



College of
the Mainland®

Emergency Medical Services Program

Preceptor & Clinical Supervisor Handbook

(Updated July 2015)

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Introduction

Thank you for agreeing to be a preceptor for College of the Mainland's EMS students. You are an integral part of our student's educational experience. COM's goal is to produce quality healthcare professionals that have the knowledge, skills and professional attitude required to be successful in their careers but more importantly provide superior patient care to their patients. Without preceptor guidance from experienced healthcare professionals, like you, our students would not be able to achieve these goals.

What is a Preceptor or Clinical Supervisor?

"Clinical Supervisor" is the term used for the personnel who oversee students at clinical locations. "Preceptors" oversee students on field rotations. Both Supervisors and Preceptors provide the students with a chance to test their knowledge and skills in real life situations so that they may gain confidence in their ability to provide quality patient care. Depending on the location of the rotation, the preceptor will either be an employee of the organization our student is visiting or a paid preceptor for College of the Mainland.

The Preceptor or Clinical Supervisor is a health care professional who:

- provides a safe and rich environment for a student learning
- maintains a professional demeanor at all times with the students and coworkers
- has the ability to bridge theory with the practice as it pertains to patient care issues
- possesses and maintains the knowledge and skills necessary to deliver quality patient care
- assists the students in understanding how they fit into the overall scheme of the patient care.

The Preceptor or Clinical Supervisor should have characteristics that reflect positively on the profession and the service for which they work. In the majority of cases the preceptor is the student's first contact of their chosen profession. With this, it is essential that the preceptor have the following characteristics:

- A positive attitude
- A flexible and open mind
- Self-confidence
- Responsibility
- Professionalism
- Respect for patients, coworkers, and themselves
- Enthusiasm
- Knowledgeable
- Quality skills

Preceptor/Clinical Supervisor Duties

Preceptors (COM faculty or not) are expected to:

- Introduce the student to staff at the start of the shift

- Review the expectations, objective and duties of the student
- Familiarize the student with relevant equipment in the facility
- Supervise the student during the clinical shift
- Complete appropriate paperwork
- Communicate regarding the student's strengths and limitations
- Maintain an supportive environment that encourages the learning process

Confirm Student Experience

Students are expected to complete documentation and signature-collection **prior** to leaving each rotation.

Preceptor signatures serve as confirmation of:

- Proper uniform
- Hours of attendance
- Pt age and complaint
- Any skills performed by the student

Preceptors should sign the blue performance evaluation form at the end of the shift. All forms should then be given back to the student for delivery to the Program.

Additional Duties for COM Clinical Supervisors (paid by COM)

Uniform

Preceptors that are being paid hourly by COM are expected to wear the following Uniform. Please contact Doug Chappell if you have any questions or need a shirt and/or ID

- Shirt: COM Instructor golf shirt w/EMS logo
- Pants: Black or dark navy blue (NO DENIMS)
- Belt: Black or navy blue
- Shoes: All black shoes/boots (NO COLORS)
- Preceptor ID card on the right collar

Breaks

Lunch and scheduled breaks during clinicals are flexible and should NOT interfere with the needs of the facility

- One 15 minute break in the morning
- One 15 minute break in the afternoon
- And lunch will be on site 30 – 45 minutes
- Student are not allowed to leave the facility for lunch

Leaving a clinical early

Sometimes during a rotation, a preceptor will need to leave either due to illness, family emergency, etc. Every attempt to contact the Clinical Director or the Program Director. Please be aware that the students must still satisfy the hours of this clinical rotation, which may delay their ability to complete the course on time.

Preceptors must not leave any clinical site early which would leave the students unsupervised. Be aware that some clinical affiliation agreements mandate that COM have paid preceptor on site and therefore leaving the students without a supervisor may jeopardize COM ability to attend that site.

Alcohol/Narcotics policy

Under NO circumstances will a student or clinical supervisor attend clinicals under the influence of or smelling of intoxicating substances. Reports of such will result in immediate disciplinary action.

Expectations of the Student

The goal of any clinical rotation is to mimic the conditions of the professional environment. As such, students must conduct themselves as an EMS Professional. The Preceptor/Clinical Supervisor should provide guidance, advice, and, when necessary, correction of the behavior.

Detailed Educational Plans specific to each rotation have been provided for student reference. They are instructed to review them thoroughly prior to the rotation and then to share them with their Preceptor/Supervisor. The Preceptor/Supervisor should review these to understand what material the student should have reviewed prior to the rotation as well as learning objectives for the clinical experience.

Student Dress Code

All students have received the following instructions regarding professional presentation at clinical and field sites. The guidance which follows was explained to every EMS student during clinical orientation.

