Annual Report for Assessment of Outcomes 2011-2012

Please address the questions below

Send to <u>learningassessment@pcc.edu</u> by June 22, 2012; with Annual Report in the subject line

Note: Information provided in this report may be inserted into or summarized in Section 2C (LDC/DE)) or 6B (CTE) of the 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, 2011). 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, 2012).

 Describe <u>changes that have been implemented</u> towards improving students' attainment of outcomes that resulted from outcome <u>assessments carried out in 2010-2011</u>. These may include but are not limited to changes to content, materials, instruction, pedagogy etc.

The paramedic program content adheres to national and state requirements for paramedic education. At the time of the 2010-2011 report, there was no hard data to indicate changes in content, etc. were needed. Modifications were made in anticipation of improvements as follows.

Instructional changes directly related to program outcomes #3 and #4 include implementation of an online interactive Advanced Cardiac Life Support (ACLS) tool. Review of the 2010 cohort indicated a possible weakness in cardiac assessment and treatment practice during clinical rotations, based mostly on anecdotal feedback from students. At the conclusion of clinical rotations for the 2011 cohort, assessment of the ACLS tool revealed that it did not yield the anticipated improvement in student competency in the areas covered by the tool; therefore, the tool will not be used by the 2012 cohort.

Another change directly related to program outcomes #3 and #4 included implementation of clinical readiness simulations and oral interviews, and field readiness simulations and oral interviews. These have been designed to identify strengths and weaknesses in students' preparedness for post-didactic learning. Program review has identified that students who had significant difficulty (not successful with 3 attempts) in these exercises ultimately were not successful in field internships. Based on this assessment, these readiness exercises have been implemented for the 2011 cohort, wherein successful completion within 3 attempts is now 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).

The primary textbook was changed for the 2011 cohort, secondary to recognition of the excessive redundancy of anatomy and physiology present in the textbook used for the 2010 cohort. Anatomy and physiology is a prerequisite course for admission into the program. The change in textbook was not due to outcomes assessment, but rather recognition of improved resource availability.

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. 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. 100% of students in the 2010 and 2011 cohorts met competencies. Evidence is stored in individual student files.

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 2011 cohort, 100% of students achieved ratings of "3" in all areas evaluated. The student is required to add self-reflection comments and add to the plan for improvement.

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 2011 cohort, 91% of students achieved ratings of "3" in all areas evaluated; the other 9% (2/22) did not

successfully complete the Program. 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.

2.d. Patient Care Report (PCR): Program Outcomes #1, 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 2011 cohort did not successfully complete the field internship phase, and so the success rate of the group using this tool was 91%.

2.e. Field Preceptor's Statement of Entry-Level Competency (FPSELC): Program Outcomes #1, 2, 3, 4, 5

The FPSELC 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 2011 cohort received this Statement.

2.f. Medical Director's Statement of Program Competency (MDSPC): Program Outcomes #1, 2, 3, 4, 5

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 students who successfully completed all other components of the Program, 100% received the Medical Director's Statement of Program Competency.

2.g. National Registry of Emergency Medical Technician – Paramedic (NREMT-P) Cognitive & Psychomotor Examinations: Program Outcomes #1, 4, 5

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 will not test until 2013. Pass rate on the NREMT Cognitive Exam (within 1 yr. of program completion) is 95% for 2010 program graduates, and 95% for 2011 graduates (as of this date.) One student from the 2010 cohort passed within 13 months of graduation after identifying a problem with test anxiety. There is one remaining student from the 2011 cohort yet to pass the cognitive exam before December 2012. The 2012 graduates will not take this exam before 2013.

2.h. Capstone Course (EMS 252) Cognitive & Psychomotor Final Examinations: Program Outcomes #1, 2, 4, 5

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 2010 and 2011 cohorts 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) in EMS 252 is the program's summative technical skill assessment. The cut score for the 2010 cohort was "competent" in all skills tested by the end of the testing day. The cut score for the 2011 cohort was "must pass as competent within 3 attempts" by the end of the testing day. All students in the 2010 cohort who advanced in the program to the capstone course passed the psychomotor final exam with a cut score of "competent" in all skills attempted. 21 of 22 students in the 2011 cohort that 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" (95%). One student failed one skill 3 times. However, within 30 minutes of the failure (before the student was even notified) the student's field preceptor contacted the Clinical Coordinator to notify the program that the student had failed the field internship. See Appendix 1 for very specific data, analysis, and plan of action, as well as rationale for the cut score used.

2.i. Program Graduate Surveys: Program Outcomes #1, 2, 3, 4, 5

This tool is used for program evaluation and evidence, by the graduate, that the program outcomes and competencies were met. See Appendix J (required annually for national accreditation.) 100% of both the 2010 and 2011 program cohorts 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.

2.j. Program Employer Surveys: Program Outcomes #1, 3, 5

This tool is used for program evaluation and evidence, from employers, that program graduates have met the program outcomes and competencies. See Appendix K (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 2010 cohort met or exceeded the cut score of "3" (using a 1-5 Likert Scale) in all evaluation areas. Surveys indicated satisfaction with the graduates and their expected paramedic knowledge.

3. Provide information about the results (i.e., what did you learn about how well students are meeting the outcomes)?

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.

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 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. **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.

