

# **FIELD ROTATION END OF SHIFT FORMS**

**THESE FORMS ARE TO BE COMPLETED AT THE  
END OF EACH FIELD ROTATION BY YOUR  
FIELD TRAINING OFFICER**

**YOU NEED THIS PACKET FOR EVERY FIELD  
ROTATION**



**FAUQUIER CO. DEPT OF FIRE, RESCUE, &  
EMERGENCY SERVICES**  
TRAINING AND LOGISTICS DIVISION  
210 HOSPITAL DRIVE, SUITE 100  
WARRENTON, VA 20186  
(540) 347-6930



## EMT-ENHANCED CLINICAL/FIELD ROTATION SUMMARY REPORT

|                             |       |            |       |
|-----------------------------|-------|------------|-------|
| <b>STUDENT INFORMATION:</b> |       |            |       |
| NAME:                       | _____ | DATE:      | _____ |
| UNIT:                       | _____ | # HOURS:   | _____ |
|                             |       | PRECEPTOR: | _____ |

| COMPETENCIES:                   | REQUIRED: | TOTAL THIS ROTATION: |
|---------------------------------|-----------|----------------------|
| SKILLS                          |           |                      |
| MEDICATION ADMINISTRATION       | 15        |                      |
| ORAL INTUBATION                 | 0         |                      |
| IV ACCESS                       | 10        |                      |
| VENTILATE NON-INTUBATED PATIENT |           |                      |
| ADULT ASSESSMENT                | 12        |                      |
| PEDIATRIC ASSESSMENT            | 5         |                      |
| GERIATRIC ASSESSMENT            | 5         |                      |
| TRAUMA ASSESSMENT               | 5         |                      |
| PSYCHIATRIC ASSESSMENT          | 2         |                      |
| CHEST PAIN ASSESSMENT           | 5         |                      |
| RESPIRATORY/DYSPNEA ASSESSMENT  | 5         |                      |
| ABDOMINAL COMPLAINTS ASSESSMENT | 5         |                      |
| ALTERED MENTAL STATUS           | 5         |                      |
| TEAM LEADER ON EMS UNIT         | 5         |                      |
|                                 |           |                      |

\*\*\*\*\*PRECEPTORS: PLEASE DO NOT LEAVE ANY BOXES EMPTY. IF AN ITEM WAS NOT COMPLETED DURING THE ROTATION, PLEASE WRITE "NONE" IN THE BOX AND INITIAL. \*\*\*\*

STUDENT SIGNATURE: \_\_\_\_\_

PRECEPTOR SIGNATURE: \_\_\_\_\_



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## EMT-ENHANCED FIELD/CLINICAL ROTATION EVALUATION

**STUDENT:** \_\_\_\_\_ **PRECEPTOR:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FTO/CLINICAL TRAINING OFFICER:** Please use the rating scales below to describe your evaluation of the EMT-Enhanced student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures. When you have completed the form, place it in the envelope provided, seal the envelope and sign your name across the seal. Return the envelope to the student.

