

Northwest Community Healthcare Paramedic Program

SUMMATIVE FIELD CAPSTONE EVALUATION 2020

To be completed by the partner of record and Hospital EMSC/educator responsible for mentoring the Provisional Paramedic in their Field Capstone experience. Ratings must be attested to by the PEMSC and EMS MD.

Provisional Paramedic (PP):	Date:
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Evaluate the degree to which the PP has completed the outcome objectives of the Field Capstone experience.

(3) Exceeds expectations (2) Consistently/fully achieved (1) Marginally achieved (recommend more time) (0) Not achieved (do not pass)

Rating	Competencies in all domains of learning	Comments
	Ability to comprehend, apply and evaluate information consistent with expectations of an entry-level paramedic.	
	Technical proficiency in all skills necessary to fulfill the role of an entry-level paramedic.	
	Behaviors consistent with standards for an entry-level paramedic.	

Rating key: **Circle the rating which most often reflects the PP's observed 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	Relies heavily on written SOPs or skill sheets; performs with verbal prompting or coaching; cannot perform independently with correct technique, sequencing or timing
0	Not observed in field	Competency demonstrated in simulated runs or class labs or hospital clinical rotations

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 Trauma alert when indicated; transports to approp. Trauma center
4	3	2	1	0	Completes appropriate assessment and calls STEMI alert in a timely manner
4	3	2	1	0	Completes appropriate assessment, calls Sepsis alert when indicated
4	3	2	1	0	Completes BEFAST assessment; calls Stroke alert 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	i-gel extraglottic airway
4	3	2	1	0	Cricothyrotomy: needle / surgical (circle observed skills)
4	3	2	1	0	Correct application and interpretation of pulse oximetry and capnography monitors
4	3	2	1	0	Oxygen delivery devices: NC, NRM, CPAP, BVM

CARDIAC ARREST MANAGEMENT

4	3	2	1	0	Performs high perfusion manual 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

Rating**CARDIAC MONITORING/DEFIBRILLATION**

- 4 3 2 1 0 ECG electrode application: limb leads and Combo pads
 4 3 2 1 0 Accurate ECG rhythm identification and treatment
 4 3 2 1 0 12-lead ECG: lead application, acquire and transmit tracing
 4 3 2 1 0 12 lead ECG: Accurate interpretation of ischemic changes
 4 3 2 1 0 Transcutaneous pacing
 4 3 2 1 0 Defibrillation/cardioversion

VASCULAR ACCESS, FLUID ADMINISTRATION, GLUCOSE READINGS

- 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

MEDICATION ADMINISTRATION (Technique)

- 4 3 2 1 0 Parenteral injections: IM/Sub-q
 4 3 2 1 0 IV medications: 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 (Tetracaine drops)

HEMORRHAGE CONTROL

- 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)

SPLINTING/IMMOBILIZATION

- 4 3 2 1 0 Determines need for spine motion restriction
 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

SPECIAL PROCEDURES

- 4 3 2 1 0 Needle pleural decompression
 4 3 2 1 0 Eye irrigation
 4 3 2 1 0 Obstetrical delivery

PATIENT ACCESS AND/OR EXTRICATION/TRANSPORT – Infant, child, & adult

- 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

COMMUNICATION SKILLS

- 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

Level of recommendation:

- [] We hereby attest that the Provisional Paramedic successfully completed all of the Terminal Competencies required for graduation from the Paramedic Education program as a minimally competent, entry-level, Paramedic and as such is eligible to sit for National Registry Cognitive exam in accordance with our published policies and procedures and Illinois State Licensure as a paramedic upon successful exam completion.
 [] Terminate the internship; apprentice hosting approval withdrawn (attach documentation)

NAME/Signature partner of record:	Date	NAME/Signature of Provider EMSC:	Date
NAME/Signature of hospital EMSC/educator:	Date	Signature EMS MD	Date