**Northwest Community Healthcare Paramedic Program**

**Education Corrective Action Plan (EAP) - 2022**

Please TYPE or PRINT

Student name: EMS Agency:

Preceptor(s):

|  |
| --- |
| Standards of Performance Reviewed |
| Accountability | Follow up/follow through | Respect |
| Appearance & personal hygiene | Integrity | Self-motivation |
| Assessment (patient, situational) | Knowledge | Self-confidence |
| Care/competent delivery of service | Patient advocacy | Team leadership  |
| Communication (team/OLMC) | Planning | Technique/skill proficiency |
| Critical thinking | Prioritization & delegation | Time mgt: response; interventions; care |
| Empathy | Policy/procedure compliance | Teamwork & diplomacy |
| (Other: Please explain): e.g., acting outside of scope of practice |

**Performance findings and action plan**

*There are areas of your practice/performance in which improvement/change is required to fully meet program objectives. It is our intent to make you aware of the situation, provide specific feedback, and work with you to create an action plan designed to align your practice with program expectations.* *Please see the specific cause(s) for concern and action strategies below. We will re-evaluate as specified to assess your progress and determine further actions.*

|  |  |
| --- | --- |
| **Performance inconsistent with standards** | **Performance expectations/****time benchmarks****Strategies for Improvement/Goals** |
|  |  |
|  |  |
|  |  |

Time plan for follow-up meeting(s):

**Consequences of persistent poor performance**

*Improvement must occur immediately and be maintained. If any portion of this improvement plan is not met at any time during the specified timeframe, further action may be taken including possible dismissal from the program.*

Student explanation for performance gaps:

**Affirmations:** Each signature below signifies that the above findings have been reviewed and understood.

Student Signature Date

Preceptor Name/Signature: Date:

Preceptor Name/Signature: Date:

Nurse Educator Signature: Date: