

**FIELD  
INTERNSHIP  
PRECEPTOR  
HANDBOOK**

After reading through this document, I ask that the preceptor complete this information form so it may be kept on file.

**Paramedic Intern:** \_\_\_\_\_

**Internship Site:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Agency Phone:** \_\_\_\_\_

**Quarters Phone:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_

**Preceptor Pager:** \_\_\_\_\_

**Preceptor Cell:** \_\_\_\_\_

**Preceptor Email:** \_\_\_\_\_

I have read and agree to adhere to the training guidelines set forth in this document

.

Preceptor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and send this page to John Huckert, Paramedic Program Director at:

Spokane Community College  
Attention: John Huckert  
MS 2090  
1810 N Greene St  
Spokane, WA 99217

Thank you for agreeing to act as a preceptor for Spokane Community College. This is a critical phase in the Paramedic-Intern's training. Your role will be one of mentor, supervisor, teacher, counselor and evaluator. You will guide the learning process, share knowledge and expertise while allowing the Intern increasing independence. This manual has been created to outline the roles, responsibilities and expectations for the student, preceptor and SCC.

The goal of this experience is to provide the Intern with adequate opportunity to develop the skills and knowledge necessary to function as an entry-level Paramedic and as an effective member of the EMS team. Through this process the student should be able to take on greater levels of scene management and patient intervention decision making. We ask that you help create an environment which allows the student to feel as though they are part of the team!

Preceptors are selected based on their experience, knowledge, professionalism and willingness to share knowledge. By accepting this role you are helping to insure that our profession will continue to grow and improve. Today, more than ever, the public is counting on emergency personnel to be there as we face the threats in these uncertain and changing times.

### **Communication:**

Communication is an important key in assuring the Intern has a positive and rewarding experience. We expect there to be frequent, frank, and constructive communication between the Intern and Preceptor. It is the Preceptor's responsibility to clearly outline his/her expectations for the Intern and to make sure that directions are understood. It is the Intern's responsibility to ask questions, seek clarification and communicate his/her needs to the Preceptor. The Intern is encouraged to report any problems to the Paramedic Program Director as soon as possible. The Program Director will contact the preceptor, well in advance of the student's arrival, to discuss the program, the assigned student, answer questions, explain the handbook etc. The Program Director will contact the Preceptor weekly by phone or by email to check on the student's progress, solicit feedback, answer questions and to share information pertinent to the role of the preceptor. The Preceptor is encouraged to communicate to the Paramedic Program Director any concerns or questions as soon as they arise.

You may reach John Huckert at:

Office: (509) 533-8129

Email: [Jhuckert@scc.spokane.edu](mailto:Jhuckert@scc.spokane.edu)

Included in this handbook are forms for you to communicate your final appraisal and recommendation for the Intern and a tool to communicate your suggestions to help us strengthen our program.

### **The Adult Learner:**

Learning not only takes many forms, but it occurs at many different levels based upon the learner's mastery of the subject matter. Below are the domains of learning. It will be helpful to recognize where the Intern is in his/her learning so that you can best formulate teaching strategies to meet his/her needs.

## Domains of Learning:

### Level 1:

Knowledge - Lowest level of learning in which the student comprehends facts, procedures and affective phenomena.  
Cognitive: Knowledge, Comprehension.  
Affective: Receiving, Responding.  
Psychomotor: Imitation, Manipulation.

### Level 2:

Application — Integration, execution and employment of principles, values and procedures in particular situations.  
Cognitive: Application  
Affective: Valuing  
Psychomotor: Precision

### Level 3:

Problem Solving — Analysis of information of situations to develop courses of action and judge their impact or values, justifies.  
Cognitive: Analysis, Synthesis, Evaluation.  
Affective: Organizing, Characterizing.  
Psychomotor: Articulation, Naturalization.

\*It is important to remember that the Intern may be at different levels depending on the subject or skill.

## Your Role as a Preceptor:

As the Preceptor, it is your responsibility to portray the appropriate attitude, problem solving ability, professionalism (polite, pleasant with all patients, family members and team), trust, leadership, and your excellent skills at teamwork. Remember: ***Learning is a process not an event.***

Preceptors are accountable for the care of the patient regardless of whether or not direct care of the patient is provided. The Preceptor is accountable for the work the student does. Invasive procedures should be conducted under the **direct** supervision of the Preceptor. The Preceptor should take over direct patient care from the Intern at anytime he/she believes patient care is being compromised.

