

# Orange County EMT



## -2026- Field Internship Manual



**OCCEMT**  
EMERGENCY MEDICAL TRAINING

Orange County EMT  
26489 Rancho Pkwy South  
Lake Forest, CA 92630

---

## Program Contact Information

### **OCCEMT Corp.**

26489 Rancho Parkway South  
Lake Forest, CA 92630  
Phone: (949) 421-3958  
Website: [www.ocemt.edu](http://www.ocemt.edu)

### **Corey Gremel:**

OCCEMT: Program Director/Chief Administrative Officer  
Anaheim Fire and Rescue: Captain/PM  
Phone: (714) 717-4927  
Email: [cgremel@ocemt.edu](mailto:cgremel@ocemt.edu)

### **Andrew Kilian**

OCCEMT: Clinical Coordinator/Chief Operating Officer  
Anaheim Fire and Rescue: Engineer/PM  
Phone: (949) 291-3387  
Email: [akilian@ocemt.edu](mailto:akilian@ocemt.edu)

### **Bryan Carter**

OCCEMT: Lead Instructor  
Newport Beach Fire Department: Firefighter/PM,  
Phone: (949) 422-3473  
Email: [bcarter@ocemt.edu](mailto:bcarter@ocemt.edu)

### **Eric Gafner**

OCCEMT: Lead Skills Instructor  
Orange County Fire Authority: Captain/PM  
Phone: (949) 293-4814  
Email: [egafner@ocemt.edu](mailto:egafner@ocemt.edu)

### **Kylie Ham**

Administrative Assistant  
Phone: (949) 421-3958  
Email: [kham@ocemt.edu](mailto:kham@ocemt.edu)



---

### Field Preceptor Training

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

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

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

---

#### **Responsibility**

The role of the Preceptor is to provide a positive learning environment, while mentoring a student to the best of their ability. The Preceptor will provide all available resources to ensure the greatest possibility of success for a student, while holding them accountable if they are not meeting expectations.

#### **Notifications**

The Preceptor will contact the school after any Major Evaluation that does not meet expectations, or when remediation from the Program is needed. This does not include running sims to teach experience.

#### **Internship Policies**

*Refer to the Internship page for detailed expectations and policies*

1. Shifts 1-16 fall into the category of the Field Internship and is also a mentorship. Students are not required to achieve a "meets expectations" on these evaluations.
2. Students may be extended in their Field Internship to a maximum of 240 hours, that must be completed prior to the start of the Capstone Internship. The Program must be notified of the Field Internship Extension.
3. Students should not be dropped during the Field Internship, unless they make critical mistakes that are dangerous or negligent. These incidents must be documented and the Program notified.
4. Capstone Internship Extensions will only be given to students who need additional shifts to achieve program minimums, due to low call volumes.

I, \_\_\_\_\_ have read through the Field Internship manual in its entirety and understand the Programs expectations and policies.

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

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

## Internships

### Field Experience

Students will have (1) 24- hour Field Experience Shift. This shift will be used for Preceptors to discuss expectations with the student and for the student to become familiar with the Interning Departments, equipment, apparatus, and daily schedule.

*The Field Experience Shift can be completed any time prior to the Field Internship.*

### Field Internship

Students will complete (16) 24 hour shifts, or (32) 12 hour shifts during their Field Internship. The Field Internship is collaborative effort between the student and preceptors, to prepare them for their Capstone Internship. Students should be mentored through shifts and are not required to meet expectations on all patient contacts. Students will have a Major Evaluation on Shifts 8 and 16.

### Shift 8 Evaluation:

The 8<sup>th</sup> shift evaluation will be used to identify strengths and weakness of the student. This evaluation will be used in conjunction with the Shift 16 evaluation to determine if a student is progressing or regressing in their abilities.

### Shift 16 Evaluation:

The 16<sup>th</sup> shift evaluation will determine whether the student will proceed to the Capstone Internship or will be extended in the Field Internship. This will be determined by the student' performance over the previous 16 shifts and whether, or not the Preceptor's feel the student will be successful in the Capstone Internship. Students who need more experience may be extended.

### Field Internship Extensions

Students may be extended in the Field Internship to a maximum of (10) 24-hour shifts or 240 hours at the Preceptors discretion.

### Capstone Internship

The Capstone Field Internship is the summative evaluation of the Paramedic Intern, where they must be able to perform as the Team Leader, without intervention from their Preceptors. The Capstone Internship consists of (8) 24-hour shifts, or 192 hours.

Students must receive a minimum of 20 Team Leads during the Capstone Internship. Confirmation of the Team Leads is verified by a grade of a (2) "Meets Expectations" in the Team Lead section of patient contact log.

1. Students must complete a minimum of (15) ALS calls during the Capstone Internship.
2. Students can have a maximum of (5) BLS calls in the Capstone Internship counting toward the (20) contacts combined.
3. The student only needs the 20 Team leads to be successful. If they run more calls than the 20 and did not achieve a Team Lead on all of them, they still meet the minimum requirements for Team Leads and should pass, given there are no safety violations.

### Capstone Internship Extension

Students will only be extended during the Capstone Internship until they achieve their 20 Team Leads due to a lack of call volume. Students will not be extended in the Capstone Internship to gain more experience.

## **Internship Placement**

### **Fire Department Sponsored**

Fire Department Sponsored Personnel will be placed for Field Internships at the Sponsoring Agencies Department, or at an Agency they have an agreement with. OCEMT is not responsible for placing these students and must have an Affiliation Agreement with the Internship Site, or the ability to obtain one with the Internship Site. Any student who changes their work status or loses their Internship Sponsor, will be placed at the bottom of Private Student Intern List, and will be placed last. There will be no guaranteed start date and an increase in tuition may apply.

### **Fire Department Internship Sponsored**

Students with a secured Fire Department Internship will be placed for Field Internships at the Sponsoring Agencies Department, or at an Agency they have an agreement with. OCEMT is not responsible for placing these students and must have an Affiliation Agreement with the Internship Site, or the ability to obtain one with the Internship Site. OCEMT requires a letter from the Sponsoring Agency stating that the Internship will be provided. Any student who changes their work status or loses their Internship Sponsor, will be placed at the bottom of Private Student Intern List, and will be placed last. There will be no guaranteed start date and an increase in tuition may apply.

