

Northwest Community Healthcare Paramedic Program Field Internship Progress Report S17 PHASE ONE: TEAM MEMBER

Student name: _____

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 **15 patients (10 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. thoroughly document each submitted ALS run on a System computer-generated run report using appropriate medical terminology in accordance with principles of medical documentation; attach ECG strips as appropriate, and a run critique form completed by his or her preceptor.
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, and/or trauma alert as applicable.
6. participate in, or simulate, the following: adult ALS refusal, Triple 0, behavioral emergency requiring the application of restraints and completion of a petition form, suspected child abuse, DCFS form completed, relinquished newborn listing required forms, Override, and critical peds trauma.
7. demonstrate behavior consistent with professional 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 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 1 reports
		ALS adult patient refusal
		Triple 0
		Behavioral emergency needing restraints and Petition Form
		Suspected child abuse
		Relinquished newborn
		Field-requested override
		Critical peds trauma patient

Attach approved blinded PCR, ECG (12L if appropriate) strips, capnography tracings, and run critiques to this form

[illegible]

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

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

AFFECTIVE OBJECTIVES:		Rating
1.	INTEGRITY: Consistently honest; is able to be trusted with the property of others and with confidential information.	
2.	EMPATHY/Rapport with patients: Shows compassion for others; good listening skills, sensitivity and empathy.	
3.	SELF-MOTIVATION: Self-disciplined, takes initiative and follows through on tasks without constant supervision; strives for excellence in all aspects of patient care and professional activities; accepts coaching in a positive manner; takes advantage of all learning opportunities.	
4.	APPEARANCE AND PERSONAL HYGIENE: Always clean, neat, well-groomed, wearing clothing appropriate for a medical professional team member and presents a positive image of EMS within the hospital; good personal hygiene and grooming.	
5.	SELF-CONFIDENCE: Is aware of own strengths and limitations; projects confidence to patients	
6.	COMMUNICATIONS: Speaks clearly; maintains appropriate interactions/language even in difficult situations or when unmonitored; writes legibly; adjusts communication strategies to various situations.	
7.	TIME MANAGEMENT/ Demonstrates appropriate work habits, punctual; completes tasks and assignments on time.	
8.	TEAMWORK AND DIPLOMACY: Interaction with peers, hospital personnel & others: Places success of team above self-interests; helps and supports other team members; communicates effectively to resolve problems.	
9.	ATTITUDE: Refrains from complaining; demonstrates a positive attitude through verbal and non-verbal communication.	
10.	RESPECT: Is polite to others; does not use derogatory or demeaning terms; behaves in a manner that brings credit to the profession.	
11.	PATIENT ADVOCACY: Does not allow personal bias to interfere with patient care; places the needs of patients above self-interest; protects and respects patient confidentiality and dignity.	
12.	CAREFUL DELIVERY OF SERVICE: Performs complete equipment checks; demonstrates safe ambulance operations; makes critical judgments supported by ethical, legal and moral standards as specified in System standards.	

Medical knowledge: 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.	
Presentation 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 a factual, accurate, complete, and timely PCR and other supplementary documents (Refusal forms, CMMS signature forms) that reflects the clinical encounter in an accurate and comprehensive manner.	
Intellectual curiosity: 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.

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)

Preceptor must fill in the above sections prior to the phase meeting

Student's signature

Preceptor's name/signature

Signature of hospital EMS Coordinator/Educator

Date

Recommendation: ☐ Progress to Phase II ☐ Retain in Phase I (attach corrective action plan)