## Preceptor — Intern Relations:

It is expected that friendships develop between the Intern and Preceptor. It is inappropriate and unacceptable for the Preceptor and Intern to engage in a romantic relationship while the student

is enrolled at SCC. The Preceptor is encouraged to maintain a high level of professionalism with regard to their relationship with the Intern.

### **Orientation Checklist:**

A thorough orientation is critical to helping the Intern settle into his/her new environment and role. Remember how stressful this time can be and take every opportunity to make the Intern feel at ease and welcome. Please use the following checklist to insure these items have been addressed.

- Introduce the Intern to your partner and key people within your service.
- Orient the Intern to quarters and instruct them where personal items can be stored.
- Orient the Intern to the medical unit including key pieces of equipment.
- Review your service area with the Intern, showing maps of your primary response area.
- List the agencies that you might see on scenes. Discuss actions the Intern should take to be more successful “working with” other agencies.
- When the opportunity presents itself, give the Intern a tour of the hospitals to which you most frequently transport. Introduce the Intern to key hospital staff.
- **SCC requires the Intern to wear their white polo shirt and name tag while on duty. Inform the Intern regarding specific uniform requirements your agency might have.**
- Review your agencies protocols with the Intern.
- Solicit and discuss any areas of needed growth the Intern might express.
- Allow the Intern to observe for the first two shifts. Begin to include the Intern in patient care activities as (s)he become more comfortable.
- Assign the Intern daily duties such as completing the medical unit checklist at the beginning of shift and the end of day stocking. The Intern is part of the team and should share in the daily duties around quarters.

### **Proper Implements:**

The Intern should report to shift with the following items:

- Pen
- Stethoscope
- Watch
- Eye Protection
- Scissors
- Field Guide (optional)
- Any other equipment as necessary

### **Patient Interaction Skills:**

Besides the large body of knowledge and skills the student must master, there is most importantly the human aspect of our job. The preceptor must model appropriate and professional patient communication and interaction skills.

- Discuss gaining patient confidence.
- Demonstrate good listening skills.

- Discuss and model the role of the scene leader.
- Demonstrate good history taking skills and assist the Intern in developing questions appropriate to different patient situations.
- Discuss appropriate ways of talking with diverse patients, including different age groups and special needs patients.
- Discuss appropriate exam techniques.
- Emphasize patient respect - encourage courtesies such as please and thank you.
- The Intern should identify himself or herself as a Paramedic-Intern when speaking with patients, family, other agencies and other healthcare professionals.

### **Case Review:**

The Preceptor should review each call with the Intern.

- Ask the Intern to share his/her initial impression of the patient. What type of patient were we presented with? What were the patient priorities?
- The Intern should share their differential diagnosis of the patient and the rationale they used in selecting the intervention algorithm.
- Ask the Intern to give you a pre-hospital radio report if the Intern did not give the actual report.
- Ask the Intern if they would have done anything differently in retrospect.
- Offer suggestions and constructive criticism to assist the student as they refine their pre-hospital skills.
- Review the Intern's *patient care report* for accuracy and completeness. Offer suggestion to help the Intern to improve his/her documentation skills.
- Encourage the student to call the hospital to discuss patient findings and outcomes with the nurse.(as appropriate)

### **Leadership:**

The Preceptor should facilitate the Intern's progressive independence. The Preceptor should model the leadership characteristics necessary to be successful as a team leader. As the internship phase progresses, the Intern should assume higher levels of responsibility in the areas of scene management, patient care decisions, transport decisions, anticipating resource needs and communicating with on-line medical control and receiving hospital. Near the end of this phase the Intern should be able to act as the "lead medic."

### **Patient Care Documentation:**

The Intern is required to complete a Patient Care Report (PCR), for every call to be counted toward graduation requirements. Please review each of these documents and make suggestions to help strengthen the Intern's documentation skills. Please sign each of the Intern's PCR as your validation of the Intern's activities. The Intern is required to complete and submit PCR's weekly, along with a summary cover sheet. Please sign the cover sheet each week as your validation of the number of hours worked, calls ran and the level and type of each call. Copies of the Intern's

PCR and cover sheet are included in this handbook. The Intern should be reminded not to include patient information such as name, phone number, address or SS#.

