

# Northwest Community Healthcare Paramedic Program

## SUMMATIVE FIELD INTERNSHIP EVALUATION

To be jointly completed by the primary Preceptor, Provider EMSC, and the hospital EMSC/educator responsible for mentoring the student's internship.

Student:	Preceptor:
RN EMSC/educator:	Date:

**Evaluate the degree to which this student has completed the outcome objectives of the field internship:**

(3) Exceeds expectations    (2) Consistently/fully achieved    (1) Marginally achieved; recommend continued work with preceptor

Rating	Objectives	Comments
	Student demonstrates ability to comprehend, apply and evaluate information consistent with expectations of an entry-level paramedic.	
	Student demonstrates technical proficiency in all skills necessary to fulfill the role of an entry-level paramedic.	
	Student demonstrates behaviors consistent with standards for an entry-level paramedic.	

**Rating key:**      **Circle the rating which most often reflects the student's performance for each skill/activity**

4	Naturalization/mastery	Automated, unconscious mastery of activity and related skills at a strategic level; able to multi-task effectively and define aim, approach and strategy for activity to meet patient needs
3	Articulation/consolidation	Modifies the skill to problem solve and meet new situations; combines more than one skill in sequence with harmony, consistency and no critical errors
2	Proficient/Competent	Consistently executes skill accurately, without critical error, assistance or instruction
1	Manipulation/needs improvement	Performs activity with instruction; relies heavily on written SOPs or skill sheets; carries out activity with verbal prompting or instructions; needs continued practice/work with preceptor
0	Not observed in field	Competency demonstrated in simulated runs or labs in class

### Rating      PATIENT ASSESSMENT (all ages & sizes)/DISPOSITION/DOCUMENTATION

4	3	2	1	0	Scene size up/safety; requests appropriate resources; appropriately uses PPE; triages as needed
4	3	2	1	0	Primary assessment
4	3	2	1	0	SAMPLE history; establishes rapport with pt/significant others
4	3	2	1	0	VS, notes trends that predict deterioration and takes appropriate action
4	3	2	1	0	Secondary assessments including ROS & neuro exam prn; (LOC, GCS, pupils, motor/sensory integrity)
4	3	2	1	0	Obtains/documents factors necessary to calculate a revised trauma score
4	3	2	1	0	Ongoing assessment; safely monitors patient until appropriate disposition
4	3	2	1	0	Completes appropriate assessment and calls <b>Trauma alert</b> when indicated; transports to approp. Trauma center
4	3	2	1	0	Completes appropriate assessment and calls <b>STEMI alert</b> in a timely manner
4	3	2	1	0	Completes appropriate assessment, calls <b>Sepsis alert</b> when indicated
4	3	2	1	0	Completes BEFAST assessment; calls <b>Stroke alert</b> when indicated transports to appropriate stroke center
4	3	2	1	0	Newborn assessment (APGAR) / appropriately measures child size using Broselow tape
4	3	2	1	0	Documents call appropriately using Image Trend software

### AIRWAY/OXYGENATION Assessment/Management/Ventilatory Assistance

4	3	2	1	0	Oral and/or tracheal suctioning; FB removal
4	3	2	1	0	Orotracheal intubation (Videolaryngoscope/Bougie)
4	3	2	1	0	Drug-assisted intubation (using medications authorized by NWC EMSS SOPs)
4	3	2	1	0	In-line intubation
4	3	2	1	0	King LST-D or i-gel airway
4	3	2	1	0	Cricothyrotomy: needle / surgical ( <i>circle observed skills</i> )
4	3	2	1	0	Correct application and interpretation of pulse oximetry and capnography monitors
4	3	2	1	0	Uses oxygen delivery devices appropriately: NC, NRM, CPAP, BVM

### CARDIAC ARREST MANAGEMENT

4	3	2	1	0	Performs high perfusion CPR on adults, children, and infants
4	3	2	1	0	Team member and leader in pit crew approach to cardiac arrest resuscitation
4	3	2	1	0	Use of CPR compression device
4	3	2	1	0	Use of ResQPod
4	3	2	1	0	Post-ROSC circulatory support or pt disposition after termination of resuscitation