### **Private Student, Non-Sponsored**

Students will be placed for Internships in order of their class ranking, according to grades and performance throughout the course. Students will be first placed according to the County that they live or work in, however this is based off the Internship Sites availability. If local Internship Sites are not available, students will be placed at the first available internship site, regardless of the County. Due to the impact of staffing and local emergencies, start dates of internships are not guaranteed.

### **Preceptors**

Preceptors will be assigned to the student throughout the Field and Capstone Internship.

### **Preceptor Training**

National Training for new preceptors can be requested through the Program. OCEMT will provide additional training for Program specific policies, based of Title 22 of the Health and Safety Code, and standards through the Committee on Accreditation for Emergency Medical Services Programs.

### **Conflict with Preceptors**

If the student experiences a conflict with the assigned preceptor, the student must inform the Program prior to the start of the Capstone Internship. Conflicts must be documented in writing and submitted to the Program.

*Students who are not meeting expectations is not considered a conflict with a preceptor and does not meet the criteria for a transfer of preceptors.*

### **Preceptor Conflict Resolution**

At the discretion of the Program and Interning Agency, a student may be transferred to another Preceptor or Internship Site if available. If none are available, the student be placed at the bottom of Private Student Intern List and will be placed last. There will be no guaranteed start date and an increase in tuition may apply.

***At no time will a student be substituted for staff during clinical or field internships***

## **Internship Policies**

### **Technical Standards**

Orange County EMT's Paramedic Program is a comprehensive, intense program that places specific requirements and demands on the students enrolled in the program. The mission of the program is to provide students with the tools and structure needed to develop basic and advanced skills to provide medical care to individuals in a variety of settings. All policies and procedures found in the course catalog and syllabus must be met along with the expectations listed below. If a student is unable to meet the technical standards of the program with or without reasonable accommodation, the student will not be enrolled in the course, nor will they be able to complete it. Meeting the program's technical standards does not guarantee a student's eligibility for the NREMT or state certification exam.

### **Internship Attendance Policy**

Attendance is mandatory for the student, unless they are sick, have a family emergency, or have approval from Preceptors. All missed shifts must be made up and absence without leave may result in being dropped from the Internship.

### **Student Observations by Faculty**

At the discretion of the Program, Preceptors, or Internship Site, OCEMT faculty has the right to ride-along with the preceptors and student for observation.

### **Student Conduct**

Students are expected to conduct themselves in a professional manner and will be evaluated for their conduct using the Affective Domain. If students are not meeting the standard, they will be dropped from the Program.

### **Injuries**

Any student that is injured during the Field Internship must report the injury to their preceptor immediately. The Clinical Coordinator shall be notified via phone, email, or text message, advising of the situation and the status of the student. No later than 48 hours following the injury, the student must write a narrative describing the occurrence and submit it to the Clinical Coordinator.

### **Medical Insurance**

Students are required to have their own medical insurance and OCEMT Corp. is not liable for any expenses resulting from an injury, or treatment of. All expenses related to the injury will be the responsibility of the student.

### **Internship Suspension**

Internships may be suspended for injuries, illness, family emergencies, and other unforeseen circumstances. Internships may be suspended up to 8 weeks for injuries, 10 days for illness, and on a case-by-case basis for all other circumstances. Any student who voluntarily suspends their internship for any period of time, is not guaranteed returned placement with the same preceptors, or internship site. Any student with a sponsored internship that needs to be placed at an alternate site, may have an increase in tuition.

## Internship Logbooks

### Logbooks

All patient contacts are to be documented in the student's logbook after each interaction and must be completed no later than the end of each shift. Students will evaluate themselves and will then be evaluated by their preceptors based on their performance throughout the shift. Students will be evaluated by the following rubric:

Scoring	Competency	Description
0	Does Not Meet Expectations	Unsuccessful: Required excessive/ critical prompting
1	Below Expectations	Marginal: Inconsistent, not yet competent
2	Meets Expectations	Successful: Competent, did not need prompting

### Patient Contact Evaluation

Each patient contact will be evaluated by the student and the Preceptor using the rubric above. Student's will document their performance in the Daily Logbook, followed by the Preceptor's evaluation. This will be done after each call and no later than the end of the shift. Students will have 72 hours to enter the evaluations into Fisdap, or they will be locked out and the Administrative Assistant will need to be contacted.

### Logbook and Evaluation Signatures

Students must sign all daily logbooks and evaluations after being reviewed by the Preceptor. Students who refuse to sign the logbook or evaluations for any reason, must contact the Program within 24 hours.

### Affective Domain Evaluation

Measures the student's attitudes, behaviors, and professional attributes, as well as Classroom and Field conduct. Students will be evaluated in these domains upon completion of each Didactic Course and with each Major Evaluation during the Field Internship and Capstone Field Internship. Students must consistently demonstrate these attributes to successfully complete the Paramedic Program.

Scoring	Competency	Description
0	Does Not Meet Expectations	Unsuccessful: Failed Attribute
1	Below Expectations	Marginal: Inconsistent with Attribute
2	Meets Expectations	Successful: Consistent with Attribute

### The Affective Domain will be evaluated in the following areas at each Major Evaluation

#### 1. Integrity

Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

#### 2. Empathy

Examples of professional behavior include, 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.

### **3. Self- Motivation**

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

### **4. Appearance and Personal Hygiene**

Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

### **5. Self- Confidence**

Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.

### **6. Communications**

Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations

### **7. Time Management**

Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks, assignments on time, being to class on time, not leaving class early, no excessive absences.

### **8. Teamwork and Diplomacy**

Examples of professional behavior include, 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.

### **9. Respect**

Examples of professional behavior include, 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.

### **10. Patient Advocacy**

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

### **11. Careful Delivery of Service**

Examples of professional behavior include, 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

### Course Completion Requirements

1. Students must successfully complete the 24hr Field Experience
2. Students must successfully complete the Field Internship
3. Students must successfully complete the Capstone Internship
4. Students must complete the Patient Contacts and Skills as listed in the Matrix below.

### Student Patient Contact Matrix

Students must achieve the minimum procedures listed below during their Capstone-Field Internship.

