Spartanburg Community College
Emergency Medical Services Paramedic Program

Clinical & Internship Preceptor Orientation/Training
Purpose of this Orientation/Training

• To give the preceptor
  • an overview of the SCC EMS Paramedic Program.
  • an overview of student progression through the Program.
  • an understanding of the College’s expectations of a preceptor as well as our expectations of the students.
  • information pursuant to disciplining students if necessary.
  • detailed information about the evaluation and tracking instruments contained in the Clinical & Internship manual.
  • the Program’s position on social media.
  • the procedure to follow should the student become injured or receive an exposure.
Objectives

- Define Spartanburg Community College’s EMS training programs
- Outline student progression through the program
- Define the role and expectations of the preceptor
- Define expectations of the student
- Review training principles and tools used with the adult learner
- Explain procedures for evaluating and reporting student outcomes
- Outline the social media policy
- Document completion of orientation/training
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  - Accreditation

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Program Overview
SCC EMS Training Programs

- Within the Health and Human Services Division, the SCC EMS Department offers two levels of EMS instruction
  - EMT
    - Certificate (CT.EMT)
  - Paramedic
    - Associate degree (AAS.G.EMS)
    - Certificate (CT.PMD)
# Hours per Program

<table>
<thead>
<tr>
<th>Course</th>
<th>AAS Degree</th>
<th>Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic</td>
<td>525</td>
<td>195</td>
</tr>
<tr>
<td>Laboratory</td>
<td>765</td>
<td>720</td>
</tr>
<tr>
<td>Clinical Rotations</td>
<td>270</td>
<td>270</td>
</tr>
<tr>
<td>Field Experience</td>
<td>180</td>
<td>180</td>
</tr>
<tr>
<td>Field Internship (Capstone)</td>
<td>180</td>
<td>180</td>
</tr>
<tr>
<td>Overall</td>
<td>1545</td>
<td>1170</td>
</tr>
</tbody>
</table>
Mission Statement

The Mission of the Spartanburg Community College Emergency Medical Services Programs is to educate students guided by the highest standards in all learning domains to prepare accountable, competent, technologically prepared Emergency Medical Technicians and Paramedics capable of providing the highest quality care to patients and functioning as an integral member of the interdisciplinary healthcare team.
Goal of the Paramedic Program

To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.
Paramedic Program Learning Outcomes

- Upon completion of the paramedic program, the graduate will be able to
  - apply EMS and general medical knowledge necessary to function in a healthcare setting.
  - demonstrate a broad range of paramedic-level EMS skills, both difficult and routine.
  - demonstrate professional and ethical behavior in working with patients in a variety of settings and situations.
  - practice professional oral and written communication in a healthcare setting.
Accreditation

The SCC Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)

CAAHEP
- 25400 U.S. Highway 19 North, Suite 158
  Clearwater, FL 33763
  Phone: 727-210-2350
  Fax: 727-210-2354

CoAEMSP
- 8301 Lakeview Parkway
  Suite 111-312
  Rowlett, TX 75088
  Phone: 214.703.8445
  Fax: 214.703.8992
Student Progression
Progression of the Student Through the Paramedic Program

• Preliminary: Emergency Medical Technician (EMS 105/106)
  • 216 hour of didactic class and psychomotor skills labs
  • 24 hours Field Experience
  • The student will learn the essentials of working on an ambulance, to include:
    • Observing the paramedic assessing and treating patients
    • Learn procedures and equipment used in the prehospital setting
    • Perform skills and interact with patients as preceptor allows
    • Completion of ten (10) documented Patient Contacts

• 1st semester: Introduction to Advanced Care (EMS 150)
  • Paramedic preparatory material, venipuncture, injections, advanced airway management to include intubation, advanced assessment, trauma, and shock management
  • Clinical rotations in Emergency Department (EMS 151)
Progression of the Student Through the Paramedic Program

- 2\textsuperscript{nd} semester: Advanced Medical Care I (EMS 230)
  - Pharmacology and Cardiology, Medical module
  - Clinical rotations in various areas of the hospital (EMS 231)
  - Field Experience (EMS 232)

