

SESSION I FIELD TRAINING REQUIREMENTS

INSTRUCTIONS FOR TRAINING CENTER

1. When the CHA completes the Training Center portion of Session I, the Training Center fills out the Post Session Learning Needs (PSLN) form (see page 2). The Learning Need column should contain comments about problem areas, skills, and items needing additional work in the village.
 - Identify special learning needs specific to the individual student. No generic PSLN.
 - For deficient skills, use terms such as "Practice (describe specific learning need in detail) until proficient." No minimum requirements.
2. For patient encounter(s) missed during the Training Center portion of a Session, add to PSLN form "See (specific patient type) with supervision as there was no opportunity during training".

TRAINING CENTER STAFF: REVIEW THESE RECOMMENDATIONS WITH CHA AT TRAINING CENTER.

1. The PSLN is to be dated and signed by both the CHA and Training Center staff.
2. Give or mail (Training Center preference) a copy to the CHA before he/she goes home.
3. Mail completed, signed copies of the Session I Field Training Requirements with PSLN form, along with the Session evaluation to: the CHA, Supervisor, CHAP Director/Corporation.

INSTRUCTIONS FOR FIELD SUPERVISOR (Field Coordinator/ Coordinator Instructor/ Supervisor Instructor)

1. PSLN Form (on page 2): Work with the CHA to practice Learning Need items. Document in the FIELD ACTIVITY column what activities were done to ensure satisfactory performance of learning need(s).
 - The FIELD COMMENT column can be used for progress, CHA comments, etc.
2. When the PSLN is complete: date, sign (CHA and supervisor), file at Tribal Health Organization CHAP office, and send a copy to the Training Center.
3. Inform the CHAP Director when the Field Training Requirements are completed so the Session Certificate can be signed and dated.
4. **For any patient encounter missed** during the Training Center portion of a Session, **include this as part of the 5 PEF chart reviews.**
5. **Do not send any patient chart notes to the Training Center.**
6. If unable to complete Field Training Requirements **within 6 months** of Training Center portion of the Session, a letter of explanation will need to be sent to the Certification Board when applying for certification.

FIELD TRAINING REQUIREMENTS are required to complete Session I Training.

Date Training Center portion of Session completed: _____ Field Training to be completed by: _____

	Date	Signature
• Completion of PSLN form (Send to Training Center with this page)	_____	_____
• 5 PEF Chart Reviews	_____	_____
• Direct onsite observation of CHA patient care (consistent use of CHAM and proper documentation) on minimum of 3 patients	_____	_____
• 3 Medical Traffic Evaluations	_____	_____
• Practiced skills on Post Session Practice Checklist (Blue)	_____	_____
• Practiced skills on Emergency Skills Checklist (Pink)	_____	_____
• Addressed math problems noted on Math Skills List if applicable (Green)	_____	_____
• CHA should work full time in a village clinic between Sessions I and II	_____	_____
• 20 (full HEAP) patient encounters	_____	_____
• All Field Training Requirements Completed	_____	_____

LEARNING NEED	FIELD ACTIVITY	FIELD COMMENT (CI/CHA)

End of Session _____ Final Review (Training Center):

CHA Signature: _____

Training Center/Instructor: _____

Date: _____

Field Sign-off:

Date Completed: _____

CHA Signature: _____

CI/SI Signature: _____