

EMT CLINICAL INTERNSHIP LOG AND AFFECTIVE EVALUATION



Clinical Site Location: _____ Preceptor: _____

Student Completing Evaluation: _____ Date of Clinical: ___/___/___

Time IN: __:__ Time OUT: __:__ Total Hours: ____ Total Calls: ____ Total Transports: ____

Students Fill out this section				Mark this section as: Performed (P), Observed (O), or Assisted (A).				
Call	Age	Sex	Field Impression	Assessment	Vitals	O2 via (Document Via)	Trauma Care	Medical Care
<i>Ex</i>	<i>52</i>	<i>M</i>	<i>Chest Pains/Short of Breath</i>	<i>P</i>	<i>P</i>	<i>NC 4 lpm, A</i>	<i>N/A</i>	<i>A</i>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								

Please return this form along with your clinical paperwork to your instructor, which becomes part of your permanent file.

Please list any additional skills that you performed: _____

Please list any additional skills/interventions you observed or assisted with: _____



Preceptor answer the following two (2) questions:

Please note the student's strengths:

Please note the student's weaknesses and plans for improvement:

One a scale of One (1) to Five (5), where 1 is poor and 5 is excellent, please rate the student, and the student rate themselves for each of the following:

	Student Rating	Preceptor Rating	Areas of Performance
A			Hygiene: Examples of professional behavior include, but are not limited to: Clothing is appropriate for clinical rotations, neat, clean and well maintained; good personal hygiene and grooming.
B			Self Confidence: Demonstrating the ability to trust personal judgement; demonstrating an awareness of strengths and limitations; exercises good personal judgement; seeks learning opportunities in areas of weakness.
C			Time Management: Consistent punctuality; completing tasks, clinical documentation and assignments on time, reporting to scheduled activities/clinicals consistently, takes corrective action promptly to correct deficits.
D			Team Diplomacy: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.
E			Psychomotor Skills: Student can thoroughly describe skills within his/her scope of practice and accomplishes skills proficiently and with little direction.
F			Shift Objectives: Student: Reviews objectives of the shift with preceptor and/or other shift leaders or crew members. The student takes a certain degree of ownership to be part of the team and goals assigned.

If there are any issues or concerns, please email Joel Decker, Director of Education at: jdecker@lowcountryems.com immediately and call 843.529.0977.

The preceptor and student must sign this form for the skills/clinical rotation to be counted towards completion of the EMT program.

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Signature of Student

___/___/___
Date

Signature of Preceptor

___/___/___
Date

Signature of Instructor

___/___/___
Date

Instructor Comments: _____

