

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

STUDENT INFORMATION:			
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.	
				TOTAL PART A:	0

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	
TOTAL PART B:					0

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	
TOTAL PART C:					0
CUMULATIVE SCORE:					0

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