



Victor Valley College Paramedic Academy

Field Internship

Name: _____

Class: _____

Preceptor: _____

Agency: _____

VICTOR VALLEY COLLEGE FIELD INTERNSHIP

TIME REQUIREMENTS

Interns complete a minimum of 480 HOURS and 40 ALS contacts. An extension of 120 hours is available if necessary. A maximum of 720 hours is allowed.

VVC prefers that extension of the internship be placed as the necessity becomes apparent. Extension is a group decision made by the preceptor, liaison, field coordinator and the medical director. Extensions may be reduced or removed if the intern's performance meets the standard criteria.

Each intern is provided with a zero (0) shift on order to allow the preceptor and the intern time to become acquainted and for the preceptors to outline their expectations. This shift is intended to be an observation shift for the intern; however some interns do participate in patient care during that shift. This shift may be a complete shift or a partial shift. The time does not count toward the total of 600 hours but the shift is mandatory.

Interns may be moved from one preceptor to another for various reasons. VVC's basic philosophy is not to move interns.

SCHEDULE CHANGES

Any change in schedule, illness, overtime, change in primary preceptor, for any number of hours, must be:

- **Reported to the field coordinator prior to the occurrence.**
- **Reported to the preceptor and/or agency prior to the occurrence**

When you need to communicate with the field coordinator:

- Use only the coordinator's office voice mail if you need to leave a message
- Contact via cell if you need prior approval

FIRE SUPPRESSION

VVC's philosophy is that the field interns concentrate on the internship and their needs as an intern. Based on this philosophy no fire suppression will be allowed. If an intern is found to be participating in fire suppression training or activity he or she will be expelled from the paramedic academy.

DRESS CODE AND PROFESSIONAL BEHAVIOR

Interns are required to:

- Dress in the school uniform and name tag
- Wear the name tag on the outside of their attire at all times
- Appear clean and neat
- Have a change of uniform with them at all times
- Follow all policies of the interning agency
- Follow the instructions of the preceptor
- Arrive on shift in time to complete assigned pre-shift duties
- Arrive emotionally and physically prepared for each shift
- Communicate professionally with patients and families
- Communicate professionally with the preceptor and with other EMS and health care providers
- Accept feedback from the preceptor
- Take responsibility for self-improvement
- Maintain confidentiality and respect the rights of others at all times
- Complete all required paperwork
- Refrain from false documentation on field paperwork
- Perform only under the direct supervision of the approved preceptor
- Follow all policies of the San Bernardino Community College District

HARASSMENT

Harassment is against the regulations and policies of the Victor Valley Community College District. Any occurrence must be reported to the field coordinator immediately.

SCOPE OF PRACTICE

The California Code of Regulations, Title 22, EMT-P Regulations, state the paramedic intern must be under direct supervision during the field internship. Direct supervision is only provided by your approved preceptor.

In the field, the paramedic intern may perform any activity identified in the “basic” scope of practice of the EMT-P as defined in the California code of regulation, and the expanded scope of practice approved by the Medical Directors for San Bernardino County EMS Agencies. If a preceptor is not accredited to perform skills or medications in the expended scope, the student may not perform those skills.

GRADING CRITERIA

EVALUATION AREAS:

Major Evaluations:	Possible Points: 330
Field Care Audits:	Possible Points: 240
Affective Behavioral Evaluation: (4 Preceptors and 1 by Field Coordinator)	Possible Points: 200

Total Points Possible: 770

To successfully complete the field internship, the student must:

- Meet the required time line for all required paperwork
 - Earn an overall grade equivalent to 80%
 - Earn a grade equivalent to 80% in each of the evaluation areas
 - Complete course completion within 30 days of the last field shift
- A = 725 - 770 points
B = 680 - 724 points
D = 620 - 679 points
F = <679 points

INJURY/MEDICAL LIABILITY

If an intern is injured or exposed to a communicable disease or other harmful agent during the internship, they must:

- Refrain from initiating any care other than life and death care
- Stay by the phone, a call will be made immediately
- Follow the directions for care given by the program administrator
- See the school nurse, on campus, within 48 hours of the injury or exposure

Failure to follow this procedure can make the intern responsible for any incurred costs.

