

KING SAUD UNIVERSITY

PRINCE SULTAN BIN ABDULAZIZ
COLLEGE FOR EMERGENCY MEDICAL
SERVICES

CLINICAL PRACTICE -2

LOGBOOK

STUDENT NAME: _____

STUDENT COLLEGE ID: _____

Clinical (Hospital) Attendance Record

Complete all columns of this form and have preceptor sign followed by your sign before you leave.

Paramedic Student Name: _____ Student ID: _____

Student Signature	Preceptor's Signature	Comments About Attendance	Hours Worked	Time Out	Time In	Hours Scheduled	Date
EMS Program Director Notes: _____							
						Date: _____	Initial: _____
EMS Program Director Notes: _____							
						Date: _____	Initial: _____
EMS Program Director Notes: _____							
						Date: _____	Initial: _____
EMS Program Director Notes: _____							
						Date: _____	Initial: _____
EMS Program Director Notes: _____							
						Date: _____	Initial: _____

EMERGENCY ROOM

Clinical Objectives

Skills Performance Sheets

King Saud University PRINCE SULTAN BIN ABDULAZIZ COLLEGE FOR EMS Riyadh, Saudi Arabia	<h2 style="margin: 0;">Hospital Final Clinical Objectives Evaluation Form - E R</h2> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EMS 225 Clinical Practice I <input type="checkbox"/> EMS 323 Clinical Practice III <input type="checkbox"/> EMS 415 Clinical Practice V </div> <div> <input type="checkbox"/> EMS 314 Clinical Practice II <input type="checkbox"/> EMS 425 Clinical Practice IV <input type="checkbox"/> Clinical Internship – Hospital / Field Experience </div> </div>
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Student Name: _____ **ID:** _____ **Date:** _____

Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory

US	SA	NA	<i>Emergency Room - Objectives</i>
			Utilize "Universal Precautions" of infection control
			History taking – Chief Complaint, SAMPLE (at least 10 – Adults, Geriatrics & Pediatrics)
			Adequate Patient Assessment (Primary survey & Secondary survey) on pediatric, adults & geriatric patients (at least 10 – Adults, Geriatrics & Pediatrics)
			Patient Treatment plan (Critical Thinking) – Formulate and implement a treatment plan for patient's with chest pain, Respiratory distress, Altered Mental Status, Diabetes, Hypertension etc (at least 5 – Adults, Geriatrics & Pediatrics)
			Skills to be performed – Breath sounds, Pulse, Skin – color, temperature, and condition, Capillary refill in infants and children, Pupils, Blood Pressure, Temperature, Auscultation, Inspection, Percussion & Palpation (at least 10 – Adults, Geriatrics & Pediatrics)
			Assist and observe the triage of patients
			Perform airway management – Basic & Advanced
			Perform respiratory support – Pocket mask, NRM, Venturi mask, BVM & Demand Valve Resuscitators
			Perform CPR
			Recognize and evaluate mechanisms of injury
			Assist in the treatment of trauma cases
			Assist in the treatment of medical cases
			Assist or observe the care of behavioral emergencies
			Assist in the care of geriatric patients
			Assist in the care of pediatric patients
			Observe the management of cases with legal implications or which require evidence preservation
			Documentation of history, patient assessment & treatment plan
			Prepare and administer medications under the supervision
			Perform and assist in cardiac monitoring
			Perform or observe defibrillation/cardioversion/pacing
			Perform or observe placement of the leads for 12 lead ECG monitoring
			Perform or observe placement of nasogastric tube
			Assist in ACLS resuscitations
			Assist in BTLs resuscitations
			Observe sterile techniques and assist as directed
			Assist in lifting, moving and patient transfers
			Review charts for clinical findings, diagnosis and treatment plans
			Observe diagnostic procedures/tests and review lab results
			Wound care

Preceptor Comments: _____

Preceptor Signature	Student Signature	Date
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Contact Dr. Bashar Youssef Dayoub EMS Coordinator, with any comments or concerns at office number +966-14793547 Ext : 121.
 If necessary to contact the coordinator immediately, call Dr. Bashar Youssef Dayoub at mobile number +966-050-6449470.
 Electronic submission of student information and performance can be done by the preceptor, please contact EMS Coordinator for further information.

