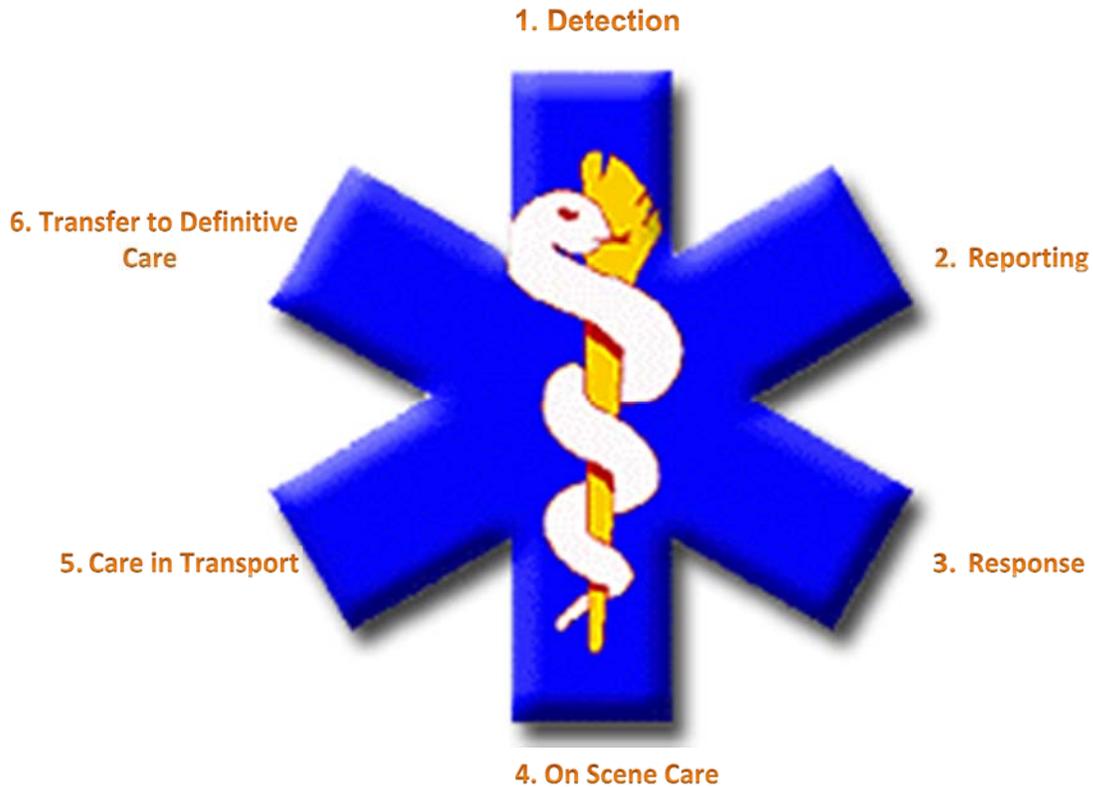


# PARAMEDIC PRECEPTOR HANDBOOK 2016-2017



***KIAMICHI TECHNOLOGY CENTER  
EMS Training Program***



Dear Preceptor,

We would like to take this opportunity to thank you for agreeing to serve as a preceptor for the EMS Paramedic Program at Kiamichi Technology Center. Your commitment in helping our EMS students with the transition into the workforce is an important factor in their success. We truly appreciate your willingness to share your knowledge and expertise with a student who may be taking care of our families during emergency situations.

The purpose of this handbook is to provide you with the information about the purpose of the clinical rotations, regulations governing clinical experiences, preceptor roles and responsibilities, and our program policies. It is also intended to serve as a resource for you as well. Please read through the information provided and let us know of any questions, concerns, suggestions or issues you may have.

Please let the instructors know how we can better assist you with your preceptor role, and feel free to contact me at any time.

Once again, THANK YOU for helping us with this learning experience—we could not do this without you!

Sincerely,

A handwritten signature in black ink that reads "Gina Riggs". The signature is written in a cursive, flowing style.

Gina Riggs, NRP  
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## EMS PROGRAM PHILOSOPHY

The philosophy of the Kiamichi Technology Center (KTC) Emergency Medical Services (EMS) Program is to provide training in practice and experience to those who choose this profession. We believe that every individual is a unique creation and that it is our privilege and responsibility to help in the fulfillment of each person's accountability to mankind. The purpose of those who teach our classes is to give each student the experience necessary to enable them to function adequately as a health care professional in any emergency situation. There is dignity in EMS work and that work is one of our best means of developing the intelligent use of hands and minds. Education is a personality, we wish the students to attain the fullest growth and development as a person, and as a contributing, self-directing, responsible member of the profession and society as a whole.

It is the integral belief of this program that our surroundings as well as our equipment will aide all students to learn the skills, acquire the experience, and develop their ability as a Paramedic who can meet any challenge. Our students will be taught skills that will carry them through any given situation. We believe that Paramedics offer a vital service to the emergency healthcare needs of the patient and community.

Paramedicine services provide immediate intervention in the time of emergency that may make a difference between life and death. This requires the ability to view the patient as a complete person with physical, psychosocial, and spiritual needs. The ultimate goal of the Paramedic is to restore the patient to optimum functioning or in the case of terminal illnesses, to achieve a peaceful and dignified death. The EMS training program provides a guided learning experience in meeting the needs of our patient.

## EMS PROGRAM GOAL

Our goal is to train EMTs and Paramedics in the didactic, psychomotor and affective educational domains, and to meet the entry level requirements of the State of Oklahoma EMS Division and the National Registry of EMTs.

