

**HEALTH CAREER
INSTITUTE
EMS PROGRAM**

Daily Externship Evaluation Form

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:				
ASSESSMENTS				SHIFT ENTRY		CLINICAL UNIT	
Abdominal/GI	Psychiatric	Trauma- Upper Extremities		Date:		ED	<input type="checkbox"/>
Respiratory	Seizure	Lower Extremities		Time:		ICU	<input type="checkbox"/>
Cardiac	Sepsis/Infection			Total Hours:		MICU	<input type="checkbox"/>
CVA/TIA	Other Medical			Total # of Patients:		PICU	<input type="checkbox"/>
Diabetic	Other Neuro					TICU	<input type="checkbox"/>
DOA	Trauma- Head					PEDS CLINIC	<input type="checkbox"/>
OB /GYN	Chest					OB/L&D 8E	<input type="checkbox"/>
OD	Abdomen						

IV ACCESS						ADVANCED AIRWAY						
FLUID	IV/IO ATTEMPTS	IV/IO SUCCESS	SITE	IV 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"/>

ELECTRICAL THERAPY					MEDICATION ADMINISTRATION						
ELECTRICAL THERAPY		ENERGY LEVELS		STUDENT	TEAM	DRUG		DOSE	ROUTE	STUDENT	TEAM
MANUAL DEFIBRILLATION				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AUTOMATED DEFIBRILLATION				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TRANSCUTANEOUS PACING				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SYNCHRONIZED CARDIOVERSION				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

BLS CARE				ALS CARE – OTHER			
DESCRIBE / # SKILLS PERFORMED		BY STUDENT	BY TEAM	DESCRIBE / # PERFORMED		BY STUDENT	BY TEAM
PHYSICIAN COMMUNICATION				AUTOMATIC VENTILATOR			
BANDAGING/WOUND MANAGEMENT				BLOOD GLUCOSE-GLUCOMETER			
TRACTION SPLINT				CAPNOMETRY			
SUCTION				VALSALVA MANEUVER			
OROPHARYNGEAL AIRWAY				CENTRAL IV LINE			
NASOPHARYNGEAL AIRWAY				CHEST TUBE			
VITAL SIGNS				CHEST DECOMPRESSION			
C-SPINE IMMOBILIZATION				HEMODYNAMIC WAVEFORMS AND MONITORING			
JOINT IMMOBILIZATION				CRICOTHYROIDOTOMY			
VENTILATE				NG /OG TUBE			
MOVEMENT OF PATIENT				OTHER _____			
LONG BACKBOARD IMMOBILIZATION				PULSE OXIMETRY			
LONG BONE IMOBILIZATION				12 LEAD ECG (DESCRIBE ANALYSIS)			BY STUDENT
CHEST COMPRESSIONS							
OXYGEN							

ASSESSMENTS LOG - * Place a "0" in this column for an observed pt. exam and interview. Place a "P" for a performed examination and interview

*0/P	Pt.	Age	Sex	Primary Field Impression (select from assessment list)	EKG	MOI	LOC- AVPU	Significant BP	Initials
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								

DAILY EXTERNSHIP EVALUATION FORM

STUDENT NAME:	PRECEPTOR NAME/ID#:
----------------------	----------------------------

Please evaluate the student in the following categories at the end of their hospital clinical rotation

GRADING SCALE

- 4** Proficient – Field Competent
- 3** Acceptable – Appropriate for Experience
- 2** Needs Improvement (see comments)
- 1** Dangerous to Practice

DEFINITION

- Employable as a functioning Paramedic*
- Functioning at level expected in the program (see phases other side)*
- Needs further practice and education to improve*
- Hazard to patient and others*

GRADE **DAILY AFFECTIVE APTITUDE EVALUATION**

4 3 2 1	<p>Professionalism/Attitude: <i>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</i></p> <p>COMMENT:</p>
4 3 2 1	<p>Learner Characteristics: <i>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</i></p> <p>COMMENT:</p>
4 3 2 1	<p>Communication Skills: <i>Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a "student role" appropriate level</i></p> <p>COMMENT:</p>

Preceptor Comments:

Preceptor Signature	Student Signature	Date
---------------------	-------------------	------