Program Review ☐ _____

Daily Hospital Clinical Skills Evaluation Form - ER										King Saudi University PRINCE SULTAN BIN ABDULAZIZ COLLEGE Emergency Medical Service Riyadh, Saudi Arabia																			
<input type="checkbox"/> EMS 225 Clinical Practice I					<input type="checkbox"/> EMS 314 Clinical Practice II																								
<input type="checkbox"/> EMS 323 Clinical Practice III					<input type="checkbox"/> EMS 425 Clinical Practice IV																								
<input type="checkbox"/> EMS 415 Clinical Practice V					<input type="checkbox"/> Clinical Internship – Hospital / Field Experience																								
All information above the bold double line is mandatory for all EMS incidents.																													
PRECEPTOR NAME/Code:							STUDENT NAME:																						
SHIFT ENTRY			CLINICAL UNIT		SKILLS				ASSESSMENTS																				
<input type="checkbox"/>	ED Triage ICU/CCU Mental Health OR/Anes PEDS CLINIC OB/L&D		Date:	<input type="checkbox"/> Patient Assessment <input type="checkbox"/> Medication <input type="checkbox"/> Administration <input type="checkbox"/> Endotracheal Intubation <input type="checkbox"/> ALS Advanced Airway <input type="checkbox"/> ALS Electrical Therapy <input type="checkbox"/> IV Access <input type="checkbox"/> BLS Skills and Care <input type="checkbox"/> ALS Care – other skills observed / performed				<input type="checkbox"/> Abdominal/GI <input type="checkbox"/> OD – Poison <input type="checkbox"/> Respiratory <input type="checkbox"/> Psychiatric <input type="checkbox"/> Cardiac <input type="checkbox"/> Seizure <input type="checkbox"/> CVA/TIA <input type="checkbox"/> Sepsis/Infection <input type="checkbox"/> Diabetic <input type="checkbox"/> Other neuro <input type="checkbox"/> Other Medical (include AMS) <input type="checkbox"/> OB – Birth/Delivery/GYN/Labor <input type="checkbox"/> Trauma- Abdomen/Chest/Extremities/Head/Neck & Back/ Multi-system																					
<input type="checkbox"/>			Time:																										
<input type="checkbox"/>			Total Hours:																										
<input type="checkbox"/>			Total # of Patients:																										
<input type="checkbox"/>																													
IV ACCESS																													
ADVANCED AIRWAY																													
AIRWAY TYPE		AIRWAY # ATTEMPTS		SUCCESS		ET SIZE		STUDENT		TEAM		FLUID		IV/IO ATTEMPTS		IV/IO SUCCESS		SITE		IV GAUGE		STUDENT		TEAM					
<input type="checkbox"/>	<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/>	<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/>	<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>																
ECG INTERPRETATION:														MEDICATIONS (EpiPen, MDIs, & Nitroglycerin only for EMTs)															
DRUG		DOSE		ROUTE		STUDENT		TEAM		ELECTRICAL THERAPY (ENERGY LEVELS)				A-1		A-2		A-3		STUDENT		TEAM							
<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>	<input type="checkbox"/>				AUTOMATED DEFIBRILLATION														
<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>	<input type="checkbox"/>				MANUAL DEFIBRILLATION														
<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>	<input type="checkbox"/>				SYNCHRONIZED CARDIOVERSION														
<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>	<input type="checkbox"/>				TRANSCUTANEOUS PACING														
ALS CARE – OTHER										BLS CARE																			
DESCRIBE / # PERFORMED					BY STUDENT					BY TEAM					DESCRIBE / # SKILLS PERFORMED					BY STUDENT					BY TEAM				
		AUTOMATIC VENTILATOR										PHYSICIAN COMMUNICATION																	
		BLOOD GLUCOSE-GLUCOMETER										BANDAGING/WOUND MANAGEMENT																	
		CAPNOMETRY										TRACTION SPLINT																	
		CAROTID SINUS MASSAGE / VALSALVA MANEUVER										SUCTION																	
		CENTRAL IV LINE										OROPHARYNGEAL AIRWAY																	
		CHEST TUBE										NASOPHARYNGEAL AIRWAY																	
		CHEST DECOMPRESSION / CRICOTHYROIDOTOMY										VITAL SIGNS																	
		HEMODYNAMIC WAVEFORMS AND MONITORING										C-SPINE IMMOBILIZATION																	
		FOLEY CATHETER										JOINT IMMOBILIZATION																	
		NG TUBE										VENTILATE																	
		OTHER										MOVEMENT OF PATIENT																	
		PULSE OXIMETRY										LONG BACKBOARD IMMOBILIZATION																	
BY STUDENT	12 LEAD ECG (DESCRIBE ANALYSIS – ATTACH EKG FORM WHEN POSSIBLE)										LONG BONE IMOBILIZATION																		
										CHEST COMPRESSIONS																			
										OXYGEN																			
ASSESSMENTS LOG - * Place a “0” in column for an observed exam and interview. Place a “P” for a performed examination and interview																													
P. Initials	Treatment	Significant Vital Signs	LOC- AVPU	MOI	EKG (ALS)	Primary Field Impression (select from assessment list)				Chief Complaints	Sex	Age	Pt.	*0/P															
													1																
													2																
													3																
													4																
													5																
													6																
													7																
													8																
													9																
													10																

