

Northwest Community Healthcare Paramedic Program
EMS 215 Field Internship Evaluation S24
PHASE TWO: CAPSTONE EXPERIENCE -TEAM LEADER

Student name	Agency
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The following shall serve as minimum objectives and may be expanded to meet the needs of individual students.

During Phase II of the field internship, the Paramedic student shall

1. serve as team leader on a minimum of **20 runs (15 ALS)** and demonstrate the ability to effectively direct, delegate to, and communicate with team members.
2. direct System-approved assessments, reach appropriate conclusions, ensure timely interventions, and determine appropriate patient disposition consistent with entry-level paramedic competency.
3. complete ePCRs in conformity with principles of medical documentation; attach ECG & capnography tracings as appropriate, and submit run critique forms completed by their preceptor for each call.
4. accurately call report to OLMC using appropriate communication principles and technology including the notification of a STEMI, stroke, sepsis, OB, and/or trauma alert as applicable and provide the handover report at the receiving facility.
5. participate in or simulate the following: Severe trauma that requires transport to a Level I TC, Override call; dying patient with POLST form marked DNR; and significant exposure to a patient's blood through a needle stick.
6. demonstrate knowledge, skills, attitudes and professional behaviors consistent with expectations of an entry-level paramedic in the NWC EMSS.

Phase II may be completed when all objectives and patient care contacts are achieved, a minimum of 300 total hours are logged (strong recommendation for more), and a passing recommendation is received from the agency and HEMSC/educator facilitating the internship. It may be extended for cause as approved by the Program Director. It may not end prior to the third Friday of May.

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		
		Critical trauma transport to Level I	<input type="checkbox"/> Simulated	<input type="checkbox"/> Real; Run #:
		Override	<input type="checkbox"/> Simulated	<input type="checkbox"/> Real; Run #:
		Patient w/ POLST DNR; pulse present	<input type="checkbox"/> Simulated	<input type="checkbox"/> Real; Run #:
		Significant exposure (needle stick)	<input type="checkbox"/> Simulated	<input type="checkbox"/> Real; Run #:

Capstone Leadership runs – 20 (15 ALS)

Attach PCR's & run critiques to this form; add ECG strips (12 L); EtCO₂ tracings, and drug cards if applicable

DO NOT FILL IN PRIOR TO THE PHASE MEETING

[illegible]

Date	Pt initials	Pt. age	ALS/ BLS	Nature of call	ECG (list)	Call-in (X)

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 Competent 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

Team Leadership skills	Rating
Takes charge; demonstrates confidence, compassion, maturity and command presence	
Requests additional resources in a timely manner if needed	
Receives, processes, verifies and prioritizes information quickly and accurately	
Interprets patient data to form an accurate paramedic impression	
Creates an appropriate action plan; implements the appropriate SOP based on the PARAMEDIC impression	
Correctly prioritizes pt needs and assigns team member duties in the appropriate location	
Communicates accurately and concisely while listening and encouraging feedback	
Reconciles incongruent information	
Makes appropriate pt disposition decisions in a timely fashion; including selection of appropriate receiving hospital	
Transmits information to the hospital in a concise OLMC report	
Continuously monitors situation, resources, and patient condition until appropriate pt disposition and modifies accordingly	
Facilitates patient handover to ED staff giving appropriate follow-up reports	
Ensures that ambulance is appropriately restocked	
Ensures that appropriate patient use of supplies forms are completed (for billing purposes)	
Conducts a post-run CQI review with team members	
Maintains accountability for team's actions/outcomes	

AFFECTIVE OBJECTIVES: Values, attitudes, and professional behaviors	Rating
INTEGRITY: Consistently honest; compliant with the program's honor code; and trustworthy with others property and PHI.	
EMPATHY/COMPASSION: (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.	
SELF-MOTIVATION: 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.	
APPEARANCE; PERSONAL HYGIENE: Clean, well-groomed, wears the approved uniform & presents a positive professional image.	
SELF-CONFIDENCE: Is aware of own strengths and limitations; projects confidence to patients	
COMMUNICATION: Speaks clearly; maintains appropriate interactions/language even in difficult situations or when unmonitored; adjusts communication strategies to various situations.	
TIME MANAGEMENT/ Demonstrates appropriate work habits, punctual; completes tasks and assignments on time.	
TEAMWORK AND DIPLOMACY: Interaction with peers, hospital personnel & others: Places success of team above self-interests; helps and supports other team members; communicates effectively to resolve problems.	
ATTITUDE: Refrains from complaining; demonstrates a positive attitude through verbal and non-verbal communication.	
RESPECT: Is polite to others; does not use derogatory or demeaning terms; behaves in a manner that brings credit to the profession.	
PATIENT ADVOCACY: 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.	
CULTURAL HUMILITY: 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.	
CAREFUL DELIVERY OF SERVICE: Performs complete equipment checks; demonstrates safe ambulance operations; makes critical judgments supported by ethical, legal and moral standards as specified in System standards.	

General areas of competency	Rating
Conformity with safety standards: Consistently adheres to PPE, hand hygiene, and safety standards	
Medical knowledge and critical thinking: Is able to understand and process essential EMS information with clarity, precision, accuracy, relevance, depth, breadth and logicalness	
History taking skills: Ability to obtain an accurate history and identify the scope of historical data needed to assess the patient's problem.	
OLMC/handover reports: 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.	
Physical exam skills: Ability to perform a competent exam appropriate to the patient's situation within a reasonable time frame.	
Clinical reasoning skills: Ability to assess common patient complaints/presentations and reach accurate conclusions.	
Treatment skills: Ability to determine need for and competently implement EMS interventions.	
Written documentation: Ability to complete a factual, accurate, complete, and timely PCR and other supplementary documents (Refusal forms, CMMS signature forms) that reflects the clinical encounter in an accurate and comprehensive manner.	
Intellectual curiosity: 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.	

Provide specific behavior-related descriptions and explanations rather than general subjective observations. Use back of page if needed.

STRENGTHS: (PLUS: In what areas does the student demonstrate strong performance?)

OPPORTUNITIES: (Delta: Feedback to assist the student in ongoing professional growth)

Signatures

Student NAME/ signature

Preceptor NAME/signature

Hospital EMSC/Educator signature

Provider EMSC NAME/signature

Date

Recommendation:

- ☐ Field Capstone (Phase 2) complete; all objectives met
- ☐ Retain in Phase 2 (attach Performance Improvement Plan)
- ☐ Terminate the internship; obj. not met; hosting agreement withdrawn (attach documentation)