- 3\textsuperscript{rd} semester: Advanced Medical Care II (EMS 240)
  - Medical & Special Populations modules
  - EMS Operations (EMS 119)
  - Clinical rotations in various areas of the hospital (EMS 241)
  - Field Experience (EMS 242)
Progression of the Student Through the Paramedic Program

- 4th semester: “Putting It All Together”
  - NREMT Preparation (EMS 270)
    - Skill drills
    - “Practice” NREMT written exams
  - Paramedic Capstone (Field Internship) (EMS 272)
Clinical, Field Experience & Internship

The primary goal of paramedic clinical, field experience, and field internship is to provide students a broad spectrum of patient situations and complaints. Students are expected to operate under the preceptor’s guidance and direction to refine their skills as well as the ability to assess, treat and make other critical decisions about personal safety and patient care. Every student is required to meet certain terminal competencies outlined herein. These terminal competencies are achieved through a combination of hospital (Clinical) and prehospital (Field Experience or Internship) contacts.

Please take every opportunity to discuss with the student after each patient contact, his/her strengths and weaknesses. Remember, reinforce positive behaviors and teach through the negatives.

Finally, we want the student to receive the best clinical and internship experiences he/she can possibly have. We depend on you as preceptors to provide sound tutoring and hands-on experiences during all phases of the program. The impact you have on students will impact the quality of paramedic they become.
Clinical Experience

- Clinical experience = hospital rotations
  - (90 hours/semester; 270 total hours)
- Clinical sites currently include:
  - Spartanburg Regional Healthcare System
  - Pelham Medical Center (formerly Village Hospital)
  - More to come in the near future!
Clinical Objectives

- To provide a controlled setting for concentrated patient assessment and skills
- To learn appropriate interactions between pre-hospital and hospital staff
- To ensure that minimum program competencies are achieved
Minimum Clinical Requirements are set by SC DHEC

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th># Hours</th>
</tr>
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<tbody>
<tr>
<td>Anesthesia</td>
<td>20</td>
</tr>
<tr>
<td>Critical Care (Burn Unit, ICU, PICU, etc.)</td>
<td>24</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>92</td>
</tr>
<tr>
<td>Trauma Center</td>
<td>24</td>
</tr>
<tr>
<td>Triage</td>
<td>8</td>
</tr>
<tr>
<td>Autopsy</td>
<td>4</td>
</tr>
<tr>
<td>Operating Room Combined with Anesthesia</td>
<td></td>
</tr>
<tr>
<td>Pediatric</td>
<td>32</td>
</tr>
<tr>
<td>Labor &amp; Delivery, OB/GYN</td>
<td>8</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>8</td>
</tr>
<tr>
<td>Elective Miscellaneous</td>
<td>24</td>
</tr>
</tbody>
</table>

but, program completion depends on demonstrated *competency*, not just hours of service.
Field Experience and Internship

- Field Experience and Internship = pre-hospital ambulance experience
  - 360 total hours
    - 90 hours 2nd semester of program (Team Member)
    - 90 hours 3rd semester of program (Team Member)
    - 180 hour Capstone Internship at the end of the program (Team Leader)

- Sites currently include:
  - Greenville County EMS
  - Lancaster County EMS
  - Laurens County EMS
  - Spartanburg EMS
  - Union County EMS
  - Upstate Carolina EMS
Field Experience: Team Member

- Learn procedures, equipment, and various aspects of EMS operations and daily job duties
- Perform patient assessments and care, invasive skills, and interact with patients as needed and allowed
- Give reports to receiving facility
- Assist the paramedic preceptor in all levels of patient care
Field Internship - Capstone Experience: Team *Leader*

The Capstone experience prepares students for entry-level paramedic positions. When the student reaches the team leader phase, he/she should be able to take responsibility for all aspects of the event. Please allow the student to *LEAD*, interacting when you feel necessary for the sake of patient care. The student should also take responsibility for delegating tasks to other crew members (such as directions to prepare a LSB at a MVC, initiate IV access, etc.). They should also be able to assume responsibility for all aspects of patient care and transfer of care. Finally, students and preceptors should be confident in the skills/assessments performed and the demeanor displayed.
Terminal Competencies

Paramedic students are required to see patients of varying ages and different pathologies. In addition, they are required to demonstrate a minimum number of competencies during their clinical rotations. A list of those competencies are below:

- **PATIENT ENCOUNTERS**
  - Medical Patients - 40
  - Trauma Patients – 40
  - Psychiatric – 10
  - OB / GYN – 10
  - Respiratory – Adult – 20
  - Respiratory – Pediatric – 8
  - Chest Pain – 30
  - Syncope – 10
  - Abdominal – 20
  - Altered LOC – 20

- **AGE GROUPS**
  - Adult – 50
  - Newborn – 2
  - Infant – 2
  - Toddler – 2
  - Pre-school – 2
  - School age – 5
  - Adolescent – 5
  - Geriatric - 20
Terminal Competencies

SKILLS PERFORMED

- Airway management - 50
- Oxygen administration - 10
- Ventilation (non-intubated) - 10
- ET tube (live) – 2 (5 preferred)
- ECG Dysrhythmia Identification - 25
- Venous access – 75
- Medication administration - 45
- Chest compressions (CPR) - 5
- Defibrillation / synchronized cardioversion - 5
- Vital signs - 35
- Random BLS skills - 25
- Team Lead – BLS - 30
- Team Lead – ALS - 20

The aforementioned numbers are minimum quantities acceptable by the program for successful demonstration of competency.
Role and Expectations of the Preceptor
Defining the Preceptor

- The preceptor is
  - a teacher.
  - an instructor.
  - an identified experienced practitioner who provides transitional role support and learning experiences.
  - a mentor.
An *Effective* Preceptor is

- self motivated.
- goal oriented.
- able to lead.
- honest.
- a confidant for the student.
- willing to give feedback to the student and the program.
The Preceptor as a Mentor

- As preceptors, you are there to guide the student through your experiences.
- Mentoring is understanding people and finding a way to relate material to them.
- Mentoring is leading by example, observing carefully, and communicating effectively.
Expectations of the Preceptor

- Enthusiastic about instructing students
- Positive role model
- Concern for professional growth
- To have strong leadership capabilities
- To be a fair and honest evaluator
- Clinical competence
An *Ineffective* Preceptor

- is lazy.
- is rude.
- is condescending.
- is inconsistent.
- is burned out.
- is intimidating.
- is a poor communicator.
- criticizes negatively.
- is a complainer.
- is an unfair evaluator.
- shows favoritism.
- has a bad attitude.
- is incompetent.
- is NOT desirable.
Educational Pedagogy

- Students will be evaluated in three areas:
  1. Cognitive domain (knowledge)
  2. Psychomotor domain (skills)
  3. Affective domain (attitude)
- How would you rate?
The adult student learner wants you to...

- model the expected behavior: talk the talk and walk the walk.
- have and maintain a positive attitude.
- provide an environment of support, acceptance and teamwork.
- share your thoughts tactfully on how they are doing in your clinical area.
- motivate and inspire them for success in the EMS profession.
Motivation is essential for success!
What motivates you?
BE a motivator!

I WANT TO INSPIRE PEOPLE.
I WANT SOMEONE TO LOOK AT ME AND SAY “BECAUSE OF YOU I Didn’T GIVE UP.”
Roles and Expectations of the Student
Expectations of the Student

All students in all SCC EMS programs should
• be punctual and even arrive early for their shift.
• arrive in a full and proper uniform and maintain a professional appearance at all times.
• be courteous.
• maintain a positive attitude.
• be willing to learn.
• be open to new ideas.
• accept instruction and criticism.
• use downtime properly and wisely.
Uniform Policy

Required Uniform

Student Patch
Protecting the Public is Required

- ANY patient may *refuse* to be treated by a *student* at any time!

- Accreditation requires a student to be identified as such at all times
  - Outerwear, if worn, must have the SCC Student emblem plainly visible just as it is on the uniform shirt
  - Outerwear is an *addition to* the uniform, not a *replacement* for the uniform shirt.
Uniform Requirements - Internship

• Navy blue uniform shirt with department patch sewn on left shoulder 1” below seam
  • T-shirts worn beneath the uniform shirt must be navy blue
  • No long sleeve shirts may be worn under the uniform shirt
  • Sleeves of any shirt worn beneath the uniform polo shirt must not extend below the sleeves of the uniform shirt
  • T-shirts with visible writing or pictures showing through the uniform shirt are prohibited
• Only the top button of the uniform shirt shall be unbuttoned
• Uniform shirts shall be tucked in at all times
Uniform Requirements - Internship

- Navy blue EMS or BDU-type trousers
- Black or navy blue socks
- Black belt with subdued buckle; no metal tips, no engraving
- Black footwear
  - (Steel toed, steel-shanked, non-porous boots (leather or vinyl), recommended per OSHA 29 CFR 1910.120 guidelines)
- Outerwear is approved only as follows:
  - Navy blue wind shirt (with SCC emblem; available at Harrison’s Workwear)
  - Navy fleece job shirt (with SCC emblem; available at Harrison’s Workwear)
  - Navy blue watch cap; solid, no emblems
  - Baseball caps and other headwear are prohibited
Other Required Equipment

- Picture ID provided by Spartanburg Community College
  - The picture ID MUST be worn at all internship & clinical sites
    (along with the appropriate hospital issued ID when participating in hospital clinical)
- Stethoscope
- Wristwatch with second hand
- Ball point pen with black or blue ink (no felt tip pens)
- If a student arrives to clinical or internship missing ANY of the above, send them home immediately to retrieve it. No exception!
Uniform Requirements - Clinical

- Same as “Uniform Requirements – Internship”
Special Notes

- Uniforms are to be worn *only* for scheduled class, clinical, or internship.
- Ball caps of any type are not part of the uniform and are not permitted.
- Headwear of *any* kind is not permitted to be worn inside a building and applies to all students.
- Sunglasses are not permitted to be worn inside a building.
- Students must remember that at any time they are in school uniform they represent themselves, their class, SCC and their profession and should act accordingly, including maintaining a neat and professional appearance at all times.
Uniform Violations

- If a student arrives to clinical or internship and is not in, or does not have a full and proper uniform, **send them home** immediately to remedy the omission(s). No exception!
- The student may return to clinical or internship that day when he/she is able to be in proper attire as outlined herein
- Time missed from clinical or internship as a result of a uniform violation will be counted as time missed or tardiness as outlined in the attendance policy

*Please direct further questions to the Clinical Coordinator or Program Director*
General Guidelines/Personal Appearance

- Hair should be neat and clean; long hair should be pulled back and bound as necessary
- Hair styles will be conservative and color will appear natural
  - No extreme hairstyles are permitted. Decisions about questionable hairstyles will be left to the discretion of the department faculty
- Facial hair must be conservative and in compliance with OSHA guidelines
- Personal hygiene is strongly emphasized, especially after meals and tobacco use
  - Students **must** be clean, use good oral hygiene, and be free of body odor
  - Teeth or dentures must be cleaned or brushed daily
General Guidelines/Personal Appearance

- Makeup application will be conservative and must be applied in a way that is considered “professional” by the EMS department faculty
- A wedding band or engagement ring may be worn; other rings are prohibited
- Bracelets are prohibited
- Females may wear one conservative earring per ear (no large or dangling earrings (OSHA guidelines)
- Males may not wear earrings
- Facial jewelry of any kind is prohibited; this includes nose and tongue piercings
General Guidelines/Personal Appearance

- Tattoos shall not be visible and must remain covered
  - Tattoo cover-up sleeves are not to be worn
  - Arm tattoos will necessitate the student wear a long-sleeved uniform shirt that must remain buttoned at the wrist during the shift.

- Fingernails are to be manicured close to the fingertips and kept clean. Nail polish is prohibited in clinical and internship settings
- False fingernails are not allowed (OSHA infection control policies)
- Perfumes and aftershave lotions must not be an extremely heavy noticeable scent. Excessive perfume/cologne is not allowed
Cell Phones

- Cell phone use is prohibited except while on breaks.
- Cell phones are NOT to be used in public view.
- Cell phones are strictly prohibited under any circumstances in any patient care area.
- If a student has a cell phone out during a shift, send him/her home, and:
  - **Document** the infraction on their paperwork
  - **Notify** the Program Director via telephone or email
Behavior

- The EMS student is expected to conduct themselves in a socially acceptable manner at all times.
- When addressing classmates, instructors, preceptors and coworkers in the clinical area or classroom, it is expected that an appropriate title will be used and all are to be treated with respect.
- Smoking and other forms of tobacco are strongly discouraged while in uniform.
- Any display of ill temper on the part of an EMT student is inexcusable even under trying conditions or situations.
  - The student must remain in control of his or her emotions.
  - The quality and tone of the voice should be quiet, pleasant and assuring.
- Use of profane or obscene language is prohibited in the classroom, clinical or internship areas or the student may be removed from the setting and an absence may be assessed to their attendance record.
Disciplinary Actions

- In the event that a student acts inappropriately or unprofessionally, the preceptor has the right to send the student home

- Things to try before carrying out this option
  - Try to resolve conflict with student
  - Involve the on-duty supervisor and SCC Clinical Coordinator
  - If SCC Clinical Coordinator is not immediately available, contact the Program Director at (864)-592-4277 or via cell phone (864)-423-3215 or email (Parisd@sccsc.edu).

- Factually and objectively document the incident and notify the SCC Clinical Coordinator or Program Director immediately!
Contact Information

- **Program Director**
  - Douglas A. Paris, M.Ed., NRP
    - Email – Parisd@sccsc.edu
    - Office – 864/592-4277
    - Cellular – 864/423-3215
    - Should I be unable to answer immediately, *please* leave a voice message; I *will* return your call!

- **Clinical Coordinator**
  - Vacant
Students as Adult Learners
Adult Learners

- are goal oriented.
- are self motivated.
- brings vast knowledge through life experiences.
- *need* skills and material taught to them to be *relevant*.
- usually take longer to learn material, but once learned it is retained
Students bring baggage to school in many forms...

- Fear of inadequacies and failure
- Work and family and schedule conflicts
- Child care
- Transportation
- Time management and finances
- Lack of motivation
- Poor attitude
Teaching Principles & Tools for Adult Learners

- Get to know the student and their needs.
- Use your experience and theirs.
- Tie theory to practice, i.e., classroom to field application.
- Provide a positive learning environment.
- Provide positive feedback AND negative feedback if and when deserved.
- Provide improvement suggestions.
- Assist the student in finding resources to look up answers but don’t spoon feed them!!
You were new once too...remember where you came from.

It took a long time for you to get from being a student... ...to the clinician you are today.

Always remember!
You are very important to the educational process. Remember, however, there is more than one way to skin a cat if cat skinning is what’s needed!
Programmatic Evaluation Instruments

Forms you will see and be asked to sign
It is the STUDENT’S responsibility to provide the preceptor with the necessary paperwork. It is the STUDENT’S responsibility to have the proper paperwork for each clinical, field experience, and field internship shift. Paperwork not procured from the Book Inn is conveniently kept organized in trays outside the Program Director’s office. **Copied forms are not permitted!**

All paperwork should then be contained within the *Paramedic Clinical/Internship Manual* that the student should have in his/her possession each shift.

All required paperwork that the student will need to have signed by the preceptor is covered herein.
Paramedic Clinical / Internship Manual

- The “Lifeline” of the student
  - Student should have this with them *each shift*
- Validates skills competency *and* hours completed
- Serves as an evaluation tool, communication tool, remediation tool, documentation tool
- Legal document for the course
  - Kept in long-term records and always subject to audit by SCC, SACSCOC, NREMT, SC DHEC, CoAEMSP, CAAHEP
Students must have the following completed/signed for each shift:

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Time Log</td>
<td>• Time Log</td>
</tr>
<tr>
<td>• Student Evaluation</td>
<td>• Student Evaluation</td>
</tr>
<tr>
<td>• 1 for every 7 patients</td>
<td>• 1 for every 7 patients</td>
</tr>
<tr>
<td>• Clinical Patient Log</td>
<td>• Patient Care Report</td>
</tr>
<tr>
<td>• 1 for every 6 patients</td>
<td>• 1 for every patient he/she documents skills</td>
</tr>
<tr>
<td>• Master Skills Summary</td>
<td>• Master Skills Summary</td>
</tr>
<tr>
<td>• Preceptor Evaluation</td>
<td>• Preceptor Evaluation</td>
</tr>
</tbody>
</table>

Other forms completed will remain in their Clinical/Internship manuals.
Clinical/Internship Time Logs

- Time logs track a student’s attendance by semester
  - This is the student’s official attendance record!!
- The preceptor needs to sign for each shift
  - Accurately document all hours attended (and only the hours attended) for that shift
## Time Logs

### Clinical Time Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Time</th>
<th>Preceptor's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Preceptor Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Internship Time Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Time</th>
<th>Preceptor's Signature</th>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Preceptor Comments</th>
</tr>
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<tbody>
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<td></td>
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</tbody>
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65
Evaluation Tools

- Daily *Student Evaluations* are utilized to ensure that the student is
  - on time.
  - professional in attitude and appearance.
  - making progress with skills and material learned.
  - receptive to new ideas.
- Please take time to give a fair and honest evaluation!
  - Avoid “pencil-whipping”
Student Evaluations

- Students will be evaluated by their preceptor in several areas.
- The areas in which a student will be evaluated will differ with each class.
  - Clinical courses: EMS 151, EMS 231, EMS 241
  - Field Internship courses: EMS 232, EMS 242, EMS 272
- The criteria on which a student is evaluated in a class is based on Student Learning Outcomes established by the program in congruence with the National EMS Education Standards.
## Sample Student Evaluation (front)

**DIRECTIONS:** Each contact must be rated by the student **FIRST**, and rated by the preceptor **SECOND**. Mark student ratings in the row marked “S” and preceptor’s ratings in the row marked “P.” Comment on any discrepancies on back. Preceptors complete shaded sections.

**RATINGS:** NA = Not applicable; 1 = Careless or dangerous, unprofessional or uninterested; 2 = Needs significant prompting, guidance, or more training; 3 = Tentative - performs okay with guidance, help; 4 = Confident, only requires minimal prompting or guidance; 5 = Performs confidently, needs no prompting or guidance; 6 = Outstanding - can rival the most experienced providers.

### Clinical Objectives

<table>
<thead>
<tr>
<th>Clinical Objectives</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
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<tbody>
<tr>
<td>ALS</td>
<td>S</td>
<td>P</td>
<td>S</td>
<td>P</td>
<td>S</td>
<td>P</td>
<td>S</td>
<td>P</td>
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<tr>
<td>BLS</td>
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</tbody>
</table>

### ALTERED STATES

**Student Name:**

**Date:**

**Clinical Site:**

**Page _____ of _____**

**Student Contact:**

**Time In:**

**Time Out:**

**Preceptor:**

**Internship Service & Unit:**

---

**Preceptor initials each patient contact grade individually.**

**Students should evaluate themselves FIRST!**

**THEN the preceptor will evaluate them.**

**Use grading scale on back of this form for the final shift performance grade here!**
Sample Student Evaluation
(back)

Clinical Objectives:

1. Safe Practice: Integrates basic principles to ensure safe patient, public, and personnel safety.
2. History & Physical Exam: Demonstrates completion of a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient.
3. Assessment: Relates assessment findings to underlying pathological and physiological changes in the patient’s condition.
5. Interventions: Performs the basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient.
6. Airway Management: Demonstrates safe and effective performance of airway management.
7. Venipuncture / Blood Samples: Demonstrates safe and effective performance of venipuncture to include intravenous access, blood draws, and finger sticks.
10. Team Membership: Provides basic and advanced emergency are as a team member in a controlled clinical environment with more experienced personnel in the lead role.
11. Professional Behavior: Expresses attributes of exemplary professional behavior including, but not limited to, integrity, empathy, self-motivation, appearance/manner, time management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.

Team Leadership Objective: The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the evaluation), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, including determining patient acuity, disposition and packaging/moving the patient if applicable. Minimal to no prompting was needed by the preceptor. No action was initiated or served by the patient, bystanders, other responders or crew. (Preceptors should not agree to a “successful” rating unless it is truly deserved. As a general rule, more unsuccessful attempts at all.)

RATINGS: Yes = (100 points) Outstanding – can rival the most experienced providers – a rarity as a student – may, on rare occasion, out-perform preceptor or preceptor’s ALS partner
2 = (73 points) Needs significant prompting, guidance, or more training – marginal – inconsistent, not yet competent; this includes ANY partial attempts.
3 = (80 points) Performs confidently, needs no prompting or guidance – consistent and nearly, but not fully competent; this includes ANY partial attempts.
4 = (87 points) Confident, only requires minimal prompting or guidance – consistent and nearly, but not fully competent; this includes ANY partial attempts.
5 = (94 points) Performs confidently, needs no prompting or guidance – successful/competent, needing absolutely no prompting.
6 = (100 points) Outstanding – can rival the most experienced providers – a rarity as a student – may, on rare occasion, out-perform preceptor or preceptor’s ALS partner

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

Use this grading scale to evaluate performance for the entire shift. If the student earns a 1 or 2 or 3, then record it!

Preceptor fills out all gray areas

Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Student reported □ on time, □ well-groomed, □ in uniform and prepared to begin the shift  □ Yes □ No

Behavior was professional: □ Accepts feedback openly □ Self-motivated □ Efficient □ Flexible □ Careful □ Confident □ No feedback needed □ □ Yes □ No

Student asked relevant questions and participated in learning answers, used downtime to its highest potential. □ Yes □ No

Preceptor would appreciate □ a phone call or □ an email from the instructor (please provide contact info). □ Yes □ No

Student left site early (did not complete shift). □ Yes □ No

Student helps clean up and restock unprompted. □ Yes □ No

I agree to the above ratings:

PRECEPTOR SIGNATURE:
Clinical Patient Assessment Log

- A student must fill out a short synapsis of every patient contact in clinical on which he/she performs and assessment or a skill
- NOT required for Field Experience or Internship
- Preceptors are not required to sign this form
Patient Care Reports (PCRs)

- This is an opportunity for the preceptors to score students on performance on an *individual* call
  - This evaluation area is on the back of the report and the grades are for *this* specific call only (see following page)
- This also gives the preceptor an opportunity to oversee a student’s ability to document a call accurately and effectively
  - PCR grading will be completed by the SCC Clinical Coordinator or Program Director
- Preceptors sign PCRs on the back at the bottom
  - It is the STUDENT’S responsibility to ensure this form is signed
Preceptor grades individual skills here and signs at the bottom. Don’t sign incomplete reports!!
Evaluating/Grading Students

- Please give your student the most appropriate grade from an objective standpoint
  - Give them the grade that they earned; effort counts but grades are representative of actual performance, not effort
- Grades should reflect the students progression
- If a complaint is made that a student is not progressing, we will look at how they have been graded
  - If the student is continuously graded at the top end of the scale, there is little that the training institution can do to hold that student back
  - Grades must accurately reflect the students ability
- This evaluation is for the overall performance for the entire shift (see following page)
Tracking Competencies

- Student’s competencies are manually tracked utilizing a variety of *Skills Competency Logs* within their *Paramedic Clinical/Internship Manual*

- Also used is a daily *Paramedic Clinical / Internship Skills Summary*
  - The student will complete one *Skills Summary* for each Clinical, Field Experience, or Field Internship shift

- Electronic skills tracking is being explored
The preceptor should initial a skills log for each skill the student successfully completes. **Unsuccessful attempts do not count!**
The student completes the top and keeps tally of all skills (front) and patient contacts (back).
Skills Summary Sheet

<table>
<thead>
<tr>
<th>HYPOGLYCEMIA</th>
<th>SEPSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DKA/HHS (2)</td>
<td>(2)</td>
</tr>
<tr>
<td>ATT. SUCC.</td>
<td>ATT. SUCC.</td>
</tr>
</tbody>
</table>

Patient assessments by age and by category are all tallied here.