ECG – Initial & Last																			
Others <input type="checkbox"/> <input type="checkbox"/> _____				V Tach <input type="checkbox"/> <input type="checkbox"/>		Paced <input type="checkbox"/> <input type="checkbox"/>		PEA <input type="checkbox"/> <input type="checkbox"/>		A Flu <input type="checkbox"/> <input type="checkbox"/>		AV Block <input type="checkbox"/> <input type="checkbox"/>		Sin Brady <input type="checkbox"/> <input type="checkbox"/>		N Sin <input type="checkbox"/> <input type="checkbox"/>			
				V Fib <input type="checkbox"/> <input type="checkbox"/>		PVC's <input type="checkbox"/> <input type="checkbox"/>		Junct <input type="checkbox"/> <input type="checkbox"/>		SV Tach <input type="checkbox"/> <input type="checkbox"/>		A Fib <input type="checkbox"/> <input type="checkbox"/>		Asystole <input type="checkbox"/> <input type="checkbox"/>		Sin Tach <input type="checkbox"/> <input type="checkbox"/>			
Cardiac Rhythm: I = Initial D = Destination PLEASE NOTE: ANY CHANGES IN CARDIAC RHYTHM SHOULD BE NOTED BELOW BY (TIME COLUMNS)																			
↓ Time rhythm observed		D	I	↓ Time rhythm observed		D	I	↓ Time rhythm observed		D	I	↓ Time rhythm observed		D	I	↓ Time rhythm observed		D	I
ST Elevation/Abnormal SVT				PVCs				PEA (EMD)				AV Block - 1st				Not Applicable			
Vent. Fibrillation				Sinus Bradycardia				Idioventricular				AV Block -2nd, Type I				Unable to Identify			
Vent. Tachycardia				Sinus Rhythm				Junctional				AV Block -2nd, Type II				Asystole			
Other				Sinus Tachycardia				Pacemaker				AV Block - 3rd				Atrial Fibrillation			

VITAL SIGNS															
[Pulse – Rate/Quality/Site, Blood Pressure (BP), Respiratory Rate (RR), Skin – Color/Temperature/Condition/Capillary Refill (CR), Pupils and Pulse Oximeter]															
Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory															
Initial	Rating	Location	P Ox	Skin		Pupils		RR	BP	Pulse R/Q/S	Sex	Age	Date		
				CR	CTC	R	L								
									/					1	
									/					2	
									/					3	
									/					4	
									/					5	
									/					6	
									/					7	
									/					8	
									/					9	
									/					10	
Student Comments		Brief Patient History Leading to Procedure/Treatment				Problem/Possible Diagnosis Field Impression				Chief Complaints	Gender M F				
													1		
													2		
													3		
													4		
													5		

YES ☐ NO ☐ Student brought and reviewed the objectives and forms for their clinical rotation

Please evaluate the student in the following categories at the end of their hospital clinical rotation

GRADING SCALE	DEFINITION	
Functioning as an entry level EMT or Paramedic as appropriate	Proficient – Field Competent	4
Functioning at level expected in the program	Acceptable – Appropriate for Experience	3
Needs further practice and education to improve	Needs Improvement (see comments)	2
Hazard/Potentially Unsafe to patient and others	Dangerous to Practice	1