<u>Rating</u>	<u>CARDIAC MONITORING/DEFIBRILLATION</u>
4 3 2 1 0	ECG electrode application: limb leads and Combo pads
4 3 2 1 0	12-lead ECG: lead application, acquire and transmit tracing
4 3 2 1 0	Accurate ECG rhythm identification and treatment
4 3 2 1 0	Interprets ischemic changes on 12-lead ECG
4 3 2 1 0	Transcutaneous pacing
4 3 2 1 0	Defibrillation/cardioversion
	<u>VASCULAR ACCESS, FLUID ADMINISTRATION, GLUCOSE READINGS</u>
4 3 2 1 0	Selects appropriate peripheral venous sites, catheter sizes, and successfully inserts IV catheters
4 3 2 1 0	Selects appropriate site, catheter sizes, and successfully inserts IO catheters using an EZ-IO driver
4 3 2 1 0	Accurately calculates and regulates desired IV flow rates
4 3 2 1 0	Trouble-shoots dysfunctional vascular access lines
4 3 2 1 0	Obtains and interprets capillary glucose readings and intervenes appropriately
	<u>MEDICATION ADMINISTRATION (Technique)</u>
4 3 2 1 0	Parenteral injections: IM/Sub-q
4 3 2 1 0	IV medications both IVP, IO, and IVPB
4 3 2 1 0	Inhaled/nebulized medications
4 3 2 1 0	Oral/sublingual medications
4 3 2 1 0	Intranasal (IN) medications using the MAD
4 3 2 1 0	Intrarectal medications
4 3 2 1 0	Topical medications (eye drops, tetracaine spray)
	<u>HEMORRHAGE CONTROL</u>
4 3 2 1 0	Direct pressure
4 3 2 1 0	Pressure dressings/bandages
4 3 2 1 0	Hemostatic dressings
4 3 2 1 0	Tourniquet (amputation care if observed)
	<u>SPLINTING/IMMOBILIZATION</u>
4 3 2 1 0	Determines need for spine precautions based on MOI, reliability, and PE
4 3 2 1 0	Cervical collar appropriately sized and applied
4 3 2 1 0	Use of selective spine precautions using scoop stretcher or placing pt directly on cot mattress
4 3 2 1 0	Appropriate use of padded long back board
4 3 2 1 0	Protective equipment (Helmet/pad) removal
4 3 2 1 0	Splints: Rigid limb splints; traction limb splints; pelvic binding with suspected fracture
4 3 2 1 0	Soft and/or hard restraints
	<u>SPECIAL PROCEDURES</u>
4 3 2 1 0	Needle pleural decompression
4 3 2 1 0	Eye irrigation
4 3 2 1 0	Obstetrical delivery
	<u>PATIENT ACCESS AND/OR EXTRICATION/TRANSPORT – Infant, child, &amp; adult</u>
4 3 2 1 0	Safely gains patient access using appropriate tools/devices/techniques
4 3 2 1 0	Pts are appropriately packaged prior to removal and safely transported
	<u>COMMUNICATION SKILLS</u>
4 3 2 1 0	OLMC reports are concise, factual, accurate, complete, timely and made to appropriate hospital
4 3 2 1 0	Interdisciplinary communications: Dispatchers, law enforcement, other EMS personnel
4 3 2 1 0	Use of MERCI (VHF) radio; UHF (telemetry) radio and/or cellular phone

### Endorsement for graduation:

We have evaluated this student and agree that he/she has demonstrated competency in meeting all objectives established by IDPH and NCH. We therefore recommend this individual for graduation and licensure as a paramedic.

Signature of primary preceptor:	Date	Signature of Provider EMSC:	Date
Signature of hospital EMSC/educator:	Date	Signature EMS MD	Date

### Level of recommendation:

☐ Graduate; unrestricted license if passes state/NREMT exam

☐ Graduate; restricted license after passing exam; work with a preceptor until: \_\_\_\_\_