When the intern needs to speak to the Field Coordinator/Program Director call the following numbers:

Field Coordinator

Brian Hendrickson - (760) 963-3400

Field Liaison

Dave Oleson (909) 838-5409

Program Director

Scott Jones - (951) 719-5478

FIELD MEETINGS AND FIELD COORDINATOR MEETINGS

During the internship, interns will be required to:

- Attend 1 field meeting
- Speak or meet with the field coordinator/liaison or program director three times
 - After the 5th shift and before the 15th shift
 - After the 15th shift and before the 25th shift
 - After completion of the final shift

To schedule the meetings:

- Call or email the field coordinator/liaison to schedule a time
- Have your schedule ready with available times
- Arrive for the meeting with your notebook

You may not progress to shift 15 or 25 until you have completed the meetings.

Failure to attend field meetings will result in a grade reduction of one letter.

NATIONAL REGISTRY

Information regarding National Registry testing will be given to you by either the clinical coordinator or program director. Testing will be held after field internship is completed and course completion is achieved.

FIELD INTERNSHIP PERFORMANCE OBJECTIVES

The field internship will offer the student the opportunity to perform many or all of the skills explored in the didactic and clinical portions of the program. The environment will change from the controlled to the uncontrolled and will afford the student the environment to “put it all together.”

At the end of this course the student will be able to:

1. Determine safety for patient, self and team members and ensure an adequate work environment in a timely manner.
2. Use universal precautions, wear appropriate personal protective equipment specific for patient condition, clean and sanitize equipment in accordance with provider policy and procedures.

3. Initiate or delegate appropriate crowd control and deal effectively with family and bystanders.
4. Recognize the need for and request additional assistance or equipment needed in a timely manner.
5. Perform an organized primary assessment within 60 seconds and intervene appropriately in a timely manner.
6. Obtain a relevant and accurate patient history, chief complaint/problem, medications and allergies in a systematic and timely manner.
7. Perform a thorough exam with appropriate inquiry and inspection pertinent to the patient's chief complaint with accurate findings.
8. Interpret and correlate assessment information correctly.
9. Identify breath sounds and have adequate knowledge of chest auscultation.
10. Identify cardiac rhythms in an accurate and timely manner.
11. Develop and implement an appropriate plan of action.
12. Assess patient response to therapy/interventions.
13. Build rapport with patient, family, and bystanders.
14. Communicate all pertinent information to team members.
15. Utilize medical control appropriately, including organized and complete radio reports.
16. Complete patient care reports in an accurate, thorough and legible manner.
17. Function as a member of the patient care team.
18. Assume a leadership role and direct team members appropriately.
19. Participate in the evaluation of self; including accepting feedback and suggestions and taking necessary steps to correct performance.
20. Use all equipment correctly.
21. Assure the adequate delivery of oxygen to patient, including use of appropriate airway adjunct and achieving or maintaining patency of airway in a timely manner.
22. Correctly use advanced airways in a timely manner.
23. Recognize signs/symptoms of tension pneumothorax, and decompress the chest.
24. Correctly identify the indications for and perform defibrillation and cardioversion.
25. Establish an intravenous infusion with proper technique and in a timely manner.
26. Demonstrate the respect for the dignity of each individual he or she is associated with in the practice of his or her professional duties.

27. Respond to the field learning environment in such a manner to invite confidence of patients, supervisors, peers and other health care professionals.

AREA ORIENTATION CHECK LIST

We have informed the students that he or she is a guest in your facility. Social behaviors would identify that the student will initially be nervous in a new and unfamiliar setting. The following checklist is designed to help you orient the student to your agency's policies.

