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

Student name	Agency

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 & EtCO₂ 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	☐ Simulated	□ Real; Run #:
		BHE w/ sedation & restraint	☐ Simulated	□ Real; Run #:
		Relinquished newborn	☐ Simulated	□ Real; Run #:
		Child abuse w/ DCFS report	☐ Simulated	□ Real; Run #:
		Critical peds trauma pt.	☐ Simulated	□ Real; Run #:

Attach 10 blinded ALS PCRs & 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

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

CH PM Program EMS 215 Field Internship Phase 1 Evalua	ntion p. 2 Student name:	
4 Superior Independently meets all and exceeds 3 Proficient Meets all standards for knowledge, sk 2 Inconsistently meets one or more standards for knowledge.	ance: erizes conformity with all standards for knowledge, skills, and attitu some standards for knowledge, skills, and attitudes ills and attitudes with minimal coaching wledge, skills and attitudes – corrective coaching provided ledge, skills and attitudes: Performance Improvement Plan in place	
AFFECTIVE OBJECTIVES: Value	es, attitudes, and professional behaviors	Rating
NTEGRITY: Consistently honest; compliant with the progra	m's honor code; and trustworthy with others property and PHI.	
EMPATHY/COMPASSION: (Cognitive, affective, and neuropsychologonal experience; identifies with another person's emotions and the	ological components): Demonstrates respect and responsiveness to another's oughts, and responds to them in a supportive and reassuring manner.	
of patient care and professional activities; accepts coaching in a positive		
APPEARANCE; PERSONAL HYGIENE: Clean, well-groomed,		
SELF-CONFIDENCE: Is aware of own strengths and limitat COMMUNICATION: Speaks clearly; maintains appropriate in unmonitored; adjusts communication strategies to various	interactions/language even in difficult situations or when	
TIME MANAGEMENT/ Demonstrates appropriate work habits, pu		
	hospital personnel & others: Places success of team above	
ATTITUDE: Refrains from complaining; demonstrates a pos		
RESPECT: Is polite to others; does not use derogatory or demeaning t	terms; behaves in a manner that brings credit to the profession.	
PATIENT ADVOCACY: Does not allow personal bias to interest; protects and respects patient confidentiality and d	erfere with patient care; places the needs of patients above self- dignity.	
CULTURAL HUMILITY: Respects the inherent value of others' per patients and others involved in the delivery of health care. Provides care	erspectives and cultures. Is aware of their own biases and how they may affect e in compliance with program DEI values.	
CAREFUL DELIVERY OF SERVICE: Performs complete en makes critical judgments supported by ethical, legal and makes critical judgments supported by ethical judgments.	quipment checks; demonstrates safe ambulance operations; noral standards as specified in System standards.	
Conformity w/ safety standards: Consistently adhe	eres to PPE, hand hygiene, and safety standards	
Medical knowledge and critical thinking: Is able to clarity, precision, accuracy, relevance, depth, breadth	o understand and process essential EMS information with n and logicalness	
History taking skills: Ability to obtain an accurate history and iden	ntify the scope of historical data needed to assess the patient's problem.	
DLMC/handover reports: Ability to provide an organized during the OLMC verbal report and face-to-face handover.	zed and accurate report in a concise and timely fashion er report at the hospital.	
Physical exam skills: Ability to competently perform an exan	n appropriate to the patient's situation within a reasonable time frame.	
Clinical reasoning skills: Ability to assess common patient	t complaints/presentations and reach accurate conclusions.	
Freatment skills : Ability to determine need for and con	mpetently implement/perform EMS interventions.	
Written documentation: Ability to complete a factual, accurate Refusal forms, CMMS signature forms) that chronicles the clinical e	ate, complete, and timely PCR and other supplementary documents encounter in an accurate and comprehensive manner.	
ntellectual curiosity: Reviews SOPs, clinical literatur an effort to improve knowledge, and engage in profession	re, and other sources of information on a daily basis reflecting onal development and growth.	
verall STRENGTHS (Plus):		
DEAO of Our entered to (Delta) /Feed the clother end of the		
REAS of Opportunity (Deita) (Feedback to assist th	ne student in improving their performance – be specific))	
udent's signature	Preceptor's name/signature	
gnature of Hospital EMS Coordinator/Educator		

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

[] Progress to Phase II

Recommendation: