

**Northwest Community Healthcare Paramedic Program  
EMS 215 Field Internship Formative Evaluation S24  
PHASE ONE: TEAM MEMBER**

Student name	Agency
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**During Phase I of the field internship, the paramedic student shall participate as a team member as directed and will**

1. perform patient assessments and reach appropriate paramedic impressions on a minimum of **10 patients (ALS)** to include at least one from each of the following natures of call: respiratory, cardiac, medical, and trauma.
2. perform system-approved BLS & ALS interventions and enter skills performed into Platinum planner.
3. correctly apply ECG leads and interpret an ECG rhythm and/or acute changes on a 12 L ECG for at least 5 live patients of various age groups.
4. complete ePCRs in conformity with principles of medical documentation; attach ECG & EtCO<sub>2</sub> tracings as appropriate, and submit run critique forms completed by their preceptor for each call.
5. accurately call in the OLMC report on a minimum of 5 ALS runs using appropriate communication principles and technology including the notification of a STEMI, stroke, sepsis, OB, and/or trauma alert as applicable.
6. participate in, or simulate the following: adult ALS refusal, BHE requiring a risk assessment, suicide screen, de-escalation, sedation and the application of restraints; a relinquished newborn listing required forms; child abuse with a DCFS report completed; and a critical peds trauma pt.
7. demonstrate knowledge, skills, attitudes and professional behaviors consistent with expectations of an entry-level paramedic in the NWC EMSS.

*Phase I may be **completed as soon as all objectives are achieved**, but may be extended based on feedback from the preceptor or Hospital EMSC/educator. Phase II may not begin until the HEMSC/E approves the transition to the next phase.*

## COMPETENCY VALIDATION RECORD

An HEMSC/educator must initial that the student has successfully completed the following:

Date	Initials	Simulated calls as defined in objectives (create training runs like PCRs during class) or attach actual PCRs		
		ALS adult refusal	<input type="checkbox"/> Simulated	<input type="checkbox"/> Real; Run #:
		BHE w/ sedation & restraint	<input type="checkbox"/> Simulated	<input type="checkbox"/> Real; Run #:
		Relinquished newborn	<input type="checkbox"/> Simulated	<input type="checkbox"/> Real; Run #:
		Child abuse w/ DCFS report	<input type="checkbox"/> Simulated	<input type="checkbox"/> Real; Run #:
		Critical peds trauma pt.	<input type="checkbox"/> Simulated	<input type="checkbox"/> Real; Run #:

**Attach 10 blinded ALS PCR's & run critiques to this form; add ECG strips (12 L); EtCO<sub>2</sub> tracings, and drug cards if applicable**

DO NOT FILL IN PRIOR TO THE PHASE MEETING

[illegible]

**PERFORMANCE Scale:** Indicate the general level of performance:

- 5 Exceptional Consistently & independently characterizes conformity with all standards for knowledge, skills, and attitudes  
 4 Superior Independently meets all and exceeds some standards for knowledge, skills, and attitudes  
 3 Proficient Meets all standards for knowledge, skills and attitudes with minimal coaching  
 2 Inconsistently meets one or more standards for knowledge, skills and attitudes – corrective coaching provided  
 1 Does not yet meet one or more standards for knowledge, skills and attitudes: Performance Improvement Plan in place

AFFECTIVE OBJECTIVES: Values, attitudes, and professional behaviors		Rating
<b>INTEGRITY:</b> Consistently honest; compliant with the program's honor code; and trustworthy with others property and PHI.		
<b>EMPATHY/COMPASSION:</b> (Cognitive, affective, and neuropsychological components): Demonstrates respect and responsiveness to another's emotional experience; identifies with another person's emotions and thoughts, and responds to them in a supportive and reassuring manner.		
<b>SELF-MOTIVATION:</b> Self-disciplined, takes initiative and follows through on tasks without constant supervision; strives for excellence in all aspects of patient care and professional activities; accepts coaching in a positive manner; takes advantage of all learning opportunities.		
<b>APPEARANCE; PERSONAL HYGIENE:</b> Clean, well-groomed, wears the approved uniform & presents a positive professional image.		
<b>SELF-CONFIDENCE:</b> Is aware of own strengths and limitations; projects confidence to patients		
<b>COMMUNICATION:</b> Speaks clearly; maintains appropriate interactions/language even in difficult situations or when unmonitored; adjusts communication strategies to various situations.		
<b>TIME MANAGEMENT/</b> Demonstrates appropriate work habits, punctual; completes tasks and assignments on time.		
<b>TEAMWORK AND DIPLOMACY: Interaction with peers, hospital personnel &amp; others:</b> Places success of team above self-interests; helps and supports other team members; communicates effectively to resolve problems.		
<b>ATTITUDE:</b> Refrains from complaining; demonstrates a positive attitude through verbal and non-verbal communication.		
<b>RESPECT:</b> Is polite to others; does not use derogatory or demeaning terms; behaves in a manner that brings credit to the profession.		
<b>PATIENT ADVOCACY:</b> Does not allow personal bias to interfere with patient care; places the needs of patients above self-interest; protects and respects patient confidentiality and dignity.		
<b>CULTURAL HUMILITY:</b> Respects the inherent value of others' perspectives and cultures. Is aware of their own biases and how they may affect patients and others involved in the delivery of health care. Provides care in compliance with program DEI values.		
<b>CAREFUL DELIVERY OF SERVICE:</b> Performs complete equipment checks; demonstrates safe ambulance operations; makes critical judgments supported by ethical, legal and moral standards as specified in System standards.		

<b>Conformity w/ safety standards:</b> Consistently adheres to PPE, hand hygiene, and safety standards	
<b>Medical knowledge and critical thinking:</b> Is able to understand and process essential EMS information with clarity, precision, accuracy, relevance, depth, breadth and logicalness	
<b>History taking skills:</b> Ability to obtain an accurate history and identify the scope of historical data needed to assess the patient's problem.	
<b>OLMC/handover reports:</b> Ability to provide an organized and accurate report in a concise and timely fashion during the OLMC verbal report and face-to-face handover report at the hospital.	
<b>Physical exam skills:</b> Ability to competently perform an exam appropriate to the patient's situation within a reasonable time frame.	
<b>Clinical reasoning skills:</b> Ability to assess common patient complaints/presentations and reach accurate conclusions.	
<b>Treatment skills:</b> Ability to determine need for and competently implement/perform EMS interventions.	
<b>Written documentation:</b> Ability to complete a factual, accurate, complete, and timely PCR and other supplementary documents (Refusal forms, CMMS signature forms) that chronicles the clinical encounter in an accurate and comprehensive manner.	
<b>Intellectual curiosity:</b> Reviews SOPs, clinical literature, and other sources of information on a daily basis reflecting an effort to improve knowledge, and engage in professional development and growth.	

**Overall STRENGTHS (Plus):**


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**AREAS of Opportunity (Delta)** (Feedback to assist the student in improving their performance – be specific))

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Student's signature

Preceptor's name/signature

Signature of Hospital EMS Coordinator/Educator

Date

**Recommendation:** [ ] Progress to Phase II

[ ] Retain in Phase I (attach Performance Improvement Plan)