

**Paramedic Internship Manual**

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# PROGRAM CONTACTS

The Clinical Coordinator is the first point of contact for any clinical/internship concerns. If unable to make contact with the Clinical Coordinator, please contact the Program Director.

**Contact Information**

**Todd Birkhead**

Program Director

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# FIELD INTERNSHIP OVERVIEW

The field internship is a period of supervised experience with an approved licensed paramedic ambulance service. The student is given increasing patient care responsibilities, ultimately functioning as the patient care team leader.

Supervision and evaluation is provided by field preceptor personnel as well as the clinical coordinator. The student will complete 8 hour shifts, 12 hour shifts or 16 hour shifts for a total of 300 hours and until all goals are met.

The student will provide supervised experience in pre-hospital care settings with emphasis on the application of previous course work in the field environment. During this time the student will be able to apply the knowledge and skills learned during the didactic and lab setting. Initially, the students will serve as an observer, working up to team leader on the ambulance. This experience is crucial for preparing the student to assume role of an entry-level paramedic.

**Arkansas Tech University-Ozark Campus**

# Course Syllabus

EMT/Paramedic Program

|  |  |
| --- | --- |
| **Course Number:** EMTP 2316 | |
|  |  |
| **Course Title:** | Paramedic Internship |
| **Prerequisite:** | EMTP 2211 Clinical Practicum III |
| **Instructor:** | **Holly Newman** |
|  | Health Sciences and Wellness Bldg. HSW230 |
|  | 1700 Helberg Lane |
|  | Ozark, AR 72949 |
|  | Office 479-508-8500 ext. 6104 |
|  | Cell 479-209-7694 |
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| **Office Hours:** | By appointment |
|  |  |

**Blackboard Technical Assistance:** bbsystem@atu.edu

1-866-400-8022

**Catalog Description:**

Prerequisite: EMTP 2211

This course is divided into two phases. Phase I students will be placed with preceptors in the field who supervise patient assessment and management skills during the student's prehospital rotation. Students will demonstrate a greater understanding of EMS systems, dispatching, and emergencies with a higher level of competency in both verbal and written documentation. Upon completion of Phase I, each student must demonstrate a level of understanding, professionalism and clinical knowledge of prehospital emergency care to be recommended by the medical director and/or clinical coordinator to enter Phase II of Paramedic Internship. Phase II students must perform patient assessment and management skills while under supervision of experienced preceptors including the ability to perform as a team leader in the prehospital setting during this phase of the program. A closer evaluation of student's character and professionalism will be emphasized. This course will be the student's final step in prehospital field evaluation.

Clinical: 6 hours, Ozark Malpractice Insurance Fee: $66, Ozark Allied Health Fee: $120, Ozark Paramedic Fee $59.

**Required Text:**

None

**Optional Text:**

None

**Required Equipment:**

Department approved internship uniform (Green Polo available at the Ozark campus bookstore, blue or black EMS Pants or trousers, black shoes or boots, department patch with paramedic intern rocker, ANSI II safety vest, black belt, eye protection, stethoscope, penlight, and paramedic shears.) The cooperating agency will provide body substance isolation equipment upon request.

**Course Objectives:**

Upon completion of the course, the student will:

1. Discuss the importance of knowledge of EMS systems, dispatch, responding agencies, and hospitals
2. Demonstrate proficiency in patient documentation and verbal reports
3. Demonstrate skills developed in the laboratory and clinical setting in a field environment
4. Demonstrate knowledge of patient conditions through patient contact situations
5. Demonstrate acceptable affective responses during patient contacts and through interactions with medical staff and other responders
6. Demonstrate an ability to operate as a team member (Phase I & II)
7. Demonstrate an ability to operate as a team leader (Phase II)

**Course Assessment:**

Students will be placed with authorized paramedic preceptors in the field to supervise patient assessment and management skills. Students will be evaluated for professionalism, leadership, assessment, treatment, documentation, and affective capabilities.

Students must complete two categories to be recommended for successful completion of this course.

* 1. FISDAP – The student will complete at least 300 hours of internship **and** complete the course patient goals as outlined in the FISDAP clinical experience database. A student may only complete 20% of internship hours at their employer unless otherwise approved. If a student has not completed all goals by the end of the 300 hours, more hours must be scheduled to complete goals. All patient encounters must be documented manually in the field and digitally logged into FISDAP after the call.
  2. Preceptorship – The student must receive a recommendation by their preceptor at 100 hours to proceed to PHASE II of internship. Phase I will allow the student time to observe best practices and learn from a preceptor. Phase II will require the student take on the leadership role on ALS calls. The student must receive a recommendation by their preceptor at 200 hours to ensure positive gains are being made during internship. The student must receive a recommendation by their preceptor at 300 hours **or** 300+ hours when the goals are met. This final recommendation will state the student is cleared as an entry-level paramedic in the judgment of the preceptor.

If the paramedic student has limited field experience, and the student is not currently working on an ambulance, student clinicals on an EMS unit will be assigned throughout the paramedic program to help the student gain field experience as an EMT before starting paramedic internship. The student will complete 24 to 48 hours per semester depending on the experience they need to gain.

**Remediation:**

Should the internship coordinator find that the student is not meeting the internship goals and objectives required by the program curriculum, the student is subject to remediation on cognitive, psychomotor, and affective concerns prior to continuing internship. Remediation will be determined by the Medical Director, Program Director, Clinical Coordinator, and the Field Paramedic Preceptor. Remediation will be scheduled outside of normal class hours. Additional internship hours may also be needed.

**Internship Scheduling:**

Internship will be scheduled 7 days in advance. Students will be able to request sites and dates for internship, but it will be dependent on preceptor availability and cooperating agency requirements. Every attempt will be made to ensure each student has a quality internship experience so the department may have to schedule other times and locations. Students may have to complete more internship hours if their chosen site has a low call volume. No more than 20% of internship may be completed at the student’s place of employment unless otherwise approved.

**Course Policies:**

## Absence

Students must complete their rotation within the timeframe specified by the instructor. If a student misses a scheduled clinical, they must contact the clinical coordinator to reschedule. Missing/rescheduling more than three internship shifts may result in an “F” for the course.

## Late Assignments

Unless arrangements have been made with the instructor, both digital and manual reports must be received within one week of the scheduled shift. Patent contacts entered late may not be counted toward the student’s hour/goal totals.

## Academic Dishonesty

Cheating/Plagiarism - Any student (and any student caught assisting in the dishonesty) will be given an “F” for the assignment/test in question and possibly an “F” for the course.

## Campus Policy

Academic dishonesty, academic misconduct, adding/dropping courses, class absence, grading, and withdrawal policies are available in the *Regulations and Procedures* portion of the *Ozark Campus Catalog*. A copy of this catalog is available at <http://www.atu.edu/academics/catalogs.php>

## INTERNSHIP GUIDELINES

### ATTENDANCE

Internship is a pass fail with the exception of attendance. Attendance of 300 hours is worth 300 points. Point’s deduction is explained further here.

Students must complete their rotation within the timeframe specified by the instructor. If a student misses a scheduled clinical, they must contact the clinical coordinator to reschedule. Each shift missed will result in a **50 points** deduction from the total internship grade. Rescheduling a shift outside the 7 day window will result in **12.5 points** deducted. Inside the 7 day window will result in **25 points** deducted. Missing more than three internship shifts may result in an “F” for the course. Please remember the program is limited on internship services. If you are unable to make an internship shift, another student may be able to be schedule provided there is ample notice. Never self-schedule internship shifts. If the Clinical Coordinator does not have a student on the schedule, they are not covered by the University’s insurance.

### CONDUCT

At internship you are the guest. Your ability to fulfill the requirements of this program is dependent on agreements with internship sites.

When first arriving at the internship site, check in with the shift supervisor. Always offer to help. If it is not busy, you may go to the crew quarters to study. You are expected to be at the internship site for the entire scheduled shift. The internship coordinator will check in at certain sites in person or by phone to ensure all time is being completed. Before exiting the internship site check out with the preceptor to have any paperwork signed.

Patient confidentiality is to be maintained at all times.

### SKILLS

We want you to be confident in your skills and abilities. If you are asked to perform a skill that you have not successfully completed (passed lab skill check), DON’T PERFORM IT! Performing skills that you have not been trained to perform places great liability on you, the school, and the facility. Students are subject to termination from program should this discrepancy occur.

If you feel uncomfortable with any of your skills, please contact your internship coordinator and we will arrange extra one-on-one instruction and practice.

### GOALS

These program goals are required for successful completion of the program. If a student is unable to meet the goal requirement in the scheduled time, more time must be scheduled in order to complete the objectives. All program goals can be met in a combination of clinical and/or internship setting except for team leads. Team leads may only be counted during Phase II of Internship.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Goal Type | Goal | Contacts |  | Goal Type | Goal | Contacts |
| Patient Contact | New Born | 2 | Patient Contact | Infant | 2 |
| Patient Contact | Toddler | 2 | Patient Contact | Preschooler | 2 |
| Patient Contact | School Age | 2 | Patient Contact | Adolescent | 2 |
| Patient Contact | Pediatric | 30 | Patient Contact | Adult | 50 |
| Patient Contact | Geriatric | 30 | Patient Contact | Ped Resp | 8 |
| Patient Contact | Abdominal Pain | 20 | Patient Contact | Chest Pain | 30 |
| Patient Contact | AMS | 20 | Patient Contact | Dizziness | 2 |
| Patient Contact | Weakness | 2 | Patient Contact | Change in LOC | 10 |
| Patient Contact | Breathing problem | 20 | Patient Contact | Neurologic | 2 |
| Patient Contact | Headache/ blurred vision | 2 | Patient Contact | Obstetrics | 10 |
| Patient Contact | Cardiac Arrest | 2 | Patient Contact | Cardiac | 30 |
| Patient Contact | Abdominal | 20 | Patient Contact | Medical | 30 |
| Patient Contact | Trauma | 40 | Patient Contact | Respiratory | 20 |
| Patient Contact | Stroke | 2 | Patient Contact | Psychiatric | 20 |
| Skill | Med Admin | 15 | Skill | IV | 25 |
| Skill | Live Intubation | 5 | Skill | Ventilation | 20 |
| Skill | Team Lead | 50 |  |  |  |

## APPEARANCE

**Clinical Uniform:**

Green Polo available at the Ozark Campus bookstore

-A white, black or dark Green undershirt with no print showing.

-Black/ Navy blue “EMT/ EMS” style pants with a solid black belt.

-Black boots/ shoes with slip resistant sole.

-Equipment with student: ANSI safety vest, pen, paper, stethoscope, trauma shears, safety glasses, pen light.

**Internship Uniform:**

-Green Polo available at the Ozark Campus bookstore

* A white, black or dark Green undershirt with no print showing.
* Black/ Navy blue “EMT/ EMS” style pants with a solid black belt.
* Black boots/ shoes with slip resistant sole.
* Equipment with student: ANSI safety vest, pen, paper, stethoscope, trauma shears, safety glasses, pen light.

The Internship uniform will be the required uniform for class. At instructor discretion the students may wear the Paramedic/EMS program t-shirts instead of the class “A” uniform in class.

Optional:

If a cap/beanie are worn they must be ATU and black or blue or solid black or blue no logo. If a coat or jacket are worn they must have NO logos and be solid in color, or an EMS jacket with no logos.

Overall appearance and hygiene:

Students should make good hygiene a habit. The students will be working closely with others so it is imperative they look and smell clean. They should not however use large amounts of perfume that may cause respiratory irritation or allergic reaction of people around them. All students hair should be groomed and look professional. If when leaning forward the student’s hair falls forward past the face, they will wear it pulled back. Students are allowed 1 stud earring per ear. NO other visible piercing are permitted. NO offensive visible tattoos will be allowed.

## PROFESSIONALISM

1. Loud, rude, foul or inappropriate language and off-color humor will not be tolerated in class or on internship. The first incidence is grounds for expulsion. There is no appeal or other recourse available.

1. Inappropriate behavior toward any classmate, instructor, supervising paramedic, nurse, physician or patient will not be tolerated, and is grounds for expulsion after the first incident. There is no appeal or recourse available.

* 1. Rude or derogatory comments about any person are unacceptable.
  2. Sexual or suggestive language or gestures or inappropriate or unwanted touching is unacceptable
  3. Disruptive behavior will not be tolerated during class or internship hours.

1. Stealing from any person, institution or agency is grounds for immediate dismissal.

1. Alcohol or drug consumption prior to or during class or clinical hours are grounds for expulsion. There is no appeal or other recourse available.

1. Tobacco, in any form, is not to be used in any building on the ATU-Ozark campus. Abide by this policy and the policies of the hospitals and ambulance services where you are performing rotations.

1. The instructor’s office is off limits at all times. If you need to discuss an issue or problem with an instructor, make an appointment. Always knock and wait for permission to enter.

1. No horseplay during class or clinical/internship.

1. Follow dress code per program handbook.

1. Use good judgment when parking at services or hospitals.

1. Respect ambulance services and hospital lounge areas, they are the preceptor’s home for their time on duty.

1. Bring your own food etc. do not rely on preceptor to provide meals for you.

1. Respect property, equipment, and supplies of services and preceptors.

***NOTE:*** *The above list is only a guide; use your best judgment during your rotations.*

## PROTOCOLS

Paramedic students must be familiar with the local protocols of their scheduled internship site. At times protocols vary from what you have learned in the curriculum to the field. Please be mindful of this and alter your care as per the Paramedic Preceptors instruction. Do not perform a skill or intervention you are not comfortable with. If you choose not to perform a skill because of this, you must fill out an incident report and file with the clinical coordinator. The clinical coordinator must then assess the situation before the student may return to internship.

## ACCIDENT/INCIDENT REPORTING POLICY

If during any internship you have an accident/incident you should **immediately** contact the internship coordinator or program coordinator. At which time a decision on what course of action to take will be made.

You should be prepared to write a statement on what occurred while it is fresh on your mind.

Some incidents to report, but not limited to:

Personal injury to student

Personal injury to crew

Personal injury to patient

Incorrect medication/defibrillation administration

Blood born/fluid born exposure

Damage to property

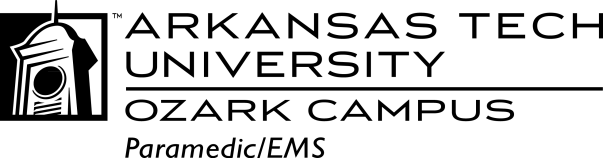
Personality conflicts with staff or patients

It is your responsibility to report incidents. **DO NOT RELY ON ANYONE ELSE TO DO THIS FOR YOU.** Students that attempt to withhold or hide any information about an incident during internship will be placed on hold until a full investigation has taken place and appropriate actions are taken.

**PLEASE NOTE:** With an incident, you may be subject to a urine drug screen at either the facility or school administration’s request.

It is recommended that each student purchase health insurance. The university has student health insurance policies available and can be reviewed in student accounts.

In case of injury/exposure to the student, follow the injury/exposure protocols of the cooperating agency and contact the clinical coordinator after seeking emergent treatment.



## Performing Skills on Duty Statement Internship

1. All ALS skills including but not limited to IV’s and intubations are only to be performed when I am being precepted as a student.

1. I am being precepted only when I am not part of the essential EMS crew (must be a third rider).

1. My designated preceptor must be present while I am third riding in order for me to perform these ALS skills as a paramedic student at ATU-Ozark.

1. I am not covered under malpractice insurance at ATU-Ozark if I violate the above statements and am not considered to be functioning in a student role unless being appropriately precepted.

Student Signature Date

Student’s Printed Name

EMS Program Internship Coordinator Date

**OBJECTIVES FOR AMBULANCE SERVICE ROTATION**

Assuming the experiences/presenting patients are available, the student is expected to:

1. Perform all facets of a primary and secondary field assessment appropriate for the situation and presenting patient including the development of relevant medical histories. The assessment should incorporate the taking and evaluating of vital observations, clinical signs and symptoms, and a history to anticipate treatment. Vital observations include, but are not limited to: blood pressure by auscultation and/or palpation, respiratory pattern and quality, skin color and temperature, pulse rate and quality, chest wall movement, pupillary size and response, and level of consciousness.

1. Observe and perform thorough field evaluations of EACH patient assigned in preparation for the post conference and assigned in field experience case reports.

1. Draw blood samples, as allowed.

1. Set up and administer intramuscular, subcutaneous, and intravenous medications under the supervision of a nurse, physician, or paramedic, and identify the possible complications of such therapy.

1. Recite the indications, actions, dosage, and precautions of all medications administered or specifically inquired about.

1. Perform peripheral IV fluid therapy, change fluids, give fluid challenges, add medications as assigned and adjust flow rates.

1. Recognize the need for and perform endotracheal, nasopharyngeal, and oropharyngeal suctioning utilizing aseptic technique.

1. Recognize the need for and perform oxygen therapy utilizing the appropriate adjunct basing your decision

upon the patient’s field status. The therapy devices include, but are not limited to the following division: Passive adjuncts (i.e., nasal prongs, vented face masks, etc.) and active adjuncts (ie., cpap, bag-valve-masks, **etc.).**

1. Perform CPR as a single rescuer and as a member of the team.

1. Recognize the need to perform, when allowed, advanced airway management: endotracheal and esophageal intubation.

1. Observe and assist in the triage of patients.

1. Set up, interpret as required, and follow patients requiring EKG monitoring.

1. Recognize the need and, when allowed, perform defibrillation and/or elective cardioversion.

1. Initiate wound preparation of lacerations.

1. Perform nasogastric intubation under supervision and list the indications and precautions for this treatment.

1. Insert a naso- and/or oro-pharyngeal airway and cite the indications and precautions for this treatment.

1. Perform gastric lavage when requested, and cite the indications and precautions for this treatment. Page |

1. Observe initially and then assist without being requested in proper patient moving and positioning techniques, and ambulance service maintenance procedures (cleaning, making cots, disinfecting equipment, inventories, etc.)

1. Demonstrate an intimate knowledge of all equipment utilized by the Paramedic at your field site.

1. Assist with trauma cases requiring hemorrhage control and splinting.

1. Assist with control of shock including application of MAST if instructed to do so by the preceptor.

1. Perform effective, appropriate and prioritized radio and telemetric communications.

1. Document all runs in the appropriate manner dictated by the ambulance service.

1. Display the ability to establish effective patient rapport.

1. Exhibit the ability to establish an effective rapport with all members of the Emergency Medical Services System Team.

1. Perform proper “packaging” for transport on each patient encountered.

1. Demonstrate a working knowledge of the protocols for each ambulance service to which you are assigned.

1. Demonstrate all basic and advanced life support measures established by the National EMS Standards under the supervision of your assigned preceptor, as they pertain to your presenting patient.