1. Students must complete 20 successful Team Leads during their Capstone Field-Internship.
2. If unable to complete all of the skills during the Capstone Internship, simulations may be used after the internship to accomplish minimum requirements.
3. The number of simulations that equal one skill during the Capstone Internship, are found in the far- right column.

### Patient Contacts and Required Skills

Paramedic Procedures	Min #	Sims Used	# Sims that = 1 Pt.
Safely Administer Medications	25	Yes	2
Airway Management	50	Yes	2
Live Intubations	8	Yes	2
Safely Gain Venous Access	20	Yes	2
Ventilate a Patient	5	Yes	2
Assessment of Newborn	2	Yes	4
Assessment of Infant	2	NO	0
Assessment of Toddler	2	NO	0
Assessment of Preschooler	2	NO	0
Assessment of School Ageds	2	NO	0
Assessment of Adolescents	2	NO	0
Assessment of Adults	20	Yes	2
Assessment of Geriatrics	10	Yes	2
Assessment of Obstetric Patients	4	Yes	2
Assessment of Trauma Patients	10	Yes	2
Assessment of Medical Patients	20	Yes	2
Assessment of Psychiatric Patients	5	Yes	0
Assessment and Plan RX of Chest Pain	5	Yes	2
Assessment and Plan RX of Respiratory	5	Yes	2
Assessment and Plan RX of Syncope	5	Yes	2
Assessment and Plan RX of Abdominal	5	Yes	2
Assess and Plan RX of Altered Mental	5	Yes	2
Capstone Field Internship Team Leads	20	Yes	2

## **Fisdap Documentation**

FISDAP is an online database used by students and programs to schedule and track skills competencies and evaluations during Skills Labs, Clinical Internships, and Field Internships.

- a) Documentation that is not entered within 72 hours will be invalid and will need to be repeated. Fisdap shifts will NOT be re-opened for data entry. Shift paperwork must still be turned in to validate the student's attendance. If paperwork is not turned in, the student will be counted absent
- b) Shifts must be entered within 24 hours of approval from sites that the student is required to enter in Fisdap after they get approved.
- c) An ALS call is defined as the following when performed and documented in FISDAP:
- d) At least one ALS skill being performed on the call.
- e) An ALS call does not include: transfers or calls where no ALS equipment is used.
- f) You are allowed to count the age based assessment for the example above. You would get credit for adult, chest pain, plus any skills you may have performed (i.e. IV, meds).
- g) You are allowed to count skills done on the same patient each time you do them.

## Quick Skills

Skills you perform or observe during a shift and did NOT complete an assessment on the patient.

You only get credit for the skill.

1. Click on your shift you want to start adding data to.
2. Once you are in the shift data entry screen, click to find the skill

### Patient Contacts

Document your patient contacts including signs and symptoms, impressions and skills.

[+ Assessment](#)

---

If you don't have any patient information and just want to get credit for the skills that you performed, try "quick adding" skills.

▼ Quick Added Skills

[Vitals](#) You can add interventions here. Click on a skill button to the left to get started.

[Airway](#)

[Cardiac](#)

[Venous Access](#)

[Meds](#)

[Other](#)

---

### Shift Evaluation

Which of these forms would you like to use?

[Go](#)

3. Enter the data in the pop up window. Complete EVERY box to ensure you get credit properly.

## Airway ✕

I performed this treatment

Procedure: *(required)*  
Orotracheal Intubation

Size: *(required)*  
7.0

Number of attempts: *(numbers only, required)*  
1

Successful *(required)*  
 No  
 Yes

  The patient required airway intervention.

Cancel Save

4. You will see the skill has been added to your shift.

If you don't have any patient information and just want to get credit for the skills that you performed, try "quick adding" skills.

▼ Quick Added Skills

 Vitals

 Airway

 Cardiac

 Venous Access

 Meds

 Other

 Successful Orotracheal Intubation (Performed)  
Size: 7.00; 1 attempts

 

5. To Duplicate a skill - If you did the exact skill multiple times, click the duplicate button

6. To Delete a skill – If you want to permanently delete a skill, click the delete button

**7. When you are finished with your data entry, complete the 'Site Evaluation' and 'Preceptor Evaluation'**

Attachments + Attachment

Attach files that are relevant to your shift, such as ECGs, signatures, or an image of your paper PCR.

---

Shift Evaluations

Choose evaluation: FISDAP - Preceptor Evaluation Go

---

651-690-9241 | info@fisdap.net

**8. Evaluations – you must complete an evaluation on the site you visit and your preceptor**

- Fisdap – Preceptor Evaluation
- Site Evaluation

☰  **Oxygen (Performed)**  
15; BVM ☰ ✕

---

☰  **Oxygen (Performed)**  
15; NRB Mask ☰ ✕

---

Shift Evaluations

Choose evaluation: FISDAP - Preceptor Evaluation Go

---

tsusezmehusid(0)

**Assessments you performed on the patient, including any skills you performed or observed during the assessment.**

1. Click on your shift you want to start adding data to
2. Once you are in the shift data entry screen, click on the 'Assessment' button to create a new patient assessment

Patient Contacts

Document your patient contacts including signs and symptoms, impressions and skills.



If you don't have any patient information and just want to get credit for the skills that you performed, try "quick adding" skills.

▼ Quick Added Skills

 Vitals

 Airway

 Cardiac

 Venous Access

 Successful Orotracheal Intubation (Performed)  
Size: 7.00; 1 attempts

 

### 3. A new screen will open for your PCR and narrative

The screenshot displays a web-based interface for patient care documentation. At the top, there are navigation links for 'Schedule' and 'Skills & P.T. Care'. Below this, a breadcrumb trail shows '<< Back to "My Shift" page'. The main header includes two tabs: '1 Patient Care' and '2 Narrative', with 'Narrative' being the active tab. An 'Autosave:' indicator and a green 'Save' button are located in the top right corner.

