



Northwell
HealthSM



HOFSTRA NORTHWELL
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY™



AMBULANCE INTERNSHIP REPORT

Student Name: _____ Course #: _____

Ambulance Designation: _____

Date: _____ Total Hours Completed: _____

Start Time: _____ End Time: _____

(To be completed by student; please enter patient information into one45)

Description of Clinical Experience

List patient encounters, skills performed, pertinent negatives/positives
(i.e. Vital Signs, Splinting, CPR, AED, etc.)

VERIFICATION BY CLINICAL PRECEPTOR

The above named student has successfully completed the requirements of this Ambulance Rotation in accordance with the objectives set forth.

Preceptor Signature: _____	Date: _____
Preceptor Name (Print): _____	
Title: _____	Work Phone: _____

STUDENT EVALUATION OF AMBULANCE ROTATION

Student Name:	Course #:
Ambulance Designation:	Hours Completed:
Date:	

Please utilize the following rating scale (1 representing worst, 5 representing best) by circling the number which best corresponds to your evaluation of the designated area of your ambulance experience. Use additional forms to accentuate positive or negative comments (if necessary).

- | | |
|---|-----------|
| 1. Appropriate Orientation by your Instructor Coordinator
Comments: _____ | 1 2 3 4 5 |
| 2. Responsibilities clearly defined by your Instructor Coordinator
Comments: _____ | 1 2 3 4 5 |
| 3. Adequate Supervision on Ambulance
Comments: _____ | 1 2 3 4 5 |
| 4. Availability of preceptor(s) during session
Comments: _____ | 1 2 3 4 5 |
| 5. Responsiveness to clinical questions by staff
Comments: _____ | 1 2 3 4 5 |
| 6. Incorporation as member of crew
Comments: _____ | 1 2 3 4 5 |
| 7. Educational objectives accomplished
Comments: _____ | 1 2 3 4 5 |
| 8. Overall educational experience
Comments: _____ | 1 2 3 4 5 |

Please comment on Individual Preceptors for which you have had educational interactions

<u>Preceptor or faculty</u>	<u>Availability</u>	<u>Clinical Teachings</u>
1. _____ Comments:	1 2 3 4 5	1 2 3 4 5
2. _____ Comments:	1 2 3 4 5	1 2 3 4 5
3. _____ Comments:	1 2 3 4 5	1 2 3 4 5