

Vermont Advanced EMT (AEMT) Candidate Portfolio



Introduction

This portfolio aligns with the skill and patient contact minimums that are outlined in the VT AEMT Student Minimum Competencies (SMCs). The candidate portfolio is intended to provide candidates with a space to track patient contacts and skills as well as documentation of formative assessments completed in lab and summative assessments completed in various settings.

AEMT candidates may request a copy of their portfolio upon completion of the course, but Instructor Coordinators (ICs) are responsible for maintaining the candidate's portfolio for no less than 5 years after a candidate graduates from the program.

This portfolio contains three phases. Starting one phase is not necessarily dependent on completion of the one prior to it.

Phase One: AEMT skills and review of EMT skills

In phase one the AEMT students will focus on progressing through formative AEMT skills. The intent is for the AEMT candidate to learn, practice and document each skill. The portfolio contains skill sheets which provide minimum peer and instructor sign offs for each skill as highlighted on the sheet. A peer includes another student in the course nationally certified and/or VT licensed at the EMT level. An instructor sign off should be completed by individuals who are NREMT certified and/or VT licensed at the AEMT level or above and hold either an EMS Skill instructor, Instructor Coordinator, or Senior Instructor Coordinator Vermont license. When this is not feasible due to staffing, an instructor sign off may be obtained from an individual who is Vermont Licensed at the AEMT level or higher.

Phase Two: Incorporating skills into clinical/field/simulation scenarios

The emphasis of phase two is for AEMT candidates to incorporate ALS skills in patient care. This phase will happen in the lab setting as well as a clinical and/or prehospital setting.

Phase Three: Summative scenario evaluation

- 2 Capstone evaluations – Completed in the pre- hospital setting
- 9 written Patient Care narratives- Completed using simulated and/or live patient contacts
- 3 Team Lead evaluations- Completed in a simulation
- 3 Team Member evaluations- Completed in a simulation

Remediation Documents: Remediation resources

When a student does not meet entry level competency standards as outlined in the skill sheets and summative assessment rubrics, remediation will need to be completed. A remediation plan will be developed between the student and the lead IC of the course. The documents found in this section should be used as necessary.

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Phase 1: EMT Skill Documentation

Skill	Peer/student sign off	Date of skill
Inserting nasopharyngeal airway		
Inserting oropharyngeal airway		
Foreign body airway obstruction- Adult		
Foreign body airway obstruction - Pediatric		
Performing oral suctioning		
Administering oxygen by nasal cannula		
Administering oxygen by face masks		
Ventilating an adult patient with a bag-valve-mask		
Ventilating a pediatric patient with a bag-valve-mask		
Ventilating a neonate patient with a bag-valve-mask		
Applying continuous positive airway pressure		
Applying a tourniquet/ hemorrhage control		
CPAP		
Applying an occlusive dressing to an open wound to the thorax		
Mechanical patient restraint		
Lifting and transferring a patient to the stretcher		
Splinting a suspected long bone injury		
Splinting joint injury		
Stabilizing an impaled object		
Dressing and bandaging a soft tissue injury		
Applying a cervical collar		
Performing spinal motion restriction		
Eye irrigation		
12-lead ECG acquisition		
Performing cardiopulmonary resuscitation- Adult		
Performing cardiopulmonary resuscitation-Pediatric		
Performing cardiopulmonary resuscitation- Neonate		
Performing a comprehensive physical assessment: <ul style="list-style-type: none"> - Vital signs - Pulse oximetry Blood glucose monitoring		
Medication administration <ul style="list-style-type: none"> - Aerosolized/nebulized - Inhaled - Intramuscular/auto-injector - Intranasal - Sublingual - Oral 		

Phase 1: AEMT Formative Skill Documentation

Skill	SL Medication Administration		Establishing intraosseous access		Intraosseous medication		Performing PPV with BVM		Performing endotracheal suctioning		Inserting supraglottic airway		Automated external defibrillator (AED)		Resuscitation - team based CPR (RA)		End-tidal CO ₂ monitoring and interpretation of waveform capnography		Venous blood sampling	
	D	Loc.	D	Loc.	D	Loc.	D	L	D	Loc.	D	Loc.	D	Loc.	D	Loc.	D	Loc.	D	Loc.
Required Total Min	2		4		2		10		2		10		2		2		10		4	
Required live	0		0		0		0		0		0		0		0		5		0	
		L		L		L				L		L				L		L		L
				L							L						L			L
											L						L			
											L						L			
											L						L			

D = Date

L = Location: Prehospital (P)/ Clinical (C)/ Lab (L)

GREY = Successfully obtained in Lab setting prior to performing on live person or patient. Instructor sign offs from skill sheets may be used to meet the requirement of all skills that have a required number of sign offs in the lab setting.

PHASE 1: SUBLINGUAL (SL) MEDICATION ADMINISTRATION

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

	Peer	Instr				
Apply appropriate PPE						
Assures medication is indicated for the patient.						
Select the appropriate medication.						
Checks medication for expiration date.						
Establishes the patient is not allergic to the drug.						
Confirms medication has not been administered to patients within dosing window						
Checks for relevant contraindications <ul style="list-style-type: none"> • No recent use of phosphodiesterase inhibitor commonly prescribed for erectile dysfunction or pulmonary hypertension. • SBP must be greater than or equal to 100mmHg. 						
Instructs patient not to swallow the tablet, but to let it dissolve under their tongue.						
Administers medication by spray or tab under the patient's tongue.						
Records administration of medication.						
Reassesses the patient for desired effects, possible side effects, and adverse reactions.						
May repeat nitroglycerine every 3 -5 minutes if pain persists and SBP greater than or equal to 100 mmHg						
Date:						
If <i>unsuccessful</i> , mark this column with an (X):						
Evaluators Signature:						