Professional Dress/Appearance

- Tan COM uniform w/ EMS student logo
- Undershirt – Black only
- Black Dickies/EMS pants
- Black belt with simple buckle
- ALL black shoes/boots (athletic shoes are recommended for O.R. rotations)
- COM Student EMS Badge - right collar.
- Stethoscope
- Watch with second hand
- Blue Pen
- Neatly groomed **without offensive odors**
- Protective Eyewear (ANSI)

The faculty reserves the right to determine “professional dress/appearance” and “neatly groomed” based on safety and industry standards. Style and self-expression is not a part of the College of the Mainland uniform. (Note: your PDA/cell phone is not part of your uniform).

Additional Uniform Notes:

1. The black EMS t-shirt you’ve been provided is meant as an undershirt and/or is allowable in classroom as determined by the lead instructor. It is NEVER sufficient on a clinical site.
2. Athletic shoes are expressly prohibited on EMS rotations. They are acceptable in the hospital.
3. Be clean and well-groomed
 - i. Visible tattoos must be covered at all times
 - ii. No head coverings (hats, bandanas, large bows, etc.)
 - iii. No heavy make-up.
 - iv. No heavy or overpowering colognes or perfumes
 - v. No hair hanging over the shirt collar or in face. All hair must be neat and of a color which can be found in nature
 - vi. Mustache must be neatly groomed, not extending past the superior edge and lateral crease of the upper lip. No other facial hair permitted. Each student must be able to have a N95 HEPA mask properly fit to the face
 - vii. Fingernails must be trimmed, not visible from palm side and neutral color

- viii. Jewelry: religious jewelry allowed as long as it is deemed safe by industry standards. ONE post-style earring may be worn in each ear.
- ix. No undershirts with advertising or decorations EXCEPT the official COM “EMS” Student t-shirt. (optional plain black t-shirt may be worn).
- x. No wrinkled or dirty clothing.

Student Behavioral Guidance

The following rules and guidelines are given to every EMS student during their clinical and/or class orientation.

(Excerpt from Clinical Syllabus)

1. Conduct yourself as a professional. Every rotation is a job interview and EMS is a tight community—*word travels fast!*
2. **Respect patient privacy and HIPAA laws.** This career will excite you and you will want to share with others. However, do not do so in public places or in ways that could possibly identify the patient to a listener. You never know who knows what. Something which seems really innocent can turn out to be a violation of patient privacy. (Example, “*I worked a huge wreck out on 45 where a guy got his foot cut off.*” Response, “*Yeah, that was my uncle.*”)
3. Wear the COM student uniform **only** when scheduled to be at the rotation site or in class. If you must make other stops to or from either class or clinical, be prepared by bringing an extra shirt. This is **ABSOLUTELY CRITICAL** if you plan to stop for dinner where you or others in your party may choose to drink alcohol. Failing to follow this policy is grounds for immediate dismissal from the program.
4. **Clinical Supervisors & EMS Preceptors:** **Clinical Supervisors** - the COM Faculty (primary), RN, or Technician who supervises students at hospital clinicals. **EMS Preceptors** - the Paramedic or authorized crew member who supervises students on EMS rotations.
 - **All shifts:** students are not allowed to leave the clinical site for any reason. Departure from a site will be interpreted as your termination of the rotation. Appropriate discipline will be employed based on specific conditions of the event.
 - **Hospital:** Do not leave the assigned rotation area without notification and permission of the Clinical Supervisor. Do NOT EVER move patients within the hospital without hospital staff.
 - **EMS:** Do NOT leave the crew to whom you’ve been assigned. Students are required to make all responses during the course of their shift.
5. You are responsible for your own transportation to and parking fees at clinical facilities
6. Do NOT practice or perform skills for which you are not trained and tested in class; (out of scope violation)
7. Cellular phone must be on silent, if you must make/receive calls during a clinical, keep the amount of time to a minimum. **ABSOLUTELY NO CELLULAR PHONES IN THE OPERATING ROOM – Students can have their phones but must only check in staff lounge as approved by Clinical Supervisor.** You are not allowed to conduct work over the phone while on a clinical.
8. No consumption of altering or intoxicating substance within 12 hours of any clinical.
9. Students may NOT sleep on any day-time EMS clinical.

Students are expected to use clinical time effectively. If you are on a clinical and not engaged in a clinical-related activity, you should be studying or reviewing skills.

