

CALHOUN COMMUNITY COLLEGE



EMS PRECEPTOR

ORIENTATION & POLICY MANUAL

SECOND EDITION



Preceptor Orientation & Training Handbook Table of Contents

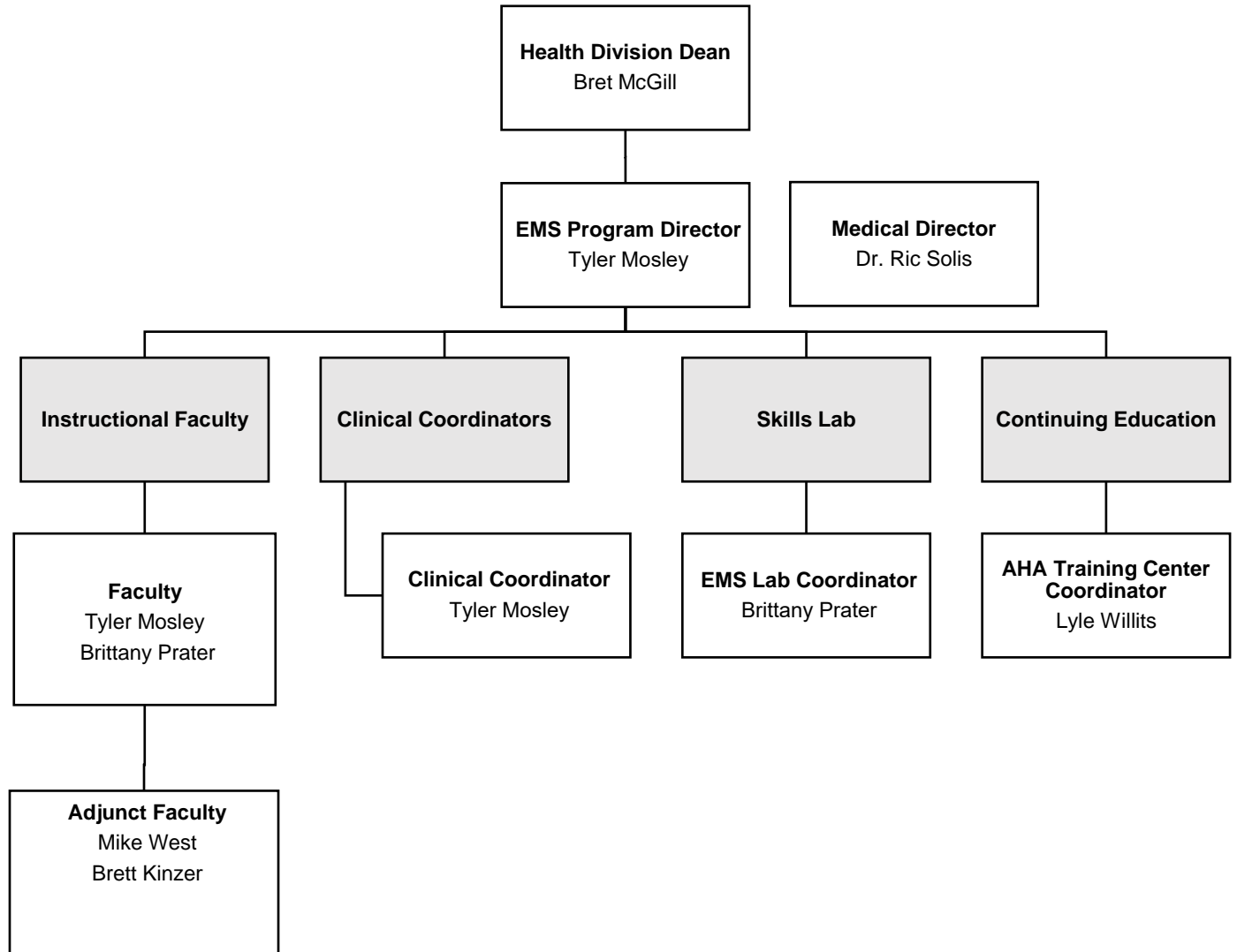
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EMS Program Organizational Chart



Emergency Medical Services Program Contacts

Please feel free at any time to contact CCC EMS Faculty. Faculty and staff members often stop by to check students are performing as expected and to ensure your department and unit needs are being met in regards to hosting students. Comments and suggestions for program improvement are always welcome.

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If you are unable to reach a faculty member, you may also contact the Allied Health Secretary at 256.306.2786

Information about the CCC EMS Program

CCC offers courses for EMT, AEMT and Paramedic levels of training. The program uses a variety of clinical sites and we are deeply appreciative of the dedicated healthcare professionals who share their knowledge and experiences with our students as a vital part of their EMS education. This *Preceptor Orientation and Policy Manual* contains information on what is expected of students and answers common questions of preceptors. The CCC EMS Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the EMS Professions

(CoAEMSP). For questions, you can contact CAAHEP directly at 727-210-2350 or mail@caheep.org. More information can be found on CAAHEP at www.caahep.com

Pre-Clinical Training

The following pre-clinical requirements / training is performed and / or verified prior to an EMS student entering a clinical area. Some students have advanced level pre-clinical training depending on their licensure level.

All Students:

Clinical & Site Orientation
OSHA Bloodborne Pathogens
Healthcare Provider level CPR
Have & maintain 70% or higher grade average
Criminal/Consumer Background Check & Drug Screen

Paramedic:

IV Insertion & Medication Bolus Administration
Pre-clinical Medication Exam
Blind Insertion Airway Device Insertion & Management
Endotracheal Tube Insertion & Management*

***Proficiency in endotracheal intubation is verified by the CCC EMS Program Medical Director and Lead Instructor.**

Student Required Equipment & Forms

The following is a list of equipment the student is required to have on their person during the clinical/field rotation. Some specialty areas may request additional/less equipment depending on the nature/purpose of the rotation:

1. **Calhoun Community College Student ID***
2. Stethoscope
3. Penlight
4. Ink Pen
5. EMS Scissors
6. Watch (w/second hand)
7. Notepad
8. Clinical Evaluation Form for their training level
9. CCC EMS Program clinical envelope

*If students arrive to the clinical/field agency without the required student ID or equipment, please document this on the student evaluation.

