

**Northwest Community Healthcare Paramedic Program
FIELD INTERNSHIP COMPLETION CHECKLIST - 2023**

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|-----------------|--|
| Name (print): | EMS agency: |
| Date submitted: | [] Incomplete Date: _____ [] Approved Date: _____ |

| Orientation | In packet |
|---|-----------|
| Orientation form complete and all initials/signatures present | |
| Completed ambulance inventory form (Drug & Supply List) | |

| PHASE I: Team member | In packet/file |
|---|----------------|
| Phase I Progress Report/Evaluation w/ all signatures | |
| Critique forms and blinded (PHI redacted) ePCRs (completed by student) and drug cards for a minimum 10 runs (ALS) : At least one each category: respiratory, cardiac, medical, and trauma with ECG strips attached if applicable. | |
| ePCR for actual or simulated calls: Simulated calls shall be entered electronically as training runs. If using a real call – submit to RN facilitating the phase meetings. | |
| ALS adult refusal <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #: | |
| BHE w/ sedation & restraint <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #: | |
| Relinquished newborn <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #: | |
| Child abuse w/ DCFS report <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #: | |
| Critical peds trauma pt <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #: | |
| Hours log | |

| PHASE II: CAPSTONE EXPERIENCE - Team Leader | In packet/file |
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| Phase II Progress Report/Evaluation w/ all signatures | |
| Critique forms and blinded (PHI redacted) ePCRs (completed by student) and drug cards for a minimum of 20 patients (15 ALS) where student was team leader . At least one from each category: respiratory, cardiac, medical, and trauma w/ECG strips attached if applicable . Submit more runs than required to allow for EMSC/ educator discretion in approved calls. | |
| ePCRs for actual or simulated calls: Simulated calls shall be submitted electronically as training runs. If using a real call – submit to RN facilitating the phase meetings. | |
| Adult trauma transport to Level I <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #: | |
| Override <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #: | |
| Pt w/ POLST form; pulse present <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #: | |
| Significant exposure (needle stick) <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #: | |
| Hours log | |

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| Summative Field Internship Evaluation w/ all signatures | |
| FISDAP final report of patient care contacts and skill performance completed (from Bill T.) | |