The form is divided into several sections:

- Team:** A dropdown menu for 'Preceptor:' is set to 'Kathyn A', with a link to 'Add a new preceptor'.
- Patient Assessment:**
  - Checkboxes for 'I performed the patient interview' and 'I performed the patient exam'.
  - Fields for '\*Age:' (years and months), '\*Gender:' (Female/Male), and 'Ethnicity:' (N/A).
  - A checkbox for 'The patient required airway intervention' with an airway management icon.
  - 'Alert and Oriented?' options: N/A, No, Yes.
  - 'Complaints:' list with checkboxes for: AMS, Bleeding, Change in responsiveness, Choking, Device/equipment problem, Dizziness, Fever, Malaise, Mental/psych, Pain, Rash/itching, Weakness, Abdominal Pain, Breathing problem, Chest Pain, Death, Diarrhea, Drainage/discharge, Headache, Blurred Vision, Mass/lesion, Nausea/vomiting, Palpitations, Swelling, Wound.
  - '\*Primary Impression:' and 'Secondary Impression:' dropdown menus, both set to 'N/A'.
  - 'Patient Criticality:' options: Green - not critical, ambulatory; Yellow - illness/injuries not yet life-threatening; Red - critical, life-threatening illness/injury; Black - patient dead on arrival.
- Vitals and Interventions:**
  - Text: 'Click and drag interventions to reorder them.'
  - A green 'Vitals' button with a dropdown arrow.
  - Text: 'You can add interventions here. Click on a skill button to the left to get started.'

4. To get proper credit make sure you follow the 'Getting Credit' documentation guidelines
5. Every patient gets vital signs documented. At least 1 set to be accepted.
6. Every patient must be assigned an age and gender.
7. Narrative must be complete, accurate and entered for every patient

## **FISDAP Age Group Definitions**

1. Pediatric: 0 years old – 17 years old
2. Pediatric Sub Groups
3. Newborn: 0
4. Infant: starts at 2 months (2 mths – 1 yr)
5. Toddler: starts at 2 Years old (2 yr – 3 yr)
6. Preschooler: starts at 4 Years old (4 yr – 5 yr)
7. School age: starts at 6 years old (6 yr – 12 yr)
8. Adolescent: starts at 13 Years old 13 yr – 17 yr)
9. Adult: 18 years old – 64 years old
10. Geriatric: 65 years old & older

## **Evaluations**

Evaluations are used throughout the program to evaluate the performance of the student, the facilities, clinical and field sites, and preceptors. This valuable feedback allows everyone involved the opportunity to learn, grow and create a better environment for future paramedic students. It is imperative that the student receives competence in each skill as they progress in their training. If a student does not receive a competent evaluation from a preceptor it will result in additional clinical time until the student receives entry level competency in the deficient area. This may prolong training for the student and require an extension at the approval of the Program Director and Clinical Coordinator. Students are required to obtain an evaluation from their preceptor for EVERY shift that is completed. It is the students' responsibility to make sure the preceptor completes the evaluation. It is the students' responsibility to return the evaluation to the Program Director for review. Evaluations will not be altered in any way. Any student found forging, altering or not turning in evaluations will be subject to disciplinary action. This includes altering or forging the rating or the signature/initial.

Students are required to complete the following evaluations for each site/preceptor they attend or are supervised by

- a) FISDAP - Preceptor Evaluation
- b) FISDAP - Site Evaluation

Evaluations that are completed by a student on a clinical/field site or preceptor are kept confidential, unless the student requests otherwise or Respond Right is legally obligated to report an incident. These evaluations are completed in Fisdap and can be found here, inside the shift/assessment.

## Shift Evaluations

Choose evaluation:  

Students are not allowed to perform any skill for which they have not received instruction and training in the Paramedic classroom. Students will have practiced the skill peer-to-peer and proven competency in front of an instructor in order to be released to perform the skill in a clinical setting. Any student caught performing skills that exceed their level of training at any point in the program will be dropped from the program immediately without refunds.

Students who fail to complete any portion of the Internship will not complete the program and will receive a failing grade. Completion of Internship requirements is mandatory for course completion.

## NREMT Capstone Field Internship Evaluation Sheets

The following appendices are from the NREMT Portfolio defining the grading Criteria for each patient contacts. Students will document their contacts on the forms below and then use the information to record them in FISDAP- Students will retain the original copies. *Patient contacts from the Clinical Internship and Field Experience count towards these minimums but do not count towards Team Leads.*

I, \_\_\_\_\_ have read and understand all information, policies, and procedures listed in this Syllabus and agree to the terms listed. I understand that I must complete the Capstone Experience with a Meets Expectations on both the Final Evaluation and Final Affective Evaluation to successfully complete the course. I understand that by not signing daily logbooks and Major Evaluations I am in Breach of Contract and will be dropped from the Program.

---

**Student Signature**

**Date**



*Appendix K*  
**National Registry of Emergency Medical Technicians®**  
**Paramedic Psychomotor Competency Portfolio Manual**  
**CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

Student Name		Date	Educational Program	Clinical Site														
Page ___ of ___	Time In:	Out:	Preceptor:	Unit or Station:														
<b>Directions:</b> Each contact must be rated by the student FIRST, and rated by the preceptor SECOND. Mark student ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on back. Preceptors complete shaded sections				<b>Ratings:</b> NA = Not applicable- not needed or expected. 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting														
Patient Age Sex	Impression and/or Differential Diagnoses	LOC, Complaints, Event/Circumstances	Summary of treatments rendered successfully by student	Circle Patient Contact Type	Objectives										Preceptor Initials	Comments and Immediate Plan for Improvement for Next Contact		
					Ruler	Pt Interview + Hx gathering	Phys Exam	Field Impression Tx Plan	Skill Performance	Communication	Professional Behavior (NREMT)	Team Leadership						
1.				ALS	S													
				BLS	P													
2.				ALS	S													
				BLS	P													
3.				ALS	S													
				BLS	P													
4.				ALS	S													
				BLS	P													
5.				ALS	S													
				BLS	P													
6.				ALS	S													
				BLS	P													
7.				ALS	S													
				BLS	P													



Appendix K  
**National Registry of Emergency Medical Technicians®**  
**Paramedic Psychomotor Competency Portfolio Manual**  
**CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

Comment on any unsatisfactory ratings or discrepancies:	
Overall plan for improvement for future shifts:	
Student reported <input type="checkbox"/> on time, <input type="checkbox"/> well groomed, <input type="checkbox"/> in uniform and prepared to begin the shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Student knows equipment location and use. <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior was professional: <input type="checkbox"/> Accepts feedback openly <input type="checkbox"/> Self-motivated <input type="checkbox"/> Efficient <input type="checkbox"/> Flexible <input type="checkbox"/> Careful <input type="checkbox"/> Confident	Student helps clean up and restock, unprompted. <input type="checkbox"/> Yes <input type="checkbox"/> No
Student asked relevant questions and participated in learning answers, used downtime to its highest potential. <input type="checkbox"/> Yes <input type="checkbox"/> No	Student left site early (did not complete shift). <input type="checkbox"/> Yes <input type="checkbox"/> No
Preceptor would appreciate <input type="checkbox"/> phone call or <input type="checkbox"/> email from the instructor (please provide contact info). <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Signature	I agree to the above ratings: Preceptor Signature
<b>Clinical Objectives:</b> <b>Pt Interview/Hx Gathering:</b> Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient (s); demonstrated compassion and /or firm bedside manner depending on the needs of the situation. <b>Physical Exam:</b> Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination. <b>Impression &amp; Tx plan:</b> Student formulates an impression and verbalizes an appropriate treatment plan. <b>Skill Performance:</b> Student performs technical skills accurately and safely. <b>Communication:</b> Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a through written patient narrative. <b>Professional Behavior Objectives:</b> Student demonstrates they are: <b>Self-motivated:</b> Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance. <b>Efficient:</b> Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better. <b>Flexible:</b> Makes adjustments to communication style, directs team members and changes impressions based on findings. <b>Careful:</b> Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly. <b>Confident:</b> Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths. <b>Open to feedback:</b> Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses). <b>Team Leadership Objective:</b> The student has successfully led the team if he or she has <i>conducted a comprehensive assessment</i> (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as <i>formulated and implemented a treatment plan</i> for the patient. This means that <i>most</i> (if not all) of the <i>decisions</i> have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)	
<b>Ratings:</b> NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. <b>Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.</b>	



Appendix K

**National Registry of Emergency Medical Technicians®  
Paramedic Psychomotor Competency Portfolio Manual  
CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

Student Name		Date	Educational Program		Clinical Site										
Page ___ of ___	Time In:	Out:	Preceptor:		Unit or Station:										
<b>Directions:</b> Each contact must be rated by the student FIRST, and rated by the preceptor SECOND. Mark student ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on back. Preceptors complete shaded sections					<b>Ratings:</b> NA = Not applicable- not needed or expected. 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting										
Patient Age Sex	Impression and/or Differential Diagnoses	LOC, Complaints, Event/Circumstances	Summary of treatments rendered successfully by student	Circle Patient Contact Type	Rater	Objectives							Preceptor Initials	Comments and Immediate Plan for Improvement for Next Contact	
						Pt Interview + HK gathering	Physical Exam	Field Impression/Tx Plan	Skill Performance	Communication	Professional Behavior (Affect)	Team Leadership			
1.				ALS	S										
				BLS	P										
2.				ALS	S										
				BLS	P										
3.				ALS	S										
				BLS	P										
4.				ALS	S										
				BLS	P										
5.				ALS	S										
				BLS	P										
6.				ALS	S										
				BLS	P										
7.				ALS	S										
				BLS	P										



*Appendix K*  
**National Registry of Emergency Medical Technicians®**  
**Paramedic Psychomotor Competency Portfolio Manual**  
**CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

Comment on any unsatisfactory ratings or discrepancies:

---



---



---

Overall plan for improvement for future shifts:

---



---



---

Student reported <input type="checkbox"/> on time, <input type="checkbox"/> well groomed, <input type="checkbox"/> in uniform and prepared to begin the shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Student knows equipment location and use. <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior was professional: <input type="checkbox"/> Accepts feedback openly <input type="checkbox"/> Self-motivated <input type="checkbox"/> Efficient <input type="checkbox"/> Flexible <input type="checkbox"/> Careful <input type="checkbox"/> Confident	Student helps clean up and restock, unprompted. <input type="checkbox"/> Yes <input type="checkbox"/> No
Student asked relevant questions and participated in learning answers, used downtime to its highest potential. <input type="checkbox"/> Yes <input type="checkbox"/> No	Student left site early (did not complete shift). <input type="checkbox"/> Yes <input type="checkbox"/> No
Preceptor would appreciate <input type="checkbox"/> phone call or <input type="checkbox"/> email from the instructor (please provide contact info). <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Student Signature</b>	I agree to the above ratings: <b>Preceptor Signature</b>
--------------------------	---

**Clinical Objectives:**

**Pt Interview/Hx Gathering:** Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient (s); demonstrated compassion and /or firm bedside manner depending on the needs of the situation.

**Physical Exam:** Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

**Impression & Tx plan:** Student formulates an impression and verbalizes an appropriate treatment plan.

**Skill Performance:** Student performs technical skills accurately and safely.

**Communication:** Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a through written patient narrative.

**Professional Behavior Objectives:** Student demonstrates they are:

**Self-motivated:** Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.

**Efficient:** Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.

**Flexible:** Makes adjustments to communication style, directs team members and changes impressions based on findings.

**Careful:** Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly.

**Confident:** Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.

**Open to feedback:** Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

**Team Leadership Objective:** The student has successfully led the team if he or she has *conducted a comprehensive assessment* (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as *formulated and implemented a treatment plan* for the patient. This means that *most* (if not all) of the *decisions* have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)

**Ratings:** NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. **Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.**



Appendix K

**National Registry of Emergency Medical Technicians®  
Paramedic Psychomotor Competency Portfolio Manual  
CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

Student Name		Date	Educational Program		Clinical Site									
Page ___ of ___	Time In:	Out:	Preceptor:		Unit or Station:									
<b>Directions:</b> Each contact must be rated by the student FIRST, and rated by the preceptor SECOND. Mark student ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on back. Preceptors complete shaded sections				<b>Ratings:</b> NA = Not applicable- not needed or expected. 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting										
Patient Age Sex	Impression and/or Differential Diagnoses	LOC, Complaints, Event/Circumstances	Summary of treatments rendered successfully by student	Circle Patient Contact Type	Rater	Objectives							Preceptor Initials	Comments and Immediate Plan for Improvement for Next Contact
						Pt Interview + HK gathering	Physical Exam	Field Impression/Tx Plan	Skill Performance	Communication	Professional Behavior (Affect)	Team Leadership		
1.				ALS	S									
				BLS	P									
2.				ALS	S									
				BLS	P									
3.				ALS	S									
				BLS	P									
4.				ALS	S									
				BLS	P									
5.				ALS	S									
				BLS	P									
6.				ALS	S									
				BLS	P									
7.				ALS	S									
				BLS	P									



*Appendix K*  
**National Registry of Emergency Medical Technicians®**  
**Paramedic Psychomotor Competency Portfolio Manual**  
**CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

Comment on any unsatisfactory ratings or discrepancies:

---



---



---

Overall plan for improvement for future shifts:

---



---



---

Student reported <input type="checkbox"/> on time, <input type="checkbox"/> well groomed, <input type="checkbox"/> in uniform and prepared to begin the shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Student knows equipment location and use. <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior was professional: <input type="checkbox"/> Accepts feedback openly <input type="checkbox"/> Self-motivated <input type="checkbox"/> Efficient <input type="checkbox"/> Flexible <input type="checkbox"/> Careful <input type="checkbox"/> Confident	Student helps clean up and restock, unprompted. <input type="checkbox"/> Yes <input type="checkbox"/> No
Student asked relevant questions and participated in learning answers, used downtime to its highest potential. <input type="checkbox"/> Yes <input type="checkbox"/> No	Student left site early (did not complete shift). <input type="checkbox"/> Yes <input type="checkbox"/> No
Preceptor would appreciate <input type="checkbox"/> phone call or <input type="checkbox"/> email from the instructor (please provide contact info). <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Student Signature</b>	I agree to the above ratings: <b>Preceptor Signature</b>
--------------------------	---

**Clinical Objectives:**

**Pt Interview/Hx Gathering:** Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient (s); demonstrated compassion and /or firm bedside manner depending on the needs of the situation.

**Physical Exam:** Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

**Impression & Tx plan:** Student formulates an impression and verbalizes an appropriate treatment plan.

**Skill Performance:** Student performs technical skills accurately and safely.

**Communication:** Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a through written patient narrative.

**Professional Behavior Objectives:** Student demonstrates they are:

**Self-motivated:** Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.

**Efficient:** Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.

**Flexible:** Makes adjustments to communication style, directs team members and changes impressions based on findings.

**Careful:** Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly.

**Confident:** Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.

**Open to feedback:** Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

**Team Leadership Objective:** The student has successfully led the team if he or she has *conducted a comprehensive assessment* (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as *formulated and implemented a treatment plan* for the patient. This means that *most* (if not all) of the *decisions* have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)

**Ratings:** NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. **Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.**



## OCENT Paramedic Field Internship - Shift 8 Evaluation

INTERN	PARAMEDIC PROGRAM <b>Orange County EMT</b>		
INTERNING AGENCY	STATION & SHIFT	TODAY'S DATE	
PARAMEDIC PRECEPTOR			
RATING PERIOD FROM:	TO:	# HOURS:	#ALS CALLS TO DATE

**RATING CRITERIA:** Refer to Performance Evaluation Standards in the Internship Manual. An intern must attain a "2" in each category on the final evaluation to successfully complete field internship.

- 1.(0) Does not meet Expectations: Needs Excessive Prompting
- 2.(1) Below Expectations: Inconsistent
- 3.(2) Meets Expectations: Consistent

**N/A** Not applicable or did not perform skill.

(Skills not observed in the field shall be evaluated in a drill situation prior to the completion of internship)

EVALUATION FACTORS	RATING	COMMENTS: are required in each major category
<b>SCENE MANAGEMENT</b>		
1. Safety and work environment		
2. Universal precautions		
3. Crowd control		
4. Additional assistance and equipment		
<b>ASSESSMENT/TREATMENT</b>		
5. Primary assessment and intervention		
6. Patient information		
7. Physical examination		
8. Assessment interpretation		
9. Chest auscultation		
10. Cardiac rhythms		
11. Patient management		
12. Patient response to therapy		
<b>COMMUNICATION</b>		
13. Rapport with patient, family and bystanders		
14. Team members		
15. Radio Report		
16. Documentation		
17. Working relationship with team members		
<b>LEADERSHIP</b>		
18. Leadership		
19. Professionalism		
20. Feedback and guidance		
<b>EQUIPMENT</b>		
21. Inventory maintenance		
22. Equipment operation		

**MAJOR EVALUATION  
TREATMENT SKILLS**

<b>EVALUATION FACTORS</b>	<b>RATING</b>	<b>COMMENTS: are required in each major category</b>	
<b>AIRWAY</b>			
23. Airway management/Oxygen therapy			
24. Advanced airways (ETC/ETI)			
25. Pleural decompression			
<b>CIRCULATION</b>			
26. Defibrillation/Cardioversion			
27. Intravenous access			
28. Pneumatic antishock garment			
29. Valsalva			
30. CPR			
<b>MUSCULOSKELETAL SKILLS</b>			
31. Bandaging/splinting			
32. Extrication/patient positioning			
33. Spinal immobilization			
<b>PHARMACOLOGY</b>			
34. Drug administration technique			
35. Drug knowledge			
<b>EXPANDED SCOPE</b>			
<b>OTHER SKILLS</b>			
36. Emergency Childbirth			

**SUMMARY OF PERFORMANCE**

Preceptors must provide a written summary of intern's performance to date:

Plan for Improvement

Preceptor Signature:	Cert #
Intern Signature:	Training Staff Signature:

## OCENT Paramedic Field Internship - Shift 16 Evaluation

INTERN	PARAMEDIC PROGRAM <b>Orange County EMT</b>		
INTERNING AGENCY	STATION & SHIFT	TODAY'S DATE	
PARAMEDIC PRECEPTOR			
RATING PERIOD FROM:	TO:	# HOURS:	#ALS CALLS TO DATE

**RATING CRITERIA:** Refer to Performance Evaluation Standards in the Internship Manual. An intern must attain a "2" in each category on the final evaluation to successfully complete field internship.