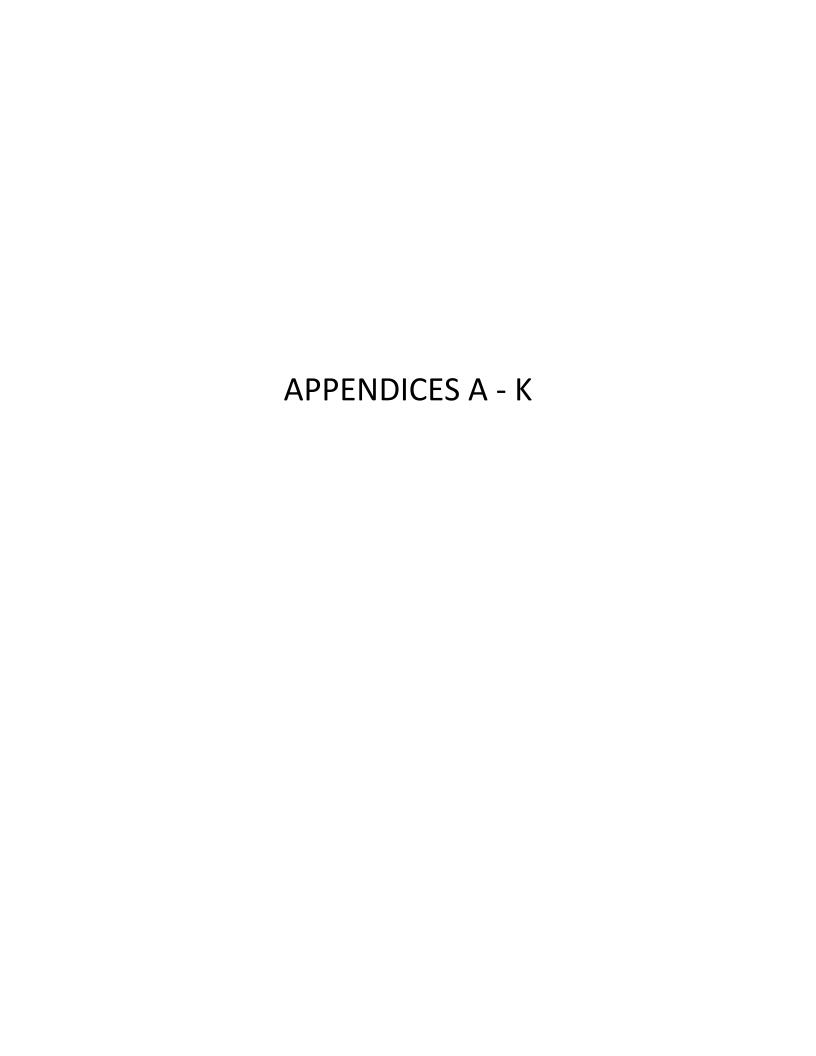
The curriculum is established by National Emergency Medical Services Education Standards for paramedics, and adherence to these standards is assured by national and state accreditation (in good standing) of the paramedic program. Materials reflect that which is most current, up-to-date, and available 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.

As indicated in response to item #4 above, we will explore ways to monitor results of field readiness simulation for future assessments. At this time we have not determined how this will be done.

A new tool available for the 2012 cohort is a mobile high-fidelity simulation unit (developed in partnership with PCC, OHSU/OIT and Washington County EMS). This is expected to further enhance students' readiness for clinical and field internships, resulting in improved 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 earlier this year, and initial results should be available for the 2012 annual report.



Appendix A

Portland Community College EMS Training Paramedic Program

GLOBAL AFFECTIVE PROFESSIONAL BEHAVIOR EVALUATION

| ntern | s Name: | | Course # | | | | | |
|---------|--|--|--|---|--|--|--|--|
| Date of | Evaluation: | Program | Year: | Class # | | | | |
| ivaluat | ion By: | | | | | | | |
| 1. | INTEGRITY | Competent () | Not yet com | petent () | | | | |
| | Examples of professional behavior inclu to be trusted with the property of other and accurate documentation of patient | rs; can be trusted with | n confidential i | | | | | |
| 2. | EMPATHY | Competent () | Not yet com | petent () | | | | |
| | Examples of professional behavior inclu others; responding appropriately to the demonstrating respect for others; demotoward those in need; being supportive | emotional response on calm, con | of patients and npassionate, a | I family members; | | | | |
| 3. | SELF-MOTIVATION | Competent () | Not yet com | petent () | | | | |
| | Example of professional behavior include assignments; taking initiative to improve through on tasks without constant superimprovement; consistently striving for eactivities; accepting constructive feedbard opportunities. | e and/or correct beha ervision; showing enth excellence in all aspec | vior; taking or Jusiasm for lea ts of patient ca | n and following arning and are and professional | | | | |
| 4. | APPEARANCE & PERSONAL HYGIENE | Competent () | Not yet comp | petent () | | | | |
| | Examples of professional behavior inclu appropriate, neat, clean and well maint | | | | | | | |
| 5. | SELF-CONFIDENCE | Competent () | Not yet comp | petent () | | | | |
| | Examples of professional behavior inclu trust personal judgment; demonstrating good personal judgment. | | | | | | | |
| 6. | COMMUNICATIONS | Competent () | Not yet com | petent () | | | | |
| | Examples of professional behavior inclu legibly; listening actively; adjusting com | | | | | | | |
| 7. | TIME MANAGEMENT | Competent () | Not yet com | petent () | | | | |
| | Examples of professional behavior inclu completing tasks and assignments on ti | | d to: Consister | nt punctuality; | | | | |
| 8. | TEAMWORK AND DIPLOMACY | Competent () | Not yet com | petent () | | | | |
| | Examples of professional behavior incluabove self interest; not undermining the showing respect for all team members; with others to resolve problems. | e team; helping and s | upporting other | er team members; | | | | |
| 9. | RESPECT | Competent () | Not yet com | petent () | | | | |
| | Examples of professional behavior incluusing derogatory or demeaning terms: | | | | | | | |

| 10. PATIENT ADVOCACY 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 () 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. |
|--|
| 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, |
| 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 <u>any</u> "not yet competent" ratings. When possible, use specific behaviors, |
| 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 <u>any</u> "not yet competent" ratings. When possible, use specific behaviors, |
| |
| |
| |
| |
| |
| Faculty (Instr/Preceptor) Signature |
| Student/Intern Signature |