The preceptor must also verify skills **successfully** completed on this form. **Unsuccessful attempts do not count!!**
Clinical & Internship Evaluation Form

- Preceptors will be confidentially evaluated by the student in several areas as well.
- Students are **NOT** required to disclose their evaluations of their preceptor!
Clinical & Internship Evaluation Form

- On the reverse of the Clinical & Internship Evaluation Form, clinical, Field Experience, & Field Internship sites will be confidentially evaluated by the student in several areas as well.

- Students are **NOT** required to disclose these evaluations to their preceptor either!
Sensitive Communication

• PLEASE NOTE:
  • If you have ANY comments that you are not comfortable recording in the manual for the student to see or, if you have information that you need to communicate to a faculty member in an urgent manner, *please feel free to call or email us!*
Social Media
Social Media

- Includes, but is not limited to: Facebook, Twitter, Yahoo, YouTube, blogs, MySpace, Wikipedia, college electronic communication system and texting
- Student or faculty communication that may come under scrutiny can occur internal and external to Spartanburg Community College or its associated websites
About being “friends”...

- Social media relationships between persons in inherently unequal positions to include, but not limited to: administrators, supervisors, faculty, staff or students that interfere with the learning or work environment are discouraged.

- Such relationships may lead to claims of sexual harassment, uncomfortable working relationships, morale problems, complaints of favoritism, questions regarding academic achievement, and the appearance of impropriety.
Social Media in EMS Classes

• Internet posting or other forms of communication must not contain any confidential information.

• Internet posting or other forms of communication must not contain any confidential information related to students, faculty, clinical or field internship preceptors, or other employees of a clinical or internship facility.

• Any acknowledgement of your affiliation with a Spartanburg Community College Paramedic Program on any social media should reflect a professional persona.

• Posting any form of electronic or digital media of a faculty course lecture or lab activity without prior written authorization of the Program Director is prohibited.
Violation of Social Media Policy

- A detailed policy is forthcoming from the College
- Future disregard for the policy may result in disciplinary action including but not limited to dismissal from the Paramedic Program
Student Injury or Exposure
Student Injury &/or Exposure

- If the student becomes injured or exposed to toxic or harmful substance
  - Clean the affected area as needed and appropriate
  - Seek immediate treatment if needed
  - Contact on-duty supervisor
  - Contact CompEndium
    - Refer to the only red page – “Injury Protocol” – in the Paramedic Clinical/Internship Manual - at the back of the Administrative section

CompEndium 877/709-2667
(Workman’s Compensation Program)

- Also contact the SCC Clinical Coordinator or Program Director ASAP
Document Completion of Training

Please follow the link on the next slide to document completion of this Preceptor Orientation/Training.
Documentation of Orientation/Training

The Committee on Accreditation of Educational Programs for EMS Professions (CoAEMSP), requires that all preceptors provide documentation of having completed preceptor training. Please verify completion of training through the link below:

https://www.surveymonkey.com/r/PrecptTrng
Closing Words…

Thank you for your participation! I hope you found this information helpful. Please feel free to contact me with questions, ideas or feedback you may have. Your dedication and involvement as a preceptor is what helps make our program a success.

Detailed information about Paramedic clinical, field experience, or field internship rotations in Spartanburg Community College’s Paramedic Program may be found in the Clinical & Internship Manual every student must have with them.

Feel free to contact me with anything that you feel was overlooked in this presentation, any changes you may feel are necessary, or any suggestions.

Contact me at 864/592-4277 (Office 345 at the SCC downtown Evans Campus) or 864-423-3215 (cell) or by email at ParisD@sccsc.edu.

Doug Paris