10. Students should refrain from playing video games while on a clinical
11. Students may not drive any emergency vehicles.
12. Do not spend time in the nurse's station or break room except by *express permission or direction* of your Clinical Supervisor. You are expected to complete your paperwork in a timely manner. You should inquire of your Clinical Supervisor an appropriate place to work on your documents.
13. DO NOT operate the stretcher without instruction by the EMS Preceptor or (staff on the ambulance) and NEVER when patient-loaded.

Warning/Dismissal

A professional attitude and dress are expected at all times. Student should approach their clinical rotations with the same expectations of a job. If a student repeatedly acts in an unprofessional manner, does not wear the proper uniform and / or is late to clinicals, that student can be "fired" from clinicals in the form of receiving a failing grade for the course.

1. Failure to act in a *professional manner* will result in dismissal from the rotation site and, depending on the infraction, either a written warning or dismissal from the course
2. Students may be dismissed from the course for:

- Any behavior/action that is consistently unsafe or if any of your actions place the patient in emotional or physical jeopardy or if the clinical site refuses to allow the student to return.
- Performing interventions outside your skill level.
- Forging any internship documents. (This include creating bogus reports, forging the EMS Preceptor's signature, incorrect hours of attendance or any statements that are untrue)
- Any behavior judged "unbecoming" of an EMS Professional.
- Comments made on the Student EMS/Clinical Performance Evaluation Form will be brought to the attention of the student. Failure on the part of the student to correct unacceptable behaviors may be dismissed. The Program Director has final departmental authority on all decisions.

Students in disagreement with any disciplinary action may follow the Grievance Policy outlined in College of the Mainland's Catalog.

What should I do if I think I messed up?

Immediately notify your Clinical Instructor AND the Program Director, *in writing*. You should submit an "Incident Report" which includes the date and time of the event. It should, as objectively as possible, document the event in question. Be sure to include names of participants.

This does not guarantee you will get in trouble—quite the contrary.

Recognizing and admitting your own mistakes is a highly mature and professional behavior.

Problem or Issue at a Clinical Site—general approach

1. Depending on the severity of the disruption, the student will generally be removed from the clinical site. This minimizes further disruption and allows for logical exploration of the facts.
2. Rotations scheduled within the next 5 business days will automatically be cancelled. Further rotations will become “pending” on WhenToWork until the event has been investigated and resolved. This is standard policy and does NOT automatically mean the student is “in trouble.”
3. Upon completion of investigation, the student will be notified of decision and status of upcoming rotations as active or cancelled. Generally, the student will be asked to write a paper regarding the event and lessons learned prior to resuming rotations. If the student fails to comply with instructions or does so in an insufficient manner, clinicals will continue to be cancelled with associated negative effects on the final class grade.

Demonstrated Affective Violation (DAV) System

The DAV system was created to allow all EMS staff (including Preceptors and Clinical Supervisors) a simple way to communicate with the student and the program regarding student behavior.

- **Purpose:** To record and track student’s overall performance as reflected in the affective domain. Behavioral violations related to those listed in the Professional Behavior Evaluation will cause a DAV citation.

Guidance

- DAV must specifically relate to one of the 11 categories of the Behavioral Evaluation tool—hence the term, “Demonstrated.” DAV’s do not eliminate other penalties. Rather, they present the overall picture of student behavior in all venues: in class, in lab, and at clinical locations.
 - Person administering the DAV should indicate which category the infraction reflects.
 - If Adjunct or Clinical Supervisor submits DAV form, it is the responsibility of the Lead Instructor to assign the proper number of DAV’s based on prior events (i.e., doubling where necessary). The Lead Instructor will also complete a Professional Behavioral Counseling Record and have face-to-face session with student to fully communicate details of infraction and follow-up (include specific expectations, clearly defined positive behavior, actions that will be taken if behavior continues, dates of future counseling sessions, etc.) as noted in the Record.
 - Refer to the Professional Behavior Evaluation tool for descriptions of each category:
 - **Integrity**-- Consistently honest; trustworthy with the property of others; guards confidential information; truthfully documents.
 - **Empathy**-- Responds appropriately to emotions of others; demonstrates respect for others; demonstrates calm, compassionate, and helpful demeanor toward those in need, supports and reassures others.
 - **Self-motivation**-- Takes initiative to complete assignments; improves/corrects own behavior; accepts and completes tasks; requires little to no supervision; strives for excellence in all aspects of professional activity; shows enthusiasm for learning.
 - **Appearance/Personal Hygiene**-- Presents self in professional manner; wears appropriate clothing/uniform; maintains uniform/boots/equipment in neat, clean, ready-status; keeps hair, facial hair, piercings, tattoos appropriate to COM EMS guidelines; no strong odors (body odor and/or synthetic fragrances).
 - **Self-confidence**-- Demonstrates ability to trust own judgment; aware of personal strengths and weaknesses; readily assumes leadership roles (classroom/field).

