Northwest Community Healthcare Paramedic Program Field Internship Formative Evaluation S23 PHASE ONE: TEAM MEMBER

Student name	Agency

During Phase I of the field internship, the paramedic student shall participate, as directed, as a team member and will

- 1. perform patient assessments and reach appropriate paramedic impressions on a minimum of **10 patients (ALS)** to include at least one from each of the following natures of call: respiratory, cardiac, medical, and trauma.
- 2. perform system-approved ALS interventions as directed and document on the summary log.
- 3. correctly apply ECG leads and interpret an ECG rhythm and/or acute changes on a 12 L ECG for at least 5 live patients of various age groups.
- 4. complete ePCRs in accordance with principles of medical documentation; attach ECG & capnography tracings as appropriate, and submit run critique forms completed by their preceptor for each call.
- 5. accurately call in the patient report on a minimum of 5 ALS runs using the appropriate communication methods and technology including the notification of a cardiac, stroke, sepsis, OB, and/or trauma alert as applicable.
- 6. participate in, or simulate: adult ALS refusal, BHE requiring a risk assessment, suicide screen, de-escalation, sedation and the application of restraints; a relinquished newborn listing required forms; child abuse with a DCFS form completed; and a critical peds trauma pt.
- 7. demonstrate knowledge, skills, attitudes and professional behaviors consistent with System and employer expectations of an entry-level paramedic in the NWC EMSS.

Phase I may be **completed as soon as the objectives are achieved**, but may be extended based on feedback from the designated preceptor or hospital EMSC/educator. Phase II may not begin until all objectives of Phase I are completed satisfactorily and the hospital EMSC/Educator approves the transition to the next phase

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 1 reports			
		ALS adult refusal	☐ Simulated	□ Real; Run #:	
		BHE w/ sedation & restraint	☐ Simulated	□ Real; Run #:	
		Relinquished newborn	☐ Simulated	□ Real; Run #:	
		Child abuse w/ DCFS report	☐ Simulated	□ Real; Run #:	
		Critical peds trauma pt.	□ Simulated	□ Real; Run #:	

Attach 10 blinded ALS PCRs & run critiques to this form; add ECG strips (12 L); ETCO₂ tracings, and drug cards if applicable DO NOT FILL IN PRIOR TO THE PHASE MEETING

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

ICH Paramedic Program Field Internship Phase 1 Evaluatior	n Student name:	
FRFORMANCE Scale: Indicate the general level of performa 5 Exceptional Consistently & independently characte 4 Superior Independently meets all and exceeds s 3 Proficient Meets all standards for a knowledge, s	ance: erizes compliance with all standards for knowledge, skills, and attit some standards for knowledge, skills, and attitudes skills and attitudes with minimal coaching	
	wledge, skills and attitudes –targeted corrective coaching provided dge, skills and attitudes: disciplinary action plan in place	d
AFFECTIVE OBJECTIVES: Value	es, attitudes, and professional behaviors	Rating
	m's honor code; and trustworthy with others property and PHI.	
EMPATHY/COMPASSION: (Cognitive, affective, and neuropsychol emotional experience; identifies with another person's emotions and tho	ological components): Demonstrates respect and responsiveness to another's bughts, and responds to them in a supportive and reassuring manner.	
SELF-MOTIVATION: Self-disciplined, takes initiative and follows thro of patient care and professional activities; accepts coaching in a positive	ough on tasks without constant supervision; strives for excellence in all aspects e manner; takes advantage of all learning opportunities.	
APPEARANCE; PERSONAL HYGIENE: Clean, well-groomed,		
SELF-CONFIDENCE: Is aware of own strengths and limitation		
COMMUNICATION: Speaks clearly; maintains appropriate in unmonitored; adjusts communication strategies to various	situations.	
TIME MANAGEMENT/ Demonstrates appropriate work habits, pur	·	
self-interests; helps and supports other team members; co		
ATTITUDE: Refrains from complaining; demonstrates a posi		
RESPECT: Is polite to others; does not use derogatory or demeaning to		
interest; protects and respects patient confidentiality and di	•	
patients and others involved in the delivery of health care. Provides care		
CAREFUL DELIVERY OF SERVICE: Performs complete ec makes critical judgments supported by ethical, legal and m	quipment checks; demonstrates safe ambulance operations; noral standards as specified in System standards.	
Adherence to safety standards: Consistently adhere	es to PPE, hand hygiene, and safety standards	
Medical knowledge and critical thinking: Is able to clarity, precision, accuracy, relevance, depth, breadth	understand and process essential EMS information with and logicalness	
History taking skills: Ability to obtain an accurate history and ident	tify the scope of historical data needed to assess the patient's problem.	
OLMC/handover reports: Ability to provide an organiz during the OLMC verbal report and face-to-face handove		
Physical exam skills: Ability to perform a competent exam ap	ppropriate to the patient's situation within a reasonable time frame.	
Clinical reasoning skills: Ability to assess common patient	t complaints/presentations and reach accurate conclusions.	
Freatment skills : Ability to determine need for and com	npetently implement EMS interventions.	
Written documentation: Ability to complete a factual, accura (Refusal forms, CMMS signature forms) that reflects the clinical enco		
Intellectual curiosity: Reviews SOPs, clinical literature an effort to improve knowledge, and engage in professio	e, and other sources of information on a daily basis reflecting onal development and growth.	
overall STRENGTHS (Plus):		
REAS of Opportunity (Delta) (Feedback to assist the	e student in improving their performance – be specific))	
tudent's signature	Preceptor's name/signature	
ignature of hospital EMS Coordinator/Educator	Date	

[] Retain in Phase I (attach corrective action plan)

[] Progress to Phase II

Recommendation: