**DAILY OBSERVATION REPORT (DOR) INSTRUCTIONS & GRADING SCALE**

The FTO should use this form to review the completed DOR with the intern every shift. This will assist the intern in identifying their strengths and weaknesses so that the intern may progress towards successful completion of the ALS Internship

**Daily Call Summary**

 The intern shall record the total number of patient encounters for the day. Those include the following dispositions: treated and transported, refuse care and/ or transport, treated and transferred care, and termination of resuscitation.

**Competency Rating**

Use the scoring rubric shown on the following pages to guide your completion of the Field Internship Daily Evaluation. These identified core competencies are expected of all Prince William County FRS providers every day, for every patient, and on every call.

In the rare instance that none of the items are observed for a competency, a score of “N.O.” to indicate Not Observed is recorded.

How to score:

* Each competency is measured by the WORST single performance of the day for that category. E.g. on incident 1 the worst performance was seen in professionalism, on incident 2 the worst performance was seen in knowledge of protocols.
* In the rare instance that none of the items are observed for a competency, a score of “N.O.” to indicate Not Observed is recorded.
* If the provider demonstrates all the criteria for Meets Minimum Expectations and none of the other levels, they shall be scored with a rating of 4. If the opportunity does not present itself for one of the specific bulleted items, such as drug administration, that item is not considered as missed or negative, but rather they shall be evaluated upon the items that they did perform.
* If a provider demonstrates a mixture of criteria across a competency on their single worst performance the rating shall be adjusted accordingly. For example, a provider may meet two on the “Does Not Meet Expectations (0)” criteria and a three on the “Meets Minimum Expectations (4)” criteria then they shall be scored as a 2 or 3. Likewise, if a provider is scored four from “Meet Minimum Expectations (4)” and some from “Exceeds Expectations (7)” they shall be scored as a 5 or 6. However, if they demonstrate even one criteria from the “Does Not Meet Expectations (4)” because they will not meet the minimum expectation.
* Given the diverse backgrounds and experience levels of interns, it is possible to exceed expectations (score of 7) on the first day of the internship.
* No variance, or allowances shall be given to a provider based upon the progression within their internship. There is no “grading on a curve” based on where you expect a provider’s skill level to be. They either meet our department’s expectations today or they do not. The “comments” sections may be used to mention if a provider has improved or not.
* If there is a question as to what is considered “timely” or “appropriate” the preceptor and provider shall refer to the relevant department standard operating procedure or protocol. Those same references should be stated in the comments section when describing the reason for rating score.

**Competency Comments**

Comments are required for each category. Use specific examples, including incident numbers. Explain in detail what the intern did to earn that rating. Specific performance(s) better than the overall assigned score may also be documented here. For Example, if the provider scored 3 (which is below minimum expectations) in the category of “history taking” due to the worst performance of the day, the preceptor should still mention if there was an excellent performance in the category of “history taking.” This allows for am ore comprehensive picture of the intern.

**Preceptor Comments and Notes –Page 2**

The preceptor must document a minimum of three specific strengths and three areas for improvement for each day. The intern must then record their training plan for the next working day to address areas for improvement as identified by the preceptor. The intern may also record any comments they have regarding the day’s performance or evaluation, or any other event that is significant to them.

If more space is required to document performance in a specific competency, you may make your notes here on the second page. Reference the category and name of the specific competency (e.g. Professionalism – Appearance) and again use specific and detailed examples.

Throughout this process there might be reasons to contact the internship coordinator. You may briefly document those concerns here.

**Signatures**

After reviewing the evaluation together, both the FTO and intern are to sign the form on page 2. Review of the evaluation should occur prior to the end of the shift and prior to leaving the shift.

**Copies**

The intern will save a copy of the Daily Evaluation in the intern packet, and a copy shall be forwarded by the FTO to the internship coordinator before the next shift.

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| **Professionalism** Core Competency | **1****Does not meet expectations** | **4****Meets minimum expectations** | **7****Exceeds expectations** |
| 1. Appearance | * Does not conform to grooming
* Does not conform to DFR policy 4.1.4 Uniformed Personnel Appearance and Grooming Standards
* Does not conform to uniform policy.
* Work uniform is soiled and/or unkempt.
 | * Grooming as outlined in DFR policy 4.1.4 Uniformed Personnel Appearance and Grooming Standards
* Conforms to Uniform policy
* Work shoes are black and clean.
 | * Meets all of Category 4.
* Shirt and pants are cleaned, pressed and without stains.
* Work shoes are shine.
 |
| 2. Attitude Towards EMS | * Does not follow mission statement of PWC FRS in all aspects of the job
* Displays disdain for EMS delivery systems.
* Shows no interest public involvement, continuing education, and community outreach.
 | * Applies the mission of the department in all aspects to job performance.
* Displays an active interest in the responsibilities of working in EMS as an aspect of their career.
* Displays good affective domain in relation to public involvement, continuing education, and community outreach.
 | * Meets all of Category 4.
* Applies the mission statement of the department in all aspects to his/her job performance and encourages others to do the same.
* Displays an active interest in the responsibilities of working in EMS as aspect of their career both on and off duty.
 |
| 3. Self-Initiated Study | * Does not appropriately utilize down time for study to increase knowledge.
* Does not use preceptor as a resource during self-study.
* Does not complete any portion of attachment B1 or B2.
 | * Appropriately utilizes down time for study to increase knowledge.
* Asks preceptor questions that arise during self-study.
* Completes portions of attachment B1 and B2
 | * Meets all of Category 4.
* Utilizes down time after hours to learn necessary skills and knowledge.
* Asks other providers (ALS and BLS) questions that arise during self-study.
* Completes portions of attachment B1 or B2; and plans for next day’s activities.
 |
| 4. Acceptance of Feedback/Self Critique | * Avoids debriefs with preceptor.
* Not receptive to feedback.
 | * Seeks feedback from preceptor.
* Accepts feedback in a positive manner.
 | * Meets all of Category 4.
* Seeks feedback from preceptor and other crew members.
 |
| **Professionalism** Core Competency Continued | **1****Does not meet expectations** | **4****Meets minimum expectations** | **7****Exceeds expectations** |
| 4. Acceptance of Feedback/Self Critique Continued | * Does not utilize feedback to improve performance.
* Unable to articulate areas of deficiencies
 | * Applies feedback to improve performance.
* Able to articulate areas of deficiencies.
 | * Active participant during feedback, demonstrates awareness through self-critique.
* Develop plan for improvement based on feedback and self-critique.
 |
| 5.Time management | * Unit not checked and stocked and ready for service at the beginning of the shift
* Does complete tasks timely.
 | * Unit checked, stocked and ready for service at the beginning of the shift
* Completes tasks timely.
 | * Meets all of Category 4.
* Arrives early for shift.
* Assists prior shift if needed.
* Unit checked, stocked and ready before the beginning of the shift
 |
| 6. Safety  | * Never utilizes appropriate PPE for the situation.
* Never disposes biohazards in an appropriate manner.
* Never wears safety equipment.
* Does not maintain situational scene safety.
* Does not place self/or crew as top priority.
* Follows DFR procedure 9.1.4 Driving procedure - backing
* No working knowledge of safety SOGs and procedures
 | * Always utilizes appropriate PPE for the situation.
* Always dispose biohazards in an appropriate manner.
* Always wear safety equipment. (i.e. seatbelts, road vets, helmets)
* Constantly maintains situational scene safety.
* Places self/or crew as top priority.
* Follows DFR procedure 9.1.4 Driving procedure - backing
* Demonstrates working knowledge of safety SOGs and procedures
 | * Meets all of Category 4.
* Encourages others to comply with all safety standards.
* Can identify crew needs to operate safely.
 |
| **Communication** Core Competency | **1****Does not meet expectations** | **4****Meets minimum expectations** | **7****Exceeds expectations** |
| 7. Interpersonal Communication7. Interpersonal Communication Continued | * Fails to build rapport with patient, family members or bystanders.
* Displays rude, crass and/or callous behavior when interacting with the public.
* Unable to accurately communicate all pertinent information between crewmembers.
* Does not use closed loop communication and/or good affective domain.
 | * Builds rapport with patient, family members, and bystanders.
* Demonstrates empathy in interactions with public.
* Accurately communicates all pertinent information between crew members using closed-loop communication and good affective domain,
 | * Meets all of Category 4.
* Creates calm environment during interactions with patient, family, members and bystanders.
* Has the ability to deescalate the situation.