- **Communication**-- Speaks clearly; writes legibly; actively listens; adjusts communication strategies to various situations; positively accepts constructive criticism and corrections; does not make excuses; completely and accurately documents patient care and learning activities.
 - **Time Management**-- Consistently punctual; completes tasks and assignments on time; manages scene times appropriately.
 - **Teamwork/Diplomacy**-- Places success of the team above self-interest; supports other team members; remains flexible and open to change; works with others to solve problems; does not try to force team leadership/direction when in team "member" role.
 - **Respect**-- Civil/respectful of others; avoids derogatory or demeaning terms; behaves in a manner that brings credit and credibility to the profession.
 - **Pt Advocacy**-- Keeps personal bias or feelings separate from patient care; places patient needs at highest priority over self-interest; protects patient confidentiality; demonstrates mindfulness of patient dignity.
 - **Careful delivery of service**-- Masters and refreshes skills; performs complete equipment checks; demonstrates safe operations; accurately follows policies, procedures, and protocols; follows orders; carefully checks med "rights."
- **DAV penalties serve as a way to measure student's overall performance. DAV's are given in addition to other program penalties which will continue to be enforced.**
 - All faculty members should issue an appropriate DAV citation based on the infraction. The citation is "pending" confirmation by the Lead Instructor.
 - The Lead Instructor and EMS Program Director may increase or decrease the number of DAV's per violation. Students with repetitive similar events will be given TWICE the prior number of DAV's for each subsequent occurrence.

Appeals:

- There is no mechanism to "work off" DAV's.
- DAV's are given **in addition to** other stated penalties
- To properly request an appeal, follow the documentation instructions noted in the "EMS Chain of Command" section of this document.
- One to 5 DAV's per occurrence are appealable to the level of Lead Instructor. If administered by the Lead Instructor, not appealable.
- Greater than 5 DAV's per occurrence are appealable to the Program Director.
- Any appeals beyond Program Director can be made only for the Final Grade in the class and will follow the appropriate policy as noted in the College of the Mainland Student Handbook.
- Severe infractions may skip the DAV process altogether at the discretion of the Program Director.
- Students who have accumulated 10 DAV's will be put on notice of Disciplinary Probation.
- Students who have accumulated 15 DAV's will be put on Clinical Suspension (not allowed to attend clinicals) until satisfactory completion of corrective action as prescribed by Program Director.
- Students who have accumulated 20 DAV's will be considered for removal from the program.
- Students who incur a failing grade in any class are entitled to follow the Grade Appeals process as outlined in the College of the Mainland Student Handbook.

DAV Accrual**

***Examples used for illustrative purposes only and are not all-inclusive.*

One (1) to Five (5) DAV's

- Late to class (Time Management)—1 DAV doubling with each occurrence (1, 2, 4, then 6 for each additional occurrence)
- Late to clinical – 3 DAVs if tardy for pre-clinical briefing, plus additional 1 DAV per minute up to 5 minutes late for clinical. At 5 minutes late, mandatory dismissal with 8 DAVs issued overall per occurrence
- Uniform irregularity (Appearance/Personal Hygiene)--1 DAV doubling with each occurrence, no maximum
- Negative impact on learning environment (possibly Teamwork/Diplomacy, Communication, other—depends on infraction)—3 DAV’s doubling with each occurrence, no maximum
- Disrespectful, any location(possibly Teamwork/Diplomacy, Communication, other—depends on infraction) --3 DAV’s doubling with each occurrence, no maximum
- Using phone numbers listed as “FOR EMERGENCY ONLY” for a non-emergency—2 DAV’s doubling with each occurrence, no maximum

Six (6) to Ten (10) DAV’s

- Failure to attend class (Time Management, Respect)—6 DAV’s per occurrence
 - Clinical cancellation 24 or more hours prior to scheduled shift (Time Management, Careful Delivery of Service)-- 6 DAV’s doubling with each occurrence, no maximum
 - Clinical No-show (Time Management, Respect, Careful Delivery of Service) without written notification or call: 10 DAV’s doubling with each occurrence, no maximum
- Other “minor” & “major” infractions result in DAVs depending on the infraction, error, or violation.

Documentation Requirements

Students have received and been oriented to the following documentation guidelines.

1. Complete these documents as if they were legal patient care reports. They must be clean and neat. The correct forms must be used.
2. Forms must have complete patient information as noted below.
3. Forms with more than 5 errors should be re-written. Failure to do so will result in significant grading penalty. Improperly corrected errors will also be penalized. (Errors should have only one line thru the word or sentence and the student’s initials beside it.)
4. Forms turned in late may not be accepted or there may be a severe grading penalty.
5. Preceptor signatures are required on all forms. Lack thereof constitutes *improper documentation*.
6. Students must sign forms as appropriate. Lack of student signatures constitutes *improper documentation*.
7. Improper documentation will not be accepted. At a minimum, students will be required to revisit the clinical site to repeat the rotation.
8. **Forms Requirements: *Note – All advanced level students enter PCR data into CliniTrack online.**
 - a. **Hospital:** Blue, Pink, Yellow & IV Verification Form
 - b. **EMS:** Blue, Pink, White, Green, and IV Verification Form

Legend of forms:

- a. Blue: Performance Evaluation/Summary of Clinical Experience
- b. Pink: EMS Program Uniform Inspection
- c. Tan: *Patient Care Report (PCR) (Narrative to CliniTrack only)
- d. White: Ambulance Check Off Form
- e. Yellow: Evaluation of Learning Experience (Hospital)
- f. Green: Evaluation of Learning Experience (EMS/FD)

Minimum Narrative Expectations

- A. Nature of the Call
- B. Age and Sex of the patient
- C. Chief Complaint of the patient (what the patient stated)
- D. History and Assessment of Chief Complaint (both positive findings and pertinent negatives)
- E. Previous Medical History
- F. Current Medications (OTC, prescription, Herbal)
- G. Allergies (medication, foods)
- H. Description of physical findings*
- I. Vital Signs – Beginning and ending
- J. Interventions performed**
- K. Patient Treatment – Including patient responses to interventions
- L. Disposition of patient (must document)

* State the general impression and describe your patient assessment.

** Students are responsible for documenting the interventions performed at their level. Basic students will not be held responsible for documentation of advance skills.

Contact Information

Please feel free to contact us regarding any issues or concerns you may have about our students. We welcome comments from professional in the field to help us improve our program and to better prepare our students to provide quality healthcare. Also feel free to write comments on the student evaluation forms.

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Clinical Goals and Objectives

Clinical Goals and Objectives

EMT- Basic Emergency Department Rotations

Goals:

1. To expand the student's knowledge about a variety of medical and trauma emergencies.
2. To familiarize the student with contemporary treatment strategies for individuals that may present with a medical or traumatic emergencies and for the student to observe other healthcare worker's roles as it relates to these individuals.
3. To allow students to practice all EMT basic skills under the supervision of qualified hospital personnel.
4. To gain knowledge from evaluations and constructive feedback given to the student in the supervised setting.

Objectives:

1. The student should be able to describe the roles and responsibilities of the prehospital EMS care provider as they may relate to the care of patients in the hospital emergency center.
2. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
3. The student should be able to demonstrate the ability to obtain history of illness/injury and the patient's previous medical history through verbal communication skills, and then be able to summarize and present finding in a precise and professional manner using both written and oral communication skills.
4. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
5. The student should be able to identify hazards that may pose a risk to the student and others; and take corrective measures to reduce the risk posed by the hazards.
6. The student should be able to identify the resources needed for an emergency situation and arrive at a reasonable approach to the given situation.
7. The student should be able to communicate with and follow the direction of the preceptor or clinical supervisor.
8. The student should be able to assist the hospital staff in general duties that are experienced in the routine course of patient care in the hospital environment.
9. The student will document a minimum of twenty-four hours in emergency department and a minimum of two assessment documentations per twelve- hour shift.

EMT- Basic Level Labor and Delivery Rotation

Goals:

1. L&D will introduce the student to sterile field management and observation of a variety of assessment and procedures unique to obstetrical care.
2. Sterile field principles will reinforce the methods taught to student for the purpose of providing obstetrical care in the ambulance and hospital environment.

3. For the student to have the opportunity to work with the delivery and nursery care team to learn the proper techniques of assessment and management of the normal delivery and complications that may occur including premature birth, multiple births, maternal and fetal distress, and cesarean section.

Objectives:

1. The student should be able to describe the roles and responsibilities of the prehospital EMS care provider as they may relate to the care of patient's in the L&D center.
2. The student shall receive clinical orientation to management of a sterile field.
3. The student should be able to demonstrate the knowledge and proper technique of proper assessment of the obstetric patient and present the finding in a precise and professional manner using both written and oral communication skills.
4. The student shall observe neonatal assessment to observe the proper application of the APGAR scoring.
5. The student shall observe the proper techniques of assessment and management of the normal delivery and participate as directed by the preceptor.
6. The student should be able to communicate with and follow the direction of the preceptor or clinical supervisor.

