# Northwest Community Healthcare Paramedic Program Field Internship Progress Report S18

## 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	☐ Simulated	□ Real; Run #:
		Triple 0	☐ Simulated	□ Real; Run #:
		Behavioral emerg: restraints and Petition Form ☐ Simulated ☐ Real; Run #:		
		Suspected child abuse	□ Simulated	□ Real; Run #:
		Relinquished newborn	☐ Simulated	□ Real; Run #:
		Override	☐ Simulated	□ Real; Run #:
		Critical peds trauma	☐ Simulated	□ Real; Run #:

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

Date	Pt initials	Pt. age	Nature of call	ECG (list)	Call-in (X)		
	DO NOT FILL IN PRIOR TO THE PHASE MEETING						

## PERFORMANCE APPRAISAL: Indicate the general level of performance

## Scale:

Recommendation:

[ ] Progress to Phase II

Clearly outstanding for a student at this level of training Above average for a student at this level of training 5 Exceptional 4 3 2 1 Superior Proficient As expected for a student at this level of training

Marginal Not quite up to expectations for a student at this level of training

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.	<b>EMPATHY/Rapport with patients:</b> Shows compassion for others; good listening skills, sensitivity and empathy.			
3.	<b>SELF-MOTIVATION:</b> 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.	<b>APPEARANCE AND PERSONAL HYGIENE:</b> 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.	<b>COMMUNICATIONS:</b> Speaks clearly; maintains appropriate interactions/language even in difficult situations or when unmonitored; writes legibly; adjusts communication strategies to various situations.			
7.	<b>TIME MANAGEMENT/</b> Demonstrates appropriate work habits, punctual; completes tasks and assignments on time.			
8.	<b>TEAMWORK AND DIPLOMACY: Interaction with peers, hospital personnel &amp; others:</b> 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.	<b>RESPECT:</b> Is polite to others; does not use derogatory or demeaning terms; behaves in a manner that brings credit to the profession.			
11.	<b>PATIENT ADVOCACY:</b> 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.	<b>CAREFUL DELIVERY OF SERVICE:</b> Performs complete equipment checks; demonstrates safe ambulance operations; makes critical judgments supported by ethical, legal and moral standards as specified in System standards.			
Me with	<b>dical knowledge:</b> Knowledge base relative to stage of training and ability to apply that knowledge and work nin the SOPs & EMS policies when caring for patients.			
Hist	tory taking skills: Ability to obtain an accurate history and identify the scope of historical data needed to assess the patient's problem.			
	esentation skills: Ability to provide an organized, accurate summary of data in a concise and timely fashion ing the radio report and face-to-face report at the hospital.			
Phy	ysical exam skills: Ability to perform a competent exam appropriate to the patient's care needs within a reasonable time frame.			
Cli	nical reasoning skills: Ability to assess common problems and reach accurate conclusions using appropriate reasoning skills.			
Tre	eatment skills: Ability to determine need for and competently execute EMS interventions.			
Wri (Ref	itten documentation: Ability to complete a factual, accurate, complete, and timely PCR and other supplementary documents fusal forms, CMMS signature forms) that reflects the clinical encounter in an accurate and comprehensive manner.			
	ellectual curiosity: Evidence of review of SOPs, clinical literature, notes on a daily basis reflecting effort to rove knowledge of problems encountered during patient care.			
des	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)				
Stu	dent's signature Preceptor's name/signature			
Sign	nature of hospital EMS Coordinator/Educator Date			

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