Check each item when completed:

- | | |
|--|---|
| <input type="checkbox"/> tour of station | <input type="checkbox"/> introduction to personnel |
| <input type="checkbox"/> equipment check and restock | <input type="checkbox"/> agency specific policies |
| <input type="checkbox"/> who to contact if ill | <input type="checkbox"/> documentation procedures |
| <input type="checkbox"/> meal info | <input type="checkbox"/> specific phone number needed |
| <input type="checkbox"/> sleep info | <input type="checkbox"/> any necessary financial info |

Primary Base Hospital _____

Other Base Hospitals in Area _____

Methods of Communication _____

Direct Phone Line to BH _____

Trauma Centers _____

Other agencies with which there is interaction and/or response and their level of care _____

Any special communication problems or transport problems due to terrain or transport time

CRITERIA FOR EVALUATING STUDENT PERFORMANCE

The following criteria must be used when evaluating intern performance and affective behaviors. It is to be used:

- by the preceptor
- by the intern
- as the measurement of the intern against the standard for a competent paramedic
- only in the form listed for scoring, e.g. 1, 2, or 3

DAILY PERFORMANCE RECORD

When completing the Daily Performance Record:

- use one sheet for every shift
- attach copy of all ICEMA O1A's or PCR's for shift to each daily
- the intern should complete the top of each form
- list all calls, including AMA's
- every ALS call must be evaluated
- BLS calls may be evaluated at the discretion of the preceptor
- Patient and treatment information must be completed (see example)
- sequentially number all ALS calls
- the intern must evaluate him or herself on the lines marked "I" prior to evaluation by the preceptor using the performance criteria
- use only 1, 2, or 3 as scores, using the comment sections to elaborate
- the preceptor must complete the "Summary of Performance", "Drills and Demonstrations", and "Plan for Improvement".
- both the preceptor and the intern must sign the form

FIELD INTERNSHIP GRADING CRITERIA

Evaluation Factors	Rating of 1	Rating of 2	Rating of 3
Safety and work environment	Frequently fails to provide a safe and adequate work environment	Inconsistently determines or provides a safe and adequate work environment or slowly initiates appropriate measures.	Consistently determines safety for patient, self and team members and ensures an adequate work environment in a timely manner.
Universal Precautions	Frequently fails to use appropriate universal precautions. Personal protective equipment or care for equipment appropriately.	Inconsistently uses universal precautions and personal protective equipment or cleans equipment inappropriately.	Consistently uses universal precautions and wears appropriate personal protective equipment specific for patient condition. Cleans and sanitizes equipment in accordance with provider policy and procedures.
Crowd Control	Frequently fails to take steps to control crowd or deal effectively with family and bystanders.	Inconsistently initiates or delegates crowd control. Inconsistently deals effectively with family and bystanders.	Consistently initiates or delegates appropriate crowd control and deals effectively with Family and bystanders.
Additional Assistance and Equipment	Frequently fails to recognize the need for additional assistance and/or equipment needed.	Inconsistently or slowly recognizes the need for additional assistance or equipment	Consistently recognizes the need for and requests additional assistance or equipment needed in a timely manner.

FIELD INTERNSHIP GRADING CRITERIA PG.2

Evaluation Factors	Rating of 1	Rating of 2	Rating of 3
Primary Assessment and Intervention	Frequently fails to perform an organized and complete primary assessment within 60 seconds or fails to intervene appropriately.	Inconsistently or slowly performs a complete and/or organized primary assessment. Does not intervene appropriately in a timely manner.	Consistently performs an organized primary assessment within 60 seconds and intervenes appropriately in a timely manner.
Patient Information	Frequently is disorganized or unable to illicit appropriate patient information	Inconsistently or slowly obtains relevant or accurate patient information.	Consistently obtains a relevant and accurate patient history, chief complaint/problem, medications and allergies in a systematic and timely manner.
Physical Examination	Frequently fails to perform a thorough exam with appropriate inquiry and inspection and/or findings are inaccurate.	Inconsistently or slowly performs an exam. Needs assistance in being thorough and systematic.	Consistently performs a thorough exam with appropriate inquiry and inspection pertinent to the patient's chief complaint. Findings are accurate.
Assessment Interpretation	Frequently fails to determine a working diagnosis or substantially misinterprets the patients problem. Cannot formulate a working diagnosis for treatment.	Inconsistently or slowly determines a working diagnosis or substantially misinterprets the patients problem.	Consistently interprets and correlates assessment information correctly.
Chest Auscultation	Frequently fails to demonstrate adequate assessment and identification of basic breath sounds.	Inconsistent knowledge of chest auscultation and breath sounds.	Consistently identifies breath sounds. Adequate knowledge of chest auscultation.