Clinical & Field Affiliates

Students have a variety of rotation types depending on their level of training. The program tries to correlate the start of these rotations to the start of a preceptor's shift and students are instructed to arrive 15-minutes early to observe and assist with shift change responsibilities. However, some of the unit managers or field agencies have requested different timing depending on the nature/purpose of the clinical rotation. Below is a list of our clinical and field affiliates for the CCC EMS Program:

Athens-Limestone ED	Huntsville Hospital
Athens-Limestone EMS	○ Behavioral Health
Cullman EMS	○ Cardiac Short Stay/Cath Lab
Decatur Morgan Hospital	○ Heart Center (Rehab)
- Decatur General Campus	○ Heart Failure
○ DGH ED	○ Labor & Delivery
○ DGH Labor & Delivery	○ Main ED
○ DGH OR	○ Pediatric ED
- Parkway Medical Center Campus	○ Respiratory Therapy
○ Parkway ED	○ Surgical/Trauma ICU
Decatur General West	Madison Hospital
Greg's Ambulance Service	○ Madison ED
Huntsville Fire & Rescue	Madison Fire & Rescue
HEMSI	Whitesburg Baptist Childcare Center

Students are instructed to remain at the clinical/field site for the assigned length of the clinical experience. If the student is sent home or requests to leave early, please document this on the *Clinical Evaluation Form* (see appendix). If the student is late for a clinical rotation, the decision for the student to stay is up to the clinical facility policies for tardy students. If the student is over an hour late, please send the student home and do not complete any of the student's paperwork.

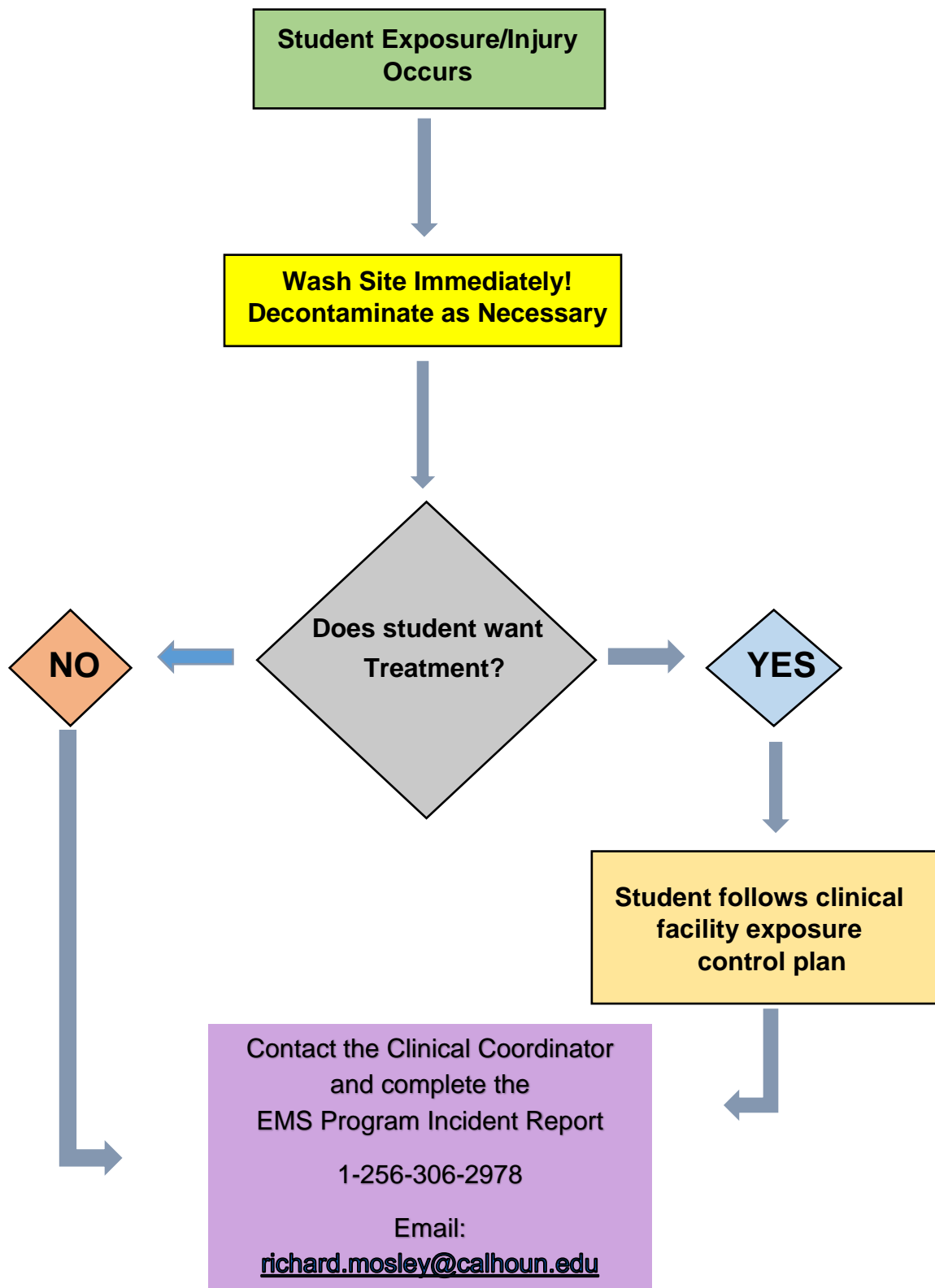
Regardless of the reason, if a student is sent home, please contact the EMS program.

General Guidelines for Students

- Arrival to Clinical Area:
 - Expected to be 15 minutes early
 - Dressed in correct uniform for program level
 - Wearing CCC student I.D. badge
 - Has required equipment & paperwork
 - Ready to work
- Phone Calls & Visitors:
 - Receives no personal phone calls or visitors during rotation
 - The **ONLY** exception would be for a true family emergency
- Expected Behaviors:
 - Respectful to all - staff, patients, family
 - Cooperative and demonstrates an initiative to learn
 - Professional language
- Meals & Breaks:
 - Breaks are permissible at appropriate times when excused
 - Eats & drinks only in designated areas
 - *Preceptor determine breaks outside of meals*
- Smoking:
 - Calhoun Community College is a non-smoking facility and the clinical sites / facilities used by students are an extension of this policy. Students are prohibited from smoking or smelling like smoke during a clinical.
 - If a student is found smoking or smells of smoke, please notify the clinical coordinator &/or document this on the student evaluation
- Departure from Clinical Area:
 - Student is excused only after designated shift end time and at a time appropriate to be excused from the clinical.
 - Student evaluation is completed by the preceptor and sealed in a CCC EMS program envelope
- Non-acceptable behaviors:
 - **If at any time the preceptor feels a student's behavior is unacceptable, please contact the clinical coordinator and/or send the student home.**
Please document the occurrence on student evaluation and hold the evaluation for pick-up by CCC facility.

At no time can a student be substituted for staff during a clinical, field, or internship experience.

Accidental Injury & Bloodborne Pathogen Exposure Protocol



EMT Student Information

EMT Overview:

CCC provides classes for the National Emergency Medical Technician Curriculum. This is a one-semester course of approximately 11-12 college credit hours. The curriculum requires a minimum of 32 hours of instruction in the clinical area and CCC EMT students typically complete 48-hours or more. This will be some students' first experience in the healthcare setting. CCC EMT students are identified by the navy blue polo shirt embroidered with the CCC EMS Program logo.

EMT Uniform:



EMT Scope of Practice:

1. Patient assessment & appropriate history taking
2. Collection of baseline vital signs (including pulse oximetry)
3. Administration of supplemental oxygen (cannula or mask)
4. Use of oropharyngeal or nasopharyngeal airways
5. Use of bag-valve mask (BVM)
6. Use of mouth-to-mask device with/without supplemental oxygen
7. Opening & maintaining a patent airway with simple maneuvers
8. Use of suction equipment
9. Cardiopulmonary resuscitation (CPR)
10. Use of an automated external defibrillator (AED)
11. Control of external bleeding & shock (positioning, direct pressure, and tourniquet)
12. Use of hemostatic agents (I.e. QuickClot)
13. Bandaging
14. Spinal Motion Restriction (SMR)
15. Splinting including use of traction splint
16. Joint dislocation immobilization
17. Application of pneumatic anti-shock garment (PASG)
18. Assistance of childbirth, NOT including any surgical procedures
19. Properly lifting & moving patients
20. Patient extrication
21. Mass Casualty incident triage & triage tags
22. **Medication Administration of ONLY the following drugs:** Aspirin, Glucose Paste (oral glucose), and assist in the self-administration of nitroglycerin, auto-inhalers, and auto-injection epinephrine (Epi-Pen)

Paramedic Student Information

Paramedic Overview:

Paramedic students at a minimum are licensed to the EMT level and therefore have experience in the healthcare setting. Paramedic is a three-semester program. Students must complete over 400 clinical hours. Paramedic students can be identified by the red polo shirt embroidered with the CCC EMS program logo.

Paramedic Uniform:



Paramedic Scope of Practice:

A paramedic student is authorized to perform all patient care procedures and administer all medications as defined in the EMT and AEMT scope of practices including the additional procedures listed below:

1. External cardiac pacing & synchronized cardioversion
2. Cardiac Defibrillation
3. Placement/management of an endotracheal or nasotracheal airway
4. Nasogastric (NG) tube placement
5. Needle decompression of a tension pneumothorax.
6. Access a central line or a peripherally inserted central catheter (PICC)
7. Access an implanted device
8. Medications a paramedic can administer:
 - *All EMT & AEMT medications*
 - *Any additional medications not listed here and authorized in the clinical or pre-hospital setting can be administered via IV, IO, intranasal, subcutaneous (SQ), intramuscular (IM), oral, sublingual, rectally, and through inhalers and endotracheal tubes as appropriate for that specified medication.*

Paramedic Terminal Competencies

Prior to endorsement for graduation/credentialing, all Paramedic students enrolled in the CCC EMS Program are required to obtain the minimum terminal competencies required for entry-level competency.

These competencies are obtained during the course of a clinical/field rotation and include, but are not limited to, the following:

Demographic	Required
Neonates	2
Infants	2
Toddlers	3
Preschoolers	3
School Age	3
Adolescents	5
Young Adults	50
Adults	
Geriatrics	30
Total Patients	98

Team Leader Calls	30
ALS Calls in Field Capstone	15

Assessments Completed	Required
Abdominal Pain	10
Allergic Reactions	2
Altered Mental Status	10
Behavioral/Psych	10
Cardiac/Chest Pains	15
Diabetic Emergencies	10
OB/GYN	5
Pediatric Respiratory Distress	2
Adult Respiratory Distress	10
CVA/TIA/Syncope	5
Trauma Patients	30

Mandatory Procedures	Required
Airway Adjuncts/BVM	5
Suctioning	3
CPR	3
Defibrillation	3
Endotracheal Intubation	5
# of IV Lines Established	25
# of Meds given IVP	15
# of Meds given IM/SQ	3

Various Statistics	Target
Vital Signs	95
GCS Calculated	30
Oxygen Administered	25
SAMPLE History Obtained	95
Nebulizer Treatments	20
Cardiac Arrests	2
CPAP Administered	2
12-Lead ECG Acquired	10

*Student terminal competencies may increase or decrease depending on program data from previous cohorts. Various statistics are not required competencies but used for statistical tracking and possible inclusion as program student learning outcomes. For questions/concerns students and preceptors should contact the clinical coordinator for the EMS program.

Paramedic Clinical Phases & Requirements

During the course of the Paramedic program, a student progresses through the following four phases of clinical/field rotations:

Observer Phase:

This phase is a student's orientation to the EMS service and Emergency Medicine. The objective of this phase is to orient the student to the role and responsibilities of the Paramedic in the pre-hospital environment. This phase is minimally 48 hours in length and is considered complete when the student has completed a minimum of 2 clinical rotations (typically ED) and 2 field experience rotations (EMS).

Clinical Phase:

This phase is an immersion in the specialty areas with the purpose of gaining exposure to the various types of patients encountered in the field. Rotations include but are not limited to: OR (For instruction on advanced airway management), Respiratory Therapy, Heart Failure Clinic, Behavioral Health, Childcare Center, Pediatric ED, Surgical/Trauma ICU, and L & D.