### **Patient Confidentiality:**

During clinical rotations the students are exposed to privileged patient information. This information must remain strictly confidential and only discussed with other healthcare professionals involved in the patient's care. Students may discuss medical diagnosis and interventions done during clinical time, but no references may be made to specific patients. No part of the patient's chart may be copied or taken outside of the clinical area. ***Any discussion of a patient outside of these guidelines may result in immediate dismissal from the clinical program.***

### **Universal Precautions:**

Students in the clinical environment are at risk for exposure to blood borne pathogens and infectious diseases. All bodily substances should be considered potentially infectious. Personal Protective Equipment (PPE) is readily available in the hospital and should be used any time possible exposure to blood borne pathogens exists. The minimum recommended PPE includes:

#### **Gloves:**

Disposable gloves should be worn BEFORE initiating patient care when there is any risk of exposure to bodily substances. This includes any invasive procedures (e.g. starting IVs). Some procedures require sterile gloves, as well. When gloves have been contaminated, they should be removed and properly disposed of as soon as possible. This is mandatory to prevent transmission to other patients and/or equipment. Always wash hands after gloves have been removed. For students with latex allergies, alternative gloves should be available.

#### **Masks and Protective Eyewear:**

Masks and protective eyewear should be worn when there is any risk of blood or other bodily fluids splashing or spattering. This includes intubation, childbirth, trauma patients, open fractures, etc. Both patients and healthcare workers should wear masks when there is a potential for airborne transmission of disease. Standard corrective eyeglasses are NOT sufficient protection.

#### **Gowns:**

Gowns should be worn when there is any risk of blood or other bodily fluids splashing or spattering. This includes intubation, childbirth, trauma patients, open fractures, etc.

### **Special consideration:**

Trauma patients: When treating any trauma patient there is risk of exposure to bodily substances. Therefore, gloves, gown, mask and protective eyewear **MUST** be worn.

### **Hand Washing:**

Hand washing is mandatory before and after every patient contact. All students must wash their hands after eating or using the restroom facilities.

*Any student who is exposed to a patient's bodily fluids should immediately decontaminate themselves and report the incident to their preceptor*

### **Exposures and Injuries:**

If the student experiences an exposure to an infectious disease or is injured while on shift, (s)he should follow the Exposure/Injury Protocol. Please assist the Intern in accessing appropriate care as soon as possible. Additionally, the SCC Paramedic Program Director should be contacted as soon as possible following an exposure or injury.

### **Vehicle Operation:**

The Intern is ***not*** permitted to operate any emergency vehicle during this phase of their training.

### **Goals and Objectives:**

The following goals must be successfully accomplished during the Field Internship phase. Field Internship experiences should occur after the student has demonstrated competence in skills and knowledge in the didactic, clinical, and laboratory components of the course. Items in **bold** are essentials and must be completed. Items in *italics* are recommendations and should be performed on actual patients in the “out of-hospital” environment.

### **Psychomotor skills:**

**The student must demonstrate the ability to safely administer medications.**

*The student should safely, and while performing all steps of each procedure, properly administer medications at least 25 times to live patients.*

**The student must demonstrate the ability to safely perform endotracheal intubation.**

*The student should safely, and while performing all steps of each procedure, successfully intubate at least 15 live patients. Ten of the intubations from the students OR rounds may count. Five intubations must be from the pre-hospital arena.*



**The student must demonstrate the ability to safely gain venous access in all age group patients.**

*The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 30 times on live patients of various age groups.*

**The student must demonstrate the ability to effectively ventilate unintubated patients of all age groups.**

*The student should effectively, and while performing all steps of each procedure, ventilate at least 10 live patients of various age groups.*

#### **Age:**

**The student must demonstrate the ability to perform a comprehensive assessment on pediatric patients.**

*The student should perform a comprehensive patient on at least 10 pediatric patients (including newborns, infants, toddlers, and school age).*

**The student must demonstrate the ability to perform a comprehensive assessment on adult patients.**

*The student should perform a comprehensive patient assessment on at least 20 adult patients.*

**The student must demonstrate the ability to perform a comprehensive assessment on geriatric patients.**

*The student should perform a comprehensive patient assessment on at least 15 geriatric patients.*

#### **Pathologies:**

**The student must demonstrate the ability to perform a comprehensive assessment on obstetric patients.**

*The student should perform a comprehensive patient assessment on at least 3 obstetric patients.*

**The student must demonstrate the ability to perform a comprehensive assessment on trauma patients.**

*The student should perform a comprehensive patient assessment on at least 20 trauma patients.*

