



# **Field Training and Evaluation Program (FTEP)**

## **EMT Trainee**

## **Standards and Evaluation Guidelines**

# Field Training & Evaluation Program (FTEP)

Southside Virginia Emergency Crew uses a FTEP to train and evaluate new personnel. All Shift Captains and Lead Paramedics are Field Training Officers (FTOs) and will perform evaluations in the FTEP program. The Deputy Director manages the FTEP program and may conduct evaluations at any time during the program.

EMT Trainee Evaluation: Field Training Officers evaluate EMT Trainees through stated FTEP objectives. The EMT Trainee is oriented and evaluated on agency EMS operations and will serve as an AIC/driver/operator.

The evaluation period will be divided into 3 phases:

**Phase 1** may be started after the EMT Trainee completes their agency orientation. If the Trainee has not attended an agency orientation then they must complete the training outlined on the new personnel check list prior to operating in the field. Phase I is an orientation to agency operations. The EMT Trainee is oriented and evaluated on ambulance familiarization, equipment familiarization, human resources, all hazards training, medico legal, and health and safety standards.

**Phase 2** is an orientation to driving. Safety and accountability of drivers is of the up most importance.

**Phase 3** is an evaluation period with assigned FTOs. These evaluations will be performed while the trainee is assigned as a 3<sup>rd</sup> crewmember; riding four (4) 12-hour shifts from 0700-1900 hours with each shift independently. This period will total 48 hours. The concentration during this phase is to function as an operational ambulance crewmember with the support structure of a qualified FTO and EMT as mentors. EMS operations, EVOC, district and hospital familiarization will occur during this phase. Additionally, the skills verification form must be completed. Tasks are expected to be evaluated and signed off.

**The Final Phase** is an evaluation with a different FTO, riding four (4) 12-hour shifts from 0700-1900 hours with each shift independently. This period will total 48 hours. Trainees now operate as ambulance crewmembers on a 2 person crew operating the ambulance while being evaluated by an FTO. The concentration is for the EMT to serve as an ALS assist and the Attendant-In-Charge (AIC) of BLS patients.

**Note for Volunteers** - It is understood that new volunteer personnel may need more than four 12 hour shifts to complete phase 2, however this phase is not to exceed 6 months.

# Termination Process

This process involves the EMT who is not able to successfully complete the objectives, meet the standards, or has received consistent “Not Responding to Training” (NRT) ratings from their Field Training Officer. Recognizing that issues remain in spite of remediation is a key point of concern for the Field Training Officer. It is imperative the Field Training Officer documents all evaluations and remediation attempts. The agency reserves the right to exercise the “At Will” doctrine in accordance with VA State law.

## Evaluation Guidelines

The performance standards include the performance ratings and descriptions. In order to meet the minimum standard, the EMT must consistently rate a 3 or higher throughout the FTEP program. The objectives are broken down into measurable cognitive, affective, and psychomotor skills.

The evaluations are tools which establish a valid and consistent assessment of the EMT. These guidelines will enable Field Training Officers to objectively evaluate EMTs in the same manner on each measurable skill. The objective is a rating system, which is free of personal bias.

## Standardized Guidelines

The standardized guidelines are used in the rating system in order to promote standardization of the evaluation process. The evaluation ratings are listed below.

5	Able to exceed standard
4	Able to meet and somewhat exceed standard
3	Able to meet standard without prompting
2	Able to meet standard, but requires prompting
1	Unable to meet standard with prompting
NRT	Not Responding to Training
NO	Not Observed

# Use of Standard Evaluation Guidelines

The Daily Observation Report (DOR) informs the EMT of their performance level at a particular point in time. The purpose is to identify training needs and document the training efforts. The 5-1 rating systems on the DORs are performance anchors. Scores of 1, 2, or NRT must have specific justification shown on back of DOR. Standard evaluation guidelines are to be present, read, and used by the Field Training Officer. The DOR is to be completed and reviewed with the EMT at the end of shift. This prevents Field Training Officers from evaluating on their own expectations and insures ratings are aligned with the guidelines. This enables Field Training Officers to defend the DOR by following the guidelines as written.

The standard of 3 is the average of acceptable performance. If all standards for any objective are not met, then the score must be lower. For example, if two blood pressures are taken correctly, yet the EMT is unable to obtain a third blood pressure, the EMT has failed to meet minimum standards. Therefore, the Field Training Officer shall rate a lower score. It is acceptable for trainees early in their training process to earn ratings of 2 for unfamiliar knowledge, skills, or abilities. Areas of unfamiliarity of agency policies, radio communication, mapping, district orientation would be examples of areas of special concentration. A pattern of continued ratings of 2 with no progression in competency is of concern. In addition, the Field Training Officer will use the narrative portion of the DOR as a means of grading/rewarding good performance on the two correct blood pressures taken. The Field Training Officer rates the results, not the effort.