## EMS PROGRAM OBJECTIVES

Have topic scores above the national and state NREMT test scores  
Have a practical skills pass rate above 75% for first time attempts  
Have a job placement rate above 95% for our graduates  
Have positive comments on 90% of the CoAEMSP student resource surveys

*Nationally Accredited*



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## Paramedic Preceptorship Program

### **Objective:**

Clinical preceptors will be used for supervision of EMS students in community health centers, medical clinics, selected hospitals, long-term care facility, ambulance services and other specialty care units (behavioral management, dialysis, pediatric, labor and delivery, burns, surgery, coronary/intensive care, etc.)

### **Goals:**

1. Increase the job satisfaction of the new EMS graduate by providing a transition to the Paramedic role.
2. Increase quality of patient care by increasing self-confidence through improved mastery of knowledge, skills and professionalism.
3. Enhance the student's ability to make realistic, legal, safe and ethical decisions while utilizing the EMS process as a framework.
4. Prepare the student for a non-threatening transition from the role of student to Paramedicine.
5. Enhance the understanding of leadership responsibilities, work place communication and safe delegation.

### **Policy:**

1. Preceptorship will provide a 1:1 ratio between the student and a licensed Nurse, Physician, PA, RNP, Paramedic or other medical specialist.
2. Preceptors will be licensed to provide patient care.
3. The facility/agency and school will have a current written agreement in place prior to students conducting clinical rotations.
4. The student should have a written signed agreement with the preceptor on file.
5. An observation tool will be utilized by the preceptor to provide feedback concerning the student's performance and behavior.
6. The faculty will orient the preceptor to the responsibility of the position if requested to do so by the preceptor, supervisors or directors of nursing/education.
7. The student will be responsible for defining and achieving specific expectations and objectives.
8. The EMS program will be responsible for guidance in meeting the identified learning objectives through regular visits to the clinical site, personal phone calls or email contacts, and by evaluating the students.

### **Faculty Responsibilities:**

1. Be responsible for coordinating clinical preceptorship, orientating preceptors/staff as needed, and informing preceptors of their performance through feedback from the students.
  - a. Provide orientation for the preceptor to include but not limited to:
    - i. Role of the preceptor, student and faculty member during preceptorship
    - ii. Student expectations during preceptorship
    - iii. Evaluation of student performance based on established objectives and student competencies
2. Be responsible for student's learning experiences, and shall meet regularly with the student to monitor and evaluate the learning experiences. Although the preceptor may provide input regarding the student's performance, the faculty member retains responsibility for evaluation of the student's achievement of the clinical objectives.
  - a. Define the student competencies/objectives.
  - b. Confer with the student to develop individual objectives for the clinical experience
  - c. Confer with the preceptor in evaluating student performance.
  - d. Assist the student and preceptor in identifying appropriate learning experiences.
  - e. Confer or counsel with the students involved in the experience to discuss reality shock situations.
3. Be readily available by telephone when students are being supervised by a clinical preceptor. The designated faculty member should be available to provide assistance or supervision of the student at the clinical site should a problem arise that cannot be resolved by telephone.
4. Secure evaluation of the preceptorship program by the student, and review the evaluation/observations forms to provide effective feedback to the clinical staff.

### **Student Responsibilities:**

1. Understand and document expectations for the preceptorship program.
2. Organize those expectations into specific objectives for the learning experience, especially any weak areas of patient care or performance.
3. Work with the preceptor according to the preceptor's normal schedule, and to the rotations schedule provided.
4. Initiate contact and relay previous experiences, learning objectives and outcomes to the assigned preceptor.
5. Confer with the faculty and preceptor on a regular basis to review and revise learning experiences.
6. Be present during the entire rotation--not using personal cell phones or texting.
7. Evaluate the preceptor and clinical site.
8. Confer with faculty and other students to discuss reality shock situations.
9. Notify the preceptor and faculty immediately if any situation or problems arises.
10. Complete all the necessary forms for clinical rotations.
11. Abide by all facility/agency policies and guidelines.
12. Be on time, in uniform, with photo ID and proper documentation--and ready to work!

### **Preceptor Responsibilities:**

1. Have a license and be employed by the facility/agency in which the clinical experience takes place; and agree to provide supervision to a student for a specified period of time during the preceptors' scheduled work hours.
2. Have at least one year of nursing experience in the clinic or hospital, and for EMS minimum two years Paramedic experience in the pre-hospital setting.
3. Express desire to perform as a clinical preceptor.
4. Be recommended by a nursing administrator/manager or EMS supervisor to the faculty as being proficient in the technical, intellectual and interpersonal skills considered within the realm of EMS and/or hospital patient care.
5. Not be a friend, family member, co-worker or employer of the student.
6. Attend an orientation session on the duties of Precepting or mentoring students provided by your facility or school.
7. Work with the students and faculty to design a learning experience to meet the individual needs of the students.
  - a. Have planning sessions or conferences with the student daily, or as needed.
  - b. Review the objectives as established by the student and faculty.
  - c. Give ongoing feedback regarding performance (negative and positive) to faculty and students. Confront issues as they arise.
  - d. Confer with the supervisors and faculty weekly regarding the student's performance (as needed).
  - e. Supervise medication administration (or other invasive procedures) after the student has satisfactorily completed initial instruction and clinical practices.
  - f. Maintain confidentiality when conferring with student and faculty about competence, knowledge, performance, behavior and professionalism.
  - g. Assist the student with critical thinking skills, decision making and problem solving in patient care.
  - h. Act as a clinical resource for the student.
  - i. Promote assertiveness and encourage staff members to direct appropriate questions and problems to the student as s/he progresses.
  - j. Supervise and document the student's performance of skills and other patient care activities to ensure safe practices.
  - k. Explain clinical techniques or learning opportunities as they arise.
8. Verify and sign the student's daily performance sheet, and initial the time-in and the time-out sections.
9. Ensure students know facility/agency's policies and procedures in case of emergencies.
10. Orientate student to facility/department/agency, staff and equipment as needed.
11. Maintain a safe environment free of harassment and discrimination.
12. **Be a role model!**