Team Member Phase:

In this phase the student is functioning in the capacity of a Team Member and is under the direction of an assigned Paramedic. The objective of this phase is for the student to learn to function in the role of a Team Member and to learn to manage the overall call and care of the patient. This phase is typically 72 hours in length or longer depending on the progression of student. Students complete an *EMS Leadership Reaction Course* before progressing to the Capstone of their clinical/field education.

Team Leader Phase:

In this phase the student is functioning in the capacity of a Team Leader and directs the Paramedic Preceptor to function in the role of Team Member. The expectations of the student are the highest during this phase of the Field Internship as the student is managing the entire call and patient management under the supervision of an individual Paramedic Preceptor. This phase is typically 96-270 hours in length and **completion of this phase is dependent on the student's ability to achieve a minimum of 30 Team Leader calls and 15 Advanced Life Support (ALS) calls. This phase only occurs after all didactic courses in the Paramedic program are successfully completed.**

Definition of an ALS Call:

A paramedic student is considered to have obtained an **"ALS Call"** when, during the course of the field capstone he/she successfully accomplishes the following assessments and skills with **two or less prompts** from the assigned preceptor:

- Performs an assessment, formulates a treatment plan, and directs members of the EMS team to perform/assist in the implementation of appropriate treatment modalities to include **at least one** of the following skills:
 - Electrocardiogram with interpretation
 - Successful Intravenous Cannulations or Intraosseous placement
 - Medication Administration with the exclusion of Oxygen

Definition of a Team Leader Call:

A paramedic student is considered to have obtained a **"Team Leader Call"** when during the course of the field capstone he/she successfully delegates the application of coordinated events to team members to deliver care to patients in the pre-hospital environment. This delegation of necessary tasks will take place with **less than two prompts** from the assigned preceptor.

A paramedic student will have achieved this terminal competency when he/she successfully completes a minimum of 30 Team Leader Calls.

Role of the Preceptor & Mentoring Techniques

The role of a preceptor of a paramedic student cannot be overstated. He/she has the task of teaching and evaluating the student during the capstone phase of education. At this point the student should be able to take charge of a scene and manage a patient's care safely throughout transport to the hospital. **However, the speed in which a student is able to acclimate to the EMS environment, the preceptor's expectations, and the completion of the required/expected tasks will vary between every student a preceptor encounters.**

Therefore, the role of the preceptor is to serve as a teacher and mentor to the student while he/she gains confidence in this fast-paced learning environment. Below are some recommended mentoring techniques to help the preceptor in set the tone for the capstone phase and to ensure the student builds the confidence needed to gain competency as a Paramedic Team Leader.

Student/Preceptor First Meeting:

When the preceptor meets the student for the first time it is to arrange a schedule of when he/she will be riding on the EMS unit and to sign the student/preceptor contract.

Ideally, this is when the preceptor has the opportunity to explain his/her expectations of students on the EMS unit and to gauge the student's expectations of the preceptor. Accomplishing this prior to the student's first clinical rotation should provide a foundation for future shifts and help avoid common student excuses of "I didn't know what you wanted me to do." and "None of the other EMS units I have rode on had me do it that way."

Student/Preceptor First Rotation:

The student is expected to be nervous on this rotation as it marks the official start of his/her capstone phase. **Ideally, time should be made to orient the student the EMS unit set-up and equipment function. Ask the student to demonstrate how to use some of these pieces of equipment to ensure they understand their function. The student is not expected to be a Team Leader on the first call!**

During patient care/procedures:

During this crucial time, the preceptor is in the role of an evaluator and should be watching the student closely to ensure proper technique and ultimately safety of the patient/crew. In the Team Leader Capstone, students are expected to delegate tasks to the preceptor/crew. If needed, subtle prompts can redirect students to more appropriate time management or redirect to more important tasks. **The preceptor is expected to intervene at any point the assessment is inappropriate for the situation or the procedure could cause harm to the patient/crew.**

Role of the Preceptor & Mentorship Techniques (cont'd)

Immediately following every EMS call:

This is the opportune time to perform “micro-teaching.” This concept is deployed by simply asking the questions:

- “What do you think went right on that call?”
- “What would you do differently if you had to run the same call again?”
- “Do you think you were successful in managing the patient?”

After each question take time to give constructive feedback and tips for future improvement. **At no point should the student be belittled or made to feel incompetent. Remember, the student is the learning phase of their education and belittling them will almost ensure they will not progress as expected.** You are the student’s safety net BEFORE they get out of the program and are responsible for patients by themselves. Help them learn all they can during this crucial phase.

At the end of the shift:

This is the time to reflect on the entire day’s performance and give important constructive feedback. This is also the time to document student performance on the *Field Internship Evaluation*. The following are unsatisfactory student behavior’s that should be reported in the *Field Internship Evaluation*, they include but are not limited to:

- Inability to engage patient, bystanders, crew members on a call
- Insufficient knowledge or unsatisfactory delivery of procedures, medications, etc.
- Poor affective domain (bad attitude, unwillingness to learn, etc.)

Occasionally, a Paramedic student in the Capstone phase will not progress as expected by the preceptor and/or EMS program. In these cases, your findings should be reported to the program as soon as possible. The EMS program utilizes a ***progressive counseling policy*** with these students.

First Occurrence: Video-recorded remediation in the psychomotor lab with Lead EMS Faculty. Video is stored with student’s records.

Second Occurrence: Student is awarded unsatisfactory or “U” for the rotation and student is transitioned to a new preceptor* following additional remediation.

Third Occurrence: Student is awarded second unsatisfactory or “U” for the clinical course and awarded a course grade of “D.”

*In the case of a paramedic student who does not engage patients or manage care, the student is placed with a second preceptor to get a non-biased evaluation of the student’s performance before the failing grade of “D” is awarded. **This is not a reflection of the preceptor’s ability as a mentor but a confirmation of the**

student's inability to progress. Questions about this policy should be forwarded to the EMS program. Your feedback is crucial!

*Anytime the preceptor has a question regarding what to document or when he/she should contact the EMS program!

Closing Remarks

The faculty of the CCC EMS program thank you again for your commitment and assistance in educating emergency medical professionals of the future. Questions, comments, and suggestions are always welcome!

