

Los Angeles County EMS Agency
MICN RECERTIFICATION
FIELD OBSERVATION CE DOCUMENTATION



EMERGENCY MEDICAL SERVICES AGENCY
 LOS ANGELES COUNTY

NAME:		RN LICENSE #:		SPONSORING AGENCY:	
Date of Pre-discussion:		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 #:					

Learning Objectives: • Check (v) three or more	Plan to Meet Objectives	Results of Experience (Completed by MICN)
<input type="checkbox"/> 1. Enhance communication between prehospital care team members	1. Communication <ul style="list-style-type: none"> ▪ Establish rapport and networking relationships with prehospital personnel 	
<input type="checkbox"/> 2. Identify organizational and procedural differences/similarities among EMS provider agencies	2. Organizational/Procedural differences/similarities <ul style="list-style-type: none"> ▪ Discuss the differences/similarities among EMS provider agencies 	
<input type="checkbox"/> 3. Identify the importance of and the techniques for ensuring a safe prehospital environment	3. Safe Environment <ul style="list-style-type: none"> ▪ Discuss what is required to ensure a safe environment such as crowd control, traffic control ▪ Observe techniques employed 	
<input type="checkbox"/> 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"> ▪ Observe how the prehospital setting affects assessment and the delivery of patient care 	
<input type="checkbox"/> 5. Identify the communication patterns and roles/responsibilities of prehospital care personnel	5. Communication Patterns and Roles/Responsibilities <ul style="list-style-type: none"> ▪ Observe communication patterns between EMTs, firefighters, paramedics, captains, field supervisors, etc. ▪ Observe roles/responsibilities of prehospital personnel 	

Learning Objectives: • Check (v) three or more	Plan to Meet Objectives	Results of Experience (Completed by MICN)
<input type="checkbox"/> 6. Identify the ways in which paramedic and base hospital communication and treatment protocols (TPs) impact patient care	6. Base Communication and TPs <ul style="list-style-type: none"> ▪ Observe communication between paramedics and base hospital personnel ▪ Observe the utilization of TPs 	
<input type="checkbox"/> 7. Other (specify)	7. Specify	
<input type="checkbox"/> 8. Other (specify)	8. Specify	

General Instructions

1. Pre-discussion is mandatory to define objectives and ensure a structured field observation.
2. Pre-discussion must be conducted by the EMS CE program director or clinical director from the sponsoring agency.
3. Minimum of three objectives must be completed. New or additional objectives can be written specific to the needs of the MICN at the discretion of the program director.
4. Field Observation time less than one (1) hour will not be approved.
5. Field Observation time greater than one (1) hour will be granted in no less than half-hour increments.
6. The MICN candidate must complete the "Results of Experience" section to demonstrate successful achievement of the objectives. This section must be filled out in order to receive credit.
7. Signature of field paramedic must be obtained at the time of the experience.
8. Field Observation Preceptor Evaluation form and a course roster must be completed to receive CE credit.

MICN Signature: _____	Date:	Paramedic Print Name: _____ LA County Accreditation #: P _____ Signature: _____	Date:
Field Observation results reviewed and approved by EMS CE Program Director or Clinical Director: Print Name: _____ Signature: _____	Date:	<ul style="list-style-type: none"> ▪ This document must be retained for a period of four (4) years ▪ Credit will be denied if signatures or "Results of Experience" omitted 	