Kingdom of Saudi Arabia **King Saud University Prince Sultan College for EMS Clinical Coordination Unit**



المملكة العربية السعودية جامعة الملك سعود كلية الأمير سلطان للخدمات الطبية الطارئة وحدة التنسيق الميداني

Daily Preceptor Evaluation Clinical and Field

Student name	Student ID:		Semester (level):
Date:		Time:	
LOCATION/DEPARTMENT (ED OR REC ROOM ICL	J / CCU FIELD)		

Patient Information			
Patient age:			
TYPE OF PATIENT (Circle) Chief COMPLAINT(Circle) Vital Signs (Fill out)		Vital Signs (Fill out)	
Geriatric	Chest Pain	BP	
Obstetric	Dyspnea/Respiratory	RR	
Trauma	Syncope	Pulse	
Psychiatric Medical	Abdominal	Glucose	
	Altered Mental Status	Pain Scale	x

COMPETENCIES (Check if competently performed and filled out with right action)

PATIENT ASSESSMENT	AIRWAY MANAGEMEI	T	VENTILATORY SUPPORT	
Obtained pertinent patient history	Used BLS Airway Adjunct		Use of bag-valve mask	
Performed physical examination	Endotracheal Intubation		Use of other artificial ventilatory	
(including	& supraglottic airways		devices	
Inspection, palpation, and auscultation)				
Performed Rapid extrication and	Suction		Use of oxygen administration	
transport			devices	
CIRCULATION AND SHOCK			FRACTURES AND DISLOCATIONS	
Basic life support techniques			Performed Spinal immobilization	
Established IV cannulation			Used patient extrication devices	
Cardiac rhythm interpretation			Performed splinting and traction	
Cardioversion and defibrillation				
MEDICATION ADMINISTRATION	·		· · · · ·	
The student safely administered medication				
Drug Name:				
Dose:				
Route:				

Precept comment:

Preceptor name ______Preceptor signature _____

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Professional Behavior Evaluation

Student name	Student ID:	Semester (level)
Date:	Time :	

Please rate the student in the following categories at the end of the shift:

DAILY AFFECTIVE APTITUDE EVALUATION	GRADE (CIRCLE)
Professionalism/attitude: The student's behavior demonstrated integrity, empathy, self-motivation, self-	
confidence, teamwork, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time	
management, appropriate appearance and personal hygiene. Reported to clinical assignment on time and in	
full uniform.	1234
Learner Characteristics: Demonstrates attendance within the stated program policy, independently seeks	
out appropriate learning experiences, participates I a multi-skilled approach to patient care, practices	
required skills, and seeks advice to improve skills, demonstrates the superior delivery of patient care	
required of a Paramedic student as stated within the program policy.	1234
Communication Skills: Performs and reports patient assessments, completely and proficiently. Interacts with	
patients and other Health Care Professionals on a 'student role' appropriate level.	1234
STUDENT PERFORMANCE	
Phase/Shift Objectives: Reviews current objectives and performs the tasks to standards outlined. Interacts	
with and accepts constructive criticism, takes personal responsibility for self-improvement.	
	1234
Psychomotor Skills: Student can thoroughly describe all elements of applicable procedures and accomplishes	
psychomotor skills independently and proficiently.	1234
TEAM LEADER EVALUATION (The section is only required for advance	ced level (7,8)
Interview: Completes comprehensive interviews. Demonstrated active listening	1234
Exam: Completes appropriate head-to-toe and/or focused physical exam	1234
Treatment: Formulates a field impression and implemented a treatment plan	1234
Skill: Interventions performed were complete; satisfactory and timely	1234
Leadership: Set priorities, directed team, and adapted to evolving information	1234
YES IND Student successfully lead the EMS Team during patient encounter	rs

GRADING SCALE	DEFINITION
1 Dangerous to Practice (See comments below)	Hazard to patients and others
2 Needs Improvement (See comments below)	Needs further practice and education to improve
3 Appropriate for Experience Level	Functioning at the level expected in the program (see objectives)
4 Field Competent	Employable as a Functioning Paramedic

Precept comment:

Preceptor Name

Student Signature_

Program Review \Box