TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

EMS CLINICAL ASSESSMENT FOR EMT TRAINEES

Student Name: _____ **Date:** _____

Clinical Site: _____ **Clinical Agency:** _____

Evaluator's Name (Print): _____ **Signature:** _____

OBJECTIVES

1. Observe treatment and care given to patients, and assist as deemed appropriate by supervisor.
2. Identify patient's chief complaint and formulate an appropriate plan of intervention.
3. Gain experience and knowledge of obtaining pertinent information concerning patient's chief complaint.
4. Demonstrate ability to interact appropriately with patients.
5. Demonstrate knowledge of organizing and documentation of information obtaining from patient contacts.
6. Understand the relation of the EMT to hospital and other staff members.

ASSESSMENT

	YES	NO
1. **MOTIVATION:**		
a. Did the student seek opportunities for exposure to learning?	☐	☐
b. Was the student active in the care of all patient experiences?	☐	☐
2. **KNOWLEDGEABLE OF OCCUPATION:**		
a. Did the student have a basic concept of clinical assignment?	☐	☐
b. During the student's assignments were there appropriate demonstrations of assessment and technical skills?	☐	☐
3. **PROFESSIONAL PERFORMANCE:** Did the student accept and act upon counsel and instruction from superiors in a favorable attitude?	☐	☐
4. **COMMUNICATION:** Did the student respect the patient, patient's right and understand the concept of confidentiality?	☐	☐
5. **ACUMEN:** Did the student display a calm, professional attitude in stressful situation?	☐	☐
6. **PERSONAL CHARACTERISTICS:**		
a. Did the student arrive on time for clinical?	☐	☐
b. Was student in appropriate uniform?	☐	☐
c. Was student's appearance appropriate?	☐	☐

COMMENTS: _____