

# Northwest Community Healthcare Paramedic Program Individualized Education/Corrective Action Plan (IEP)

Please TYPE or PRINT

Student name: \_\_\_\_\_ EMS Agency: \_\_\_\_\_

Preceptor(s): \_\_\_\_\_

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

## Specific examples of performance under review

*You have not been performing in accordance with course objectives/expectations. It is our intent to make you aware of the situation and give you reasonable time to correct your performance. Please see the specific cause(s) for concern below. It is important that you realize the responsibility to improve is yours alone. Over the course of this plan, we will meet as specified to assess your progress and determine further actions.*

Problem	Assessment/examples	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:

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**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: \_\_\_\_\_