# Evaluation Frequency

The Field Training Officer will complete a DOR on each EMT. This daily evaluation must be completed by the end of each shift and not left to be done at a later time, except for extraordinary circumstances. In this way, the EMT or rated EMT is provided the opportunity to ask questions and seek clarification not received earlier in the work day. End of shift feedback also serves to reinforce instructions, criticism, and praise given during or after each earlier incident.

## Performance Standards

### 1. General Appearance

Evaluates physical appearance, dress, and hygiene as outlined by agency policies and procedures.

5	4	3	2	1
Consistently maintains a uniform that is neat, new, clean, pressed, and is worn and fits properly; personal hygiene is above acceptable, hair is neatly groomed; boots are polished to a high shine; jewelry, if worn, is appropriate. and tasteful.	Consistently maintains a uniform that is neat, clean, pressed, and is worn and fit properly; personal hygiene is acceptable, hair is in accordance with agency policy or procedure; boots are serviceable.	Maintains a uniform that is neat, clean, and is worn and fit properly; personal hygiene is acceptable, hair is in accordance with agency policy or procedure; boots are serviceable.	Occasionally fails to maintain a uniform that is neat, clean, and is worn and fit properly; personal hygiene is acceptable, hair is unkempt; boots are unserviceable.	Fails to maintain a uniform that is neat, clean, and is not worn properly; personal hygiene is unacceptable, hair is not in accordance with agency policy or procedure; boots are unacceptable and need replacement.

**2. Acceptance of Feedback**

Evaluates the way the EMT receives feedback and how it is applied to further the learning process and improve performance.

5	4	3	2	1
Consistently accepts feedback in a positive manner. Actively solicits feedback and regularly uses feedback to improve self performance.	Consistently accepts feedback in a positive manner; will use feedback to improve self performance.	Accepts feedback in a positive manner; may use feedback to enhance self performance, but only with prompting.	Occasionally fails to accept feedback in a positive manner; sometimes will be confrontational or will ignore feedback.	Often fails to accept feedback in a positive manner; regularly fails to use feedback to improve self performance; often rationalizes or denies mistakes; will argue with advice given.

**3. Attitude Towards EMS Work**

Evaluates the EMT's behavior of EMS in terms of motivation, goals, acceptance of roles and responsibilities, and overall performance.

5	4	3	2	1
Consistently performs job duties without complaint; will demonstrate a professional and pleasant demeanor throughout shift; appears eager to study protocols, clean quarters, vehicle, equipment, etc; maintains a high commitment to ideals of professionalism.	Consistently performs job duties without complaint. Demonstrates professional demeanor and models professionalism.	Will perform job duties without complaint; will only complete job tasks when prompted, but not necessarily with self-motivation.	Occasionally fails to perform job duties without complaint. May use job as an ego boost. Demonstrates little commitment to ideals of professionalism; will only perform extra duties when told or prompted.	Regularly fails to perform job duties without complaint. May use job as an ego boost or abuse authority; demonstrates no commitment to ideals of professionalism; unwilling to perform extra duties when told or prompted.

**4. Self-Initiated Field Study**

Utilizes time for further familiarization with local protocols, procedures, equipment, and geography. Other examples may include vehicle orientation, journal reading, etc.

5	4	3	2	1
Uses time for familiarization. Actively solicits assistance from the FTO with study.	Regularly uses time for familiarization. Actively solicits assistance with study.	Regularly uses time for familiarization, without prompting.	Often fails to use time for familiarization. Needs prompting to initiate any activity.	Rarely uses time for familiarization.

**5. BLS Skills**

Performance of Basic Life Support skills per the SVEC and ODEMSA Patient Treatment Protocols.

5	4	3	2	1
Consistently performs BLS skills correctly and in a time appropriate manner. Anticipates patient needs. Ensures BLS care and packaging is done to enhance delivery of ALS care.	Performs BLS skills correctly and in a time appropriate manner. Anticipates patient needs.	Performs BLS skills correctly and in a time appropriate manner.	Occasionally fails to perform BLS skills correctly or in a time appropriate manner. May need prompting of appropriate patient care.	Often fails to perform BLS skills correctly or in a time appropriate manner, even with prompting.

**6. Knowledge of Agency Policies and Procedures**

Demonstrates knowledge of agency policies and procedures.

