



GLOBAL EMERGENCY MEDICAL REGISTRY

Daily Observation Report – Emergency Medical Technician

The Daily Observation Report (DOR) is a key component of the Clinical Internship and Field Training Program processes and used by the Preceptor of Field training Officer (FTO) to provide structured evaluation and feedback to the intern. The document describes the intern's level of performance for each required category and clearly identifies areas of competency, outstanding performance, or the need for remedial training. The Preceptor or FTO may choose to provide the intern certain categories identified as “training” in the narrative portion of the report, this allows the Preceptor or FTO the opportunity to explore the intern's capabilities and provide training in certain categories, prior to advancing to “evaluation”.

Numeric and NICS Rating Scales:

To effectively track the intern's progress, the Preceptor or FTO uses the DOR to rate each observed behavior using one of two rating scales: Numeric or NICS.

1. The Numeric Scale measures performance on a sliding scale between 1 and 7.
2. The NICS Scale uses three ratings:
 - Below Standard
 - Meets Standard
 - Exceeds Standard

The DOR will also have a check column for “Not Observed”, which is utilized when the stated standard is not experienced during the evaluation period.

Each observed behavior is rated according to “Standard” as described in each line of the DOR.

The intern and Preceptor or FTO are required to sign all DORs at the end of each daily evaluation period, then the DOR is scanned into the intern's educational record each day.

The Preceptor or FTO will find the role challenging, as one must provide enough “space” for the intern to perform assessment, skills, operational activities, teaching, etc.... without the Preceptor or FTO taking control of the activities and/or making the intern an assistant to them.

The Preceptor or FTO should start every period of time with the intern in “briefing” mode. This necessitates the Preceptor or FTO identify a quiet spot to provide the intern with a brief orientation to the day's activities, the “Step out” phrase for the intern (The intern then knows upon hearing that phrase to step aside and become the assistant to the Preceptor or FTO who will assume control of the patient or event), and what areas the Preceptor or FTO wishes the intern to focus on today.



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EMERGENCY MEDICAL TECHNICIAN – Daily Observation Report (Acute/Emergent fixed site)					
EMT:		License# or GEMR#:			
Date:	FTO or Preceptor:				
Interventional Level:		Assignment Location:			
RATING INSTRUCTIONS		RATING CRITERIA			
BELOW STANDARD Frequently demonstrates difficulty in determining and performing basic job components and/or the actions necessary to accomplish required tasks. Requires substantial supervisory/preceptor assistance, review, and step in. Quality and quantity of work is usually below acceptable levels. Requires prompting to start tasks.		BELOW STANDARD	STANDARD	ABOVE STANDARD	NOT OBSERVED
STANDARD Determines and performs the essential job components and the actions necessary to accomplish required tasks at the EMT level. Requires an acceptable amount of physician direction or consultation. Quality and quantity of work is within acceptable levels. Demonstrates initiative.					
ABOVE STANDARD Exceptional ability to determine and perform virtually all job components and actions necessary to accomplish required tasks. Requires little supervisory/preceptor direction, assistance, or review. Quality and quantity of work consistently exceeds requirements in accuracy, thoroughness and timelines. Demonstrates outstanding initiative and motivation					
PERFORMANCE CATEGORY					
1. APPEARANCE: The participant maintains an appearance which is neat, clean, fits and is worn properly.					
2. ACCEPTANCE OF FEEDBACK: The participant accepts criticism in a positive manner and incorporates it to improve performance and further interaction					
3. ATTITUDE TOWARD WORK: The participant demonstrates an active interest in patients and healthcare responsibilities					
4. SELF-INITIATED ACTIVITY: The participant recognizes and identifies time to read medical journals, study protocols, seeks self-learning, seeks coaching, and familiarize self with vehicles, emergency/clinic department, supplies and equipment.					
5. KNOWLEDGE OF HEALTHCARE POLICIES AND PROCEDURES: The participant is familiar with most commonly applied government and organizational policies, regulation, procedures; and has completed their assigned policy overview.					
6. KNOWLEDGE OF PROTOCOLS: Participant understands the protocols and uses them when necessary for direction					
7. KNOWLEDGE OF GENERAL ACUTE CARE ASSESSMENT: The participant demonstrates the ability to distinguish between emergent, acute care, and primary care patients through assessment, diagnostics, and history taking.					
8. KNOWLEDGE OF DISCHARGE PROCESSES: The participant demonstrates the capability to bring a patient through the process of admission, assessment, treatment, and discharge.					
9. KNOWLEDGE OF MEDICATIONS: The participant understands the basic approach to medication regimes and uses a knowledge aid whenever possible.					



