

## Clinical/Field Internship Summary Report

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

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

**Time In:** \_\_\_\_ : \_\_\_\_ **Time Out:** \_\_\_\_ : \_\_\_\_

**Total Hours:** \_\_\_\_\_ Hours

**Clinical Location:**

<input type="checkbox"/>	_____ Co. EMS	<input type="checkbox"/>	FMT Ambulance
<input type="checkbox"/>	Med-Trust	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Roper LifeLink	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Shoreline		

**Unit Number:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_  
(Print name)

**Title:** \_\_\_\_\_

**\* List only skills that are successfully completed and performed by the student.**

\* Students should be actively involved in the assessment, treatment planning, and management of a single patient to receive credit for the assess/tx/management category (approximately 1 patient per hour of clinical time).

\* Students may receive additional assessment credit by age group (approximately 1 patient per hour of clinical time).

\* Color only 1 block in each category. Categories with multiple blocks marked or alterations will not be accepted.

**Assessment**

Neonates (Birth - 1 Month)	0	1	2	3	4	5	6	7	8	9	10
Infants (1 Month - 1 yr)	0	1	2	3	4	5	6	7	8	9	10
Toddlers (2-3 year olds)	0	1	2	3	4	5	6	7	8	9	10
Preschoolers (3-6 year olds)	0	1	2	3	4	5	6	7	8	9	10
School Age (7-12 year olds)	0	1	2	3	4	5	6	7	8	9	10
Adolescent (13-18 year olds)	0	1	2	3	4	5	6	7	8	9	10
Young Adult (19-29 year olds)	0	1	2	3	4	5	6	7	8	9	10
Middle Adult 30-64 year olds	0	1	2	3	4	5	6	7	8	9	10
Geriatrics (>65 years old)	0	1	2	3	4	5	6	7	8	9	10

**Preceptor Signature Required**

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**Assess/Tx Plan/Management**

Abdominal Complaint	0	1	2	3	4	5	6	7	8	9	10
Altered Mental Status	0	1	2	3	4	5	6	7	8	9	10
Chest Pain/Cardiac	0	1	2	3	4	5	6	7	8	9	10
Multiple Trauma	0	1	2	3	4	5	6	7	8	9	10
Obstetric/Gynecologic	0	1	2	3	4	5	6	7	8	9	10
Other Medical Patients	0	1	2	3	4	5	6	7	8	9	10
Other Trauma	0	1	2	3	4	5	6	7	8	9	10
Psychiatric/Behavioral	0	1	2	3	4	5	6	7	8	9	10
Respiratory	0	1	2	3	4	5	6	7	8	9	10
Syncope	0	1	2	3	4	5	6	7	8	9	10

**Preceptor Signature Required**

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**BLS Skills**

AED	0	1	2	3	4	5	6	7	8	9	10
Vital Signs	0	1	2	3	4	5	6	7	8	9	10
Pulse Oximetry	0	1	2	3	4	5	6	7	8	9	10
ALS Assist	0	1	2	3	4	5	6	7	8	9	10
12-lead ECG Application	0	1	2	3	4	5	6	7	8	9	10

**Preceptor Signature Required**

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**BLS Medication Skills - Assisted**

Bronchodilators	0	1	2	3	4	5	6	7	8	9	10
IM Injections	0	1	2	3	4	5	6	7	8	9	10
Intranasal Medications	0	1	2	3	4	5	6	7	8	9	10

**Preceptor Signature Required**

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### Clinical/Field Internship Summary Report

Oral Medications	0	1	2	3	4	5	6	7	8	9	10
Sublingual Medications	0	1	2	3	4	5	6	7	8	9	10

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**ALS Medication Skills - Observations**

Bronchodilators	0	1	2	3	4	5	6	7	8	9	10
Fluid Administration	0	1	2	3	4	5	6	7	8	9	10
IM Injections	0	1	2	3	4	5	6	7	8	9	10
Intranasal Medications	0	1	2	3	4	5	6	7	8	9	10
IO Access	0	1	2	3	4	5	6	7	8	9	10
IV Access/IO Access	0	1	2	3	4	5	6	7	8	9	10
IV Drip/Infusion Medications	0	1	2	3	4	5	6	7	8	9	10
Oral Medications	0	1	2	3	4	5	6	7	8	9	10
Subcutaneous Injections	0	1	2	3	4	5	6	7	8	9	10
Sublingual Medications	0	1	2	3	4	5	6	7	8	9	10

**Preceptor Signature Required**

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**Airway Skills**

CPAP	0	1	2	3	4	5	6	7	8	9	10
ET Intubation - Adult - Observe	0	1	2	3	4	5	6	7	8	9	10
ET Intubation - Pediatric - Observe	0	1	2	3	4	5	6	7	8	9	10
Oral/Nasal Adjuncts	0	1	2	3	4	5	6	7	8	9	10
Oxygen Application	0	1	2	3	4	5	6	7	8	9	10
Supraglottic Airways/LMA/KING	0	1	2	3	4	5	6	7	8	9	10
Ventilation	0	1	2	3	4	5	6	7	8	9	10

**Preceptor Signature Required**

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**Other ALS Skills - Observations**

12-lead ECG Interpretation	0	1	2	3	4	5	6	7	8	9	10
Blood Glucose Monitoring	0	1	2	3	4	5	6	7	8	9	10
Childbirth Assist	0	1	2	3	4	5	6	7	8	9	10
Defibrillation	0	1	2	3	4	5	6	7	8	9	10
ECG Interpretation	0	1	2	3	4	5	6	7	8	9	10

**Preceptor Signature Required**

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**Immobilization Skills**

Back Board	0	1	2	3	4	5	6	7	8	9	10
Bandaging	0	1	2	3	4	5	6	7	8	9	10
C-Collar	0	1	2	3	4	5	6	7	8	9	10
KED/XP1	0	1	2	3	4	5	6	7	8	9	10
Splinting	0	1	2	3	4	5	6	7	8	9	10

**Preceptor Signature Required**

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**Field Use only:** Student Participated as a  Team member  **Observation Only - Does not count as a patient contact\*\***

**Preceptor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 By signing, I attest that the student completed the skills sets and hours documented above.

**Student Comments & Observations:** \_\_\_\_\_  
 \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 By signing I attest that I have completed the above clinical skills and time as documented above.

**Administrative Review Completed On:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Reviewed
- Returned
- Discussed with student
- Other: \_\_\_\_\_

\_\_\_\_\_  
 Dean, Director of Education, or Clinical Coordinator's Signature