Suffolk County
EMT-CC Training Program

Hospital Clinical Internship Evaluation

STUDENTS NAME:_________________________________ EMT# _____________

Rotation Location:__________________________________ DATE:_____________

(TO BE COMPLETED BY PRECEPTOR ONLY)

ARRIVAL TIME:____________________________

END TIME:____________________________

TOTAL TIME:____________________________

Department:

EMERGENCY ROOM	CARDIAC/TELEMETRY
OPERATING ROOM	PHLEBOTOMY LAB
RECOVERY ROOM	MEDICAL CONTROL
PED. EMERGENCY ROOM	MEDICAL EXAMINER

Number all skills performed

Venous Access #_______	Assessment Ped. Pt.	CPR
Medication Administration #_______	I.M. #_______	SUCTIONING
Ventilate unintubated pt. #_______	SQ #_______	PT. HISTORY
Endotracheal Intubation #_______	Assessment Adult Pt.	______________________
Medication via Nebulizer #_______	Assessment Geriatric Pt.	SAO2
ECG Interpretation #_______	Assessment trauma Pt.	ECG 12 LEAD #_______

Number of Patient Contacts		
Adult	Pediatric	Geriatric

Please Complete Reverse Side

Hospital Clinical Internship Evaluation

PLEASE EVALUATE THE STUDENT BASED ON A SCALE OF 1 T0 5,

1= UNSATISAFACTORY 5= EXCELLENT N/A= NOT APPLICABLE

SKILL	1	2	3	4	5	N/A	COMMENTS
PATIENT ASSESSMENT SKILLS:							
a. SUBJECTIVE ASSESSMENT (HPI, PMH							
b. OBJECTIVE ASSESSMENT (PHYSICAL EXAM)							
c. VITAL SIGNS							
d. OTHER (SPECIFY):							
AIRWAY & VENTILATION SKILLS:							
a. AIRWAY MANAGEMENT (BLS)							
b. OXYGEN ADMINISTRATION							
c. VENTILATION TECHNIQUE							
d. SUCTIONING							
e. ENDOTRACHEAL INTUBATION							
F. OTHER (SPECIFY):							
IV THERAPY SKILLS:							
a. ORGANIZATION							
b. IV INSERTION TECHIQUE / ASEPSIS							
c. IV FLOW RATE AS ORDERED							
d. OTHER (SPECIFY):							
MEDICATION ADMINISTRATION SKILLS:							
a. CORRECT MEDICATION							
b. CORRECT DOSAGE							
c. CORRECT ROUTE / ADMINISTRATION							
d. KNOWLEDGE OF MEDICATION							
e. OTHER (SPECIFY):							
MONITOR & CARDIAC ARREST SKILLS:							
a. CPR TECHNIGUE							
b. EKG MONITOR USE / EKG INTERPRETATION							
c. DEFIBRILLATION / CARDIVERSION / PACING							
d. ALGORITHM / PROTOCOL KNOWLEDGE							
e. OTHER (SPECIFY):							

SKILLS	#ATTEMPTS	#SUCCESSFUL
Intubation		
IV		
Meds Given		
Other:		

PRECEPTORS NAME (print)__________________________TITLE:__________________________

PRECEPTORS SIGNATURE ____

COMMENTS: ____