

**Northwest Community Healthcare Paramedic Program
FIELD INTERNSHIP COMPLETION CHECKLIST - 2021**

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 2-1-21)	

PHASE I: Team member	In packet/file
Phase I Progress Report/Evaluation	
Critique forms and blinded (PHI redacted) ePCRs (completed by student) and drug cards for a minimum 15 runs (10 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 #:	
Behavioral emerg w/ restraints & Petition <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
Phase II Progress Report/Evaluation	
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.	
Critical trauma transport to Level I <input type="checkbox"/> Simulated <input type="checkbox"/> Real; Run #:	
Minor with NO injuries refusing transport <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	

Summative Field Internship Evaluation with all signatures present	
FISDAP final report of patient care contacts and skill performance completed (from J. Dyer)	