*Mentor: A wise and trusted counselor or teacher!*

**Student Expectations** – what should they expect from the clinical site?

1. **Modeling:** BSI, respect, documentation, compassion, use of seat belts, safety vest, etc. The students will perform just like they are taught, *so teach them right by doing it right—Please*

**Documentation of Learning Domains:**

1. ***Cognitive Domain***- knowledge or facts, principles, research findings and other information you might learn.

Q: Does the student know the material, have a good knowledge base?

2. ***Psychomotor Domain***- skills and actions such as nursing procedures (IVs, vitals, med administration), computer skills and other activities you might learn from demonstration, corrective feedback and practice.

Q: Can the student do the required skills?

3. ***Affective Domain***- attitudes, feelings, behaviors and values, cultural competence, communication and other emotion and value-based learning.

Q: Does the student demonstrate professionalism, respect for others, leadership, initiative, teamwork, ethics, motivation, etc.?



**KTC PRECEPTOR  
ROLES AND RESPONSIBILITIES**

- Have knowledge within the preceptors field of practice
- Have knowledge of the student's scope of practice
- Have knowledge of each student's goals of his/her rotation
- Be present at all times during skill performance
- Identify learning experiences for students
- Explain clinical techniques as opportunities arise
- Allow student to assume Paramedic lead role in decision making
- Allow student to be accountable for his/her own actions or judgments
- Actively stimulate critical thinking by use of questions/answers
- Guide student to ASSESS the whole patient
- Provide pertinent feedback after each contact
- Identify the student's current placement in the clinical/field component
- Discuss relationship of healthcare profession to medical direction
- Use non-patient care times for skills and demonstrations
- Use effective counseling techniques
- Support the program course content
- Maintain an environment free of harassment and discrimination
- Coach the student from observer to team leader
- Provide daily and individual patient or EMS call feedback
- Promote teamwork
- Establish standard of care
- Confront issues immediately when they arise
- Promote confidence
- Empower the student
- Complete a summative evaluation
- Assist the student with documentation protocols
- Be a great role model!

**Other Preceptor Characteristic Roles:**

Good Communication skills  
Establishes a climate conducive to learning  
Shares practical steps in patient care  
Is patient  
Provides positive & correctional feedback  
Listens to the student

**Kiamichi Technology Center  
EMS Division  
Student Confidentiality Acknowledgement**

Through my association within any of the clinical sites during the time spent as an employee, agent, independent contractor, volunteer, physician, student, or approved observer, I understand that patient information in any form (paper, electronic, oral, etc.) is protected by law. I also understand that any breach of patient confidentiality can have severe ramifications up to and including termination of my relationship with said clinical site as well as possible civil and criminal penalties. I will only access, use or disclose the minimum amount of patient information that I am authorized to access, use or disclose and that is necessary to carry out my assigned duties. I will not improperly divulge any information that comes to me through the carrying out of my assigned duties, program assignment or observation.

This includes but is not limited to:

- I will not discuss information pertaining to any patient with anyone (even my own family) who is not directly working with said patient.
- I will not discuss any patient information in any place where it can be overheard by anyone who is not authorized to have this information.
- I will not mention any patient's name or disclose directly or indirectly that any person is a patient except to those authorized to have the information.
- I will not describe any behavior, which I have observed or learned about through association within said clinical sites except to those authorized to have this information.
- I will not contact any individual or agency outside said clinical site to get personal information about an individual patient unless a release of information is signed by the patient or by someone who has been legally authorized by the patient to release information.
- I will not use confidential clinical site business related information in any manner not required by my job or disclose it to anyone not authorized to have or know it.
- I will not access information concerning any patient in whose care I am not directly involved other than as established by my job description.
- I understand my responsibility to take action when faced with a privacy concern or become aware of a potential violation of our policies and standards. This includes:
  - **RECOGNIZE** the concern and nature of the situation
  - **RESPOND** appropriately
  - **REPORT** the issue to someone who can assist in resolving the matter

I understand that my agreement to maintain the confidentiality of patient information is a condition of my continued position/service by said clinical sites. I understand that failure to maintain confidentiality is basis for disciplinary action, including termination of position/service.

With my signature, I indicate I have read and understand this Confidentiality Acknowledgement.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return signed to instructor*

## IMMUNIZATION GUIDELINES

*Evidence of immunity must be completed and on file by the first day of paramedic class*

Each student must provide evidence of immunity against the following diseases:

1. Tuberculosis
2. Rubeola
3. Rubella (German measles)
4. Mumps
5. Hepatitis B
6. Varicella (Chicken pox)
7. Tetanus and diphtheria

## UNIFORM REQUIREMENTS

- **Identification:** The student must wear an approved picture ID while in the clinical sites which states EMS or Paramedic Student.
- **Jewelry/Tattoos:** While in the clinical setting the student must wear a minimum amount of jewelry. Only one pair of stud earrings (in lower lobe of ears) will be accepted. Rings should be kept to a minimum due to the safety factor, especially on the ambulance. Tongue rings are NOT allowed in the clinical setting. No body piercings or tattoos should be visible while in clinical sites.
- **Uniforms:** The uniform must be cleaned and pressed without damage or stains. Uniforms must not be binding or constricting, but allow for ease of movement while bending or reaching. Shoes should be clean and polished.
- **Hair:** Hair will be kept neat and clean. Long hair must be worn pulled back from the face while in the clinical setting. Extreme hair fashions, colors or ornaments are not permitted. Men should be clean shaven or neatly trimmed.
- **Nails:** Fingernails must be kept clean and neatly trimmed and must not extend beyond the fingertips. No acrylic nails/extensions or polish is allowed.
- **Hygiene:** Good personal hygiene must be maintained at all times. Cologne/perfume is not permitted.
- **Personal Wear:** appropriate foundation garments will be worn and not visible.
- **Uniforms** will consist of:
  - ❖ Black slacks (no jeans)
  - ❖ White uniform shirts (no pullovers or polo's)
  - ❖ Black belt
  - ❖ Black shoes (tennis shoes or dress shoes may not be substituted for EMS footwear)
  - ❖ School patch (sewn on the right shoulder)

*\*Some clinical sites may require a special uniform, such as operating room, i.e.: scrubs*

*\*The EMS Director must approve any uniform change*

*\*Gum and smokeless tobacco are prohibited*

## **INCIDENTS AND ERRORS**

1. All incidents and/or errors must be reported immediately to the preceptor and the supervisor of the preceptor.
2. The patient's doctor will be notified of incident for appropriate action to be taken if deemed necessary by the nurse in charge or EMS supervisor.
3. An incident report will be completed by the student involved. The report will be filed according to the facility policy and a copy will be retained by the instructor in the student's file.
4. If a student is involved in an incident, it must be reported to the Clinical Coordinator (CC) and EMS Instructor immediately. The incident report will be completed and copies filed with the hospital and school.
5. Any medical cost incurred as a result of an incident or error will be the sole responsibility of the student or the student's medical carrier. (i.e., needle stick will result in E.D./lab visit, etc.)

## **INTRAVENOUS (IV) THERAPY**

To initiate IV therapy the student must:

1. Pass the IV Therapy theory examination and laboratory skills
2. Pass the IV calculation test with a 100%
3. Be supervised by a nurse or phlebotomist for 16 hours in the lab, ICU or E.D.

## **MEDICATION ADMINISTRATION**

To administer medication the student must:

1. Pass the EMT Paramedic Preparatory course
2. Pass the IV and Pharmacology theory examination and laboratory skills
3. Be supervised by a nurse, physician, or paramedic in the first 100 hours of clinical rotations (IV, OR, ICU, E.D.)
4. Report medication errors immediately to preceptor/supervisor, CC and instructor

## HOSPITAL CLINICAL GRADING

**Hospital/Clinic Grading:** Students will be evaluated every 9 weeks on clinical performance by the CC and Instructor. Input from agency staff will be reflected on the Hospital/Clinic Evaluation Form completed in each clinical rotation which occurs in the hospital or a clinic. KTC will use the 9 week EMS Clinical Evaluation Grading to measure the student's clinical performance in the following areas:

- A. EMS Patient Care Process
  - 1. Data Collection
  - 2. Analysis
  - 3. Planning
  - 4. Implementation
  - 5. Evaluation
- B. Professional Behavior
- C. Communication

Total possible points for the 9 weeks = 100 points  
Passing points = 80 points

Failure in a clinical rotation period places the student on probation until re-evaluation at the end of the next 9 week period, at which time the student must have 80 points to remain in the program. If another 9 week period clinical grade drops below 80 points, the student will be placed on permanent probation. If another 9 week period falls below the required 80 points, the student will be dismissed from the program.

A student failing clinical rotations is not a safe practitioner and will be dismissed from the program.

Students are required to complete a minimum of 12 hours per week to remain in the program. Students that do not have the required hours completed for the month will be placed on probation. The hours must be made up in the next month along with the hours due for the current month. If this is not done, the student will be dismissed from the program.

Students must complete certain clinical rotations before continuing on into other rotation sites, and only after completing all theory and lab skills for each area.

- IV and OR must be complete prior to receiving ICU/CCU packet
- ICU/CCU must be completed prior to receiving E.D. packet
- E.D. must be completed prior to receiving field packet
- L&D packets after OB-GYN theory/lab evaluation
- Pediatric after all pediatric theory/lab evaluation
- Psychiatric after all behavioral theory/lab evaluation

**KIAMICHI TECHNOLOGY CENER**  
**Emergency Medical Service Program**  
**Paramedic**  
**Hospital Clinical Affective Evaluation**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Location:** \_\_\_\_\_ **Preceptor:** \_\_\_\_\_

**Surgery:**     **L&D:**     **IV/Lab**     **E.D.:**     **ICU/CCU:**     **Dialysis:**

	Superior	Above Average	Average	Needs Improvement	Poor
1. <b>APPEARANCE:</b> Neat, clean and appropriately dressed with picture ID	5	4	3	2	1
2. <b>ATTENDANCE:</b> Punctual; proper notification made for absence & tardy	5	4	3	2	1
<b>3. ATTITUDE/RESOURCEFULNESS:</b>					
a. Willing and eager to learn and participate in all phases of health care delivery and job responsibility	5	4	3	2	1
b. Looks for learning experiences, uses time efficiently, asks appropriate questions	5	4	3	2	1
4. <b>ORGANIZATION:</b> Able to use a systematic approach to patient, assessment, evaluation and treatment	5	4	3	2	1
5. <b>PATIENT ASSESSMENT:</b> Able to perform thorough patient assessment and to use clinical findings to recognize specific medical conditions	5	4	3	2	1
6. <b>DEFINITIVE CARE:</b> Able to choose and accurately delivery appropriate therapeutic modalities for specific medical conditions	5	4	3	2	1
7. <b>OVERALL SKILL PERFORMANCE:</b> Demonstrates proper technique, accuracy, care of equipment, and application of theoretical concepts	5	4	3	2	1