### Part A: Affective Domain

| 1. PREPAREDNESS: The student arrived on time with ink pen, eye protection, pen light, and required paper work and identification.                              |  |   |  |   |                  |
|--|--|---|--|---|------------------|
| 0  | 1  | 2   | 3  | 4   | ACHIEVED RATING: |
| More than 15 min. late &/or no equipment   | 10 - 15 min. late &/or missing 2 - 3 items above                                     | 5 - 10 late &/or missing 1 - 2 items above                                    | Arrives at the last minute; missing 0 - 1 items above                          | On time, not rushed, has all equipment                                    |                  |
| 2. PROFESSIONAL APPEARANCE: The student is dressed in proper uniform and is neat in appearance.  |  |   |  |   |                  |
| Not in uniform, poor hygiene   | Uniform is dirty, wrinkled, or has holes in it. Poor judgment in jewelry &/or makeup | Uniform acceptable, could improve by polishing boots, etc.                    | Uniform clean & neat, accessory equipment organization could be better         | Uniform clean & neat, student well groomed, equipment well organized      |                  |
| 3. INITIATIVE: Student demonstrates interest in EMS through actions and interactions with evaluator.   |  |   |  |   |                  |
| No questions asked, minimal participation when requested   | Asks few questions, minimal participation & initiative                               | Asks questions or studies, good participation if asked, but little initiative | Asks questions, studies in down time, active participation                     | Asks questions, curious, takes initiative and follows through             |                  |
| 4. CONDUCT: Student interacts with patients, families & co-workers in a respectful and empathetic manner. Demonstrates respectability and professional ethics. |  |   |  |   |                  |
| Violates the rights of others; cannot be trusted w/ the property of others   | Shows little respect or ability in interacting with patients or co-workers           | Interacts w/ patients & co-workers but lacks in empathy &/or professionalism  | Overall conduct adequate. needs self-confidence and assertiveness              | Initiates therapeutic communications w/ others, respectful & professional |                  |
| 5. DELIVERY OF SERVICE: Student follows policies, procedures & protocols. Uses appropriate safeguards in the performance of duties.                            |  |   |  |   |                  |
| No regard for the safety of self, patients, or staff. Disregards polices, etc.   | Minimal regard for safety, policies, and procedures                                  | Inconsistent in use of safeguards   | Needs minimal supervision to perform safely and adhere to polices & procedures | Exercises due caution in performance of duties & follows policies, etc.   |                  |
| <b>TOTAL PART A:</b>   |  |   |  |   | <b>0</b>         |

**Part B: Psychomotor Domain**

| 1. PROFICIENCY: Student demonstrates proficiency in skills performed. |  |   |  |  |                  |
|---|--|---|--|--|------------------|
| 0   | 1  | 2   | 3  | 4  | ACHIEVED RATING: |
| Does not know what skill is indicated & if prompted cannot perform it | May know what skill is indicated but cannot perform it | Knows what skill is indicated but performs poorly without instruction | Knows skill is indicated, performs correctly but needs to increase speed | Knows skill is indicated. Organizes the task efficiently, performs accurately & w/o hesitation |                  |
| <b>TOTAL PART B:</b>  |  |   |  |  | <b>0</b>         |

**Part C: Cognitive Domain**

| 1. KNOWLEDGE: The student can recall common terms, facts, principles, and basic concepts in EMS.      |   |  |   |  |                  |
|---|---|--|---|--|------------------|
| 0   | 1   | 2  | 3   | 4  | ACHIEVED RATING: |
| Significant deficits in knowledge; e.g. cannot use basic medical terminology                          | Somewhat limited recall of facts and principals   | Adequate recall of facts and principles with prompting from preceptor  | Good recall of most facts & concepts, given the current point in the program                          | Outstanding recall of principles and theories                              |                  |
| 2. PROBLEM SOLVING: The student uses knowledge to solve a previously unencountered situation.         |   |  |   |  |                  |
| Unable to recognize problems  | Recognizes the problem, cannot solve it   | Recognizes the problem, Preceptor must initiate resolution   | Identifies problem & takes some steps toward solving it, but needs guidance                           | Identifies problems & can independently devise a plan to solve the problem |                  |
| 3. EVALUATION: The student can judge the appropriateness of actions and can defend his/her decisions. |   |  |   |  |                  |
| Student cannot give a rationale or explanation for actions or decisions                               | Attempts to defend his/her decisions or actions, but does not provide defensible argument | Defends his/her decisions or actions but provides minimal arguments/Student lacks confidence in decision or action | Defends his/her decisions or actions & provides explanation with limited basis or backup for decision | Student provides a sound, confident rationale for decisions and actions    |                  |
| <b>TOTAL PART C:</b>  |   |  |   |  | <b>0</b>         |
| <b>CUMULATIVE SCORE:</b>  |   |  |   |  | <b>0</b>         |

Please use the space below to write any additional comments and suggestions for further development of the student's potential.

COMMENTS:

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Student's Signature

Reviewed by Clinical Coordinator on \_\_\_\_\_.

\_\_\_\_\_  
Clinical Coordinator

Cumulative score determines a performance indication of Exceptional, Satisfactory, Needs Improvement, or Unsatisfactory based on the following scores.

| Unsatisfactory: | Needs Improvement: | Satisfactory: | Exceptional: |
|-----------------|--------------------|---------------|--------------|
| 0-15            | 15-23              | 24-29         | 30-36        |