

MICN CANDIDATE

FIELD OBSERVATION DOCUMENTATION



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: • Objectives 1–7 must be completed for credit • Objective 8 at discretion of sponsoring agency	Plan to Meet Objectives	Results of Experience (Completed by MICN candidate)
1. Enhance communication between prehospital care team members	1. Communication <ul style="list-style-type: none"> ▪ Establish rapport and networking relationships with prehospital personnel 	
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 	
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 	
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 	
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: <ul style="list-style-type: none"> • Objectives 1–7 must be completed for credit • Objective 8 at discretion of sponsoring agency 	Plan to Meet Objectives	Results of Experience (Completed by MICN candidate)
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 	
7. Identify the continuum of care process in which an ALS patient assessment is performed with base hospital contact or ALS transport to a 9-1-1 receiving facility	7. ALS Patient Assessment with Base Hospital Contact <ul style="list-style-type: none"> ▪ Observe the process of prehospital personnel performing an ALS patient assessment ▪ Observe communication between the base hospital and ALS personnel ▪ Base Contact or ALS transport to a 9-1-1 receiving facility 	Sequence # : _____
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. Field Observation time less than four (4) hours will not be approved.
4. Field Observation time greater than four (4) hours will be granted in no less than half-hour increments.
5. A minimum of eight (8) hours must be completed with at least one (1) ALS patient assessment with base hospital contact or an ALS transport to a 9-1-1 receiving facility. Additional time is required until requirement met.
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 must be completed to receive credit.

MICN Candidate 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:	EMS Agency Reviewer Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Resubmit	Date:
		EMS Agency Reviewer Signature: <input type="checkbox"/> Resubmission Approved	Date:

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