	Superior	Above Average	Average	Needs Improvement	Poor
<b>8. PROFESSIONAL DEVELOPMENT:</b>					
a. Establishes rapport with patient and patient's family; demonstrates sensitivity to their verbal and non-verbal responses	5	4	3	2	1
b. Explains procedures in a comprehensible and reassuring manner	5	4	3	2	1
c. Works well with others as part of the health care team	5	4	3	2	1
d. Uses discretion in discussion of personal matters involving affiliate personnel, patients, visitors, and other students.	5	4	3	2	1
e. Reacts appropriately to various situations demonstrating composure, patience, and use of appropriate comments	5	4	3	2	1
f. Demonstrates flexibility: (i.e. change of assignment, new situations, interruptions, etc.)	5	4	3	2	1
g. Aware of role as a student including limitations and expectations; acceptance of constructive criticism; utilizes suggestions for improvement; asks for advice or assistance if unsure	5	4	3	2	1

Comments: (general, strengths, needs for improvement, etc.)

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\_\_\_\_\_  
Preceptor--Please Print

\_\_\_\_\_  
Preceptor Signature

**Kiamichi Technology Center  
EMS Program**

**Student Expectations for Hospital/Clinic Preceptorship Program**

Student's Name \_\_\_\_\_ Campus \_\_\_\_\_

Please list your expectations for the clinical rotations. Include any skills, concepts and procedures you would like to learn or improve upon. Review the list with your instructor and preceptors. With assistances develop specific objectives for the learning experience. Note: the objectives will not be static. We anticipate changes developing as you get into the experience.

Surgery Rotations	
IV/LAB	
Emergency Dept. with Nurse	
Emergency Dept. with Physician	

ICU/CCU	
Labor and Deliver	
Pediatric	
Behavioral	
Dialysis	



## Operating Room Competency/Objectives

The student will spend a minimum of 16 hours of Clinical time in the operating room working under the direct supervision of a Nurse Anesthetist or Doctor of Anesthesiology. In order to complete this clinical portion, the student will observe and assist with procedures as permitted by the staff.

1. Attend all scheduled clinical shifts on time, in proper attire.
2. Report to surgery charge nurse and chief anesthetist.
3. Perform maintenance of patient airway with the use of airway adjuncts (LMAs, OPAs, etc.), suctioning, positioning, with special attention to ventilation equipment.
4. Perform oxygen maintenance and various administration techniques.
5. Perform basic and advanced airway management, including tracheal intubations, as permitted by staff.
6. Assist with IV therapy and maintenance.
7. Use all universal precautions during **ALL** patient contact.
8. Discuss with the surgery staff:
  - a. Special airway management and complication procedures you may encounter in the field.
  - b. Signs and symptoms of IV therapy complications and their remedies.
9. At the end of the shift, the student must have his or her daily evaluation form signed and dated by the preceptor.
10. Assist and perform the above mentioned therapies only with the preceptor's permission.
11. Complete:
  - a. One daily performance sheet per shift
  - b. The minimum (5) successful intubation competency sheet (may be completed in all clinical areas, not just surgery)
  - c. One site evaluation after O.R. clinicals is completed.

## PEDIATRIC CLINICAL Objectives

The student will spend a minimum of 24 hours of clinical time working with a nurse and physicians in a pediatric department/clinic. In order to complete this practice portion the student will:

1. Attend the scheduled clinical shifts on time, in proper uniform with name tag maintaining a professional appearance.
2. Perform pediatric patient assessments, including developing pertinent medical history and performing a physical examination.
3. Maintain a patent airway in pediatric patients with varying levels of consciousness; including proper positioning, use of airway adjuncts and suctioning.
4. Administer oxygen using available adjunct equipment, such as mask, cannulas or nebulizers.
5. Assist with blood draws or IV therapy.
6. Assist with the preparation and administration of IM, IV, SQ, SL, rectal or transtracheal medications.
7. Assist with oral and written reporting.
8. Provide comfort, reassurance and emotional support to patients and family members.
9. Discuss with the preceptor each of the following:
  - a. Pediatric assessment techniques
  - b. Special considerations (behavioral, emotional or physical) for each of the following age groups (and require 5 competencies in each age group):

5-Assessment of Newborn ( <i>0- 1month</i> )
5-Assessment of Infant ( <i>1 month – 1 year</i> )
5-Assessment of Toddler ( <i>1-3</i> )
5-Assessment of Preschooler ( <i>3-5</i> )
5-Assessment of School Ages ( <i>6-12</i> )
5-Assessment of Adolescents ( <i>13+</i> )

- c. Pediatric respiratory management – review anatomical airway differences from adults, IPPV techniques and precautions, ET intubation and management of each of the following:
  - i. Asthma
  - ii. Bronchiolitis
  - iii. Croup
  - iv. Epiglottitis

- d. Vital signs – review normal ranges for children of various sizes, weights and ages.
  - e. Pediatric cardiac arrest – review CPR procedures and protocols for intubation, fluids, drugs and defibrillation.
  - f. Fever in children.
  - g. Pediatric blood draws and IV and fluid therapy – review insertion sites, needles/catheters, administration sets, fluids of choice and infusion rates.
  - h. Pediatric medical administration – review indications, dosages and effects for of the following:
 

