

## Annual Report for Assessment of Outcomes 2012-13

Subject Area Committee Name: EMS: Emergency Medical Services

Contact person: Dennese Kelsay – Department Faculty Chair

For LDC/DE: Core outcome(s) assessed: \_\_\_\_\_

For CTE: Degree or certificate\* assessed: Emergency Medical Technician – Paramedic (AAS)

\*please attach a table showing the alignment of the degree or certificate outcomes with the College Core Outcomes

Please address the questions below and send to [learningassessment@pcc.edu](mailto:learningassessment@pcc.edu) by **June 21, 2013** with Annual Report in the subject line

*Note: Information provided in this report may be inserted into or summarized in Section 2C Program Review Outline.*

The Paramedic Program year is aligned with the calendar, rather than the academic year. In light of this, our assessment of outcomes is based on the most recently *completed* student cohort (end date December, 2012). Proposed changes to content and assessment methodologies are typically initiated in January, and may be under way at the time of our Annual Report for June, but will be reported as anticipated changes for the following year (complete outcome data will not be available until after December of a given year for that cohort).

1. Describe changes that have been implemented towards improving students' attainment of outcomes that resulted from recent outcome assessments. These may include but are not limited to changes to content, materials, instruction, pedagogy etc. Please be sure to **describe the connection** between the assessment results and the changes made.

### Background Information:

The paramedic program content adheres to national and state requirements for paramedic education. We continue to evaluate student and Program performance/outcomes on an annual basis, and plan modifications as the need is apparent. The paramedic program is fully accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP). To maintain our excellent status, the program director is required to review outcomes data on an ongoing basis, conduct a very specific internal program review, and revise program components as needed to remain in compliance with CoAEMSP standards.

In the last cycle, we implemented clinical readiness simulations and oral interviews, and field readiness simulations and oral interviews. These are designed to identify strengths and weaknesses in students' preparedness for post-didactic learning. Internal CoAEMSP-required program analysis identified that students who had significant difficulty (not successful within 3 attempts) in these exercises ultimately were not successful in field internships. Based on current and prior outcomes assessment, these readiness exercises have been expanded for the 2012 and 2013 cohorts, wherein successful completion within 3 attempts continues to be prerequisite for progression to clinical and field rotations. The plan for this change was based in part on anecdotal evidence by clinical and field preceptors on daily evaluation tools, as well as feedback on employer surveys (as below).

**Current Information:**

With initial feedback gathered from simulation evaluation forms (course evaluation tool specific to simulation) on last year's implementation of the simulation experiences, we made slight changes to the way we introduced simulation. The 2013 cohort was introduced to the simulation experience from the first day of class. This has allowed for a smoother transition to use of simulation from a more traditional classroom experience, and has achieved more "buy-in" from the students. We started the first lab day with a simple, basic simulation and have progressed to complex simulations with multiple skills requiring timely critical thinking ability.

Additionally, based on National paramedic studies, we have increased student involvement in peer-mediated skill and simulation practice. New with the 2013 cohort, each skill is first demonstrated by a lab assistant, then each student participates in three to five peer-mediated practices (depending on level of difficulty) and then the student returns to a lab assistant for final evaluation of competency. Initial assessment of this practice has revealed that the students almost always demonstrate competence on their first attempt during final evaluation.

2. Describe the assessment design (tool and processes) used. Include relevant information about:
- The nature of the assessment (e.g., written work, project, portfolio, exam, survey, performance etc.) and if it is direct (assesses evidence mastery of outcomes) or indirect (student's perception of mastery). Please give rationale for indirect assessments (direct assessments are preferable).
  - The student sample assessed (including sample size relative to the targeted student population for the assessment activity) process and rationale for selection of the student sample. Why was this group of students and/or courses chosen?
  - Any rubrics, checklists, surveys or other tools that were used to evaluate the student work. (Please include with your report – OK to include in appendix). Where appropriate, identify benchmarks.
  - How you analyzed results, including steps taken to ensure that results are reliable (consistent from one evaluator to another).

**EMS Department Core Program Outcomes assessed this year:**

<i>Students who complete this degree should be able to:</i>	
1. Act in accordance with the ethical and professional medical standards of the entry level paramedic	Community & Environmental Responsibility, Critical Thinking & Problem Solving, Professional Competence, Self-Reflection
2. Meet the academic eligibility requirements for taking both cognitive & practical State & National Certification examinations at the Paramedic level	Professional Competence
3. Demonstrate communication skills of the medical environment in order to develop & maintain professional client relationships at the Paramedic level	Communication, Cultural Awareness
4. Demonstrate the professional & technical skill set necessary to meet the Paramedic standard of care in a safe manner under diverse conditions.	Critical Thinking & Problem Solving, Professional Competence

From AAS EMT-Paramedic Revision, submitted to DAC Fall, 2012 (approved)

The paramedic program provides preceptor training to clinical (hospital) and field (ambulance) preceptors in the form of a binder or handbook. This helps to assure inter-rater reliability when evaluating our students. The clinical coordinator reviews the materials, evaluation tools and program methods with each preceptor individually. They are given the binder and contents to keep and review, are given a chance to ask questions and to have their questions clarified. Each preceptor is asked to sign a verification form that the process has been completed, so the process is documented.

**2.a. Global Affective Professional Behavior Evaluation (GAPBE): Program Outcomes 1 & 3**

The GAPBE tool is used a minimum of seven (7) times during the program year. A minimum of one (1) evaluation is completed for each student during the program core courses; more are done if any student is found “not yet competent” in any evaluation area. Affective counseling forms are used to identify, and attempt to correct, any behavior that is not yet competent. An action plan is included. Competency based scoring of affective behavior is the standard for paramedic programs nationally. The GAPBE tool was developed by the US Department of Transportation (US DOT) EMT-P National Standard Curriculum.

Affective evaluation during didactic and skills lab courses is done by mutual agreement of the primary instructor/Program Director (PD) and the program Clinical Coordinator (CC). Each GAPBE for every student at the conclusion of every core course is also reviewed by the Program Medical Director (PMD). Evaluation during clinical rotations is done by the PD and CC, with affective evidence from the student’s daily performance evaluations completed by clinical preceptors. Evaluation during field rotations is completed by the student’s assigned field preceptor, and is reviewed by the PD and PMD. Students must be “competent” in all evaluation areas in the final evaluations to meet Paramedic Entry-Level Competency. All completed GAPBE evaluations are reviewed with the student and are validated with signatures. Evaluation methods are consistent from cohort to cohort. See Appendix A.

The goal is for every student to achieve competency at the conclusion of each course, as well as at the conclusion of the program. Students are given an Action Plan and remediated to correct behavior to attain competency or the student will not progress in the program, or will not complete the program. Student sample size is the entire paramedic cohort. Evidence is stored in individual student files.

Global Affective Professional Behavior Evaluation Results

Cohort Yr	Benchmark	EMS 240	EMS 242	EMS 244	EMS 246	EMS 248	EMS 250	EMS 252
2012	Competent in all areas	24/24 (100%)	24/24 (100%)	24/24 (100%)	24/24 (100%)	23/23 (100%)	23/23 (100%)	23/23 (100%)
2013	Competent in all areas	23/23 (100%)	23/23 (100%)	In Progress	Not yet started	Not yet started	Not yet started	Not yet started

**2.b. Daily Clinical Experience Log/Evaluation (DCELE): Program Outcomes 1, 3, & 4**

The DCELE tool is used during clinical rotations to assess four (4) different evaluation areas: Assessment/Pathologies, Psychomotor Skills, Communication and Leadership. See Appendix B. The students are rated using a 1-3 Likert Scale based on a Clinical Performance Standards rubric. See Appendix C. The student is evaluated by the assigned clinical preceptor, and the evaluation is then reviewed by the PD and PMD. Every student is evaluated using the DCELE tool at the conclusion of every clinical rotation, and it is

required for completion of clinical outcomes and progression through the program. Every student must achieve “3” ratings in all evaluation areas at the completion of clinical rotations. For the 2012 cohort, 100% of students achieved ratings of “3” in all areas evaluated. The 2013 cohort began clinical rotations on May 31, 2013. The student is required to add self-reflection comments and add to the plan for improvement.

Daily Clinical Experience Log/Evaluation Results

Cohort Yr	Benchmark	EMS 244 Clinical I	EMS 246 Clinical II
2012	“3” using 1-3 Scale	24/24 (100%)	24/24 (100%)
2013	“3” using 1-3 Scale	In Progress	Not yet started

**2.c. Field Internship Daily Performance Record (FIDPR): Program Outcomes 1, 3, & 4**

The FIDPR tool is used during field rotations to assess five (5) different evaluation areas: Scene Management, Assessment/Treatment, Communication, Leadership and Treatment Skills. See Appendix D. The students are rated using a 1-3 Likert Scale base on a Field Performance Standards rubric. See Appendix E. The student is evaluated by the assigned field preceptor, and the evaluation is then reviewed by the PD and PMD. Every student is evaluated using the FIDPR tool at the conclusion of every field shift, and it is required for completion of field outcomes and program completion. Every student must progress to “3” ratings in all evaluation areas at the completion of field rotations. For the 2012 cohort, 100% of students achieved ratings of “3” in all areas evaluated in EMS 248 (Field I). 91% of the EMS 250 students have achieved ratings of “3” in all categories; the other 9% (2/23) are still in progress and have not received their final evaluations. These students still in progress are expected to receive “3” ratings in all areas. We believe these tools to be effective filters, preventing not-yet-competent candidates from receiving Degree completion. The student is required to add self-reflection comments on the form, as well as an action for improvement.

Field Internship Daily Performance Record Evaluation Results

Cohort Yr	Benchmark	EMS 248 Field I	EMS 250 Field II
2012	“3” using 1-3 Scale	23/23 (100%)	21/23 (91%)
2013	“3” using 1-3 Scale	Not yet started	Not yet started

**2.d. Patient Care Report (PCR): Program Outcomes 1, 2, 3, & 4**

The PCR is used by every student during field rotations. See Appendix F. A PCR is completed by the student for every patient contact on every rotation, is reviewed by the assigned field preceptor, and then signed by the preceptor and the student. It is then reviewed by the PD and the PMD. The PCR is used to document the competency of professional and technical skills performed successfully, and to evaluate team leadership abilities. The student must document successful Advanced Life Support (ALS) skill competency on the PCR for it to meet the program requirements. Program terminal competencies and field competencies are tracked using this form, and they are stored in individual student files. Two members of the 2012 cohort are

still in the field internship phase, and so the success rate of that group using this tool is 91%. The 2 students in progress are expected to complete field internship successfully.

Patient Care Report Evaluation Results

Cohort Yr	Benchmark	EMS 248 Field I	EMS 250 Field II
2012	Required ALS Calls = 100% (40/40); required Team Leads = 100% (50/50)	23/23 (100%)	21/23 (91%)
2013	Required ALS Calls = 100% (40/40); required Team Leads = 100% (50/50)	Not yet started	Not yet started

**2.e. Field Preceptor’s Statement of Entry-Level Competency (FPSEL): Program Outcomes 1, 2, 3, 4**

The FPSEL form is used to document, under direct observation of the field preceptor, that each student has met the field terminal competencies and program outcomes. See Appendix G. The student cannot complete the program without documented evidence that they can function at entry-level paramedic competency. The document is also reviewed by the PD and PMD, with signatures, and stored in the student’s file. Any student failing any component(s) of the field internship phase will not receive this Field Preceptor’s Statement, and will not successfully complete the Program. As mentioned in 2c above, 91% of the 2012 cohort has received this Statement, with 2 students still in progress (expected to complete successfully.)

Field Preceptor’s Statement of Entry-Level Competency Results

Cohort Yr	Benchmark	EMS 250 Field II
2012	Competent as Entry-Level	21/23 (91%)
2013	Competent as Entry-Level	Not yet started

**2.f. Medical Director’s Statement of Program Competency (MDSPC): Program Outcomes 1, 2, 3, 4**

The MDSPC form is used to document final review of all program competencies by the PMD. See Appendix H. This is a requirement to maintain national program accreditation, and is the final piece needed for program completion. The PMD does not sign this form until he reviews all documents in the student’s file, and conducts an exit interview with each student to assure that the student has achieved all program competencies and terminal outcomes. The documentation is stored in the student’s file. Of the 2012 cohort, students who successfully completed all other components of the Program, 91% received the Medical Director’s Statement of Program Competency. The remaining 2 students still in progress have been reviewed by the Medical Director already, and are only pending final documents from field preceptors. They are expected to be successful.

Medical Director's Statement of Program Competency Results

Cohort Yr	Benchmark	EMS 250
2012	Competent as Entry-Level	21/23 (91%)
2013	Competent as Entry-Level	Not yet started

**2.g. National Registry of Emergency Medical Technician – Paramedic (NREMT-P) Cognitive & Psychomotor Examinations: Program Outcomes 1, 2, 4,**

The NREMT exam is the licensing exam for the State of Oregon (as well as all the other states), and is attempted by all program graduates within two (2) years of program completion. The program is required by national accreditation to track success by every graduate within one (1) year of program completion. Pass rate on the NREMT Psychomotor Exam (within 1 yr. of program completion) is 100% for years 2010 & 2011. The 2012 cohort test result period is December 2012 to December 2013. Pass rate on the NREMT Exam (within 1 yr. of program completion) is 74% for 2012 program graduates (as of this date.) Two students have failed initially and are scheduled to re-take the exam. 2 students are scheduled to take the exam in the next few months, and 2 students are still in progress and not yet eligible to schedule an exam. The 2013 cohort will not take this exam before 2014.

NREMT-P Examination Results

Cohort Yr	Benchmark	PASS	FAIL	HAVE NOT TAKEN EXAM
2012	Pass within 1 yr of program completion	17/23 (74%)	2/23 (9%)	4/23 (17%)
2013	Pass within 1 yr of program completion	In Progress	In Progress	In Progress

**2.h. Capstone Course (EMS 252) Cognitive & Psychomotor Final Examinations: Program Outcomes 1, 2, 3, 4**

The cognitive final examination in EMS 252 is the program's summative final written examination. The cognitive final exam must be passed with a cut score of 75% or better on the first attempt. No re-tests are allowed. A score of less than 75% on the written exam will result in termination from the program without program completion. All students in the 2012 cohort that advanced in the program to the capstone course passed the cognitive final exam with a cut score of 75% or better.

The psychomotor final examination (practical & simulation) in EMS 252 is the program's summative psychomotor skill assessment. The cut score for the 2012 cohort was "must pass as competent within 3 attempts" by the end of the testing day. All final skill stations use the NREMT evaluation tools. NREMT has an exam manual that we utilize. The manual explains how to evaluate students using the skills evaluation tools, and helps to ensure inter-rater reliability. One sample of the NREMT evaluation tool is included as Appendix I. Final simulations use the Summative Simulation Event tool, included as Appendix J. Performance standards rubric is included as Appendix K. The program has instituted a lab assistant training program to teach

evaluators how to use the evaluation tool consistently for all students. The lab assistants are then monitored during practice simulations and compared against other evaluators and the clinical coordinator until all evaluation results are within 1-2 points of each other. This also insures inter-rater reliability in a somewhat subjective environment. All students in the 2012 cohort who advanced in the program to the capstone course passed the psychomotor final exam with a cut score of “competent in all skills tested within 3 attempts” (100%).

Capstone Course (EMS 252) Finals Results

Cohort Yr	EMS 252 Written Final Exam Benchmark	EMS 252 Written Final Exam	EMS 252 Practical Final Exam Benchmark	EMS 252 Practical Final Exam	EMS 252 Simulation Final Exam Benchmark	EMS 252 Simulation Final Exam
2012	75%	23/23 (100%)	Competent within 3 attempts	23/23 (100%)	Competent within 3 attempts	23/23 (100%)
2013	75%	Not yet started	Competent within 3 attempts	Not yet started	Competent within 3 attempts	Not yet started

**2.i. Program Graduate Surveys: Program Outcomes 1, 2, 3, 4**

This tool is used for program evaluation and evidence, by the graduate, that the program outcomes and competencies were met. See Appendix L (required annually for national accreditation.) 100% of the 2012 program cohort indicated satisfaction with the paramedic program and competence in expected paramedic knowledge and skills. A cut score “3” or better in all evaluation areas, using a 1-5 Likert Scale, was used as evidence of satisfaction. See table below.

**2.j. Program Employer Surveys: Program Outcomes 1, 3, 4**

This tool is used for program evaluation and evidence, from employers, that program graduates have met the program outcomes and competencies. See Appendix M (required annually for national accreditation.) It is to be completed by employers of program graduates approximately 1 year after program completion. 100% of the surveys returned for the 2011 cohort met or exceeded the cut score of “3” (using a 1-5 Likert Scale) in all evaluation areas. The 2011 results are included here, as the results for the 2012 cohort will be going out to the employers in August 2013, and we do not yet have results to include. Surveys indicated satisfaction with the graduates and their expected paramedic knowledge.

Program Employer Survey Results

Cohort Yr	Benchmark	Program Graduate Surveys	Program Employer Surveys
2011	“3” using 1-5 Scale	21/21 (100%)	9/9 (100%)
2012	“3” using 1-5 Scale	23/23 (100%)	August 2013
2013	“3” using 1-5 Scale	December 2013	August 2014

3. Provide information about the results (i.e., what did you learn about how well students are meeting the outcomes)?
  - If scored (e.g., if a rubric or other scaled tool is used), please report the data, and relate to any appropriate benchmarks.
  - Results should be broken down in a way that is meaningful and useful for making improvements to teaching/learning. Please show those specific results.

All evaluation tools and/or methods used to assess attainment of program outcomes are reviewed for every student in the paramedic program for every core course in the program. All student data and documentation is reviewed for the total number in the cohort on an annual basis. The results indicate that the program outcomes and competencies are being met. See individual evaluations/results as referenced in preceding tables (2.a. through 2.j.)

4. Identify any changes that should, as a result of this assessment, be implemented to help improve students' attainment of outcomes. (These may include, but are not limited to, changes in curriculum, content, materials, instruction, pedagogy etc).

Although uncommon, failure to attain competency generally occurs in one of two areas of the paramedic program. The first is academic failure during didactic and skills lab. When one cannot meet the stringent academic requirements to progress, the student is terminated from the program. This has occurred in the past for a variety of reasons, but no trends have been identified in any one area. Academic failure could be due to time management (school/family/work) and/or financial issues that affect the student's success. The second area where failure occurs is during field rotations. A student sometimes cannot make the transition from being a follower to being a leader, or the stress of being responsible for someone's life may be impossible to manage.