Appendix:

- Scope of Practices Guide
- EMT Student Evaluation
- Paramedic Field Capstone Evaluation
- Paramedic Field Capstone Evaluation Instructions
- Incident / Exposure Reports



CALHOUN COMMUNITY COLLEGE
EMS PROGRAM
STUDENT IDENTIFICATION & SCOPE OF
PRACTICES




SCOPES OF PRACTICE CAN BE LIMITED PER CLINICAL FACILITY AS DICTATED BY POLICIES & GUIDELINES	
<i>EMT: NAVY BLUE SHIRTS</i>	<i>ADVANCED EMT: GRAY SHIRTS</i>
1. Patient Assessment & appropriate history taking	ALL procedures & medications as defined in the EMT scope of practice including the following procedures & medications
2. Collection of baseline vital signs (including pulse oximetry)	
3. Administration of supplemental oxygen (cannula or mask)	
4. Use of oropharyngeal and nasopharyngeal airways	
5. Use of bag-valve mask (BVM)	
6. Use of mouth-to-mask device with/without supplemental oxygen	
7. Opening & maintaining a patent airway with simple maneuvers	
8. Use of suction equipment	
9. Cardiopulmonary resuscitation (CPR)	
10. Use of an automated external defibrillator (AED)	
11. Control of external bleeding & Shock (positioning, direct pressure, and tourniquet)	
12. Use of hemostatic agents (i.e. Quickclot)	
13. Bandaging	
14. Spinal Motion Restrictions (SMR)	
15. Splinting including use of traction splint	
16. Joint dislocation immobilization	
17. Application of pneumatic anti-shock garment	1. Placement of Blind Insertion Airway Device (BIAD) (i.e. LMA, King Airway, Combitube)
18. Assistance of childbirth, NOT including any surgical procedures	2. Continuous Positive Airway Pressure (CPAP)
19. Blood Glucose monitoring through capillary puncture devices	3. Peripheal Venipuncture (IV)
20. Properly lifting & moving a patient	4. Adult & Pediatric intraosseous cannulation (IO)
21. Patient extrication	<i>Medications an Advanced EMT can administer:</i>
22. Mass Casualty incident triage include triage tags	1. Dextrose (D50)
<i>Medications an EMT can administer:</i>	2. Nitroglycerin
1. Aspirin	3. Naloxone
2. Glucose paste (oral glucose)	4. Albuterol
3. Assist self-administration of nitroglycerin, auto-inhalers, and auto-injection epinephrine (Epi-pens)	5. Nitrous Oxide
	6. Epinephrine (IM only)
	7. Glucagon
	8. Ondansetron (Zofran)
	9. Thiamine
	10. Diphenhydramine (Benadryl)
	11. Normal Saline
<i>PARAMEDIC: RED SHIRTS</i>	
A paramedic is authorized to perform ALL patient care procedures and administer ALL medications as defined in the EMT & Advanced EMT scope of practices including the additional procedures and medications listed below	
1. External cardiac pacing & synchronized cardioversion	
2. Cardiac Defibrillation	
3. Placement of an endotracheal or nasotracheal airway	
4. Naso-gastric tube placement	
5. Needle Decompression of a tension pneumothorax	
<i>Medications a PARAMEDIC can administer:</i>	
Any of the EMT & Advanced EMT medications	
Any additional medications not listed here and authorized in the pre-hospital & clinical setting can be administered via intravenous, intraosseous, intranasal, subcutaneous, intramuscular, oral, sublingual, rectally, and through inhalers and endotracheal tubes as appropriate for that specified medication	

QUESTIONS/COMMENTS CAN BE FORWARDED TO THE PROGRAM CLINICAL
COORDINATOR AT

1-256-306-2789 OR Kenneth.Kirkland@calhoun.edu



Student's Name		Date
Bilbo Baggins		11-20-15
Facility	Time IN	Time OUT
The Shire EMS	0700	1500
Preceptor's Comments (use back if necessary)		
Great Job Today!		
Preceptor's Name / Title		
Gandalf the Grey		
Preceptor's Signature		
		

BLS Skills Performance (See scale below: "5" is best; "1" is worst; and "n/a" is Not Applicable)

Radio Communications	n/a	①	②	③	④	⑤
Verbal Communications	n/a	①	②	③	④	⑤
Documentation	n/a	①	②	③	④	⑤
Infection Control	n/a	①	②	③	④	⑤
Lifting/Moving Patients	n/a	①	②	③	④	⑤
Initial Assessment	n/a	①	②	③	④	⑤
Ongoing Assessment	n/a	①	②	③	④	⑤
Spinal Immobilization	n/a	①	②	③	④	⑤
Management of Fractures	n/a	①	②	③	④	⑤
Bleeding Control	n/a	①	②	③	④	⑤
Vital Signs	n/a	①	②	③	④	⑤
SAMPLE History	n/a	①	②	③	④	⑤
Auscultate Breath Sounds	n/a	①	②	③	④	⑤
CPR	n/a	①	②	③	④	⑤
Oxygen Administration	n/a	①	②	③	④	⑤
Airway Management	n/a	①	②	③	④	⑤
Blood Glucose Check	n/a	①	②	③	④	⑤
Other (List in comments)	n/a	①	②	③	④	⑤

Likert Grading Scale

1. Unsatisfactory - Student used poor technique, violated principles of infection control; was unable to perform skill; did not provide safe, effective patient care.
2. Unsatisfactory - Student was able to perform skill, but failed to meet normal expectations; requires constant guidance and supervision to assure safe patient care.
3. Satisfactory - Student performed skill according to established guidelines with moderate guidance; ability meets NORMAL expectations and is safe at all times.
4. Satisfactory - Student was able to perform skill competently with minimal guidance; ability exceeds normal expectations and student is able to perform skill safely each time.
5. Satisfactory - Student demonstrated MASTERY of skill; was able to perform skill completely with no guidance; has thorough understanding of technique and performed skill in safe and efficient manner.

*Preceptors - Please document your rationale for assigning a "1" or "2" in any specific area on the back of this page.

