

<div>FLORIDA GATEWAY COLLEGE EMS PROGRAMS Lake City, Florida</div>		<div>Daily Hospital Clinical Evaluation Form</div> <div><input type="checkbox"/> EMS-2435 Paramedic I <input type="checkbox"/> EMS-2436 Paramedic II <input type="checkbox"/> EMS-2437 Paramedic III</div> <div><input type="checkbox"/> EMS-1431 EMT HOSPITAL / FIELD EXPERIENCE (EMT PROGRAM)</div> <div>All information above the bold double line is mandatory for all EMS incidents. Below the double line check or fill in all that apply as applicable to the student’s level of training. <i>ALS indicates skill is applicable to the paramedic students only – not permitted for EMT students.</i></div>																							
STUDENT NAME:						PRECEPTOR NAME:																			
ASSESSMENTS			SKILLS			SHIFT ENTRY			CLINICAL UNIT																
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 Triage ICU/CCU Mental Health OR/Anes PEDS CLINIC OB/L&D		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
Respiratory		Psychiatric				Time:																			
Cardiac		Seizure				Total Hours:																			
CVA/TIA		Sepsis/Infection				Total # of Patients:																			
Diabetic		Other medical (includes AMS)																							
DOA – NO CPR		Other neuro																							
OB – Birth/Delivery		Trauma-																							
GYN/Labor		Abd/Chest/Extremities/Head/ Multi-system/Neck & Back																							
ALS IV ACCESS (PARAMEDIC STUDENTS ONLY)												ADVANCED AIRWAY (EMT AND PARAMEDIC STUDENTS)													
FLUID		IV/IOATTEMPTS		IV/IOSUCCESS		SITE		IVGAUGE		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"/>	
ECG INTERPRETATION (Paramedic students only)												MEDICATIONS (EpiPen, MDIs, & Nitroglycerin only for EMTs)													
ELECTRICAL THERAPY				ENERGY LEVELS				STUDENT		TEAM		DRUG				DOSE		ROUTE		STUDENT		TEAM			
MANUAL DEFIBRILLATION (ALS)								<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 (ALS)								<input type="checkbox"/>		<input type="checkbox"/>										<input type="checkbox"/>		<input type="checkbox"/>			
SYNCHRONIZED CARDIOVERSION (ALS)								<input type="checkbox"/>		<input type="checkbox"/>										<input type="checkbox"/>		<input type="checkbox"/>			
BLS CARE (EMT AND PARAMEDIC STUDENTS)												ALS CARE – OTHER (Paramedic students only)													
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 – ATTACH EKG FORM WHEN POSSIBLE)						BY STUDENT							
CHEST COMPRESSIONS																									
OXYGEN																									
ASSESSMENTS LOG - * Place a “0” in column for an observed 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 (ALS)	MOI	LOC- AVPU	Significant VS	Syncopy	Initials												
	1																								
	2																								
	3																								
	4																								
	5																								
	6																								
	7																								
	8																								
	9																								

# DAILY HOSPITAL CLINICAL EVALUATION FORM - FGC

<b>STUDENT NAME:</b>	<b>PRECEPTOR NAME:</b>
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USE THIS SECTION FOR SPECIALTY UNITS: (circle the appropriate unit) ED – Triage - ICU - CCU - PEDS CLINIC - L&D - OTHER ____					
	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

- Functioning as an entry level EMT or Paramedic as appropriate*
- Functioning at level expected in the program*
- Needs further practice and education to improve*
- Hazard/Potentially Unsafe to patient and others*

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

**Preceptor Comments:**

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Preceptor Signature	Student Signature	Date
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Contact John Gosford, EMS Coordinator, with any comments or concerns at voice mail/office number 386.754.4292. If necessary to contact the coordinator immediately, call John Gosford at 850.528.0283. Electronic submission of student information and performance can be done by the preceptor, please contact EMS Coordinator for further information. All information shall be entered into FISDAP according to syllabus.

Program Review ☐ \_\_\_\_\_