PHASE 1: ADMINISTERING IO MEDICATION

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

	Peer	Peer	Instr.	Instr.		
Apply appropriate PPE						
Verify 6 Rights of medication administration						
Explain the procedure to the patient						
Select the correct medication						
Check the medication for concentration, expiration date, clarity, and discoloration						
Prepare correct amount of medication						
Confirm correct drug and dose with partner						
Prepare medication from vial, ampule, administration set, or preload appropriately						
Verbalize a 2 nd check of medication for proper medication, concentration, discoloration, and expiration date						
When indicated, Stop IV flow (either by using slide clamp, roller clamp, or by pinching IV tubing proximal to the syringe)						
Administer medication at appropriate push rate						
Dispose of syringe in proper container						
Flush tubing for short period of time to assure medication has cleared IV line						
Adjust flow rate as appropriate						
Monitor patient for effects of medication and adverse reaction						
Date:						
Evaluators Signature:						

PHASE 1: SUPRAGLOTTIC AIRWAY INSERTION & REMOVAL

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

	Peer	Peer	Peer	peer.	Instr	
Apply appropriate PPE						
Direct ventilation of patient with BVM & basic airway adjunct						
Select appropriately sized supraglottic airway device and check necessary equipment						
Position head properly and remove basic airway adjunct						
Insert device gently down the oral cavity stopping when the appropriate depth is reached						
Ventilate with BVM while observing chest rise and auscultating breath sounds and epigastric sounds						
Secure device after proper placement is confirmed						
Ventilate patient at appropriate rate/depth depending on patient age						
Reassess patients skin color, pulse oximetry, ETCO ₂ & cardiac rhythm (if permitted)						
Date:						
If <i>unsuccessful</i> , mark this column with an (X):						
Evaluators Signature:						

PHASE 1: TRACHEAL SUCTIONING

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

	Peer	Peer	Instr.		
Apply appropriate PPE					
Explain procedure to the patient, if appropriate					
Correctly assembles and test suction equipment					
Obtain sterile water					
Have assistant preoxygenate the patient					
Correctly measures suction catheter					
Lubricate suction catheter					
Insert catheter into tracheal tube					
Stops at measured stop on catheter or when coughing or vagal response is observed					
Apply suction on the way out while gently twisting catheter					
Assess effectiveness of suction					
Date:					
If <i>unsuccessful</i> , mark this column with an (X):					
Evaluators Signature:					

PHASE 1: END TIDAL CO2 WAVEFORM CAPNOGRAPHY

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

	Peer	Peer	Peer	Instr	Instr.	Instr.	Instr.	
Apply appropriate PPE								
Obtain ETCO2 monitoring device								
Explain the procedure to the patient, if appropriate								
Turn on monitor and attach tubing to the monitor before applying the tubing to the patient								
Assess and interpret patient's capnography and capnometry								
Adjust interventions based on assessment								
Date:								
If <i>unsuccessful</i> , mark this column with an (X):								
Evaluators Signature:								

PHASE 1: ESTABLISHING INTRAVENOUS ACCESS

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

	Instr.	Instr.	Instr.	Instr.	Instr.	
Apply appropriate PPE						
Check selected IV fluid for correct IV fluid, expiration date, and clarity						
Select appropriately sized catheter						
Select appropriate IV administration set						
Correctly prepares IV administration set						
Cut or tear tape/op site prior to venipuncture						
Apply constricting band						
Palpate suitable vein and cleanses site using aseptic technique						
Advise patient of stick prior to inserting needle						
Insert needle at proper angle and notes flashback						
Advance catheter while maintaining position of the needle						
Take care not to touch/contaminate the catheter during cannulation						
Release tourniquet and occludes vein proximal to the catheter to minimize blood loss from the hub						
Remove needle and disposes needle in sharps container						
Connect IV tubing to catheter and opens roller clamp for a brief period to assure patency						
Secure catheter and IV line						
Check IV site for edema, redness, and pain						
Adjust flow rate as appropriate						
Date:						
If <i>unsuccessful</i> , mark this column with an (X):						
Evaluators Signature:						

PHASE 1: SETTING UP AN IV FLUID ADMINISTRATION SET AND SETTING THE DRIP RATE

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

	Peer	Instr.		
Apply appropriate PPE				
Remove fluid bag from the protective wrapping				
Inspect the bag; evaluates name of fluid and expiration date, Check for leaks				
Inspect fluid for clarity				
Select proper administration set				
Uncoil tubing and ensure that flow regulator is closed				
Remove protective coverings from the fluid bag port and the spike				
Properly insert spike into the fluid bag port				
Fill the drip chamber to the appropriate level				
Open the flow regulator and properly flushes the line				
Turn off the flow and verbalizes that the set is ready				
Calculate the drip rate based on the orders				
Adjust the roller clamp to the calculated drip rate				
Complete all steps without compromising the sterility of any components				
Date:				
If <i>unsuccessful</i> , mark this column with an (X):				
Evaluators Signature:				

PHASE 1: ADMINISTERING IV BOLUS MEDICATION

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

	Peer	Peer	Instr.	Instr.		
Apply appropriate PPE						
Ensure IV is flowing with no signs of infiltration						
Obtain patients allergy and medication information						
Verify 6 Rights of medication administration						
Select the correct medication						
Check selected medication for concentration, discoloration, and expiration date						
Prepare medication from vial, ampule, or preload appropriately						
Assure air is expelled from syringe and correct dose is drawn up						
Verbalize a 2 nd check of medication for proper medication, concentration, discoloration, and expiration date						
Assure aseptic technique when connecting syringe to IV line						
Stop IV flow (either by using slide clamp, roller clamp, or by pinching IV tubing proximal to the syringe)						
Administer medication at appropriate push rate						
Dispose of syringe in proper container						
Flush tubing for short period of time to assure medication has cleared IV line						
Adjust flow rate as appropriate						
Monitor patient for effects of medication and adverse reaction						
Date:						
If <i>unsuccessful</i> , mark this column with an (X):						
Evaluators Signature:						