Sodium bicarb	Furosemide
Epinephrine 1:1,000	Diphenhydramine
Epinephrine 1:10,000	Dopamine
Atropine	Isoproterenol
Lidocaine	Diazepam
Calcium	Albuterol
Naloxone	Dextrose 50% and D25%
  - i. Neonatal transport – review transfer protocols, if available, and the preparation and operations of transport equipment.
10. Correctly document patient information including chief complaints, medical history, physical assessment, treatment and patient disposition.
  11. Assist the staff with the management of pediatric patients and equipment at their request and discretion by cooperating, following their instructions, using tact and being courteous in interactions with patients, family members and all staff.
  12. Complete during your rotation the following paperwork:
    - a. One daily performance sheet per shift (signed and time stamped by preceptor)
    - b. Tracking form and ages on all patient contacts
    - c. One pathophysiology sheet per shift (2 pathos total per shift)
    - d. One evaluation sheet on the clinical site after pediatric clinicals are completed

## Emergency Department Clinical Objectives

The student will spend 100 hours of clinical time in the Emergency Department working under the direct supervision of nurses and physicians. In order to complete this clinical, the student must be directly supervised by a licensed physician in the emergency room setting. The student must be with the physician a minimum of 60 hours. The remaining 40 hours can be completed with the emergency room nurse. The 60 hours daily performance sheet **MUST** be signed by a physician only. The student will:

1. Attend all scheduled clinical shifts on time, in proper attire and neat in appearance.
2. Report to the department shift supervisor (or ER Physician) at the beginning of each scheduled clinical.
3. Perform patient assessment including auscultation, palpation, inspection and percussion when indicated.
4. Maintain airways with proper positioning, use of airway adjuncts, and suctioning.
5. Administer oxygen using available and appropriate airway adjuncts.
6. Discuss the ED triage policy and understand its theory.
7. Participate in the use of oxygen regulators, flow meters, and nebulizers.
8. Assist with shock management.
9. Monitor patients with suspected neurological injuries.
10. Assist with IV therapy, both observe and perform IV cannulation.
11. Draw venous blood samples.
12. Assist with oral and written patient reporting.
13. Perform CPR and other procedures related to Code Blues.
14. Familiarize self with the ED layout, location of supplies, and policies and procedures.
15. Observe and assist with the following: IV's through central routes, chest compressions, and cricothyrotomy.
16. Record and interpret ECG's, including 12-lead ECG's.
17. Assist with the preparation and/or administration of IM, IV, SQ, SL, and transtracheal medications.
18. Observe and insert NG tubes and Foley catheters.
19. The following documentations must be completed for your ED rotations:
  - Complete one FISDAP Tracker form (complete this on-line at [fisdap.net](http://fisdap.net)) for each shift completed
  - Complete the daily performance sheet and tracking numbers or ages on the reverse for each shift
  - Complete two ECG summary sheets per shift
  - Complete one patient assessment case history sheet per shift.
  - Complete one pathophysiology sheet (2 pathophysiology's per sheet) per shift.
  - At the end of each clinical shift, have the Preceptor complete, sign and date the evaluation form.
  - Complete one clinical evaluation sheet after all ER clinicals are complete.

## **Intensive/Coronary Care Unit Clinical Objectives**

The student will spend 32 hours of clinical time working under the direct supervision of nurses and physicians in the ICU/CCU. In order to complete this clinical portion, the student will observe and assist, if permitted, with the following guidelines/objectives.

1. Attend all scheduled clinical shifts on time, in proper attire (with name tags).
2. Report to the department shift supervisor at the beginning of each clinical and participate in the change of shift reporting with the ICU/CCU nurses.
3. Maintenance of patient airways with the use of airway adjuncts, suctioning and positioning, with special attention to understanding ventilating respirators.
4. Patient assessment and shock management.
5. Assist and perform oxygen maintenance and administration of various techniques.
6. Perform IV therapies and maintenance.
7. Oral and written reports.
8. Familiarize self with ICU/CCU department layout, location of supplies, and policies and personnel.
9. Participate (if allowed) and observe Code Blue procedures.
10. Assist or observe the initiation and maintenance of Foley catheters.
11. Assist or observe the initiation of special procedures, such as pacemaker placement, central lines, etc., as allowed by preceptors.
12. Record and interpret ECG rhythm strips.
13. Assist or observe with the preparation and administration of IM, IV, SQ, SL, and transtracheal medications.
14. Assist or observe the initiation and maintenance of NG/OG tubes and stoma care.
15. Discuss with the nursing staff and physicians each of the following:
  - Patient assessment techniques, including procedures for respiratory and neurological status checks and special procedures for bedridden patients.
  - Emergency crash cart location, equipment and meds.
  - Review of ECG's and their appropriate treatments.
16. Assist with performing the above mentioned therapies only with permission of the Preceptor.
17. Complete the following documentation for ICU/CCU clinical rotations:
  - Complete a FISDAP Tracker form (complete this on-line at [fisdap.net](http://fisdap.net)) for each 8 hour shift
  - Complete one daily performance sheet and tracking form for each shift
  - Complete 2 ECG strip summaries per 8 hour shift
  - Complete 1 pathophysiology sheet (2 pathophysiologies) per 8 hour shift.
  - Complete and have signed by Preceptor, one daily overall evaluation form per clinical shift
  - Complete one site evaluations after all ICU/CCU clinicals are completed

**IV Therapy Team**  
**Lab or Appropriate Substitute**  
**Clinical Objectives**

The student will spend 8 hours of clinical time with an IV Therapy Team (LAB) under the supervision of a phlebotomist or IV lab nurse. If the clinical facility does not have an appropriate IV Therapy Team, the student may complete this clinical in the Emergency Department after approval from the clinical coordinator or instructor.