- 1.(0) Does not meet Expectations: Needs Excessive Prompting
- 2.(1) Below Expectations: Inconsistent
- 3.(2) Meets Expectations: Consistent

**N/A** Not applicable or did not perform skill.

(Skills not observed in the field shall be evaluated in a drill situation prior to the completion of internship)

EVALUATION FACTORS	RATING	COMMENTS: are required in each major category
<b>SCENE MANAGEMENT</b>		
1. Safety and work environment		
2. Universal precautions		
3. Crowd control		
4. Additional assistance and equipment		
<b>ASSESSMENT/TREATMENT</b>		
5. Primary assessment and intervention		
6. Patient information		
7. Physical examination		
8. Assessment interpretation		
9. Chest auscultation		
10. Cardiac rhythms		
11. Patient management		
12. Patient response to therapy		
<b>COMMUNICATION</b>		
13. Rapport with patient, family and bystanders		
14. Team members		
15. Radio Report		
16. Documentation		
17. Working relationship with team members		
<b>LEADERSHIP</b>		
18. Leadership		
19. Professionalism		
20. Feedback and guidance		
<b>EQUIPMENT</b>		
21. Inventory maintenance		
22. Equipment operation		

**MAJOR EVALUATION  
TREATMENT SKILLS**

<b>EVALUATION FACTORS</b>	<b>RATING</b>	<b>COMMENTS: are required in each major category</b>	
<b>AIRWAY</b>			
23. Airway management/Oxygen therapy			
24. Advanced airways (ETC/ETI)			
25. Pleural decompression			
<b>CIRCULATION</b>			
26. Defibrillation/Cardioversion			
27. Intravenous access			
28. Pneumatic antishock garment			
29. Valsalva			
30. CPR			
<b>MUSCULOSKELETAL SKILLS</b>			
31. Bandaging/splinting			
32. Extrication/patient positioning			
33. Spinal immobilization			
<b>PHARMACOLOGY</b>			
34. Drug administration technique			
35. Drug knowledge			
<b>EXPANDED SCOPE</b>			
<b>OTHER SKILLS</b>			
36. Emergency Childbirth			

**SUMMARY OF PERFORMANCE**

Preceptors must provide a written summary of intern's performance to date:

Plan for Improvement

Preceptor Signature:	Cert #
Intern Signature:	Training Staff Signature:

## OCEMT Paramedic Capstone Internship - Shift 24 Evaluation

INTERN	PARAMEDIC PROGRAM <b>Orange County EMT</b>		
INTERNING AGENCY	STATION & SHIFT	TODAY'S DATE	
PARAMEDIC PRECEPTOR			
RATING PERIOD FROM:	TO:	# HOURS:	#ALS CALLS TO DATE

**RATING CRITERIA:** Refer to Performance Evaluation Standards in the Internship Manual. An intern must attain a "2" in each category on the final evaluation to successfully complete field internship.

- 1.(0) Does not meet Expectations: Needs Excessive Prompting
- 2.(1) Below Expectations: Inconsistent
- 3.(2) Meets Expectations: Consistent

**N/A** Not applicable or did not perform skill.

(Skills not observed in the field shall be evaluated in a drill situation prior to the completion of internship)

EVALUATION FACTORS	RATING	COMMENTS: are required in each major category
<b>SCENE MANAGEMENT</b>		
1. Safety and work environment		
2. Universal precautions		
3. Crowd control		
4. Additional assistance and equipment		
<b>ASSESSMENT/TREATMENT</b>		
5. Primary assessment and intervention		
6. Patient information		
7. Physical examination		
8. Assessment interpretation		
9. Chest auscultation		
10. Cardiac rhythms		
11. Patient management		
12. Patient response to therapy		
<b>COMMUNICATION</b>		
13. Rapport with patient, family and bystanders		
14. Team members		
15. Radio Report		
16. Documentation		
17. Working relationship with team members		
<b>LEADERSHIP</b>		
18. Leadership		
19. Professionalism		
20. Feedback and guidance		
<b>EQUIPMENT</b>		
21. Inventory maintenance		
22. Equipment operation		

**MAJOR EVALUATION  
TREATMENT SKILLS**

<b>EVALUATION FACTORS</b>	<b>RATING</b>	<b>COMMENTS: are required in each major category</b>	
<b>AIRWAY</b>			
23. Airway management/Oxygen therapy			
24. Advanced airways (ETC/ETI)			
25. Pleural decompression			
<b>CIRCULATION</b>			
26. Defibrillation/Cardioversion			
27. Intravenous access			
28. Pneumatic antishock garment			
29. Valsalva			
30. CPR			
<b>MUSCULOSKELETAL SKILLS</b>			
31. Bandaging/splinting			
32. Extrication/patient positioning			
33. Spinal immobilization			
<b>PHARMACOLOGY</b>			
34. Drug administration technique			
35. Drug knowledge			
<b>EXPANDED SCOPE</b>			
<b>OTHER SKILLS</b>			
36. Emergency Childbirth			

**SUMMARY OF PERFORMANCE**

Preceptors must provide a written summary of intern's performance to date:

Plan for Improvement

Preceptor Signature:	Cert #
Intern Signature:	Training Staff Signature:

## Affective Domain Shift 8 Evaluation

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

Scoring	Competency	Description
0	Does Not Meet Expectations	Unsuccessful: Failed Attribute
1	Below Expectations	Marginal: Inconsistent with Attribute
2	Meets Expectations	Successful: Consistent with Attribute

### 1. Integrity

Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

Score: 0 1 2

### 2. Empathy

Examples of professional behavior include, 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.

Score: 0 1 2

### 3. Self- Motivation

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

Score: 0 1 2

### 4. Appearance and Personal Hygiene

Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

Score: 0 1 2

### 5. Self- Confidence

Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.

Score: 0 1 2

**6. Communications**

Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations

**Score: 0 1 2**

**7. Time Management**

Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks, assignments on time, being to class on time, not leaving class early, no excessive absences.

**Score: 0 1 2**

**8. Teamwork and Diplomacy**

Examples of professional behavior include, 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.

**Score: 0 1 2**

**9. Respect**

Examples of professional behavior include, 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.

**Score: 0 1 2**

**10. Patient Advocacy**

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

**Score: 0 1 2**

**11. Careful Delivery of Service**

Examples of professional behavior include, 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.