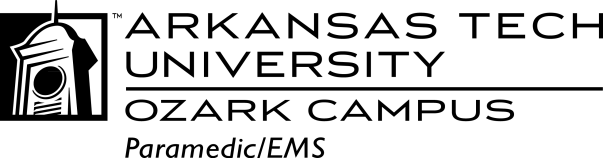
## MEDICAL CONTROL

Emergency personnel in the field shall be in direct radio contact with the Emergency Room physician during the treatment phase of patient care. Upon receiving pertinent information about the patient from the emergency personnel, the physician will provide direction on appropriate definitive therapy for treating the patient. In the case there is an inability to provide adequate radio contact due to weather, terrain, etc., standing order protocols will be used to treat the patient. These standing orders provide a means to assure the patient receives necessary treatment in a possible life-threatening situation.

## PREHOSPITAL CARE REVIEW

The Emergency Room physician will serve as the primary means of prehospital care review. The physician will assess the field treatment given to the patient and determine if such treatment was appropriately and accurately carried out.

Any questions from the emergency personnel or emergency room physician concerning the treatment ordered or given should be directed in writing to the Paramedic Medical Director. Upon receipt of said letter, the Medical Director will review the case prior to taking corrective action, if necessary. The decision will be sent, in writing, to all parties directly involved. Any appeal should be directed to the ATU-Ozark Chancellor, in writing, with full details. Ruling by the Chancellor will serve as a final decision. This ruling will be in writing to all persons directly involved.



## PRECEPTOR GUIDE

This guide is designed to provide the preceptor with information, descriptions, and guidelines of the preceptorship program as defined by Arkansas Tech University-Ozark Campus Paramedic/EMS program. Please read this document carefully.

**Contact Information**

### Todd Birkhead Program Director

Ozark – 479-508-8500 ext. 6103

Mobile – 479-209-7694

Email – tbirkhead@atu.edu

### Holly Newman Clinical Coordinator

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### Sharyl Moffit Administrative Assistant II

Ozark – 479-667-2117

Email – smoffit@atu.edu

**Program Website**

<http://www.atu.edu/ozark/academics/p-ems.php>

## ROLE OF THE UNIVERSITY

1. Provide preceptors with objectives, policies, procedures, and evaluation instruments to be utilized with students participating in the preceptorship program
2. Facilitate, monitor, and evaluate the students’ learning through regular communication with the students and preceptors
3. Assist students with application of core content in the preceptorship program
4. Serve as resource personnel for students and preceptors
5. Require students and faculty to follow Arkansas Tech-Ozark and the cooperating agency’s rules, regulations, policies, and procedures, including, but not limited to, OSHA regulations and any other safety requirements while participating in the preceptorship program
6. Ensure students participating in the preceptorship program meet the cooperating agency’s health standards and provide required documentation
7. Retain ultimate responsibility for the students’ grades, evaluation, and discipline
8. Provide the cooperating agency with copies of student evaluations related to the preceptors and the cooperating agency
9. Be jointly responsible with the cooperating agency for student experience and performance in the preceptorship program
10. Provide proof of accident and liability insurance

## ROLE OF THE COOPERATING AGENCY

1. Retain full responsibility for the care of the cooperating agency’s patients and maintain quality patient care as evidenced by appropriate licensing
2. Maintain all certifications and licenses appropriate for its business and provide Arkansas Tech-Ozark access to the cooperating agency’s facilities
3. Ensure that each preceptor:
   1. Is providing direct supervision over no more than one student at any time
   2. Meets qualifying criteria for preceptorship role
   3. Attends an orientation provided by Arkansas Tech-Ozark regarding the preceptorship program
   4. Personally provides direct supervision on his/her student, which requires such preceptor to be present in the internship setting and available to the student at all times
   5. Facilitates his/her student’s learning by:
      1. Assessing and suggesting learning experiences available to the student within the preceptorship program’s objectives
      2. Selecting client care assignments and arranging other learning experiences within the preceptorship objectives
      3. Directly assisting student learning experiences when needed
   6. Evaluates student performance and provides Arkansas Tech-Ozark with evaluations regarding the student’s participation in the preceptorship program
   7. Is an employee of the cooperating agency
4. Be jointly responsible with Arkansas Tech-Ozark for student experience and performance evaluation in the preceptor program
5. To never allow students to function as employees while interning

**WHAT IS A PARAMEDIC PRECEPTOR?**

A paramedic preceptor is an individual who works with a student to provide appropriate clinical learning experience to enhance student knowledge and facilitate role transition from an observer to team member to team leader; and ultimately to entry level paramedic status.

## PRECEPTOR SELECTION

Preceptors are selected jointly by Arkansas Tech-Ozark and the cooperating agency related to candidate demonstration of the following behaviors:

1. Clinical competence
2. Effective communication with clients, co-workers, and students
3. Self-confidence and realistic self-perception of job performance
4. Leadership in the workplace and the ability to initiate improvement in patient care

**AND**

1. Completion of an approved educational program
2. At least one year post-graduate employment as a practitioner
3. Demonstrated expertise or current certification in specialty areas
4. Current licensure as a paramedic

## PRECEPTOR RESPONSIBILITIES

1. Maintenance of uncompromised state licensure
2. Completion of orientation materials provided by Arkansas Tech-Ozark regarding the preceptor program
3. Provide direct supervision of his/her designated student requiring attendance in the clinical setting and availability to the student at all times during clinical
4. Consistently demonstrate clinical competence in the area of practice 5. Facilitate student learning by:
   1. Assessing and suggesting appropriate learning experiences available to the student within program objectives
   2. Selecting patient care assignments for student in accordance with program objectives and student goal
   3. Directly assisting student learning experiences when needed
5. Provide daily oral or written feedback to student regarding direction, performance, and attainment of student goals
6. Foster and maintain regular communication with faculty regarding student progress according to program objectives
7. Completion of a comprehensive student evaluation at the 100 hour intervals and at the completion of student internship
8. Keep all student education records confidential as required by the Family Education Rights & Privacy Act (FERPA). Preceptor may discuss student education records (grades, performance, etc.) with University employees, but may not reveal education records to others outside the University.

