

SESSION I FIELD TRAINING REQUIREMENTS (FTR)**INSTRUCTIONS FOR TRAINING CENTER**

1. Post Session Learning Needs (PSLN): When the CHA completes the Training Center portion of Session I, the Training Center fills out the 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.
 - For patient encounter(s) missed during the Training Center portion the Session, add to PSLN form "See (specific patient type) with supervision as there was no opportunity during training".
 - The PSLN is to be dated and signed by both the CHA and Training Center staff
2. Complete the training center portions of the three skills lists (Post Session Practice Checklist, Emergency Skills Checklist, Medical Math Checklist).
3. Give or mail (Training Center preference) to the CHA a copy of the PSLN and skills lists before he/she goes home.
4. Mail completed, signed copies of the Session (II or III or IV) Field Training Requirements with PSLN form, along with the Session evaluation and skills lists 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 should describe student performance and can be used for CHA comments, etc.
2. It is strongly encouraged to use the skills lists as tools to guide practice and reinforcement of skills taught in the Session.
3. When the PSLN and other FTR are complete: date, sign (CHA and supervisor), file at Tribal Health Organization CHAP office, and send a copy to the Training Center.
4. Inform the CHAP Director when the Field Training Requirements are completed so the Session Certificate can be signed and dated.
5. PEF review: For any patient encounter missed during the Training Center portion of a Session, include this as part of the 5 PEF chart reviews.
6. If unable to complete Field Training Requirements **within 6 months** of Training Center portion of a 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 (do not send any patient chart notes to the Training Center)	_____	_____
• Direct onsite observation of CHA patient care (consistent use of CHAM and proper documentation) on minimum of 3 patients	_____	_____
• 3 Medical Traffic Evaluations	_____	_____
• CHA should work full time in a village clinic between Sessions I and II	_____	_____
• 20 (full HEAP) patient encounters	_____	_____
• All Field Training Requirements Completed	_____	_____

Tools to help guide field skills practice and reinforcement

- Post Session Practice Checklist (Blue)
- Emergency Skills Checklist (Pink)
- CHA/P Medical Math Checklist (Green)

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:_____