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10. CONSULTATION: The participant demonstrates the ability to perform a consult with the physician for discharge approval, prescriptions, and point of knowledge exhaustion. Initially for first portion of observation time, consults all cases with Physician to show thought process and obtain approvals. All discharges must be a physician consult if outside the “routine” conditions category in protocol.				
11. General EMT SKILLS – Assessment, Vital signs, and diagnostic: The participant can perform the following skills (reference GEMR skills documentation forms for standards): A. Successfully apply and obtain a limb lead ECG B. Successfully apply and obtain a 12 lead ECG C. Successfully apply and obtain SpO2 measurement D. Successfully apply and obtain EtCO2 measurement E. Successfully obtain a patient temperature F. Successfully obtain a Blood Pressure and Mean Arterial Pressure G. Successfully obtain blood glucose measurement H. Successfully identify clear and equal lung sounds I. Successfully identify bilateral wheezing lung sounds J. Successfully identify stridor K. Perform complete patient history and physical for medical patient. L. Perform complete patient history and physical for trauma patient.				
12. General EMT SKILLS – Emergency Medicine: The participant can perform the following skills (reference GEMR skills documentation forms for standards): A. Successfully place a nasal cannula and deliver 4-8 L O2 B. Successfully place a non-rebreather mask and deliver 15L O2 C. Successfully oxygenate patient with 100% O2 using apneic oxygenation or pre-oxygenation strategies D. Successfully ventilate a patient with a BVM E. Successfully place nasal pharyngeal airway F. Successfully place oral pharyngeal airway G. Successfully place an Igel Supraglottic Airway H. Successfully applies defibrillation pads and performs defibrillation with AED I. Successfully administers medication by Oral route J. Successfully administers medication by IM route with Autoinjector K. Successfully administers medication via nebulizer L. Manage cardiac arrest at the basic life support level M. Routinely perform initial assessment of critical patients within 1 minute of arrival at patient side. N. Routinely obtain vital signs and BGL within three minutes of arrival at patient side. O. Successfully provide minor wound care P. Successfully immobilize a upper extremity fracture or dislocation Q. Successfully immobilize a lower extremity fracture or dislocation R. Successfully apply spinal precautions per the IMMO Emergency Medical Spinal Immobilization Protocol S. Successfully place a tourniquet to stop hemorrhage T. Successfully apply hemorrhage control U. Successfully assemble IV fluid administration set for use by an advanced provider V. Able explain medical care to ancillary staff and colleagues				



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13. General EMT SKILLS – Medication Administration: The participant demonstrates the ability to administer medications for the following (reference GEMR skills documentation forms for standards): A. Analgesic: Acetaminophen PO, Aspirin PO, Ibuprofen PO, Methoxyflurane INH B. Anti-inflammatory: Aspirin PO, Ibuprofen PO C. Anaphylaxis: Epinephrine IM D. Antidotes: Naloxone hydrochloride IN and IM E. Antihypoglycemics: Glucose gel PO and Glucagon IM F. Antipyretics: Acetaminophen PO G. Vasodilators: Nitroglycerine PO H. Nebulized bronchodilators: Ventolin Nebulizer				
14. REPORT WRITING: The participant completes reports, organizes information in a logical manner, and writes reports containing the required information and details per policy and physician direction.				
15. USE OF RESOURCES: Utilizes available staff in an appropriate manner and scope to facilitate clearance rates and patient care goals.				
16. EMT CLEARANCE RATE: Performs healthcare assessment, diagnosis, and care in a timely manner within acceptable standards of care; while not extending patient wait times beyond acceptable perimeters.				
17. FIELD PERFORMANCE: NON-STRESS CONDITIONS: The participant shows professional interaction with the incident, properly assesses the situation, determines appropriate action and implements the planned action.				
18. FIELD PERFORMANCE: STRESS CONDITIONS: The participant consistently maintains a calm and self-controlled personal demeanor, consistently determines the proper course of action and implements it. This is done without any further deterioration of the incident.				
19. CONTROL OF EVENTS: VOICE COMMAND: The participant speaks with authority in a calm, clear voice; uses proper selection of words and knowledge when speaking and uses them correctly.				
20. SAFETY - General: The participant is always fully aware of safety precautions, including all the following: A. Infection Control B. Is cautious near combative/intoxicated patients/families/bystanders C. Anticipates potentially dangerous situations. D. Utilizes appropriate PPE for hostile situations E. Stands a safe distance from passing vehicular traffic. F. Can safely extricate themselves and a patient from a motor vehicle collision G. Stands to side of doors when knocking. H. Lifts with proper body mechanics. I. In addition, the participant always works safely, foresees dangerous situations and prepares for them, while keeping his or her partner informed. Additionally, determines the best position for self and partner, is not overconfident, and observes all applicable regulations.				
21. CONTROL OF CONFLICT: NON-VERBAL SKILL: The participant projects a non-threatening, calmly assertive attitude with stance, gestures, appropriate touching and open, attentive facial expression				
22. PROBLEM SOLVING & DECISION MAKING: The participant can reason through a problem and come to an acceptable conclusion; and can consistently make reasonable decisions based on information available and perceive situations as they really				