Intern's Name: _____

Course #_____

Ref: US DOT 1999 EMT-Paramedic National Standard Curriculum

2 Global Affective/jc 07/01, 02/08, 2/11

Program Director Signature

Signature

_____ Program Medical Director



Appendix B: Daily Clinical Experience Log/Evaluation <u>Portland Community College Paramedic Program</u>

| Clinical Location: | Dept: |
|----------------------|-------|
| illilicai Locationi. | Dept. |



| (Note: Each vertical column re Patient Age | prese | nts or | те ра | uent. | Mark | as m | iany t | oxes | as ap | ріу іс | tnis p | batter | it ass | essm | ent/tre | eaime | ent.) | | Page | Of 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 Assessm | ents/ | Treat | ment | is | | | | | | | <u> </u> | | | <u> </u> | 1 | | 1 | | | Totals |
| Abd/GI/GU | | | | | | | | | | | | | | | | | | | | |
| Altered LOC | | | | | | | | | | | | | | | | | | | | |
| Chest Pain/Cardiac | | | | | | | | | | | | | | | | | | | | |
| Respiratory/SOB/Dypsnea | | | | | | | | | | | | | | | | | | | | |
| Syncope | | | | | | | | | | | | | | | | | | | | |
| Trauma-Pediatrics (0-17) | | | | | | | | | | | | | | | | | | | | |
| Trauma-Adult (18-64) | | | | | | | | | | | | | | | | | | | | |
| Trauma-Geriatric (> 64) | | | | | | | | | | | | | | | | | | | | |
| OB/Delivery | | | | | | | | | | | | | | | | | | | | |
| Psych/Behavioral | | | | | | | | | | | | | | | | | | | | |
| ECG & Lung Sounds | | - | | - | | | ! | - | | 1 | , | | | | ļ | - | ļ | 1 | | Totals |
| 3-lead Place/Identification | | | | | | | | | | | | | | | | | | | | |
| 12-lead Place/Identification | | | | | | | | | | | | | | | | | | | | |
| Lung Sounds - Normal | | | | | | | | | | | | | | | | | | | | |
| Lung Sounds - Abnormal | | | | | | | | | | | | | | | | | | | | |
| Skills Performance | | | | | | | | | | | | | | | | | | | | Totals |
| Oxygen/BLS Airway Adjuncts | | | | | | | | | | | | | | | | | | | | |
| BVM without intubation | | | | | | | | | | | | | | | | | | | | |
| IV/IO/Saline Lock | | | | | | | | | | | | | | | | | | | | |
| ET Intubation | | | | | | | | | | | | | | | | | | | | |
| Defib/Cardioversion/Pacing | | | | | | | | | | | | | | | | | | | | |
| Medication Administration | 1 | | | | | | | | | | | | | | | | | | | Totals |
| PO/SL/Nasal | | | | | | | | | | | | | | | | | | | | |
| IM/SQ Injections | | | | | | | | | | | | | | | | | | | | |
| HHN (Hand Held Nebulizer) | | | | | | | | | | | | | | | | | | | | |
| IVP/IVPB Drips | | | | | | | | | | | | | | | | | | | | |



Appendix B: Daily Clinical Experience Log/Evaluation <u>Portland Community College Paramedic Program</u>

| Clinical Location:Dept: |
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| E LLINI | 2 APP |
|---------|--------------|
| | C PEDUGATION |

| Date: | Intern Name: | Class | # 10 Signature: | |
|-------|--------------|-------|-----------------|--|
| | | | | |



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

| Clinical Location: | Dept: |
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| PARAMEDIC DEDUCATION |
| |
| COLLEGE |

| 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 |
|--|-------------------|--|
| ASSESSMENT/PATHOLOGIES | | |
| Assessment and Interventions | | |
| Assessment Interpretation | | |
| PSYCHOMOTOR SKILLS | | |
| Patient Management | | |
| Skills (IV, Meds, Defib., ET) Performance | | |
| Equipment Operation | | |
| Bandaging/Splinting/SMR | | |
| COMMUNICATION | | |
| Professionalism/Attitude | | |
| Rapport with Patient, Family, Staff | | |
| Documentation | | |
| <u>LEADERSHIP</u> | | |
| 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: | | |
| | | PCC Med. Dir. Review: |
| Emergencies/Questions/Information: Pohert I. | lictorino Program | Clinical Coordinator at: 503-964-1394 robert victorino@ncc edu |

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.

| EVALUATION FACTOR | RATING 1 | RATING 2 | RATING 3 |
|--|---|---|---|
| | ASSESSMENT | /PATHOLOGIES | |
| Assessment and Interventions | | | |
| Performs a primary assessment and intervenes as necessary | 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. |
| Asks appropriate questions, specific to patient chief complaint | 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. |
| Obtains patient history, medications and allergies | 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. |
| Performs pertinent physical exam | 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. |
| Assessment Interpretation | | | |
| Accurately identifies chief complaint | Unable to identify the patient's chief complaint without prompting. | Slow to identify chief complaint | Identifies chief complaint correctly and in a timely manner |
| Identifies level of distress | 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. |
| Interprets assessment information, correlates with pathophysiology | 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. |



| nical Performance StandardS unity College Paramedic Program | RAMEDICA S | |
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| Portland Community College Paramedic Program | | | | | | |
|---|---|--|---|--|--|--|
| EVALUATION FACTOR | RATING 1 | RATING 2 | RATING 3 | | | |
| Recognizes dysrhythmias | 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. | | | |
| Verbalizes local policy regarding hospital contact and transportation criteria | Inaccuratly 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. | | | |
| Verbalizes knowledge of pharmacology | Unfamiliar with drug therapy; lacks basic pharmacology knowledge. | Has knowledge but needs prompting to convey information. | Adequate knowledge of clinical pharmocology. | | | |
| | PSYCHOMO | TOR SKILLS | | | | |
| Patient Management | | | | | | |
| Verbalizes appropriate treatment plan and intervenes as necessary | 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. | | | |
| Obtains vital signs and interprets results 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. | | | |
| Skills Performance | | | | | | |
| Airway Control and Adjuncts (02 application, basic airway, BVM) | Airway Control and Adjuncts (02 application, basic airway, Frequently fails to assure adequate delivery of oxygen to patient. Fails to | | Consistently assures adequate delivery of oxygen to patient. Uses appropriate airway adjunct. Achieves or maintains patency of airway in a timely manner. | | | |
| Advanced airway (ET, Combitube) | 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. | | | |
| Suctioning | 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. | | | |

Appendix C - Clinical Performance Standards Portland Community College Paramedic Program

| EVALUATION FACTOR | RATING 1 | RATING 2 | RATING 3 |
|---|---|---|--|
| IV Access | 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. |
| CPR | Requires instruction and prompting when performing skill. | Able to perform skill with minimal instruction. | Able to perform skill without instruction or prompting (competent). |
| Valsalva | Requires instruction and prompting when performing skill. | Able to perform skill with minimal instruction. | Able to perform skill without instruction or prompting (competent). |
| Medication Administration | 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. |
| Defibrillation/ Cardioversion | 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. |
| Equipment Operation | Equipment Operation Frequently fails to use equipment in a safe manner. | | Consistently demonstrates the ability to use all equipment correctly. |
| Bandaging/ Splinting/ Spinal Immobilization | Splinting/ Causing potential narm to patient. Sometimes fails to initiate any | | Recognizes need for intervention. Completes task appropriately. |
| | COMMUI | NICATION | |
| Professionalism and Attitude 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. |
| Rapport with Patient, Family, S | taff | 1 | |
| Working Relationships with Team Members | Frequently fails to function as a member of the patient care learn. | Inconsistently functions as a member of the patient care team. | Consistently functions as a member of the patient care team. |

Appendix C - Clinical Performance Standards

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|----|------------|--------------|------------------|----------|
| | Portland (| Community Co | ollege Paramedic | Program |

| EVALUATION FACTOR | RATING 1 | RATING 2 | RATING 3 |
|---|---|--|---|
| Working Relationship with Patient/Family | 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. |
| Documentation | Frequently fails to complete patient care reports in an accurate, thorough and/or legible manner. | | Consistently completes patient care reports in an accurate, thorough and legible manner. |
| | LEADI | ERSHIP | |
| Initiative, Participation | Frequently needs to be coaxed into participating. Uses clinical time poorly. | Hesitates to initate experiences but when prompted participates fully. | Actively seeks out learning experiences. Consistently participates in appropriate learning situations when asked. |
| Feedback and Guidance | 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. |
| Attendance and Appearance | 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

| | Appen | aix D | PCC PARAMI | EDIC FIE | וו עב | NIERI | иЭпп | PUAIL | -Y PE | RFUI | VIVIAINI | JE REGU | Kυ | | | |
|----------------------------------|--------------------|--------------------------|---|-----------------|------------|---------------------|--------|----------------------|------------|---------------------|----------|-----------------|------------------|----------|--------------|----|
| | | | | | | | | OGRAN mm u | | Colle | ene | 2011 | INTERNING | AGENCY:_ | | |
| INTERN | | | DATE | | FC | л наг | iu cc | ,,,,,,,, | ariity | Cone | -ye | 2011 | | | Station #: | |
| SHIFT # | ons are to be comp | TIME IN: leted by the in | OUT: otern. Each run must be rated b | v the intern ar | | | PTOR (| (1): | | | | | PRECEPTOR | R (2): | | |
| preceptors in each ca | ategory. Comments | regarding rur | ns should be made in comments | s area provide | d. | F | RATIN | NG: 1 = | Fails | to Pe | rform | 2 = Bord | derline / Incons | sistent | 3 = Competer | nt |
| Patient Informa Age/chief Com | | (note "FCC" provided | Treatment Rendered Skills performed means <u>FULL CONTINUUM OF</u> I by paramedic intern: scene/ini sment through hospital turnover | itial | nt ict | Scene Management | × | Communication | Leadership | Treatment Skills | | | | MENTS | , | |
| 1. | | | | | 1 | | | | | | | | | | | |
| | | | | | Р | 1 | | 1 | | | | | | | | |
| 2. | | | | | ı | | | | | | | | | | | |
| | | | | | Р | 1 | | 1 | | | | | | | | |
| 3. | | | | | ı | | | | | | | | | | | |
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| 4. | | | | | ı | | | | | | | | | | | |
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| 5. | | | | | ı | | | | | | | | | | | |
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| 6. | | | | | ı | | | | | | | | | | | |
| | | | | | P | + | | 1 | | | | | | | | |
| 7. | | | | | 1 | | | | | | | | | | | |
| | | | | | Р | 1 | | 1 | | | | | | | | |
| OVE | ERALL DA | ILY PE | RFORMANCE R | ATINGS | S → | | | | | | Drills/[| Demonstratio | ons: | | | |
| Preceptor mu | st provide a | written su | ımmary of today's pe | erformand | e: | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Plan for impro | ovement: | | | | | | | | | | | | | | | |
| Tian for impre | y om one. | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Intern's action | n for improve | ment: | | | | | | | | | | | | | | |
| PRECEPTOR SI | | | CER | RT. # | | | | PRECE | EPTOR | SIGNA | ATURE | | | CERT.# | | - |
| INTERN SIGNAT | TURE | | | | | | | PCC S | TAFF S | SIGNAT | URE | | | | | |
| IINTEKIN SIGNATURE | | | | PCC 3 | IAFF | SIGNAI | UKE | | | | | | | | | |

PCC 2008/jc

PCC PARAMEDIC FIELD INTERNSHIP DAILY PERFORMANCE RECORD INTERNING AGENCY:_ DATE Station #: INTERN PARAMEDIC PROGRAM - Portland Community College TIME PRECEPTOR (1): PRECEPTOR (2): SHIFT# OUT: 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: **1**= Fails to Perform **2** = Borderline / Inconsistent 3 = Competent Treatment Skills Patient Assessment/Tx. Communication Contact Patient Information status Treatment Rendered Leadership Age / Chief Complaint Skills performed (FCC = Full continuum of care) **COMMENTS** √FCC 10. 11. 13. 14. 15. 16. 17. 18.

PCC 2008/jc PAGE 2 OF 2

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19.

20.

