CAPITAL COMMUNITY COLLEGE PARAMEDIC PROGRAM

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
CARDIAC CATH LAB EVALUATION FORM

Student Name:_____ Date_____

Preceptor Name/Signature:_____

This rotation is intended as an observational experience for the paramedic student to develop the ability to correlate cardiac pathophysiology and patient chief complaint to results obtained through their procedures. To gain the best educational experience, we request that the student be able to view patient records to make correlation of their findings. All students have been trained in all HIPAA requirements and understand the need for absolute patient confidentiality. The student understands that at no time may any information be duplicated from the patient record

	EXCELLENT	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY	**N/A**
Ability to discuss cardiac/coronary anatomy					
Demonstrates understanding of coronary perfusion					
Discuss pathophysiology of myocardial occulsions					
Discuss findings of cardiac cath and associate it with a 12 lead EKG finding					
Demonstrate understanding of patient medications					
Communicates effectively, courteously and professionally with staff					
Communicates effectively and appropriately with patient					
Follows directions appropriately and responsibly					
Personal appearance					

Comments: