

KIAMCIHI TECHNOLOGY CENTER PARAMEDIC PROGRAM



EMS FIELD CLINICAL PACKET



NATIONALLY ACCREDITED

EMS Field Internship

This packet is in addition to guidelines listed in the Paramedic Clinical Handbook

- A. The Paramedic student is required to complete a minimum of 180 hours in EMS. These hours will be divided into the EMS Field internship and the Capstone phases. The Field hours will consist of a minimum of 120 hours.
- B. The Capstone packet will be given to the students after successfully completing all the phases of his/her education and will be a minimum of 60 hours. All knowledge, skills, hospital, and 120 hours of field rotations must be successfully completed prior to receiving the Capstone packet. Plus, the approved preceptor must attest to the fact the student is ready for his/her Capstone phase of leadership rides.
- C. Preceptors must be approved by the KTC EMS program prior to conducting Field/Capstone rotations. The preceptors must have two or more years of street experience with advanced life support protocols.
- D. Students cannot perform clinical rotations where s/he is employed, or with friends or family.
- E. Students must have current NREMT and state EMT certification, and a current Health Care Provider card.
- F. Student must wear his or her safety vest during any unsafe scene that requires high visibility of the medics.
- G. Students cannot be in the front of the ambulance, and must wear his/her seatbelt at all times, unless patient care dictates otherwise.
- H. Remember, students will be graded on his/her clinical performance, documentation and affective behavior.
- I. Student must be in proper uniform, with name badge and clinical packet in hand or will be denied access to the rotations for that day.

Field Clinical Objectives:

1. Students must schedule a rotation through the required calendar setup, and report early to the assigned preceptor for that shift. Student should remain with the preceptor for the shift.
2. Students will help the crew members with all general activities such as equipment and ambulance inspection, cleaning and maintenance.
3. Students will read and understand the rationale of the service's protocols prior to the first shift.
4. Students will participate/observe all ambulance calls, transfers and emergencies.
5. Perform patient assessment including medical history and conducting a physical examination. Minimum assessment skills should include taking and recording vital signs and lung auscultation.
6. Assist and review basic and advanced treatment of trauma and medical emergencies.
7. Assist in scene control and triaging.
8. Assist and observe with obtaining medical control communication.
9. Assist and observe in the transfer of patient's after care.
10. Continue to track the numbers of all patient contacts, such as skills and procedures, age, sex, and chief complaints throughout all the rotations.

Documentation

1. **Daily Performance:** Complete one daily performance sheet for each shift. Document all activities performed or observed. Have the preceptor sign and initial the time in and out in.
Documents/shifts will not accepted if times are not initialed, or have been changed.
2. **Pathophysiology:** Complete a minimum of 12 pathophysiology reports on patients encountered during the field rotations. These reports will be grammatically correct, readable, and a minimum of 200 words each.
3. **ECG:** Complete a minimum of 12 ECG interpretations on patients encountered during the field rotations.
4. **Radio Report:** Complete a minimum of 12 radio reports during the field rotations.
5. **PCR:** Complete a minimum of 12 patient care report narratives. Student should have them critiqued by the preceptor.
6. **Clinical Evaluation:** Complete an evaluation on each clinical site where you perform rotations.
7. **Competencies:** Document all required competencies located in the competency packet.

**Field Internship
Daily Performance Sheet**

Student Name: _____ Date: _____

Shift Supervisor/Preceptor: _____

Clinical Site: _____

How many patients were seen during this shift? _____

Describe and procedures performed by you:

Describe and procedures observed by you:

Comments or suggestions by shift supervisor or preceptor:

**Time must be filled in and initialed
by supervisor/preceptor.**

Time in: _____
Initials Preceptor's signature

Time out: _____
Initials Title

Note: Any times or dates altered or changed in any way will not be accepted, and the hours may have to be repeated.

Please complete the information on the reverse side.

Field Internship Tracking

Please complete this form to show the numbers of procedures and patients seen for your ambulance rotations. Upon completion of your shift have your preceptor sign. The procedures must be successfully performed by you, not observed.

Location of Shift: _____ Preceptor Signature _____

<i>Procedure/Age Group</i>	<i>Numbers</i>
Safely Administer Medications	
Endotracheal Intubations	
Live Intubations	
Safely Gain Venous Access	
Ventilate a Patient without advanced airway	
Assessment of Newborn (0- 1month)	
Assessment of Infant (1 month – 1 year)	
Assessment of Toddler (1-3)	
Assessment of Preschooler (3-5)	
Assessment of School Ages (6-12)	
Assessment of Adolescents (13+)	
Assessment of Adults	
Assessment of Geriatrics (> 65 years)	
Assessment of Obstetric Patient	
Assessment of Trauma Patient	
Assessment of Medical Patient	
Assessment of psychiatric Patient	
Assessment and RX of Chest Pain	
Assessment and RX of Respiratory	
Assessment and RX of Syncope	
Assessment and RX of Abdominal	
Assessment and RX of Altered Mental Status	
Assessment of Dialysis Patient	
Assessment and RX of Burn Patient	

Team Work and Diplomacy**1****2****3**

Examples, but are not limited to: placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect**1****2****3**

Examples, but are not limited to: being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

Patient Advocacy**1****2****3**

Examples, but are not limited to: not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

Careful Delivery of Service**1****2****3**

Examples, but are not limited to: mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Use the space below to explain any ratings below "competent". Identify specific behaviors, and corrective actions.

Preceptor Name _____ Signature _____

**Field Internship
Daily Performance Sheet**

Student Name: _____ Date: _____

Shift Supervisor/Preceptor: _____

Clinical Site: _____

How many patients were seen during this shift? _____

Describe and procedures performed by you:

Describe and procedures observed by you:

Comments or suggestions by shift supervisor or preceptor:

**Time must be filled in and initialed
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Time in: _____
Initials Preceptor's signature

Time out: _____
Initials Title

Note: Any times or dates altered or changed in any way will not be accepted, and the hours may have to be repeated.

Please complete the information on the reverse side.

Field Internship Tracking

Please complete this form to show the numbers of procedures and patients seen for your ambulance rotations. Upon completion of your shift have your preceptor sign. The procedures must be successfully performed by you, not observed.

Location of Shift: _____ Preceptor Signature _____

<i>Procedure/Age Groups</i>	<i>Numbers</i>
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Endotracheal Intubations	
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Assessment of psychiatric Patient	
Assessment and RX of Chest Pain	
Assessment and RX of Respiratory	
Assessment and RX of Syncope	
Assessment and RX of Abdominal	
Assessment and RX of Altered Mental Status	
Assessment of Dialysis Patient	
Assessment and RX of Burn Patient	

Paramedic Professional Behavior Evaluation (Affective)

Name of Student: _____ Date of evaluation: _____

- Rating:
- 1 Fails to Perform
 - 2 Borderline (inconsistent) ---needs more work
 - 3 Competent

PLEASE CIRCLE ONE IN EACH CATEGORY

Integrity	1	2	3
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Examples of professional behavior include, but are not limited to: consistently honest; can be trusted with the property of others; can be trusted with confidential information; completely and accurately documents patient care and learning activities.

Empathy	1	2	3
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Examples, but are not limited to: showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

Self-Motivation	1	2	3
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Examples, but are not limited to: taking initiative to complete assignments; takes initiative to improve and/or correct behavior; takes on and follows through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently strives for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities. Ask questions and reviews protocols.

Appearance and Personal Hygiene	1	2	3
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Examples, but are not limited to: having appropriate clothing and uniform that is neat, clean and well maintained; name badge worn, maintaining good personal hygiene and grooming.

Self-Confidence	1	2	3
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Examples, but are not limited to: demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.