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 <u>expected to utilize these standards</u> 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 | | | | | | |
|---------------------------|--|--|---|--|--|--|--|--|--|
| | SCENE MANAGEMENT | | | | | | | | |
| Safety & Work Environment | 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. | | | | | | |
| Universal Precautions | Frequently fails to use appropriate universal precautions, personal protective equipment or care for equipment appropriately. | Inconsistently uses universal precautions and personal protective equipment or cleans equipment inappropriately. | Consistently uses universal precautions and wears appropriate personal protective equipment specific for patient condition. Cleans equipment in accordance with provider policy/procedures. | | | | | | |
| Crowd Control | 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. | | | | | | |
| | PATIENT AS | SSESSMENT | | | | | | | |
| Physical Examination | 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 through and systematic. | Consistently performs a thorough exam with appropriate inquiry and inspection pertinent to the patient's chief complaint. Findings are accurate. | | | | | | |
| Assessment Interpretation | Frequently fails to determine a working diagnosis, or substantially misinterprets the patient's problem. Cannot formulate a working diagnosis for treatment. | Inconsistently or slowly determines a working diagnosis or substantially misinterprets the patient's problem. | Consistently interprets and correlates assessment information correctly. | | | | | | |
| Chest Auscultation | 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. | | | | | | |
| Cardiac Rhythms | 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. | | | | | | |
| Patient Management | 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. | | | | | | |

| EVALUATION FACTOR | RATING 1 | RATING 2 | RATING 3 |
|---|---|---|--|
| | PATIENT ASSE | SSMENT (Con't) | |
| Additional Assistance & Equipment | 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. |
| Primary Assessment & Intervention | 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. |
| Patient Response to Therapy | Frequently fails to assess patient response to therapy/interventions. | Inconsistently assesses patient response to therapy/interventions. | Consistently assesses patient response to therapy/interventions. |
| | INTERPERSONAL SKILLS - | Communication & Leadership | |
| Rapport with Patient, Family & Bystanders | 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. |
| Communication with Team Members | Frequently fails to report pertinent information to team members. | Inconsistently reports pertinent information to team members. | Consistently communicates all pertinent information to team members. |
| Radio Reports | Frequently fails to recognize the need to utilize medical control. | Inconsistently utilizes and recognizes medical control. Reports are disorganized and incomplete. | Consistently utilizes medical control appropriately. Reports are organized and complete. |
| Documentation | 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. |
| Working Relationships with Team Members | Frequently fails to function as a member of the patient care learn. | Inconsistently functions as a member of the patient care team. | Consistently functions as a member of the patient care team. |
| Leadership | Frequently fails to assume leadership role. Does not direct team members appropriately. | Inconsistently assumes leadership role and direction of team members. | Consistently assumes leadership role and directs team members appropriately. |
| Professionalism | Frequently exhibits unprofessional conduct. Is rude, abrupt, out of uniform and or uses inappropriate language. | Inconsistently exhibits a professional demeanor. | Consistently exhibits a professional demeanor. |
| Openness to Feedback and Guidance | 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. |

| EVALUATION FACTOR | RATING 1 | RATING 2 | RATING 3 |
|-------------------------------------|---|--|---|
| | TREATME | NT SKILLS | |
| Inventory Maintenance | 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. |
| Equipment Operation | 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. |
| Airway Management/Oxygen Therapy | 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. |
| Advanced Airway Skills | 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. |
| Pleural Decompression | 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. |
| Defibrillation/Cardioversion | 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. |
| Intravenous Access | 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. |
| Pneumatic Anti-Shock Garment | Frequently fails to perform procedure in a systematic and timely manner. | Inconsistently performs procedure in a systematic and timely manner. | Consistently performs procedure in a timely and competent manner. |
| Bandaging/Splinting | Frequently fails to apply appropriate and adequate bandages/splints in a systematic and timely manner. '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. |

| EVALUATION FACTOR RATING 1 | | RATING 2 | RATING 3 | | | | | | |
|---------------------------------|---|---|---|--|--|--|--|--|--|
| | TREATMENT SKILLS (Con't) | | | | | | | | |
| Extrication/Patient Positioning | 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. | | | | | | |
| Spinal Immobilization | Frequently fails to initiate spinal immobilization when indicated. Does not know complete or correct procedure. | Inconsistently initiates spinal immobilization when indicated. Knows complete and correct procedure but sometimes needs direction. | Consistently uses spinal immobilization when indicated and appropriate. Uses complete and correct procedure. | | | | | | |
| Drug Administration | 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. | | | | | | |
| Drug Knowledge | Inadequate knowledge of indications, contraindications, adverse effects and dosages of drug therapy. | Inconsistent knowledge of indications, contraindications, adverse effects and dosages of drug therapy. | Consistent knowledge of indications. Contraindication, adverse effects and dosages of drug therapy. | | | | | | |

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

Medical Consult

OTHER

Appendix F PREHOSPITAL CARE REPORT ____Yes ____No

TRA

| AUMA | MEDICAL | CARDIAC | RESPIRATORY | |
|------|---------|--------------|-------------|----------|
| | (CIRCI | LE ONE ONLY) | | RUN DATE |

| STUDENT NAME/SIG | <u>GNATURE</u> | (Required) | | INTERNSHIP SITE | | | |
|--|-------------------|---------------|-----------------------|--|--|--|--|
| PRECEPTOR NAME | / <u>SIGNATUI</u> | RE (Required) | | □ ALS W/INTERVENTION □ PIC WITH ALS □ PIC WITHOUT ALS TEAM LEAD (PIC) ROLE - MUST COMPLETE BOX BELOW □ ALS TL □ BLS TL □ PEDS TL □ AMA/DOA TL □ OTHER | | | |
| PRECEPTOR COMPLETES SHADED AREA EACH TIME YOU WOULD LIKE CREDIT FOR HAVING ACTED AS TEAM LEADER RATING: 1= Fails to Perform 2 = Needs Prompt/Not Competent 3 = Competent/Min. Prompting 4 = Good/No prompting 5 = Excellent/Entry-Level 1 | | | | | | | |
| CRITICAL (Severe/C | _ | | ate) LOWER ACUITY | | | | |
| PROCEDURES | Perform | Observe | FIRST IV LINE (Not | e how many attempts for each: 1/1, 1/3 & Y/I, N/I, Y/T, N/T) | | | |
| PT INTERVIEW | | | | | | | |
| PT EXAM | | | IV | INTERN TEAM SUCCESSFUL (Y/N & who) | | | |
| SAO ₂ / Capnogra | | | | | | | |
| O ₂ | | | Catheter Size _ | Site | | | |
| NC | | | Admin Set _ | Solution | | | |
| NRB | | | Drip Rate _ | Total Infused | | | |
| BVM | | | SECOND IV LINE | (NOT 2 nd attempt!) | | | |
| OPA/NPA | | | I | NTERN TEAM SUCCESSFUL | | | |
| V/S | | | IV _ | | | | |
| EKG (3-LEAD) | | | IO _ Catheter Size | Site | | | |
| EKG (12-LEAD) | | | Admin Set | Site Solution | | | |
| CPR | | | Drip Rate | Total Infused | | | |
| ETT | | | | | | | |
| KING/COMBI | | | ALS AIRWAY MG | | | | |
| SUCTION | | | ETT | INTERN TEAM SUCCESS (Y/N & WHO) | | | |
| CPAP | | | KING | | | | |
| CBG | | | CPAP _ | | | | |
| TEMP oral/rectal | | | COMBI _ | | | | |
| SPINAL MOTION | | | CRIC _ | | | | |
| RESTRICTION LIMB IMMOB | | | NOTES: (Size, Depth, | Secure, etc.): | | | |
| TRACTION SPLINT | | | | | | | |
| PELVIC SPLINT | | | | | | | |
| WOUND CARE | | | | NS (DO NOT include IV solutions here) | | | |
| CHEST DECOMP | | | MED | DOSE ROUTE TIME INTERN/TEAM | | | |
| CRIC AIRWAY | | | | | | | |
| RADIO REPORT | | | | | | | |
| TRAUMA ENTRY | | | | | | | |
| Hospital Report | | | | | | | |

