



EMERGENCY MEDICAL TECHNICIAN
EXTERNSHIP BOOKLET

(800) 927-5159 • www.calregional.com

EMT04262019

Externship Booklet

This Externship Booklet includes important guidelines and documents for students to successfully complete their externship. Students are required to bring their Externship Booklet with them to class and to their externship each day. For more information, refer to the Student Handbook.

Students need to complete the information below:

Student Name:	
Address:	
Phone:	
School/Program Attended:	

Externship Site # 1 Name:	
Address:	
Phone:	
Preceptor Name:	
Externship Start Date:	
Externship End Date:	

Externship Site #2 Name:	
Address:	
Phone:	
Preceptor Name:	
Externship Start Date:	
Externship End Date:	

It is the student's responsibility to provide a copy of the externship booklet to the Preceptor.

Students will be required to attend externship sites during the hours assigned, which are fulltime and vary from the program schedule. If the student declines a scheduled externship and/or the externship coordinator is unable to contact the student, or the student is dropped from the externship site for any reason, the student will be dropped from the program and not be eligible for a certificate or refund of any kind.

100% attendance is required at externship. Students must notify their externship site and their clinical coordinator if they have an emergency and have to miss a day. If a student does not call and does not show up they are automatically dropped from the program.

COMPLETION CHECKLIST - complete and check off each box before sending in your externship booklet.

- At least 24 hours of externship
- Externship Sign-in Log
- Student Externship Evaluation (Ambulance) - Completed by proctor
- Student Externship Evaluation (Emergency Room) - Completed by proctor
- Evaluation of Clinical Setting – Completed by student
- Scan and email a pdf of your externship booklet to externships@calregional.com
or fax it to 707-927-0131.

Keep a copy of your externship booklet for your records.

EXTERNSHIP BOOKLET DEADLINE

Students are required to turn in a completed Externship Booklet within 14 days of the last day of externship. **Students who do not turn in their Externship Booklet within 14 days of the last day of externship may be dropped from the program and will not be issued a certificate or be eligible for a refund.**

A NOTE TO THE PRECEPTOR

Thank you for hosting our healthcare training student. We appreciate your contribution to the success of our students. Please contact CalRegional immediately if you have any questions or concerns. This booklet contains all the paperwork required for the student to complete externship.

Here is a list of what we ask of you:

- **Student's Schedule:** Verify student's externship schedule.
- **Externship Sign-In Log:** Sign off on the dates and hours the student has completed on a daily basis.
- **Student Evaluation Form:** To be Completed by preceptor at the end of the externship.
- **Patient Care Reports:** Filled out and signed by student and preceptor

Thank you again for your participation.

Health Care Portability and Accountability Act (HIPAA) Form

Dear Student,

Confidentiality: You are required to maintain confidentiality of patient information in accordance with state and federal law. No student will have access to or have the right to review any medical record, except where necessary in the regular course of the program. The discussion, transmission, or narration in any form by students of any patient information obtained in the regular course of the program is forbidden except as permitted by law. Please review and sign this Health Insurance Portability and Accountability Act (HIPAA) form.

HIPAA STATEMENT

Notification of privacy practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA) was distributed and discussed during the classroom portion of this program. It is your responsibility as a student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position in the allied healthcare field.

Please review the HIPAA notification thoroughly and keep it with your Externship Booklet.

I have read and understand the HIPAA regulations. (Please Print and Sign Your Name)

Print Name

Signature

Date

Externship Sign-in Form

Student Name: _____

	DATE	LOCATION	TIME IN	TIME OUT	PRECEPTOR'S INITIALS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
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Student Externship Evaluation Form (Emergency Room) - Proctor

The Student Externship Evaluation should be filled out by the student's preceptor on or before the last day of externship. Fill in the student information below and ask your preceptor to complete the form.