Neither of these occurred in 2012; however we continue to identify areas where we can limit the likelihood of failure to attain competency. **Field readiness simulations** are now being used to better prepare the student for success in the field. The program will be monitoring the results for increased success. Results for the 2013 cohort may give us the best indication of success, but we will not have those results available before January 2014.

The curriculum is established by National Emergency Medical Services Education Standards for paramedics, and adherence to these standards is assured by national and state accreditation (in good standing) of the paramedic program. Materials reflect that which is most current, up-to-date, and available for paramedic instruction. Based on program assessment and accreditation status, no other changes are required at the present time.

5. Reflect on the effectiveness of this assessment tool and assessment process. Please describe any changes to assessment methodology that would lead to more meaningful results if this assessment were to be repeated (or adapted to another outcome). Is there a different kind of assessment tool or process that the SAC would like to use for this outcome in the future? If the assessment tool and processes does not need to be revised, please indicate this.

The assessment tools and process used in the paramedic program have proven to be highly effective and do not require revision at this time. The program outcomes and attainment of competencies by the students in the paramedic program are well documented. National accreditation requires that program review occur, and be reported, on an annual basis, with feedback and suggestions from the Paramedic Advisory Committee. This is documented in our advisory committee minutes.

As indicated in response to item #4 above, we will explore ways to monitor results of field readiness simulation for future assessments. At that time we will have additional data from more than one cohort to determine trends. We look forward to identifying new areas for program improvement.

The 2013 cohort is using a mobile high-fidelity simulation unit (developed in partnership with PCC, OHSU/OIT and Washington County EMS), as well as our own high-fidelity simulation equipment. This has further enhanced students' readiness for clinical and field internships, resulting in positive Program outcomes for the clinical and field phases (increased successful-completion percentages for 2.c and 2.d above). Use of this tool was implemented last year. Initial assessment of the evaluations indicates excellent results. Again, additional data from future cohorts is required for trending.

Appendix A

Portland Community College  
 EMS Training  
 Paramedic Program

**GLOBAL AFFECTIVE  
 PROFESSIONAL BEHAVIOR EVALUATION**

Intern's Name: \_\_\_\_\_ Course # \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Program Year: \_\_\_\_\_ Class # \_\_\_\_\_

Evaluation By: \_\_\_\_\_

1. INTEGRITY	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.		
2. EMPATHY	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.		
3. SELF-MOTIVATION	Competent ( )	Not yet competent ( )
Example of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.		
4. APPEARANCE & PERSONAL HYGIENE	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.		
5. SELF-CONFIDENCE	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.		
6. COMMUNICATIONS	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.		
7. TIME MANAGEMENT	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.		
8. TEAMWORK AND DIPLOMACY	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Placing the success of the team above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.		
9. RESPECT	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.		

10. PATIENT ADVOCACY	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.		
11. CAREFUL DELIVERY OF SERVICE	Competent ( )	Not yet competent ( )
Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.		

Use the space below to explain any "not yet competent" ratings. When possible, use specific behaviors, and corrective actions.

\_\_\_\_\_ Faculty (Instr/Preceptor) Signature

\_\_\_\_\_ Student/Intern Signature

\_\_\_\_\_ Program Director Signature

\_\_\_\_\_ Program Medical Director Signature



**Appendix B - Daily Clinical Experience Log/Evaluation**  
**Portland Community College Paramedic Program**



Clinical Location: \_\_\_\_\_ Dept: \_\_\_\_\_

(Note: Each vertical column represents one patient. Mark as many boxes as apply to this patient assessment/treatment.) Page \_\_\_\_\_ of \_\_\_\_\_

Patient Age													Totals
Newborns (0-1 month)													
Infants (1 mo – 12 months)													
Toddlers (1 yr – 3 yrs)													
Preschoolers (3 yrs – 5 yrs)													
School Agers (6 yrs – 12 yrs)													
Adolescents (13 yrs – 17 yrs)													
Adults (18 yrs – 64 yrs)													
Geriatrics (> 64 yrs)													
Chief Complaint Assessments/Treatments													Totals
Abd/GI/GU/GYN													
Altered LOC/Unconscious													
Chest Pain/Cardiac													
Respiratory/SOB/Dyspnea													
Syncope													
Trauma-Pediatrics (0-17)													
Trauma-Adult (18-64)													
Trauma-Geriatric (> 64)													
OB/Delivery													
Psych/Behavioral													
ECG & Lung Sounds													Totals
3-lead Place/Identification													
12-lead Place/Identification													
Lung Sounds - Normal													
Lung Sounds - Abnormal													
Skills Performance													Totals
Oxygen/BLS Airway Adjuncts													
BVM Mgmt/CPAP													
ET Intubation													
IV/IO/Saline Lock													
Defib/Cardioversion/Pacing													
Medication Administration													Totals
PO/SL/Nasal													
IM/SQ Injections													
IVPush/IVPB Drips													
SVN (Small Volume Neb Tx)													

Date: \_\_\_\_\_ Intern Name: \_\_\_\_\_ Class: # 11 Signature: \_\_\_\_\_



**Appendix B - Daily Clinical Experience Log/Evaluation**  
***Portland Community College Paramedic Program***



Clinical Location: \_\_\_\_\_ Dept: \_\_\_\_\_

PCC Intern: \_\_\_\_\_ Date: \_\_\_\_\_ Shift # \_\_\_\_\_ Hours: \_\_\_\_\_

**RATING CRITERIA: Refer to Performance Standards below. An intern should progress from a rating of 1 or 2 to a minimum of 3 in each category on the final evaluation form.**

**Performance Standards:**

- 1 – Requires instruction and prompting when performing assessment/skill.
- 2 – Able to perform assessment/skill with minimal instruction.
- 3 – Able to perform assessment/skill without instruction or prompting (competent).
- N/A – Not applicable (Did not perform skill).

Evaluation Factors:	Rating:	Comments
<b><u>ASSESSMENT/PATHOLOGIES</u></b>		
Assessment and Interventions	_____	_____
Assessment Interpretation	_____	_____
<b><u>PSYCHOMOTOR SKILLS</u></b>		
Patient Management	_____	_____
Skills (IV, Meds, Defib., ET) Performance	_____	_____
Equipment Operation	_____	_____
Bandaging/Splinting/SMR	_____	_____
<b><u>COMMUNICATION</u></b>		
Professionalism/Attitude	_____	_____
Rapport with Patient, Family, Staff	_____	_____
Documentation	_____	_____
<b><u>LEADERSHIP</u></b>		
Initiative, Participation	_____	_____
Feedback and Guidance	_____	_____
Attendance and Appearance	_____	_____

**SUMMARY OF PERFORMANCE**

Written summary of intern's performance to date: \_\_\_\_\_

Plan for improvement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dept. RN Signature: \_\_\_\_\_ Please Print Name: \_\_\_\_\_

Time in: \_\_\_\_\_ Intern Signature: \_\_\_\_\_

Time out: \_\_\_\_\_ PCC Program Director Review: \_\_\_\_\_ Date: \_\_\_\_\_

***Emergencies/Questions/Information: Robert Victorino, Program Clinical Coordinator at: 503-964-1394 robert.victorino@pcc.edu***



**Appendix C - Clinical Performance Standards**  
**Portland Community College Paramedic Program**



The following performance evaluation standards have been developed as an objective measurement of the intern's performance. These standards are to be utilized when completing the intern's evaluations. Interns are expected to achieve a "3" rating in every rating factor on the final major evaluation in order to be eligible for internship.

<b>EVALUATION FACTOR</b>	<b>RATING 1</b>	<b>RATING 2</b>	<b>RATING 3</b>
<b>ASSESSMENT/PATHOLOGIES</b>			
<b>Assessment and Interventions</b>			
<b>Performs a primary assessment and intervenes as necessary</b>	Unable to perform a complete or organized primary assessment without prompting. Omits portions of the assessment and/or fails to recognize findings or intervene appropriately.	Performs a complete primary assessment, but is either slow or disorganized and inconsistent in recognizing findings or intervening appropriately.	Independently performs a complete and organized assessment in a timely manner, recognizes findings and intervenes appropriately in a timely manner.
<b>Asks appropriate questions, specific to patient chief complaint</b>	Fails to ask details specific to chief complaint; rambles or does not appear to have a focus to the questions.	Asks questions specific to the chief complaint but is either slow or disorganized.	Asks questions pertinent to the chief complaint; deliberate and timely.
<b>Obtains patient history, medications and allergies</b>	Does not obtain pertinent information; is incomplete or inaccurate.	Obtains an adequate patient assessment but is either slow in assessing and/or disorganized.	Obtains an adequate patient history, medications and allergies in a fairly organized and timely manner.
<b>Performs pertinent physical exam</b>	Fails to perform an appropriate physical exam and/or findings are incomplete and/or inaccurate.	Inconsistent or slow in performing a pertinent physical exam. Findings are accurate.	In a timely manner performs an appropriate physical exam pertinent to the patient's chief complaint. Findings are accurate.
<b>Assessment Interpretation</b>			
<b>Accurately identifies chief complaint</b>	Unable to identify the patient's chief complaint without prompting.	Slow to identify chief complaint	Identifies chief complaint correctly and in a timely manner
<b>Identifies level of distress</b>	Fails to correctly or incorrectly identifies level of distress.	Slow to identify level of distress correctly.	Identifies level of distress correctly and in a timely manner.
<b>Interprets assessment information, correlates with pathophysiology</b>	Unable to interpret assessment information correctly or demonstrates a weak knowledge base.	Interprets assessment information correctly but has difficulty associating S/S with pathophysiology.	Correlates information obtained in didactic; able to associate S/S with related pathophysiology.
<b>Recognizes dysrhythmias</b>	Unable to identify common (classic) rhythms.	Identifies common (classic) rhythms but has problems with others or is not timely.	Identifies rhythms accurately and quickly. Able to identify static and dynamic rhythms.



**Appendix C - Clinical Performance Standards  
Portland Community College Paramedic Program**



<b>EVALUATION FACTOR</b>	<b>RATING 1</b>	<b>RATING 2</b>	<b>RATING 3</b>
<b>Verbalizes local policy regarding hospital contact and transportation criteria</b>	Inaccurately verbalizes local policy regarding hospital contact or transportation criteria.	Able to verbalize local policy regarding hospital contact or transport criteria but needs prompting.	Demonstrates or verbalizes a strong understanding of policy regarding hospital contact and transportation criteria.
<b>Verbalizes knowledge of pharmacology</b>	Unfamiliar with drug therapy; lacks basic pharmacology knowledge.	Has knowledge but needs prompting to convey information.	Adequate knowledge of clinical pharmacology.
<b>PSYCHOMOTOR SKILLS</b>			
<b>Patient Management</b>			
<b>Verbalizes appropriate treatment plan and intervenes as necessary</b>	Fails to anticipate appropriate orders or intervene as needed.	Slow to anticipate appropriate orders or intervene when necessary.	Anticipates appropriate orders and intervenes as needed in a timely manner.
<b>Obtains vital signs and interprets results</b>	Does not take vital signs at the appropriate time or has a problem with procedure or has problem with interpretation.	Obtains vital signs correctly but takes too long to perform procedure or interpret the information. Does not put in proper priority.	Obtains accurate and pertinent vital signs at the appropriate time. Interprets results correctly.
<b>Skills Performance</b>			
<b>Airway Control and Adjuncts (O2 application, basic airway, BVM)</b>	Frequently fails to assure adequate delivery of oxygen to patient. Fails to utilize appropriate airway adjuncts and/or maintain patency of airway in a timely manner.	Inconsistently assures adequate delivery of oxygen to the patient and/or appropriate airway adjunct. Does not maintain airway patency in a timely manner.	Consistently assures adequate delivery of oxygen to patient. Uses appropriate airway adjunct. Achieves or maintains patency of airway in a timely manner.
<b>Advanced airway (ET, Combitube)</b>	Frequently fails to demonstrate correct use of advanced airways. Frequently fails to choose appropriate airway device.	Inconsistently demonstrates or recognizes need for use of advanced airways. Needs some guidance to complete the procedure or in choosing appropriate device.	Consistently demonstrates correct use of advanced airways in a timely and appropriate manner.
<b>Suctioning</b>	Fails to recognize need for suctioning or performs procedure incorrectly.	Slow to recognize need for suctioning or needs minimal instruction to perform procedure correctly.	Recognizes need for suctioning and is able to perform skill without instruction or prompting.
<b>IV Access</b>	Frequently fails to establish IV access due to improper technique.	Inconsistently establishes IV access. Needs some direction to complete the procedure.	Consistently uses proper techniques. Completes procedure in a timely manner.



**Appendix C - Clinical Performance Standards**  
**Portland Community College Paramedic Program**



<b>EVALUATION FACTOR</b>	<b>RATING 1</b>	<b>RATING 2</b>	<b>RATING 3</b>
<b>CPR</b>	Requires instruction and prompting when performing skill.	Able to perform skill with minimal instruction.	Able to perform skill without instruction or prompting (competent).
<b>Valsalva</b>	Requires instruction and prompting when performing skill.	Able to perform skill with minimal instruction.	Able to perform skill without instruction or prompting (competent).
<b>Medication Administration</b>	Unfamiliar with drug administration procedures. Unable to calculate correct drug dosages.	Inconsistent knowledge of drug administration procedure. Unable to administer drugs in a timely manner.	Consistently administers drugs correctly and in a timely manner.
<b>Defibrillation/ Cardioversion</b>	Frequently fails to demonstrate correct procedure and indications for use.	Aware of indications for use but needs some direction to perform procedure.	Consistently performs procedure correctly. Aware of indications for appropriate use.
<b>Equipment Operation</b>	Frequently fails to use equipment in a safe manner.	Inconsistently demonstrates proper use of equipment. Frequently needs direction.	Consistently demonstrates the ability to use all equipment correctly.
<b>Bandaging/ Splinting/ Spinal Immobilization</b>	Ineffective technique or treatment causing potential harm to patient. Sometimes fails to initiate any treatment when indicated.	Recognizes need for intervention. Needs direction to complete tasks appropriately.	Recognizes need for intervention. Completes task appropriately.
<b>COMMUNICATION</b>			
<b>Professionalism and Attitude</b>	Frequently exhibits unprofessional conduct. Is rude, abrupt, out of uniform and or uses inappropriate language.	Professional demeanor is appropriate but is sometimes unprepared for clinical.	Consistently exhibits a professional demeanor and is well prepared.
<b>Rapport with Patient, Family, Staff</b>			
<b>Working Relationships with Team Members</b>	Frequently fails to function as a member of the patient care team.	Inconsistently functions as a member of the patient care team.	Consistently functions as a member of the patient care team.
<b>Working Relationship with Patient/Family</b>	Demonstrates an abrupt rude or judgmental attitude in dealing with patients.	Demonstrates a caring attitude but appears unsure of effective communication techniques.	Demonstrates a caring attitude and utilizes effective verbal and nonverbal communication.



**Appendix C - Clinical Performance Standards  
Portland Community College Paramedic Program**



EVALUATION FACTOR	RATING 1	RATING 2	RATING 3
<b>Documentation</b>	Frequently fails to complete patient care reports in an accurate, thorough and/or legible manner.	Inconsistently completes patient care, reports in an accurate, thorough and/or legible manner.	Consistently completes patient care reports in an accurate, thorough and legible manner.
<b>LEADERSHIP</b>			
<b>Initiative, Participation</b>	Frequently needs to be coaxed into participating. Uses clinical time poorly.	Hesitates to initiate experiences but when prompted participates fully.	Actively seeks out learning experiences. Consistently participates in appropriate learning situations when asked.
<b>Feedback and Guidance</b>	Frequently fails to accept feedback. Argues with others. Uses excuses to justify mistakes.	Inconsistently accepts feedback. Does not take necessary steps to change performance.	Consistently participates in evaluation of self. Accepts feedback and suggestions. Takes necessary steps to correct performance weaknesses.
<b>Attendance and Appearance</b>	Frequently is either late or does not follow policy in regards to appearance/dress code.	Sometimes arrives late but is dressed and groomed appropriately.	Consistently on time. Dressed and groomed appropriately.

**Vocabulary List:** The following definitions for terms used in these performance standards are provided for clarification.

**Consistently** - Always following the same principles or course of action

**Frequently** - Occurring often; many times

**Inconsistent** - Lacking agreement, as one thing having to do with another

**Sometimes** - On some occasions; at times; now and then more things in relation to each other

**Appendix D - PCC PARAMEDIC FIELD INTERNSHIP DAILY PERFORMANCE RECORD**

INTERN		DATE		PARAMEDIC PROGRAM <b>Portland Community College</b>				INTERNING AGENCY: _____ Station #: _____		
SHIFT #		TIME IN:                      OUT:		PRECEPTOR (1):				PRECEPTOR (2):		
DIRECTIONS: Sections are to be completed by the intern. Each run must be rated by the intern and preceptors in each category. Comments regarding runs should be made in comments area provided.				RATING: <b>1</b> = Fails to Perform <b>2</b> = Borderline / Inconsistent <b>3</b> = Competent						
Patient Information: Age/Chief Complaint	status	Treatment Rendered Skills performed  <i>(note "FCC" means FULL CONTINUUM OF CARE provided by paramedic intern: scene/initial assessment through hospital turnover)</i>	ALS Patient Contact Type  ✓ FCC	I P	Scene Management	Assessment/Tx	Communication	Leadership	Treatment Skills	COMMENTS
1.				I P						
2.				I P						
3.				I P						
4.				I P						
5.				I P						
6.				I P						
7.				I P						
<b>OVERALL DAILY PERFORMANCE RATINGS →</b>									Drills/Demonstrations:	
Preceptor must provide a written summary of today's performance:										
Plan for improvement:										
Intern's action for improvement:										
PRECEPTOR SIGNATURE				CERT. #		PRECEPTOR SIGNATURE				CERT. #
INTERN SIGNATURE					PCC STAFF SIGNATURE					





**Appendix E - Field Internship Performance Standards  
Portland Community College Paramedic Program**



The following performance evaluation standards have been developed to help preceptors determine the most appropriate rating to be given in each evaluation category. Preceptors are **expected to utilize these standards** as guidelines when completing the trainee's field internship evaluations. Trainees are expected to achieve a "3" rating in every rating factor on the final evaluation in order to be eligible for licensure.

