



BROOME COUNTY DIVISION OF EMERGENCY MEDICAL SERVICES
EMERGENCY MEDICAL SERVICES EDUCATION PROGRAM
Emergency Medical Technician – Basic
Field Internship Evaluation



CANDIDATE'S NAME: _____

INTERNSHIP SITE (Agency Name): _____ PRECEPTOR'S NAME: _____

DATE: _____ SHIFT START TIME: _____ SHIFT END TIME: _____

Under the direct supervision of a preceptor, the Basic EMT intern will observe, participate and demonstrate the following skills. Please rate the intern in each category listed, on the scale provided: 1 being poor, and 5 being outstanding. N indicates that the category is not applicable to the experience being evaluated. In the Comment section, please elaborate on both strong and weak performance areas, and include specific suggestions for continued development and improvement.

OBJECTIVE	RATING	COMMENTS
PREPARATION		
Participate in vehicle/rig check	1 2 3 4 5 N	
Receipt of dispatch information	1 2 3 4 5 N	
Pre-arrival plan/preparation	1 2 3 4 5 N	
Scene size-up/management	1 2 3 4 5 N	
Initial patient assessment	1 2 3 4 5 N	
PATIENT CONTACT		
Chief complaint	1 2 3 4 5 N	
History of present illness/injury	1 2 3 4 5 N	
Past medical history	1 2 3 4 5 N	
Medications	1 2 3 4 5 N	
Allergies	1 2 3 4 5 N	
Focused history and detail physical exam	1 2 3 4 5 N	
Ongoing / repeated assessment	1 2 3 4 5 N	
VITAL SIGNS		
Level of consciousness (AVPU)	1 2 3 4 5 N	
Pulse rate & quality	1 2 3 4 5 N	
Respiratory rate & quality	1 2 3 4 5 N	
Blood pressure by auscultation/palpation	1 2 3 4 5 N	
AIRWAY/BREATHING MANAGEMENT		
Oral suctioning	1 2 3 4 5 N	
Oral/nasal airway insertion	1 2 3 4 5 N	
Oxygen therapy (nonrebreather mask or cannula)	1 2 3 4 5 N	
Ventilatory assistance (BVM)	1 2 3 4 5 N	
Assessment of breath sounds	1 2 3 4 5 N	
CIRCULATORY MANAGEMENT		
Chest compressions during CPR	1 2 3 4 5 N	
Application/operation of AED	1 2 3 4 5 N	
Bleeding control measures	1 2 3 4 5 N	
Bandaging	1 2 3 4 5 N	
MAST application	1 2 3 4 5 N	
SPLINTING – TRACTION/FIXED		
Assessment of painful, swollen deformed extremity	1 2 3 4 5 N	
Selection of appropriate device	1 2 3 4 5 N	

OBJECTIVE	RATING	COMMENTS
Application of device	1 2 3 4 5 N	
SPINAL IMMOBILIZATION		
KED (or similar) application	1 2 3 4 5 N	
Shortboard application	1 2 3 4 5 N	
Use of longboard (logroll or straddle-lift)	1 2 3 4 5 N	
Standing Takedowns	1 2 3 4 5 N	
ASSESSMENT OF MEDICAL PATIENTS		
Initial assessment	1 2 3 4 5 N	
Focused history and detailed physical exam	1 2 3 4 5 N	
Ongoing assessment	1 2 3 4 5 N	
Appropriate treatment	1 2 3 4 5 N	
Administering/Assisting patient with medications	1 2 3 4 5 N	
Oral medication (identify)_____	1 2 3 4 5 N	
Sublingual Medication (Nitroglycerine)	1 2 3 4 5 N	
Inhaled Medication (identify)_____	1 2 3 4 5 N	
Injected Medication (EpiPen)	1 2 3 4 5 N	
LIFTS, MOVES AND CARRIES		
Emergency/non-urgent moves	1 2 3 4 5 N	
Patient transfer	1 2 3 4 5 N	
Wheeled stretcher	1 2 3 4 5 N	
Reeves stretcher	1 2 3 4 5 N	
Stair chair	1 2 3 4 5 N	
OTHER		
Participates in run review	1 2 3 4 5 N	
Assists with cleaning/restocking vehicle & equipt.	1 2 3 4 5 N	
Prepares for next run	1 2 3 4 5 N	
OBSERVATION ONLY		
Documentation/communications with hospital	1 2 3 4 5 N	
Any and all invasive and/or advanced skills	1 2 3 4 5 N	

Additional Comments by Preceptors: _____

SIGNATURE OF PRECEPTOR: _____ DATE: _____

Comments from EMT Intern: _____

SIGNATURE OF STUDENT: _____ DATE: _____