Affective Evaluation

Appropriate Infection Control	①	②	③	④	⑤
Maintained Confidentiality/Privacy	①	②	③	④	⑤
Response to Constructive Criticism	①	②	③	④	⑤
Didn't Place Pt in Physical Jeopardy	①	②	③	④	⑤
Did Not Place Pt in Psych. Jeopardy	①	②	③	④	⑤
Well Groomed/Dressed	①	②	③	④	⑤
Productive Use of Time	①	②	③	④	⑤
Interaction w/ Medical staff	①	②	③	④	⑤
Interaction w/ Pt & Family	①	②	③	④	⑤
Use of Language/Terminology	①	②	③	④	⑤
Understanding of Procedure	①	②	③	④	⑤
Rapport with Staff Members	①	②	③	④	⑤
Showed Initiative	①	②	③	④	⑤

Preceptors: Grade the student in all areas that apply. Signature and comment areas are on the opposite side.

Likert Grading Scale	
①	Unsatisfactory - Student used poor technique, violated principles of infection control; was unable to perform skill; did not provide safe, effective patient care.
②	Unsatisfactory - Student was able to perform skill, but failed to meet normal expectations; requires constant guidance and supervision to assure safe patient care.
③	Satisfactory - Student performed skill according to established guidelines with moderate guidance; ability meets NORMAL expectations and is safe at all times.
④	Satisfactory - Student was able to perform skill competently with minimal guidance; ability exceeds normal expectations and student is able to perform skill safely each time.
⑤	Satisfactory - Student demonstrated MASTERY of skill; was able to perform skill completely with no guidance; has thorough understanding of technique and performed skill in safe and efficient manner.
*Preceptors - Please document on the opposite side your rationale for assigning a "1" or "2" in any specific area.	

Affective Evaluation	
Appropriate Infection Control	① ② ③ ④ ⑤
Maintained Confidentiality/Privacy	① ② ③ ④ ⑤
Response to Constructive Criticism	① ② ③ ④ ⑤
Did Not Place Pt in Physical Jeopardy	① ② ③ ④ ⑤
Did Not Place Pt in Psych. Jeopardy	① ② ③ ④ ⑤
Well Groomed/Dressed	① ② ③ ④ ⑤
Productive Use of Time	① ② ③ ④ ⑤
Interaction w/ Medical staff	① ② ③ ④ ⑤
Interaction w/Pt & Family	① ② ③ ④ ⑤
Use of Language/Terminology	① ② ③ ④ ⑤
Understanding of Procedure	① ② ③ ④ ⑤
Rapport with Staff Members	① ② ③ ④ ⑤
Showed Initiative	① ② ③ ④ ⑤

Basic Performance	
Radio Communications	① ② ③ ④ ⑤
Documentation	① ② ③ ④ ⑤
Lifting/Moving Patients	① ② ③ ④ ⑤
Initial Assessment	① ② ③ ④ ⑤
Ongoing Assessment	① ② ③ ④ ⑤
Vital Signs	① ② ③ ④ ⑤
SAMPLE History	① ② ③ ④ ⑤
Blood Glucose Check	① ② ③ ④ ⑤
Auscultation of Breath Sounds	① ② ③ ④ ⑤

Assessments (Fill in # of Pts)	
Assessed <u>4</u> Trauma Pts	① ② ③ ④ ⑤
Assessed <u>2</u> Medical Pts	① ② ③ ④ ⑤
Assessed _____ OB Pts	① ② ③ ④ ⑤
Assessed <u>1</u> Psychiatric Pts	① ② ③ ④ ⑤
Assessed <u>1</u> Cardiac Pts	① ② ③ ④ ⑤
Assessed _____ Respiratory Pts	① ② ③ ④ ⑤
Assessed <u>1</u> Syncope Pts	① ② ③ ④ ⑤
Assessed <u>2</u> AMS Pts	① ② ③ ④ ⑤
Assessed _____ Abd. Pain Pts	① ② ③ ④ ⑤

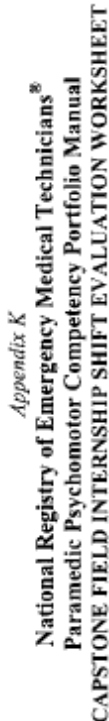
Procedures (Fill in # of Successful Procedures)	
Provided wound care for _____ Pts	① ② ③ ④ ⑤
Provided fracture care for _____ Pts	① ② ③ ④ ⑤
Performed CPR on <u>1</u> Pts	① ② ③ ④ ⑤
Performed _____ SMRs	① ② ③ ④ ⑤
Performed _____ Basic Airways	① ② ③ ④ ⑤
Performed _____ Airway Suctionings	① ② ③ ④ ⑤
Performed <u>1</u> Pt. Ventilations	① ② ③ ④ ⑤
Performed <u>1</u> BID Airways	① ② ③ ④ ⑤
Performed _____ ET Intubations	① ② ③ ④ ⑤
Performed _____ NG/OG Tubes	① ② ③ ④ ⑤
Performed <u>10</u> IV/IO Insertions	① ② ③ ④ ⑤
Performed _____ Medication IVP	① ② ③ ④ ⑤
Performed <u>5</u> IM/SQ Injections	① ② ③ ④ ⑤
Performed <u>4</u> EKG/12-leads	① ② ③ ④ ⑤
Performed _____ Defibrillations	① ② ③ ④ ⑤
Performed _____ Cardioversions	① ② ③ ④ ⑤
Performed _____ TCP	① ② ③ ④ ⑤
Performed _____ Thoracostomy	① ② ③ ④ ⑤
Performed _____ Other Skills (List)	① ② ③ ④ ⑤

If you have any questions or comments, please contact the clinical coordinator at 256-306-2978.



