



# Daily Hospital Clinical Evaluation Form

## WKU Public Health / KEMSA

All information above the bold double line is mandatory for all EMS incidents. Below the double line check or fill in all that apply

<b>STUDENT NAME:</b>				<b>PRECEPTOR NAME:</b>			
<b>ASSESSMENTS</b>		<b>SKILLS</b>		<b>SHIFT ENTRY</b>		<b>CLINICAL UNIT</b>	
Abdominal/GI	OD – Poison	Patient Assessment Medication Administration Endotracheal Intubation ALS Advanced Airway ALS Electrical Therapy IV Access BLS Skills and Care ALS Care – other skills observed or performed	Date:		ED	<input type="checkbox"/>	
Respiratory	Psychiatric seizure		Time:		CCU	<input type="checkbox"/>	
Cardiac	Sepsis/Infection		Total Hours:		ICU	<input type="checkbox"/>	
CVA/TIA	Other medical (includes AMS)		Total # of Patients:		OR	<input type="checkbox"/>	
Diabetic	Other neuro				PSYC	<input type="checkbox"/>	
DOA – NO CPR	Trauma-				PEDS	<input type="checkbox"/>	
OB – Birth/Delivery	Abd/Chest/Extremities/Head/			OB/L&D	<input type="checkbox"/>		
GYN/Labor	Multi-system/Neck & Back						

ALS IV ACCESS							ALS ADVANCED AIRWAY						
FLUID	IV/IO ATTEMPTS	IV/IO SUCCESS	SITE	IV GAUGE	STUDENT	TEAM	AIRWAY TYPE	AIRWAY # ATTEMPTS	SUCCESS	ET SIZE	STUDENT	TEAM	
					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	

ALS ELECTRICAL THERAPY					ALS MEDICATION ADMINISTRATION				
ELECTRICAL THERAPY	ENERGY LEVELS	STUDENT	TEAM	DRUG	DOSE	ROUTE	STUDENT	TEAM	
MANUAL DEFIBRILLATION		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
AUTOMATED DEFIBRILLATION		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
TRANSCUTANEOUS PACING		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
SYNCHRONIZED CARDIOVERSION		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

BLS CARE				ALS CARE – OTHER			
DESCRIBE / # SKILLS PERFORMED	BY STUDENT	BY TEAM	DESCRIBE / # PERFORMED	BY STUDENT	BY TEAM		
PHYSICIAN COMMUNICATION			AUTOMATIC VENTILATOR				
BANDAGING/WOUND MANAGEMENT			BLOOD GLUCOSE-GLUCOMETER				
TRACTION SPLINT			CAPNOMETRY				
SUCTION			CAROTID SINUS MASSAGE / VALSALVA MANEUVER				
OROPHARYNGEAL AIRWAY			CENTRAL IV LINE				
NASOPHARYNGEAL AIRWAY			CHEST TUBE				
VITAL SIGNS			CHEST DECOMPRESSION / CRICOTHYROIDOTOMY				
C-SPINE IMMOBILIZATION			HEMODYNAMIC WAVEFORMS AND MONITORING				
JOINT IMMOBILIZATION			FOLEY CATHETER				
VENTILATE			NG TUBE				
MOVEMENT OF PATIENT			OTHER _____				
LONG BACKBOARD IMMOBILIZATION			PULSE OXIMETRY				
LONG BONE IMOBILIZATION			12 LEAD ECG (DESCRIBE ANALYSIS)		BY STUDENT		
CHEST COMPRESSIONS							
OXYGEN							

**ASSESSMENTS LOG** - \* Place a "0" in this column for an observed pt. exam and interview. Place a "P" for a performed examination and interview

*0/P	Pt.	Age	Sex	Ethnicity	Primary Field Impression (select from assessment list)	EKG	MOI	LOC-AVPU	Significant BP	Syncopy	Initials
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										

## DAILY HOSPITAL CLINICAL EVALUATION FORM

<b>STUDENT NAME:</b>	<b>PRECEPTOR NAME:</b>
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USE THIS SECTION FOR SPECIALTY UNITS _____					
	Gender M F	Ethnicity	Problem/Possible Diagnosis Field Impression	Brief Patient History Leading to Procedure/Treatment	Student Comments
1					
2					
3					
4					
5					
6					
7					

**YES**  **NO**  Student brought and reviewed the objectives and forms for their clinical rotation

*Please evaluate the student in the following categories at the end of their hospital clinical rotation*

**GRADING SCALE**

- 4** Proficient – Field Competent
- 3** Acceptable – Appropriate for Experience
- 2** Needs Improvement (see comments)
- 1** Dangerous to Practice

**DEFINITION**

- Employable as a functioning Paramedic*
- Functioning at level expected in the program (see phases other side)*
- Needs further practice and education to improve*
- Hazard to patient and others*

GRADE	DAILY AFFECTIVE APTITUDE EVALUATION
4 3 2 1	<p><b>Professionalism/Attitude:</b> <i>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</i></p> <p>COMMENT:</p>
4 3 2 1	<p><b>Learner Characteristics:</b> <i>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 paramedic student as stated within the program policy</i></p> <p>COMMENT:</p>
4 3 2 1	<p><b>Communication Skills:</b> <i>Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a "student role" appropriate level</i></p> <p>COMMENT:</p>

**Preceptor Comments:**

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Preceptor Signature	Student Signature	Date
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Contact Roger "Sarge" Cropper, Program Coordinator, or Lee Brown, KEMSA Director with any comments or concerns. Please call the WKU/KEMSA Office at (270)745-5865.

Program Review <input type="checkbox"/> _____
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