

EMT-Basic Clinical Rotation Form

Name of Student: _____ **Date:** _____

Clinical Site: _____ **Hours at Site:** _____

Clinical Preceptor

We would appreciate you allowing this student to observe the function of this Department, as well as performing emergency treatment such as patient assessments, vital signs, and oxygen administration. Any comments or problems, please contact me at 775-789-5540. Thank you, Debbie Azhikakath-Gilbert, EMS Coordinator.

	Poor		Average		Very Good
Student showed up on time and prepared (Arrives 15 minutes prior to clinical with badge, paperwork, and stethoscope.)	1	2	3	4	5
Neat and clean in program uniform (TMCC EMS polo with dark blue/black pants and dark shoes.)	1	2	3	4	5
Student showed interest and initiative in clinical experience (standing in the corner vs. helping preceptor.)	1	2	3	4	5
Student's interaction with patients, family, and coworkers.	1	2	3	4	5
Ability and accuracy in vital signs.	1	2	3	4	5
Student's patient assessment skills and knowledge.	1	2	3	4	5
Professional demeanor of student.	1	2	3	4	5

Preceptor Comments (Please comment on 1s and 5s):

Preceptor Signature: _____ **Printed Name:** _____

Student Signature: _____

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Name of Student: _____ Date: _____

Clinical Site: _____ Hours at Site: _____

Patient Assessments (please do not put names):

Patient #1

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Patient #2

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Patient #3

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Patient #4

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Patient #5

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Preceptor Signature: _____

Student Signature: _____

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Name of Student: _____ Date: _____

Clinical Site: _____ Hours at Site: _____

Patient Assessments (please do not put names):

Patient #6

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Patient #7

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Patient #8

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Patient #9

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Patient #10

VS: BP _____ Pulse _____ RR _____ SpO₂(If applicable) _____

Assessment (Chief complaint, OPQRST-History of Present Illness):

Preceptor Signature: _____

Student Signature: _____