



# EMT Clinical Training Record

**STUDENT INFORMATION:**

Student's Name: \_\_\_\_\_ Cert #: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

**SUMMARY OF CLINICAL ROTATIONS:**

|    | Name of Clinical Site/Setting* | Date | Time | Preceptor's Signature |
|----|--------------------------------|------|------|-----------------------|
| 1  |                                |      |      |                       |
| 2  |                                |      |      |                       |
| 3  |                                |      |      |                       |
| 4  |                                |      |      |                       |
| 5  |                                |      |      |                       |
| 6  |                                |      |      |                       |
| 7  |                                |      |      |                       |
| 8  |                                |      |      |                       |
| 9  |                                |      |      |                       |
| 10 |                                |      |      |                       |

\* Students conducting live patient assessments need to complete a form TR-05A for each patient listed above. This form contains the minimum data needed on each live patient.

All students completing Emergency Medical Technician course must:

- Perform 10 patient assessments:
  - A minimum five of these patient assessments must be performed on live patients. These should be performed on an ambulance or in an emergency department or may be completed in a clinic, nursing home, doctor's office, etc.
  - No more than five of the required 10 patient assessments may be performed on standardized programmed patients or advanced simulation mannequins.
- Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care.

**STANDARDIZED PROGRAMMED PATIENTS:**

If the training site makes use of the **Standardized Programmed Patient** option, the following chart must be completed for each programmed patient contact. No more than five (5) of the required 10 patient assessments may be performed on standardized programmed patients or advanced simulation mannequins.

|   | Location of Scenario Session | Date | Time | EMT Instructor's Signature |
|---|------------------------------|------|------|----------------------------|
| 1 |                              |      |      |                            |
| 2 |                              |      |      |                            |
| 3 |                              |      |      |                            |
| 4 |                              |      |      |                            |
| 5 |                              |      |      |                            |

A. Standardized Program Patients is defined as:

1. The use of individuals trained to portray the roles of patients, family members or others to allow students to practice physical exam skills, history taking skills, communication skills and other exercises.
  - a. Experiential Learning with a Standardized Patient
    - i. Standardized Patient (SP) is a person carefully recruited and trained to take on the characteristics of a real patient thereby affording the student an opportunity to learn and to be evaluated on learned skills in a simulated clinical environment.
      - (a) During an interaction with a student the SP may:
        - (b) present case history in response to questioning by the student
        - (c) undergo a limited physical examination at the student's direction
        - (d) assist students in developing their communication and clinical skills
        - (e) assist students in working through difficult emotional situations in a safe environment

B. Advanced Simulation Manikins are defined as:

1. A realistic interactive training manikin for simulating a wide range of advanced life saving skills in medical emergencies.
  - a. Please see [TPAM Policy T-555](#) for more details on minimum specs for Advanced Simulation Manikins.

**Signatures:**

Student Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_