



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

Fax completed form to 630-933-2441 or email to 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: Pediatric Emergency Department Shift #:	
DIRECTIONS: Please rate the student based on the guidelines below. Please cite examples, instances, or reasons when rating either "0" (does not meet standard) OR "3" (exceeding standard) in the comments section.			
3 = Exceeds standard	Student provides a model for this standard to peers. Requires little or no oversight or supervision. ("A" level performance)		
2 = More than meets standard:	Student demonstrates more than mere competence on this standard. Requires some oversight and supervision regarding this standard. ("B" level performance)		
1 = Meets standard:	Student demonstrates competence on this standard. Requires significant oversight and supervision consistent with entry-level competence regarding this standard. ("C" level performance)		
0 = Does not meet standard:	Student does not demonstrate minimal competence on this standard. Requires constant oversight and close supervision.		
Performed	Professional Characteristics		
3 2 1 0	Integrity: Consistent honesty, trusted with property of others; trusted with confidential information; complete and accurate documentation		
3 2 1 0	Empathy: Showing compassion for others; appropriate response to patients and family members; respect for others; calm, compassionate, helpful demeanor to those in need; supportive and reassuring to others		
3 2 1 0	Self-Motivation: Completes assignments without constant supervision; improves and/or corrects behavior; shows enthusiasm for learning; strives for excellence in patient care; accepts constructive feedback; takes advantage of learning opportunities		
3 2 1 0	Appearance and Personal Hygiene: Clothing and uniform appropriate, neat, clean and well maintained; good personal hygiene and grooming, ID badge visible		
3 2 1 0	Self-Confidence: Ability to trust personal judgment; aware of strengths and limitations; exercises good personal judgment		
3 2 1 0	Communications: Speaks clearly, writes legibly, listens actively, adjusts communication strategies to various situations, explains procedures to patient and family		
3 2 1 0	Time Management: Consistent punctuality; completes tasks/assignments on time		
3 2 1 0	Teamwork and Diplomacy: Places success of team above self-interest; not undermining team; helping and supporting team members; shows respect for all team members; remains flexible and open to change; communicates with others to resolve problems		
3 2 1 0	Respect: Polite to others; no derogatory or demeaning terms; behaves in manner that brings credit to the profession and self		
3 2 1 0	Patient Advocacy: Does not allow personal bias/feelings to interfere with patient care; places needs of patient above self-interest; protects and respects patient confidentiality and dignity		
3 2 1 0	Careful Delivery of Service: Masters/refreshes skills; performs complete equipment checks; demonstrates careful and safe ambulance operations; follows policies, procedures, and protocols; follows orders		

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ASSESSMENTS	#	COMPLAINTS	#	NEUROLOGICAL	#
Infant (Birth-28 days)		Abdominal pain		Dizziness	
Infant (1 mo- 12 mos)		Trauma		General weakness	
Toddler (1-3 yrs)		Psychiatric/behavioral		Headache/blurred vision	
Preschool (4-5 yrs)		Chest Pain		N/V/D	
School age (6-12yrs)		Difficulty breathing		Syncope/AMS	
Adolescent (13-17yrs)					

ASSESSMENT SKILLS		#	AIRWAY SKILLS		#
3 2 1 0	Vital signs / Pulse oximetry		3 2 1 0	Suctioning	
3 2 1 0	Blood glucose		3 2 1 0	Oxygen	
3 2 1 0	Lung sounds		3 2 1 0	BVM – Not intubated	
3 2 1 0	Broselow measurement		3 2 1 0	BVM – intubated	
3 2 1 0	Neurological		3 2 1 0	Oral/Nasal airway	
TRAUMA SKILLS		#	3 2 1 0	Intubation	
3 2 1 0	Bleeding Control				
3 2 1 0	C-collar				
3 2 1 0	Joint immobilization		CARDIAC SKILLS		#
3 2 1 0	Traction splinting		3 2 1 0	EKG interpretation	
3 2 1 0	Bandaging		3 2 1 0	12-Lead	
3 2 1 0	Chest decompression		3 2 1 0	Vagal maneuvers	
3 2 1 0	Cricothyrotomy		3 2 1 0	Defibrillation	
MEDICATION ADMINISTRATION SKILLS		#	3 2 1 0	Cardioversion	
3 2 1 0	Med preparation		3 2 1 0	Pacing	
3 2 1 0	Intramuscular		IV SKILLS		#
3 2 1 0	IV / IO		3 2 1 0	Aseptic technique	
3 2 1 0	Oral		3 2 1 0	IV starts - peds	
3 2 1 0	Intranasal		3 2 1 0	IO starts – peds	
3 2 1 0	Nebulized				

Comments: _____

Evaluator's Signature: _____ **Date:** _____
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