EMT- Basic EMS Field Rotations

Goals:

1. To expand the student's knowledge about a variety of medical emergencies and trauma situations
2. To expose the student to interaction with all levels of EMS certified individuals and to the interdisciplinary approach to dealing with hospital staff upon arrival at the hospital.
3. To familiarize the student with equipment operation and application as it relates to EMS environment.
4. To allow the student the opportunity to perform all EMT- Basic skills under the supervision of the preceptor.
5. To gain knowledge from evaluations and constructive feedback given to the student in the supervised setting.

Objectives:

1. The student should be able to describe the roles and responsibilities of the prehospital EMS care provider as they may relate to the care of patients in the prehospital EMS provider.
2. The students should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
3. The student should be able to demonstrate the ability to obtain history of illness/injury and the patient's previous medical history through verbal communication and other assessment skills, and then be able to summarize and present the finding in a precise and professional manner using both written and oral communication skills.
4. The student should be able to understand principles of anatomy and physiology and apply them to patient care.

5. The student should be able to identify hazards that may cause a risk to the student and others; and take corrective measures to reduce the risks posed by the hazards.
6. The student should be able to identify the resources needed for an emergency situation and arrive at reasonable approach to the given situation.
7. The student should be able to communicate with and follow the direction of the EMS preceptor.
8. The student should be able to assist the EMS crew in general duties that are experienced in the routine course of patient care in the EMS setting.
9. The student will document a minimum of thirty-two hours in the EMS setting and document a minimum of three emergency transports. (Patients transported by Lifelight count as an emergency transport.)

EMT-Intermediate Level Emergency Room Rotations

Goals

1. To expand the student's knowledge about a variety of medical and trauma emergencies.
2. To expose the student to the definitive care environment and to allow the student to develop professional attributes by working with other health care professionals.
3. To familiarize the student with equipment operation and application as it relates to the hospital environment.
4. To allow the student to practice all EMT- Intermediate skills under supervision of a clinical preceptor.
5. To gain knowledge from evaluations and constructive feedback given to the student in the supervised setting.

Objectives:

1. The student should be able to describe the roles and responsibilities of the prehospital EMS care provider as they may relate to the care of patients in the hospital emergency center.
2. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and using methods to include auscultation, inspection, palpation, and percussion.
3. The student should be able to demonstrate the ability to obtain history of illness/injury and the patient's previous medical history through verbal communication and other assessment skills, and then be able to summarize and present the finding in a precise and professional manner using both written and oral communication skills.
4. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
5. The student should be able to identify hazards that may pose a risk to the student and others; and take corrective measures to reduce the risks posed by the hazards.
6. The student should be able to identify the resources needed for an emergency situation and arrive at reasonable approach to the given situation.
7. The student should be able to communicate with and follow the direction of the EMS preceptor.
8. The student should be able to show proficiency in the skill of establishing a patent IV access and the rationale for the appropriate solution, administration set, catheter, and site for the procedure as dictated by the preceptor.

9. The student should show proficiency in interpretation of laboratory values as related to the medical or surgical patient. Emphasis is placed upon determining acid/base status in relation to evaluation of arterial blood gas analysis reports.
10. The student should be able to assist the hospital staff in general duties that are experienced in the routine course to patient care in the hospital environment.

EMT-Intermediate Level EMS Field Internship

Goals:

1. To expand the student's knowledge about a variety of medical emergencies and trauma situations
2. To expose the student to interaction with all levels of EMS certified individuals and to the interdisciplinary approach to dealing with hospital staff upon arrival at the hospital.
3. To familiarize the student with equipment operation and application as it relates to EMS environment.
4. To allow the student the opportunity to perform all EMT-Basic skills under the supervision of the preceptor.
5. To gain knowledge from evaluations and constructive feedback given to the student in supervised setting.

Objectives:

1. The student should be able to describe the roles and responsibilities of the prehospital EMS care provider as they may relate to the care of patients in the prehospital EMS provider.
2. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
3. The student should be able to demonstrate the ability to obtain history of illness/injury and the patient's previous medical history through verbal communication and other assessment skills, and then be able to summarize and present the finding in a precise and professional manner using both written and oral communication skills.
4. The student should show proficiency in the skill of establishing a patent IV access and the rationale for the appropriate solution, administration set, catheter and site for the procedure.
5. The student should show proficiency in the skill of advanced airway management an adult and pediatric patients and the rationale for the appropriate method of performing the procedure.
6. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
7. The student should be able to identify hazards that may pose a risk to the student and others; and take corrective measures to reduce the risks posed by the hazards.
8. The student should be able to identify the resources needed for an emergency situation and arrive at a reasonable approach to the given situation.
9. The student should be able to communicate with and follow the direction of the preceptor or clinical supervisor.
10. The student should be able to assist the EMS crew in general duties that are experienced in the routine course of patient care in the EMS setting.

