

**CSI PARAMEDIC PROGRAM
FIELD INTERNSHIP 360 HOUR EVALUATION**



STUDENT: _____
DATE: _____

This report must be completed by the preceptor directly involved with student training. This report should be completed at the end of 360 hours of field internship to determine appropriate progression towards entry-level paramedic competence. Preceptor: Please fill out completely and accurately. If the student can competently perform the tasks listed below, circle YES; if not, circle NO

1. Student demonstrates effective communications skills with patients and medical personnel?	Yes	No
2. Student demonstrates an empathetic approach to patients and family members?	Yes	No
3. Student demonstrates the behavioral qualities expected of a professional in the EMS community?	Yes	No
4. Student demonstrates a safe and systematic approach to patient care?	Yes	No
5. Does this student demonstrate concern for the well-being of self, coworkers, patients and bystanders?	Yes	No
6. Student performs the skills necessary to function as a paramedic safely, efficiently and effectively?	Yes	No
7. Student demonstrates the functional knowledge necessary to perform as a paramedic?	Yes	No
8. Student demonstrates a functional knowledge of all BLS and ALS equipment used in your service?	Yes	No
9. Student demonstrates a functional knowledge of all medications used in the pre-hospital setting?	Yes	No
10. Student demonstrates an ability to effectively interpret normal and abnormal cardiac rhythms?	Yes	No
11. Student performs as an effective member of an ALS team?	Yes	No
12. Student functions appropriately in a stressful environment?	Yes	No
13. Student makes appropriate decisions when in a stressful or critical situation?	Yes	No
14. When working in a stressful situation, student demonstrates needed leadership qualities?	Yes	No
15. This student has the skills, abilities and knowledge needed to perform as a safe, effective, efficient paramedic?	Yes	No

16. Student demonstrates in an emergent setting the ability to gather appropriate patient information, formulate a plan of action based on this information, and to carry this plan to successful conclusion for each of the following:

1. Trauma emergencies	YES	NO	NOT OBSERVED
2. Cardiac emergencies	YES	NO	NOT OBSERVED
3. Respiratory emergencies	YES	NO	NOT OBSERVED
4. Neurological emergencies	YES	NO	NOT OBSERVED
5. Pediatric emergencies	YES	NO	NOT OBSERVED
6. Geriatric emergencies	YES	NO	NOT OBSERVED

17. Please identify this student's THREE major areas of strength.

18. Please identify this student's primary weakness and how he or she could best improve.

PRECEPTOR EVALUATION:

_____ APPROPRIATE PROGRESSION
_____ INCONSISTENT / DEPENDENT ON PRECEPTOR FOR DIRECTION
_____ UNSATISFACTORY

RECOMMENDED IMPROVEMENT PLAN:

PRECEPTOR: _____
(print name) (signature) (date)

REVIEWED BY:

INSTRUCTOR: _____
(signature) (date)