**The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients.**

*The student should perform a comprehensive patient assessment on at least 5 psychiatric patients.*

#### **Complaints:**

**The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.**

*The student should perform a comprehensive assessment, formulate and implement a treatment plan on at least 20 patients with chest pain. The student must be team leader for five (5) cardiac arrests.*

**The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.**

*The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 adult patients with dyspnea/respiratory distress.*

*The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 8 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.*

**The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.**

*The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 5 patients with syncope.*

**The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.**

*The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 10 patients with altered mental status.*

#### **TEAM LEADER SKILLS**

**The student must demonstrate the ability to serve as a team leader in variety of pre-hospital emergency situations.**

*The student will serve as the team leader for at least **50 pre-hospital emergency responses.** This will be verified by the student's preceptor.*

**Intern forms:****Intern Evaluation:**

The Intern will complete an evaluation of their internship experience (see page 14-15). A copy of the evaluation form the Intern will submit is enclosed in this handbook. SCC will send Preceptors a copy of the Intern's comments regarding the internship experience.

**Field Internship Weekly Summary Report**

To be completed by the intern and given to program director each week. (page 19)

**Preceptor forms:****Physician and Paramedic Preceptor Evaluation:**

This document should be placed on top of each patient care report that is completed by the intern. The preceptor should school the intern in all applicable areas for that run. (Page 12-13)

**Preceptor Evaluation and Recommendation:**

Attached to this document is the Final Evaluation and Recommendation document (pages 16 - 17) The preceptor must complete one form at or near the conclusion of the internship phase for their assigned student. This is the Intern's "report card" for the Internship phase. Although the Program Director and Program Medical Director will make the final judgment regarding the Intern's fitness for graduation, the recommendation of the Preceptor will be heavily weighted in that decision. The Intern Evaluation form is enclosed in this handbook.

**Paramedic Internship Shift Log**

The intern should place this with all patient care reports from the shift. The preceptor needs to sign the log sheet to verify accuracy. (page 18)

**Weekly Field Internship**

This document is designed to keep the student updated on their progression through the field internship. Preceptors are asked to give a fair and honest assessment regarding the intern's progress. (page 20)

**Final Summative Evaluation**

The decision for the student to graduate or not is ultimately the decision of the Program Medical Director, however; your input is valuable. Please complete the final evaluation and mail it back to the program director. (Page 21-24)

# Physician and Paramedic Preceptor Evaluation

**Student Name:** \_\_\_\_\_

The purpose of this evaluation is to allow you, the preceptor, to document the progress of the paramedic student. Please circle the corresponding number for each of the categories and feel free to make comments in support of the selected score.

The categories are graded 0 – 5, with 5 being the highest score. If you feel that the category does not apply, then indicate N/A.

1. **Patient Assessment skills** – Ability to correctly and thoroughly complete the physical and verbal assessment.

5      4              3              2              1              0              N/A

2. **Advanced Life Support Skills** – Ability to perform IV, ETT, Medication Administration, Manual Defibrillation, Pacing, etc.

5      4              3              2              1              0              N/A

3. **Diagnostic Skills** – Ability to correctly form a differential diagnosis.

5      4              3              2              1              0              N/A

4. **Treatment Modality** – Ability to carry out the correct treatments based on assessment and diagnostic skills.

5      4              3              2              1              0              N/A

5. **Leadership/Teamwork Skills** – Ability to function as team leader and guide/organize/utilize available resources. Ability to participate as a member of the healthcare team.

5      4              3              2              1              0              N/A

6. **Communication Skills** – Ability to communicate with patient, co-workers, peers, hospital staff, and physicians.

5      4              3              2              1              0              N/A

7. **Report Writing Skills** – Ability to form a clear concise and complete written report.

5      4              3              2              1              0              N/A

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing. There are no margins, text, or other markings on the page.

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Paramedic Preceptor Signature \_\_\_\_\_

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Receiving RN/Physician signature (Person taking handoff report)

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Physician Preceptor Signature \_\_\_\_\_

# Field Internship Evaluation (Intern)

SCC is constantly striving to improve the Paramedic Training Program. We appreciate your frank appraisal of your field internship experience. Your suggestions and comments may be shared with your preceptor so that they may improve the internship experience of future Paramedic- Interns.

