

Peoria Area EMS System
EMT I/P & B to P Student Field Internship Progress Report
PHASE ONE: ORIENTATION/TEAM MEMBER = First 48 hours

STUDENT DIRECTIONS: Complete this Report. Retain with your Internship Records.

STUDENT NAME (print): _____ **INTERNSHIP LEVEL:** ___ Intermediate ___ Paramedic

COURSE START DATE: _____ **END DATE DIDACTIC:** _____ **LOCATION:** _____ **COURSE COORDINATOR (print):** _____

The following shall serve as **minimum** objectives and may be expanded to meet the needs and abilities of individual students.

During Phase I of the field internship, the EMT student shall:

1. **WILL NOT PROVIDE ANY ALS FIELD CARE DURING THIS 48 HOUR ORIENTATION.**
2. Assist in completing a thorough ambulance inventory/checklist, locating all components and checking all drugs for expiration dates and ensuring airway equipment is in working order.
3. Review the use of and demonstrate the ability to use all EMS communications equipment used by the agency, including radios, cellular phones, and phone interfaces using ECG couplers.
4. Perform a minimum of **five (5)** patient assessments, which may include the actual physical assessment, gathering of a patient history, and obtaining vitals signs, etc.

The Field Training Instructor (FTI) will sign the Patient Care Report and complete the Run Critique, Page 2.

The student should seek constructive review of the completed **PCR/Run Critique** by the FTI.

All completed forms are to be submitted to the student's Course Coordinator at the end of each Phase.

5. Complete a tour of the clinical facility, which includes finding the location of the agency copy of the Peoria Area EMS System *Prehospital Care Manual*, narcotic logs, and other pertinent manuals and forms.

Phase One will last a minimum of 48 hours, and may be extended based on feedback from all Field Training Instructors having contact with the student or the Course Coordinator. Phase Two will not begin until all objectives of Phase One are completed satisfactorily and the student receives the approval of the Course Coordinator to progress to Phase Two.

DATE	TIME IN/TIME OUT	CUMULATIVE HOURS	AGENCY	FTI - SIGNATURE

Student Name (print): _____ Internship Level: _____ Phase: _____ **Additional Time Sheet**

DATE	TIME IN/TIME OUT	CUMULATIVE HOURS	AGENCY	FTI - SIGNATURE

AFFECTIVE EVALUATION REPORT – Phase ONE

FTI – COMPLETE at END of EACH INTERN SHIFT

STUDENT DIRECTIONS: Duplicate this REPORT. Provide this report for your FTI. Retain copy for your intern records.

FTI DIRECTIONS: Complete this REPORT at the END of each intern shift. Retain a copy for your records.

Student NAME (print): _____ LEVEL: ___ Intermediate ___ Paramedic Shift DATE: _____

AFFECTIVE OBJECTIVES: (to be completed by the FTI at the end of each shift)

1. INTEGRITY	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Consistently honest; is able to be trusted with the property of others; can be trusted with confidential information.			
2. EMPATHY	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Shows compassion for others; responds appropriately to the emotional response of patients and family members; demonstrates respect for others; demonstrates a calm, compassionate, and helpful demeanor toward those in need; is supportive and reassuring to others.			
3. SELF-MOTIVATION	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Self-disciplined, resourceful, takes on and follows through on tasks without constant supervision; consistently strives for excellence in all aspects of patient care and professional activities; accepts coaching in a positive manner and immediately modifies behavior as requested..			
4. APPEARANCE AND PERSONAL HYGIENE	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
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	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Demonstrates an awareness of own strengths and limitations; exercises good personal judgment.			
6. COMMUNICATIONS	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Speaks clearly; maintains appropriate interactions/language even in difficult situations or when unmonitored; writes legibly; listens actively; adjusts communication strategies to various situations.			
7. TIME MANAGEMENT	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Consistently punctual; completes tasks and assignments on time.			
8. TEAMWORK AND DIPLOMACY	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Places the success of the team above self interests; does not undermine the team; helps and supports other team members; encourages other team members to achieve; shows respect for all team members; remains flexible and open to change.			
9. ATTITUDE	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Refrains from complaining; demonstrates a positive attitude through verbal and non-verbal communication.			
10. RESPECT	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Is polite to others; does not use derogatory or demeaning terms; behaves in a manner that brings credit to the profession.			
11. PATIENT ADVOCACY	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Does not allow personal bias to interfere with patient care; places the needs of patients above self-interest; insists on appropriate patient management.			
12. CAREFUL DELIVERY OF SERVICE	Competent <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	No Opportunity to Evaluate <input type="checkbox"/>
Performs complete equipment checks; demonstrates careful and safe ambulance operations; makes independent critical judgments supported by ethical, legal and moral standards as specified in System standards; follows orders.			

FTI Comments: _____

(ADDITIONAL COMMENTS ON REVERSE)

Student signature _____

Field Training Instructor's signature _____

Date _____