



# MICN CANDIDATE FIELD OBSERVATION DOCUMENTATION

<b>NAME:</b>		<b>RN LICENSE #: RN</b>		<b>SPONSORING AGENCY:</b>	
Prediscussion Date:		Discussed with EMS CE Program Director or Clinical Director Signature:			
Date of Experience:	Time In:	Time Out:	Total Hours:	Location of Experience: Provider Agency and ALS Unit #:	

<b>Learning Objectives</b> <b>Objectives 1–7 must be completed for credit.</b> <b>Objective 8 at discretion of sponsoring agency</b>	<b>Plan to Meet Objectives</b>	<b>Results of Experience</b> <b>(Completed by MICN candidate)</b>
1. Enhance communication between prehospital care team members	1. Communication <ul style="list-style-type: none"> <li>▪ Establish rapport and networking relationships with prehospital personnel</li> </ul>	
2. Identify organizational and procedural differences/similarities among EMS provider agencies	2. Organizational/Procedural differences/similarities <ul style="list-style-type: none"> <li>▪ Discuss the differences/similarities among EMS provider agencies</li> </ul>	
3. Identify the importance of and the techniques for ensuring a safe prehospital environment	3. Safe Environment <ul style="list-style-type: none"> <li>▪ Discuss what is required to ensure a safe environment such as crowd control, traffic control</li> <li>▪ Observe techniques employed</li> </ul>	
4. Identify the differences/similarities in the performance of patient assessment and treatment in the prehospital and emergency department setting	4. Differences/similarities of patient assessment and treatment <ul style="list-style-type: none"> <li>▪ Observe how the prehospital setting affects assessment and the delivery of patient care</li> </ul>	
5. Identify the communication patterns and roles/responsibilities of prehospital care personnel	5. Communication Patterns and Roles/Responsibilities <ul style="list-style-type: none"> <li>▪ Observe communication patterns between EMTs, firefighters, paramedics, captains, field supervisors, etc.</li> <li>▪ Observe roles/responsibilities of prehospital personnel</li> </ul>	
6. Identify the ways in which paramedic and base hospital communication or standing field treatment protocols (SFTP) impact patient care	6. Base Communication and SFTPs <ul style="list-style-type: none"> <li>▪ Observe communication between paramedics and base hospital personnel</li> <li>▪ Observe the utilization of SFTPs</li> </ul>	

<b>Learning Objectives</b> <b>Objectives 1–7 must be completed for credit.</b> <b>Objective 8 at discretion of sponsoring agency</b>	<b>Plan to Meet Objectives</b>	<b>Results of Experience</b> <b>(Completed by MICN candidate)</b>
7. Identify the continuum of care process in which an ALS patient assessment is performed with base hospital contact	7. ALS Patient Assessment with Base Hospital Contact <ul style="list-style-type: none"> <li>▪ Observe the process of prehospital personnel performing an ALS patient assessment</li> <li>▪ Observe communication between the base hospital and ALS personnel</li> <li>▪ Base Contact Sequence # _____</li> </ul>	
8. Other (specify)	8. Specify	

<b>General Instructions</b>
<ol style="list-style-type: none"> <li>1. Prediscussion is mandatory to define objectives and ensure a structured field observation.</li> <li>2. Prediscussion must be conducted by the EMS CE program director or clinical director from the sponsoring agency.</li> <li>3. Field Observation time less than four (4) hours will not be approved.</li> <li>4. Field Observation time greater than four (4) hours will be granted in no less than half-hour increments.</li> <li>5. A minimum of eight (8) hours must be completed with at least one (1) ALS patient assessment with base hospital contact. Additional time is required until requirement met.</li> <li>6. The MICN candidate must complete the “Results of Experience” section to demonstrate successful achievement of the objectives. This section must be filled out with specifics in order to receive credit.</li> <li>7. Signature of field paramedic must be obtained at the time of the experience.</li> <li>8. Field Observation Preceptor Evaluation form must be completed to receive credit.</li> </ol>

<b>MICN Candidate Signature:</b> _____	<b>Date:</b>	<b>Paramedic</b> <b>Print Name:</b> _____ <b>LA County</b> <b>Accreditation #: P</b> _____ <b>Signature:</b> _____	<b>Date:</b>
<b>Field Observation results reviewed and approved by</b> <b>EMS CE Program Director or Clinical Director:</b>  <b>Print Name:</b> _____  <b>Signature:</b> _____	<b>Date:</b>	<b>EMS Agency Reviewer Signature:</b> _____	<b>Date:</b>

- This document must be retained for a period of four (4) years
- Credit will be denied if signatures or “Results of Experience” omitted