Student Name:			
Extern Site:			
Start Date:		End Date:	

Please evaluate the above-named student in the following areas. Guidelines are as follows:

4 = excellent	3 = above average	2 = average	1 = needs improvement
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PERFORMANCE

The student demonstrates:

Emergency Medical Technician Student					
Ability to learn and retain information	4	3	2	1	N/A
Correct techniques in paperwork procedures	4	3	2	1	N/A
Set-up and clean-up of patient care areas	4	3	2	1	N/A
Sufficient speed in completing task	4	3	2	1	N/A
Care of instruments and equipment	4	3	2	1	N/A

ATTITUDE

The student demonstrates:

Emergency Medical Technician Student					
Interest in improving	4	3	2	1	N/A
Ability to learn new procedures	4	3	2	1	N/A
Punctuality/Attendance	4	3	2	1	N/A
Positive attitude	4	3	2	1	N/A

INITIATIVE

The student demonstrates:

Emergency Medical Technician Student					
Ability to complete tasks	4	3	2	1	N/A
Undertaking of responsibilities	4	3	2	1	N/A
Anticipation of doctor 's / coworker's needs	4	3	2	1	N/A

NEATNESS

The student demonstrates:

Emergency Medical Technician Student					
Neatness in accomplishing work	4	3	2	1	N/A
Professionalism in personal appearance	4	3	2	1	N/A

PATIENT/STAFF RELATIONS

The student demonstrates:

Emergency Medical Technician Student					
Ability to put patients at ease	4	3	2	1	N/A
Cooperation with staff	4	3	2	1	N/A
Ability to function under stress	4	3	2	1	N/A
Use of correct terminology	4	3	2	1	N/A

Please provide additional information on the student below.

Student appears to show strength in these areas:

Student could benefit from suggestions for improvement in these areas:

The overall appraisal of the student:

Outstanding _____ Above Average _____ Average _____ Unsatisfactory _____

Preceptor Signature:			
Print Name:		Date	
Title:		Phone:	
Email Address:			
Site Name:			
Address			

Student Externship Evaluation Form (Ambulance Company) - Proctor

The Student Externship Evaluation should be filled out by the student's preceptor on or before the last day of externship. Fill in the student information below and ask your preceptor to complete the form.

Student Name:			
Extern Site:			
Start Date:		End Date:	

Please evaluate the above-named student in the following areas. Guidelines are as follows:

4 = excellent	3 = above average	2 = average	1 = needs improvement
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PERFORMANCE

The student demonstrates:

Emergency Medical Technician Student					
Ability to learn and retain information	4	3	2	1	N/A
Correct techniques in paperwork procedures	4	3	2	1	N/A
Set-up and clean-up of patient care areas	4	3	2	1	N/A
Sufficient speed in completing task	4	3	2	1	N/A
Care of instruments and equipment	4	3	2	1	N/A

ATTITUDE

The student demonstrates:

Emergency Medical Technician Student					
Interest in improving	4	3	2	1	N/A
Ability to learn new procedures	4	3	2	1	N/A
Punctuality/Attendance	4	3	2	1	N/A

INITIATIVE

The student demonstrates:

Emergency Medical Technician Student					
Ability to complete tasks	4	3	2	1	N/A
Undertaking of responsibilities	4	3	2	1	N/A
Anticipation of doctor 's / coworker's needs	4	3	2	1	N/A

NEATNESS

The student demonstrates:

Emergency Medical Technician Student					
Neatness in accomplishing work	4	3	2	1	N/A
Professionalism in personal appearance	4	3	2	1	N/A

PATIENT/STAFF RELATIONS

The student demonstrates:

Emergency Medical Technician Student					
Ability to put patients at ease	4	3	2	1	N/A
Cooperation with staff	4	3	2	1	N/A
Emotional maturity to function under stress	4	3	2	1	N/A
Use of correct terminology	4	3	2	1	N/A

Please provide additional information on the student below.

Student appears to show strength in these areas:

Student could benefit from suggestions for improvement in these areas:

The overall appraisal of the student:

Outstanding_____ Above Average_____ Average_____ Unsatisfactory_____

Preceptor Signature:			
Print Name:		Date	
Title:		Phone:	
Email Address:			
Site Name:			
Address			

Evaluation of Clinical Setting - Student

This form should be filled out by the **student** on or before the last day of the externship.

Instructions: Read each statement and mark your response on this form.

Emergency Medical Technician Student Externship Site (Emergency Room)	4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable				
	4	3	2	1	N/A
1. The number of patients/clients was sufficient.					
2. The variety of learning opportunities was sufficient.					
3. The staff provided positive feedback.					
4. There were sufficient resources (personnel and supplies) available.					
5. Site staff created a supportive learning environment.					
6. If hiring, the site would be a great place to work.					