## STUDENT CONCERNS

Policies and procedures for clinical/internship is included in the clinical/internship handbook. Should additional questions or concerns arise, preceptors are encouraged to contact the clinical instructor or program director at any time by phone or email as listed in this document.

## DO’S AND DON’TS

**DO:**

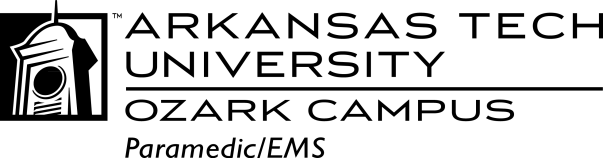
* Be an exemplary role model
* Meet briefly with your student before daily assignments to discuss student goals and answer student questions
* Address problems immediately and appropriately
* Notify student and faculty of unplanned absences
* Remember what it felt like to be a student
* Maintain professionalism in attitude, appearance, and confidentiality at all times
* Attempt to offer your student adequate breaks and meal opportunities
* Offer appropriate positive reinforcement

**DON’T:**

* Engage the student in gossip
* Impede student learning by assigning only “busy work”
* Always use the same teaching method
* Do anything to the student you wouldn’t want done to you

## LEGAL RELATIONSHIP

The legal relationship between Arkansas Tech-Ozark and the cooperating agency is that of independent contractors. Arkansas Tech-Ozark students and faculty participating in the preceptorship program are not employees of the cooperating agency and the preceptors are not employees of Arkansas Tech-Ozark. This agreement can be dissolved at any time by Arkansas Tech-Ozark, the cooperating agency, or the preceptor.



After reading this document, please remove page, complete and return the following agreement to:

**Mail:**

Todd Birkhead

Director

Paramedic/EMS Program

Arkansas Tech University-Ozark Campus

1700 Helberg Lane

Ozark, AR 72949

**Fax:**

479-667-0198

ATTN: Todd Birkhead

**Email:**

[tbirkhead@atu.edu](mailto:tbirkhead@atu.edu) or hnewman3@atu.edu

## AGREEMENT

I have read, fully understand, and agree to follow preceptor guidelines as defined herein by the Arkansas Tech University-Ozark Campus Paramedic/EMS Program.

Signed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arkansas EMSP License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NREMT Certification # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIELD INTERNSHIP CLEARANCE EVALUATION**

**FINAL**

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This report must be completed by the preceptor directly involved with student training. This report should be completed at the end of the field internship to determine final entry-level paramedic competence.

Preceptor: Please fill out completely and accurately. If the student can competently perform the tasks listed below, circle

YES; if not, circle NO

|  |  |  |
| --- | --- | --- |
| Student demonstrates effective communications skills with patients and medical personnel? | Yes | No |
| Student demonstrates an empathetic approach to patients and family members? | Yes | No |
| Student demonstrates the behavioral qualities expected of a professional in the EMS community? | Yes | No |
| Student demonstrates a safe and systematic approach to patient care? | Yes | No |
| Does this student demonstrate concern for the well-being of self, coworkers, patients and bystanders? | Yes | No |
| Student performs the skills necessary to function as a paramedic safely, efficiently and effectively? | Yes | No |
| Student demonstrates the functional knowledge necessary to perform as a paramedic? | Yes | No |
| Student demonstrates a functional knowledge of all BLS and ALS equipment used in your service? | Yes | No |
| Student demonstrates a functional knowledge of all medications used in the pre-hospital setting? | Yes | No |
| Student demonstrates an ability to effectively interpret normal and abnormal cardiac rhythms? | Yes | No |
| Student performs as an effective member of an ALS team? | Yes | No |
| Student functions appropriately in a stressful environment? | Yes | No |
| Student makes appropriate decisions when in a stressful or critical situation? | Yes | No |
| When working in a stressful situation, student demonstrates needed leadership qualities? | Yes | No |
| This student has the skills, abilities and knowledge needed to perform as a safe, effective, efficient paramedic? | Yes | No |

Student demonstrates in an emergent setting the ability to gather appropriate patient information, formulate a plan of action based on this information, and to carry this plan to successful conclusion for each of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Trauma emergencies | YES | NO | NOT OBSERVED |
| 2. Cardiac emergencies | YES | NO | NOT OBSERVED |
| 3. Respiratory emergencies | YES | NO | NOT OBSERVED |
| 4. Neurological emergencies | YES | NO | NOT OBSERVED |
| 5. General Medical emergencies | YES | NO | NOT OBSERVED |
| 5. Pediatric emergencies | YES | NO | NOT OBSERVED |
| 6. Geriatric emergencies | YES | NO | NOT OBSERVED |

Please identify this student's THREE major areas of strength.

Please identify this student's primary weakness and how he or she could best improve.

PRECEPTOR EVALUATION:

\_\_\_\_\_ CLEARED AS ENTRY-LEVEL PARAMEDIC

\_\_\_\_\_ INCONSISTENT / DEPENDENT ON PRECEPTOR FOR DIRECTION

\_\_\_\_\_ UNSATISFACTORY

RECOMMENDED IMPROVEMENT PLAN:

PRECEPTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| REVIEWED BY: | (print name) | (signature) | (date) |
| PROGRAM DIRECTOR: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ATTESTED BY: | (signature) | (date) |  |
| MEDICAL DIRECTOR: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | (signature) | (date) |  |

**FIELD INTERNSHIP CLEARANCE EVALUATION**

**100 HOURS**

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This report must be completed by the preceptor directly involved with student training. This report should be completed at the end of the first 100 hours of field internship to determine if the student should continue to PHASE II.