EVALUATION FACTOR	RATING 1	RATING 2	RATING 3
<b>SCENE MANAGEMENT</b>			
<b>Safety &amp; Work Environment</b>	Frequently fails to provide a safe and adequate work environment.	Inconsistently determines or provides a safe and adequate work environment or slowly initiates appropriate measures.	Consistently determines safety for patient, self and team members and ensures and adequate work environment in a timely manner.
<b>EMS Standard Precautions</b>	Frequently fails to use appropriate EMS standard precautions, personal protective equipment or care for equipment appropriately.	Inconsistently uses EMS standard precautions and personal protective equipment or cleans equipment inappropriately.	Consistently uses EMS standard precautions and wears appropriate personal protective equipment specific for patient condition. Cleans equipment in accordance with provider policy/procedures.
<b>Crowd Control</b>	Frequently fails to take steps to control crowd or deal effectively with family and bystanders.	Inconsistently initiates or delegates crowd control. Deals ineffectively with family and bystanders.	Consistently initiates or delegates appropriate crowd control and deals effectively with family and bystanders.
<b>Additional Assistance &amp; Equipment</b>	Frequently fails to recognize the need for additional assistance and/or equipment.	Inconsistently or slowly recognizes the need for additional assistance or equipment.	Consistently recognizes the need for and requests additional assistance or equipment in a timely manner.
<b>PATIENT ASSESSMENT/INTERPRETATION/MGMT.</b>			
<b>Primary Assessment &amp; Intervention</b>	Frequently fails to perform an organized and complete primary assessment with 60 seconds or fails to intervene appropriately.	Inconsistently or slowly performs a complete and/or organized primary assessment. Does not intervene appropriately in a timely manner.	Consistently performs a complete and organized primary assessment with 60 seconds and intervenes appropriately in a timely manner.
<b>Patient Information</b>	Frequently fails to gather information, using OPQRST, SAMPLE, Special Questions based on Chief Complaint.	Inconsistently gathers information, is disorganized, asks questions repeatedly, fails to LISTEN to patient.	Consistently gathers patient information based on Chief Complaint in an organized & timely manner.
<b>Physical Examination</b>	Frequently fails to perform a thorough exam with appropriate inquiry and/or inspection findings are inaccurate.	Inconsistently or slowly performs an exam. Needs assistance in being thorough and systematic.	Consistently performs a thorough exam with appropriate inquiry and inspection pertinent to the patient's chief complaint. Findings are accurate.
<b>Assessment Interpretation</b>	Frequently fails to determine a working diagnosis, or substantially misinterprets the patient's problem. Cannot formulate a working diagnosis.	Inconsistently or slowly determines a working diagnosis or substantially misinterprets the patient's problem.	Consistently interprets and correlates assessment information correctly.

EVALUATION FACTOR	RATING 1	RATING 2	RATING 3
<b>PATIENT ASSESSMENT (Con't)</b>			
<b>Chest Auscultation</b>	Frequently fails to demonstrate adequate assessment and identification of basic breath sounds.	Inconsistent knowledge of chest auscultation and breath sounds.	Consistently identifies breath sounds accurately. Adequate knowledge of chest auscultation.
<b>Cardiac Rhythm Recognition (3-lead &amp; 12-lead)</b>	Frequently fails to identify rhythms in a timely manner.	Inconsistently identifies rhythms in an accurate and timely manner.	Consistently identifies rhythms in an accurate and timely manner.
<b>Patient Management</b>	Frequently fails to develop and implement an appropriate plan of action.	Inconsistently or slowly develops or implements an appropriate plan of action.	Consistently develops and implements an appropriate plan of action.
<b>Patient Response to Therapy</b>	Frequently fails to assess patient response to therapy/interventions.	Inconsistently assesses patient response to therapy/interventions.	Consistently assesses patient response to therapy/interventions.
<b>INTERPERSONAL SKILLS – Communication &amp; Leadership</b>			
<b>Rapport with Patient, Family &amp; Bystanders</b>	Frequently fails /does not attempt to establish rapport with patient, family and/or bystanders. Is inconsiderate and disrespectful of others.	Inconsistently builds rapport with patient, family and/or bystanders. Inconsistently shows consideration and respect for others. Does not instill confidence in patients.	Consistently builds rapport with patient, family and bystanders. Show consideration and respect for others. Instills confidence in patients.
<b>Communication with Team Members &amp; Hospital staff at bedside</b>	Frequently fails to report pertinent information to team members. Does not give report to hospital staff.	Inconsistently reports pertinent information to team members. Gives partial information at hospital.	Consistently communicates all pertinent information to team members. Gives accurate & complete turnover report to RN or physician.
<b>Radio Reports</b>	Frequently fails to recognize the need to utilize medical control. Does not initiate report without prompting.	Inconsistently utilizes and recognizes medical control. Reports are disorganized and incomplete.	Consistently utilizes medical control appropriately. Reports are organized and complete.
<b>Documentation (PCR's &amp; PCC required)</b>	Frequently fails to complete patient care reports in an accurate, thorough and/or legible manner. Fails to keep PCC documentation up to date.	Inconsistently completes patient care reports in an accurate, thorough and/or legible manner. Makes an attempt to complete PCC docs.	Consistently completes patient care reports in an accurate, thorough and legible manner. PCC required docs are complete at the end of every shift.
<b>Working Relationships with Team Members</b>	Frequently fails to function as a member of the patient care team.	Inconsistently functions as a member of the patient care team.	Consistently functions as a member of the patient care team.
<b>Leadership</b>	Frequently fails to assume leadership role. Does not direct team members appropriately. Lets preceptor run call.	Inconsistently assumes leadership role and direction of team members. Some attempt to run call but always looks to preceptor for answers & direction.	Consistently assumes leadership role and directs team members without prompting. Does not wait for preceptor to approve every action, has control.
<b>Professionalism (Actions &amp; Appearance)</b>	Frequently exhibits unprofessional conduct. Is rude, abrupt, out of uniform and or uses inappropriate language.	Inconsistently exhibits a professional demeanor &/or appearance.	Consistently exhibits a professional demeanor & appearance. Inspires confidence in patient & peers.

<b>EVALUATION FACTOR</b>	<b>RATING 1</b>	<b>RATING 2</b>	<b>RATING 3</b>
<b>Openness to Feedback and Guidance</b>	Frequently fails to accept feedback. Argues with others. Uses excuses to justify mistakes.	Inconsistently accepts feedback. Does not take necessary steps to change performance.	Consistently participates in evaluation of self. Accepts feedback and suggestions. Takes necessary steps to correct performance weaknesses.
<b>TREATMENT SKILLS</b>			
<b>Inventory Checks, Re-Stock &amp; Maintenance</b>	Frequently fails to perform equipment inventory at the start of shift and does not resupply inventory.	Inconsistent in performing equipment inventory or resupplying per provider agency policy.	Consistently performs equipment inventory and resupplies all inventory per provider policy.
<b>Equipment Operation</b>	Frequently fails to use equipment in a safe manner. Does not seek out info on operation of equipment before it is needed on a call.	Inconsistently demonstrates proper use of equipment. Frequently needs direction. Appears confused about how equipment is operated.	Consistently demonstrates the ability to use all equipment correctly & in a timely manner. Is able to troubleshoot equipment when not operating properly
<b>Airway Management/Oxygen Therapy</b>	Frequently fails to assure adequate delivery of oxygen to patient. Fails to utilize appropriate airway adjuncts and/or maintain patency of airway in a timely manner.	Inconsistently assures adequate of oxygen to patient and/or appropriate airway adjunct. Does not maintain airway patency in a timely manner.	Consistently assures adequacy delivery of oxygen to patient. Uses appropriate airway adjunct. Achieves or maintains patency of airway in a timely manner.
<b>Advanced Airway Skills</b>	Frequently fails to demonstrate correct use of advanced airways. Frequently fails to choose appropriate airway device.	Inconsistently demonstrates or recognizes need for use of advanced airways. Needs some guidance to complete the procedure or in choosing appropriate device.	Consistently demonstrates correct use of advanced airways in a timely and appropriate manner.
<b>Pleural Decompression</b>	Frequently fails to recognize signs/symptoms of tension pneumothorax. Fails to demonstrate appropriate procedure.	Inconsistently recognizes signs/symptoms of tension pneumothorax. Needs some guidance to complete procedure.	Consistently recognizes signs/symptoms of tension pneumothorax. Demonstrates correct procedure.
<b>CPAP/PEEP</b>	Frequently fails to recognize need for CPAP/PEEP &/or frequently fails to perform procedure in a systematic and timely manner.	Inconsistently recognizes need for CPAP/PEEP &/or inconsistently performs procedure in a systematic and timely manner.	Consistently recognizes need for CPAP/PEEP & consistently performs procedure in a timely and competent manner.
<b>Defibrillation/Cardioversion/Pacing</b>	Frequently fails to demonstrate correct procedure and indications for use. Frequently fails to demonstrate understanding of current AHA guidelines for electrical therapy.	Aware of indications for use based on current AHA guidelines, but needs some direction to perform procedure.	Consistently performs procedure correctly. Aware of indications for appropriate use based on current AHA guidelines.
<b>Intravenous Access</b>	Frequently fails to establish IV access due to improper technique.	Inconsistently establishes IV access. Needs some direction to complete the procedure.	Consistently uses proper techniques. Completes procedure in a timely manner.

