



**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/Medic Initials
Preceptor Name:		Date:	Time OUT: RN/Medic Initials
Preceptor Signature:		Clinical Site: Mobile Stroke Unit (MSU)	
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 minimally meets standard:		Student demonstrates more than mere competence on this standard. Requires some oversight and supervision regarding this standard. Skill is advancing. ("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.	
Performance		Activity	
3 2 1 0		*Monitors and interprets Blood Flow	
3 2 1 0		*Verbalizes understanding of Neuro pathophysiology	
3 2 1 0		Correctly identifies abnormal blood flow/clotting	
3 2 1 0		Observes interventional catheterization	
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		6 Rights of medication administration	
3 2 1 0		Uses proper aseptic technique to draw up and administer medications	
3 2 1 0		Monitors patient for desired effect / side effect / adverse reaction	
Preceptor Comments _____			

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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 ***

Patient #1: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Transported by MSU: <input type="checkbox"/> Yes <input type="checkbox"/> No FD/City:
Diagnosis:	
Comments:	
Patient #2: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Transported by MSU: <input type="checkbox"/> Yes <input type="checkbox"/> No FD/City:
Diagnosis:	
Comments:	
Patient #3: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Transported by MSU: <input type="checkbox"/> Yes <input type="checkbox"/> No FD/City:
Diagnosis:	
Comments:	
Patient #4: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Transported by MSU: <input type="checkbox"/> Yes <input type="checkbox"/> No FD/City:
Diagnosis:	
Comments:	