**Reflected in testing**

5	4	3	2	1
When tested, written or verbally, answers with 100% accuracy.	When tested, written or verbally, answers with 90% accuracy.	When tested, written or verbally, answers with 80% accuracy.	When tested, written or verbally, answers with 70% accuracy.	When tested, written or verbally, answers with 60% accuracy.

**Reflected in field performance**

5	4	3	2	1
Consistently follows agency policies throughout shift. Often displays above average knowledge and comprehension of agency policies and procedures.	Follows agency policies throughout shift without prompting; Often displays a commendable understanding of agency policies and procedures.	Follows agency policies and procedures throughout shift.	Occasionally fails to follow agency policies throughout shift. May need some prompting regarding some policies and procedures from the FTO.	Often fails to follow agency policies and procedures, even with prompting from the FTO.

**7. Knowledge of SVEC and ODEMSA protocols**

Demonstrates knowledge and field application of EMS protocols for all patients.

**Reflected in testing**

5	4	3	2	1
When tested, written or verbally, answers with 100% accuracy.	When tested, written or verbally, answers with 90% accuracy.	When tested, written or verbally, answers with 80% accuracy.	When tested, written or verbally, answers with 70% accuracy.	When tested, written or verbally, answers with 60% accuracy.

**Reflected in field performance**

5	4	3	2	1
Consistently recognizes and treats all patients per EMS protocols. Uses info to diagnosis and treat all patients in the timeliest manner.	Recognizes and treats all patients per EMS protocols.	Recognizes and treats all patients per EMS protocols. Some minor prompting may be needed.	Occasionally fails to recognize and treats all patients per EMS protocols. Will be able to treat patient per protocol only after prompting.	Often fails to recognize and treats all patients per EMS protocols. Often needs prompting from the FTO, and still struggles to properly treat patient.

**8. Knowledge of Equipment**

Demonstrates a thorough knowledge of all equipment found on ambulance and in kits.

**Reflected in testing**

5	4	3	2	1
When tested, written or verbally, answers with 100% accuracy.	When tested, written or verbally, answers with 90% accuracy.	When tested, written or verbally, answers with 80% accuracy.	When tested, written or verbally, answers with 70% accuracy.	When tested, written or verbally, answers with 60% accuracy.

**Reflected in field performance**

5	4	3	2	1
Consistently has an appropriate knowledge and usage of equipment. Able to use equipment without assistance.	EMT has an appropriate knowledge and usage of equipment found on ambulance and in kits.	EMT has an appropriate knowledge and usage of equipment found on ambulance and in kits.	EMT occasionally needs assistance with usage of equipment found on ambulance and in kits.	EMT is unable to operate or appropriately use the equipment found on ambulance and in kits. EMT often needs prompting.

**9. Emergency Vehicle Driving**

Operates emergency vehicles safely during both emergent and non-emergent response modes.

5	4	3	2	1
Consistently operates vehicle safely. Does not dangerously exceed the posted speed limits. Consistently practices defensive driving techniques. Has thorough knowledge of lights and sirens. Courteous to other drivers. Consistently uses a backer.	Operates vehicle safely. Does not dangerously exceed the posted speed limits. Courteous to other drivers. Has thorough knowledge of lights and sirens. Consistently uses a backer. Consistently practices defensive driving techniques.	Operates vehicle safely. Does not dangerously exceed the posted speed limits. Has thorough knowledge of lights and sirens. Consistently uses a backer.	Occasionally fails to operate vehicle safely. Does not dangerously exceed the posted speed limits. Not Consistently courteous to other drivers. Occasionally fails to use a backer. Occasionally needs prompting from the FTO.	Often fails to operate vehicle safely. Dangerously exceeds the posted speed limits. EMT is rude to other drivers. Fails to listen to concerns from the FTO regarding driving techniques. Often fails to use a backer, even with prompting from the FTO. Not consistently courteous to other drivers.

**10. Orientation, Mapping, Routes, Navigation**

Utilizes maps and map books to navigate response routes and to choose the most efficient route to the scene of an emergency incident in a timely fashion. Knows the location and several driving routes to area hospitals. Knows major thoroughfares. Understands layout of district and hospitals. Knows landmarks and corresponding response areas. Communicates routes effectively.

5	4	3	2	1
Consistently successfully navigates in a timely fashion. Knows area hospitals, major and alternate routes, facilities, landmarks, and fire station locations, and response areas. Does not require the use of map book or other memory aid.	Successfully navigates in a timely fashion. Knows area hospitals, major routes, alternate routes, landmarks, and fire station locations. May need to occasionally use map book or other memory aids.	Successfully navigates in a timely fashion. Knows area hospitals, major routes, and landmarks. May need to occasionally use map book or other memory aids.	Occasionally fails to successfully navigate in a timely fashion. Does not know area hospitals, major routes, and landmarks. May need to use map book or other memory aids on a regular basis.	Often fails to successfully navigate in a timely fashion. Does not know area hospitals, major routes, and landmarks. May need to use map book or other memory aids on a regular basis. May require frequent prompting from the FTO.