Communications	1	2	3
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Examples, but are not limited to: speaking clearly; writing legibly; active listening; adjusting communication strategies to various situations. Proper communication with other public and health care personnel.

Time Management	1	2	3
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Examples, but are not limited to: being consistently punctual; completing tasks and assignments on time.

Team Work and Diplomacy**1****2****3**

Examples, but are not limited to: placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect**1****2****3**

Examples, but are not limited to: being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

Patient Advocacy**1****2****3**

Examples, but are not limited to: not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

Careful Delivery of Service**1****2****3**

Examples, but are not limited to: mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Use the space below to explain any ratings below "competent". Identify specific behaviors, and corrective actions.

Preceptor Name _____ Signature _____

**Field Internship
Daily Performance Sheet**

Student Name: _____ Date: _____

Shift Supervisor/Preceptor: _____

Clinical Site: _____

How many patients were seen during this shift? _____

Describe and procedures performed by you:

Describe and procedures observed by you:

Comments or suggestions by shift supervisor or preceptor:

**Time must be filled in and initialed
by supervisor/preceptor.**

Time in: _____	_____
Initials	Preceptor's signature

Time out: _____	_____
Initials	Title

Note: Any times or dates altered or changed in any way will not be accepted, and the hours may have to be repeated.

Please complete the information on the reverse side.

Field Internship Tracking

Please complete this form to show the numbers of procedures and patients seen for your ambulance rotations. Upon completion of your shift have your preceptor sign. The procedures must be successfully performed by you, not observed.

Location of Shift: _____ Preceptor Signature _____

<i>Procedure/Age Groups</i>	<i>Numbers</i>
Safely Administer Medications	
Endotracheal Intubations	
Live Intubations	
Safely Gain Venous Access	
Ventilate a Patient without advanced airway	
Assessment of Newborn (0- 1month)	
Assessment of Infant (1 month – 1 year)	
Assessment of Toddler (1-3)	
Assessment of Preschooler (3-5)	
Assessment of School Ages (6-12)	
Assessment of Adolescents (13+)	
Assessment of Adults	
Assessment of Geriatrics (> 65 years)	
Assessment of Obstetric Patient	
Assessment of Trauma Patient	
Assessment of Medical Patient	
Assessment of psychiatric Patient	
Assessment and RX of Chest Pain	
Assessment and RX of Respiratory	
Assessment and RX of Syncope	
Assessment and RX of Abdominal	
Assessment and RX of Altered Mental Status	
Assessment of Dialysis Patient	
Assessment and RX of Burn Patient	

Paramedic Professional Behavior Evaluation

Name of Student: _____ Date of evaluation: _____

- Rating:
- | | |
|---|--|
| 1 | Fails to Perform |
| 2 | Borderline (inconsistent) ---needs more work |
| 3 | Competent |

PLEASE CIRCLE ONE IN EACH CATEGORY

Integrity	1	2	3
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Examples of professional behavior include, but are not limited to: consistently honest; can be trusted with the property of others; can be trusted with confidential information; completely and accurately documents patient care and learning activities.

Empathy	1	2	3
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Examples, but are not limited to: showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

Self-Motivation	1	2	3
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Examples, but are not limited to: taking initiative to complete assignments; takes initiative to improve and/or correct behavior; takes on and follows through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently strives for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities. Ask questions and reviews protocols.

Appearance and Personal Hygiene	1	2	3
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Examples, but are not limited to: having appropriate clothing and uniform that is neat, clean and well maintained; name badge worn, maintaining good personal hygiene and grooming.

Self-Confidence	1	2	3
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Examples, but are not limited to: demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.

Communications	1	2	3
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Examples, but are not limited to: speaking clearly; writing legibly; active listening; adjusting communication strategies to various situations. Proper communication with other public and health care personnel.

Time Management	1	2	3
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Examples, but are not limited to: being consistently punctual; completing tasks and assignments on time.

Team Work and Diplomacy**1 2 3**

Examples, but are not limited to: placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect**1 2 3**

Examples, but are not limited to: being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

Patient Advocacy**1 2 3**

Examples, but are not limited to: not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

Careful Delivery of Service**1 2 3**

Examples, but are not limited to: mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Use the space below to explain any ratings below "competent". Identify specific behaviors, and corrective actions.

Preceptor Name _____ Signature _____

Field Internship Daily Performance Sheet

Student Name: _____ Date: _____

Shift Supervisor/Preceptor: _____

Clinical Site: _____

How many patients were seen during this shift? _____

Describe and procedures performed by you:

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Comments or suggestions by shift supervisor or preceptor:

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Time in: _____
Initials Preceptor's signature

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Initials Title

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Please complete the information on the reverse side.

Field Internship Tracking

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Location of Shift: _____ Preceptor Signature _____

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Assessment of Newborn (0- 1month)	
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Paramedic Professional Behavior Evaluation

Name of Student: _____ Date of evaluation: _____

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PLEASE CIRCLE ONE IN EACH CATEGORY

Integrity	1	2	3
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Self-Motivation	1	2	3
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Appearance and Personal Hygiene	1	2	3
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Examples, but are not limited to: having appropriate clothing and uniform that is neat, clean and well maintained; name badge worn, maintaining good personal hygiene and grooming.

Self-Confidence	1	2	3
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Communications	1	2	3
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Examples, but are not limited to: speaking clearly; writing legibly; active listening; adjusting communication strategies to various situations. Proper communication with other public and health care personnel.

Time Management	1	2	3
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Examples, but are not limited to: being consistently punctual; completing tasks and assignments on time.

Team Work and Diplomacy**1****2****3**

Examples, but are not limited to: placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect**1****2****3**

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Patient Advocacy**1****2****3**

Examples, but are not limited to: not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

Careful Delivery of Service**1****2****3**

Examples, but are not limited to: mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Use the space below to explain any ratings below "competent". Identify specific behaviors, and corrective actions.

Preceptor Name _____ Signature _____

Field Internship Tracking

Please complete this form to show the numbers of procedures and patients seen for your ambulance rotations. Upon completion of your shift have your preceptor sign. The procedures must be successfully performed by you, not observed.

Location of Shift: _____ Preceptor Signature _____

<i>Procedure/Age Groups</i>	<i>Numbers</i>
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Endotracheal Intubations	
Live Intubations	
Safely Gain Venous Access	
Ventilate a Patient without advanced airway	
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Assessment of psychiatric Patient	
Assessment and RX of Chest Pain	
Assessment and RX of Respiratory	
Assessment and RX of Syncope	
Assessment and RX of Abdominal	
Assessment and RX of Altered Mental Status	
Assessment of Dialysis Patient	
Assessment and RX of Burn Patient	

Paramedic Professional Behavior Evaluation

Name of Student: _____ Date of evaluation: _____

Rating: 1 Fails to Perform
 2 Borderline (inconsistent) ---needs more work
 3 Competent

PLEASE CIRCLE ONE IN EACH CATEGORY

Integrity	1	2	3
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Examples of professional behavior include, but are not limited to: consistently honest; can be trusted with the property of others; can be trusted with confidential information; completely and accurately documents patient care and learning activities.

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Self-Motivation	1	2	3
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Appearance and Personal Hygiene	1	2	3
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Examples, but are not limited to: having appropriate clothing and uniform that is neat, clean and well maintained; name badge worn, maintaining good personal hygiene and grooming.

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Communications	1	2	3
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Use the space below to explain any ratings below "competent". Identify specific behaviors, and corrective actions.

