Northwest Community Healthcare Paramedic Program

Field Internship Progress Report S20

PHASE TWO: TEAM LEADER

Student name: _____ Agency: _____

The following shall serve as minimum objectives and may be expanded to meet the needs of individual students.

During Phase II of the field internship, the Paramedic student shall

1. serve as team leader on a minimum of **20 runs (15 ALS)** and demonstrate the ability to take charge, comprehend, apply and evaluate clinical information relative to the role of an entry-level paramedic in the NWC EMSS.
2. direct system-approved ALS interventions demonstrating proficiency consistent with an entry-level paramedic in the NWC EMSS.
3. document a PCR in accordance with principles of medical documentation; attach ECG & capnography tracings as appropriate, and submit run critique forms completed by his or her preceptor for each call.
4. accurately report to OLMC using appropriate communication methods and technology including the notification of a cardiac, stroke, sepsis, OB, and/or trauma alert as applicable.
5. participate in or simulate the following: Level I trauma pt, minor refusing transport, Override call; dying patient with POLST order marked DNR; and significant exposure to a patient's blood through a needle stick.
6. demonstrate behavior consistent with System and employer expectations of an entry-level paramedic in the NWC EMSS.

*Phase II may be **completed as soon as all objectives and patient care contacts are achieved** but the entire internship may not be completed in<300 hours. It may be extended based on feedback from the preceptor or the EMSC/Educator and approved by the Program Director. The internship is not completed until the preceptor, PEMSC and hospital EMSC/Educator agree that all objectives are achieved.*

COMPETENCY VALIDATION RECORD

An EMSC/educator must initial that the student has successfully completed the following:

Date	Initials	**Simulated** (submit just like PCRs due during class) **or attach actual calls to Phase 2 reports**		
		Critical trauma transport to Level I	☐ Simulated	☐ Real; Run #:
		Minor pt refusing transport	☐ Simulated	☐ Real; Run #:
		Override	☐ Simulated	☐ Real; Run #:
		Patient w/ POLST; pulse present	☐ Simulated	☐ Real; Run #:
		Significant exposure (needle stick)	☐ Simulated	☐ Real; Run #:

Team Leadership runs – 20 (15 ALS)

Attach redacted ePCRs, ECG & capnography tracings if applicable, and individual run critiques to this form

Date	Pt initials	Pt. age	ALS/ BLS	Nature of call	ECG (list)	Call-in (X)

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PERFORMANCE APPRAISAL: Indicate the general level of performance - **Scale:**

5	Exceptional	Consistently exceeds expectations for a student at this point of the internship
4	Superior	Meets all and exceeds some expectations for a student at this point of the internship
3	Proficient	Meets expected performance for a student at this point in the internship
2	Marginal	Inconsistently meets expectations for a student at this point - action plan in place
1	Deficient	Does not meet performance expectations for a student at this point – action plan in place

Team Leadership skills	Rating
Takes charge; demonstrates confidence, compassion, maturity and command presence	
Requests additional resources in a timely manner if needed	
Receives, processes, verifies and prioritizes information	
Interprets patient data to form an accurate paramedic impression	
Creates an appropriate action plan; implements the appropriate SOP based on the PARAMEDIC impression	
Correctly prioritizes pt needs and assigns team member duties in the appropriate location	
Communicates accurately and concisely while listening and encouraging feedback	
Reconciles incongruent information	
Makes appropriate pt disposition decisions in a timely fashion; including selection of appropriate receiving hospital	
Transmits information to the hospital in a concise OLMC report	
Continuously monitors situation, resources, and patient condition until appropriate pt disposition and modifies accordingly	
Facilitates patient handover to ED staff giving appropriate follow-up reports	
Ensures that ambulance is appropriately restocked	
Ensures that appropriate patient use of supplies forms are completed (for billing purposes)	
Conducts a post-run CQI review with team members	
Maintains accountability for team's actions/outcomes	

Comments: _____

_____

AFFECTIVE OBJECTIVES	Rating
INTEGRITY: Consistently honest; maintains patient confidentiality.	
EMPATHY: Shows compassion for others; responds appropriately to patients and bystanders.	
SELF-MOTIVATION: Self-disciplined, resourceful, takes on and follows through on tasks without constant supervision; consistently strives for excellence in all activities.	
APPEARANCE AND PERSONAL HYGIENE: Well groomed; wears appropriate clothing.	
SELF-CONFIDENCE: Is aware of own strengths and limitations; projects confidence to patients	
COMMUNICATIONS: Speaks clearly; maintains appropriate interactions/language at all times; listens actively; adjusts communication methods to meet situational needs.	
TIME MANAGEMENT: Consistently punctual; completes tasks and assignments on time.	
TEAMWORK AND DIPLOMACY: Shows respect and supports team members; communicates effectively with others	
ATTITUDE: Accepts coaching and modifies behavior as requested; does not complain; demonstrates a positive attitude.	
PATIENT ADVOCACY: Insists on appropriate patient management.	
CAREFUL DELIVERY OF SERVICE: Performs complete equipment checks; demonstrates safe ambulance operations; makes independent critical judgments supported by System standards.	

Comments: _____

General areas of competency	Rating
Medical knowledge: Academic competency relative to stage of education and ability to apply that knowledge and work within the SOPs & EMS policies when caring for patients.	
History taking skills: Ability to obtain an accurate history and identify the scope of historical data needed to assess the patient's problem.	
Communication skills: Ability to provide an organized, accurate summary of data in a concise and timely fashion during the radio report and face-to-face report at the hospital.	
Physical exam skills: Ability to perform a competent exam appropriate to the patient's care needs within a reasonable time frame.	
Clinical reasoning skills: Ability to assess common problems and reach accurate conclusions using appropriate reasoning skills.	
Treatment skills: Ability to determine need for and competently execute EMS interventions.	
Written documentation: Ability to complete factual, accurate, complete, and timely PCRs and other supplementary documents (Refusal forms, Notice of privacy practices, CMMS signature forms) that reflects the clinical encounter in a comprehensive manner.	
Intellectual curiosity: Passion for learning and intellectual engagement. Reviews SOPs, clinical literature, class outlines, notes on a regular a basis reflecting effort to improve knowledge	

Comments are especially important for any marginal/deficient or exceptional ratings. Provide specific behavior-related descriptions and explanations rather than general subjective observations. Use back of page if needed.

Overall STRENGTHS: (In what areas does the student excel?)

_____

_____

_____

_____

_____

OPPORTUNITIES/AREAS FOR IMPROVEMENT: (Feedback to assist the student in ongoing professional growth)

_____

_____

_____

_____

_____

Signatures

_____ _____
Student NAME/ signature Preceptor NAME/signature

_____ _____
Hospital EMSC/Educator signature Provider EMSC NAME/signature

_____
Date

Recommendation:
- ☐ Capstone Field internship (Phase 2) complete
- ☐ Retain in Phase 2 (attach corrective action plan)
- ☐ Terminate the internship; sponsorship withdrawn (attach documentation)