



## NFCC EMS Programs Clinical Experience Preceptor Report



Student Name: <i>Please print</i>	Unit:	Date:	
Preceptor: <i>Please print</i>	Time In:	Time Out:	Total Hours:

**Preceptor:** Please complete this form each time a student participates in a clinical / field setting.  
This form documents time, patient contacts, and student progress.

**Please use the following criteria for grading:**

**(5)=Excellent (4)=Above expectations (3)=Satisfactory or Meets Expectations (2)=Needs Remediation (1)=Poor  
NO = Not Observed**

Evaluation Criteria	Description	Grade
1. Integrity	Examples of professional behavior include, but not limited to: Consistent; honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.	
2. Self Motivation	Examples of professional behavior include, but not limited to: Taking initiative to complete assignments; taking initiative to improve and /or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.	
3. Appearance & Personal Hygiene	Examples of professional behavior include, but not limited to: Clothing and uniform in appropriate, neat, clean, and well maintained: good personal hygiene and grooming.	
4. Self Confidence	Examples of professional behavior include, but not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.	
5. Communication	Examples of professional behavior include, but not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.	
6. Time Management	Examples of professional behavior include, but not limited to: Consistent punctuality; completing tasks and assignments on time.	
7. Attitude	Examples of professional behavior include, but not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit the profession; accepts new or different responsibilities without complaint.	
8. Patient Advocacy	Examples of professional behavior include, but not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of the patient above self interest; protecting and respecting patient dignity and confidentiality.	
9. Skills	Examples of professional behavior include, but not limited to: Performing skills with confidence; performing without direction; functioning as expected of a professional person.	
10. Planning	Examples of professional behavior include, but not limited to: Ability to sort treatment priorities; properly planning the treatment modality and completing the task as planned.	
Total Preceptor Grade	Preceptor, please add the grades from sections 1 through 10, and document the total in the box to the right <span style="float: right;">➡</span>	



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## Skills Documentation

<i>Skill Description</i>	<i>Number Attempted</i>	<i>Number Successful</i>	<i>Preceptor Initials</i>
Patient Assessment (Geriatric: Greater than 65 years old)			
Patient Assessment (Adult: Puberty – 65 years old)			
Patient Assessment (Child: 1 year – early puberty)			
Patient Assessment (Infant: Birth – 1 year old)			
<b>*** Basic Life Support Skills (EMT or Paramedic Student)</b>			
Bandaging / Splinting			
Spinal Immobilization			
Oxygen Administration			
BLS Airway Adjunct (Includes rescue airways, LMA, Combitube, ect)			
Suction			
Bag-valve-mask			
Combi-tube			
Defibrillation			
<b>***Advanced Life Support Skills (Paramedic Student ONLY)</b>			
Endotracheal Intubation (Adult or Geriatric)			
Endotracheal Intubation (Infant or Child)			
IV Access (Adult or Geriatric)			
IV Access (Infant or Child)			
12 Lead ECG Interpretation			
3 Lead ECG Interpretation			
Medication Administration			
Intraosseous IV			
If this was an EMS Clinical, Please total the number of <b><u>TRANSPORTED</u></b> patients in the next box <span style="font-size: 2em;">⇒</span> A completed patient care report must accompany this form for <b><u>EACH</u></b> patient.			

## Additional Comments

Student Signature \_\_\_\_\_ Preceptor signature \_\_\_\_\_

**Student:** It is your responsibility to supply this form to your preceptor with each clinical / field experience. If this form is not completed, this clinical experience will not be counted. Falsification of clinical documentation will result in immediate removal from the program.