

**Northwest Community EMS System
Provisional ECRN
CUMULATIVE PERFORMANCE APPRAISAL 2018**

To be jointly completed by the primary ECRN Preceptor and the EMS Educator responsible for monitoring the nurse's progress at the completion of the internship.

Name:	Hospital:
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Instructions: Place an **X** next to the statement which best describes the provisional ECRN's performance. Narrative comments are encouraged to fully document achievement of objectives.

- **Cognitive Knowledge:** Degree to which provisional ECRN is able to demonstrate mastery of EMS principles and concepts and is able to apply the concepts to the role of an ECRN.

<input type="checkbox"/> Continues at novice level. Cannot always apply theory to practice. Needs continued coaching.	<input type="checkbox"/> Competent for routine aspects of role. Needs further coaching on critical judgment skills.	<input type="checkbox"/> Demonstrates proficiency in answering the radio.	<input type="checkbox"/> Expert level skills demonstrated by end of internship. Can independently handle all types of calls.
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Comments:

- **Adherence to established standards of EMS System practice.**

<input type="checkbox"/> Performance rarely meets expectations of the position. Corrective action is necessary.	<input type="checkbox"/> Performance fulfills most but not all expectations for the position. There is still opportunity for improvement in the areas noted below.	<input type="checkbox"/> Performance fulfills all expectations for the position. Demonstrates knowledge of, and adherence to all system standards.	<input type="checkbox"/> Consistently surpasses all expectations for the position. Truly outstanding performance.
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Comments:

- **Affective Objectives:** Makes independent judgments that are supported by ethical, legal and moral standards as specified in the System Policy Manual and SOP's.

<input type="checkbox"/> Decisions and/or behavior consistently contrary to System standards of reasonable care.	<input type="checkbox"/> Sometimes acts impulsively prior to fully evaluating situation; and/or disregards System directives; results in judgment errors.	<input type="checkbox"/> Judgments reasonable; behavior complies fully with System standards of practice.
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Comments:

- **Interactive skills:** Effectiveness in working with others/relating to EMS personnel.

<input type="checkbox"/> Poor interactive skills. Hinders effectiveness.	<input type="checkbox"/> Has occasional difficulty relating to EMTs. Area of opportunity.	<input type="checkbox"/> Maintains effective, appropriate, communication w/ EMTs most of the time.	<input type="checkbox"/> Outstanding ability; maintains rapport even in hostile or abusive situations.
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Comments:

■ **Motivation:** Willingness to assume responsibility.

<p>[] Fails to demonstrate initiative or to accept responsibility for ECRN duties. Must be prompted to answer a call.</p> <p>[] Took longer than prescribed to finish ECRN internship due to insufficient runs.</p>	<p>[] Satisfactorily demonstrates initiative & accepts responsibility to independently answer a call; accomplished all ECRN certification requirements in the specified time.</p>	<p>[] Consistently self-motivated. Willingly answers calls. Reflects great potential for leadership as a future preceptor. ECRN materials submitted exactly according to policy.</p>
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Comments:

■ **Communicative Skills:** Ability to communicate in written and oral forms.

<p>W: [] Charting is incomplete, inaccurate or has multiple errors. Run sheets and/or EKG strips are not attached.</p>	<p>[] Most Logs completed satisfactorily. Must make some additions/corrections after being reviewed. Run sheets/ECG strips attached to most.</p>	<p>[] Reports neat, thorough and comprehensively documented. Run sheets/EKG strips attached to all.</p>
<p>O: [] Oral communication poor, does not obtain critical information. Has potential of misleading or confusing field personnel.</p>	<p>[] Oral comm. usually well organized. Patient findings clearly and accurately requested using appropriate radio etiquette.</p>	<p>[] Excellent ability to obtain and prioritize patient findings using appropriate radio etiquette.</p>

Comments:

Demonstrated mastery of directing prehospital care

KEY:

4	Superior rating:	Consistently performs independently in complete compliance with System standards
3	Strong performer:	Consistently performs well with minimal coaching and reliance on written standards
2	Meets expectations:	Satisfactorily performs with coaching < 25% of the time, relies heavily on written standards
1	Needs improvement.	Needs coaching for more than 25% of the calls relying heavily on written standards
0	Not observed.	Competency demonstrated in simulated calls.