Preceptor Name _____ Signature _____

**Field Internship
Daily Performance Sheet**

Student Name: _____ Date: _____

Shift Supervisor/Preceptor: _____

Clinical Site: _____

How many patients were seen during this shift? _____

Describe and procedures performed by you:

Describe and procedures observed by you:

Comments or suggestions by shift supervisor or preceptor:

**Time must be filled in and initialed
by supervisor/preceptor.**

Time in: _____
Initials Preceptor's signature

Time out: _____
Initials Title

Note: Any times or dates altered or changed in any way will not be accepted, and the hours may have to be repeated.

Please complete the information on the reverse side.

Field Internship Tracking

Please complete this form to show the numbers of procedures and patients seen for your ambulance rotations. Upon completion of your shift have your preceptor sign. The procedures must be successfully performed by you, not observed.

Location of Shift: _____ Preceptor Signature _____

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Paramedic Professional Behavior Evaluation

Name of Student: _____ Date of evaluation: _____

- Rating:
- | | |
|---|--|
| 1 | Fails to Perform |
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PLEASE CIRCLE ONE IN EACH CATEGORY

Integrity	1	2	3
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Examples of professional behavior include, but are not limited to: consistently honest; can be trusted with the property of others; can be trusted with confidential information; completely and accurately documents patient care and learning activities.

Empathy	1	2	3
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Examples, but are not limited to: showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

Self-Motivation	1	2	3
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Examples, but are not limited to: taking initiative to complete assignments; takes initiative to improve and/or correct behavior; takes on and follows through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently strives for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities. Ask questions and reviews protocols.

Appearance and Personal Hygiene	1	2	3
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Examples, but are not limited to: having appropriate clothing and uniform that is neat, clean and well maintained; name badge worn, maintaining good personal hygiene and grooming.

Self-Confidence	1	2	3
------------------------	----------	----------	----------

Examples, but are not limited to: demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.

Communications	1	2	3
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Examples, but are not limited to: speaking clearly; writing legibly; active listening; adjusting communication strategies to various situations. Proper communication with other public and health care personnel.

Time Management	1	2	3
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Examples, but are not limited to: being consistently punctual; completing tasks and assignments on time.

Team Work and Diplomacy**1****2****3**

Examples, but are not limited to: placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect**1****2****3**

Examples, but are not limited to: being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

Patient Advocacy**1****2****3**

Examples, but are not limited to: not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

Careful Delivery of Service**1****2****3**

Examples, but are not limited to: mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Use the space below to explain any ratings below "competent". Identify specific behaviors, and corrective actions.

Preceptor Name _____ Signature _____

Field Internship Tracking

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Location of Shift: _____ Preceptor Signature _____

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Assessment and RX of Syncope	
Assessment and RX of Abdominal	
Assessment and RX of Altered Mental Status	
Assessment of Dialysis Patient	
Assessment and RX of Burn Patient	

Paramedic Professional Behavior Evaluation

Name of Student: _____ Date of evaluation: _____

Rating: 1 Fails to Perform
 2 Borderline (inconsistent) ---needs more work
 3 Competent

PLEASE CIRCLE ONE IN EACH CATEGORY

Integrity	1	2	3
------------------	----------	----------	----------

Examples of professional behavior include, but are not limited to: consistently honest; can be trusted with the property of others; can be trusted with confidential information; completely and accurately documents patient care and learning activities.

Empathy	1	2	3
----------------	----------	----------	----------

Examples, but are not limited to: showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

Self-Motivation	1	2	3
------------------------	----------	----------	----------

Examples, but are not limited to: taking initiative to complete assignments; takes initiative to improve and/or correct behavior; takes on and follows through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently strives for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities. Ask questions and reviews protocols.

Appearance and Personal Hygiene	1	2	3
--	----------	----------	----------

Examples, but are not limited to: having appropriate clothing and uniform that is neat, clean and well maintained; name badge worn, maintaining good personal hygiene and grooming.

Self-Confidence	1	2	3
------------------------	----------	----------	----------

Examples, but are not limited to: demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.