**Score: 0 1 2**

**Total Score:** \_\_\_\_\_

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

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

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

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

## Affective Domain Shift 16 Evaluation

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

Scoring	Competency	Description
0	Does Not Meet Expectations	Unsuccessful: Failed Attribute
1	Below Expectations	Marginal: Inconsistent with Attribute
2	Meets Expectations	Successful: Consistent with Attribute

### 1. Integrity

Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

Score: 0 1 2

### 2. Empathy

Examples of professional behavior include, 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.

Score: 0 1 2

### 3. Self- Motivation

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

Score: 0 1 2

### 4. Appearance and Personal Hygiene

Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

Score: 0 1 2

### 5. Self- Confidence

Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.

Score: 0 1 2

**6. Communications**

Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations

**Score: 0 1 2**

**7. Time Management**

Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks, assignments on time, being to class on time, not leaving class early, no excessive absences.

**Score: 0 1 2**

**8. Teamwork and Diplomacy**

Examples of professional behavior include, 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.

**Score: 0 1 2**

**9. Respect**

Examples of professional behavior include, 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.

**Score: 0 1 2**

**10. Patient Advocacy**

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

**Score: 0 1 2**

**11. Careful Delivery of Service**

Examples of professional behavior include, 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.

**Score: 0 1 2**

**Total Score:** \_\_\_\_\_

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

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

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

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

## Affective Domain Final Evaluation

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

Scoring	Competency	Description
0	Does Not Meet Expectations	Unsuccessful: Failed Attribute
1	Below Expectations	Marginal: Inconsistent with Attribute
2	Meets Expectations	Successful: Consistent with Attribute

### 1. Integrity

Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

Score: 0 1 2

### 2. Empathy

Examples of professional behavior include, 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.

Score: 0 1 2

### 3. Self- Motivation

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

Score: 0 1 2

### 4. Appearance and Personal Hygiene

Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

Score: 0 1 2

### 5. Self- Confidence

Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.

Score: 0 1 2

**6. Communications**

Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations

**Score: 0 1 2**

**7. Time Management**

Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks, assignments on time, being to class on time, not leaving class early, no excessive absences.

**Score: 0 1 2**

**8. Teamwork and Diplomacy**

Examples of professional behavior include, 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.

**Score: 0 1 2**

**9. Respect**

Examples of professional behavior include, 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.

**Score: 0 1 2**

**10. Patient Advocacy**

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

**Score: 0 1 2**

**11. Careful Delivery of Service**

Examples of professional behavior include, 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.

**Score: 0 1 2**

**Total Score:** \_\_\_\_\_

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

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

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

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



---

## Graduation Requirements

**All of the following must be completed without exception for Program Completion**

### 1. Documentation

Submit all Pre-Requisite Documentation if not done previously

- a) Copy of EMT License
- b) Copy of BLS for Healthcare Provider
- c) Proof of High School Diploma or College Transcripts
- d) Copy of Anatomy/Pathophysiology and or Paramedic Preparation Course
- e) All EMS Certifications
- f) Letters of Recommendation
- g) Verification of hours from Employer
- h) (3) Letters of Recommendation

### 2. Evaluations:

Provide a copy for each of the evaluation listed below

#### (A) Clinical Evaluations

1. Shift 8
2. Shift 16

#### (B) Field Experience: To be done by OCCEMT

1. Shift 0

#### (C) Internship Evaluations

1. Shift 8: Major and Affective
2. Shift 16: Major and Affective
3. Shift 24: Major and Affective

### 3. Educational Drills

Provide the name, date, description, and location of (10) classes given

### 4. Fisdap

- (A) Must have 3 peer evaluations completed in Fisdap for every NREMT Skill
- (B) Every Pt contact/Skill during Clinical Internship must be entered into Fisdap
- (C) Every Pt contact/Skill during Field Internship must be entered into Fisdap
- (D) To Clarify: Everything in your logbooks must be entered into Fisdap
- (E) We will not do it for you

### 4. Paramedic Procedures

- (A) You MUST have the minimum contacts listed in the table below
- (B) Tally all skills completed during the Clinical and Field Internships in the far right column
- (C) If you have not met the minimum standard you MUST complete them in a skills lab at OCCEMT



**Patient Contact Matrix**

Paramedic Procedures	Min #	Sims Used	# Sims = 1 Pt.	Intern Contacts
Safely Administer Medications	25	Yes	2	
Airway Management	50	Yes	2	
Live Intubations	8	Yes	2	
Safely Gain Venous Access	20	Yes	2	
Ventilate a Patient	5	Yes	2	
Assessment of Newborn	2	Yes	4	
Assessment of Infant	2	NO	0	
Assessment of Toddler	2	NO	0	
Assessment of Preschooler	2	NO	0	
Assessment of School Aged	2	NO	0	
Assessment of Adolescents	2	NO	0	
Assessment of Adults	20	Yes	2	
Assessment of Geriatrics	10	Yes	2	
Assessment of Obstetric Patients	4	Yes	2	
Assessment of Trauma Patients	10	Yes	2	
Assessment of Medical Patients	20	Yes	2	
Assessment of Psychiatric Patients	5	Yes	0	
Assessment and Plan RX of Chest Pain	5	Yes	2	
Assessment and Plan RX of Respiratory	5	Yes	2	
Assessment and Plan RX of Syncope	5	Yes	2	
Assessment and Plan RX of Abdominal	5	Yes	2	
Assess and Plan RX of Altered Mental	5	Yes	2	
Capstone Field Internship Team Leads	20	Yes	2	



---

## Verification of Completion by Field Preceptor

### Requirements for Capstone Field Internship Completion

- 24 hours of field internship
  - 576 hours of field internship
- 20 team leads
  - 15 ALS team leads
  - 5 BLS team leads
- Successfully completed major evaluations
  - Shift 8 major evaluation
  - Shift 8 affective domain evaluation
  - Shift 16 major evaluation
  - Shift 16 affective domain evaluation
  - Shift 24 major evaluation (CAPSTONE)
  - Shift 24 major evaluation

I verify that \_\_\_\_\_ is able to perform as an entry-level paramedic in a safe competent manner on a consistent basis per OCEMT requirements for completion. Student consistently displays professionalism, integrity, and a willingness to learn in his/her future endeavors as an EMS professional.

I attest to the completion of all Field Internship requirements by the above named intern.

Please circle final outcome

Pass

Fail

Extension

Preceptor Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_