FIELD INTERNSHIP GRADING CRITERIA PG.3

Evaluation Factors	Rating of 1	Rating of 2	Rating of 3
Cardiac Rhythms	Frequently fails to identify rhythms in a timely manner.	Inconsistently identifies rhythms in an accurate and timely manner.	Consistently identifies rhythms in an accurate and timely manner.
Patient Management	Frequently fails to develop and implement an appropriate plan of action.	Inconsistently or slowly develops or implements an appropriate plan of action.	Consistently develops and implements an appropriate plan of action.
Patient Response To Therapy	Frequently fails to assess patient response to therapy/interventions.	Inconsistently assesses patient response to therapy/interventions.	Consistently assesses patient response to therapy/interventions
Rapport With Patient, Family and Bystanders	Frequently fails and does not attempt to establish rapport with patient, family and bystanders. Is inconsiderate and disrespectful of others.	Inconsistently builds rapport with patient, family and bystanders. Inconsistently shows consideration and respect for others. Does not instill confidence in patients.	Consistently builds rapport with patient, family and bystanders. Shows consideration and respect for others. Instills confidence in patient.
Team Members	Frequently fails to report pertinent information to team members.	Inconsistently reports pertinent information to team members.	Consistently communicates all pertinent information to team members.
Radio Report	Frequently fails to recognize the need to utilize medical control.	Inconsistently utilizes and recognizes medical control. Reports are disorganized and incomplete.	Consistently utilizes medical controls appropriately. Reports are organized and complete.
Documentation	Frequently fails to complete patient care reports in an accurate, thorough or legible manner.	Inconsistently completes patient care reports in an accurate, thorough and legible manner.	Consistently completes patient care reports in an accurate thorough and legible manner.

FIELD INTERNSHIP GRADING CRITERIA PG.4

Evaluation Factors	Rating of 1	Rating of 2	Rating of 3
Working Relationships With Team Members	Frequently fails to function as a member of the patient care team.	Inconsistently functions as a member of the Patient care team.	Consistently functions as a member of the patient care team.
Leadership	Frequently fails to function as a member of the patient care team.	Inconsistently assumes leadership role and direction of team members.	Consistently assumes leadership role and directs team members appropriately.
Professionalism	Frequently exhibits unprofessional conduct, is rude, abrupt and/or out of uniform.	Inconsistently exhibits a professional demeanor.	Consistently exhibits a professional demeanor.
Feedback And Guidance	Frequently fails to accept feedback: argues with others. Uses excuses to justify mistakes.	Inconsistently accepts feedback. Does not take necessary steps to change performance.	Consistently participates in evaluation of self: accepts feedback and suggestions. Takes necessary steps to correct performance.
Inventory Maintenance	Frequently fails to perform equipment inventory at the start of shift and does not re-supply inventory.	Inconsistently re-supplies all inventory per provider policy.	Consistently re-supplies all inventory per provider policy.
Equipment Operation	Frequently fails to use equipment in a safe manner.	Inconsistently demonstrates proper use of all equipment. Needs direction.	Consistently demonstrated the ability to use all equipment correctly.
Airway Management/ Oxygen Therapy	Frequently fails to assure adequate delivery of oxygen to patient. Fails to utilize appropriate airway adjunct and/or maintain patency of airway in a timely manner	Inconsistently assures adequate delivery of oxygen to patient and/or utilization of appropriate airway adjunct. Does not maintain patency of airway in a timely manner.	Consistently assures adequate delivery of oxygen to patient. Uses appropriate airway adjunct. Achieves or maintains patency of airway in a timely manner.

FIELD INTERNSHIP GRADING CRITERIA PG.5

Evaluation Factors	Rating of 1	Rating of 2	Rating of 3
Advanced Airways	Frequently fails to demonstrate correct use of advanced airways. Inadequate knowledge base of indications and contraindications	Inconsistently demonstrates or recognizes need for use of advanced airways. Needs some guidance to complete procedures.	Consistently demonstrates correct use of advanced airways in a timely manner.
Pleural Decompression	Frequently fails to recognize signs/symptoms of tension pneumothorax. Fails to demonstrate appropriate procedure.	Inconsistently recognizes signs/symptoms of tension pneumothorax. Needs some guidance to complete the procedure.	Consistently recognizes signs/symptoms of tension Pneumothorax. Demonstrates correct procedure.
Defibrillation/ Cardioversion	Frequently fails to demonstrate correct procedure and indications for use.	Aware if indications for use, but needs some direction to perform procedure.	Consistently performs correct procedure. Aware of indications for use.
Intravenous Access	Frequently fails to establish IV access due to improper technique.	Inconsistently establishes IV access. Needs some direction to complete procedure.	Consistently uses proper technique. Completes procedure in a timely manner.
Pneumatic Antishock Garment	Frequently fails to perform procedure in a systematic and timely manner.	Inconsistently performs procedure in a systematic and timely manner. Needs direction to complete procedure.	Consistently performs procedure in a timely and competent manner.

MAJOR EVALUATION FORM

When completing the Major Evaluation:

- complete a form at the completion of each 120 hours
- the intern must complete the top of the form
- use only 1, 2, or 3 as scores, use the comment section to elaborate
- average the scores of the previous 120 hours to determine the scores
- mark any area where the student has not performed in that 120 hours “N/A”
- The preceptor must complete the “Summary of Performance” and “Plan for Improvement.”
- Must be signed by the student and preceptor

AFFECTIVE BEHAVIOR EVALUATION

The field coordinator and the preceptor will evaluate affective behaviors during the internship. The result of these evaluations will be considered in the overall field grade.

The preceptor will complete the affective behavior form on shift 5, 10, 15 and on the intern's last shift.

The field coordinator will complete the field coordinator affective behavior form as a part of final notebook review.

**VICTOR VALLEY COLLEGE
AFFECTIVE BEHAVIOR EVALUATION
FIELD INTERNSHIP**

Date: _____

Intern: _____

Shift: 5 10 15 25 or 30

Preceptor: _____

Preceptor Signature _____ Intern Signature _____

Preceptors, please rate each of the following behaviors:

A score of 1 means you strongly agree, a score of 5 means you strongly disagree.

1. Punctually attends scheduled shifts.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
2. Is mentally and physically prepared for each shift.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
3. Is neat and clean in appearance, and in appropriate uniform.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
4. Takes responsibility to complete assigned pre-shift duties.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
5. Communicates professionally with patient and family.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
6. Communicates professionally with preceptor and other EMS and health care providers.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
7. Accepts feedback from the preceptor, and takes responsibility for self-improvement.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
8. Maintains confidentiality and respects the rights of others.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree

Comments:

**VICTOR VALLEY COLLEGE
AFFECTIVE BEHAVIOR EVALUATION
FIELD COORDINATOR**

Date: _____

Intern: _____

Field Coordinator Signature: _____

A score of 1 means you strongly agree, a score of 5 means you strongly disagree.

1. Arranges and attends all field coordinator meetings.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
2. Arrives on time for meetings.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
3. Advises coordinator of all schedule changes as directed.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
4. Notebook is organized for field coordinator meetings.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
5. Attends all general field meetings.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
6. Completes field care audits according to schedule.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
7. Has necessary notebook signatures in place prior to field coordinator meetings.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree
8. Maintains a professional and cooperative attitude during the internship.
1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree

Comments:

TRACKING FORMS

Each student will complete tracking forms. The forms are organized by medication, skill, and patient type. Also, they are organized by patient age. It is extremely important to have the forms accurately recorded, since the documentation will be included in the determination of student competencies.

For the purpose of filling out these forms, the following ages apply:

infant - 0-1 year	(infant)
toddler – 1-3 years	(todd)
preschooler – 3-5 years	(pschol)
school age - 6-12 Years	(schol)
adolescent – 13 years to 17 years	(adol)
adult – 18 years to 60 years	(adult)
geriatric – Over 60 years	(geriat)

A hash mark (/) should be made in the correct columns for each patient treated or contacted. **The tracking forms must include BLS, ALS and AMA calls.**

These forms are to be completed at the end of each call and will be reviewed at all meetings with the field coordinator.