Communications	1	2	3
-----------------------	----------	----------	----------

Examples, but are not limited to: speaking clearly; writing legibly; active listening; adjusting communication strategies to various situations. Proper communication with other public and health care personnel.

Time Management**1 2 3**

Examples, but are not limited to: being consistently punctual; completing tasks and assignments on time.

Team Work and Diplomacy**1 2 3**

Examples, but are not limited to: placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect**1 2 3**

Examples, but are not limited to: being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

Patient Advocacy**1 2 3**

Examples, but are not limited to: not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

Careful Delivery of Service**1 2 3**

Examples, but are not limited to: mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Use the space below to explain any ratings below "competent". Identify specific behaviors, and corrective actions.

Preceptor Name _____ Signature _____

Pathophysiology

Please use this form. Total of 12 are due for Field Rotations

Disease Process (diagnosis): _____ Date_____

References:

Pathophysiology

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6. P Wave: present _____ configuration _____
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Interpretation: Attach ECG Strip to bottom of page and **give your interpretation.**

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RADIO REPORT FOR FIELD CLINICAL

Complete 12 total

Age & sex _____

Chief Complaint:

History of Present Illness:

Pertinent Past Medical History: (Include important meds & allergies)

Level of Consciousness

Vital Signs: BP _____ Pulse _____ Resp _____ POx _____ ETCO2 _____ CBG _____
BP _____ Pulse _____ Resp _____ POx _____ ETCO2 _____ CBG _____

Head to Toe Exam:

Treatment:

Response to Treatment:

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Head to Toe Exam:

Treatment:

Response to Treatment:

EMERGENCY MEDICAL SERVICES PREHOSPITAL CARE REPORT (PCR)

Date _____ Ambulance Service _____

Incident location _____ City, State _____

Patient's initials _____ Patient's Birthdate _____ Age _____ Gender _____

Chief Complaint _____ Allergies _____

Medications _____

Past Medical History _____

Last Intake _____ Events preceding _____

Time	Pulse	B/P	Resp	AVPU	Sat %	ETCO2	Treatment/Response
		/					
		/					
		/					
		/					
		/					
		/					

OPQRST:

Narrative

Preceptor Signature _____ Intern Signature _____

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Last Intake _____ Events preceding _____

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Time	Pulse	B/P	Resp	AVPU	Sat %	ETCO2	Treatment/Response
		/					
		/					
		/					
		/					
		/					
		/					

OPQRST:

Narrative

Preceptor Signature _____ Intern Signature _____

EMERGENCY MEDICAL SERVICES PREHOSPITAL CARE REPORT (PCR)

Date _____ Ambulance Service _____

Incident location _____ City, State _____

Patient's initials _____ Patient's Birthdate _____ Age _____ Gender _____

Chief Complaint _____ Allergies _____

Medications _____

Past Medical History _____

Last Intake _____ Events preceding _____

Time	Pulse	B/P	Resp	AVPU	Sat %	ETCO2	Treatment/Response
		/					
		/					
		/					
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OPQRST:

Narrative

Preceptor Signature _____ Intern Signature _____

EMS EVALUATION OF CLINICAL ROTATION

Clinical Site Location _____ Station/Department _____

Preceptors: _____

Use the following rating scale to evaluate the clinical rotation site/staff:

1- Very Dissatisfied 2- Dissatisfied 3- Neutral 4- Satisfied 5- Very Satisfied

Were you able to achieve your clinical objectives? 1 2 3 4 5

Was the staff aware of your clinical objectives? 1 2 3 4 5

Was the staff helpful? 1 2 3 4 5

Was there adequate supervision during the rotations? 1 2 3 4 5

Were you able to perform advanced level of care? 1 2 3 4 5

In your opinion, was this a good learning experience? Why?

Please comment on any ratings less than a three.

Do you have any comments on certain preceptors or staff?

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