**Intern:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

## Legend

A) Strongly Agree, B) Agree, C) Neutral, D) Disagree, E) Strongly Disagree

1. I was academically prepared for the internship phase of my training.

A                  B                  C                  D                  E

2. I possessed the skills necessary to be successful on my internship.

A                  B                  C                  D                  E

3. My internship offered me ample numbers and acuity of patients.

A                  B                  C                  D                  E

4. I had ample opportunity to perform Paramedic level skills and procedures.

A                  B                  C                  D                  E

5. The Preceptor is knowledgeable in the subject of pre-hospital medicine.

A                  B                  C                  D                  E

6. I felt comfortable asking question, seeking guidance and clarification from the Preceptor.

A                      B                      C                      D                      E

7. The Preceptor made me feel as though I was a valuable member of the team.

A                      B                      C                      D                      E

8. The Preceptor offered constructive feedback and guidance.

A                      B                      C                      D                      E

9. My responsibility increased as my knowledge and experience increased

A                      B                      C                      D                      E

10. I would recommend my Preceptor to future Interns.

A                      B                      C                      D                      E

Suggestions and comments regarding your preceptor and your field internship experience.

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**Intern Signature**

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**Date**

## Program Evaluation and Recommendations (Preceptor)

SCC is constantly striving to improve the Paramedic Training Program. We appreciate your frank appraisal of our program. Your suggestions and comments will assist us in improving the program for future Paramedic- Interns.

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. Was the Intern academically prepared for the field internship? Please describe any perceived strengths or weaknesses.

Yes                      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Did the Intern possess adequate skills to begin the field internship (IV, Intubation, C- spine immobilization, etc.)

Yes                      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Did the Intern come prepared with a firm grasp of your agencies protocols. (If applicable)

Yes                      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Have you acted as a Preceptor for SCC Interns in the past?

Yes                      No

5. Do you see an improvement in the level of training of our Interns?

Yes                      No

Comments: \_\_\_\_\_  
\_\_\_\_\_



6. In your experience what skills or knowledge do you feel new paramedics are lacking?

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7. What subjects or topics would you suggest we add to our curriculum to better meet the changing needs of the EMS industry? \_\_\_\_\_

8. What do you feel are the program's strong points? \_\_\_\_\_

9. What do you feel are the program's weak points? \_\_\_\_\_

10. Did you receive adequate direction and instruction from the Paramedic Program Director?  
Yes                      No

11. What suggestions or comments can you offer to assist us in improving our program?

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\_\_\_\_\_  
**Preceptor Signature**

\_\_\_\_\_  
**Date**

## ***Paramedic Internship Shift Log***

Student: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Shift Date: \_\_\_\_\_ Shift Time: Start: \_\_\_\_\_ End: \_\_\_\_\_

This form is to be completed on a daily basis. This form should accompany all PCR's completed on this date.

### **Call Category:**

Cardiac: \_\_\_\_\_ Respiratory: \_\_\_\_\_ Trauma: \_\_\_\_\_

Other Medical: \_\_\_\_\_

### **Call Types:**

Obstetric: \_\_\_\_\_ Trauma: \_\_\_\_\_ Medical: \_\_\_\_\_

Psychiatric: \_\_\_\_\_ Cardiac Chest Pain: \_\_\_\_\_

Respiratory: \_\_\_\_\_ Syncope: \_\_\_\_\_ AMS: \_\_\_\_\_

### **Ages:**

New Born (Birth — 28 days) \_\_\_\_\_ Infant (29days — 1 month) \_\_\_\_\_

Toddler 1-3 \_\_\_\_\_ Preschool 3-5 \_\_\_\_\_ School age 6-12 \_\_\_\_\_

Adult \_\_\_\_\_ Geriatric >65 \_\_\_\_\_

### **Procedures:**

Medication Administration: \_\_\_\_\_

Intubation: \_\_\_\_\_

Venous Access: \_\_\_\_\_

Artificial Ventilation: \_\_\_\_\_

# Field Internship Weekly Summary Report

## Instructions to the Intern:

1. A Patient Care Report (PCR) form must be completed for every patient you work with.
2. The PCR must be complete, accurate and legible.
3. Each PCR must be signed by you and your Preceptor.
4. Your Preceptor must sign this cover sheet to validate your hours for the week.
5. Your Preceptor must complete the weekly evaluation on the reverse side of this form.
6. You must submit this cover sheet weekly to:

John Huckert  
Spokane Community College  
MS 2090  
Spokane, WA 99217

7. Keep a copy of each PCR and Weekly Summary Report for your records!

Intern Name (printed): \_\_\_\_\_

## Summary of calls for the current week:

	Current
Respiratory calls	
Cardiac calls	
Other medical calls	
Trauma calls	
Hours completed	
PCR's included in this packet	

## Summary of calls thus far (i.e., previous calls + current week's calls):

	Previous		Current		Total
Respiratory calls		+		=	
Cardiac calls		+		=	
Other medical calls		+		=	
Trauma calls		+		=	
Hours completed		+		=	

Intern signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Weekly Field Internship Preceptor Evaluation

**A = Well Above Average, B = Above Average, C = Average, D = Below Average, F = Fail**

	Grade	Comment
Demonstrates ability to get along with team members		
Uses time effectively		
Exhibits sensitivity toward patients		
Keeps busy, looks for work to do		
Looks for ways to improve		
Readily seeks guidance		
Accepts suggestions		
Takes direction well		
Is courteous with patients, family, team members and other healthcare professionals		
Is on time to work,		
Show continual improvement and speed in completing assigned tasks		
Exercises sound judgment		
Works with increasing independence		
Exhibits good communication skills		
Exhibits good verbal communication skills		
Follows health and safety guidelines		
Uses care with equipment and materials		
Gives attention to detail and accuracy		
Completes jobs in minimal time		
Able to follow and understand directions		
Is accurate and careful in work, will ask questions when needed		
Knows limitations		
Can adapt to conditions, is flexible		
Uniform is clean and neat in appearance		
Exhibits cleanliness and good hygiene		
Adheres to patient confidentiality protocols		
Is able to apply academic theory to real world situations.		
Has a strong knowledge base.		
Is proficient in Paramedic level skills (IV, Intubation, ECG interpretation, etc)		
Performs invasive skills carefully and effectively		
Displays the traits of a team leader		
Is able to maintain composure during critical or chaotic situations.		
Has a firm grasp of Paramedic pharmacology		
Rapidly identifies patient priorities and formulates a plan of action.		
Correctly anticipates resource needs		

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Spokane Community College Paramedic Program

## Final Summative Evaluation

Intern \_\_\_\_\_ Date \_\_\_\_\_

In this final evaluation we would like for you to indicate your impression of the intern's competency. Please indicate if your student is, in your judgment, at entry level competency or not yet competent. If you feel your student is not yet competent, please indicate why. The final decision to pass or fail the student depends on several factors and ultimately rests with the program director. Thank you for all your efforts to improve this intern and your profession.

### I. Public Relations/work ethic (rapport, response to criticism, responsibility)

CIRCLE ONE:                      COMPETENT                      NOT YET COMPETENT

Comments:

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### II. Performance of Patient Assessment

CIRCLE ONE:                      COMPETENT                      NOT YET COMPETENT

Comments:

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### III. Techniques (please specify which skills are at issue)

CIRCLE ONE:                      COMPETENT                      NOT YET COMPETENT

Comments:

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#### **IV. Biomedical communications/report writing**

CIRCLE ONE:

COMPETENT

NOT YET COMPETENT

Comments:

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#### **V. ECG rhythm interpretation**

CIRCLE ONE:

COMPETENT

NOT YET COMPETENT

Comments:

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#### **VI. Pharmacology**

CIRCLE ONE:

COMPETENT

NOT YET COMPETENT

Comments:

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#### **VII. Decision making (prioritization/treatment plan/use of ancillary personnel)**

CIRCLE ONE:

COMPETENT

NOT YET COMPETENT

Comments:

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**VIII. Leadership (assertiveness, diplomacy, calmness)**

CIRCLE ONE:

COMPETENT

NOT YET COMPETENT

Comments:

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**IX. Integration/consistency (consistency from call to call, ability to handle the novel call, ability to “put it all together”)**

CIRCLE ONE:

COMPETENT

NOT YET COMPETENT

Comments:

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**X. Student strengths: Please list what you feel are this intern’s strengths.**

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**XI. Student weaknesses please list the areas where this student needs to improve the most.**

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\_\_\_\_\_ Recommend for graduation. The Intern has displayed the characteristics, skills and knowledge necessary to be successful as an entry level Paramedic. Please comment on student's strengths and weaknesses.

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\_\_\_\_\_ Do not recommend for graduation. The Intern lacks one or more of the components necessary to be successful as an entry level Paramedic. Please give support for your decision.

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Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_