Appendix K
National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual
CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET

Student Name		Date		Unit or Station:		Clinical Site												
Page of 		Time In: Out: 		Preceptor: 		Unit or Station: 												
Directions: Each contact must be rated by the student FIRST, and rated by the preceptor SECOND. Mark student ratings in the row marked "S" and preceptors in row "P." Comment on any discrepancies on back. Preceptors complete shaded sections.																		
Patient Age Sex	Impression and/or Differential Diagnosis	LOC, Complaints, Event/Circumstances	Summary of treatments rendered successfully by student	Circle Patient Contact Type	Rate	Objectives										Comments and Immediate Plan for Improvement for Next Contact		
						Physical Care	Field Triage	Field Triage to	2nd	Performance	Communication	Professional Behavior	Team (Left)	Leadership	Preceptor		Initials	
1.				ALS	S													
				BLS	P													
2.				ALS	S													
				BLS	P													
3.				ALS	S													
				BLS	P													
4.				ALS	S													
				BLS	P													
5.				ALS	S													
				BLS	P													
6.				ALS	S													
				BLS	P													
7.				ALS	S													
				BLS	P													



CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET

Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Student reported <input type="checkbox"/> on time, <input type="checkbox"/> well groomed, <input type="checkbox"/> in uniform and prepared to begin the shift. <input type="checkbox"/> Yes <input type="checkbox"/> No	Student knows equipment location and use. <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior was professional: <input type="checkbox"/> Accepts feedback openly <input type="checkbox"/> Self-motivated <input type="checkbox"/> Efficient <input type="checkbox"/> Flexible <input type="checkbox"/> Careful <input type="checkbox"/> Confident	Student helps clean up and restock, unprompted. <input type="checkbox"/> Yes <input type="checkbox"/> No
Student asked relevant questions and participated in learning answers, used downtime to its highest potential. <input type="checkbox"/> Yes <input type="checkbox"/> No	Student left site early (did not complete shift). <input type="checkbox"/> Yes <input type="checkbox"/> No
Preceptor would appreciate <input type="checkbox"/> phone call or <input type="checkbox"/> email from the instructor (please provide contact info). <input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree to the above ratings: Preceptor Signature _____	
Student Signature _____	

Clinical Objectives:

Pt Interview/Hx Gathering: Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient (s); demonstrated compassion and /or firm bedside manner depending on the needs of the situation.

Physical Exam: Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

Impression & Tx plan: Student formulates an impression and verbalizes an appropriate treatment plan.

Skill Performance: Student performs technical skills accurately and safely.

Communication: Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a through written patient narrative.

Professional Behavior Objectives: Student demonstrates they are:

Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.

Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.

Flexible: Makes adjustments to communication style, directs team members and changes impressions based on findings.

Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly.

Confident: Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.

Open to feedback: Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Team Leadership Objective: The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)

Ratings: NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent. This includes partial attempts. 2 = Successful/competent - no prompting. Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and ease difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.



Appendix L
**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

How to Use the Capstone Field Internship Shift Evaluation Instrument

Introduction:

Thank you for taking the time to mentor and evaluate the student and potential Paramedic candidate on his or her ability to perform as a competent entry-level Paramedic. The field internship is a capstone experience and as such the student must successfully demonstrate the ability to assess, manage and direct care for sick and injured patients during out-of-hospital patient contacts. Please remember that this is an evaluation of the student's ability to perform as a competent entry-level Paramedic and the last opportunity to identify areas that need potential remediation prior to the student becoming a candidate for Paramedic certification. While we recommend potential employers provide an appropriate orientation and evaluation process prior to allowing the new Paramedic to perform alone as the Team Leader, we recognize that there are EMS systems that will immediately place the newly state-licensed Paramedic in an out-of-hospital situation with an EMT partner upon successful completion of the NREMT Paramedic certification. Therefore, it is imperative that you provide a fair and objective evaluation of each student recognizing that he or she is expected to perform as an entry-level Paramedic.

Team Leader Performance:

The Capstone Field Internship should document a student's progression to a consistently competent entry-level Paramedic. This may be most effectively done by assigning a student to a particular preceptor during the Capstone Field Internship phase. This allows the preceptor to assess the student's initial performance and for both student and preceptor to become comfortable with each other. As the internship progresses, the student would ideally progress to at least minimal entry-level competency which would be documented by the preceptor. Although programs may not have the option, utilizing numerous preceptors for one student

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internship can complicate trust, expectations, and continuity for both student and preceptor, particularly with a student who is not exhibiting confidence or who is experiencing any difficulty in the progression from performing as a student to performing consistently as an entry-level Paramedic.

The program should establish a minimum number of hours, competencies, and team leads that the student should achieve in order to be regarded as successfully performing as a competent entry-level Paramedic. These goals should reflect the depth and breadth of the Paramedic profession. The Capstone Field Internship has the unique capacity to assess the student's competence in all three learning domains while performing as they will in the profession. The significance of the Capstone Field Internship cannot be overstated.

Preceptor Preparation, Training, and Expectations:

Preceptors are busy providing patient care in most locations throughout the clinical rotation. Preceptors must work with students and use an evaluation instrument that captures information pertinent to student performance as an entry-level Paramedic. We suggest that the faculty provide a brief orientation to the evaluation worksheet and review the goals for the clinical rotation for each preceptor prior to beginning student rotations. Preceptors should have access to emergency contact numbers for the appropriate program personnel at all times should any questions or unforeseen issues arise.

Students should assess scene safety, perform patient interviews, conduct physical examinations, and perform treatment and procedures as these opportunities present. Preceptors need to ensure that this occurs without jeopardizing the quality of patient care or adversely affecting the patient. In the event the preceptor deems provider, patient, or public safety is being compromised, the preceptor should intervene in as professional manner as possible to ensure

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optimal outcomes while ensuring a safe learning environment.

Student Self-Evaluation

It is important that the Paramedic student evaluate his or her own performance, recognize any disparities in knowledge or performance and correct these in subsequent patient encounters. Honest self-evaluation is imperative for continued growth and improvement and a characteristic of a professional. It is essential that the preceptor assist any student exhibiting difficulty with accurate self-evaluation of his or her performance. There are numerous methods that a Paramedic education program can use to document the Capstone Field Internship phase of Paramedic student education. This document describes a best-practice approach to documentation of the Capstone Field Internship phase.

The “Capstone Field Internship Shift Evaluation Worksheet” serves as the overall log for the shift or day’s clinical activity. This worksheet is used to document and evaluate the Paramedic student’s performance as a Team Member as soon as possible after a patient contact. At the conclusion of each patient encounter, the student should first evaluate his or her performance (S) on the “Capstone Field Internship Shift Evaluation Worksheet,” followed by the preceptor’s evaluation of his or her performance. This will allow the preceptor to assess the accuracy of the student self-evaluation prior to providing constructive feedback regarding the process of self-evaluation.

Students should mark their self-evaluation ratings in the row Labeled (S). The preceptor should document his or her rating of the student in the row marked (P). The preceptor should continue to document all shaded sections after the student has completed all of the sections required. Please comment on any discrepancies at the end of the row or the back of the form.

