

# Trinity Valley Community College EMS Program ~ Ambulance Internship Evaluation

Student Name: \_\_\_\_\_ EMS Unit/Station: \_\_\_\_\_ Date: \_\_\_\_\_

During ambulance internship, the student shall practice under the supervision of an Ambulance crew member.

Please evaluate each skill performed by the student according to the legend below.

Please mark all evaluations "n/a" if the skill was not attempted.

Evaluations of less than "2" require an explanation on the back of this form.

**PLEASE FEEL FREE TO MAKE ANY COMMENTS CONCERNING THE STUDENT ON THE BACK OF THIS FORM.**

ALL LEVELS			
Area of Evaluation	# of Skills	Evaluation	Comments
Professionalism		1 2 3 4 N/A	
Professionalism Appearance		1 2 3 4 N/A	
Initiative		1 2 3 4 N/A	
Overall Attitude		1 2 3 4 N/A	
Infection Control		1 2 3 4 N/A	
Interaction with Patient		1 2 3 4 N/A	
Interaction with Crew/Staff		1 2 3 4 N/A	
Scene Survey		1 2 3 4 N/A	
Present History		1 2 3 4 N/A	
Past History		1 2 3 4 N/A	
Vital Signs		1 2 3 4 N/A	
Breath Sounds		1 2 3 4 N/A	
Triage		1 2 3 4 N/A	
Physical Exam		1 2 3 4 N/A	
Control Bleeding		1 2 3 4 N/A	
Bandaging		1 2 3 4 N/A	
Splinting		1 2 3 4 N/A	
Traction Splint		1 2 3 4 N/A	
MAST Trousers		1 2 3 4 N/A	
AED		1 2 3 4 N/A	
CPR		1 2 3 4 N/A	
Bag-Valve-Mask		1 2 3 4 N/A	
Basic Airway Management		1 2 3 4 N/A	
Oxygen Therapy		1 2 3 4 N/A	
Spinal Immobilization		1 2 3 4 N/A	
Medication Administration		1 2 3 4 N/A	
<b>Paramedic Clinical I, II, III</b>			
Peripheral IV Insertion		1 2 3 4 N/A	
IV Piggy Back		1 2 3 4 N/A	
Draw Blood Sample		1 2 3 4 N/A	
Endotracheal Intubation		1 2 3 4 N/A	
IV Medication Administration		1 2 3 4 N/A	
IM Medication Administration		1 2 3 4 N/A	
SQ Medication Administration		1 2 3 4 N/A	
EKG Interpretation		1 2 3 4 N/A	
Defibrillation		1 2 3 4 N/A	
Cardioversion		1 2 3 4 N/A	
Pacing		1 2 3 4 N/A	
Needle Decompression		1 2 3 4 N/A	

**Average Score:** \_\_\_\_\_

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

Instructor Signature: \_\_\_\_\_

Crew Member Signature: \_\_\_\_\_

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

Crew Member Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Legend:

1 – Rarely meets requirements;

2 – Meets some requirements;

3 – Meets and exceeds some requirements;

4 – Meets and exceeds most requirements;

N/A – Not applicable