

2024-2025 Northwest Community Healthcare Paramedic Program OR Clinical Activity Form

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|-------|-------|-----------|----------|-----------|
| Name: | Date: | Hospital: | Time in: | Time out: |
|-------|-------|-----------|----------|-----------|

Anesthesiologists: Rate student's performance based on the following scale:

| | | | |
|--|---|---|--|
| NA: not applicable; observed only | 2: Competent; no prompting necessary | 1: Not yet competent; marginal or inconsistent; needs assistance or direction; includes partial attempts | 0: Unsuccessful; required critical or excessive prompting; inconsistent performance; indicate if an assessment/skill was not attempted when student was expected to try |
|--|---|---|--|

| | Patient 1 | Patient 2 | Patient 3 | Patient 4 | Patient 5 | Patient 6 | Patient 7 | Patient 8 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Pt age, gender | | | | | | | | |
| Successful: Y or N | | | | | | | | |
| ET tube size | | | | | | | | |
| Number of attempts | | | | | | | | |
| <u>Student's</u> self-rating of performance | | | | | | | | |
| <u>Anesthesiologist's</u> rating of student performance | | | | | | | | |
| Anesthesiologist Initials | | | | | | | | |

Anesthesiologists initials and names

| Initials | Anesthesiologist name | Initials | Anesthesiologist name |
|----------|-----------------------|----------|-----------------------|
| | | | |
| | | | |

Nurse Preceptors please complete back side of form. Thanks!

| PRECEPTORS PLEASE RATE: AFFECTIVE BEHAVIOR OBJECTIVES (use Rating Scale on page 1) | | |
|--|---------------|-----------------|
| Professional Characteristic | Rating | Comments |
| INTEGRITY: Consistently honest; compliant with the program's honor code; and trustworthy with others property and PHI. | | |
| EMPATHY/COMPASSION: (Cognitive, affective, and neuropsychological components): Demonstrates respect and responsiveness to another's emotional experience; identifies with another person's emotions and thoughts, and responds to them in a supportive and reassuring manner. | | |
| SELF-MOTIVATION: Self-disciplined, takes initiative and follows through on tasks without constant supervision; strives for excellence in all aspects of patient care and professional activities; accepts coaching in a positive manner; takes advantage of all learning opportunities. | | |
| APPEARANCE; PERSONAL HYGIENE: Clean, well-groomed, wears the approved uniform & presents a positive professional image. | | |
| SELF-CONFIDENCE: Is aware of own strengths and limitations; projects confidence to patients | | |
| COMMUNICATION: Speaks clearly; maintains appropriate interactions/language even in difficult situations or when unmonitored; adjusts communication strategies to various situations. | | |
| TIME MANAGEMENT/ Demonstrates appropriate work habits, punctual; completes tasks and assignments on time. | | |
| TEAMWORK AND DIPLOMACY: Interaction with peers, hospital personnel & others: Places success of team above self-interests; helps and supports other team members; communicates effectively to resolve problems. | | |
| ATTITUDE: Refrains from complaining; demonstrates a positive attitude through verbal and non-verbal communication. | | |
| RESPECT: Is polite to others; does not use derogatory or demeaning terms; behaves in a manner that brings credit to the profession. | | |
| PATIENT ADVOCACY: Does not allow personal bias to interfere with patient care; places the needs of patients above self-interest; protects and respects patient confidentiality and dignity. | | |
| CULTURAL HUMILITY: Respects the inherent value of others' perspectives and cultures. Is aware of their own biases and how they may affect patients and others involved in the delivery of health care. Provides care in compliance with program DEI values. | | |
| CAREFUL DELIVERY OF SERVICE: Performs complete equipment checks; demonstrates safe ambulance operations; makes critical judgments supported by ethical, legal and moral standards as specified in System standards. | | |
| Student reflection on experience: What did you learn in this clinical rotation that can be applied to your role as a paramedic? What can you do better now than before the experience? What additional knowledge/skill practice/patient engagement opportunities do you need before you gain competency in caring for emergent patients? How could this experience have been improved to meet your learning needs? <i>(Must be completed for credit to be awarded; cont. on back if needed)</i> | | |
| | | |

Preceptor name (PRINT)

Preceptor signature / credentials