Student Name: Name of Student

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Date: Date field internship rotation began

Educational Program: Name of the Paramedic program the student is attending

Clinical Site: Name of the EMS/ ambulance service

Page_of_: If additional pages or forms are necessary due to additional patient contacts or additional documentation, indicate the total number of pages.

Time In and Out: Time student arrived and departed from the clinical site

Preceptor: Name of preceptor

Unit or Station: Radio call sign or "report to work" location

Patient Age/Sex: Patient's age and sex

Impression and / or Differential Diagnosis: This section is a judgment of the Paramedic student based on findings of the history and physical examination. At times, a patient's differential diagnosis may be unknown as all of the evidence to make a diagnosis is not yet known. Paramedic students should be judged on their differential diagnosis based upon the information that is obtained in the history and physical examination. Students may not know or have access to in-hospital diagnostic data. Consequently, Paramedic students may reach a different diagnosis other than the definitive diagnosis that was derived after many in-hospital tests were completed.

LOC/Complaints/Event/Circumstances: This section is used by the Paramedic student to document the patient presentation, history of present illness and significant patient assessment findings.

Summary of treatments rendered successfully by student: The student uses this section to document treatments performed successfully and is judged based upon information that the student has obtained from the history and physical exam. A successful attempt

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should be based on the outcome of a discussion between the preceptor and the student that answers the question, “How would you, as a Paramedic, treat this patient in the field based on your history and physical examination findings?” Each clinical setting is somewhat different, and each patient presentation may be different.

Circle Patient Contact Type: The Paramedic student should next circle ALS or BLS based on the condition of the patient. ALS should be circled if the patient condition or complaint requires assessment or interventions by an Advanced Life Support provider. This may include but is not limited to, medication administration, ECG monitoring and establishment of intravenous access. BLS should be circled if the patient condition or complaint requires assessment or interventions that an EMT should be able to perform. While the emphasis of the Clinical Experience is ALS patient contacts, BLS skills performed may be documented in this section.

Clinical Objectives Rating: This section is used to document Paramedic student performance of Patient Interview and History Gathering; Physical Exam; Impression and Treatment Plan; Skill Performance; Communication; Professional Behavior/Affect; and Team Membership. The Paramedic student should first complete his or her ratings followed by the preceptor. The following four-point Likert scale will help to standardize judgments and improve inter-rater reliability:

2 = Successful/competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the Paramedic student has undergone at the time of the clinical interface with the patient.

1 = Not yet competent, marginal or inconsistent; this includes partial attempts.

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0 = Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes “Not attempted” when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet the standard of care expected by the program, program medical director and community of interest.

N/A = Not applicable –not needed or expected for this patient. This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention).

***Note:** Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active, and attempt to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are typical and expected in the initial stages of the clinical learning process when students need prompting. Improvement plans must follow any unsuccessful or inconsistent ratings.

Preceptor Evaluation

As soon as possible after the student completes the self-evaluation of the Objectives, the preceptor should review the information that the student entered and document his or her rating in the section provided (P). Please record any comments necessary to clarify ratings or provide additional feedback. Identify improvements needed for future patient contacts. You may use additional paper or electronic communication to the program as necessary. Any disparate ratings between the student and evaluator ratings should be discussed and the evaluator should briefly document any suggestions for

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preceptor, you should re-evaluate goals after each encounter to assess improvement or the need for remediation. This also emphasizes the expectation of student accountability.



**Emergency Medical Services Program
Incident Report**

Date of Occurrence: _____ Time: _____ Location of Occurrence: _____

Clinical Facility: _____ Clinical Unit: _____

Name of Student Involved: _____ Level of training: ☐ EMT ☐ AEMT ☐ Paramedic

Name of Patient Involved (if applicable): _____ Medical Record #: _____

Name of Clinical Instructor: _____ Date / time of notification: _____

Name of CCC faculty: _____ Date / time of notification: _____

Potentially Infectious Material(s) involved? (check all that apply)

☐ blood ☐ urine ☐ sputum ☐ feces ☐ none ☐ other: _____

Details of the incident in the student's own words (work being performed, etc.) _____

Contributing factors: (accident, equipment malfunction, etc.): _____

Personal Protective Equipment in use at time of the incident. (check all that apply)

☐ gown ☐ gloves ☐ mask ☐ eyewear ☐ headgear ☐ shoe covers

Action(s) taken. (treatment, hazard cleared, etc.): _____

Description of the incident by the preceptor: _____

Comments / Actions / Recommendations of Clinical Coordinator to avoid repeat incident: _____

Student signature

Date

Preceptor signature

Date

Clinical Coordinator signature

Date

Program Director signature

Date

CONFIDENTIAL! DO NOT PHOTOCOPY!



**Emergency Medical Services Program
Exposure Incident**

Name: _____

Date of Occurrence: _____ Time: _____ Location of Occurrence: _____

Potentially Infectious Material: ☐ blood ☐ urine ☐ sputum ☐ feces ☐ other: _____

Type of Exposure: ☐ Needle stick ☐ Splash ☐ Other: _____ To which body part: _____

Contact to bare skin with blood/other (Describe part of the body exposed incl. condition of the skin and the amount of potentially infectious material) _____

Contact to mucous membranes, eyes, and/or mouth with blood/other (Describe the part of the body exposed incl. amount of potentially infectious material) _____

Describe any injury suffered in the event: _____

Name other persons exposed or injured: _____

Personal Protective Equipment in use at time of the incident. (check all that apply)

☐ gown ☐ gloves ☐ mask ☐ eyewear ☐ headgear ☐ shoe covers

List witnesses to exposure incident: _____

Briefly describe exposure incident (Work being performed, how incident was caused, and estimation of duration of exposure): _____

Actions taken (Persons involved, decontamination, clean-up, reporting, etc.): _____

Source of exposure known: ☐ Yes ☐ No Blood testing done on exposure source? ☐ Yes ☐ No

If No, why not? _____

Name and address of Physician student plans to see for follow up: _____

Were you told to keep the name of the source confidential? ☐ Yes ☐ No

Contact the EMS Clinical Coordinator Tyler Mosley - You may leave a message at 256-306-2978

Student Signature

Date

Clinical Instructor Signature

Date