

## AMBULANCE INTERNSHIP REPORT

Student Name: \_\_\_\_\_ Course #: \_\_\_\_\_

Ambulance Designation: \_\_\_\_\_

Date: \_\_\_\_\_ Total Hours Completed: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

(To be completed by student)

### Description of Clinical Experience

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

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### VERIFICATION BY CLINICAL PRECEPTOR

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

<b>Preceptor Signature:</b>	<b>Date:</b>
<b>Preceptor Name (Print):</b>	
<b>Title:</b>	<b>Work Phone:</b>

# STUDENT EVALUATION OF AMBULANCE ROTATION

Student Name: \_\_\_\_\_ Course #: \_\_\_\_\_

Ambulance Designation: \_\_\_\_\_

Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

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 1 2 3 4 5

Comments: \_\_\_\_\_

2. Responsibilities clearly defined by your Instructor Coordinator 1 2 3 4 5

Comments: \_\_\_\_\_

3. Adequate Supervision on Ambulance 1 2 3 4 5

Comments: \_\_\_\_\_

4. Availability of preceptor(s) during session 1 2 3 4 5

Comments: \_\_\_\_\_

5. Responsiveness to clinical questions by staff 1 2 3 4 5

Comments: \_\_\_\_\_

6. Incorporation as member of crew 1 2 3 4 5

Comments: \_\_\_\_\_

7. Educational objectives accomplished 1 2 3 4 5

Comments: \_\_\_\_\_

8. Overall educational experience 1 2 3 4 5

Comments: \_\_\_\_\_

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

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

2. _____	1 2 3 4 5	1 2 3 4 5
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Comments: \_\_\_\_\_

3. _____	1 2 3 4 5	1 2 3 4 5
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Comments: \_\_\_\_\_