



FIELD INTERNSHIP - PARAMEDIC CLINICAL EVALUATION FORM

☐ Ambulance (200 hrs)

Student Name:	Student Signature					
Date:	Sign-In Time:	AM	PM	Sign-Out Time:	AM	PM

INSTRUCTIONS: Please indicate on the chart below what skills the EMT student performed. Preceptors should sign and date at the bottom, and should record any comments on the back of this form.

Skills	1	2
Administer ALS medications (15)		
Endotracheal intubation (Anesthesia) (5)		
Venous Access/Intraosseous Insertion/MEDI PORT (25)		
Ventilate un/intubated patient/Et CO ² (20)		
Alternative Airway Placement/CPAP		
Cardiac Monitoring/12 lead placement		
Defibrillation/Synchronized cardioversion/TCP		
Age Specific: Pediatric (30) Adult (50) Geriatric (30)		
Assessment of pediatric patient (newborn=birth to 1 month)		
Assessment of pediatric patient (infant=1 month to 1 year)		
Assessment of pediatric patient (toddler=2 to 4 years)		
Assessment of pediatric patient (pre-school=4 to 6 years)		
Assessment of pediatric patient (school-aged=6 to 12 years)		
Assessment of pediatric patient (adolescent=12 to 18 years)		
Assessment of adult patient (19-64 years)		
Assessment of geriatric patient (65+ years)		
Pathologies		
Assessment of the OB patient (one delivery) (10 assessments)		
Assessment of the trauma patient (all facets of trauma) (40)		
Assessment of Psychiatric/Behavioral (includes ETOH, OD) (20)		
Complaints: assess, formulate, implement a treatment plan		
Patient with chest pain (30)		
Patient with respiratory distress-adult (20)		
Patient with respiratory distress-pediatric (10)		
Patient with syncope (10)		
Patient with abdominal pain (20)		
Patient with an altered mental status (20)		
Patient with any neurological deficits (10)		
Team Leader		
Minimum of BLS prehospital runs (20)		
Minimum of ALS prehospital runs (30)		
Any other skills (must include decision making skills/activate patient care)		

The student must demonstrate, under direct supervision, the ability to:

- Safely perform specific psychomotor skills
- Perform/observe a comprehensive assessment on a variety of age groups
- Perform/observe a comprehensive assessment on a variety of pathologies
- Perform/observe a comprehensive assessment, formulate and implement a treatment plan for a variety of patient complaints
- Serve as team leader or active team member in a variety of patient settings

Preceptor's Signature:	Agency:	Date:
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Student's clinical time has been:

Satisfactory

Unsatisfactory

Preceptor: Preceptors are requested to place comments pertaining to the EMS student's performance during his/her clinical experience and to comment on the student's performance for each patient contact they make.

Brief Synopsis of call:

What skills (psychomotor) should the student improve upon?

What skills (affective or didactic) should the student improve upon?

What skills (psychomotor and/or affective) did the student perform well?

Other comments:

Preceptor PRINT name

Preceptor's Signature:

EMS students should provide a brief description of the pre-hospital care in which they participated. Your comments should include statements relating towards the patient's condition and any treatment you observed, participated with, or completed under supervision of the ambulance crew.

Student Comments:

Student: PRINT name

Student's Signature: