



**LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES (EMS) AGENCY
MOBILE INTENSIVE CARE NURSE (MICN) RADIO INTERNSHIP**



PERFORMANCE EVALUATION STANDARDS

The following performance standards have been developed by the Office of Prehospital Certification. These standards been designed to aid the MICN preceptor in determining, in the most objective manner possible, the appropriate rating to be given in each evaluation category. Preceptors must use these standards when completing the MICN Radio Internship Evaluation. A candidate must achieve a minimum rating of 3 in each category on the final evaluation to be eligible for certification. For clarification, refer to the definitions of terms used in these performance evaluation standards on the last page of this document.

ASSESSMENT/TREATMENT

EVALUATION FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
1. Accurately identifies chief complaint.	Frequently fails to identify chief complaint from the information reported. Consistently is inaccurate in identifying chief complaint.	Fails to identify chief complaint on several occasions or occasionally identifies chief complaint incorrectly.	Consistently able to identify chief complaint accurately.	Always accurately identifies chief complaint. If not clear in radio report, will clarify before proceeding.
2. Obtains additional relevant information as needed	Frequently fails to ask for additional relevant information omitted in report. Information requested is consistently not relevant.	Inconsistent in asking for additional information. Frequently asks for irrelevant information or neglects to ask for important additional information.	Consistently recognizes and requests additional relevant information omitted in report. Rarely asks for information not relevant.	Consistently demonstrates good judgment when asking for additional information. Requests only pertinent, relevant information. Recognizes when information is not relevant.
3. Correctly interprets assessment information.	Frequently unable to recognize and interpret information correctly. Consistently reaches incorrect conclusions from information provided.	Is frequently hesitant to trust own judgment. Inconsistent in recognizing and interpreting significant information.	Consistently demonstrates ability to correlate information from radio report and arrives at correct conclusion.	Demonstrates comprehensive understanding of information and the implications to patient. "Picks up on" subtle findings.
4. Correctly identifies seriousness of run.	Frequently unable to recognize seriousness of run. Often fails to recognize which patients should be transported quickly. Frequently misses those patients seriously ill or injured.	Usually recognizes seriousness of run but does not consistently use good judgment. Occasionally fails to recognize "scoop and run" situations or orders "scoop and run" inappropriately. Occasionally fails to use good judgment on critical runs.	Consistently uses good judgment in determining priorities. Errs on side of patient. Determines appropriate time for transport. Recognizes "scoop and run" situations. Recognizes those patients requiring stabilization in field.	Consistently uses excellent judgment regarding priorities. Shows strong ability to make appropriate decisions even in most difficult situations. Performs exceptionally well under stress.
5. Appropriately requests updated assessment information.	Frequently fails to recognize need for updated information and often fails to request information.	Inconsistent in asking for updated information. Usually either asks for irrelevant information or makes requests at inappropriate times.	Consistently recognizes need for updated information at appropriate times.	Consistently requests update on pertinent assessment information. Refrains from delaying care with unnecessary requests. Shows exceptionally good judgment in asking for update.
6. Appropriately sets priorities.	Frequently unable to set correct priorities. Often does not address chief complaint. Frequently makes errors in judgment.	Occasionally has difficulty in setting priorities or is sidetracked. Is inconsistent in addressing chief complaint. Is easily confused in difficult situations.	Consistently is able to set priorities appropriately. Addresses treatment to chief complaint. Demonstrates knowledge or priorities of care in most situations.	Demonstrates excellent ability to set appropriate priorities of care. Rarely makes judgment errors regarding priorities. Consistently able to decide correct priorities, even in difficult situations.

7. Chooses correct base hospital treatment guideline (BHTG).	Frequently chooses incorrect BHTG. Often deviates from BHTG inappropriately. Fails to recognize need for assistance.	Inconsistent in choosing correct BHTG. Has difficulty adjusting Rx as patient's condition changes. Inconsistent about asking for assistance. Omits portions of BHTG.	Consistently chooses BHTG most appropriate to assessment information. Is able to move to additional guidelines as patient's condition indicates. Asks for assistance when needed.	Demonstrates in-depth knowledge of BHTG. Rarely needs to refer to written reminders. Recognizes when physician advice is appropriate. Demonstrates high degree of understanding of goals of treatment.
8. Orders correct medications and treatments.	Frequently unfamiliar with medication therapy or treatment. Unaware of side effects, indications and desired effects of Rx. Demonstrates poor knowledge base. Frequently chooses inappropriate meds.	Demonstrates basic understanding of medication and treatment, but orders are inconsistent. Frequently fails to order correct Rx or is unsure of treatment.	Medication and treatment orders are consistently correct and appropriate to patient's condition. Is aware of indications, actions and side effects of medication and treatment orders.	Consistently includes all appropriate medication and treatment orders. Remembers to document treatments performed before base contact. Demonstrates excellent knowledge of anticipated patient response to medication and treatment.
9. Medication orders are specific and include correct dosage and route.	Frequently gives incorrect orders for drug dosage or route. Is unable to calculate drug dosages.	Occasionally errs in drug dosage or route of administration. Has difficulty in calculating drug dosages. Often orders in cc's, ml's or amps.	Is consistently aware of goals of treatment orders for medication dosage and route. Is able to calculate drug dosage correctly. Orders medications in mgs or mEq.	Demonstrates ability to anticipate drug orders and dosages before needed. Is able to calculate drug dosages quickly and accurately. Routes ordered are always appropriate.
10. Demonstrates knowledge of treatment rationale.	Demonstrates consistently weak knowledge base. Unable to give rationale for treatments ordered. Occasionally chooses wrong treatments based on incorrect rationale.	Usually picks appropriate treatment but is inconsistent in demonstrating understanding of rationale. Is not clear in understanding of pathophysiology or goals of treatment.	Is consistently aware of goals of treatments ordered. Is able to anticipate untoward effects of treatments. Understands the pathophysiology addressed by treatment.	Demonstrates sophisticated knowledge of pathophysiology, goals of intervention and evaluation of treatment effectiveness. Is able to discuss rationale for treatment.
11. Identifies appropriate destination and level of transport	Is consistently weak in choosing correct patient destination or level of transport. Unable to identify rationale for transporting to a specialty center. Occasionally chooses wrong destination or inappropriate transport.	Usually picks appropriate transport or destination but is inconsistent in demonstrating understanding of rationale. Is not clear about the criteria for transport to a specialty center such as: EDAP, PMC or PTC.	Is consistently aware of goals of treatments chooses the correct destination for the patient the majority of the time. Consistently identifies the criteria for a specialty center and the level of transport needed.	Demonstrates excellent ability to choose the correct destination and level of transport for the patient and is clear on the rationale for each choice. Understands the rationale for a trauma center, EDAP, PTC, PMC or other specialty center.

VERBAL COMMUNICATION SKILLS

EVALUATION FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
12. Uses correct radio protocols.	Frequently unprofessional while transmitting orders. Often rambles. Orders frequently not concise. Does not follow radio protocol. Often delays in answering runs.	Occasionally rambles during transmission. Occasionally conducts run as though it were a conversation. Transmission occasionally long and distracting. Sometimes delays in answering runs.	Consistently uses correct protocol in radio transmissions. Confirms all orders given. Usually keeps transmissions brief and to the point. Uses appropriate sign-off language. Runs are answered promptly.	Always uses correct protocol. Radio demeanor is highly professional. Is always brief and to the point in radio transmission. Orders given by telephone are equally professional. Runs are answered promptly.
13. Speaks clearly, concisely and is easily understood.	Frequently speaks too rapidly or unclearly. Transmissions not easily understood. Often inappropriate in tone or volume. Frequently appears rude or impatient.	Occasionally speaks too rapidly or unclearly. Has difficulty with pronunciation. Occasionally uses inappropriate tone or volume. Sometimes	Consistently speaks clearly and concisely. Has adequate pronunciation. Usually speaks in appropriate tone and volume. Seldom appears impatient.	Excellent verbal skills. Is always well understood. Has excellent pronunciation. Consistently speaks in appropriate volume and tone. Never appears

		appears rude or impatient.		impatient.
14. Operates radio equipment efficiently and correctly.	Frequently unable to operate radio equipment without assistance. Often fails to record runs. Is always unable to correct minor radio problems. Fails to report malfunctions to appropriate personnel.	Occasionally is unable to operate equipment efficiently. Sometimes forgets or neglects to record runs appropriately. Is often unable to correct minor radio difficulties without assistance.	Consistently demonstrates ability to operate radio equipment. Radio transmission appropriately recorded. Is able to correct most routine difficulties. Reports malfunction promptly to appropriate personnel.	Consistently demonstrates ability to operate radio equipment efficiently. Is able to troubleshoot equipment. Takes initiative in maintaining equipment.
15. Gives accurate report on patient status to appropriate personnel.	Frequently gives inaccurate report. Often fails to report on patient's response to therapy. Frequently neglects to notify receiving hospital of patient's arrival.	Occasionally fails to report on patient's condition or neglects to notify receiving hospital of patient's arrival. Report frequently rambles. Non-pertinent facts sometimes included in report.	Consistently notifies ED and/or receiving hospital of patient's arrival. Gives accurate report regarding patient's response to ordered therapy.	Demonstrates ability to give accurate report in concise manner. Informs receiving personnel of all pertinent facts regarding patient's condition.
16. Is able to accept constructive criticism and guidance.	Takes constructive criticism poorly. Argues with evaluator. Rationalizes mistakes.	Appears to accept constructive criticism but doesn't appear to understand reasons. Offers no comment on evaluation. Constructive criticism does not always lead to change in behavior.	Participates in self-evaluation. Accepts constructive criticism. Does not rationalize mistakes. Takes necessary steps to improve performance.	Extremely open to suggestions. Is self-critical. Encourages others to make helpful suggestions. Always seeking ways to improve performance.

RECORD KEEPING				
EVALUATION FACTOR	RATING 1	RATING 2	RATING 3	RATING 4
17. Completes documentation accurately and completely.	Frequently records are inaccurate or incomplete. Important information often lacking. Frequently delays in completing documentation	Inconsistent in completing document. Occasionally delays in completing documentation.	Records are consistently completed and accurate.	Record keeping is extremely thorough and comprehensive. Required documentation is always present. Documentation always completed promptly.
18. Handwriting is legible.	Frequent spelling errors are made. Handwriting consistently difficult to read. Records are not neat.	Occasional spelling errors are present. Handwriting is occasionally difficult to read.	Handwriting is consistently readable and spelling is accurate.	All records are extremely legible and records are neat. Spelling is always accurate.
19. Files documentation appropriately.	Consistently files records incorrectly. Occasionally loses documentation. Appears not to appreciate importance of accurate record retrieval.	Occasionally misfiles documentation. Occasionally needs to be reminded of procedure or importance of record retrieval.	Consistently files records appropriately and correctly. Demonstrates understanding of importance of record keeping.	Files documentation appropriately. Takes initiative in maintaining orderly record retrieval system. Able to retrieve records on request.

DEFINITIONS OF TERMS USED IN MICN RADIO INTERNSHIP PERFORMANCE EVALUATION STANDARDS	
Consistently:	Holding always to the same practice or principle.
Frequently:	Occurring often; happening repeatedly.
Inconsistently:	Not always holding the same practice or principle.
Occasionally:	Sometimes; now and then; infrequently.
Recognize:	To see; to be aware of.
Relevant:	Pertinent; to the point.
Usually:	Most often; commonly.