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23. TRANSPORT OR ADMITTING DECISIONS: The participant makes transport or admitting decisions in a timely manner, considering all protocol and policy considerations.				
24. RADIO: APPROPRIATE USE OF CODES/PROCEDURE: The participant follows policy, accepted radio procedures, and is able to contact appropriate resource				
25. RADIO: LISTENS AND COMPREHENDS: The participant acknowledges radio transmissions and is generally aware of radio traffic directed to other emergency vehicles or resources.				
26. HOSPITAL REPORTS: The participant provides the receiving care provider with organized report on patient condition and treatment in a clear, concise format (SBAR) with rationale for any medication or procedure orders.				
27. RELATIONSHIPS WITH PATIENT/CITIZENS IN GENERAL: The participant communicates in a professional, unbiased manner with all people; while maintaining a courteous, friendly, and empathetic manner. In addition, serves all customers' needs objectively, with deference to local customs and cultural considerations.				
28. RELATIONSHIPS WITH CO-WORKERS AND OVERSIGHT: The participant adheres to the chain of command and accepts role in the organization; practices good peer and FTO (or Physician) relationships and is accepted as a team member. In addition, is sensitive to the concerns of public safety agencies at the scene.				
30. FACILITY: The EMT demonstrates understanding of the facility they work within or deliver to, with specific knowledge of departments, equipment, and personnel at the facility				
31. MPS/MCI PROTOCOLS: The participant should understand the MPS/MCI protocol(s) and is able to utilize the protocol(s) to resolve events.				
32. POLICIES: The participant is able to recall and/or apply government and organizational policy to patient transport, admission, and care.				
34. CARDIAC: The participant can manage the BLS care of a cardiac patient				
35. TRAUMA: The participant can manage the BLS care of a trauma patient				
36. MEDICAL: The participant can manage the BLS care of a medical patient				
37. PEDIATRIC: Given a scenario, the participant can manage the BLS care of a pediatric patient				
38. SAFETY AWARENESS: The participant can consider and defend the best choices for protecting themselves and their fellow personnel.				
39. COMPLEX PROBLEM SOLVING: Given a scenario or patient care situation, the participant can problem solve complex medical situations, utilizing multiple protocols at once.				



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PRECEPTOR OR FTO OBSERVATIONS (Please specify dates of observed performance)
Observations at emergencies:
Summary of Performance
Instruction / Training / Activities / Review:
Explanation of any “Below Standard” scoring:
Counseling / Remediation needed
Weaknesses / Remediation given:
Counseling provided:
Plan for improvement: ☐ See Attached Improvement Plan

SIGNATURES ARE MANDATORY			
ASSIGNED PRECEPTOR OR FTO			
PHYSICIAN Name Or FTO or Preceptor	PHYSICIAN Signature Or FTO or Preceptor	Lis #	Date
EMT OBSERVED			
EMT Name	EMT Signature	Lis #	Date