

Northwest Community Healthcare Paramedic Program SUMMATIVE FIELD INTERNSHIP EVALUATION 2022

To be jointly completed by the primary Preceptor and Hospital EMSC/educator responsible for mentoring the student's internship and attested to by the Provider EMSC. Evaluation also includes documented performance in the Phase 2 Field Internship Progress Report S22.

Student:	Primary 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 more time) (0) Not achieved (do not pass)

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	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

<u>Rating</u>	<u>PATIENT ASSESSMENT (all ages & sizes)/DISPOSITION/DOCUMENTATION</u>
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

<u>Rating</u>	<u>AIRWAY/OXYGENATION Assessment/Management/Ventilatory Assistance</u>
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 (<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	Oxygen delivery devices: NC, NRM, CPAP, BVM

<u>Rating</u>	<u>CARDIAC ARREST MANAGEMENT</u>
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/SUBQ
 - 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 attest that the student has successfully completed all Field Experience objectives and has demonstrated their ability to perform as a minimally competent, entry-level, Paramedic in the cognitive, psychomotor, and affective learning domains with conceptual, technical, contextual, integrative and adaptive competence.
- [] The student has not achieved the Field Experience objectives; terminate the internship; hosting privileges withdrawn (attach documentation)

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