1. Attend all scheduled clinical shifts on time, in proper attire, and neat in appearance.
2. Report to the department shift supervisor or phlebotomist at the beginning of each scheduled clinical.
3. Initiate IV Therapy, to include preparation and maintenance.
4. Draw venous blood samples.
5. Maintain all universal precautions during patient care procedures.
6. Use aseptic techniques while performing venipunctures.
7. Complete a minimum of 15 IV's on adult patients and a minimum of 5 IV's on pediatric patients (ages: newborn to 13). After documentation of minimums, please continue to record IV's and age groups encountered.
8. Complete the following documentation:
  - FISDAP Tracker form (complete this on-line at [fisdap.net](http://fisdap.net))
  - Document a minimum of 15 successful venipunctures and 5 successful pediatric IV's in the Competency Packet. (These may be completed in all clinical areas)
  - Complete and have signed and initialed by Preceptor, one daily Performance sheet per shift
  - Complete a tracking form with skills and patient age contacts
  - Complete and have signed by Preceptor, one daily overall evaluation form per clinical shift
  - Complete one clinical evaluation sheet, per facility, after all lab clinicals are completed

## **Labor and Delivery Clinical Objectives**

The student is required to complete a minimum of 16 hours in a hospital Labor and Delivery Unit working under the direct supervision of a nurse or physician.

(Students at W. W. Hastings Hospital in Tahlequah, Oklahoma, are required to wear scrubs during this clinical rotation.)

### OBJECTIVES:

1. Perform assessments of patients in labor
2. Observe deliveries of newborns
3. Assist with or observe the assessment and management of the newborn and the mother immediately following delivery
4. Assist with oral and written patient reporting
5. Assist or observe the administration of medications in the pre-delivery and post-delivery patient
6. Complete the following documentations during OB-GYN clinical rotations:
  - Complete one FISDAP Tracker form (complete this on-line at [fisdap.net](http://fisdap.net)) for each shift completed
  - Complete one patient history per shift
  - Complete and have signed by Preceptor, one daily overall evaluation form per clinical shift
  - Complete the tracking form of ages and contacts
  - Complete one site evaluation after all Labor and Delivery clinicals are completed

## **Psychiatric Clinical Clinical Objectives**

The student will spend 16 hours of clinical time under the direct supervision of nurses and physicians in the clinical site. In order to complete this clinical portion, the student will observe and assist, if permitted, with the following guidelines/objectives.

1. Attend all scheduled clinical shifts on time, in proper attire (with name tags).
2. Assist with the assessment and management of psychiatric or emotionally disturbed patients, as permitted by the staff.
3. Assist with the assessment and management of patients with alcoholism and/or drug abuse, as permitted by the staff.
4. Complete the following documentation for Behavioral clinical rotations:
  - Complete one FISDAP Tracker form (complete this on-line at [fisdap.net](http://fisdap.net)) for each clinical shift
  - Complete two Patient Interaction Reports per shift
  - Complete two Psychiatric Drug Descriptions per shift
  - Complete a daily performance sheet and age/contact tracking form for each shift
  - Complete and have signed by Preceptor, one daily overall evaluation form per clinical shift

## Field Internship

The EMT-Paramedic student is required to complete a minimum of 180 hours with an Advanced Life Support service with Paramedics on protocols. The individual services will have separate guidelines as to shift scheduling.

Preceptors must be approved by KTC EMS Program prior to conducting field clinical rotations. Only preceptors that have completed the KTC Preceptor Program can be used. The Paramedic who you are requesting approval for should have at least two years of experience in the pre-hospital setting.

### **Field Internship Phases:**

- I. Orientation to EMS Field Environment: individual ALS skills(20 hours)
- II. Student should be able to function as an EMT-Intermediate (20 hours)
- III. Student should be able to function as an entry-level Paramedic (20 hours)
- IV. Student MUST demonstrate full TEAM Leadership as a Paramedic (120 hours)

1. Students will participate in all ambulance calls, transfers as well as emergencies.
2. Students should help the crew members with any general activities such as equipment and ambulance inspection, cleaning and maintenance.
3. Student should become familiar with and understand the rationale of the service protocols.
4. Students will perform basic and advanced life support skills as directed by the preceptor.
5. Students should strive to understand the rationales employed by the Paramedic giving advanced care in the field and the protocols that they operate under.
6. Students are to complete a daily performance sheet for each shift. This form should be signed and the times in and out must be initials by the preceptor.
7. Complete a state patient care report (PCR) for one emergency call made on each 8 hour shift. The required 40 leadership competencies in Phase IV shall have a PCR completed for each response/transport.
8. Students should perform radio reports as designated by the preceptor, utilizing the radio report form included in the clinical packet. A radio report shall be completed for each leadership ride in Phase IV.
9. The daily performance sheet and patient care report are to be completed before leaving the clinical site that day. These are to be reviewed and signed by your preceptor before leaving the shift.
10. Complete clinical evaluation of each service/preceptor you rode with.
11. Students shall remain with your preceptor at all times.
12. Remember to complete the following in **Phase I, II, III:**
  - Complete one daily performance sheet per shift.
  - Complete two ECG Interpretations for each 8 hour shift
  - Complete one state run sheet for each 8 hour shift
  - Complete one radio report for each 8 hour shift.
13. Remember to complete the following in **Phase IV:**
  - Daily performance sheet per shift
  - Complete an ECG interpretation, run sheet, radio report, and pathophysiology for each of the 40 leadership rides



## Field Internship Rotation

Please complete this form to show the numbers of procedures and patients seen for your ambulance preceptorship. Upon completion of your shift have your preceptor sign at the bottom. The procedures must be performed by you, not observed.