Preceptor: Please fill out completely and accurately. If the student can competently perform the tasks listed below, circle

YES; if not, circle NO

|  |  |  |
| --- | --- | --- |
| Student demonstrates effective communications skills with patients and medical personnel? | Yes | No |
| Student demonstrates an empathetic approach to patients and family members? | Yes | No |
| Student demonstrates the behavioral qualities expected of a professional in the EMS community? | Yes | No |
| Student demonstrates a safe and systematic approach to patient care? | Yes | No |
| Does this student demonstrate concern for the well-being of self, coworkers, patients and bystanders? | Yes | No |
| Student performs the skills necessary to function as a paramedic safely, efficiently and effectively? | Yes | No |
| Student demonstrates the functional knowledge necessary to perform as a paramedic? | Yes | No |
| Student demonstrates a functional knowledge of all BLS and ALS equipment used in your service? | Yes | No |
| Student demonstrates a functional knowledge of all medications used in the pre-hospital setting? | Yes | No |
| Student demonstrates an ability to effectively interpret normal and abnormal cardiac rhythms? | Yes | No |
| Student performs as an effective member of an ALS team? | Yes | No |
| Student functions appropriately in a stressful environment? | Yes | No |
| Student makes appropriate decisions when in a stressful or critical situation? | Yes | No |
| When working in a stressful situation, student demonstrates needed leadership qualities? | Yes | No |
| This student has the skills, abilities and knowledge needed to perform as a safe, effective, efficient paramedic? | Yes | No |

Student demonstrates in an emergent setting the ability to gather appropriate patient information, formulate a plan of action based on this information, and to carry this plan to successful conclusion for each of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Trauma emergencies | YES | NO | NOT OBSERVED |
| 2. Cardiac emergencies | YES | NO | NOT OBSERVED |
| 3. Respiratory emergencies | YES | NO | NOT OBSERVED |
| 4. Neurological emergencies | YES | NO | NOT OBSERVED |
| 5. General Medical emergencies | YES | NO | NOT OBSERVED |
| 5. Pediatric emergencies | YES | NO | NOT OBSERVED |
| 6. Geriatric emergencies | YES | NO | NOT OBSERVED |

Please identify this student's THREE major areas of strength.

Please identify this student's primary weakness and how he or she could best improve.

PRECEPTOR EVALUATION:

\_\_\_\_\_ CLEARED TO ENTER PHASE II OF INTERNSHIP

\_\_\_\_\_ INCONSISTENT / DEPENDENT ON PRECEPTOR FOR DIRECTION

\_\_\_\_\_ UNSATISFACTORY

RECOMMENDED IMPROVEMENT PLAN:

PRECEPTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| REVIEWED BY: | (print name) | (signature) | (date) |
| PROGRAM DIRECTOR: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ATTESTED BY: | (signature) | (date) |  |
| MEDICAL DIRECTOR: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | (signature) | (date) |  |

**FIELD INTERNSHIP CLEARANCE EVALUATION**

**200 HOURS**

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This report must be completed by the preceptor directly involved with student training. This report should be completed at the end of 200 hours of field internship to determine adequate progression through internship.

Preceptor: Please fill out completely and accurately. If the student can competently perform the tasks listed below, circle

YES; if not, circle NO

|  |  |  |
| --- | --- | --- |
| Student demonstrates effective communications skills with patients and medical personnel? | Yes | No |
| Student demonstrates an empathetic approach to patients and family members? | Yes | No |
| Student demonstrates the behavioral qualities expected of a professional in the EMS community? | Yes | No |
| Student demonstrates a safe and systematic approach to patient care? | Yes | No |
| Does this student demonstrate concern for the well-being of self, coworkers, patients and bystanders? | Yes | No |
| Student performs the skills necessary to function as a paramedic safely, efficiently and effectively? | Yes | No |
| Student demonstrates the functional knowledge necessary to perform as a paramedic? | Yes | No |
| Student demonstrates a functional knowledge of all BLS and ALS equipment used in your service? | Yes | No |
| Student demonstrates a functional knowledge of all medications used in the pre-hospital setting? | Yes | No |
| Student demonstrates an ability to effectively interpret normal and abnormal cardiac rhythms? | Yes | No |
| Student performs as an effective member of an ALS team? | Yes | No |
| Student functions appropriately in a stressful environment? | Yes | No |
| Student makes appropriate decisions when in a stressful or critical situation? | Yes | No |
| When working in a stressful situation, student demonstrates needed leadership qualities? | Yes | No |
| This student has the skills, abilities and knowledge needed to perform as a safe, effective, efficient paramedic? | Yes | No |

Student demonstrates in an emergent setting the ability to gather appropriate patient information, formulate a plan of action based on this information, and to carry this plan to successful conclusion for each of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Trauma emergencies | YES | NO | NOT OBSERVED |
| 2. Cardiac emergencies | YES | NO | NOT OBSERVED |
| 3. Respiratory emergencies | YES | NO | NOT OBSERVED |
| 4. Neurological emergencies | YES | NO | NOT OBSERVED |
| 5. General Medical emergencies | YES | NO | NOT OBSERVED |
| 5. Pediatric emergencies | YES | NO | NOT OBSERVED |
| 6. Geriatric emergencies | YES | NO | NOT OBSERVED |

Please identify this student's THREE major areas of strength.

Please identify this student's primary weakness and how he or she could best improve.

PRECEPTOR EVALUATION:

\_\_\_\_\_ CLEARED TO CONTINUE TO FINAL 100 HOURS OF INTERNSHIP

\_\_\_\_\_ INCONSISTENT / DEPENDENT ON PRECEPTOR FOR DIRECTION

\_\_\_\_\_ UNSATISFACTORY

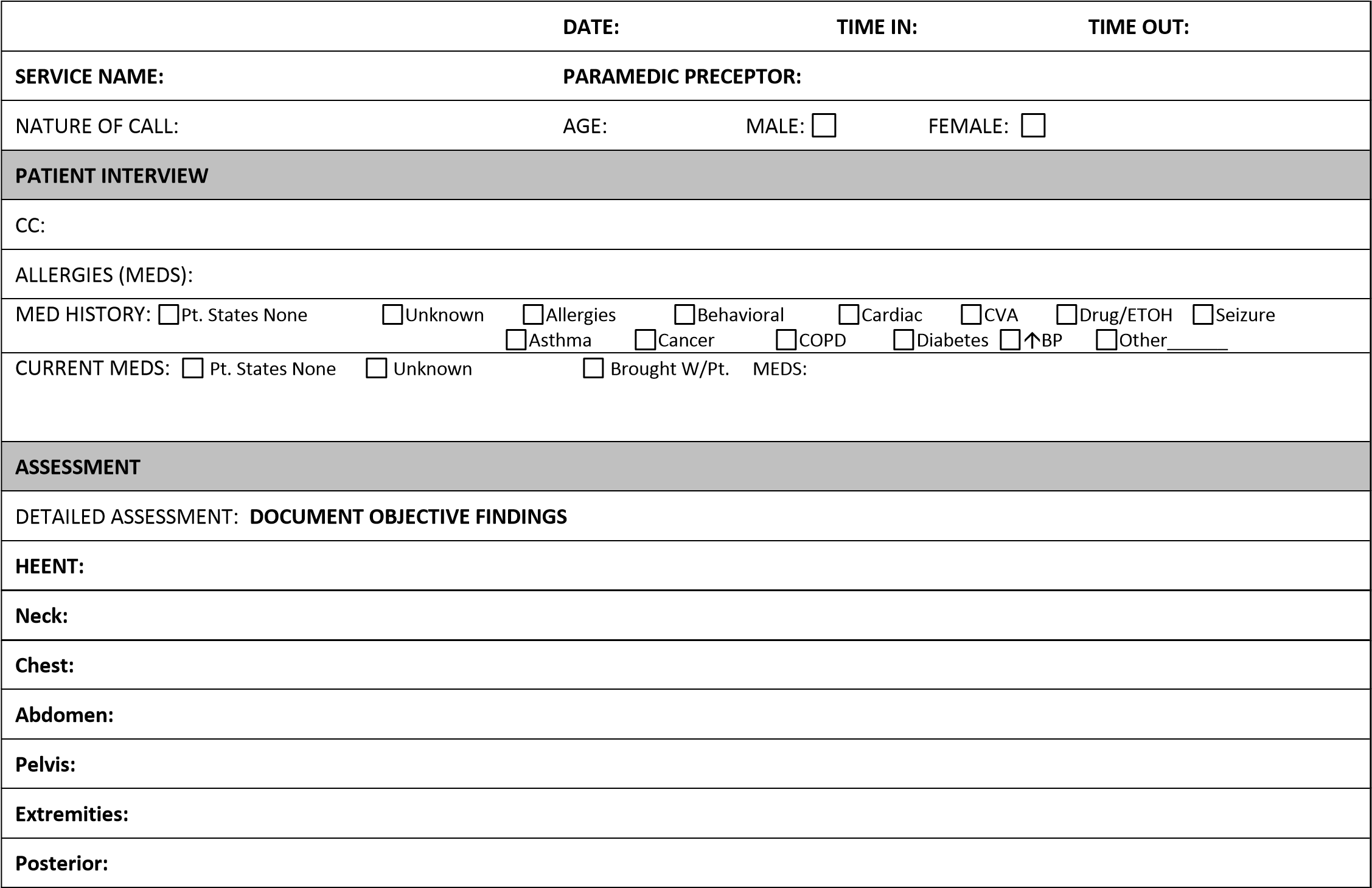
RECOMMENDED IMPROVEMENT PLAN:

PRECEPTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| REVIEWED BY: | (print name) | (signature) | (date) |
| PROGRAM DIRECTOR: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ATTESTED BY: | (signature) | (date) |  |
| MEDICAL DIRECTOR: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | (signature) | (date) |  |

**PARAMEDIC INTERNSHIP PATIENT CARE REPORT**

This evaluation will be conducted at the Emergency Medical Service by the Paramedic Student immediately following the patient encounter. The student will be evaluated on their ability to perform an advanced level patient assessment, and formulate an appropriate treatment plan as if the patient was encountered in the field. **Contact** – Holly Newman, Clinical Coordinator at 479-209-7694 with any questions or concerns.

**INTERN’S NAME:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Glasgow Coma Scale** | |  | **Pupils** | **Medical Control** | | | **Universal Precautions** | | |
| **Eyes**  4 Spontaneous  3 To Speech  2 To Pain  1 None | **Verbal**  5 Oriented  4 Confused  3 Inappropriate  2 Garbled  1 None | **Motor** 6 Obeys  5 Localizes  4 Withdraws  3 Flexion  2 Extension  1 None | L  L  L | Normal R  Constricted R Dilated R |  |  | Off Line  On Line | Masks  Gloves Eye Prot.  Gown | C1 C2  C1 C2  C1 C2  C1 C2 | C3 Other  C3 Other  C3 Other  C3 Other |
|  |
| **Total Score** |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vital Signs:** | **P** | **R** | **B/P** | **Rhythm** | **Reassessment:** | **P** | **R** | **B/P** | **Rhythm** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Appendix D

**EKG**

|  |
| --- |
|  |

**Narrative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Preceptor Signature Student Signature Date Appendix E

Directions to the Preceptor:

Please use the rating scales below to describe your evaluations of the paramedic student today. Please discuss the rationale for your evaluation with the student. **There is a space provided for additional comments and signatures**. Return the envelope to the student.

Part A: Affective Domain

1. **Preparedness: the student routinely arrived on time with ink pen, stethoscope, pen light, required paperwork, identification, and stayed the assigned hours.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| More than 15 min. late and/or no equipment | 10 – 15 min. late and/or missing 2 – 3 items from above | 5 – 10 min. late and/or missing 1 – 2 items listed above | Arrives at the last minute; missing 0 – 1 items listed above | On time, not rushed, has all equipment |

1. **Professional appearance: the student is dressed in the proper uniform and is neat in appearance.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Not in uniform, poor hygiene. | Uniform is dirty, wrinkled or has holes in it/ or poor hygiene, inappropriate makeup or jewelry | Uniform is acceptable, could improve by polishing boots, etc. | Uniform is acceptable / Student poor hygiene | Uniform clean and neat Student well groomed |

1. **Initiative: student demonstrates interest in EMS through actions and interactions with evaluator**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| No questions asked, minimal participation when requested | Asks few questions, minimal participation and  initiative | Asks questions or studies, good participation if asked, but little initiative | Asks questions, studies in down time, active participation | Asks questions, curious, takes initiative and follows through |

1. **Conduct: Student interacts with patients, families and co-workers in a respectful and empathetic manner. Demonstrates respectability and professional ethics.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Violates the rights of others; cannot be trusted with the property of others. Violates privacy and confidentiality. Is rude or disrespectful. | Shows little interest or ability in interacting with patients or co-workers. | Interacts with patients and co-workers but lacks in empathy and / or professionalism | Overall conduct adequate. Needs self-confidence and assertiveness. | Initiates therapeutic communications with others. Puts patients’ needs above own self-interest. Demonstrates an attitude of professional collegiality. |

1. **Careful Delivery of Service: Student follows policies, procedures and protocols. Uses appropriate safeguards in the performance of duties.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| No regard for the safety of self, patient or staff. Disregard for policies, procedures, protocols. | Minimal regard for safety, policies and procedures | Inconsistent in use of safeguards | Needs minimal supervision to perform safely and adhere to policies and procedures | Exercises due to caution in the performance of duties and follows policies, procedures and protocols |

Part B: Psychomotor Domain

1. **Student demonstrates proficiency in skills performed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Does not know what sill is indicated and if prompted cannot perform it | May know what skill is indicated but cannot perform it | Knows what skill is indicated but performs poorly without instruction | Knows what skill is indicated, performs correctly but needs to increase speed | Knows what skill is indicated Organizes the task efficiently, performs accurately and without  hesitation |

Part C: Cognitive Domain

**Knowledge: the student can recall common terms, facts, principles and basic concepts in EMS.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Significant deficits in knowledge; e.g. cannot use basic medical terminology | Somewhat limited recall of facts and principles |  | Good recall of most facts and concepts, given the current point in the course | Outstanding recall of principles and theories |

**Problem Solving: the student uses knowledge to solve a previously un-encountered situation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Unable to recognize problems | Recognizes the problem, cannot solve it |  | Identifies the problem and takes some steps toward solving it, but needs guidance | Identifies problems and can independently devise a plan to solve the problem |

**Evaluation: the student can judge the appropriateness of actions and can defend his/her decisions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Student cannot give a rationale or explanation for actions or decisions |  | Attempts to defend his or her decisions or actions, but does not provide a defensible argument |  | Student provides a sound rationale for decisions and actions |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature Student Signature Clinical Coordinator

## 

## PRECEPTOR EVALUATION

PRECEPTOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the scale below to rate the students’ professionalism in the following areas.

1. excellent
2. good
3. needs improvement
4. unacceptable performance
5. unable to evaluate

Circle One

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Preceptor provided an appropriate learning environment? | **a** | **b** | **c** | **d** | **e** |
| Preceptor behaved in a professional manner? | **a** | **b** | **c** | **d** | **e** |
| Preceptor was always courteous & helpful? | **a** | **b** | **c** | **d** | **e** |
| Preceptor provided feedback or criticism in a positive, professional manner | **a** | **b** | **c** | **d** | **e** |
| Preceptor was competent & knowledgeable? | **a** | **b** | **c** | **d** | **e** |
| Preceptor addressed any and all questions I had? | **a** | **b** | **c** | **d** | **e** |
| Preceptor appeared neat & professionally attired at all times? | **a** | **b** | **c** | **d** | **e** |
| Preceptor attempted to maintain a clean & sanitary work environment at all times? | **a** | **b** | **c** | **d** | **e** |
| Preceptor seemed genuinely concerned with my progress? | **a** | **b** | **c** | **d** | **e** |
| Preceptor attempted to guide & instruct me at all times & was highly motivated? | **a** | **b** | **c** | **d** | **e** |
| Did preceptor take the time to orientate me to specific unit and equipment? | **a** | **b** | **c** | **d** | **e** |
| Overall, my preceptor was… | **a** | **b** | **c** | **d** | **e** |

### Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paramedic Student Date

## HIPAA Compliance Program

**Agreement to Insure Privacy of Patients PHI or “Protected Health Information”**

# 45 CFR 164

Recognizing ATU-Ozark EMS Programs commitment and mandate to insure the integrity of all patients Protected Health Information, I agree to engage in professional practices regarding the use of personal medical information obtained in the response to and care of the patients’ calls for assistance. I understand that I may use general call information in an effort to learn and gain experience in the health care field but that I am not entitled or permitted to record, retain or disclose in any manner the patient’s specific information such as name, social security number, date of birth, or other patient identifiable information.

I understand that any violation of this agreement will forfeit the privilege of accompanying any affiliated EMS service on ambulance responses during scheduled internship. I understand that I may be subject to civil and/or criminal prosecution should I violate this agreement.

Student Signature EMS Agency Signature

Student Printed Name EMS Agency Printed Name

Date Date

## INCIDENT/EXPOSURE REPORT

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Time: **\_\_\_\_\_\_\_\_\_\_\_**

Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Incident/Exposure**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

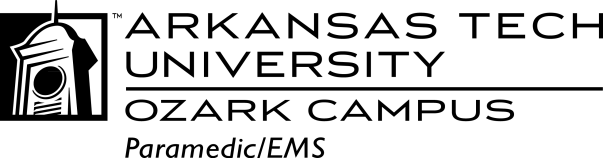
Actions Take: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Precautions Used Prior to Exposure**:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date and Time Reported to Clinical/Internship Coordinator**:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Clinical/Internship Coordinator Student Signature Program Director



## SELECTION AND USE OF PERSONAL PROTECTIVE EQUIPMENT

Emergency response often is unpredictable and uncontrollable. While blood is the single most important source of HIV and HBV infection in the workplace, in the field it is safest to assume that all body fluids are infectious. For this reason, PPE will be chosen to provide barrier protection against all body fluids.

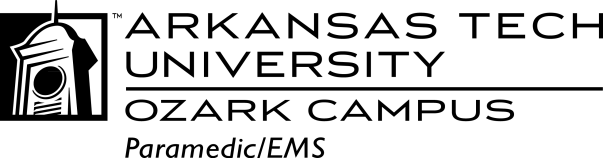
Personnel should select PPE appropriate to the potential for spill, splash, or exposure to body fluids. This policy dictates the minimum PPE on all EMS calls and shall consist of gloves and protective eyewear.

I , have read and understand the bloodborne exposure

(Print Name)

Manual and reporting policy.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Student Signature Instructor Date



### INTERNSHIP GUIDELINES AGREEMENT

I , have read and been informed and fully understand the

(Print Name)

Standards and requirements that have been set forth in order to successfully pass the internship portion of my paramedic course. By signing this I agree to adhere to said standards and requirements.

Student Date

Internship Coordinator Program Date