

EMS SPONSOR HOSPITAL POLICY **PRECEPTING PARAMEDIC EVALUATION CRITERIA**

Purpose:

To provide uniform, objective minimum criteria for preceptors to evaluate precepting paramedics.

Scope:

All sponsored paramedic preceptors and precepting paramedics

Policy:

- For each patient interaction, the paramedic preceptor will rate the precepting paramedic on, at a minimum, each of the below listed criteria for evaluation (when applicable). Sponsored agencies may add additional evaluation criteria if desired. Criteria may be evaluated through a variety of FTO/Training processes as long as the below specific definitions for performance are included and ‘meets standard’ performance is achieved.
- Evaluation results are to be documented on a per-call basis
- An element will be rated as **“below standard”** if **any** of the listed “below standard” criteria are true. Any score of “below standard” must be accompanied by a written description of the behavior resulting in the rating.
- An element will be rated as **“needs improvement”** if **all** “below standard” criteria are false **but not all** “meets standard” criteria are fully met. Any score of “needs improvement” must be accompanied by a written description of the behavior resulting in the rating.
- An element will be rated as **“meets standard”** if **all** “below standard” criteria are false **and all** “meets standard” criteria are true.
- An element will be rated as **“superior”** if **no** “below standard” criteria are true, **all** “meets standard” criteria are true and **at least one** “superior” criterion is true. Any score of “superior” should be accompanied by a written description of the behavior resulting in the rating.
- Agencies may choose to use a numeric range to rate varying levels of performance/progress. If a numeric scoring range (e.g. 1-5, 1-7, etc.) is utilized, it should be well defined and preceptors should receive instruction on its application.

Criteria for Evaluation:

ATTITUDE / RELATIONSHIPS

Professionalism: Evaluates preceptee's general work ethic, appearance, self-restraint and motivation toward self-improvement.

Below standard: The preceptee displays disrespect toward others, poor work ethic. Attire or personal grooming appears unkempt. Patronizes or is antagonistic towards supervisors, preceptor or peers. Is insubordinate, argumentative or sarcastic.

Meets standard: The preceptee arrives on time for all shifts and assures necessary equipment is present, clean and in working order. The preceptee is polite and friendly toward peers, preceptor, bystanders, the patient and other providers at all times.

Superior: The preceptee maintains a calm demeanor throughout especially difficult interactions with responders, other healthcare providers, the family and/or patient. He or she independently researches additional information on clinical conditions encountered or which he or she has questions regarding. Respects and actively supports superiors and preceptor in their roles and decisions. Peer group leader. Actively assists and/or teaches others.

Patient-Centric Care and Rapport: Evaluates provider's ability to establish rapport and focus his or her behavior and interventions on the needs of the patient and family.

Below standard: The preceptee makes care decisions based on self-interest or prejudicial views. Fails to communicate effectively due to either inappropriate communications (abrupt, belligerent, arrogant, etc.) or inadequate communication with patient or family.

Meets standard: The preceptee demonstrates empathy for the patient and provides relief from pain and other distressing symptoms. He or she explains findings and the treatment plan to the patient and confirms the patient's understanding and consent for procedures. The preceptee appropriately considers risks/benefits to the patient of treatment options prior to administering care.

Superior: The preceptee provides education and/or options to the patient and/or family members on how to navigate the healthcare system. He or she actively collaborates and engages with healthcare providers in other disciplines to advocate for the care/best interests of the patient. The preceptee integrates the psychological and spiritual aspects of patient care into their patient interaction.

Acceptance of Feedback: Evaluates the way a preceptee accepts preceptor criticism and how that feedback is used to further the learning process and improve performance.

Below standard: The preceptee rationalizes mistakes, denies that errors were made, is argumentative or does not attempt to make corrections. He or she considers constructive feedback as a personal attack.

Meets standard: The preceptee accepts constructive feedback in a positive manner and applies it to improve performance and further learning.

Superior: The preceptee actively solicits constructive feedback in order to further learning and improve performance. He or she does not argue or blame others for errors. He or she displays comfort in defending decisions without seeming condescending, challenged or irritated.

LEADERSHIP

Scene Safety: Evaluates the ability of the preceptee to avoid injury to self and other responders

Below standard: The preceptee creates or allows unsafe situation for self or others.

