



**Motlow
College
EMS
Education**

Paramedic and AEMT Daily Field Internship Evaluation Form

EMS Agency _____

All information above the bold double line is mandatory for all EMS incidents. Below the double line check or fill in all that apply

STUDENT NAME:

PRECEPTOR NAME:

FIELD INTERNSHIP PHASE

CHECK CURRENT PHASE PERIOD

- ☐ Phase 1-Orientation to EMS Field Environment; individual ALS skills
☐ Phase 2-Student should be able to function as Team Member
☐ Phase 3-Student should be able to function as an entry level Paramedic
☐ Phase 4- Student MUST demonstrate TEAM Leadership

Date:

Total Runs:

Total Hours:

Unit Number:

Total # of Patients:

IV ACCESS

ALS ADVANCED AIRWAY

| FLUID | IV/IO ATTEMPTS | IV/IO SUCCESS | SITE | GAUGE | Student | Team | AIRWAY TYPE | AIRWAY # ATTEMPTS | SUCCESS | ET SIZE | Student | Team |
|-------|----------------|---------------|------|-------|--------------------------|--------------------------|-------------|-------------------|---------|---------|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

ALS EKG

ECG INTERPRETATION

| ELECTRICAL THERAPY | | ENERGY LEVELS | Student | Team | DOCUMENT INTERPRETATION AND VENTRICULAR RATE | | Student | Team |
|----------------------------|--|---------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|
| MANUAL DEFIBRILLATION | | | <input type="checkbox"/> | <input type="checkbox"/> | Rhythm 1 | | <input type="checkbox"/> | <input type="checkbox"/> |
| AUTOMATED DEFIBRILLATION | | | <input type="checkbox"/> | <input type="checkbox"/> | Rhythm 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| TRANSCUTANEOUS PACING | | | <input type="checkbox"/> | <input type="checkbox"/> | Rhythm 3 | | <input type="checkbox"/> | <input type="checkbox"/> |
| SYNCHRONIZED CARDIOVERSION | | | <input type="checkbox"/> | <input type="checkbox"/> | Rhythm 4 | | <input type="checkbox"/> | <input type="checkbox"/> |

ALS MEDICATION

| DRUG | DOSE | ROUTE | Student | Team | DRUG | DOSE | ROUTE | Student | Team |
|------|------|-------|--------------------------|--------------------------|------|------|-------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |

BLS CARE

BCLS CARE

| # PERFORMED BY | STUDENT | TEAM | YES | # PERFORMED BY | STUDENT | TEAM | YES |
|-------------------------------|---------|------|--------------------------|---|---------|------|--------------------------|
| PATIENT INTERVIEW/ HISTORY | | | <input type="checkbox"/> | WITNESSED ARREST | | | <input type="checkbox"/> |
| PHYSICAL EXAM | | | <input type="checkbox"/> | ROSC DURING TRANSPORT | | | <input type="checkbox"/> |
| HOSPITAL NOTIFICATION | | | <input type="checkbox"/> | ROSC AT RELEASE | | | <input type="checkbox"/> |
| MEDICAL CONTROL CONSULT | | | <input type="checkbox"/> | NO ROSC AT ANY TIME | | | <input type="checkbox"/> |
| VITAL SIGNS | | | <input type="checkbox"/> | SUCTION | | | <input type="checkbox"/> |
| O ₂ ADMINISTRATION | | | <input type="checkbox"/> | CHEST COMPRESSIONS | | | <input type="checkbox"/> |
| BANDAGING | | | <input type="checkbox"/> | VENTILATIONS | | | <input type="checkbox"/> |
| TRACTION SPLINT | | | <input type="checkbox"/> | BLS AIRWAY ADJUNCT | | | <input type="checkbox"/> |
| C-SPINE IMMOBILIZATION | | | <input type="checkbox"/> | ADJUNCT TYPE: (GIVE DESCRIPTION BELOW) | | | |
| LONG BACKBOARD | | | <input type="checkbox"/> | | | | |
| LONG BONE IMMOBILIZATION | | | <input type="checkbox"/> | | | | |
| CHEST DECOMPRESSION | | | <input type="checkbox"/> | | | | |
| CRICOTHYROIDOTOMY | | | <input type="checkbox"/> | | | | |

ADDITIONAL SKILLS:

| | | | |
|-------------|--|--|--------------------------|
| 3 LEAD ECG | | | <input type="checkbox"/> |
| 12 LEAD ECG | | | <input type="checkbox"/> |
| 15 LEAD ECG | | | <input type="checkbox"/> |

| | |
|----------------------|---|
| STUDENT NAME: | <u>Preceptor Instructions:</u> Expect your student to show you their objectives and Individual Internship Log and evaluation documents prior to the start of your shift without exception. |
|----------------------|---|

YES ☐ NO ☐ Student brought and reviewed the objectives and forms for their shift

Please rate the student in the following categories at the end of the shift

| GRADING SCALE | DEFINITION |
|---|---|
| 4 Field Competent | Exceeds expectations at current level in the program. |
| 3 Appropriate for Experience Level | Functioning at level expected in the program (At the current level) |
| 2 Needs Improvement (see comments below) | Needs further practice and education to improve |
| 1 Dangerous to Practice (see comments below) | Hazard to patients and others |

| GRADE (CIRCLE) | DAILY AFFECTIVE APTITUDE EVALUATION |
|---|--|
| 4 3 2 1 | <u>Professionalism/Attitude:</u> The student's behavior demonstrated integrity, empathy, self motivation, self-confidence, team work, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. Reported to clinical assignment on time and in full uniform |
| 4 3 2 1 | <u>Learner Characteristics:</u> Demonstrates attendance within the stated program policy, independently seeks out appropriate learning experiences, participates in a multi-skilled approach to patient care, practices required skills, and seeks advice to improve skills, demonstrates the superior delivery of patient care required of a paramedic student as stated within the program policy |
| 4 3 2 1 | <u>Communication Skills:</u> Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a "student role" appropriate level |
| STUDENT PERFORMANCE | |
| 4 3 2 1 | <u>Phase/Shift Objectives:</u> Reviews current objectives and performs the tasks to standards outlined. Requests and accepts constructive criticism, takes personal responsibility for self-improvement. |
| 4 3 2 1 | <u>Psychomotor skills:</u> Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently. |
| TEAM LEADER EVALUATION (ONLY IF STUDENT FULLY LEAD THE TEAM) | |
| 4 3 2 1 | <u>Interview:</u> Completes <u>comprehensive</u> interviews. Demonstrated active listening |
| 4 3 2 1 | <u>Exam:</u> Completes appropriate head-to-toe and/or focused physical exam |
| 4 3 2 1 | <u>Treatment:</u> Formulates a field impression and implemented a treatment plan |
| 4 3 2 1 | <u>Skill:</u> Interventions performed were complete. Satisfactory and timely |
| 4 3 2 1 | <u>Leadership:</u> Set priorities, directed team, and adapted to evolving information |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Student successfully lead the EMS team during patient encounters |

Preceptor Comments:

| | | |
|---------------------|-------------------|---|
| Preceptor Signature | Student Signature | Program Review <input type="checkbox"/> |
|---------------------|-------------------|---|