| AIRWAY Patency MENTAL STATUS / GCS PUPILS SKIN SIGNS LUNG SOUNDS RESPIRATIONS PULSE RATE BLOOD PRESSURE EKG RHYTHM DC SHOCK OXYGEN Device/liters O2 SAT IV Solution/Rate/Amt CBG Medications Medicatio | TIME | | | |
|--|---------------------|------|------|------|
| PUPILS SKIN SIGNS LUNG SOUNDS RESPIRATIONS PULSE RATE BILOOD PRESSURE EKG RHYTHM DC SHOCK OXYGEN Device/fiters O2 SAT IV Solution/Rate/Ant CBG Medications CURRENT MEDICATIONS: PMHx ALLERGIES: SOAP: | AIRWAY Patency | | | |
| SKIN SIGNS LUNG SOUNDS RESPIRATIONS PULSE RATE BLOOD PRESSURE EKG RHYTHM DC SHOCK OXYGEN Device/liters O2 SAT IV Solution/Rate/Amt CBG Medications CURRENT MEDICATIONS: PMHX ALLERGIES: | MENTAL STATUS / GCS | | | |
| LUNG SOUNDS RESPIRATIONS PULSE RATE | PUPILS | | | |
| RESPIRATIONS PULSE RATE BLOOD PRESSURE EKG RHYTHM DC SHOCK OXYGEN Device/liters O ₂ SAT IV Solution/Rate/Amt CBG Medications CURRENT MEDICATIONS: PMHx ALLERGIES: | SKIN SIGNS | | | |
| RESPIRATIONS PULSE RATE BLOOD PRESSURE EKG RHYTHM DC SHOCK OXYGEN Device/liters O ₂ SAT IV Solution/Rate/Amt CBG Medications CURRENT MEDICATIONS: PMHx ALLERGIES: | LUNG SOUNDS | | | |
| PULSE RATE BLOOD PRESSURE BLOOD PRES | | | | |
| BLOOD PRESSURE EKG RHYTHM DC SHOCK OXYGEN Device/liters O, SAT IV Solution/Rate/Amt CBG Medications PMHX ALLERGIES: SOAP: | | | | |
| EKG RHYTHM DC SHOCK OXYGEN Device/liters O ₂ SAT IV Solution/Rate/Amt CBG Medications CURRENT MEDICATIONS: PMHx ALLERGIES: SOAP: | | | | |
| DC SHOCK OXYGEN Device/liters O₂ SAT IV Solution/Rate/Amt CBG Medications CURRENT MEDICATIONS: PMHX ALLERGIES: | | | | |
| OXYGEN Device/liters O ₂ SAT IV Solution/Rate/Amt CBG Medications CURRENT MEDICATIONS: PMHx ALLERGIES: SOAP: | | | | |
| O2 SAT IV SOULITIONS COURTENT MEDICATIONS: CURRENT MEDICATIONS: CHARLERGIES: SOAP: | | | | |
| IV Solution/Rate/Amt CBG Medications CURRENT MEDICATIONS: PMHx ALLERGIES: SOAP: | | | | |
| CURRENT MEDICATIONS: CURRENT MEDICATIONS: PMHX ALLERGIES: NKC SOAP: | | | | |
| Medications CURRENT MEDICATIONS: PMHx ALLERGIES: SOAP: | | | | |
| CURRENT MEDICATIONS: PMHX ALLERGIES: SOAP: | | | | |
| PMHx ALLERGIES: NKC SOAP: | Wedications | | | |
| SOAP: | PMHx | | | |
| | ALLERGIES: | | | NKD/ |
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Appendix G FIELD PRECEPTOR'S STATEMENT OF ENTRY-LEVEL COMPETENCY

| Intern | : | Program Year: <u>2011</u> | | | | | | |
|---------|--|---|--|--|--|--|--|--|
| | OBSERVED THE ABOVE NAMED PARA IG AND SATISFY THE OBJECTIVES LISTE | MEDIC INTERN FUNCTION IN THE PRE-HOSPITAL (FIELD) D IN THIS DOCUMENT. | | | | | | |
| BASED | ON THESE OBSERVATIONS, HE/SHE HA | AS DEMONSTRATED TO MY SATISFACTION THAT HE/SHE: | | | | | | |
| 1. | POSSESSES THE ABILITY TO COMPREH REVELANT TO HIS/HER ROLE AS AN EI | HEND, APPLY, ANALYZE, AND EVALUATE INFORMATION NTRY-LEVEL PARAMEDIC. | | | | | | |
| 2. | 2. POSSESSES TECHNICAL PROFICIENCY IN ALL SKILLS NECESSARY TO FULFILL THE ROLE OF ENTRY- LEVEL PARAMEDIC. | | | | | | | |
| 3. | 3. DISPLAYS THE PERSONAL BEHAVIORS AND ATTITUDES CONSISTENT WITH PROFESSIONAL AND EMPLOYER EXPECTATIONS FOR AN ENTRY-LEVEL PARAMEDIC. | | | | | | | |
| 4. | 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 OBJECT REQUIREMENTS. | CTIVES, SKILL REQUIREMENTS, AND FIELD COMPETENCY | | | | | | |
| News | f December (Driet) | A | | | | | | |
| Name o | f Preceptor (Print) | Agency | | | | | | |
| Signatu | re of Preceptor | Date | | | | | | |
| Signatu | re of Program Director | Date | | | | | | |
| Signatu | re of Medical Director | Review Date | | | | | | |