Drug Tracking Form

Standard Scope of Practice	INF	TODD	PSCHOL	SCHOL	ADOL	ADULT	GERIAT
Activated Charcoal							
Adenosine							
Aspirin							
Albuterol							
Atropine Injectable							
Atropine by med neb							
Benadryl							
Calcium Chloride							
Decadron							
Dextrose 50%							
Dopamine							
Epinephrine 1:1000							
Epinephrine 1:10,000							
Glucagon							
Lasix							
Lidocaine Bolus							
Lidocaine Drip							
Magnesium Sulfate							
Morphine Sulfate							
Narcan							
Nitroglycerine Spray							
Nitroglycerine Tablets							
Oxytocin							
Phenylephrine							
Procainamide							
Sodium Bicarbonate							
Syrup of Ipecac							
Valium							
Verapamil							
Versed							

Skill Tracking Form

MED ADMINISTRATION	INF	TODD	PSCHOL	SCHOL	ADOL	ADULT	GERIAT
ET							
Med. Neb.							
IM							
Sub-cutaneous							
IVP							
IVPB							
Sublingual tablet							
Transmucosal apray							
Sublingual injection							
Rectal							
CARDIAC SKILLS							
CPR							
Defibrillation							
Cardioversion							
Valsalva Maneuver							
AIRWAY/VENTILATION							
OPA							
NPA							
ET Medical							
ET Trauma							
Nasotracheal							
Magill Forceps							
BVM							
Needle Thorocostomy							
ET Suction							
Oropharyngeal Suction							
PERIPHERAL ACCESS							
External Juglar							
Saline Lock							
Intravenous							
Preexist. Vascular Access							
Intraosseous							
Blood Sample Draw							
Dextrose Stick							
ADJUNCTS							
Naso/Orogastric Tube							
Childbirth							
Helmet Removal							
Simple Splinting							
Traction Splint							
Spinal Immobilization							
OTHER							
Needle Cricothyrotomy							
Percutaneous Cricothyrotomy							
TLJV							
Pulse Oximetry							
End CO2 Moniter							
Transcutaneous Pacing							

Patient Type Tracking Form

CARDIAC EMERGENCY	INF	TODD	PSCHOL	SCHOL	ADOL	ADULT	GERIAT
CHEST PAIN							
BRADYCARDIAI							
SVT							
WIDE/VENT. TACHY							
V-FIB/PULSELESS V/TAC							
AYSTOLE							
PEA							
SYNCOPE							
RESPIRATORY EMERG.							
RESPIRATORY ARREST							
COPD							
ASTHMA							
BRONCHOSPASM							
CHF/PULM. EDEMA							
DIFF. BREATHING							
MEDICAL EMERGENCY							
ALLERGIC REACTION							
DIABETIC CONDITIONS							
NON-TRAUM. SHOCK							
NON-TRAUM. HTN							
ABDOMINAL PAIN							
GENERAL WEAKNESS							
NEURO. EMERGENCY							
ALTERED LEVEL OF CON.							
CVA							
SEIZURES							
TIA							
OB/GYN EMERGENCY							
IMMINENT DELIVERY							
PG/BIRTH COMPLICAT.							
NEONATAL RESUSC.							
POISONINGS							
BETA BLOCKERS							
CAUSTIC							
ANTIDEPRESSANTS							
NARCOTICS/SEDATIVES							
ORGANOPHOSPHATES							
DYSTONIC REACTIONS							
TRAUMA							
BLUNDT							
PENETRATING							
TRAUMATIC ARREST							
MECHANICAL FALL							
TRAFFIC COLLISION							
MINOR TRAUMA							

Patient Type Tracking Form

(pg. 2)

ENVIORNMENTAL	INF	TODD	PSCHOL	SCHOL	ADOL	ADULT	GERIAT
BURNS							
HYPERThERMIA							
HYPOTHERMIA							
BEHAVIORAL							
ASSAULT VICTIM							
SPECIAL SITUATIONS							
24 HOUR HOLDS/5150							
ABNORMAL BEHAVIOR							
OTHERS							
AGAINST MED. ADVICE							
MCI/MVI							
HAZ MAT							
DNR							

FIELD CARE AUDITS

The field care audit is designed to help interns develop their critical thinking skills by examining the chief complaint and the related pathophysiology of patient illness and injury.