Meets standard: The preceptee recognizes all readily apparent hazards or potential hazards. The preceptee takes appropriate action to avoid or mitigate same. He or she remains alert for unseen hazards and maintains awareness of egress/escape routes.

Superior: The preceptee takes proactive measures to mitigate the potential impact of easily overlooked or uncommon hazards.

Scene Control: Evaluates the preceptee's situational awareness and ability to direct the EMS activities of others

Below standard: The preceptee does not establish self as the lead medical provider on scene. He or she loses awareness of other responders' actions.

Meets standard: The preceptee adequately controls scene and extrication of patient. He or she establishes appropriate rapport with on scene responders, EMS personnel and patient's family. He or she keeps family and caregivers informed of care plan. He or she assigns roles to other responders and maintains awareness of their actions, assuring such actions are appropriate for the patient.

Superior: The preceptee establishes a rapport with the family under challenging circumstances. He or she maintains control of a highly complex or stressful scene. The preceptee monitors performance of other responders and provides directed feedback to improve performance.

Delegation: Evaluates the preceptee's ability to effectively utilize available resources

Below standard: The preceptee fails to utilize other responders and crewmembers when appropriate such that patient care could be delayed or otherwise suffer.

Meets standard: The preceptee delegates tasks to other responders and crewmembers in a timely and appropriate manner so as to facilitate patient care and associated objectives.

Superior: The preceptee engages reluctant on-scene providers to effectively contribute to patient care. He or she monitors and redirects providers in delegated tasks to achieve heightened efficiency. The preceptee selects providers for delegated tasks based on observation and knowledge of their individual strengths.

CLINICAL ASSESSMENT AND DECISION MAKING

Initial Patient Assessment: Evaluates the preceptee's ability to quickly make a "sick / not sick" assessment and identify life threats.

Below standard: The preceptee delays performing an initial patient assessment (except for reasonable safety concerns) to an extent that immediate life threats would not have been recognized within an appropriate timeframe or overall patient care suffers due to the delay.

Meets standard: The preceptee immediately recognizes life threatening issues. He or she correctly discriminates between severe (or potentially severe) illness/injury from low acuity conditions early in the assessment.

Superior: The preceptee quickly identifies potential life-threats which may later develop and verbalizes and/or implements an action plan.

Clinical Impression: Evaluates the preceptee's ability to draw the appropriate conclusions regarding the patient's condition.

Below standard: The preceptee fails to consider and assess for clinical conditions in his or her differential diagnosis which should reasonably be considered (given the patient's complaints/presentation) and which could present a risk of death or disability if untreated/unrecognized.

Meets standard: The preceptee is able to form an appropriate differential diagnosis inclusive of all serious conditions which should reasonably be considered given the patient's complaints, presentation and diagnostic information. He or she performs appropriate investigations and medical decision-making to stratify the differential diagnosis and identify the primary clinical impression(s) of concern.

Superior: The preceptee recognizes vague or easily miss-interpreted symptoms of conditions warranting ALS care. He or she correctly forms a clinical impression for a condition outside those which a paramedic is expected to be familiar with.

BLS Clinical Care: Evaluates the preceptee's competence with essential BLS interventions

Below standard: The preceptee fails to address or consider necessary BLS interventions before beginning ALS interventions. Through any BLS action (taken or intended) or inaction, the preceptee places the patient at risk of injury or clinical deterioration.

Meets standard: The preceptee performs or delegates all indicated BLS interventions appropriately and in a timely manner without prompting by the preceptor or others. He or she obtains a full set of vital signs at time of first patient contact and repeats at appropriate intervals.

Superior: The preceptee mentors and/or provides education to BLS providers at appropriate times and in an effective manner.

ALS Clinical Care: Evaluates the preceptee's ability to develop and implement an appropriate ALS level treatment plan.

Below standard: The preceptee fails to recognize (or unacceptably delays recognizing) the need for ALS interventions (or potential need for ALS interventions) during patient contact. He or she attempts to perform ALS intervention(s) not authorized by protocol and without direct physician orders. He or she performs ALS procedures without knowledge or regard for how they may benefit or harm the patient. Through any ALS action (taken or intended) or inaction, the preceptee places the patient at risk of injury or clinical deterioration.

