

# Northwest Community Healthcare Paramedic Program Performance Improvement Plan - 2025

Please TYPE or PRINT

Student name: \_\_\_\_\_ EMS Agency: \_\_\_\_\_

Preceptor(s): \_\_\_\_\_

Standards of Performance Reviewed		
<input type="checkbox"/> Accountability	<input type="checkbox"/> Follow up/follow through	<input type="checkbox"/> Respect
<input type="checkbox"/> Appearance & personal hygiene	<input type="checkbox"/> Integrity	<input type="checkbox"/> Self-motivation
<input type="checkbox"/> Assessment (patient, situational)	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Self-confidence
<input type="checkbox"/> Care/competent delivery of service	<input type="checkbox"/> Patient advocacy; cultural humility	<input type="checkbox"/> Team leadership
<input type="checkbox"/> Communication (team/OLMC)	<input type="checkbox"/> Planning	<input type="checkbox"/> Technique/skill proficiency
<input type="checkbox"/> Critical thinking	<input type="checkbox"/> Prioritization & delegation	<input type="checkbox"/> Time mgt: response; interventions; care
<input type="checkbox"/> Empathy	<input type="checkbox"/> Policy/procedure compliance	<input type="checkbox"/> Teamwork & diplomacy
(Other: Please explain): e.g., acting outside of scope of practice		

### Performance findings and action plan

*There are areas of your practice/performance in which improvement/change is required to fully meet program objectives. It is our intent to make you aware of the situation, provide specific feedback, and work with you to create an action plan designed to align your practice with program expectations. Please see the specific cause(s) for concern and action strategies below. We will re-evaluate as specified to assess your progress and determine further actions.*

Performance inconsistent with standards	Performance expectations/ time benchmarks Strategies for Improvement/Goals

Time plan for follow-up meeting(s): \_\_\_\_\_

#### Consequences of persistent unsatisfactory performance

*Improvement must occur immediately and be maintained. If any portion of this improvement plan is not met at any time during the specified timeframe, further action may be taken including possible separation from the program.*

Student explanation for performance gaps:

\_\_\_\_\_  
\_\_\_\_\_

**Affirmations:** Each signature below signifies that the above findings have been reviewed and understood.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Preceptor Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_