# Northwest Community Healthcare Paramedic Program Field Internship Progress Report S17 PHASE TWO: TEAM LEADER

Student name:

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 **25 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, and/or trauma alert as applicable.
- 5. participate in or simulate the following: Level I trauma pt, physician on scene giving inappropriate orders, minor refusing transport, dying patient with a DNR/POLST order, 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 approved preceptor must initial that the student has successfully demonstrated proficiency/knowledge of the following:

Date	Initials	Simulated (submit just like PCRs due during class) or attach actual calls to Phase 2 reports	
		Critical trauma patient where the destination must be selected based on field triage criteria to a Level I TC	
		Physician on scene who is giving orders contrary to System protocols	
		Minor refusing transport	
		Patient with a DNR order who is in the process of dying, but does not yet meet the criteria of Triple 0	
		Significant exposure to a patient's blood via needle stick	

## Team Leadership runs – 25 (15 ALS)

Attach redacted PCRs, 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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SKILL PERFORMANCE APPRAISAL: Indicate the general level of performance

#### Scale:

- Clearly outstanding for a student at this level of training Above average for a student at this level of training Exceptional
- Superior
- 5 4 3 2 1 Proficient As expected for a student at this level of training
  - Not quite up to expectations for a student at this level of training Poor performance for a student at this level of training Marginal
- Deficient

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			

AFFECTIVE OBJECTIVES	Rating		
INTEGRITY: Consistently honest; maintains patient confidentiality.			
EMPATHY: Shows compassion for others; responds appropriately to patients and bystanders.			
<b>SELF-MOTIVATION</b> : 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			
<b>COMMUNICATIONS</b> : 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.			
<b>CAREFUL DELIVERY OF SERVICE</b> : Performs complete equipment checks; demonstrates safe ambulance operations; makes independent critical judgments supported by System standards.			

NCH Paramedic Program Field Internships Phase II Evaluation Form

General areas of competency	Rating
<b>Medical knowledge:</b> Knowledge base relative to stage of training 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.	
<b>Presentation skills:</b> 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.	
<b>Intellectual curiosity:</b> Evidence of review of SOPs, clinical literature, notes on a daily basis reflecting effort to improve knowledge of problems encountered during patient care.	

Comments are especially important for any marginal or exceptional ratings. Provide behavior-specific descriptions and explanations rather than generic statements. Use back of page if needed.

Overall STRENGTHS: (If you believe this student is outstanding, describe the behaviors that lead you to this conclusion)

**AREAS FOR IMPROVEMENT:** (Feedback to assist the student in improving their performance)

Signatures

Student NAME/ signature

Preceptor NAME/signature

Hospital EMS	Coordinator/Educator
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Provider EMSC NAME/signature

Date

**Recommendation:** 

[] Internship complete; graduate; allow to take credentialing exam; unrestricted license

- [ ] Graduate; allow to take credentialing exam; retain with preceptor until:\_
- [ ] Retain in Phase II (attach corrective action plan)
- [ ] Terminate the internship; sponsorship withdrawn (attach documentation)

Reviewed: S17