Mark the rating that most often reflects the ECRN's performance.

4	3	2	1	0	Key Competencies
PATIENT ASSESSMENT - Documentation on Communications Logs					
					Documents chief complaint; complaint of present illness/injury
					Documents past medical history
					Documents assessment findings as appropriate
					Documents vital signs, SpO2, ETCO2, glucose noting trends that would predict deterioration of patient status
					Documents cardiopulmonary assessments (breath/heart sounds; ECG rhythm; 12L; qSOFA) as approp.
					Documents neurological assessments; (LOC, GCS, pupils, motor/sensory integrity; stroke screen findings)
					Correctly calculates a Glasgow Coma and Trauma Score as necessary
					All assessments are timed or documented as PTC
					Appropriately calls a Trauma Alert based on OLMC report
					Appropriately calls a STEMI Alert based on OLMC report
					Appropriately calls a Stroke Alert based on OLMC report
					Appropriately calls a Sepsis Alert based on OLMC report per hospital guidelines

AIRWAY MANAGEMENT/VENTILATORY ASSISTANCE				
				Appropriately directs establishment and maintenance of patent airways using BLS adjuncts
				Appropriately orders suctioning; oral or tracheal
				Orders the appropriate use of advanced airways (intubation, King, Cric)
				Appropriately interprets capnography and SpO2 readings to direct patient care
				Appropriately orders supplemental O2/ventilatory assistance via correct delivery device including C-PAP
CARDIAC MONITORING/DEFIBRILLATION				
				Correctly identifies dysrhythmias and attached strips to Log
				Appropriately orders synchronized cardioversion/defibrillation at the correct J setting
				Appropriately directs cardiopulmonary resuscitation and post-ROSC care
VENOUS ACCESS AND FLUID ADMINISTRATION				
				Orders appropriate venous access technique per SOP's
				Appropriately calculates and orders desired flow rates
				Correctly interprets capillary glucose readings and intervenes appropriately
ADMINISTRATION OF MEDICATIONS				
				Calculates and communicates flow rates for IV Piggy backs
				Appropriately orders the administration of IVP medications per SOP
				Appropriately orders the administration of inhaled/nebulized medications per SOP
				Appropriately orders the administration of oral/sublingual medications per SOPs
				Appropriately orders the administration of intranasal medications per SOP
				Appropriately orders the administration of intra-rectal medications per SOP
				Orders appropriate pain medications based on field report
HEMORRHAGE CONTROL				
				Appropriately orders the application of direct pressure/ hemostatic dressings
				Appropriately orders the application of tourniquets
USE OF SPLINTING/IMMOBILIZATION DEVICES				
				Appropriately orders spinal immobilization based on 2014 SOPs
				Orders the appropriate splints/patient packaging based on mechanism of injury/physical exam
				Appropriately orders the application of soft and/or leather restraints
SPECIAL PROCEDURES Demonstrates the ability to verbally instruct EMTs/PHRNs in the performance of:				
				Needle pleural decompression
				External cardiac pacing
				Intraosseous infusion
				Obstetrical delivery
				Chemical/physical restraint
USE OF COMMUNICATION OPTIONS				
				Use of MERCI radio
				Use of UHF (telemetry) radio
				Calling report to other receiving hospitals
				Other: Please list and rate

Endorsement for ECRN recognition:

We have evaluated this provisional ECRN and agree that he or she has demonstrated competency for all performance objectives established by IDPH and the NWC EMS System. We therefore recommend this individual for ECRN privileges in the NWC EMSS.

Primary ECRN Preceptor

EMS Coordinator/Educator

Date submitted to Resource Hospital

Signature of Provisional ECRN acknowledging receipt of evaluation