Emergency Medical Technician Student Externship Site (Ambulance Company)	4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable				
	4	3	2	1	N/A
7. The number of patients/clients was sufficient.					
8. The variety of learning opportunities was sufficient.					
9. The staff provided positive feedback.					
10. There were sufficient resources (personnel and supplies) available.					
11. Site staff created a supportive learning environment.					
12. If hiring, the site would be a great place to work.					

PREHOSPITAL RUN REPORT

Pt /	Date	Call recvd from: <input type="checkbox"/> 911 <input type="checkbox"/> PVT Other:	Agency:	Response Location:	Incident #:																											
Incident Location City Zip			Call Type: <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> Dry Run/Cancelled <input type="checkbox"/> IFT Pt. Type: <input type="checkbox"/> Medical <input type="checkbox"/> Trauma <input type="checkbox"/> Burn Pt.																													
Patient Name		Sex	WT (Kg):	Age	DOB:																											
Mailing Address City: Zip			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Time</th> <th style="width:10%;">Code</th> <th style="width:10%;">Odometer</th> </tr> <tr> <td>Incident Occurred</td> <td></td> <td></td> </tr> <tr> <td>Received Call</td> <td></td> <td></td> </tr> <tr> <td>Enroute</td> <td>2 3</td> <td></td> </tr> <tr> <td>Arrival At Scene</td> <td>2 3</td> <td></td> </tr> <tr> <td>Patient Contact</td> <td></td> <td></td> </tr> <tr> <td>Depart Scene</td> <td>2 3</td> <td></td> </tr> <tr> <td>Destination</td> <td>2 3</td> <td></td> </tr> <tr> <td>Available</td> <td></td> <td></td> </tr> </table>			Time	Code	Odometer	Incident Occurred			Received Call			Enroute	2 3		Arrival At Scene	2 3		Patient Contact			Depart Scene	2 3		Destination	2 3		Available		
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Chief Complaint			Med Hx: <input type="checkbox"/> Kidney <input type="checkbox"/> AMI <input type="checkbox"/> HTN <input type="checkbox"/> Diabetes <input type="checkbox"/> COPD <input type="checkbox"/> Stroke <input type="checkbox"/> CA																													
History of Incident			PMD: / Specialist																													
Medications <input type="checkbox"/> See attached list			Report Called to: <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> RCF Time: <input type="checkbox"/> Standardized Procedure																													
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Team Member #1 - Pt Care			Team Member #2 - Transport			Team Member #3		Receiving Facility																								
Signature, Cert. Level & Number			Signature, Cert. Level & Number			Title:		Received by: <input type="checkbox"/> Report on Arrival																								

PREHOSPITAL RUN REPORT

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PREHOSPITAL RUN REPORT

Pt /	Date	Call recvd from: <input type="checkbox"/> 911 <input type="checkbox"/> PVT Other:	Agency:	Response Location:	Incident #:																														
Incident Location City Zip			Call Type: <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> Dry Run/Cancelled <input type="checkbox"/> IFT Pt. Type: <input type="checkbox"/> Medical <input type="checkbox"/> Trauma <input type="checkbox"/> Burn Pt.																																
Patient Name		Sex	WT (Kg):	Age	DOB:																														
Mailing Address City: Zip			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Time</th> <th style="width:10%;">Code</th> <th style="width:10%;">Odometer</th> </tr> <tr> <td>Incident Occurred</td> <td></td> <td></td> </tr> <tr> <td>Received Call</td> <td></td> <td></td> </tr> <tr> <td>Enroute</td> <td>2 3</td> <td></td> </tr> <tr> <td>Arrival At Scene</td> <td>2 3</td> <td></td> </tr> <tr> <td>Patient Contact</td> <td></td> <td></td> </tr> <tr> <td>Depart Scene</td> <td>2 3</td> <td></td> </tr> <tr> <td>Destination</td> <td>2 3</td> <td></td> </tr> <tr> <td>Available</td> <td>Ttl Mi:</td> <td></td> </tr> </table>			Time	Code	Odometer	Incident Occurred			Received Call			Enroute	2 3		Arrival At Scene	2 3		Patient Contact			Depart Scene	2 3		Destination	2 3		Available	Ttl Mi:				
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