Each intern will:

- complete 12 field audits during the internship
- have a separate copy of the field run report form for each audit
- complete the forms legibly and with correct spelling
- have 3 field care audits ready to turn in at the first meeting with the field coordinator
- have 5 field care audits ready to turn in at the second meeting with the field coordinator
- have 4 field care audits ready to turn in at the final meeting with the field coordinator
- have the preceptor review and approve prior to the field coordinator meetings

The field audits are worth 20 points each:

- chief complaint - 2 points
- pathophysiology - 4 points
- main concerns - 3 points
- management of concerns - 3 points
- home medications - 1 point
- affects to care - 2 points
- protocol choice - 1 point
- protocol justification –1 point
- change in management of patient or scene - 1 point
- new thing learned - 2 points

**VICTOR VALLEY COLLEGE
FIELD INTERNSHIP
FIELD CARE AUDITS**

Date: _____ **Name:** _____ **Shift:** _____

Patient Type: _____ **Age:** _____

1. What was the patient's chief complaint?

2. What pathophysiology is causing this chief complaint? _____

2b. What was your working diagnosis? _____

3. What were the 2 primary concerns for this patient?

4. What steps were taken to manage these concerns?

5. List the home meds with their primary use.

6. Specifically, how might these medications affect your care of the patient?

7. What protocol(s) were used to treat the patient?

8. Justify the protocol(s) chosen to care for this patient.

9. How could you change you management of the patient and scene?

10. Describe one specific new thing you learned from the assessment, your review of the pathophysiological principles and care of the patient or from the management of the scene?

NOTEBOOK CRITERIA

Each student will develop a field notebook. The notebook must be:

- a 3 inch notebook
- including a cover page containing intern name, preceptor name, interning agency name and class number
- Please no dividers
- All 01A forms together
- All daily evals together
- All major evals together
- be free of any plastic sheet covers or tabs
- be organized and with in the student's possession on each field shift
- be organized and with the student at all meetings with the field coordinator

Keep all 01A forms in sequential order; all patient identification information is to be blocked out and not readable.

PREPARATION FOR COURSE COMPLETION

To prepare to complete the field internship course requirements, the intern must:

- call the field coordinator to make an appointment for final notebook check and exit interview
- review the entire document so the information reflects a thorough, professional document
- **submit your signed “Statement of Completion” form in a sealed envelope from the preceptor**
- check for all necessary signatures on paperwork
- submit your notebook and final paperwork
 - cover page
 - daily performance evaluations and all field run report forms
 - major evaluations
 - field liaison evaluations
 - field care audits
 - tracking forms

Course completion will not take place until all required paperwork with the necessary signatures has been submitted.

Course completion requirements must be completed within 30 days of the final field shift.

**VICTOR VALLEY COMMUNITY COLLEGE
FIELD INTERNSHIP**

STATEMENT OF COMPLETION

To the Medical Director of the Paramedic Program:

I have been a preceptor for _____
during his or her field internship. The student has demonstrated the
following entry level paramedic competencies:

1. Respects the dignity of each individual with whom he or she is associated in the practice of their professional duties.
2. Responds to the field learning environment in such a manner to invite confidence of patients, supervisors, peers and other health care professionals.
3. Analyzes subjective and objective information to formulate a plan of action and correctly implements the plan.
4. Assures and procures scene safety.
5. Assesses and treats patients as they present during the field internship, according to standard protocols.
6. Communicates effectively verbally and in writing.
7. Displays leadership abilities.
8. Maintains equipment.

I recommend successful completion of their field internship from Victor Valley Community College Paramedic Program.

Preceptor Signature: _____ Date: _____

Agency: _____

State License No. _____ County Accreditation No. _____