Meets standard: The preceptee provides appropriate ALS level care to patients as indicated and is able to articulate intended benefit(s) to the patient from the intervention(s). Necessary care is provided prior to patient extrication when appropriate. ALS interventions are performed in a timely manner and the preceptee appropriately modifies the urgency/tempo of care based on patient acuity. He or she considers how planned ALS interventions may interact with patient medications, allergies or other diagnosed conditions. He or she is able to

explain the pathophysiology underlying the clinical condition and how interventions are intended to affect it. He or she manages scene time and transport priority appropriately based on patient condition and whether hospital interventions beyond the scope of EMS are urgently required.

Superior: The preceptee recognizes vague or easily miss-interpreted symptoms of conditions warranting ALS care and delivers ALS interventions appropriately.

Ongoing Assessment: Evaluates the preceptee's ability to perform ongoing patient assessment

Below standard: The preceptee fails to reassess patient after interventions expected to affect patient condition. He or she fails to constantly reassess the patient during transport to verify stability and lack of changes.

Meets standard: The preceptee performs more detailed assessment as time allows. He or she follows every intervention with a reassessment. He or she monitors vital signs every 5 minutes on ALS (or potentially unstable patients) and every 15 minutes on stable BLS patients. The preceptee modifies patient treatment relative to the reassessment findings.

Superior: The preceptee assesses for hard to recognize or unusual (but case appropriate) clinical conditions.

TASK/SKILL PERFORMANCE

Airway: Evaluates the preceptee's ability to manage a patient's airway and utilize advanced airway adjuncts.

Below standard: The preceptee does not assess and/or manage the patient's airway in a timely manner. The preceptee does not immediately recognize or take immediate action to correct an advanced airway through which the patient is not able to be ventilated. The preceptee requires prompting to utilize etCO₂ to confirm advanced airway placement. He or she performs an airway procedure in a manner potentially injurious to the patient (e.g. levering on teeth).

Meets standard: The preceptee assesses/manages the airway in a timely manner. He or she uses all appropriate airway adjuncts correctly and when indicated. The preceptee does not interrupt CPR nor does he or she interrupt ventilations for more than 20 seconds during airway management procedures. The preceptee sets up backup devices in anticipation of their use and manages difficult airways in accordance with the regional airway algorithm. He or she assesses both ETCO₂ reading and waveform to assess tube placement.

Superior: The preceptee recognizes indicators of a potentially difficult airway prior to airway management efforts. He or she recognizes indications for the potential for deterioration in the patient's airway status and implements proactive interventions or preparatory measures.

IV/IO: Evaluates the preceptee's ability to establish vascular access.

Below standard: The preceptee does not attempt IV or IO access when indicated and appropriate. Slow, disorganized or improper IV equipment setup and/or insertion. More than trace amount of blood allowed to escape from catheter. Creates needle-stick exposure risk by delay of failure to dispose of sharps in sharps box. Contaminates insertion site. Failure to establish IV access in two attempts with otherwise uncomplicated venous access. Failure to properly position patient or correctly landmark prior to IO insertion. Failure to use appropriate size IO needle.

Meets standard: The preceptee uses aseptic technique to establish patent IV access within the first two attempts (uncomplicated vasculature) or IO access in the first attempt. He or she selects the appropriate vein and catheter size. The preceptee securely connects tubing and tapes it in place. He or she administers IV fluid at the correct infusion rate and monitors the flow regularly. The preceptee disposes of sharps in the sharps box immediately. He or she is able to landmark both humeral and tibial IO insertion sites.

Superior: The preceptee establishes IV in setting of difficult environment or poor veins. He or she considers the impact of IV site selection for patient comfort and ongoing IV patency.

Pharmacology: Evaluates the preceptee's knowledge of pharmacology and ability to incorporate knowledge into practice and administer medications appropriately.

Below standard: The preceptee administers or intends to administer a medication when not indicated, contraindicated, via the wrong route, at the wrong dose or rate as specified by the Connecticut State EMS patient care protocols.

Meets standard: The preceptee has basic pharmacological knowledge of all drugs carried under Connecticut State EMS patient care protocols. This knowledge should include indications, contraindications, side effects, dosages and routes. He or she is able to calculate and administer correct medication dosages without assistance. Preceptee confirms with a second provider (if available) he or she has the correct medication/dose prior to administration.