DAILY AFFECTIVE APITUDE EVALUATION	GRADE
Professionalism/Attitude: The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, team work, 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 COMMENT:	4 3 2 1
Learner Characteristics: Demonstrates attendance within the stated program policy, independently seeks out appropriate learning experiences, participates in 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 COMMENT:	4 3 2 1
Communication Skills: Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a "student role" appropriate level COMMENT:	4 3 2 1

Preceptor Comments:

Preceptor Signature	Student Signature	Date
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King Saud University PRINCE SULTAN BIN ABDULAZIZ COLLEGE FOR EMS <i>Riyadh, Saudi Arabia</i>	<h2 style="text-align: center; margin: 0;">Daily Hospital Training – Clinical Evaluation Form - ER</h2> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> EMS 225 Clinical Practice I <input type="checkbox"/> EMS 323 Clinical Practice III <input type="checkbox"/> EMS 415 Clinical Practice V </div> <div> <input type="checkbox"/> EMS 314 Clinical Practice II <input type="checkbox"/> EMS 425 Clinical Practice IV <input type="checkbox"/> Clinical Internship – Hospital / Field Experience </div> </div>
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Student's Name: _____ Date: _____ Time In: _____ Time Out: _____
Hospital / Area: _____ Station / Unit #: _____

Rating System: ① Fails to perform ② Borderline-inconsistent ③ Competent

Student's Personal Evaluation									
①	②	③	Vehicle inspection (Ambulance only)	①	②	③	Appearance/Personal Hygiene		
①	②	③	Self-Confidence	①	②	③	Promptness/Punctuality		
①	②	③	Time Management	①	②	③	Attitude		
①	②	③	Patient Advocacy	①	②	③	Respect		
①	②	③	Careful Delivery of Service	①	②	③	Communications		
①	②	③	Teamwork and Diplomacy	①	②	③	Self-Motivation		
①	②	③	Psychomotor Skills Performance	①	②	③	Integrity and Empathy		

Rating: N/A = Not Applicable, No Opportunity to Perform this Skill Today
OBS = Observed Skill Today
2 = Borderline-inconsistent (progressing towards competence)

1 = Fails to perform (incompetent)
3 = Competent

Student Skills Evaluation											
NA	OBS	1	2	3	Gain Venous Access	NA	OBS	1	2	3	History Taking
NA	OBS	1	2	3	Medication Administration	NA	OBS	1	2	3	Patient Assessment
NA	OBS	1	2	3	EKG Recognition	NA	OBS	1	2	3	Taking Vital Signs
NA	OBS	1	2	3	Cardiac Management	NA	OBS	1	2	3	Airway Management
NA	OBS	1	2	3	Medical Management	NA	OBS	1	2	3	Ventilatory Support
NA	OBS	1	2	3	Trauma Management	NA	OBS	1	2	3	Bleeding Control
NA	OBS	1	2	3	Patient Movement	NA	OBS	1	2	3	Fracture Immobilization
NA	OBS	1	2	3	Other Skills (Specify):						

Comments:

Preceptor's Name: _____ Signature: _____ Date: _____

Preceptor's Evaluation			
Rating:	Excellent (1)	Adequate (2)	Not Adequate (3) (Circle One)
1 2 3	How well did the preceptor function as an intellectual guide or advisor?		
1 2 3	Did the preceptor evaluate in a fair and honest manner?		
1 2 3	Did the preceptor adequately supervise the paramedic Training/Internship?		
1 2 3	How well did the preceptor appear to be up to date on new developments?		
1 2 3	Overall Rate this Preceptor:		

Comments:

Student Name: _____ Student Signature: _____

IV TEAM

Clinical Objectives

Skills Performance Sheets

King Saud University PRINCE SULTAN BIN ABDULAZIZ COLLEGE FOR EMS Riyadh, Saudi Arabia	<h2 style="margin: 0;">Hospital Final Clinical Objectives Evaluation Form - IV</h2> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EMS 225 Clinical Practice I <input type="checkbox"/> EMS 323 Clinical Practice III <input type="checkbox"/> EMS 415 Clinical Practice V </div> <div> <input type="checkbox"/> EMS 314 Clinical Practice II <input type="checkbox"/> EMS 425 Clinical Practice IV <input type="checkbox"/> Clinical Internship – Hospital / Field Experience </div> </div>
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Student Name: _____ ID: _____ Date: _____

Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory

US	SA	NA	<i>Intravenous Team - Objectives</i>
			Utilize "Universal Precautions" of infection control
			Perform, Assist and observe IV fluid administration (at least 10 – Adults, Geriatrics & Pediatrics)
			Fluid type used for patient's condition
			Rate of administration
			Type of IV tubing
			Drip rate calculation
			IV set up procedures
			Note IV sites used
			Observe intraosseous infusions
			Blood type and cross match procedures
			Note product type used for patient condition
			Observe for signs or symptoms of hemolytic reaction
			Draw blood samples: (Not to include ABG's, blood alcohol, or blood for highly sophisticated laboratory analysis) (at least 10 – Adults, Geriatrics & Pediatrics)
			Students are permitted two attempts per patient
			Demonstrate aseptic technique
			Use a vacutainer
			Use a needle and syringe
			Use an over-the-needle catheter (agiocath) and syringe
			Use a scalp vein needle (butterfly) and syringe
			Perform IV insertions under supervision (at least 10 – Adults, Geriatrics & Pediatrics)
			Establish with a butterfly catheter
			Establish with an over-the-needle catheter
			Set the prescribed drip rate
			Peripheral sites
			Intraosseous cannulation
			Perform Fluid Therapy (at least 5 – Adults, Geriatrics & Pediatrics)
			Perform Medication Administration (at least 5 – Adults, Geriatrics & Pediatrics)

Preceptor Comments: _____

Preceptor Signature	Student Signature	Date
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Contact Dr. Bashar Youssef Dayoub EMS Coordinator, with any comments or concerns at office number +966-14793547 Ext : 121.
 If necessary to contact the coordinator immediately, call Dr. Bashar Youssef Dayoub at mobile number +966-050-6449470.
 Electronic submission of student information and performance can be done by the preceptor, please contact EMS Coordinator for further information.

Program Review ☐ _____

Intravenous Line (IV) Cannulation

Paramedic Student Name: _____ Student ID: _____

[illegible]

IV Fluid Administration

[illegible]

Draw blood samples

Paramedic Student Name: _____ Student ID: _____

Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory

[illegible]

IV Bolus Medication Administration

[illegible]

IV Infusion Medication Administration

[illegible]

Miscellaneous Medication Administration

[illegible]

King Saud University PRINCE SULTAN BIN ABDULAZIZ COLLEGE FOR EMS <i>Riyadh, Saudi Arabia</i>	<div style="text-align: center;">Daily Hospital Training – Clinical Evaluation Form - IV</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EMS 225 Clinical Practice I <input type="checkbox"/> EMS 323 Clinical Practice III <input type="checkbox"/> EMS 415 Clinical Practice V </div> <div> <input type="checkbox"/> EMS 314 Clinical Practice II <input type="checkbox"/> EMS 425 Clinical Practice IV <input type="checkbox"/> Clinical Internship – Hospital / Field Experience </div> </div>
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Student's Name: _____ Date: _____ Time In: _____ Time Out: _____
Hospital / Area: _____ Station / Unit #: _____

