



Daily Field Internship Evaluation Form

Kentucky EMS Academy – KEMSA

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:	BADGE #	PRECEPTOR NAME:	BADGE #
FIELD INTERNSHIP PHASE CHECK CURRENT PHASE PERIOD <input type="checkbox"/> Phase 1–Orientation to EMS Field Environment; individual ALS skills <input type="checkbox"/> Phase 2–Student should be able to function as EMT-Intermediate <input type="checkbox"/> Phase 3–Student should be able to function as an entry level Paramedic <input type="checkbox"/> Phase 4–Student MUST demonstrate full TEAM Leadership as a Paramedic		Date:	
		Total Runs:	
		Total Hours:	
		Unit Number:	
		Total # of Patients:	

ALS IV ACCESS						ALS ADVANCED AIRWAY					
FLUID	IV/IOATTEMPTS	IV/IOSUCCESS	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 CARディオVERSION				<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							
PLEASE DESCRIBE / # SKILLS PERFORMED	BY	STUDENT	TEAM	STUDENT	TEAM	PLEASE DESCRIBE / # PERFORMED	BY	STUDENT	TEAM	STUDENT	TEAM
PATIENT INTERVIEW				<input type="checkbox"/>	<input type="checkbox"/>	WITNESSED ARREST				<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL EXAM				<input type="checkbox"/>	<input type="checkbox"/>	ROSC DURING TRANSPORT				<input type="checkbox"/>	<input type="checkbox"/>
HOSPITAL NOTIFICATION				<input type="checkbox"/>	<input type="checkbox"/>	ROSC AT RELEASE				<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL CONTROL CONSULT				<input type="checkbox"/>	<input type="checkbox"/>	NO ROSC AT ANY TIME				<input type="checkbox"/>	<input type="checkbox"/>
VITAL SIGNS				<input type="checkbox"/>	<input type="checkbox"/>	SUCTION				<input type="checkbox"/>	<input type="checkbox"/>
O ₂ ADMINISTRATION				<input type="checkbox"/>	<input type="checkbox"/>	CHEST COMPRESSIONS				<input type="checkbox"/>	<input type="checkbox"/>
BANDAGING				<input type="checkbox"/>	<input type="checkbox"/>	VENTILATIONS				<input type="checkbox"/>	<input type="checkbox"/>
TRACTION SPLINT				<input type="checkbox"/>	<input type="checkbox"/>	BLS AIRWAY ADJUNCT				<input type="checkbox"/>	<input type="checkbox"/>
C-SPINE IMMOBILIZATION				<input type="checkbox"/>	<input type="checkbox"/>	ADJUNCT TYPE:					
LONG BACKBOARD				<input type="checkbox"/>	<input type="checkbox"/>	ALS CARE – Other					
LONG BONE IMOBILIZATION				<input type="checkbox"/>	<input type="checkbox"/>		DESCRIBE / # PERFORMED			STUDENT	TEAM
STUDENT PHYSICALLY INVOLVED IN LIFTING PATIENT		<input type="checkbox"/> YES <input type="checkbox"/> NO				CHEST DECOMPRESSION				<input type="checkbox"/>	<input type="checkbox"/>
						CRICOTHYROIDOTOMY				<input type="checkbox"/>	<input type="checkbox"/>

STUDENT NOTES		12 LEAD ECG	<input type="checkbox"/>	<input type="checkbox"/>
		PASG - APPLY	<input type="checkbox"/>	<input type="checkbox"/>
		PASG – INFLATE	<input type="checkbox"/>	<input type="checkbox"/>
		PULSE OXIMETRY	<input type="checkbox"/>	<input type="checkbox"/>
		BLOOD GLUCOSE	<input type="checkbox"/>	<input type="checkbox"/>

DAILY FIELD INTERNSHIP EVALUATION FORM

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.
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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	<i>Employable as a Functioning Paramedic</i>
3 Appropriate for Experience Level	<i>Functioning at level expected in the program (see phases other side)</i>
2 Needs Improvement (see comments below)	<i>Needs further practice and education to improve</i>
1 Dangerous to Practice (see comments below)	<i>Hazard to patients and others</i>

GRADE (CIRCLE)	DAILY AFFECTIVE APTITUDE EVALUATION
4 3 2 1	<p><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</p> <p>PRECEPTOR COMMENT:</p>
4 3 2 1	<p><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</p> <p>PRECEPTOR COMMENT:</p>
4 3 2 1	<p><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</p> <p>PRECEPTOR COMMENT:</p>

STUDENT PERFORMANCE	
4 3 2 1	<p><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.</p> <p>PRECEPTOR COMMENT:</p>
4 3 2 1	<p><u>Psychomotor skills:</u> Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently.</p> <p>PRECEPTOR COMMENT:</p>

TEAM LEADER EVALUATION	
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 No Student successfully lead the EMS team during patient encounters

Preceptor Comments:

Preceptor Signature	Student Signature	Program Review <input type="checkbox"/>
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Contact Lee Brown , Program Director with any comments or concerns. Please call at (270)745-5865