

**Community College of Aurora EMS Program  
PARAMEDIC INTERNSHIP  
Major Phase Evaluation**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

What is the best way for CCA faculty to contact the preceptor? \_\_\_\_\_

How many hours of internship has the student completed? \_\_\_\_\_

How many hours of internship has the student completed with you? \_\_\_\_\_

**Please rate the student in each category using the following scale. The student should be rated when compared to an entry-level practitioner, not as a student.**

- 1 = **Unacceptable** – needs intervention and remediation.
- 2 = **Tentative** – needs frequent guidance.
- 3 = **Competent** – able to perform tasks with little or no guidance.
- 4 = **Good** – meets the expectations of this level of internship.
- 5 = **Excellent** – exceeds the expectations of this level of internship

Category	Rating
<b>Professionalism and Communication</b>	
Reported for shift on time, wearing appropriate attire (including a CCA student photo i.d. badge)	
Interacted and communicated well with crew members, other agency staff members	
Maintained professionalism and performed tasks well under stress	
Sought feed-back after calls; accepted constructive criticism well	
Maintained patient confidentiality	
Practiced writing reports that are complete and legible	
Participated in thorough checks (and restocking) of equipment.	
Reviewed and practiced ALS skills and ALS equipment function	
Reviewed ALS medications (Indications, dosage, etc...)	
Participated in scenarios and table top exercises	
Began to study the Denver/Metro protocols	
Comments:	

<b>Patient Assessment and Management</b>	
Rate the student on any of the following assessment skills	
Assisted in determination of patient's chief complaint and gathering of current history	
When given the opportunity, established good patient rapport	
Performed hands-on patient evaluations in a timely and appropriate manner	
Obtained accurate vital signs	
Performed interventions as instructed in a timely and appropriate manner	
<b>Accurately assessed patient acuity level ('sick' vs. 'not sick')</b>	
Recognized need for rapid transport vs. treatment on scene	
Able to verbalize an appropriate patient destination	
Comments:	

<b>SKILLS</b>		"o"= observed "d"=discussed "p"=practiced
Rate any of the skills the student actually performed. Mark "O", if the skill was observed; "D", if discussed (i.e. scenarios); "P", if practiced during down-time.		
ALS airway management (Oral or nasal ETT, Combitube)		
BLS airway management (OPA, NPA, BVM, Suctioning)		
O2 administration (N/C, NRB, Nebulizer, Pulse ox)		
Bandaging and splinting		
Burn care		
CPR		
Needle decompression		
Childbirth		
Cricothyrotomy		
Defibrillation:	Cardioversion:	Pacing:
Attaching patient to the EKG monitor:	12-lead Interpretation:	
Blood Glucose Levels		
Successful IVs	Unsuccessful IVs	Blood draws
IOs:	External Jugulars:	
Medication administration (Describe med and administration route)		
Patient restraint (Describe method used)		
Spinal immobilization		
Special ops (i.e. MCI, Hazmat, Crime scene, etc.)		

Other skills / Comments:	
<b>Scene Management</b>	
Verbalized an awareness of any scene hazards	
Assisted with scene management as directed	
Assumed team leader role, if asked	
Performed radio or phone call-in reports	
Performed hand-off reports at the receiving facility:	
Comments:	

**Do you feel the student has met the requirements of this stage of their internship?**

**YES      NO**

Please explain if you answered 'no'. Did you make any recommendations to the student for the next phase of their internship?

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Please feel free to discuss this evaluation with the student. You may mail it to us at:

**Community College of Aurora**  
**EMS Program**  
**9235 E. 10<sup>th</sup> Drive #154**  
**Denver, CO 80230**

Or fax it to us at:  
**303.340.7209**

CCA EMS Program Director  
303.340.7217

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