Rating System: ① Fails to perform ② Borderline-inconsistent ③ Competent

Student's Personal Evaluation											
①	②	③	Vehicle inspection (Ambulance only)	①	②	③	Appearance/Personal Hygiene				
①	②	③	Self-Confidence	①	②	③	Promptness/Punctuality				
①	②	③	Time Management	①	②	③	Attitude				
①	②	③	Patient Advocacy	①	②	③	Respect				
①	②	③	Careful Delivery of Service	①	②	③	Communications				
①	②	③	Teamwork and Diplomacy	①	②	③	Self-Motivation				
①	②	③	Psychomotor Skills Performance	①	②	③	Integrity and Empathy				
Rating: N/A = Not Applicable, No Opportunity to Perform this Skill Today OBS = Observed Skill Today 2 = Borderline-inconsistent (progressing towards competence) <div style="display: flex; justify-content: space-between; font-size: small;"> 1 = Fails to perform (incompetent) 3 = Competent </div>											
Student Skills Evaluation											
NA	OBS	1	2	3	Gain Venous Access	NA	OBS	1	2	3	History Taking
NA	OBS	1	2	3	Medication Administration	NA	OBS	1	2	3	Patient Assessment
NA	OBS	1	2	3	EKG Recognition	NA	OBS	1	2	3	Taking Vital Signs
NA	OBS	1	2	3	Cardiac Management	NA	OBS	1	2	3	Airway Management
NA	OBS	1	2	3	Medical Management	NA	OBS	1	2	3	Ventilatory Support
NA	OBS	1	2	3	Trauma Management	NA	OBS	1	2	3	Bleeding Control
NA	OBS	1	2	3	Patient Movement	NA	OBS	1	2	3	Fracture Immobilization
NA	OBS	1	2	3	Other Skills (Specify):						

Comments:

Preceptor's Name: _____ Signature: _____ Date: _____

Preceptor's Evaluation			
Rating:	Excellent (1)	Adequate (2)	Not Adequate (3) (Circle One)
1 2 3	How well did the preceptor function as an intellectual guide or advisor?		
1 2 3	Did the preceptor evaluate in a fair and honest manner?		
1 2 3	Did the preceptor adequately supervise the paramedic Training/Internship?		
1 2 3	How well did the preceptor appear to be up to date on new developments?		
1 2 3	Overall Rate this Preceptor:		

Comments:

Student Name: _____ Student Signature: _____

OPERATION ROOM

Clinical Objectives

Skills Performance Sheets

King Saud University
PRINCE SULTAN BIN
ABDULAZIZ COLLEGE FOR
EMS
Riyadh, Saudi Arabia

Hospital Final Clinical Objectives Evaluation Form - OR

- | | |
|--|--|
| <input type="checkbox"/> EMS 225 Clinical Practice I | <input type="checkbox"/> EMS 314 Clinical Practice II |
| <input type="checkbox"/> EMS 323 Clinical Practice III | <input type="checkbox"/> EMS 425 Clinical Practice IV |
| <input type="checkbox"/> EMS 415 Clinical Practice V | <input type="checkbox"/> Clinical Internship – Hospital / Field Experience |

Student Name: _____ ID: _____ Date: _____

Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory

US	SA	NA	<i>Operation Room - Objectives</i>
			Utilize "Universal Precautions" of infection control
			Perform Airway Maintenance (at least 10 Intubations – Adults, Geriatrics & Pediatrics)
			Head Positioning
			OPA & NPA Insertion
			Oropharyngeal Suctioning
			Bag-Valve-Mask Device Ventilation
			Endotracheal Intubation
			Endotracheal Tube Placement Determination – Primary & Secondary Confirmation
			Endotracheal Tube Suctioning
			Tracheostomy Tube Suctioning
			Bag-Valve-Mask Device Ventilation via Endotracheal Tube
			Oxygen Delivery Systems
			Note arterial blood gas values and changes relative to oxygen therapy
			Perform Patient Assessment (at least 10 – Adults, Geriatrics & Pediatrics)
			Pulse
			Respiration
			Blood Pressure
			Level of Consciousness
			Tissue Perfusion
			Lung sounds
			Temperature
			Physical examination
			Perform Intravenous Therapy (at least 10 – Adults, Geriatrics & Pediatrics)
			Fluid & Medication Administration (at least 5)
			IV Cannulation (at least 5)

Preceptor Comments: _____

Preceptor Signature

Student Signature

Date

Contact Dr. Bashar Youssef Dayoub EMS Coordinator, with any comments or concerns at office number +966-14793547 Ext : 121.
If necessary to contact the coordinator immediately, call Dr. Bashar Youssef Dayoub at mobile number +966-050-6449470.
Electronic submission of student information and performance can be done by the preceptor, please contact EMS Coordinator for further information.