Appendix H MEDICAL DIRECTOR'S STATEMENT OF PROGRAM COMPETENCY

| Studer | nt/Intern: | Program Year: <u>2011</u> | |
|----------|--|---|----|
| ABOVE | | LE AND ALL COMPLETED/SIGNED DOCUMENTS OF T NDUCTED A FINAL PROGRAM EXIT INTERVIEW WITH | |
| INTER\ | , | ATION OF THE STUDENT/INTERN, AND FINAL EXIT | |
| 1. | POSSESSES THE ABILITY TO COMPREHEND RELEVANT TO HIS/HER ROLE AS AN ENTRY |), APPLY, ANALYZE, AND EVALUATE INFORMATION /-LEVEL PARAMEDIC. | |
| 2. | POSSESSES TECHNICAL PROFICIENCY IN THE ENTRY-LEVEL PARAMEDIC. | HE SKILLS NECESSARY TO FULFILL HIS/HER ROLE AS | AN |
| 3. | DISPLAYS THE PERSONAL AND EMPLOYER | R EXPECTATIONS FOR AN ENTRY-LEVEL PARAMEDIC | • |
| 4. | | HE KNOWLEDGE, TECHNICAL SKILLS, AND PERSONA F AN ENTRY-LEVEL PARAMEDIC AS NEEDED TO R INTERFACILITY CARE. | .L |
| 5. | • | IE PORTLAND COMMUNITY COLLEGE PARAMEDIC LE FOR GRADUATION FROM THE PROGRAM. | |
| | | | |
| Signatur | re of Program Medical Director | Date | |

Appendix I - PERFORMANCE DATA EMS-252 PRACTICAL FINAL

| Technical Skill Assessed | 2010 n=20 | 2010 c=19 | 2011 n=22 | 2011 c=20 |
|-----------------------------------|--|--|--|--|
| Adult Endotracheal Intubation | 1 st time pass = 19 (95%) 2 nd time pass = 1 (5%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 20 (91%) 2 nd time pass = 2 (9%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 20 |
| CombiTube | 1 st time pass = 20 (100%) 2 nd time pass = 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 22 (100%) 2 nd time pass = 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 20 |
| Pediatric Endotracheal Intubation | 1 st time pass = 18 (90%) 2 nd time pass = 2 (10%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 20 (91%) 2 nd time pass = 2 (9%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 20 |
| Pediatric Intraosseous Placement | 1 st time pass = 16 (80%) 2 nd time pass = 3 (15%) 3 rd time pass = 1 (5%) | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 15 (68%) 2 nd time pass = 7 (32%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 20 |
| IV Placement & Medication Bolus | 1 st time pass = 15 (75%) 2 nd time pass = 5 (25%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 17 (77%) 2 nd time pass = 4 (18%) 3 rd time pass = 1 (5%) | Pass NREMT Practical w/in 1 yr of completion = 20 |
| Patient Assessment – Trauma | 1 st time pass = 19 (95%) 2 nd time pass = 1 (5%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 20 (91%) 2 nd time pass = 1 (5%) 3 rd time pass = 1 (5%) | Pass NREMT Practical w/in 1 yr of completion = 20 |
| Dynamic Cardiology | 1 st time pass = 17 (85%) 2 nd time pass = 3 (15%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 22 (100%) 2 nd time pass = 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 20 |
| Static Cardiology | 1 st time pass = 16 (75%) 2 nd time pass = 4 (20%) 3 rd time pass = 4 th time pass = 1 (5%) | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 7 (32%) 2 nd time pass =12 (54%) 3 rd time pass = 2 (9%) 4 th time fail = 1 (5%) | Pass NREMT Practical w/in 1 yr of completion = 20 |
| Oral Station | 1 st time pass = 15 (75%) 2 nd time pass = 5 (25%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 21 (95%) 2 nd time pass = 1 (5%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 20 |
| Shock | 1 st time pass = 20 (100%) 2 nd time pass = 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 22 (100%) 2 nd time pass = 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 20 |
| Seated Spinal | 1 st time pass = 20 (100%) 2 nd time pass = 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 19 (86%) 2 nd time pass = 2 (9%) 3 rd time pass = 1 (5%) | Pass NREMT Practical w/in 1 yr of completion = 20 |
| Supine Spinal | 1 st time pass = 19 (95%) 2 nd time pass = 1 (5%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 19 | 1 st time pass = 17 (77%) 2 nd time pass = 5 (28%) 3 rd time pass = | Pass NREMT Practical w/in 1 yr of completion = 20 |

Cut Score: Set by the program: 2010 = "Competent" by end of testing day. 2011 = "Must Pass within 3 attempts" by end of testing day.

Analysis: All of the students graduating from the program both years (2010 & 2011) passed the NREMT-P Practical Exam within 1 year of program completion. There is no trend or correlation between performance at the end of EMS-252 and successful performance on the NREMT practical exam. Student failure accounting for the difference in number of students testing in EMS-252 (n), and number of students completing the program (c) is secondary to failure during field rotations.

Action: No action necessary at this time. The program will continue to monitor exam results to determine trends and/or correlations.

Appendix J - GRADUATE SURVEY

PORTLAND COMMUNITY COLLEGE EMERGENCY MEDICAL SERVICES TRAINING PARAMEDIC PROGRAM

CoAEMSP Accreditation Program # 600374 (pending)

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 for our program. All data will be kept confidential and will be used for program evaluation purposes only.

| Job Titl Length | of employment at time of evaluation:years and | months. | | | (optional) aduation:_ | | s6ma | os12mos. |
|--------------------|--|-------------|--------|---------|--------------------------|--------|-------------|------------|
| | if different from that on the cover):ity/Credential Status (<i>check all that apply</i>): | | | | | | | |
| | · _ · · · · _ · · · · · · · | EMT-Param | nedic | | | | | |
| | | Other | | | | | | |
| LI Na | uiona Negista ed 🗀 State nea ised 🗀 🦠 | Otrio | | | | | | |
| indica partic | RUCTIONS: Consider each item separately and rates the extent to which you agree with each statemental area, please circle N/A. Ongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 | ent. Please | do not | skip ar | ny rating. | If you | do not | know about |
| | OWLEDGE BASE (Cognitive Domain) E PROGRAM: | | | | | | | |
| Α. | 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 | S. | 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 pre-hospital healthcare setting. | a | 5 | 4 | 3 | 2 | 1 | N/A |
| Com | iments: | | | | | | | |

Revised: 02/00; 07/01; 12/08

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

| | NICAL PROFICIENCY (Psychomotor Domain) 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 | |
| Н. | 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 (EKG interpretation, glucometer, etc.) | 5 | 4 | 3 | 2 | 1 | N/A | |
| Com | ments: | | | | | | | _ |
| | HAVIORAL SKILLS (Affective Domain) PROGRAM: 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 |
| Μ. | Taught me to manage my time efficiently while functioning in a prehospital healthcare setting. | | 5 | 4 | 3 | 2 | 1 | N/A |
| Comr | nents: | | | | | | | |
| . GE | NERAL INFORMATION (Check yes or no) | | | | | | | |
| A. B. C. □ | I have actively pursued attaining an Oregon State paramedic licer I am a member of a state or local Paramedic/EMS association. I am a member of a national Paramedic/EMS association. | ise. | _ \ _ \ | | | □ N □ N YES | | |
| Д . D. | I actively participate in continuing education activities. | | | /ES | | □ N | 10 | |

Revised: 02/00; 07/01; 12/08

| Comments: | | | | |
|--|-------------------------------|----------------------|----------------------|--------------|
| V. ADDITIONAL COMME | NTS | | | |
| OVERALL RATING: Please rate and comment on the OVE | ERALL quality of your prepara | ion as a paramedic: | | |
| 5 = Excellent Comments: | 4 = Very Good | 3 = Good | 2 = Fair | 1 = Poor |
| Based on your work experier | nce, please identify two o | three strengths of | the program? | |
| | | | | |
| Based on your work experier | nce, please make two or t | hree suggestions to | further strengthen | the program? |
| | | | | |
| What qualities/skills were ex | pected of you upon emplo | byment that were no | ot included in the p | or ogram? |
| | | | | |
| Please provide comments and | d suggestions that would | help to better prepa | re future graduate | |
| | | | | |
| Thank You! | | Date: | | |

Appendix K - EMPLOYER SURVEY

PORTLAND COMMUNITY COLLEGE

EMERGENCY MEDICAL SERVICES TRAINING PARAMEDIC PROGRAM

CoAEMSP Accreditation Program # _____

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.

| | GROUND INFORMAT of Graduate: | TON: | | | | | | | |
|------------------|--|---|---------------|----------|----------|----------|--------|----------|---------|
| Length Name (| of employment at time of the confidence of the c | of evaluation:the cover): | | and | | | mon | ths. | |
| | lity/Credential Status (<i>ch</i> | | | _ | | | | | |
| _ | MT-Basic | ☐ EMT-Intermediate | | | /IT-Para | | | | |
| ∐ Na | ational Registered | ☐ State certified | | Цο | ther | | | | |
| indica partic | ates the extent to which cular area, please circle | each item separately and rai you agree with each stateme N/A. Agree 3 = Neutral (acceptable) | nt. Please do | not skip | any ra | ting. If | you do | not know | about a |
| | IOWLEDGE BASE E GRADUATE: | (Cognitive Domain) | | | | | | | |
| Α. | Has the EMS knowledon in a pre-hospital health | ge necessary to function ncare setting. | | 5 | 4 | 3 | 2 | 1 | N/A |
| B. | Has the general medica function in a pre-hospit | al knowledge necessary to all healthcare setting. | | 5 | 4 | 3 | 2 | 1 | N/A |
| C. | Is able to collect data f | rom patients and bystanders. | | | 5 | 4 | 3 | 2 | 1 |
| | | | | | | | | | N/A |
| D. | Is able to interpret pati | ent data. | | 5 | 4 | 3 | 2 | 1 | N/A |
| E. | Is able to recommend a therapeutic procedures. | appropriate diagnostic and | | 5 | 4 | 3 | 2 | 1 | N/A |
| F. | Uses sound judgment v pre-hospital healthcare | = | | 5 | 4 | 3 | 2 | 1 | N/A |
| Com | nments: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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)

| _ | — | | | | |
|---|----|--------------|----------------------|-----|-----|
| | нь | CR. | ΔΝ | ΙΙΔ | TE: |
| | | \mathbf{v} | $\neg oldsymbol{ u}$ | ᇄ | |

| 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 |
| 1. | 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 (EKG 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: | | | | | |
|--|----------------------------|---------------------|---------------------------|-------------|---|
| | | | | | _ |
| IV. ADDITIONAL COMME | ENTS | | | | |
| OVERALL RATING: Please rate and comment on the OVE | RALL quality of this progr | am's graduate: | | | |
| 5 = Excellent Comments: | 4 = Very Good | 3 = Good | 2 = Fair | 1 = Poor | |
| | | | | | |
| What qualities or skills did you exp | ect of the graduate upon o | employment that he | she <u>did not</u> posses | s (if any)? | |
| | | | | | |
| | | | | | |
| Please provide comments and sugge | stions that would help thi | s program to better | prepare future gr | aduates. | |
| | | | | | |
| | | | | | |
| What are strengths of the graduate | s) of this program? | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Rater Signatui | | Date | | Title | |
| Is the above rater the graduate' | s immediate supervisor | r? Check resp | onse:θ YES | θ ΝΟ | |

Thank You!