EVALUATION FACTOR	RATING 1	RATING 2	RATING 3
<b>TREATMENT SKILLS (Con't)</b>			
<b>Intraosseous Access</b>	Frequently fails to recognize need for IO access &/or frequently fails to establish access due to improper technique/use of equipment.	Inconsistently establishes successful IO access. Needs some direction to complete the procedure.	Consistently uses proper technique to establish successful IO access. Is familiar with equipment & completes procedure in a timely manner.
<b>Bandaging/Splinting</b>	Frequently fails to apply appropriate and adequate bandages/splints in a systematic and timely manner. Uses ineffective technique or treatment causing potential harm to patient. Sometimes fails to initiate any treatment when indicated.	Inconsistently applies appropriate and adequate bandages/splints in a systematic and timely manner. Sometimes needs direction to complete tasks appropriately.	Consistently applies appropriate and adequate bandages/splints in a systematic, timely, and appropriate manner.
<b>Extrication/Patient Positioning</b>	Frequently fails to initiate adequate extrication/patient positioning. Does not have sufficient control to protect the patient from injury.	Inconsistently initiates adequate extrication/patient positioning. Sometimes does not have sufficient control to protect patient from injury.	Consistently initiates and directs extrication/patient positioning in a manner that protects the patient from injury.
<b>Spinal Motion Restriction (SMR)</b>	Frequently fails to initiate spinal motion restriction when indicated. Does not know complete or correct procedure.	Inconsistently initiates spinal motion restriction when indicated. Knows complete and correct procedure but sometimes needs direction.	Consistently uses spinal motion restriction when indicated and appropriate. Uses complete and correct procedure.
<b>Drug Administration</b>	Unfamiliar with drug administration procedures. Unable to calculate correct drug dosages. Fails to ask patient about allergies to meds.	Inconsistent knowledge of drug administration procedure. Unable to administer drugs correctly in a timely manner.	Consistently administers drugs correctly and in a timely manner. Always asks about allergies before administering.
<b>Drug Knowledge</b>	Inadequate knowledge of indications, contraindications, adverse effects and dosages of drug therapy. Frequently fails to answer questions about drugs.	Inconsistent knowledge of indications, contraindications, adverse effects and dosages of drug therapy. Can answer some questions about drugs.	Consistent knowledge of indications. Contraindication, adverse effects and dosages of drug therapy. Is able to answer all questions about drugs.

**Vocabulary List:** The following definitions for terms used in these performance standards are provided for clarification.

**Consistently** - Always following the same principles or course of action

**Frequently** - Occurring often; many times

**Inconsistent** - Lacking agreement, as one thing having to do with another

**Sometimes** - On some occasions; at times; now and then more things in relation to each other



**PCC  
EMS**

Appendix F - PREHOSPITAL CARE REPORT

\_\_\_ Yes \_\_\_ No

TRAUMA    MEDICAL    CARDIAC    RESPIRATORY  
(CIRCLE ONE ONLY)

RUN DATE \_\_\_\_\_

STUDENT NAME/SIGNATURE (Required)	INTERNSHIP SITE																																				
PRECEPTOR NAME/SIGNATURE (Required)	<input type="checkbox"/> ALS W/INTERVENTION <input type="checkbox"/> PIC WITH ALS <input type="checkbox"/> PIC WITHOUT ALS <b>TEAM LEAD (PIC) ROLE – MUST COMPLETE BOX BELOW</b> <input type="checkbox"/> ALS TL <input type="checkbox"/> BLS TL <input type="checkbox"/> PEDS TL <input type="checkbox"/> AMA/DOA TL <input type="checkbox"/> OTHER																																				
PRECEPTOR COMPLETES SHADED AREA EACH TIME YOU WOULD LIKE CREDIT FOR HAVING ACTED AS TEAM LEADER RATING: <span style="color:red">1 = Fails to Perform</span> <span style="color:blue">2 = Needs Prompt/Not Competent</span> <span style="color:green">3 = Competent/Min. Prompting</span> <span style="color:purple">4 = Good/No prompting</span> <span style="color:orange">5 = Excellent/Entry-Level</span>																																					
<table style="width:100%; border:none;"> <tr> <td style="width:10%;"><input type="checkbox"/> 1</td> <td style="width:10%;"><input type="checkbox"/> 2</td> <td style="width:10%;"><input type="checkbox"/> 3</td> <td style="width:10%;"><input type="checkbox"/> 4</td> <td style="width:10%;"><input type="checkbox"/> 5</td> <td style="padding-left: 10px;"><b>Interview:</b> Completed comprehensive interview. Demonstrated active listening.</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><b>Exam:</b> Completed appropriate physical exam.</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><b>Treatment:</b> Formulated a field impression/Dx &amp; implemented Tx Plan.</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><b>Skills:</b> (If performed) Competent, appropriate &amp; timely.</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><b>Leadership:</b> Set priorities, directed team &amp; adapted to evolving info.</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td colspan="4"></td> <td><input type="checkbox"/> YES</td> </tr> </table> <p><b>This was a successful Team Lead. Preceptor Signature:</b> _____</p>		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<b>Interview:</b> Completed comprehensive interview. Demonstrated active listening.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<b>Exam:</b> Completed appropriate physical exam.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<b>Treatment:</b> Formulated a field impression/Dx & implemented Tx Plan.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<b>Skills:</b> (If performed) Competent, appropriate & timely.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<b>Leadership:</b> Set priorities, directed team & adapted to evolving info.	<input type="checkbox"/> NO					<input type="checkbox"/> YES
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<input type="checkbox"/> NO					<input type="checkbox"/> YES																																
PATIENT'S CHIEF COMPLAINT: _____ FIELD IMPRESSION/DX: _____																																					
FIELD IMPRESSION OF PATIENT ACUITY <input type="checkbox"/> CRITICAL (Severe/Code) <input type="checkbox"/> EMERGENT (Moderate) <input type="checkbox"/> LOWER ACUITY (Mild)																																					
AGE _____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																																				
WEIGHT in kg _____																																					

PROCEDURES	Perform	Observe
PT INTERVIEW		
PT EXAM		
SAO <sub>2</sub> / Capnogra		
O <sub>2</sub>		
NC		
NRB		
BVM		
OPA/NPA		
V/S		
EKG (3-LEAD)		
EKG (12-LEAD)		
CPR		
ETT		
KING/COMBI		
SUCTION		
CPAP		
CBG		
TEMP oral/rectal		
SPINAL MOTION RESTRICTION		
LIMB IMMOB		
TRACTION SPLINT		
PELVIC SPLINT		
WOUND CARE		
CHEST DECOMP		
CRIC AIRWAY		
RADIO REPORT		
TRAUMA ENTRY		
Hospital Report		
Medical Consult		
OTHER		

FIRST IV LINE (Note how many attempts for each: 1/1, 1/3 & Y/I, N/I, Y/T, N/T)				
	INTERN	TEAM	SUCCESSFUL (Y/N & who)	
IV	_____	_____	_____	
IO	_____	_____	_____	
Catheter Size	_____	Site	_____	
Admin Set	_____	Solution	_____	
Drip Rate	_____	Total Infused	_____	
SECOND IV LINE (NOT 2 <sup>nd</sup> attempt!)				
	INTERN	TEAM	SUCCESSFUL	
IV	_____	_____	_____	
IO	_____	_____	_____	
Catheter Size	_____	Site	_____	
Admin Set	_____	Solution	_____	
Drip Rate	_____	Total Infused	_____	
ALS AIRWAY MGMT.				
	INTERN	TEAM	SUCCESS (Y/N & WHO)	
ETT	_____	_____	_____	
KING	_____	_____	_____	
CPAP	_____	_____	_____	
COMBI	_____	_____	_____	
CRIC	_____	_____	_____	
NOTES: (Size, Depth, Secure, etc.): _____ _____				
ALS MEDICATIONS (DO NOT include IV solutions here)				
MED	DOSE	ROUTE	TIME	INTERN/TEAM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____





**FIELD PRECEPTOR'S STATEMENT OF ENTRY-LEVEL COMPETENCY**

Intern: \_\_\_\_\_ Program Year: 2012

I HAVE OBSERVED THE ABOVE NAMED PARAMEDIC INTERN FUNCTION IN THE PRE-HOSPITAL (FIELD) SETTING AND SATISFY THE OBJECTIVES LISTED IN THIS DOCUMENT.

BASED ON THESE OBSERVATIONS, HE/SHE HAS DEMONSTRATED TO MY SATISFACTION THAT HE/SHE:

1. POSSESSES THE ABILITY TO COMPREHEND, APPLY, ANALYZE, AND EVALUATE INFORMATION REVELANT TO HIS/HER ROLE AS AN ENTRY-LEVEL PARAMEDIC.
2. POSSESSES TECHNICAL PROFICIENCY IN ALL SKILLS NECESSARY TO FULFILL THE ROLE OF ENTRY-LEVEL PARAMEDIC.
3. DISPLAYS THE PERSONAL BEHAVIORS AND ATTITUDES CONSISTENT WITH PROFESSIONAL AND EMPLOYER EXPECTATIONS FOR AN ENTRY-LEVEL PARAMEDIC.
4. POSSESSES THE ABILITY TO INTEGRATE THE KNOWLEDGE, TECHNICAL SKILLS, AND PERSONAL BEHAVIORS AND ATTITUDES REQUIRED OF AN ENTRY-LEVEL PARAMEDIC AS NEEDED TO DELIVER EFFECTIVE PREHOSPITAL AND/OR INTERFACILITY PATIENT CARE.
5. HAS MET THE PROGRAM FIELD OBJECTIVES, SKILL REQUIREMENTS, AND FIELD COMPETENCY REQUIREMENTS.

\_\_\_\_\_  
Name of Preceptor (Print) Agency

\_\_\_\_\_  
Signature of Preceptor Date

\_\_\_\_\_  
Signature of Program Director Date

\_\_\_\_\_  
Signature of Medical Director Review Date



## **MEDICAL DIRECTOR'S STATEMENT OF PROGRAM COMPETENCY**

Student/Intern: \_\_\_\_\_ Program Year: 2012

I HAVE REVIEWED THE PARAMEDIC PROGRAM FILE AND ALL COMPLETED/SIGNED DOCUMENTS OF THE ABOVE NAMED PARAMEDIC INTERN. I HAVE CONDUCTED A FINAL PROGRAM EXIT INTERVIEW WITH THE ABOVE NAMED INTERN AS WELL.

BASED ON MY REVIEW OF DOCUMENTS, OBSERVATION OF THE STUDENT/INTERN, AND FINAL EXIT INTERVIEW, THE ABOVE NAMED PARAMEDIC INTERN HAS DEMONSTRATED TO MY SATISFACTION THAT HE/SHE:

1. POSSESSES THE ABILITY TO COMPREHEND, APPLY, ANALYZE, AND EVALUATE INFORMATION RELEVANT TO HIS/HER ROLE AS AN ENTRY-LEVEL PARAMEDIC.
2. POSSESSES TECHNICAL PROFICIENCY IN THE SKILLS NECESSARY TO FULFILL HIS/HER ROLE AS AN ENTRY-LEVEL PARAMEDIC.
3. DISPLAYS THE PERSONAL AND EMPLOYER EXPECTATIONS FOR AN ENTRY-LEVEL PARAMEDIC.
4. POSSESSES THE ABILITY TO INTEGRATE THE KNOWLEDGE, TECHNICAL SKILLS, AND PERSONAL BEHAVIORS AND ATTITUDES REQUIRED OF AN ENTRY-LEVEL PARAMEDIC AS NEEDED TO DELIVER EFFECTIVE PREHOSPITAL AND/OR INTERFACILITY CARE.
5. HAS SATISFIED ALL REQUIREMENTS OF THE PORTLAND COMMUNITY COLLEGE PARAMEDIC PROGRAM CORE COURSES AND IS ELIGIBLE FOR GRADUATION FROM THE PROGRAM.

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Signature of Program Medical Director

Date



## Appendix I - National Registry Advanced Level Psychomotor Examination

### VENTILATORY MANAGEMENT - ADULT

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE: If candidate elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by “\*\*” so long as first ventilation is delivered within 30 seconds.**

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
**Ventilates patient with room air	1	
<b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%</b>		
Attaches oxygen reservoir to bag-valve-mask device and connects to oxygen regulator [12 – 15 L/minute]	1	
Ventilates patient at a rate of 10 – 12/minute with appropriate volumes	1	
<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.</b>		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks equipment for: -Cuff leaks (1 point) -Laryngoscope operational with bulb tight (1 point)	2	
<b>NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate</b>		
Positions head properly	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Inflates cuff to proper pressure and disconnects syringe	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally over each lung and over epigastrium	1	
<b>NOTE: Examiner to ask, “If you had proper placement, what should you expect to hear?”</b>		
Secures ET tube [may be verbalized]	1	
<b>NOTE: Examiner now asks candidate, “Please demonstrate one additional method of verifying proper tube placement in this patient.”</b>		
Identifies/selects proper equipment	1	
Verbalizes findings and interpretations [checks end-tidal CO <sub>2</sub> , colorimetric device, EDD recoil, etc.]	1	
<b>NOTE: Examiner now states, “You see secretions in the tube and hear gurgling sounds with the patient's exhalation.”</b>		
Identifies/selects a flexible suction catheter	1	
Pre-oxygenates patient	1	
Marks maximum insertion length with thumb and forefinger	1	
Inserts catheter into the ET tube leaving catheter port open	1	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	1	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>27</b>

#### CRITICAL CRITERIA

- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_\_\_ Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- \_\_\_\_\_ Failure to ventilate patient at a rate of 10 – 12 / minute
- \_\_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_\_\_ Failure to pre-oxygenate patient prior to intubation and suctioning
- \_\_\_\_\_ Failure to successfully intubate within 3 attempts
- \_\_\_\_\_ Failure to disconnect syringe **immediately** after inflating cuff of ET tube
- \_\_\_\_\_ Uses teeth as a fulcrum
- \_\_\_\_\_ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- \_\_\_\_\_ If used, stylette extends beyond end of ET tube
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to the patient
- \_\_\_\_\_ Suctions patient excessively
- \_\_\_\_\_ Does not suction the patient
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**



## Appendix J - SUMMATIVE SIMULATION EVENT

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_ Pass/No Pass (please circle one)

	SCORE
Appropriately assess patient and identify chief complaint	
Demonstrates ability to identify and prioritize appropriate TX	
Appropriately manages patient's presentation	
Discuss findings with patient as appropriate	
Discuss treatment plan with patient	
Demonstrates effective Team Communication techniques	
Delivers a clear, concise hospital radio report/PCR	
Recognizes strengths and weaknesses in debriefing	
Demonstrates ability to multitask	
Efficiently uses equipment and work space	

Feedback scoring; 1-Did not perform/Not yet competent.  
 2-Initiates procedure but needs some guidance.  
 3-Meets or exceeds expectations/Competent.

### **CRITICAL CRITERIA**

- \_\_\_ Failure to manage the patient as a competent paramedic.
- \_\_\_ Exhibits unacceptable affect with patient, bystanders or any other personnel.
- \_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_ Score less than 23.

**Please factually document your feedback and rationale for checking any of the above critical items on the back of this form.**



### Appendix K - PCC Simulation Evaluation Standards

The following simulation evaluation standards have been developed to help preceptors determine the most appropriate rating for each evaluation category. Preceptors are **expected to utilize these standards** as guidelines when evaluating multiple subcategories to score the primary areas of evaluation in the summative simulation events.

EVALUATION FACTOR	RATING 1	RATING 2	RATING 3
<b>PATIENT ASSESSMENT/INTERPRETATION/MGMT.</b>			
<b>Primary Assessment &amp; Intervention</b>	Fails to perform an organized and/or complete primary assessment and/or fails to intervene appropriately.	Fails to perform a complete and/or organized primary assessment and/or does not intervene appropriately in a timely manner.	Performs a complete and organized primary assessment within 60 seconds and intervenes appropriately in a timely manner.
<b>Patient Information</b>	Fails to gather information using OPQRST, SAMPLE, and questions based on Chief Complaint and/or Pertinent Negatives.	Obtains incomplete or disorganized information, asks questions repeatedly or fails to LISTEN to patient.	Gathers thorough patient information in an organized and timely manner.
<b>Physical Exam</b>	Fails to perform a thorough exam with appropriate inquiry and/or inspection findings are inaccurate.	Slow and/or disorganized exam. Needs guidance in being thorough and systematic.	Performs a thorough exam with appropriate inquiry and inspection pertinent to the patient's chief complaint.
<b>Chest Auscultation</b>	Fails to assess and/or accurately identify basic breath sounds.	Slow, disorganized and/or incomplete chest auscultation. Incomplete knowledge of basic breath sounds. Needs guidance in being thorough and systematic.	Adequate knowledge of chest auscultation. Consistently identifies basic breath sounds accurately.

EVALUATION FACTOR	RATING 1	RATING 2	RATING 3
<b>PATIENT ASSESSMENT/INTERPRETATION/MGMT. (Con'T)</b>			
<b>Cardiac Rhythm Recognition (3-lead &amp; 12-lead)</b>	Fails to accurately identify rhythms.	Fails to identify rhythms in a timely manner. Incomplete rhythm interpretation.	Consistently identifies rhythms in a timely, accurate and thorough manner.
<b>Assessment Interpretation</b>	Fails to determine a working diagnosis, or substantially misinterprets the patient's problem. Cannot formulate a differential diagnosis.	Fails to determine a working diagnosis in a timely manner or misinterprets patient's problem.	Interprets and correlates assessment information correctly.
<b>Patient Management</b>	Fails to develop and/or implement an appropriate plan of action.	Fails to develop and/or implement an appropriate plan of action in a timely manner.	Develops and implements an appropriate plan of action in a timely manner.
<b>Patient Response to Therapy</b>	Fails to assess patient response to therapy or interventions.	Inconsistently assesses patient response to therapy or interventions.	Consistently assesses patient response to therapy and interventions.
<b>INTERPERSONAL SKILLS – Communication &amp; Leadership</b>			
<b>Rapport with Patient, Family &amp; Bystanders</b>	Fails/does not attempt to establish rapport with and/or is inconsiderate of patient, family and/or bystanders.	Inconsistently builds rapport with and/or shows consideration for patient, family and/or bystanders. Does not install confidence.	Consistently builds rapport with and shows consideration for patient, family and bystanders. Installs confidence.
<b>Communication with Patient, Family &amp; Bystanders</b>	Fails to communicate assessment findings and/or treatment plan with patient/family in a professional manner.	Inconsistently communicates assessment findings and/or treatment plan with patient/family in a professional manner.	Consistently communicates assessment findings and treatment plan with patient/family in a professional manner.
<b>Communication with Preceptor and Team Members</b>	Frequently fails to appropriately communicate assessment findings and/or treatment plan with Preceptor.	Inconsistently/Inappropriately communicates assessment findings and/or treatment plan with Preceptor.	Consistently communicates assessment findings and treatment plan with preceptor in an appropriate manner.

EVALUATION FACTOR	RATING 1	RATING 2	RATING 3
<b>INTERPERSONAL SKILLS – Communication &amp; Leadership</b>			
<b>Radio Report</b>	Fails to initiate radio report without prompting.	Report is disorganized, inaccurate and/or incomplete.	Radio report is organized, accurate and complete.
<b>Professionalism</b>	Exhibits any unprofessional conduct and/or unacceptable affect. Is rude, abrupt and/or uses inappropriate language.	Inconsistently exhibits professional conduct and/or affect.	Consistently exhibits professional conduct and affect.
<b>Openness to Feedback and Guidance</b>	Fails to accept feedback. Argues and/or uses excuses to justify mistakes. Unable to recognize strengths or weaknesses. Offers irrelevant plan for improvement.	Inconsistently accepts feedback. Unreasonable evaluation of performance. Offers limited plan for improvement.	Consistently participates in debriefing. Accepts feedback and suggestions. Offers realistic plan for improvement.
<b>TREATMENT SKILLS</b>			
<b>Multitasking</b>	Unable to communicate with patient and/or preceptor while performing critical skills.	Inconsistently able to communicate with patient and/or preceptor while performing critical skills.	Consistently able to communicate with patient and preceptor while performing critical skills.
<b>Equipment Use</b>	Fails to use equipment and/or work space in a safe and appropriate manner. Does not ask for guidance.	Inconsistently uses equipment and/or work space in a safe and appropriate manner. Requires guidance.	Consistently uses all equipment and work space in a safe and appropriate manner.

**Appendix L**  
**GRADUATE SURVEY**

PORTLAND COMMUNITY COLLEGE  
PARAMEDIC PROGRAM  
CoAEMSP Accreditation Program # 600374

The primary goal of an Emergency Medical Service program is to prepare the graduate to function as a competent EMS provider. This survey is designed to help the program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

**BACKGROUND INFORMATION:**

Job Title: \_\_\_\_\_ Current Salary (optional) \_\_\_\_\_  
 Length of employment at time of evaluation: \_\_\_\_years and \_\_\_\_months. Time since graduation: \_\_0-3mos. \_\_6mos. \_\_12mos.  
 Name (if different from that on the cover): \_\_\_\_\_  
 Eligibility/Credential Status (*check all that apply*):  
 EMT/EMT-Basic                       Advanced EMT                       Intermediate/Intermediate EMT  
 Paramedic/EMT Paramedic                       National Registered                       State Licensed/Certified  
 Other \_\_\_\_\_

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.  
 5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

**I. KNOWLEDGE BASE (Cognitive Domain)**

**THE PROGRAM:**

A.	Helped me acquire the EMS knowledge necessary to function in a pre-hospital healthcare setting.	5	4	3	2	1	N/A
B.	Helped me acquire the general medical knowledge base necessary to function in a pre-hospital healthcare setting.	5	4	3	2	1	N/A
C.	Prepared me to collect data from patients and bystanders.	5	4	3	2	1	N/A
D.	Prepared me to interpret patient data.	5	4	3	2	1	N/A
E.	Prepared me to recommend appropriate diagnostic and therapeutic procedures.	5	4	3	2	1	N/A
F.	Trained me to use sound judgment while functioning in a pre-hospital healthcare setting.	5	4	3	2	1	N/A

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.**

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

## II. CLINICAL PROFICIENCY (Psychomotor Domain)

### THE PROGRAM:

G.	Prepared me to competently perform the skills required of an entry-level paramedic in the State of Oregon.	5	4	3	2	1	N/A
H.	Prepared me with the skills to perform comprehensive patient assessments on all age groups (newborn-geriatric).	5	4	3	2	1	N/A
I.	Prepared me to safely administer approved state & local medications via the appropriate routes.	5	4	3	2	1	N/A
J.	Prepared me to perform and interpret diagnostic procedures (ECG interpretation, glucometer, etc.)	5	4	3	2	1	N/A

Comments: \_\_\_\_\_

## III. BEHAVIORAL SKILLS (Affective Domain)

### THE PROGRAM:

K.	Prepared me to communicate effectively within a pre-hospital healthcare setting.	5	4	3	2	1	N/A
L.	Prepared me to conduct myself in an ethical and professional manner.	5	4	3	2	1	N/A
M.	Taught me to manage my time efficiently while functioning in a prehospital healthcare setting.	5	4	3	2	1	N/A

Comments: \_\_\_\_\_

## IV. GENERAL INFORMATION (Check yes or no)

A.	I have actively pursued attaining an Oregon State paramedic license.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
B.	I am a member of a state or local Paramedic/EMS association.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
C.	I am a member of a national Paramedic/EMS association.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
D.	I actively participate in continuing education activities.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Comments: \_\_\_\_\_

**V. ADDITIONAL COMMENTS**

**OVERALL RATING:**

Please rate and comment on the OVERALL quality of your preparation as a paramedic:

5 = Excellent

4 = Very Good

3 = Good

2 = Fair

1 = Poor

Comments:

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**Based on your work experience, please identify two or three strengths of the program?**

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**Based on your work experience, please make two or three suggestions to further strengthen the program?**

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**What qualities/skills were expected of you upon employment that were not included in the program?**

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**Please provide comments and suggestions that would help to better prepare future graduates.**

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**Thank You!**

Date: \_\_\_\_\_

**Appendix M**  
**EMPLOYER SURVEY**

**PORTLAND COMMUNITY COLLEGE**  
**PARAMEDIC PROGRAM**  
CoAEMSP Accreditation Program # 600374

The primary goal of a Emergency Medical Service program is to prepare the graduate to function as a competent EMS provider. This survey is designed to help the program faculty determine the strengths and areas for improvement of our program. All data will be kept confidential and will be used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor.

**BACKGROUND INFORMATION:**

Name of Graduate: \_\_\_\_\_

Length of employment at time of evaluation: \_\_\_\_\_ years and \_\_\_\_\_ months.

Name (if different from that on the cover): \_\_\_\_\_

Eligibility/Credential Status (*check all that apply*):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> EMT/EMT-Basic           | <input type="checkbox"/> Advanced EMT        | <input type="checkbox"/> Intermediate/EMT-Intermediate |
| <input type="checkbox"/> Paramedic/EMT-Paramedic | <input type="checkbox"/> National Registered | <input type="checkbox"/> State Licensed/Certified      |
| <input type="checkbox"/> Other _____             |  |  |

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

**I. KNOWLEDGE BASE (Cognitive Domain)**

**THE GRADUATE:**

A. Has the EMS knowledge necessary to function in a pre-hospital healthcare setting.	5	4	3	2	1	N/A
B. Has the general medical knowledge necessary to function in a pre-hospital healthcare setting.	5	4	3	2	1	N/A
C. Is able to collect data from patients and bystanders.	5	4	3	2	1	N/A
D. Is able to interpret patient data.	5	4	3	2	1	N/A
E. Is able to recommend appropriate diagnostic and therapeutic procedures.	5	4	3	2	1	N/A
F. Uses sound judgment while functioning in a Pre-hospital healthcare setting	5	4	3	2	1	N/A

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.**  
**5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable**

**II. CLINICAL PROFICIENCY (Psychomotor Domain)**

**THE GRADUATE:**

G.	Competently performs the skills required of an entry-level paramedic.	5	4	3	2	1	N/A
H.	Possesses the skills to perform comprehensive patient assessments on all age groups (newborn-geriatric).	5	4	3	2	1	N/A
I.	Is able to safely administer approved state & local medications via the appropriate routes.	5	4	3	2	1	N/A
J.	Is able to perform and interpret diagnostic procedures (ECG interpretation, glucometer, etc.)	5	4	3	2	1	N/A

Comments: \_\_\_\_\_

**III. BEHAVIORAL SKILLS (Affective Domain)**

**THE GRADUATE:**

K.	Communicates effectively within a pre-hospital healthcare setting.	5	4	3	2	1	N/A
L.	Conducts himself/herself in an ethical and professional manner.	5	4	3	2	1	N/A
M.	Functions effectively as a member of the pre-hospital healthcare team.	5	4	3	2	1	N/A
N.	Accepts supervision and works effectively with supervisory personnel.	5	4	3	2	1	N/A
O.	Is self-directed and responsible for his/her actions.	5	4	3	2	1	N/A
P.	Arrives to work prepared and on time.	5	4	3	2	1	N/A
Q.	Contributes to a positive environment within the agency.	5	4	3	2	1	N/A

Comments:

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#### IV. ADDITIONAL COMMENTS

##### OVERALL RATING:

Please rate and comment on the OVERALL quality of this program's graduate:

5 = Excellent

4 = Very Good

3 = Good

2 = Fair

1 = Poor

Comments:

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What qualities or skills did you expect of the graduate upon employment that he/she did not possess (if any)?

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Please provide comments and suggestions that would help this program to better prepare future graduates.

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What are strengths of the graduate(s) of this program?

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\_\_\_\_\_  
Rater Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Is the above rater the graduate's immediate supervisor?

Check response:  YES

NO

Thank You!