



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



<b>MICN CANDIDATE NAME:</b>	<b>PREVIOUS CERTIFICATION NUMBER, IF ANY:</b>	<b>EXAM DATE:</b>
<b>TOTAL # OF RUNS EVALUATED:</b>	<b>SPONSORING BASE HOSPITAL/AGENCY:</b>	<b>TODAY'S DATE:</b>
<b>CERTIFIED MICN PRECEPTORS:</b>		
<b>1)</b>	<b>2)</b>	<b>3)</b>
<b>PREHOSPITAL CARE COORDINATOR:</b>	<b>INTERNSHIP PERIOD</b>	
	<b>From:</b>	<b>To:</b>
<p><b>Evaluation Criteria:</b> Refer to the MICN Radio Internship Performance Evaluation Standards (Reference No. 1010.5), which are based on the level of performance expected of certified MICNs. This form must be used for the final evaluation. A candidate must achieve a minimum rating of 3 in each category on the final evaluation to be eligible for certification.</p> <p>1 – Frequently fails to perform in a competent manner.                  2 – Inconsistent in performing in a competent manner but showing improvement.                  3 – Consistently performs in a safe and competent manner according to established standards.                  4 – Consistently performs in an above average manner.</p>		
<b>EVALUATION FACTORS</b>	<b>RATING</b>	<b>COMMENTS ARE REQUIRED IN EACH MAJOR CATEGORY</b>
<b>ASSESSMENT/TREATMENT</b>		
1. Accurately identifies chief complaint		
2. Obtains additional relevant information as needed		
3. Correctly interprets assessment information		
4. Correctly identifies seriousness of run		
5. Appropriately requests updated assessment information		
6. Appropriately sets priorities		
7. Chooses correct base hospital treatment guideline (BHTG)		
8. Orders correct medications and treatments		
9. Medication orders are specific and include correct dosage and route		
10. Demonstrates knowledge of treatment rationale		
11. Identifies appropriate destination and level of transport		
<b>VERBAL COMMUNICATION SKILLS</b>		
12. Uses correct radio protocols		
13. Speaks clearly, concisely and is easily understood		
14. Operates radio equipment efficiently and correctly		
15. Gives accurate report on patient status to appropriate personnel		
16. Is able to accept constructive criticism and guidance		
<b>RECORD KEEPING SKILLS</b>		
17. Completes documentation accurately and completely		
18. Handwriting is legible		
19. Files documentation appropriately		
<b>A WRITTEN SUMMARY OF THE CANDIDATE'S OVERALL PERFORMANCE MUST BE PROVIDED:</b>		
<b>RECOMMEND CERTIFICATION:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OTHER RECOMMENDATION:</b>	
<b>BASE HOSPITAL MEDICAL DIRECTOR'S NAME AND SIGNATURE:</b>	<b>DEPARTMENT HEAD PRINTED NAME AND SIGNATURE:</b>	
<b>PREHOSPITAL CARE COORDINATOR'S PRINTED NAME AND SIGNATURE:</b>	<b>MICN CANDIDATE PRINTED NAME AND SIGNATURE:</b>	
<b>MICN CANDIDATE COMMENTS:</b>		
<b>OPTIONAL</b> For consistency, this tool may be utilized to evaluate individual radio internship runs. All ratings must be based on the MICN Radio Internship Performance Evaluation Standards.		
<b>DATE:</b>	<b>RUN #:</b>	<b>PATIENT'S CHIEF COMPLAINT:</b>
		<b>RUN TYPE:</b> <input type="checkbox"/> Actual <input type="checkbox"/> Simulated
<b>PLAN FOR IMPROVEMENT:</b>		
<b>DO NOT FORWARD INDIVIDUAL RUN EVALUATIONS TO OFFICE OF PREHOSPITAL CERTIFICATION; RETAIN AT BASE HOSPITAL/AGENCY</b>		
<b>FOR EMS AGENCY USE ONLY (Do not write below this line)</b>		
<b>EVALUATION REVIEWED BY:</b>	<b>DATE:</b>	<b>TIME:</b>
<b>CERTIFICATION COMPLETED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>COMMENTS:</b>		