**11. Documentation**

Completes appropriate documentation for every patient in a timely manner. Calls are posted in a reasonable time and calls are logged appropriately. Narrative is organized, and reflective of patient presentation, assessment, treatment, and response to treatment. Ensures all demographic and billing information is complete and accurate. Maintains 100% signature and HIPAA compliance.

5	4	3	2	1
Consistently completes appropriate documentation fully and to standard in appropriate time. Uses medical terminology correctly to more precisely describe patient assessment and treatment.	Completes appropriate documentation fully and to standard in appropriate time. Uses medical terminology correctly.	Consistently completes appropriate documentation fully and to standard in appropriate time.	Occasionally fails to complete appropriate documentation fully and to standard in appropriate time.	Often fails to complete appropriate documentation fully and to standard in appropriate time.

**12. Field Performance – Non Stress Conditions**

Under routine, non-stressful conditions, properly assesses situations and is able to implement an action plan.

5	4	3	2	1
Consistently appears to promptly and correctly assess situations, and implement an appropriate action plan. Demonstrates a logical approach.	Demonstrates a logical approach.	Assesses situation correctly during non-stressful conditions.	May need some prompting from the FTO as to the appropriate response for given situation.	Needs prompting from the FTO as to the appropriate response for given situation.

**13. Field Performance – Stress conditions**

Under stressful conditions, controls scene, assesses situations and implements an action plan.

5	4	3	2	1
Consistently interacts with others in a professional manner during stressful conditions. Appears to promptly and correctly assess situations, and implement an appropriate action plan. Demonstrates a logical approach. Does well with scene control.	Interacts with others in a professional manner during stressful conditions. Demonstrates a logical approach. Does well with scene control.	Interacts with others in a professional manner during stressful conditions.	At times, interacts inappropriately with others during stressful conditions. May need some prompting from the FTO as to the appropriate response for given situation. Does not control scene well.	Does not interact appropriately with others during stressful conditions. Needs prompting from the FTO as to the appropriate response for given situation. Does not control scene well, even with prompting from the FTO.

**14. Safety**

Works in a safe manner and is aware of safety in all operations. Observes standard precautions. Uses appropriate PPE. Follows safety procedures in agency policies and procedures.

5	4	3	2	1
Consistently works in a safe manner. Aware of surroundings and potential for danger. Takes steps to identify exits and positions self accordingly. Encourages other to work safely. Consistently wears appropriate PPE.	Works in a safe manner. Aware of surroundings and potential for danger. Consistently wears appropriate PPE.	Works in a safe manner. Wears appropriate PPE.	Occasionally fails to work in a safe manner. Does not Consistently wear appropriate PPE. Needs to be reminded about some safety issues or conditions.	Often fails to work in a safe manner or puts others in danger. Does not Consistently wear appropriate PPE. Needs to be reminded about some safety issues or conditions.

**15. Radio procedures**

Understands operation of radio equipment and frequencies. Listens and comprehends radio traffic. Transmissions are clear, concise, and complete. Hospital consultations and reports are timely, appropriate, and succinct.

5	4	3	2	1
Consistently listens and comprehends to all radio traffic and uses info. Transmissions are Consistently clear, concise, and complete.	Consistently listens and comprehends. Transmissions are Consistently clear, concise, and complete.	Regularly listens and comprehends. Transmissions are frequently clear, concise, and complete.	Occasionally fails to listen or comprehend. Transmissions seldom fail to be clear, concise, and complete.	Often fails to listen or comprehend. Transmissions occasionally fail to be clear, concise, and complete.

**16. Relationships with patients, citizens, coworkers, and other agencies**

Communicates and interacts with patients, citizens, coworkers, and other agencies in an appropriate, effective, and professional manner.

5	4	3	2	1
Consistently interacts in an appropriate, effective, professional manner. Regularly interacts in a positive manner with the public not associated with a call. Makes conclusive and professional statements to patients, citizens, coworkers, and other agencies.	Interacts in an appropriate, effective, professional manner. Occasionally interacts in a positive manner with the public not associated with a call.	Interacts in an appropriate, effective, professional manner with patients, citizens, coworkers, and other agencies.	Occasionally fails to interact in an appropriate, effective, professional manner. Statements made are inappropriate, and may offend people.	Often fails to interact in an appropriate, effective, professional manner. Statements made are inappropriate, and often offend people.