| _ | | Skills Appraisal Form | | | | |
|--|--------|---|-----------|-----------|--|--|
| KILGORE COLLEGE EMERGENCY MEDICAL TECHNOLOGY Paramedic I/AEMT | | Student:Student ID: Instructor:School #: Clinical Site:Base/Department: | | | | |
| Skill/Competency | Rating | Affective Domain Evaluation | Competent | Not yet | | |
| | | | | competent | | |
| Intermediate Assessment | | Integrity | | | | |
| Airway Maintenance | | Empathy | | | | |
| Oxygen Administration | | Self-Motivation | | | | |
| Medical History | | Appearance and Personal Hygiene | | | | |
| Lifting and Moving | | Self-Confidence | | | | |
| Dressing/Bandage | | Communications | | | | |
| CPR | | Time Management | | | | |
| Automated External Defibrillator | | Teamwork and Diplomacy | | | | |
| Inhalation Bronchodilator | | Respect | | | | |
| Endotracheal Intubations | | Patient Advocacy | | | | |

Careful Delivery of Service **Additional Comments:**

Date

Affective Evaluation:

competency or not yet competent for the Affective Domain Evaluation portion.

Please mark if student shows

Preceptor: Please use this form to rate the student's performance

and to offer suggestions for improvement.

3 = Acceptable

1 = Unacceptable

Peripheral IV Insertions

Suctioning **Traction Splint**

Documentation

Triage

Auto-Injector Epinephrine **Spinal Immobilization**

Rating Key: 5 = Excellent

| Attendance | | | | | | | | | |
|------------|---|----------|-----------------|-----------------|--|--|--|--|--|
| Time | e In | Time Out | Number of hours | Staff Signature | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Evaluator's Signature: Evaluator's Name (print): Student's Signature: | | | | | | | | |