



**Central DuPage EMS System  
Paramedic Program  
Clinical Evaluation Form**

Fax completed form to 630-933-2441 or email to [tiffani.clausen@nm.org](mailto:tiffani.clausen@nm.org)

NOTE: **Print Clearly**

Name:		Time IN:	RN/MD Initials
Preceptor Name:		Date:	Time OUT: RN/MD Initials
Preceptor Signature:		Clinical Site: INTERVENTIONAL CARDIOLOGY LAB CENTRAL DUPAGE HOSP	
<b>DIRECTIONS:</b> Please rate the student based on the guidelines below. Please cite examples, instances, or reasons when rating <u>Either "0" (does not meet standard) OR "3" (exceeding standard)</u> in the comments section.			
<b>3 = Exceeds standard</b>	Student provides a model for this standard to peers. Requires little or no oversight or supervision. ("A" level performance)		
<b>2 = More than minimally meets standard:</b>	Student demonstrates more than mere competence on this standard. Requires some oversight and supervision regarding this standard. Skill is advancing. ("B" level performance)		
<b>1 = Meets standard:</b>	Student demonstrates competence on this standard. Requires significant oversight and supervision consistent with entry-level competence regarding this standard. ("C" level performance)		
<b>0 = Does not meet standard:</b>	Student does not demonstrate minimal competence on this standard. Requires constant oversight and close supervision.		
Performance	Activity		
3 2 1 0	*Monitors and interprets ECG		
3 2 1 0	*Verbalizes understanding of cardiac pathophysiology		
3 2 1 0	Correctly identifies abnormal ECG		
3 2 1 0	Observes / performs defibrillation		
3 2 1 0	Observes /performs synchronized cardioversion		
3 2 1 0	Observes / performs transcutaneous pacing		
3 2 1 0	Observes placement of transvenous pacemaker		
3 2 1 0	*Communicates effectively with staff, patients, caregivers		
3 2 1 0	*Demonstrates readiness to learn		
3 2 1 0	*Demonstrates use of proper PPE		
3 2 1 0	Demonstrates proper medication administration:		
3 2 1 0	<ul style="list-style-type: none"> <li>• 6 Rights of medication administration</li> </ul>		
3 2 1 0	<ul style="list-style-type: none"> <li>• Uses proper aseptic technique to draw up and administer</li> </ul>		
3 2 1 0	<ul style="list-style-type: none"> <li>• Monitors patient for desired effect / side effect / adverse reaction</li> </ul>		
3 2 1 0			
3 2 1 0			
3 2 1 0			
PRECEPTORS:	*Items are <b>required</b> for evaluation. Other skills are only if completed.		

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Student Name \_\_\_\_\_ Date: \_\_\_\_\_

Please complete a section for each patient you observe

\*\*\* If you have observed more than 4 patients, complete additional forms \*\*\*

<b>Patient #1:</b> Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Procedure Observed:</b> <input type="checkbox"/> Elective <input type="checkbox"/> Emergency
Diagnosis:	
ECG Rhythm(s) Observed:	
Comments:	
<b>Patient #2:</b> Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Procedure Observed:</b> <input type="checkbox"/> Elective <input type="checkbox"/> Emergency
Diagnosis:	
ECG Rhythm(s) Observed:	
Comments:	
<b>Patient #3:</b> Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Procedure Observed:</b> <input type="checkbox"/> Elective <input type="checkbox"/> Emergency
Diagnosis:	
ECG Rhythm(s) Observed:	
Comments:	
<b>Patient #4:</b> Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Procedure Observed:</b> <input type="checkbox"/> Elective <input type="checkbox"/> Emergency
Diagnosis:	
ECG Rhythm(s) Observed:	
Comments:	