Program Review ☐ _____

Endotracheal Intubation

Paramedic Student Name: _____ Student ID: _____

Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory

[illegible]

Suctioning Skill

[illegible]

IV Bolus Medication Administration

[illegible]

IV Infusion Medication Administration

Paramedic Student Name: _____ Student ID: _____

Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory

[illegible]

Intravenous Line (IV) Cannulation

[illegible]

Miscellaneous Medication Administration

[illegible]

King Saud University PRINCE SULTAN BIN ABDULAZIZ COLLEGE FOR EMS <i>Riyadh, Saudi Arabia</i>	<div style="text-align: center;">Daily Hospital Training – Clinical Evaluation Form - OR</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EMS 225 Clinical Practice I <input type="checkbox"/> EMS 323 Clinical Practice III <input type="checkbox"/> EMS 415 Clinical Practice V </div> <div> <input type="checkbox"/> EMS 314 Clinical Practice II <input type="checkbox"/> EMS 425 Clinical Practice IV <input type="checkbox"/> Clinical Internship – Hospital / Field Experience </div> </div>
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Student's Name: _____ Date: _____ Time In: _____ Time Out: _____
Hospital / Area: _____ Station / Unit #: _____

Rating System: ① Fails to perform ② Borderline-inconsistent ③ Competent

Student's Personal Evaluation											
①	②	③	Vehicle inspection (Ambulance only)	①	②	③	Appearance/Personal Hygiene				
①	②	③	Self-Confidence	①	②	③	Promptness/Punctuality				
①	②	③	Time Management	①	②	③	Attitude				
①	②	③	Patient Advocacy	①	②	③	Respect				
①	②	③	Careful Delivery of Service	①	②	③	Communications				
①	②	③	Teamwork and Diplomacy	①	②	③	Self-Motivation				
①	②	③	Psychomotor Skills Performance	①	②	③	Integrity and Empathy				
Rating: N/A = Not Applicable, No Opportunity to Perform this Skill Today OBS = Observed Skill Today 2 = Borderline-inconsistent (progressing towards competence) <div style="display: flex; justify-content: space-between; font-size: small;"> 1 = Fails to perform (incompetent) 3 = Competent </div>											
Student Skills Evaluation											
NA	OBS	1	2	3	Gain Venous Access	NA	OBS	1	2	3	History Taking
NA	OBS	1	2	3	Medication Administration	NA	OBS	1	2	3	Patient Assessment
NA	OBS	1	2	3	EKG Recognition	NA	OBS	1	2	3	Taking Vital Signs
NA	OBS	1	2	3	Cardiac Management	NA	OBS	1	2	3	Airway Management
NA	OBS	1	2	3	Medical Management	NA	OBS	1	2	3	Ventilatory Support
NA	OBS	1	2	3	Trauma Management	NA	OBS	1	2	3	Bleeding Control
NA	OBS	1	2	3	Patient Movement	NA	OBS	1	2	3	Fracture Immobilization
NA	OBS	1	2	3	Other Skills (Specify):						

Comments:

Preceptor's Name: _____ Signature: _____ Date: _____

Preceptor's Evaluation			
Rating:	Excellent (1)	Adequate (2)	Not Adequate (3) (Circle One)
1 2 3	How well did the preceptor function as an intellectual guide or advisor?		
1 2 3	Did the preceptor evaluate in a fair and honest manner?		
1 2 3	Did the preceptor adequately supervise the paramedic Training/Internship?		
1 2 3	How well did the preceptor appear to be up to date on new developments?		
1 2 3	Overall Rate this Preceptor:		

Comments:

Student Name: _____ Student Signature: _____

EMT-PARAMEDIC CLINICAL SKILL DOCUMENTATION SUMMARY LOG

Paramedic Student Name: _____ Student ID: _____

CLINICAL: start date: _____ end date: _____ total hours: _____

Paramedic Clinical Skills Documented

ER

Patient Assessment/ (minimum 10)

IV TEAM

IV Cannulation (minimum 15)

IV Fluid Administration (minimum 15)

Draw blood samples (minimum 10)

IV Medication Bolus (minimum 5)

IV Medication Infusion (minimum 5)

Miscellaneous Medication Administration (minimum 5)

Operation ROOM

Endotracheal Intubation (minimum 10)

Suctioning skills (minimum 10)

IV Medication Bolus (minimum 5)

IV Cannulation (minimum 10)

Miscellaneous Medication Administration (minimum 5)

(OR Skills)

Dr . Bashar Dayoub

Dr. Sikander Ali Shaikh