PHASE 1: VENOUS BLOOD SAMPLING

	Peer	Instr.			
Takes or verbalizes appropriate body substance isolation precautions [prior to venipuncture].					
Selects appropriate phlebotomy needle and supplies					
Selects proper blood collection tubes.					
Prepares tape or adhesive bandage [at any time before venipuncture].					
Applies tourniquet.					
Palpates suitable vein.					
Cleanses site appropriately.					
Performs Venipuncture:					
• Inserts needle					
• Notes or verbalizes pop or flashback (1 point)					
• Connects collection system without dislodging needle (1 point)					
• Fills blood collection tubes to appropriate fill requirements (1 point)					
• Removes tourniquet (1 point)					
• Removes needle and engages safety device (1 point)					
Disposes/verbalizes proper disposal of needle in proper container.					
If using syringe, transfers blood to blood collection tubes in safe manner.					
Applies direct pressure and covers site.					
Labels blood collection tubes with patient name, date, time, and initials of collector.					
Assures tourniquet is not applied to patient for longer than two minutes throughout procedure.					
Handles tubes according to manufacturer recommendation (inversion, for example).					
Date:					
If <i>unsuccessful</i> , mark this column with an (X):					
Evaluators Signature					

Phase 2: Patient Contact Documentation

Pathology/CC	Required Live*	Required total	Lab		Clinical		Field		Total
Preceptor initials and date of contact			Initial	Date	Initial	Date	Initial	Date	
Trauma	3	5-8							
Psychiatric/Behavioral	3	5-8							
Complicated/Uncomplicated Birth	0	5-8							
Distressed Neonate	0	5-8							
Cardiac pathologies or complaints	3	5-8							
Cardiac Arrest	0	5-8							
	3	5-8							

PHASE 3: CAPSTONE TEAM LEAD RUBRIC

SCENARIO TOPIC AREA	SCENARIO NUMBER:		
Cardiac arrest	Respiratory distress/failure	Chest pain	Stroke
Overdose	Abdominal pain	Anaphylaxis	Hyper-/hypo- glycemia
Mental health	Seizures	OB/GYN	Blunt trauma
Penetrating trauma	Burns	Hemorrhage	Other:
AGE GROUP	Pediatric	Adult	Geriatric
SCORING			
Not applicable for this patient			N/A
Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent			0
Not yet competent marginal or inconsistent; includes partial attempts			1
Successful; competent; no prompting necessary			2
TIME STARTED	:		Score
COORDINATION OF TREATMENT			
Directs Team Members to perform tasks with appropriate timeliness, prioritization / sequence			
Maintains accountability for team's actions/outcomes			
Demonstrates confidence, compassion, maturity, and command presence			
Maintains situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)			
<i>Critical Prompts by team: Timeliness Sequence Transport decision (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>			
FLEXIBILITY			
Adapts treatment plan and sequence as information becomes available, listens to teammates			
Reconciles incongruent information (reassesses, asks again, engages family or medical record to confirm information, checks him or herself if delegated information doesn't fit presentation)			
COMMUNICATION			
Uses closed-loop communication (orders tasks, verifies they were completed, verbally acknowledges results or completion of task)			
Reports progress on tasks			
Communicates accurately and concisely while listening and encouraging feedback			
Provides succinct and accurate verbal report			
AFFECT			
Establishes basic rapport with the patient and interacts professionally with all on scene (Uses Pt's name, Eye contact, Introduces self)			
Leaves ego/rank at the door (carefully considers information from every rank/level person on scene, willing to delegate to those of both higher and lower rank or provider level, does not demonstrate attitude or arrogance)			
SCENE SIZE UP			
Takes charge (steps forward, asks questions of bystanders and patient, gives directions to others)			
Takes appropriate safety precautions and begins to manage scene by delegating tasks and requesting necessary resources			
Addresses safety concerns and is always safety conscious (scene hazards, agitated bystanders, sharps handling, etc.)			
<i>Critical Prompts by team: Safety PPE Number of patients Additional resources</i> <i>Should only be checked if they are serious to this particular scenario</i>			
PRIMARY SURVEY / RESUSCITATION			
Performs all skills in an acceptable manner based on related skill evaluation instruments			
<i>Critical Prompts by team: AVPU Airway/Reposition/Adjunct Breathing/O2/BVM Pulse check/CPR start</i> <i>Should only be checked if they are serious to this particular scenario</i>			
Creates, implements, and revises an acceptable action plan according to patient presentation			
Assesses situation and resources and modifies accordingly			
Performs tasks accurately and in a timely manner			
Utilizes appreciative inquiry (speaking directly and respectfully, asks if others see anything else that should be considered, solicits input and feedback from Team Members)			

HISTORY TAKING		
Determines chief complaint, mechanism of injury, associated symptoms		
Receives, processes, verifies, and prioritizes information		
SECONDARY ASSESSMENT		
Obtains vital signs; assesses and manages injuries to HEENT, thorax, abdomen, pelvis, extremities, posterior body; identifies pertinent negatives		
<i>Critical Prompts by team: BP, P, R SpO2 Lung sounds 12-lead ECG Blood glucose</i> <i>Should only be checked if they are serious to this particular scenario</i>		
PERTINENT PAST MEDICAL HISTORY		
Obtains pertinent SAMPLE/OPQRST history		
DIFFERENTIAL DIAGNOSIS		
Creates an appropriate list of differential diagnoses		
<i>Critical Prompts by team: Critical Differential (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
ACUITY		
Makes accurate clinical judgments about patient acuity		
<i>Critical Prompts by team: Critical Not Critical (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
THERAPEUTIC INTERVENTIONS AND MONITORING		
Develops treatment plan and implements appropriate treatments based on history, physical exam and monitoring devices		
<i>Critical Prompts by team: Treatment (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
TIME ENDED :	TOTAL SCORE	
	(minimum for competency is 44/50 if 1x N/A or 46/54)	
CRITICAL CRITERIA		
Performs or directs a dangerous / unsafe procedure, failure to address safety, failure to address SMR assessment / application,		
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed		
Failure to complete management of the patient within the given time limit		
Requires excessive prompting or a single critical prompt by team members		
Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		