11. The student will document a minimum of thirty-two hours in the EMS setting and document a minimum of three emergency transports. (Patients transported by Lifelight count as an emergency transport.)

EMT-Intermediate and Paramedic Level Operation Room Rotation

Goals:

1. To provide the student the opportunity to work with the anesthesia team to learn the proper technique of advanced airway management under the supervision of a preceptor
2. To expose the student to the management of the unconscious airway and to complications arising from induced paralysis.
3. To provide the student the opportunity to observe a variety of surgeries which will allow the student to see the anatomical correlation of the different body systems and their physiological function.
4. To perform successful advanced airway management techniques on live human patients.

Objectives:

1. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
2. The student should be able to communicate with and follow the direction of the preceptor or clinical supervisor.
3. The student should be able to successfully perform advanced airway management techniques on live human patient.
4. The student should be able to assist the hospital staff in general duties that are experienced in the routine course of patient care in the hospital environment.

EMT-Intermediate Paramedic Level Labor and Delivery Rotation

Goals:

1. L&D will introduce the student to sterile field management, IV therapy, and observation of a variety of assessment and procedures unique to obstetrical care.
2. Sterile field principles will reinforce the methods taught to student for the purpose of providing obstetrical care in the ambulance and hospital environment.
3. For the student to have the opportunity to work with the delivery and nursery care team to learn the proper techniques of assessment and management of the normal delivery and complications that may occur including premature birth, multiple births, maternal and fetal distress, cesarean section.

Objectives:

1. The student should be able to describe the roles and responsibilities of the prehospital EMS care provider as they may relate to the care of patient's in the L&D center.
2. The student shall receive clinical orientation to management of a sterile field.
3. The student should be able to demonstrate the knowledge and proper technique of proper assessment of the obstetric patient and present the finding in a precise and professional manner using both written and oral communication skills.

4. The student shall observe neonatal assessment to observe the proper application of the APGAR scoring and the proper application of the NALS/PALS based resuscitation.
5. The student shall observe, assist and perform the proper techniques of assessment and management of the normal delivery and participate as directed by the preceptor.
6. The student should be able to communicate with and follow the direction of the preceptor or clinical supervisor.

Paramedic Level Emergency Department Rotations

Goals:

1. To expand the student's knowledge about a variety of medical and trauma emergencies.
2. To expose the student to the definitive care environment and to allow the student to develop professional attributes by working with other health care professionals.
3. To familiarize the student with equipment operation and application as it relates to the hospital environment.
4. To allow the student to practice all Paramedic skills under the supervision of a clinical preceptor.

Objectives:

1. The student should be able to describe the roles and responsibilities of the prehospital EMS care provider as they may relate to the care of patients in the hospital emergency center.
2. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
3. The student should be able to demonstrate the ability to obtain history of illness/injury and the patient's previous medical history through verbal communication and other assessment skills, and then be able to summarize and present the finding in a precise and professional manner using both written and oral communication skills
4. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
5. The student should be able to identify hazards that may pose a risk to the student and others; and take corrective measures to reduce the risks posed by the hazards.
6. The student should be able to identify the resources needed for an emergency situation and arrive at a reasonable approach to the given situation.
7. The student should be able to identify and administer the various medications commonly used at the EMT-Paramedic level and the rationale and procedure for administration.
8. The student should be able to communicate with and follow the direction of the preceptor or clinical supervisor.
9. The student should be able to show proficiency in the skill of establishing a patent IV access and the rationale for the appropriate solution, administration set, catheter, and site for the procedure as dictated by the preceptor.
10. The student should show proficiency in interpretation of laboratory values as related to the medical or surgical patient. Emphasis is placed upon determining acid/base status in relation to evaluation of arterial blood gas analysis reports

11. The student should observe, assist and perform manual defibrillation, cardioversion, and pacemaker application as dictated by direction of preceptor.
12. The student should be able to assist the hospital staff in general duties that are experienced in the routine course of patient care in the hospital environment.

Paramedic Critical Care Rotations (ICU's)

Goals:

1. To expose the student to care of patients that may be chronically ill, in a post-operative state, various states of cardiac mobility, and those recovering from critical burns.
2. To allow the student to work with the various teams to learn the proper management of critically ill patients under supervision of a clinical preceptor and to be exposed to the management of complications that arise from medical illness and traumatic injuries.
3. To help the student correlate patient presentation with a variety of monitoring techniques used including EKG and hemodynamic monitoring.
4. To allow the student to observe the pathophysiology of different illness and injury states.

