



McLean County Area EMS System

112 A Southgate Drive
Bloomington, IL 61704

Phone: (309) 827-4348
Fax: (309) 827-2017

Field Experience Shift Summary

Date _____

Name _____

Preceptor _____

Level ___ B ___ I ___ P ___ ECRN/PHRN

Contact Preceptor _____

Number of Calls _____

General

___ A - Acceptable	___ U - Unacceptable
___ Appearance	___ Attitude
___ Motivation	___ Professionalism
___ Initiative	___ Equipment Knowledge
___ Relate to Patients	___ Relates to Coworkers

Skills

- | | | |
|----------------------|--------------------|---------------------|
| 1. Assessment | 8. IV | 15. Bandaging |
| 2. Airway (Basic) | 9. EKG monitor | 16. Extrication |
| 3. Airway (Advanced) | 10. Defibrillation | 17. Scene Survey |
| 4. Oxygen | 11. Cardioversion | 18. Radio Report |
| 5. History | 12. Medications | 19. Documentation |
| 6. Vitals | 13. Cardiac Pacing | 20. CPR |
| 7. Splinting | 14. Immobilization | 21. Call Management |

Type of Call	Skills	Evaluation

Additional Comments:

Student Signature: _____

Preceptor Signature: _____