Check the level of training:

Location of Shift: \_\_\_\_\_

- Emergency Medical Responder
- EMT Basic
- EMT Advanced
- EMT Paramedic

Procedure	Number
Safely Administer Medications	
Endotracheal Intubations	
Live Intubations	
Safely Gain Venous Access	
Ventilate a Patient without advanced airway	
Assessment of Newborn ( <i>0- 1month</i> )	
Assessment of Infant ( <i>1 month – 1 year</i> )	
Assessment of Toddler ( <i>1-3</i> )	
Assessment of Preschooler ( <i>3-5</i> )	
Assessment of School Ages ( <i>6-12</i> )	
Assessment of Adolescents ( <i>13+</i> )	
Assessment of Adults	
Assessment of Geriatrics ( <i>&gt; 65 years</i> )	
Assessment of Obstetric Patient	
Assessment of Trauma Patient	
Assessment of Medical Patient	
Assessment of psychiatric Patient	
Assessment and RX of Chest Pain	
Assessment and RX of Respiratory	
Assessment and RX of Syncope	
Assessment and RX of Abdominal	
Assessment and RX of Altered Mental Status	
Assessment of Dialysis Patient	
Assessment and RX of Burn Patient	

Preceptor Name \_\_\_\_\_

Signature \_\_\_\_\_

## Arrhythmia Interpretation

Complete two per eight hour shift

1. What are the signs and symptoms this patient is exhibiting with this arrhythmia?
2. What is the appropriate treatment of such a patient?
3. What other signs and symptoms might this patient exhibit?
4. Heart Rate: \_\_\_\_\_ Ventricular Rate: \_\_\_\_\_ Atrial Rate \_\_\_\_\_
5. Regularity: R" to R" \_\_\_\_\_ P" to P" \_\_\_\_\_
6. P Wave: present \_\_\_\_\_ configuration \_\_\_\_\_
7. P-R Interval: \_\_\_\_\_
8. QRS duration: \_\_\_\_\_ configuration \_\_\_\_\_
9. QRS for every P wave and P wave for every QRS? \_\_\_\_\_
10. "ST" Segment: \_\_\_\_\_
11. "T" Wave: \_\_\_\_\_
12. Are there any premature contractions present? \_\_\_\_\_
13. Is there a compensatory pause or non-compensatory pause present? \_\_\_\_\_

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**Interpretation:** Attach ECG Strip to bottom of page and give your interpretation.

## Pathophysiology

Complete two pathos (one page) per eight hour shift, please use this form.

Disease Process (diagnosis): \_\_\_\_\_ Date\_\_\_\_\_

References:

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## Pathophysiology

Complete two pathos (one page) per eight hour shift, please use this form.

Disease Process (diagnosis): \_\_\_\_\_ Date\_\_\_\_\_

Clinical Evaluation

Clinical Site: **ICU, ED, L&D, OR, Pediatric Clinical Rotation**

Name of Site: \_\_\_\_\_ Name of preceptor \_\_\_\_\_

Name of Hospital/Service: \_\_\_\_\_

- A Always
- U Usually
- F Frequently
- S Sometimes
- SN Seldom or Never

1. Were you able to achieve your clinical objectives?

A U F S SN

2. Was the staff aware of your clinical objectives?

A U F S SN

3. Was the staff helpful?

A U F S SN

4. Did the staff express an interest in your clinical experience or take time to instruct you?

A U F S SN

5. In your opinion, was this a good learning experience? Why?

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Please comment on any ratings of S or SN

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## STUDENT EVALUATION OF FIELD PRECEPTOR

PRECEPTOR NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

Directions: In the box following each statement, circle your answer as to your opinion of the statement. Do not fill in your name or other identifying data. This will not be seen by your instructor until after final grades have been submitted. Please indicate your opinion using the following Likert Scale:

1	2	3	4	5
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>

### ROLE MODELING

The Preceptor:

1. Is an effective role model of skills, attitude, and value	1	2	3	4	5
2. Is knowledgeable about current principles of patient care	1	2	3	4	5
3. acknowledges own limitations	1	2	3	4	5
4. Assists the student in applying principles and theories	1	2	3	4	5
5. Demonstrates an interest in students	1	2	3	4	5
6. Is receptive to student's ideas and experiences	1	2	3	4	5

### ORGANIZATION

The Preceptor:

7. Provides for student orientation to clinical areas	1	2	3	4	5
8. Serves as a resource to students	1	2	3	4	5
9. Oversees and helps in new learning experiences	1	2	3	4	5
10. Correlates clinical experiences to classroom theory	1	2	3	4	5
11. Uses clinical experiences to enhance transfer of Theory to practice	1	2	3	4	5
12. Has realistic and clear expectations of students	1	2	3	4	5
13. Individualizes learning experiences to the needs of the student	1	2	3	4	5

**See reverse side**

## FEEDBACK

The Preceptor:

- |     |                                                                                                |   |   |   |   |   |
|-----|------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 14. | Is objective and fair in evaluation                                                            | 1 | 2 | 3 | 4 | 5 |
| 15. | Communicates with the students regarding progress, verbally and in writing, in a timely manner | 1 | 2 | 3 | 4 | 5 |
| 16. | Uses both positive and constructive feedback                                                   | 1 | 2 | 3 | 4 | 5 |
| 17. | Does not intimidate or chastise the student after making a mistake                             | 1 | 2 | 3 | 4 | 5 |

18. Would you recommend this preceptor to other students and why?

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*Thank you!*