Objectives:

1. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
2. The student should be able to demonstrate the ability to obtain history of illness/injury and the patient's previous medical history through verbal communication skills, and then be able to summarize and present findings in a precise and professional manner using both written and oral communication skills.
3. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
4. The student should be able to communicate with and follow the direction of the preceptor or clinical supervisor.
5. The student should be able to show proficiency in the skill of establishing a patent IV access and the rationale for the appropriate solution, administration set, catheter, and site for the procedure as dictated by the preceptor.
6. The student should show proficiency in interpretation of laboratory values as related to the medical or surgical patient. Emphasis is placed upon determining acid/base status in relation to evaluation of arterial blood gas analysis reports.

Paramedic Level Pediatric ER/Pediatric Clinic Rotations

Goals:

1. To expose the student to care of pediatric patients including neonates, infants, toddlers, preschoolers and teenagers.
2. To allow the student the opportunity to see pediatric patients in various stages of growth and different presentations of routine and critical illnesses and injuries.
3. To allow the student the opportunity to observe hospital/clinical staff perform routine checks on healthy pediatric patients.
4. To help the student develop a comfort level when dealing with pediatric patients.

Objectives:

1. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
2. The student should be able to demonstrate the ability to obtain history of illness/injury and the patient's previous medical history through verbal communication skills, and then be able to summarize and present finding in a precise and professional manner using both written and oral communication skills.
3. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
4. The student should be able to communicate with and follow the direction of the preceptor or clinical supervisor.
5. The student should demonstrate an understanding of the importance of dealing with caregivers when dealing with pediatric patients.

Paramedic Level Triage Rotation

Goals:

1. To expose the student to triaging patients in the hospital setting.
2. To allow the student to observe the presentation of different illness and injury states.

Objectives:

1. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
2. The student should be able to demonstrate the ability to obtain history of illness/injury and the patient's previous medical history through verbal communication and other assessment skills, and then be able to summarize and present the finding in a precise and professional manner using both written and oral communication skills
3. The student should be able to communicate with and follow the direction of the preceptor or clinical supervisor.
4. The student should be able to prioritize patients based on established triage criteria as set by the hospital.

Paramedic Level EMS Field Internship

Goals:

1. To expand the student's knowledge about a variety of medical emergencies and trauma situations.
2. To expose the student to interaction with all levels of EMS certified individuals and to the interdisciplinary approach to dealing with hospital staff upon arrival at the hospital.
3. To familiarize the student with equipment operation and application as it relates to the hospital environment.
4. To allow the student the opportunity to perform all Paramedic skills under the supervision of the preceptor.
5. To transition from the role of observe to the role of an effective team leader.

6. To gain knowledge from evaluations and constructive feedback given to the student in the supervised setting.

Objectives:

1. The student should be able to describe the roles and responsibilities of the prehospital EMS care provider as they may relate to the care of patients in the prehospital EMS provider.
2. The student should be able to demonstrate the knowledge of assessing a patient's condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.
3. The student should be able to demonstrate the ability to obtain history of illness/injury and the patient's previous medical history through verbal communication skills, and then be able to summarize and present finding in a precise and professional manner using both written and oral communication skills.
4. The student should be able to understand principles of anatomy and physiology and apply them to patient care.
5. The student should be able to identify hazards that may pose a risk to the student and others; and take corrective measures to reduce the risks posed by the hazards.
6. The student should be able to identify the resources needed for an emergency situation and arrive at a reasonable approach to the given situation.
7. The student should be able to identify and use various medications commonly used at the Paramedic level and the rationale and procedure for administration.
8. The student should be able to show proficiency in the skill of establishing a patent IV access and the rationale for the appropriate solution, administration set, catheter, and site for the procedure
9. The student should show proficiency in the skill of advanced airway management on adult and pediatric patients and the rationale for the appropriate method of performing the procedure.
10. The student should be able to apply EKG monitoring devices, troubleshoot routine problems encountered and find solutions and interpret the data given by the device in relation to total patient care.
11. The student should progress in their participation level such they routinely perform at the level of "precepted team leader" which is equivalent to an entry-level paramedic on all of cognitive, psychomotor skills and affective objectives of the Paramedic curriculum.
12. The student should be able to communicate with and follow the direction of the EMS preceptor.
13. The student should be able to assist the EMS crew in general duties that are experienced in the routine course of patient care in the EMS setting.
14. utine course of patient care in the EMS setting.