# CALIFORNIA PARAMEDIC FIELD INTERNSHIP DAILY PERFORMANCE RECORD

| INTERN | DATE | PARAMEDIC PROGRAM - Imperial Valley College | INTERNING AGENCY/UNIT # |
|---|---|---|---|

| SHIFT # | TIME IN: OUT: | PRECEPTOR: | SUBSTITUTE PRECEPTOR: |
|---|---|---|---|

DIRECTIONS: Sections are to be completed by the intern. Each run must be rated by the intern and preceptors in each applicable category. Comments regarding runs should be made in comments area provided.

RATING: 1- Fails to Perform    2 – Borderline-inconsistent    3 - Competent

| Patient Information and Chief Complaint | Treatment Rendered | ALS Patient Contact (Y/N) | | Scene Management | Assessment/Tx. | Communication | Leadership | Treatment Skills | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| 1. | | | I | | | | | | |
| | | | P | | | | | | |
| 2. | | | I | | | | | | |
| | | | P | | | | | | |
| 3. | | | I | | | | | | |
| | | | P | | | | | | |
| 4. | | | I | | | | | | |
| | | | P | | | | | | |
| 5. | | | I | | | | | | |
| | | | P | | | | | | |
| 6. | | | I | | | | | | |
| | | | P | | | | | | |
| 7. | | | I | | | | | | |
| | | | P | | | | | | |

## SUMMARY OF PERFORMANCE

**Preceptor must** provide a written summary of today's performance




Drills/Demonstrations


PLAN FOR IMPROVEMENT (By Preceptor)



| PRECEPTOR SIGNATURE | CERT. # | SUBSTITUTE PRECEPTOR SIGNATURE | CERT. # |
|---|---|---|---|
| INTERN SIGNATURE | | IVC REP. SIGNATURE | |

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|---|---|---|---|---|---|---|---|---|---|
| 8. | | | I | | | | | | |
| | | | P | | | | | | |
| 9. | | | I | | | | | | |
| | | | P | | | | | | |
| 10. | | | I | | | | | | |
| | | | P | | | | | | |
| 11. | | | I | | | | | | |
| | | | P | | | | | | |
| 12. | | | I | | | | | | |
| | | | P | | | | | | |
| 13. | | | I | | | | | | |
| | | | P | | | | | | |
| 14. | | | I | | | | | | |
| | | | P | | | | | | |
| 15. | | | I | | | | | | |
| | | | P | | | | | | |
| 16. | | | I | | | | | | |
| | | | P | | | | | | |
| 17. | | | I | | | | | | |
| | | | P | | | | | | |
| 18. | | | I | | | | | | |
| | | | P | | | | | | |
| 19. | | | I | | | | | | |
| | | | P | | | | | | |
| 20. | | | I | | | | | | |
| | | | P | | | | | | |
| 21. | | | I | | | | | | |