 |
| 8. Operational Communication | * Uses 10 codes, slang, or mumbles during radio transmission.
* Gives disorganized unclear report to hospital that does not convey pertinent information.
* Does not utilize radio in appropriate terminology and language on radio.
 | * Uses clear concise, plain English during radio transmissions.
* Gives clear and concise report to receiving hospital as it relates to patient care, notification, and transfer of care.
* Utilizes radio in appropriate terminology and language on radio.
 | * Meets all of Category 4.
* Speech is free of distracting phrases (umm, huh, etc.)
* Actively establishes working rapport with other health care providers when transferring care.
 |
| 9. Documentation Communication | * Does not complete all relevant and required documentation.
* Does not complete PPCR in timely manner.
* Does not complete exposure reports when directed.
 | * Complete all relevant and required documentation.
* Completes PPRC in timely and thorough manner.
* Completes exposure reports when directed.
 |  |
| **Operations** Core Competency | **1****Does not meet expectations** | **4****Meets minimum expectations** | **7****Exceeds expectations** |
| 10. Operations Communication Equipment | * Never carries radio out of the station.
* Does not carry secondary communication device (unit cell phone).
* Does not properly use MDC
 | * Carries radio at all times when out of the station.
* Utilizes radio in appropriate manner for communication.
* Carries secondary communication device (unit cell phone.
* Properly uses MDC.
 | * Meets all of Category 4.
* Monitors appropriate talk groups during shift hours.
* Demonstrates knowledge of inter-agency radio communications.
 |
| 11. Geographical Familiarity | * Unable to properly operate GPS on MDC.
* Does not demonstrate knowledge of closest hospitals and/or capabilities.
* Unable to demonstrate knowledge of closest and secondary route to receiving facility.
* Does not demonstrate ability to follow clear geographical directions as provided.
 | * Demonstrates properly operate of GPS on MDT.
* Demonstrates knowledge of closest hospitals and/or capabilities.
* Demonstrates knowledge of routes to primary and secondary receiving facility.
* Demonstrates ability to follow clear geographical directions as provided.
 | * Meets all of Category 4.
* Demonstrates knowledge of first due area.
* Demonstrates knowledge of all area hospitals and their capabilities.
* Demonstrates knowledge of route to primary and secondary to ALL receiving facilities.
 |
| 12. Crew Resource Management During Patient Care | * Fails to direct crew in management of patient care.
* Does not use close-loop communication.
* Does not recognize the need for additional resources.
 | * Directs crew in management of patient. Uses close-looped communication.
* Recognizes the need for additional resources.
 | * Meets all of Category 4.
* Demonstrates command of incident during patient care.
* Anticipates needs during scene management and communicates to directives to crewmembers.
 |
| 13. Crew Resource Management  | * Has no knowledge of assigned roles.
* Has no knowledge of assigned roles of other personnel.
* Does not recognize or comprehend the need for additional resources to mitigate circumstances outside agencies.
 | * Demonstrates knowledge of assigned roles.
* Demonstrates knowledge of assigned roles of other personnel.
* Recognizes the need for additional resources to mitigate circumstances outside agencies.
 | * Meets all of Category 4.
* Willfully assume responsibility for other crewmember’s tasks when necessary.
* Anticipates the need for additional resources to mitigate circumstances outside agencies.
 |
| 14. Non-Diagnostic Equipment Use14. Non-Diagnostic Equipment Use Continued | * Does no demonstrate proficient knowledge and use patient packing and moving devices.
* Does not demonstrate proficiency in splinting, bandaging, bleeding control adjuncts, Lucas device, high-quality CPR and other BLS skills
* Does not demonstrate proficiency IV/IO insertion, medication administration, advanced airway application and other ALS skills.
 | * Demonstrates proficient knowledge and use patient packing and moving devices.
* Demonstrates proficiency in splinting, bandaging, bleeding control adjuncts, Lucas device, high-quality CPR, and other BLS skills.
* Demonstrates proficiency IV/IO insertion, medication administration, advanced airway application and other ALS skills.
 | * Meets all of Category 4.
* Demonstrates ability to efficiently explain procedures to patient packing and moving devices.
* Demonstrates ability to efficiently explain splinting, bandaging, bleeding control adjuncts, and other BLS skills.
* Demonstrates ability to efficiently explain IV/IO insertion, medication administration, advanced airway application and other ALS skills.
 |
| **Patient** Assessment Core Competency | **1****Does not meet expectations** | **4****Meets minimum expectations** | **4****Meets minimum expectations** |
| 15. Physical Assessment  | * Fails to form a general impression and/or ascertain LOC and ABCs.
* Does not check PMS, skin color and temperature.
* Relies on others to initiate patient care.
* Omits patient care.
* Does not complete physical assessment.
 | * Demonstrates ability to form general impression and/or ascertain LOC and ABCs.
* Appropriately check PMS, skin color and temperature.
* Initiate patient care without prompting.
* Completes patient care.
 | * Meets all of Category 4.
* Develops plan of assessment based on general impression, LOC and ABCs.
* Anticipates patients need and uses crew resource management to compete physical assessment.
 |
| 16. History Taking  | * Patient assessment is unorganized and information is incomplete.
* Asks inappropriate follow-up questions.
* Does not look for alternative sources for information.
 | * Uses organized pneumonic (SAMPLE/OPQRST) to gather information.
* Asks appropriate follow-up questions.
* Utilizes appropriate sources of information (family, bystanders, med. Alert bracelet).
 | * Meets all of Category 4.
* Uses fluid conversation obtaining patient history.
* Demonstrate ability to obtain patient history through multiple sources at the same time.
 |
| 17. Patient assessment Diagnostic Equipment 17. Patient assessment Diagnostic Equipment | * Lacks ability to perform skills using manual applications (blood pressure cuff, palpate pulse).
* Does not use mechanical or automated equipment when appropriate.
* Incorrectly place EKG leads and/or misinterprets EKG/12 LEAD.
* Incorrectly operates and/or misinterprets EtCO2, SpO2 reading.
* Incorrectly uses glucometer, thermometer, or other diagnostic equipment.
 | * Appropriately perform skills using manual applications (blood pressure cuff, palpate pulse).
* Appropriately uses mechanical or automated equipment when appropriate.
* Correctly place EKG leads and/or interprets EKG/12 LEAD to include recognition of stemi, ischemic changes, and basic rhythm recognition
* Correctly operates and/or interprets EtCO2, SpO2 reading.
* Correctly uses glucometer, thermometer, or other diagnostic equipment.
 | * Meets all of Category 4.
* 12 lead interpretation beyond recognition of STEMI, ischemic changes, and basic rhythm recognition.
* Is able to explain appropriate way to utilize equipment to others or able to correct when there is misuse.
* Is able to troubleshoot or find word arounds for equipment malfunctions or issues.
 |
| 18. Differential Diagnosis | * Unable to determine if patient is sick or not sick.
* Treatment plan is not appropriate for patient’s diagnosis.
* Delays initiating a treatment plan as appropriate for patient’s condition
* Fail to recognize changes in patient condition in a timely manner,
 | * Appropriately determine if patient sick or not sick.
* Treatment plan is appropriate for patient’s diagnosis.
* Timely initiates treatment plan as appropriate for patient’s condition.
* Recognizes changes in patient condition in a timely manner and takes appropriate actions.
 | * Meets all of Category 4.
* Demonstrates ability to articulate treatment plan to patient and/or crewmembers.
* Anticipates possible problems patient may present during treatment and prepares necessary interventions.
 |
| Decision Making | **1****Does not meet expectations** | **4****Meets minimum expectations** | **4****Meets minimum expectations** |
| 19. Decision Making While the intern is NOT Under Stress | * Lacks composure.
* Lacks situational awareness.
* Easily demonstrates tunnel vision.
* Lacks ability to process input from other personnel in decision making.
* Makes incorrect differential diagnosis.
 | * Maintains composure.
* Maintains situational awareness.
* Appropriately demonstrates critical thinking.
* Demonstrates ability to process input from other personnel in decision making.
* Makes correct differential diagnosis.
 | * Meets all of Category 4.
* Demonstrates ability to project composure
* Demonstrates ability to calm others in stressful situations.
 |
| 20. Decision Making wile the intern is **Under Stress** | * Lacks composure.
* Lacks situational awareness.
* Easily demonstrates tunnel vision.
* Lacks ability to process input from other personnel in decision making.
 | * Maintains composure.
* Maintains situational awareness.
* Appropriately demonstrates critical thinking.
* Demonstrates ability to process input from other personnel in decision making.
 | * Meets all of Category 4.
* Demonstrates ability to project composure.
* Demonstrates ability to calm others.
 |
| Prince William Protocol/Manuals | **1****Does not meet expectations** | **4****Meets minimum expectations** | **4****Meets minimum expectations** |
| 21. Prince William County FRS Patient Care Protocols | * Lacks protocol knowledge.
* Applies inappropriate treatment not consistent with protocol.
* Unable to demonstrate knowledge of lead medic responsibilities.
 | * Demonstrates knowledge of protocol.
* Applies appropriate treatment consistent with protocol.
* Able to demonstrate knowledge of lead medic responsibilities.
 | * Meets all of Category 4.
* Always apply appropriate treatment per protocol.
* Demonstrates ability to utilize multiple protocols as situation warrants.
* **Without Prompting** demonstrates knowledge of lead medic responsibilities and is proactive in taking on this role without needing guidance or correction.
 |