



Clinical Experience Form

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|--|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Cath Lab | <input type="checkbox"/> Labor & Delivery | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Anesthesia/OR | <input type="checkbox"/> Emergency | <input type="checkbox"/> PICU | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Burn Center | <input type="checkbox"/> ICU | <input type="checkbox"/> Psychiatric | |

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|--|----------------------------|
| EMT name and license number: | Time scheduled (military): |
| Date: | Total hours: |
| Proctor's signature and printed name: | Clinical area: |

Instructions: Please indicate on the chart below the number of times that a particular skill was performed by the EMT during their clinical rotation. All preceptors should record any comments to the EMT's performance below and sign the form in the above designated area for the EMT to receive credit.

| Paramedic Skills | # Performed | EMT Skills | # Performed |
|--|-------------|--|-------------|
| Medication administration | | Patient assessment | |
| Endotracheal intubation | | Vital signs | |
| Venous access (successful) | | Oxygen therapy | |
| Ventilate patient | | Ventilate patient | |
| Cardiac rhythm interpretation | | Suctioning | |
| | | Spinal precautions | |
| | | Splinting | |
| | | Wound care | |
| Age Specific | | Age Specific | |
| Assessment pediatric (<18) | | Assessment pediatric (<18) | |
| Assessment adult (19-64) | | Assessment adult (19-64) | |
| Assessment geriatric (65+) | | Assessment geriatric (65+) | |
| Pathologies/Complaints | | Pathologies/Complaints | |
| Assessment of OB patient | | Assessment of OB patient | |
| Assessment of trauma patient | | Assessment of trauma patient | |
| Assessment of psychiatric patient | | Assessment of psychiatric patient | |
| Assessment of chest pain patient | | Assessment of chest pain patient | |
| Assessment of respiratory distress—ADULT | | Assessment of respiratory distress—ADULT | |
| Assessment of respiratory distress—PEDIATRIC | | Assessment of respiratory distress—PEDIATRIC | |
| Assessment of GI/GU abdominal pain patient | | Assessment of GI/GU abdominal pain patient | |
| Assessment of altered mental status patient | | Assessment of altered mental status patient | |
| Assessment of syncope patient | | Assessment of syncope patient | |
| Assessment of OTHER patient | | Assessment of OTHER patient | |
| | | Assessment of OTHER patient | |
| | | Other Skill | |
| | | Vehicle/equipment checks | |
| | | Radio/phone communications | |
| | | Team Leader | |
| | | Prehospital runs | |

Preceptor/EMT comments:

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| EMT signature: | Signature serves as verification that all documented hours were completed and in an off duty capacity. |
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