PHASE 3: CAPSTONE TEAM LEAD RUBRIC

SCENARIO TOPIC AREA	SCENARIO NUMBER:		
Cardiac arrest	Respiratory distress/failure	Chest pain	Stroke
Overdose	Abdominal pain	Anaphylaxis	Hyper-/hypo- glycemia
Mental health	Seizures	OB/GYN	Blunt trauma
Penetrating trauma	Burns	Hemorrhage	Other:
AGE GROUP	Pediatric	Adult	Geriatric
SCORING			
Not applicable for this patient			N/A
Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent			0
Not yet competent marginal or inconsistent; includes partial attempts			1
Successful; competent; no prompting necessary			2
TIME STARTED			Score
COORDINATION OF TREATMENT			
Directs Team Members to perform tasks with appropriate timeliness, prioritization / sequence			
Maintains accountability for team's actions/outcomes			
Demonstrates confidence, compassion, maturity, and command presence			
Maintains situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)			
<i>Critical Prompts by team: Timeliness Sequence Transport decision (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>			
FLEXIBILITY			
Adapts treatment plan and sequence as information becomes available, listens to teammates			
Reconciles incongruent information (reassesses, asks again, engages family or medical record to confirm information, checks him or herself if delegated information doesn't fit presentation)			
COMMUNICATION			
Uses closed-loop communication (orders tasks, verifies they were completed, verbally acknowledges results or completion of task)			
Reports progress on tasks			
Communicates accurately and concisely while listening and encouraging feedback			
Provides succinct and accurate verbal report			
AFFECT			
Establishes basic rapport with the patient and interacts professionally with all on scene (Uses Pt's name, Eye contact, Introduces self)			
Leaves ego/rank at the door (carefully considers information from every rank/level person on scene, willing to delegate to those of both higher and lower rank or provider level, does not demonstrate attitude or arrogance)			
SCENE SIZE UP			
Takes charge (steps forward, asks questions of bystanders and patient, gives directions to others)			
Takes appropriate safety precautions and begins to manage scene by delegating tasks and requesting necessary resources			
Addresses safety concerns and is always safety conscious (scene hazards, agitated bystanders, sharps handling, etc.)			
<i>Critical Prompts by team: Safety PPE Number of patients Additional resources</i> <i>Should only be checked if they are serious to this particular scenario</i>			
PRIMARY SURVEY / RESUSCITATION			
Performs all skills in an acceptable manner based on related skill evaluation instruments			
<i>Critical Prompts by team: AVPU Airway/Reposition/Adjunct Breathing/O2/BVM Pulse check/CPR start</i> <i>Should only be checked if they are serious to this particular scenario</i>			
Creates, implements, and revises an acceptable action plan according to patient presentation			
Assesses situation and resources and modifies accordingly			
Performs tasks accurately and in a timely manner			
Utilizes appreciative inquiry (speaking directly and respectfully, asks if others see anything else that should be considered, solicits input and feedback from Team Members)			

HISTORY TAKING		
Determines chief complaint, mechanism of injury, associated symptoms		
Receives, processes, verifies, and prioritizes information		
SECONDARY ASSESSMENT		
Obtains vital signs; assesses and manages injuries to HEENT, thorax, abdomen, pelvis, extremities, posterior body; identifies pertinent negatives		
<i>Critical Prompts by team: BP, P, R SpO2 Lung sounds 12-lead ECG Blood glucose</i> <i>Should only be checked if they are serious to this particular scenario</i>		
PERTINENT PAST MEDICAL HISTORY		
Obtains pertinent SAMPLE/OPQRST history		
DIFFERENTIAL DIAGNOSIS		
Creates an appropriate list of differential diagnoses		
<i>Critical Prompts by team: Critical Differential (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
ACUITY		
Makes accurate clinical judgments about patient acuity		
<i>Critical Prompts by team: Critical Not Critical (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
THERAPEUTIC INTERVENTIONS AND MONITORING		
Develops treatment plan and implements appropriate treatments based on history, physical exam and monitoring devices		
<i>Critical Prompts by team: Treatment (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
TIME ENDED :	TOTAL SCORE	
	(minimum for competency is 44/50 if 1x N/A or 46/54)	
CRITICAL CRITERIA		
Performs or directs a dangerous / unsafe procedure, failure to address safety, failure to address SMR assessment / application,		
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed		
Failure to complete management of the patient within the given time limit		
Requires excessive prompting or a single critical prompt by team members		
Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		

PHASE 3: SIMULATION TEAM MEMBER RUBR

SCENARIO TOPIC AREA	SCENARIO NUMBER:
Cardiac arrest	Respiratory distress/failure
Overdose	Chest pain
Mental health	Anaphylaxis
Penetrating trauma	OB/GYN
	Hemorrhage
	Stroke
	Hyper-/hypo- glycemia
	Blunt trauma
	Other:
AGE GROUP	Pediatric
	Adult
	Geriatric

SCORING	
Not applicable for this patient	N/A
Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent	0
Not yet competent marginal or inconsistent; includes partial attempts	1
Successful; competent; no prompting necessary	2