Superior: The preceptee demonstrates advanced pharmacologic knowledge including off-label uses and how the drugs work on the cellular level. He or she displays a thorough understanding of most patient drugs encountered including signs / symptoms of overdose on said medications. The preceptee actively researches the latest literature on emergency medications without prompting.

ECG and 12 Lead ECG: Evaluates the preceptee's ability to appropriately acquire and interpret both ECG rhythms and 12 lead ECGs

Below standard: The preceptee does not assess the ECG as indicated by patient presentation and/or complaint. The preceptee does not recognize the need to acquire a 12-lead, places ECG leads incorrectly or delays acquiring a 12-lead ECG in a case of suspected cardiac event (cardiac event 12-lead should be done at bedside if possible or within 10 minutes of patient contact). He or she does not recognize and/or transmit a 12 lead ECG which meets STEMI criteria.

Meets standard: The preceptee correctly identifies all ECG rhythms referenced in the Connecticut State EMS patient care protocols. He or she is able to verbalize the cardiac site from which the impulse originates in each rhythm. The preceptee recognizes indicators for obtaining a 12-lead ECG. He or she places electrodes in proper anatomic locations, ensuring good skin contact and adhesion. He or she acquires serial ECGs and recognizes dynamic changes. The preceptee recognizes and localizes STEMI ECG findings. He or she is able to readily identify and distinguish between RBBB, LBBB and ventricularly paced rhythms and can verbalize understanding of how each affects STEMI recognition. The preceptee identifies the indications for and initiates right-sided 12 lead ECG when appropriate. Preceptee is able to recognize the ECG manifestations of hyperkalemia in correlation with predisposing clinical presentations.

Superior: The preceptee correctly identifies rhythms outside the scope of the patient care protocols and is able to articulate the implications for patient care. The preceptee applies an understanding of Modified Sgarbossa's criteria in screening for STEMI. He or she is able to readily identify STEMI imposters including pericarditis, LVH and benign early repolarization. He or she identifies the indications for and initiates posterior 12-lead ECG when appropriate.

COMMUNICATION

Verbal Reports: Evaluates the preceptee's ability to effectively communicate key clinical information verbally (radio and face-to-face) to other healthcare providers.

Below standard: The preceptee does not communicate pertinent patient information needed for appropriate and safe care delivery.

Meets standard: The preceptee clearly and concisely delivers a verbal hand-off report that includes all necessary information. He or she communicates in a well-organized fashion and allows the receiving provider to develop an understanding of the general problem/patient condition at the start of the communication. The preceptee effectively emphasizes key elements of verbal report. In communication with Direct Medical Oversight, he or she clearly conveys the nature of the problem and specific request, question or reason for calling early on.

Superior: The preceptee prompts reflective / closed-loop communication from receiving providers to assure effective communication of critical information. He or she regularly utilizes the ISBAR format in his or her communications.

Written/Electronic Reports: Evaluates the preceptee's ability to effectively communicate clinical information to other healthcare providers through written/electronic documentation.

Below standard: The preceptee leaves out of the written report important details or does not accurately portray the patient presentation, complaint, interventions, vital signs, etc. He or she uses slang, non-medical terminology or non-standard abbreviations.

Meets standard: The preceptee accurately documents all necessary details including but not limited to times, patient information, history, assessment findings, vital signs, 12 lead interpretation, interventions and any response to interventions/changes. Indications for administering or withholding all treatments are evident in the documentation. He or she accurately enters all data elements such as all vital signs, interventions and clinical impressions in appropriate data fields. The continuous, complete ECG/monitor data is uploaded into the EMS record. The preceptee leaves a paper copy of the patient care report and/or 12 lead ECG with hospital providers in medical/trauma alert cases when logistically possible. He or she completes additional mandatory reporting (e.g. child/elder abuse) without prompting.

Superior: The preceptee uses exceptional detail regarding presentation or complaint. Wounds or procedures are described with precise, anatomic detail. Data fields and narrative are used in a complementary fashion to provide a detailed clinical picture without redundancy or duplication. Medical decision making is explicitly and clearly explained.