EMS Fellow Mass Gathering Plan

Goal: Development of a mass gathering medical plan and participation in its implementation

Fellow Name: ____________________________ Date of Completion: ____________

Type of Mass Gathering Plan:

Description of Implementation:

Description of Participation:

This assessment tool is designed to obtain objective data through direct observation of EMS fellows during base station patient encounters. Each item should be judged as either: “Needs Improvement (NI),” “Meets Expectations (ME),” “Above Expected (AE),” or “Not Assessed (NA)” for level of training.

Circle best description of overall performance for this activity

☐ Needs Improvement ☐ Meets Expectations ☐ Above Expectations

Summary Comments (Faculty):

__________________________________________  ____________________________
Signature (Faculty)  Date