TIME STARTED :	Score
FOLLOWERSHIP Demonstrates followership – is receptive to position as a team member by not interfering with team leader’s assessment or management plan unless dangerous, speaks up when patient care will be negatively affected	
Maintains situational awareness (does not exhibit task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)	
COMMUNICATION Uses closed-loop communication (repeats order, announces when order complete, confirms Team Leader understands task complete or results of delegated tasks)	
Immediately suggests corrective action if a harmful intervention is ordered / about to be performed by others	
Communicates clearly and professionally with Team Leader, crew, bystanders and others, and accepts feedback	
AFFECT Demonstrates confidence, compassion, maturity	
Leaves ego/rank at the door (does not offer opinion unless a danger exists even if Team Leader is less experienced; willing to perform tasks delegated by Team Leader of lesser rank/certification level)	
Maintains professionalism and demonstrates appropriate affect toward patient and other team members	
SCENE SIZE UP Advocates safety concerns and is always safety conscious	
Follows instructions of Team Leader and suggests corrective action as needed	
PATIENT MANAGEMENT Performs all skills in an acceptable manner based on related skill evaluation instruments	
Reports progress on tasks	
Anticipates needs of the Team Leader by preparing equipment based upon patient information obtained by the Team Leader	
Utilizes appreciative inquiry (asks Team Leader for clarification or suggests a correction if directions are unclear or not safe for patient or team)	
TIME ENDED :	TOTAL SCORE
	(minimum for competency is 23/26 if 1x N/A or 25/28)
CRITICAL CRITERIA	
Performs or directs a dangerous / unsafe procedure, failure to address safety	
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed	

Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		

PHASE 3: SIMULATION TEAM MEMBER RUBRIC

SCENARIO TOPIC AREA	SCENARIO NUMBER:
Cardiac arrest	Respiratory distress/failure
Overdose	Chest pain
Mental health	Anaphylaxis
Penetrating trauma	OB/GYN
	Hemorrhage
	Stroke
	Hyper-/hypo- glycemia
	Blunt trauma
	Other:
AGE GROUP	Pediatric
	Adult
	Geriatric

SCORING	
Not applicable for this patient	N/A
Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent	0
Not yet competent marginal or inconsistent; includes partial attempts	1
Successful; competent; no prompting necessary	2

TIME STARTED :	Score
FOLLOWERSHIP Demonstrates followership – is receptive to position as a team member by not interfering with team leader’s assessment or management plan unless dangerous, speaks up when patient care will be negatively affected	
Maintains situational awareness (does not exhibit task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)	
COMMUNICATION Uses closed-loop communication (repeats order, announces when order complete, confirms Team Leader understands task complete or results of delegated tasks)	
Immediately suggests corrective action if a harmful intervention is ordered / about to be performed by others	
Communicates clearly and professionally with Team Leader, crew, bystanders and others, and accepts feedback	
AFFECT Demonstrates confidence, compassion, maturity	
Leaves ego/rank at the door (does not offer opinion unless a danger exists even if Team Leader is less experienced; willing to perform tasks delegated by Team Leader of lesser rank/certification level)	
Maintains professionalism and demonstrates appropriate affect toward patient and other team members	
SCENE SIZE UP Advocates safety concerns and is always safety conscious	
Follows instructions of Team Leader and suggests corrective action as needed	
PATIENT MANAGEMENT Performs all skills in an acceptable manner based on related skill evaluation instruments	
Reports progress on tasks	
Anticipates needs of the Team Leader by preparing equipment based upon patient information obtained by the Team Leader	
Utilizes appreciative inquiry (asks Team Leader for clarification or suggests a correction if directions are unclear or not safe for patient or team)	
TIME ENDED :	TOTAL SCORE
	(minimum for competency is 23/26 if 1x N/A or 25/28)
CRITICAL CRITERIA	
Performs or directs a dangerous / unsafe procedure, failure to address safety	
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed	

Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		

PHASE 3: SIMULATION TEAM MEMBER RUBRIC

SCENARIO TOPIC AREA	SCENARIO NUMBER:
Cardiac arrest	Chest pain
Overdose	Anaphylaxis
Mental health	OB/GYN
Penetrating trauma	Hemorrhage
	Stroke
	Hyper-/hypo- glycemia
	Blunt trauma
	Other:
AGE GROUP	
Pediatric	Adult
	Geriatric

SCORING	
Not applicable for this patient	N/A
Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent	0
Not yet competent marginal or inconsistent; includes partial attempts	1
Successful; competent; no prompting necessary	2

TIME STARTED :	Score
FOLLOWERSHIP Demonstrates followership – is receptive to position as a team member by not interfering with team leader's assessment or management plan unless dangerous, speaks up when patient care will be negatively affected	
Maintains situational awareness (does not exhibit task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)	
COMMUNICATION Uses closed-loop communication (repeats order, announces when order complete, confirms Team Leader understands task complete or results of delegated tasks)	
Immediately suggests corrective action if a harmful intervention is ordered / about to be performed by others	
Communicates clearly and professionally with Team Leader, crew, bystanders and others, and accepts feedback	
AFFECT Demonstrates confidence, compassion, maturity	
Leaves ego/rank at the door (does not offer opinion unless a danger exists even if Team Leader is less experienced; willing to perform tasks delegated by Team Leader of lesser rank/certification level)	
Maintains professionalism and demonstrates appropriate affect toward patient and other team members	
SCENE SIZE UP Advocates safety concerns and is always safety conscious	
Follows instructions of Team Leader and suggests corrective action as needed	
PATIENT MANAGEMENT Performs all skills in an acceptable manner based on related skill evaluation instruments	
Reports progress on tasks	
Anticipates needs of the Team Leader by preparing equipment based upon patient information obtained by the Team Leader	
Utilizes appreciative inquiry (asks Team Leader for clarification or suggests a correction if directions are unclear or not safe for patient or team)	
TIME ENDED :	TOTAL SCORE (minimum for competency is 23/26 if 1x N/A or 25/28)
CRITICAL CRITERIA	
Performs or directs a dangerous / unsafe procedure, failure to address safety	
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed	

Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		

PHASE 3: SIMULATION TEAM LEAD RUBRIC

SCENARIO TOPIC AREA	SCENARIO NUMBER:		
Cardiac arrest	Respiratory distress/failure	Chest pain	Stroke
Overdose	Abdominal pain	Anaphylaxis	Hyper-/hypo- glycemia
Mental health	Seizures	OB/GYN	Blunt trauma
Penetrating trauma	Burns	Hemorrhage	Other:
AGE GROUP	Pediatric	Adult	Geriatric
SCORING			
Not applicable for this patient			N/A
Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent			0
Not yet competent marginal or inconsistent; includes partial attempts			1
Successful; competent; no prompting necessary			2
TIME STARTED			Score
COORDINATION OF TREATMENT			
Directs Team Members to perform tasks with appropriate timeliness, prioritization / sequence			
Maintains accountability for team's actions/outcomes			
Demonstrates confidence, compassion, maturity, and command presence			
Maintains situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)			
<i>Critical Prompts by team: Timeliness Sequence Transport decision (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>			
FLEXIBILITY			
Adapts treatment plan and sequence as information becomes available, listens to teammates			
Reconciles incongruent information (reassesses, asks again, engages family or medical record to confirm information, checks him or herself if delegated information doesn't fit presentation)			
COMMUNICATION			
Uses closed-loop communication (orders tasks, verifies they were completed, verbally acknowledges results or completion of task)			
Reports progress on tasks			
Communicates accurately and concisely while listening and encouraging feedback			
Provides succinct and accurate verbal report			
AFFECT			
Establishes basic rapport with the patient and interacts professionally with all on scene (Uses Pt's name, Eye contact, Introduces self)			
Leaves ego/rank at the door (carefully considers information from every rank/level person on scene, willing to delegate to those of both higher and lower rank or provider level, does not demonstrate attitude or arrogance)			
SCENE SIZE UP			
Takes charge (steps forward, asks questions of bystanders and patient, gives directions to others)			
Takes appropriate safety precautions and begins to manage scene by delegating tasks and requesting necessary resources			
Addresses safety concerns and is always safety conscious (scene hazards, agitated bystanders, sharps handling, etc.)			
<i>Critical Prompts by team: Safety PPE Number of patients Additional resources</i> <i>Should only be checked if they are serious to this particular scenario</i>			
PRIMARY SURVEY / RESUSCITATION			
Performs all skills in an acceptable manner based on related skill evaluation instruments			
<i>Critical Prompts by team: AVPU Airway/Reposition/Adjunct Breathing/O2/BVM Pulse check/CPR start</i> <i>Should only be checked if they are serious to this particular scenario</i>			
Creates, implements, and revises an acceptable action plan according to patient presentation			
Assesses situation and resources and modifies accordingly			
Performs tasks accurately and in a timely manner			
Utilizes appreciative inquiry (speaking directly and respectfully, asks if others see anything else that should be considered, solicits input and feedback from Team Members)			

HISTORY TAKING		
Determines chief complaint, mechanism of injury, associated symptoms		
Receives, processes, verifies, and prioritizes information		
SECONDARY ASSESSMENT		
Obtains vital signs; assesses and manages injuries to HEENT, thorax, abdomen, pelvis, extremities, posterior body; identifies pertinent negatives		
<i>Critical Prompts by team: BP, P, R SpO2 Lung sounds 12-lead ECG Blood glucose</i>		
<i>Should only be checked if they are serious to this particular scenario</i>		
PERTINENT PAST MEDICAL HISTORY		
Obtains pertinent SAMPLE/OPQRST history		
DIFFERENTIAL DIAGNOSIS		
Creates an appropriate list of differential diagnoses		
<i>Critical Prompts by team: Critical Differential (specify in comments)</i>		
<i>Should only be checked if they are serious to this particular scenario</i>		
ACUITY		
Makes accurate clinical judgments about patient acuity		
<i>Critical Prompts by team: Critical Not Critical (specify in comments)</i>		
<i>Should only be checked if they are serious to this particular scenario</i>		
THERAPEUTIC INTERVENTIONS AND MONITORING		
Develops treatment plan and implements appropriate treatments based on history, physical exam and monitoring devices		
<i>Critical Prompts by team: Treatment (specify in comments)</i>		
<i>Should only be checked if they are serious to this particular scenario</i>		
TIME ENDED :		TOTAL SCORE
		(minimum for competency is 44/50 if 1x N/A or 46/54)
CRITICAL CRITERIA		
Performs or directs a dangerous / unsafe procedure, failure to address safety, failure to address SMR assessment / application,		
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed		
Failure to complete management of the patient within the given time limit		
Requires excessive prompting or a single critical prompt by team members		
Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		

