCTOR:**  Thank you for acting as this student’s Clinical Instructor and Proctor. The main goal of this clinical experience is to expose this student to as many patients as possible, and assist them in achieving competency in the skills listed below.

**DIRECTIONS:** Please check the most appropriate box as you review the student’s performance with them following their clinical time. Please provide positive reinforcement as well as constructive criticism.

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRECEPTOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOSPITAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key: 1 = Observed Only**

**2= Satisfactory Performance**

**3= Needs Improvement**

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| **PROFESSIONALISM & ATTITUDE** | **1** | **2** | **3** | **notes** |
| Did the student arrive on time |  |  |  |  |
| Was the student clean and well groomed |  |  |  |  |
| Was the student appropriately dressed |  |  |  |  |
| Did the student follow directions |  |  |  |  |
| Was the student receptive to constructive criticism |  |  |  |  |
| Did the student ask appropriate questions |  |  |  |  |
| Did the student use proper language while dealing with patients and staff |  |  |  |  |
| Was the student confident |  |  |  |  |

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| **ASSESSMENT SKILLS** | **1** | **2** | **3** | **notes** |
| Identification of chief complaint |  |  |  |  |
| Primary assessment (recognition of life threats) |  |  |  |  |
| Secondary assessment (head to toe) |  |  |  |  |
| History taking |  |  |  |  |
| Vital signs |  |  |  |  |
| Neuro exam |  |  |  |  |
| Breath sounds |  |  |  |  |

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| **AIRWAY AND OXYGEN THERAPY** | **1** | **2** | **3** | **notes** |
| Use of nasal cannula |  |  |  |  |
| Use of non-rebreather mask |  |  |  |  |
| Use of oropharyngeal airway |  |  |  |  |
| Use of nasopharyngeal airway |  |  |  |  |
| Suctioning posterior pharynx |  |  |  |  |

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| **BASIC LIFE SUPPORT** | **1** | **2** | **3** | **notes** |
| Use of pocket mask |  |  |  |  |
| Use of bag-valve-mask |  |  |  |  |
| Cardiac compressions |  |  |  |  |

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| **WOUND CARE** | **1** | **2** | **3** | **notes** |
| Control of bleeding |  |  |  |  |
| Identify types and severity of open wounds |  |  |  |  |
| Apply dressings and bandages |  |  |  |  |
| Utilize Appropriate BSI |  |  |  |  |

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| **ORTHOPEDIC CARE** | **1** | **2** | **3** | **notes** |
| Knowledge of musculoskeletal anatomy |  |  |  |  |
| Apply manual stabilization |  |  |  |  |
| Assist in application of splint or cast |  |  |  |  |

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| **ALS ASSIST SKILLS** | **1** | **2** | **3** | **notes** |
| Attach cardiac monitor to patient |  |  |  |  |
| Set up IV line |  |  |  |  |
| Prepare intubation equipment |  |  |  |  |

**Comment on student’s strengths:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Comment on student’s weaknesses:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Proctor

* **If you have any questions or problems, please feel free to contact Tina Pirc at 815-838-6941, ext. 1024.**

Comments by student concerning this clinical experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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