PHASE 3: SIMULATION TEAM LEAD RUBRIC

SCENARIO TOPIC AREA	SCENARIO NUMBER:		
Cardiac arrest	Respiratory distress/failure	Chest pain	Stroke
Overdose	Abdominal pain	Anaphylaxis	Hyper-/hypo- glycemia
Mental health	Seizures	OB/GYN	Blunt trauma
Penetrating trauma	Burns	Hemorrhage	Other:
AGE GROUP	Pediatric	Adult	Geriatric
SCORING			
Not applicable for this patient			N/A
Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent			0
Not yet competent marginal or inconsistent; includes partial attempts			1
Successful; competent; no prompting necessary			2
TIME STARTED			Score
COORDINATION OF TREATMENT			
Directs Team Members to perform tasks with appropriate timeliness, prioritization / sequence			
Maintains accountability for team's actions/outcomes			
Demonstrates confidence, compassion, maturity, and command presence			
Maintains situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)			
<i>Critical Prompts by team: Timeliness Sequence Transport decision (specify in comments)</i>			
<i>Should only be checked if they are serious to this particular scenario</i>			
FLEXIBILITY			
Adapts treatment plan and sequence as information becomes available, listens to teammates			
Reconciles incongruent information (reassesses, asks again, engages family or medical record to confirm information, checks him or herself if delegated information doesn't fit presentation)			
COMMUNICATION			
Uses closed-loop communication (orders tasks, verifies they were completed, verbally acknowledges results or completion of task)			
Reports progress on tasks			
Communicates accurately and concisely while listening and encouraging feedback			
Provides succinct and accurate verbal report			
AFFECT			
Establishes basic rapport with the patient and interacts professionally with all on scene (Uses Pt's name, Eye contact, Introduces self)			
Leaves ego/rank at the door (carefully considers information from every rank/level person on scene, willing to delegate to those of both higher and lower rank or provider level, does not demonstrate attitude or arrogance)			
SCENE SIZE UP			
Takes charge (steps forward, asks questions of bystanders and patient, gives directions to others)			
Takes appropriate safety precautions and begins to manage scene by delegating tasks and requesting necessary resources			
Addresses safety concerns and is always safety conscious (scene hazards, agitated bystanders, sharps handling, etc.)			
<i>Critical Prompts by team: Safety PPE Number of patients Additional resources</i>			
<i>Should only be checked if they are serious to this particular scenario</i>			
PRIMARY SURVEY / RESUSCITATION			
Performs all skills in an acceptable manner based on related skill evaluation instruments			
<i>Critical Prompts by team: AVPU Airway/Reposition/Adjunct Breathing/O2/BVM Pulse check/CPR start</i>			
<i>Should only be checked if they are serious to this particular scenario</i>			
Creates, implements, and revises an acceptable action plan according to patient presentation			
Assesses situation and resources and modifies accordingly			
Performs tasks accurately and in a timely manner			
Utilizes appreciative inquiry (speaking directly and respectfully, asks if others see anything else that should be considered, solicits input and feedback from Team Members)			

HISTORY TAKING Determines chief complaint, mechanism of injury, associated symptoms		
Receives, processes, verifies, and prioritizes information		
SECONDARY ASSESSMENT Obtains vital signs; assesses and manages injuries to HEENT, thorax, abdomen, pelvis, extremities, posterior body; identifies pertinent negatives		
<i>Critical Prompts by team: BP, P, R SpO2 Lung sounds 12-lead ECG Blood glucose</i> <i>Should only be checked if they are serious to this particular scenario</i>		
PERTINENT PAST MEDICAL HISTORY Obtains pertinent SAMPLE/OPQRST history		
DIFFERENTIAL DIAGNOSIS Creates an appropriate list of differential diagnoses		
<i>Critical Prompts by team: Critical Differential (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
ACUITY Makes accurate clinical judgments about patient acuity		
<i>Critical Prompts by team: Critical Not Critical (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
THERAPEUTIC INTERVENTIONS AND MONITORING Develops treatment plan and implements appropriate treatments based on history, physical exam and monitoring devices		
<i>Critical Prompts by team: Treatment (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
TIME ENDED :		TOTAL SCORE (minimum for competency is 44/50 if 1x N/A or 46/54)
CRITICAL CRITERIA		
Performs or directs a dangerous / unsafe procedure, failure to address safety, failure to address SMR assessment / application,		
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed		
Failure to complete management of the patient within the given time limit		
Requires excessive prompting or a single critical prompt by team members		
Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		

PHASE 3: SIMULATION TEAM LEAD RUBRIC

SCENARIO TOPIC AREA	SCENARIO NUMBER:		
Cardiac arrest	Respiratory distress/failure	Chest pain	Stroke
Overdose	Abdominal pain	Anaphylaxis	Hyper-/hypo- glycemia
Mental health	Seizures	OB/GYN	Blunt trauma
Penetrating trauma	Burns	Hemorrhage	Other:
AGE GROUP	Pediatric	Adult	Geriatric
SCORING			
Not applicable for this patient			N/A
Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent			0
Not yet competent marginal or inconsistent; includes partial attempts			1
Successful; competent; no prompting necessary			2
TIME STARTED			Score
COORDINATION OF TREATMENT			
Directs Team Members to perform tasks with appropriate timeliness, prioritization / sequence			
Maintains accountability for team's actions/outcomes			
Demonstrates confidence, compassion, maturity, and command presence			
Maintains situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)			
<i>Critical Prompts by team: Timeliness Sequence Transport decision (specify in comments)</i>			
<i>Should only be checked if they are serious to this particular scenario</i>			
FLEXIBILITY			
Adapts treatment plan and sequence as information becomes available, listens to teammates			
Reconciles incongruent information (reassesses, asks again, engages family or medical record to confirm information, checks him or herself if delegated information doesn't fit presentation)			
COMMUNICATION			
Uses closed-loop communication (orders tasks, verifies they were completed, verbally acknowledges results or completion of task)			
Reports progress on tasks			
Communicates accurately and concisely while listening and encouraging feedback			
Provides succinct and accurate verbal report			
AFFECT			
Establishes basic rapport with the patient and interacts professionally with all on scene (Uses Pt's name, Eye contact, Introduces self)			
Leaves ego/rank at the door (carefully considers information from every rank/level person on scene, willing to delegate to those of both higher and lower rank or provider level, does not demonstrate attitude or arrogance)			
SCENE SIZE UP			
Takes charge (steps forward, asks questions of bystanders and patient, gives directions to others)			
Takes appropriate safety precautions and begins to manage scene by delegating tasks and requesting necessary resources			
Addresses safety concerns and is always safety conscious (scene hazards, agitated bystanders, sharps handling, etc.)			
<i>Critical Prompts by team: Safety PPE Number of patients Additional resources</i>			
<i>Should only be checked if they are serious to this particular scenario</i>			
PRIMARY SURVEY / RESUSCITATION			
Performs all skills in an acceptable manner based on related skill evaluation instruments			
<i>Critical Prompts by team: AVPU Airway/Reposition/Adjunct Breathing/O2/BVM Pulse check/CPR start</i>			
<i>Should only be checked if they are serious to this particular scenario</i>			
Creates, implements, and revises an acceptable action plan according to patient presentation			
Assesses situation and resources and modifies accordingly			
Performs tasks accurately and in a timely manner			
Utilizes appreciative inquiry (speaking directly and respectfully, asks if others see anything else that should be considered, solicits input and feedback from Team Members)			

HISTORY TAKING Determines chief complaint, mechanism of injury, associated symptoms		
Receives, processes, verifies, and prioritizes information		
SECONDARY ASSESSMENT Obtains vital signs; assesses and manages injuries to HEENT, thorax, abdomen, pelvis, extremities, posterior body; identifies pertinent negatives		
<i>Critical Prompts by team: BP, P, R SpO2 Lung sounds 12-lead ECG Blood glucose</i> <i>Should only be checked if they are serious to this particular scenario</i>		
PERTINENT PAST MEDICAL HISTORY Obtains pertinent SAMPLE/OPQRST history		
DIFFERENTIAL DIAGNOSIS Creates an appropriate list of differential diagnoses		
<i>Critical Prompts by team: Critical Differential (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
ACUITY Makes accurate clinical judgments about patient acuity		
<i>Critical Prompts by team: Critical Not Critical (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
THERAPEUTIC INTERVENTIONS AND MONITORING Develops treatment plan and implements appropriate treatments based on history, physical exam and monitoring devices		
<i>Critical Prompts by team: Treatment (specify in comments)</i> <i>Should only be checked if they are serious to this particular scenario</i>		
TIME ENDED :		TOTAL SCORE (minimum for competency is 44/50 if 1x N/A or 46/54)
CRITICAL CRITERIA		
Performs or directs a dangerous / unsafe procedure, failure to address safety, failure to address SMR assessment / application,		
Did not act in a professional manner, failure to suggest corrective action if harmful intervention is ordered/performed		
Failure to complete management of the patient within the given time limit		
Requires excessive prompting or a single critical prompt by team members		
Instructor Evaluator 1 Signature	Date: / /	Student Self-Evaluation: Were you successful or unsuccessful in this scenario? Successful Unsuccessful
Comments:		

PCR - Trauma

DATE:	DISPATCH:	PT AGE:
<p>Environment encountered in</p> <ul style="list-style-type: none">• Lab• Clinical• Field		
<p>Subjective</p>		
<p>Objective</p>		
<p>Assessment</p>		
<p>Plan</p>		

PCR - Psychiatric / behavioral

DATE:	DISPATCH:	PT AGE:
Environment encountered in <ul style="list-style-type: none">• Lab• Clinical• Field		
Subjective		
Objective		
Assessment		
Plan		

PCR - Complicated or Uncomplicated Birth

DATE:	DISPATCH:	PT AGE:
Environment encountered in <ul style="list-style-type: none">• Lab• Clinical• Field		
Subjective		
Objective		
Assessment		
Plan		

PCR - Distressed Neonate

DATE:	DISPATCH:	PT AGE:
Environment encountered in <ul style="list-style-type: none">• Lab• Clinical• Field		
Subjective		
Objective		
Assessment		
Plan		

PCR - Cardiac Pathologies or Complaints

DATE:	DISPATCH:	PT AGE:
Environment encountered in <ul style="list-style-type: none">• Lab• Clinical• Field		
Subjective		
Objective		
Assessment		
Plan		

PCR - Cardiac Arrest

DATE:	DISPATCH:	PT AGE:
<p>Environment encountered in</p> <ul style="list-style-type: none">• Lab• Clinical• Field		
<p>Subjective</p>		
<p>Objective</p>		
<p>Assessment</p>		
<p>Plan</p>		

PCR - Medical Neurological Pathologies

DATE:	DISPATCH:	PT AGE:
Environment encountered in <ul style="list-style-type: none">• Lab• Clinical• Field		
Subjective		
Objective		
Assessment		
Plan		

PCR - Respiratory Pathologies or Complaints

DATE:	DISPATCH:	PT AGE:
<p>Environment encountered in</p> <ul style="list-style-type: none">• Lab• Clinical• Field		
Subjective		
Objective		
Assessment		
Plan		

PCR - Other Medical Conditions

DATE:	DISPATCH:	PT AGE:
Environment encountered in <ul style="list-style-type: none">• Lab• Clinical• Field		
Subjective		
Objective		
Assessment		
Plan		

Performance Improvement Plan (PIP)

Student Name:

Date:

Program Sponsor:

Program Level: select one

Course Number:

Course Start Date:

This Performance Improvement Plan (PIP) aims to identify areas of concern and gaps in your performance, reiterate the program expectations, and allow you to demonstrate improvement and commitment.

Areas of Concern: issues or poor performance or behavior.

1.	jg
2.	
3.	

Observations, previous discussions, or counseling: dates/times the issues were addressed in the recent/relevant past. Reference previous documents when applicable.

1.	
2.	
3.	

Improvement goals and expectations: goals related to areas of concern to be improved and addressed, as well as timelines.

	Goal/Expectation	Required Completion Date
1.		
2.		
3.		

Resources: resources available to complete the improvement activities.

1.	
2.	
3.	

Timeline for improvement, expectations, and consequences:

Effective immediately, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations or any display of misconduct will result in further disciplinary action, up to and including dismissal from the program. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this Performance Improvement Plan (PIP), your enrollment will be terminated. Failure to maintain performance expectations after completing the PIP may result in additional disciplinary action, including dismissal from the program.

The contents of the PIP are confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with the assigned program faculty member.

During this performance improvement process, you are expected to communicate on a regular basis with the program faculty to discuss your progress.

PIP Start Date:

PIP Re-evaluation Date:

This information has been reviewed with the student.

Student Signature: _____

Date:

Faculty Signature: _____

Date:

Program Director Signature: _____

Date:

Other Signature: _____

Date:

