To the prospective Paramedic Preceptors of Motlow State Community College,

I want to start off by saying thank you for accepting the responsibility to help educate the next generation of EMS professionals. While this will be a long process, I feel that it will be very beneficial to you as well. The process of precepting a Paramedic Intern is a very important one. This will be the start of the rest of their career and the experience they have will be a direct reflection of how they perform throughout their career. I ask that you review the following paperwork to better understand how to precept your intern.

Steps of completing paperwork:

- Fill out the “Paramedic Preceptor Application,” attach all necessary documentation, and send it back to my office. Once approved, you will be contacted by phone and/or email.
- Review the hard-copy of the “Paramedic Preceptor – Roles & Responsibilities” manual and become very familiar with it. You are expected to have read the document in its entirety prior to your first shift with your student. Please allow time to contact our office for any questions you may have before rotations begin. (It would not be a good idea to bypass a full-reading of this document.)
- Review the copy of “Paramedic Standards for Student Conduct” and review this document with your intern on your first day together.
- Review the “Instructions for Documentation” file. This will help you in the remainder of the process.
- Review the “Preceptor Agreement,” sign it and scan it and e-mail it to me dhooker@mscc.edu

We have great expectations for our program as well as the continued success of our students. Please feel free to contact any of our staff here at Motlow to answer any question you may have.

Thanks!

Drew Hooker B.S, EMT-P
EMS Program Director
Motlow State Community College
1802 Winchester Highway
P.O. Box 618
Fayetteville, TN 37334

Office: 1-800-654-4877 Ext. 3042
Fax: 931-393-1879
Email:dhooker@mscc.edu
By signing your name below, you are confirming that you have read and understand the conditions and the requirements of a Paramedic Preceptor for Motlow State Community College as outlined in the following documents:

- Paramedic Preceptor: Roles and Responsibilities
- Paramedic Field Internship Instructions
- Paramedic Standards for Student Conduct

If I have any problems pertaining to the Student, you agree to immediately contact the department of EMS education at 931-438-0028 ext. 3042 for clear direction.

__________________________________________
Print Name of Preceptor

_______________________________  _________________________
Preceptor Signature                  Date of Training

Drew Hooker, Director

__________________________________________
Date
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PRECEPTOR ROLES AND RESPONSIBILITIES

Although EMS students receive extensive classroom and hospital clinical instruction, they are taught how their profession works on the streets. Guidance during the early stages of their careers by experienced paramedic preceptors is key to producing quality EMS professionals.

The role of the paramedic preceptor is to:

1. Orient the student to pre-hospital policies, procedures, and equipment specific to your service.

2. Review with each student the knowledge, skills, and personal behaviors/attitudes required of an *entry-level practitioner* as defined by the Field Internship Objectives and the Ambulance Ride Evaluation Form.

3. Ensure the student in obtains the experiences necessary to acquire the knowledge, skills, and personal behaviors/attitudes required of an *entry-level practitioner*.

4. Use the Field Internship objectives to guide the student through a structured sequence of experiences which begins with the student *functioning primarily as an observer, progresses to participation as a team member, and ends with the student acting as a team leader and directing the management of calls*.

5. Based on the student’s clinical experience and skill, provide supervision which is adequate and appropriate to assuring effective and efficient learning.

6. Provide the student with feedback and evaluation regarding his/her clinical performance related to the objectives for an *entry-level practitioner*.

7. Provide objective written and oral evaluations to the EMS Program, documenting the student's progress toward mastery of the Field Internship Objectives and attainment of *entry-level competency*.

8. Attest to the student's attainment of entry-level competency through completion of the Preceptor's *Statement of Entry-Level Competency*.

9. Advise the EMS Program immediately of any significant problems with student knowledge, skills, or personal behaviors/attitudes *that require immediate intervention*.

10. Work with the EMS Program faculty in remediation of problems with student performance.

11. Work with the EMS Program in the on-going evaluation and improvement of the Program's curricula and instructional methodologies.

12. Communicate openly, effectively, and objectively with the EMS program faculty on a routine basis throughout the field internship.
PRECEPTOR REQUIREMENTS AND QUALIFICATIONS


2. Current medical control authorization by the Medical Director.

3. Minimum of **FIVE YEARS** of field experience and **TWO YEARS** of paramedic experience, unless waived by the Director/Paramedic Coordinator.

4. Demonstrated training in educational methodology and techniques as evidenced by **three** or more of the following:
   a. Current certification as a Tennessee Department of Health, EMS Division, EMS Instructor/Examiner or EMS Instructor/Coordinator.
   b. Current certification by the American Heart Association as an Advanced Cardiac Life Support or ACLS EP (Provider or Instructor) or Basic Life Support Instructor, Instructor-Trainer, or Regional Faculty. (ACLS)
   c. Current certification by the American Heart Association as a Pediatric Advanced Life Support or equivalent (Provider or Instructor). (PALS)
   d. Current certification of International Trauma Life Support (ITLS) or Pre-Hospital Trauma Life Support (PHTLS) at the provider or instructor level.
   e. Documentation of instruction in adult education methodology through completion of courses or recognized programs in adult education such as those offered by Motlow State Community College and/or the Tennessee Department of Health, EMS Division.
   f. Other evidence of knowledge and skill in effective instructional delivery acceptable to the EMS Program Director, the Medical Director, and the Motlow State Community College EMS Program’s Preceptor Training and Education Committee.

5. Completion of an orientation to EMS Program field internship program policies and procedures to include:
   a. Preceptor roles, responsibilities, and requirements
   b. Internship philosophy (opportunity intensive and competency based approach)
   c. Internship Objectives and Minimum Requirements
   d. Required documentation
   
   *Field Internship Objectives*
   
   Preceptor’s Statement of Entry-Level Competency

   e. Clinical Teaching Techniques, including procedures for dealing with unsatisfactory progress.
PRECEPTOR APPLICATION APPROVAL

AND RE-EVALUATION

1. Individuals wishing to serve as preceptors will submit an application to the EMS Program on a form provided by the Program.

2. Applicants will be evaluated and approved by the MSCC Faculty and Paramedic Coordinator. Criteria used for evaluation of applicant may include, but are not limited to:
   a. Review of the content and process of the EMT and Paramedic courses attended by the applicant.
   b. Review of the applicant’s teaching credentials and experience.
   c. Review of the applicant's field experience including comments from supervisors.

3. Following initial approval, preceptors will be on probation status for a period of one year. At the end of the one year probationary period, the probationary preceptor will be evaluated by the EMS Program using the following criteria:
   a. Student comments and evaluations.
   b. Completeness of required student documentation.
   c. Comments received from other preceptors with whom the probation preceptor works.
   d. Demonstration of commitment to maintaining the quality and effectiveness of the preceptorship program.
   e. Maintenance of clinical proficiency as determined by evaluators conducted by the preceptor's supervisors and medical director.

4. Preceptors who complete probationary status will be extended formal appointments as Paramedic Preceptors in the Motlow State Community College EMS Education Program.

5. Continued status as a preceptor is subject to re-evaluation by the Paramedic Coordinator on an annual basis, using the same criteria used for evaluation of probationary preceptors.
GENERAL GUIDELINES AND INSTRUCTIONS

Thank you for agreeing to precept students during their field internship. Field internship preceptors are vital to the development of competent EMS personnel. Although students come to their field internship experience with extensive classroom and in-hospital clinical preparation, it is their experiences on the ambulance during field internship which makes them competent entry-level practitioners. As a preceptor during field internship, you will have a greater impact on the student's effectiveness as a future colleague than anyone else the student works with during his/her education.

The following general guidelines are provided to assist you in precepting EMS students. If you ever have any questions or concerns, please contact Paramedic Coordinator at 931.438.0028.

1. Students are assigned for internship to a specific preceptor. The student "belongs" to the preceptor to which they are assigned.

2. The student will move with the preceptor to the new station or shifts if reassigned during the field internship component of their training.

3. If the student's preceptor is absent during a particular period during the student's internship the student may be reassigned to an alternate preceptor per EMS education department approval.

4. ANY EMT-PARAMEDIC WHO HAS COMPLETED FIELD TRAINING AND WHO HOLDS MEDICAL CONTROL AUTHORIZATION FROM THE MEDICAL DIRECTOR MAY SUPERVISE A STUDENT AND RELEGATE PATIENT CARE TASKS. STUDENTS ARE PERMITTED TO PERFORM PATIENT CARE EVEN THOUGH THE PRECEPTOR HAPPENS TO BE DRIVING RATHER THAN PERFORMING PATIENT CARE. THE PARAMEDIC SUPERVISING THE STUDENT SHOULD REPORT ON THE STUDENT'S PERFORMANCE TO THE PRECEPTOR FOLLOWING THE CALL.

5. Students may sign up for clinical rotations between 0700 and 2300 hours any day of the week. At anytime an advanced student may remain on the units beyond 2300 hours if the unit is continuing a dispatched call. Students ARE NOT permitted to sleep AT THE STATION. Note: All hours allowed in clinical facilities are subject to the policies and procedures of that facility.

6. If a student signed up for a field internship shift fails to appear as scheduled, please report their absence to Paramedic Coordinator at 931.438.0028 as SOON as possible. Students who fail to show up for scheduled field internship time are subject to disciplinary action and expulsion from the program.

7. Be sure the student meets the Clinical Dress Code. Students not meeting the Clinical Dress Code should be sent home immediately and should be reported. (See Clinical Dress Code.)

8. During the student's first shift, provide the student with an orientation to the unit, including:
   a) Chain of command. This can prevent embarrassing incidents.
   b) Station arrangement, routine, and duties.
   c) Locations of equipment or supplies which the student may be asked to get. The student should inventory the truck each shift to remain familiar with equipment locations.
   d) Use of equipment such as the EKG Monitor/defibrillator and the radio systems.
   e) Special policies, procedures, or regulations, especially those which will affect the student's activities. Examples would include:
      1. Procedures for responding to calls, including procedures for use of seat belts in the ambulance and for unrestrained movement in the patient compartment when delivering patient care.
2. Infection control/personal protective equipment procedures
3. No transport/refusal of treatment procedures
4. Patient dead on scene procedures
5. Requesting additional units or supervisors
6. Treatment of minors
7. Treatment of coma victims, including sexual assault victims
8. Requesting assistance from and interacting with the police or fire departments
9. Routine paperwork
10. Radio procedures
11. Transfer of care at hospital procedures
12. Audit cleaning / restocking Raced
13. Students MUST be encouraged to study the protocols since they will be expected to direct calls near the end of the internship and will need to understand the use of the protocols.
14. Emergency procedures and responsibilities. In particular, if you and your partner have any special "reaction drills" worked out for potentially hazardous situations, let the student know what to expect

9. Review the objectives for the rotation with the student. If either of you is unsure about what is expected or permitted, please contact the EMS Program at 931.625.1690.

10. The Field Internship Objectives provide a general outline to follow in taking the student from initial status as a "green" observer, through assisting you as a team member, to finally functioning as a team leader. Although the objectives are grouped into phased blocks, based on progress that an "average" student would be expected to make, some students may move through the objectives faster while some may take longer. As long as the student is making progress, he/she should be reassured that the important factor is mastery of the objectives, not how long it takes.

11. During your shifts with the student, try to:
   a. REVIEW the history, diagnosis, complications, and treatment of each parent you see.
   b. OFFER case-specific comments which help correlate the student’s didactic knowledge with patient assessment and management in the field setting.
   c. PROVIDE opportunities for the student to perform assessments or procedures. As the student progresses through the internship objectives, he/she should assume responsibility for an increasing portion of the patient's care. However, the paramedic responsible for patient care should always retain final decision making authority for patient care. The supervising paramedic should always concur with any invasive procedure before the student performs it, especially actions indicated under the portions of treatment protocols.
   d. PROMOTE problem-solving skills by asking the student questions. Ask the student why he/she chose a particular course of action.
   e. ANALYZE patient problems to give the student an opportunity to see how practicing professionals and reason.
   f. PRESENT the student with a brief critique following each ambulance run that he/she makes with you.

12. Supervise the student when he or she is performing activities on the ambulance. The preceptor should critically review the student's technique and recommend changes where appropriate.

13. Students will ride as a third person at all times and will always be under supervision when providing patient care. Students who are employees of agencies providing field internship sites may not count "on duty" or "field training" time toward satisfying EMS Program requirements. Students who are employees of agencies providing field internship sites must be evaluated objectively and without partiality.
14. Assist and evaluate the student until she or he meets the clinical internship objectives and performs as an entry-level practitioner. The MSCC EMS program is competency-based. This means that the student is finished when he or she demonstrates the knowledge, skills, and personal behaviors and attitudes needed to function as an entry-level practitioner. Competency is not defined by time spent on the unit or number or calls run. It is defined by observed, documented mastery of the internship objectives. However, all students will be required to complete 241-288 hours to complete the field internship. Students who fail to prove competency after 241-288 hours will be required to schedule additional hours above the 241-288 hour minimum.

15. At the completion of each shift, the student will ask you to review their performance critique. Give the student feedback in each of the categories listed on the sheet by comparing his/her performance to the performance defined in the Field Internship Objectives. Also tell the student which phase he/she is performing in for each category in the Objectives, and provide an overall evaluation of the student’s progress from novice to entry-level practitioner. The preceptor should record this information on the sheet and return it to the student for review and signature. THIS FORM MUST BE COMPLETED AND RETURNED FOR THE STUDENT TO RECEIVE CREDIT FOR THE ROTATION. IF THE FORM IS NOT COMPLETED, THE STUDENT WILL BE REQUIRED TO REPEAT THE ROTATION.

16. An attempt has been made to make all forms as self-explanatory and the definitions of performance as simple and clear as possible. If you are unsure about how to evaluate a student, please call the EMS Education Office.

17. Your narrative comments are very important, especially if the student is not performing to standard or is not making progress. If you would prefer to discuss your observations with an EMS Program faculty member, please contact the Paramedic Coordinator.

18. The student must document EVERY run in the internet-based data collection service named, FISDAP. Documentation of all runs is important in assessing the quantity and quality of patient contacts during field internship. As a teaching exercise, the student should be required to complete his/her run form before comparing it to the form completed by the EMS personnel. DO NOT ALLOW THE STUDENT TO SIMPLY COPY YOUR REPORT. STRESS TO THE STUDENT THAT PATIENT NAMES ARE NOT TO APPEAR IN HIS/HER RUN REPORTS. THIS CONSTITUTES A VIOLATION OF CONFIDENTIALITY.

19. Preceptors will be given access to review the data entry of their assigned student through FISDAP. All patient care data will be reviewed by EMS Education faculty, but should be monitored by the assigned preceptor.

20. To successfully complete field internship, the student must:
   a. Satisfy all of the internship objectives.
   b. Obtain a Preceptor's Statement of Entry-Level Competency.
   c. Satisfy the minimum requirement of 241-288 hours.

21. The Preceptor's Statement of Entry Level Proficiency should be completed when the student has mastered all objectives; satisfied all of the minimum requirements and consistently demonstrated that he/she possesses the knowledge, skills, and personal behaviors and attitudes necessary to function effectively as an entry-level practitioner. The final criteria for judging entry-level competency are:
   a. Willingness of the preceptor to work with the student as his/her partner.
   b. Willingness of the preceptor to permit the student to treat a member of his/her family during an emergency.

ONLY PERSONNEL WHO HAVE BEEN FORMALLY APPROVED AS PRECEPTORS BY THE EMS PROGRAM MAY COMPLETE STATEMENTS OF ENTRY-LEVEL PROFICIENCY
22. Although these students are under your supervision, you are not expected to have to discipline them or tolerate any kind of unprofessional behavior. Please call the EMS education office immediately if any kind of problems arises. YOU ARE NOT REQUIRED TO WORK WITH A STUDENT WHO REFUSES TO COOPERATE WITH YOU OR WHO REFUSES TO FOLLOW DIRECTIONS.

TEACHING SUGGESTIONS FOR PRECEPTORS

1. Don’t forget what it was like when YOU first started. Try to make this experience what YOU WOULD HAVE WANTED if you would have had the chance.

2. Establish a relationship with your student early. Ask about his/her goals for learning during field internship. Find out what they consider to be their strengths and weaknesses. (You might want to let them know what your strengths and weaknesses are – you won’t be able to hide them)

3. Preceptors and students should discuss how they can best function together. Look for a way to work together that will be easy for both of you. Remember that the objectives are designed to take the average paramedic student from being an observer, through participating as a team member, to functioning as a team leader. Based on previous experience and innate ability, some students may be ready to progress much faster while others may take longer. THE SPEED AT WHICH THE STUDENT COMPLETES THE OBJECTIVES IS NOT WHAT IS IMPORTANT. WHAT IS IMPORTANT IS THAT THE STUDENT MAKES PROGRESS AND ULTIMATELY ACHIEVES MASTERY.

4. Regardless of how competent a student seems, throwing a student to the wolves by himself on the first run is NOT good teaching technique and WILL NOT be tolerated, even if that is what was done to you.

5. Most of our students have never experienced a competency-based system of education before. Even though the process has been explained to them several times in classroom, many students begin internship with an expectation that when they have “put in their time” they will be signed off. PLEASE STRESS TO THE STUDENTS THAT THEY ARE FINISHED WHEN THEY HAVE DEMONSTRATED ENTRY-LEVEL COMPETENCY. BECAUSE OF A NUMBER OF FACTORS (SOME OF WHICH THEY WILL NOT BE ABLE TO CONTROL), THIS MAY TAKE LONGER THAN THE MINIMUM REQUIRED AMOUNT OF TIME OR RUNS. THIS IS OKAY!!! THE CRITICAL POINT IS THAT WHEN THEY FINISH, THEY ARE A COMPETENT ENTRY-LEVEL PRACTITIONER. IF THEY DO NOT UNDERSTAND THIS CONCEPT, SOME STUDENTS MAY PLACE THEMSELVES UNDER TREMENDOUS PRESSURE WHEN THEIR INTERNSHIP LASTS LONGER THAN THEY THINK IT SHOULD.

6. If you and your partner have worked together for a long time, remember that you may use a large number of established routines and a significant amount of non-verbal communication on calls. When you have a student, you may need to force yourself to start “talking out loud” again.

7. Constructive criticism is very important but NOT in front of the patient or your peers. Don’t tell a student he did something wrong UNLESS you tell him or show him the right way to do it. You should seriously discuss each run. There is something to learn from them all.
8. During calls and during post-run discussions with the student, think “out loud.” Within the realm of what is appropriate conversation in front of the patient, verbalize your thought process for the student so he/she can see how a competent practitioner approaches calls. Point out comments by the patient or observations about the patient or the patient’s surroundings which were important in guiding your decisions. Remember that to a beginner, everything seems to be important and it is easy to get lost in detail. **Part of good clinical teaching is developing the student’s skill in picking out what is important.**

9. As the student progresses, ask him/her to THINK “out loud” so you can evaluate why he/she is proceeding in a particular way. Never assume that just because a student does the right things, he/she necessarily knows **WHY** the action is correct.

10. Reinforce correlations between didactic knowledge and clinical performance. **NEVER** tell a student, “I know they teach you this in the classroom, but this is the way things are in the real world.” You might think that the student will begin to question everything they have learned, when in reality, they will probably begin to question you. If you must do something which is different from practice as dictated by the “book” and a NATIONAL STANDARD, explain to the student afterwards the rationale for your decision and be ready to defend it.

11. Avoid any type of criticism in front of patients and families. If the student is making a mistake, correct it as quietly and appropriately as possible, but do correct it.

12. As the student progresses through the objectives, he/she should take more and more responsibility for each run. It is very hard for us to “sit on our hands” and watch another person do a procedure that we usually did - but that is what teaching is all about.

13. Again, if you and your partner have worked as a team for a long time, there will be a tendency for things to “just happen” on calls. Remind yourselves not to react so quickly to a situation that you do not give the student an opportunity to perform.

14. It is important to remain calm, no matter how inept the student is or how frustrated you become with their efforts. Reinforce by constructive criticism; show them the right way; but never, never yell.

15. If the student is simply **NOT** learning, call the EMS Program at 931.625.1690. It WILL be handled.

16. Try not to say things like, “This is your last chance, kid. If you can’t get the Band-Aid on right this time, you’re history.” Instead, talk to the student about why he insists on putting the Band-Aid on wrong side down and explain **why** that does not work. If he still puts it on wrong, call the EMS Program for help (quickly).

17. If you do not know the answer to a student’s question, **do not make one up.** It’s OK not to know everything. Preceptors are not required to know it all, but they are required to be **honest.**

18. Remember that students, because they lack the fixed patterns of thinking that experts have acquired, can occasionally come up with brilliant solution to unusual problems that may not seem immediately obvious to you. When that happens, a good teacher is gracious and praises the student’s success. **One of the benefits of teaching is that we continue to be challenged by and learn from our students.**

19. **LAST BUT NOT LEAST,** don’t forget that **YOU** will learn things you never knew through this process. These students have been trained not to accept “because I said so” answers. They want to know **WHY!** You will most likely have to “hit the books” yourself to keep up
with their high-level of didactic training. The more you teach – the better YOU will become. The better you become – the better we all become.

**HOW TO EVALUATE FIELD INTERNSHIP STUDENTS**

1. **BE PATIENT!**

2. Become very familiar with the Field Internship Objectives. This document defines the areas in which the students must demonstrate proficiency to complete the internship.

3. Evaluations must be conducted based on the Field Internship Objectives and the EMS Program's Skills Performance Standards. Evaluating by the evaluator's standards rather than a consistent set of standards established by the Program reduces the reliability of the process and the consistency of the Program's final product. **IF YOU HAVE SUGGESTIONS ABOUT CHANGING THE OBJECTIVES OR THE FORMAL CRITIQUE, PLEASE COMMUNICATE THEM TO THE EMS PROGRAM. BUT UNTIL YOUR SUGGESTIONS ARE IMPLEMENTED, PLEASE EVALUATE USING THE EXISTING STANDARDS.**

4. Take the time to become familiar with your student. Ask him about perceived strengths and weaknesses. Unless you work closely with the student, it will be difficult to assess competency.

5. Avoid “Angel” or “Devil” effects regarding students. Since many of the field preceptors also teach or examine during the didactic phase of the course, information about students who stand out for one reason or another frequently reaches the field before the student begins internship. Although it is human nature to prejudge others based on reputation, preceptors must actively avoid making positive or negative assessments of a student based on any data other than those obtained from direct observation of performance in the field.

6. Not only do you need to observe the student's actions or skills, you should ask WHY he did something. Do not assume that just because a procedure or assessment was performed correctly the student understands why he did it.

7. Try to be honest with yourself and your student when you are providing evaluation and feedback. It does not help anyone to tell a student he is doing fine when he is not. Always keep in mind that someday **YOU or a member of your family may be the patient this student works on.**

8. Try to be specific and constructive when you criticize the student. First, reinforce his good points. Then identify and weaknesses. Then tell them exactly what is not to standard and why this is the case. Then follow up by reinforcing his good points again.

9. If a student demonstrates weaknesses in several areas, work on one or two problems at a time. Trying to do too much too fast may cause “paralysis by analysis” in which a student becomes progressively less able to function.

10. When you critique the student's performance at the end of the shift, make suggestions about what he can do before the next shift to improve. EXAMPLES: Review a particular chapter in the textbook. Go to the skills lab to practice a particular procedure.

11. Remember you are evaluating performance in relationship to an established standard. You are NOT evaluating the student as a person. If a serious personality conflicts occurs or if you do not feel you can evaluate a student fairly for any reason, please contact the Paramedic
Coordinator to discuss the problem. If the situation is not easily corrected, the student will be reassigned.

12. An unsatisfactory evaluation of a student will not invariable result in failure to complete the internship. The EMS Program policy for dealing with unsatisfactory evaluations or failure to make progress in included in this handbook for you to refer. The policy is designed to allow “progressive corrective action” for dealing with problems to provide the student with every opportunity to improve.

13. The earlier a problem is identified and communicated the easier and less severe the corrective measures have to be. This is especially true when comments and suggestions accompany the less than satisfactory evaluation. (EXAMPLE: Butch has difficulty starting IV’s, but I feel it is caused by being nervous.) This information probably would not be acted on, but the EMS Program would be looking for follow-up comments.

14. **COMPLETE PAPERWORK WITH NARRATIVE COMMENTS ON THE STUDENT’S PERFORMANCE IS VITAL.** BY LAW, A STUDENT HAS THE RIGHT TO DUE PROCESS REGARDING ANY UNFAVORABLE ACTION WHICH THE PROGRAM TAKES. THIS INCLUDES THE RIGHT TO APPEAL DECISIONS TO THE PROGRAM DIRECTOR. INCOMPLETE DOCUMENTATION IS LIKELY TO RESULT IN ACTION AGAINST A STUDENT BEING OVERTURNED.

15. Preceptor observations and recommendations directly influence whether a student completes the course or not. Because the preceptors see the student perform in a setting which is closer to actual clinical practice than the classroom or in-hospital clinical sites, preceptors provide the best data regarding how the student will eventually function in the field. The EMS Program takes preceptor observations very seriously in determining whether or not a student completes the course. Therefore, you must strive to be as objective as possible.

16. Attempts by students to use political influence or threats of any type or to go outside the chain of command to circumvent the internship requirements or process will NOT be tolerated. THESE ACTIONS BY THE STUDENT WILL RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM. STUDENTS HAVE BEEN ADVISED OF THE APPROPRIATE PROCESS FOR HANDLING GRIEVANCES AND ARE EXPECTED THE ADHERE TO THIS PROCESS AS A DEMONSTRATION OF THEIR COMMITMENT TO PROFESSIONAL BEHAVIOR. THIS INCLUDES DISCUSSING ANY PROBLEMS OR CONCERNS WITH THEIR PRECEPTORS PERSONALLY BEFORE TAKING THE MATTER TO ANYONE ELSE.

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**CLINICAL DRESS CODE**

Students should be dressed in a professional manner while they are doing clinical and ambulance rotations. STUDENTS WHO DO NOT WEAR A MOTLOW STATE CLINICAL UNIFORM SHOULD BE ASKED TO LEAVE THE CLINICAL SITE. REPEATED OR FLAGRANT VIOLATIONS OF THE CLINICAL DRESS CODE MAY RESULT IN DISMISSAL FROM THE PROGRAM.

**REQUIRED ITEMS**

1. Approved “Polo style” shirt with identifying stitching (MSCC)
2. Black Pro Tuff style pants.
3. Photo nametag provided by the Paramedic Program attached on the top-third of the shirt.
4. Dark black boots.
5. Black leather Belt
6. A timepiece with second-hand for timing respirations and pulses.
7. Stethoscope/Penlight

**PROHIBITED ITEMS**
1. Baseball caps
2. Certification or ambulance affiliation patches on shirt or jacket.

CLOTHING WORN DURING CLINICAL AND AMBULANCE ROTATIONS MUST BE CLEAN AND IN GOOD ORDER.

STUDENTS ARE EXPECTED TO PRACTICE GOOD PERSONAL HYGIENE DURING CLINICAL AND AMBULANCE ROTATIONS. FAILURE TO MEET THESE REQUIREMENTS WILL BE CONSIDERED A DRESS CODE VIOLATION.

**ACADEMIC COUNSELING, PROBATION, AND DISMISSAL GUIDELINES**

**FIELD INTERNSHIP PHASE**

1. Failure to demonstrate overall progress or progress in a major component for two consecutive 8 hour blocks.

   **Action**
   a. Hold a conference
   b. Counsel student
   c. Based on student interview and preceptor comments:
      1. Additional guided didactic study
      2. Additional work on skills in either hospital or laboratory
      3. Additional formal evaluation (cognitive or psychomotor)

2. Failure to demonstrate overall progress for three consecutive 8 hour blocks or progress in a major component for four consecutive 8 hour blocks.

   **Action**
   a. Counsel student
   b. Impose probationary status
   c. Based on student interview and preceptor comments:
      1. Additional guided didactic study
      2. Additional work on skills either in hospital or in laboratory
      3. Additional formal evaluation (cognitive or psychomotor)
      4. Assignment to different preceptors
      5. Assignment to different station or shift.

3. Failure to demonstrate overall progress for four consecutive 8 hour blocks or progress in a major component for five consecutive 8 hour blocks:

   **Action**
   a. Dismiss or
   b. Based on review of academic record and recommendation of preceptors, reassign to different station/shift

4. After reassignment, failure to demonstrate progress after one more 8 hour block

   **Action**
a. Dismissal
DISCIPLINARY COUNSELING AND PROBATION

A student may be dismissed if he/she:

1) Misstates or misrepresents a material fact on the application for admission or any other documentation required for admission.
2) Accumulates excessive or unexcused absences or otherwise violates the attendance requirements
3) Fails to complete at least two clinical rotations a month unless previously excused by the program director
4) Violates the standards for conduct during clinical rotations
5) Violates the clinical dress code
6) Uses, is under the influence, is in possession of, or distributes alcohol or illegal drugs while participating in any phase of instruction.
7) Represents himself to be qualified at any level other than his current level of certification by the Tennessee Department Of Health
8) Engages in professional misconduct, including but not limited to:
   - discriminating in the delivery of services based on national origin, race color, creed, religion, sex, age, disability, or economic status.
   - abandonment of a patient
   - violating any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.
   - failing to follow the standard of care in patient management
   - appropriating or possessing without authorization medications, supplies, equipment, or personal items form the EMS Program, any clinical site used by the EMS Program, or any patient or employee of the EMS Program or any clinical site used by the EMS Program
   - materially altering any EMS related certificate or license issued by the Tennessee Department of Health or any other certificate or license issued or required as a condition for admission to or successful completion of any course offered by the EMS Program
9) Obtains or attempts to obtain any benefit to which he is not otherwise entitled by duress, coercion, fraud, or misrepresentation while engaging in activities related to the program
10) Performs advanced life support skills in any setting other than under the direct supervision of personnel at one of the approved clinical sites or under the supervision of an assigned preceptor.
11) Violates general rules, regulations, or policies established by the EMS Program or MSCC.
12) Violates the laws of the State of Tennessee or its political subdivision or rules pertaining to EMS personnel established by the State EMS Board while engaging in activities related the EMS program or under the guise of engaging in activities related to the program.
13) Engages in academic misconduct, as defined by the College's Student Handbook.
14) Attempts to satisfy course requirements or otherwise obtain certification by fraud, forgery, deception, misrepresentation, or subterfuge.
15) Fails to comply with all lawful instruction, orders, or directions given by Program faculty, staff, or instructors; personnel of the hospitals at which clinical rotations are performed; or EMS preceptors or supervisory personnel.
16) Fails to cooperate with or attempts to obstruct any investigation by Program faculty or staff or other MSCC officials into any case of alleged misconduct or violation of the Program or MSCC rules or policies.
17) Fails to conduct themselves in a professional, reasonable, prudent and courteous manner or otherwise engages in activities which reflect poorly upon the EMS Program or MSCC.
18) Violates the provisions of the confidentiality statement.
Students subject to dismissal on disciplinary grounds will be counseled prior to any action being
decided by the Department of EMS Education. In the event of a minor infraction, the student may
receive a verbal or written warning.

Students may be counseled at any time regarding their conduct if, in the judgment of the lead
instructor or program director, the student’s behavior indicates he is at risk of committing a violation
which could result in his dismissal from the course.

A student may be placed on disciplinary probation for any conduct which may lead to dismissal from
the course. The decision to dismiss a student or to impose probation will be based on the seriousness
of the violation and the nature of the student’s previous conduct.

The terms of disciplinary probation may include:
1. A specified probationary period with beginning and ending dates indicated. The length of
   probation will vary according to the seriousness of the violation.
2. An affirmation that program and MSCC policies will be observed during the probationary
   period.
3. Special stipulations in the event there are unique personal problems that need to be
   addressed.

CLINICAL SUSPENSION

A student who demonstrates significant academic deficiencies, adjustment problems, or disciplinary
problems in the clinical area may be suspended from clinical rotations until the problems are resolved.

A student who engages in any conduct in the clinical area or related to clinical rotations, which could
subject him to dismissal from the program, may be suspended from clinical rotations for up to 90 days
for each violation.

A student whose academic performance or behavior during the classroom phase of the course
indicates a probability for significant academic deficiencies, adjustment problems, or disciplinary
problems in the clinical area may be denied the privilege of beginning clinical rotations until the
problems are resolved.

Any clinical rotations missed due to academic or disciplinary suspension must be completed before
the student satisfies course requirements.

PARAMEDIC PROGRAM GOALS AND OBJECTIVES

OBJECTIVE 1:
To prepare students as competent entry-level EMT-Paramedics.

OBJECTIVE 2:
Upon completion of the program all students will demonstrate the ability to comprehend, apply,
analyze, and evaluate information relevant to their role as entry level EMT-Paramedics (Cognitive
Domain).

OBJECTIVE 3:
Upon completion of the program, all students will demonstrate technical proficiency in all skills
necessary to fulfill the role of entry level EMT-Paramedics (Psychomotor Domain).

OBJECTIVE 4:
Upon completion of the program, all students will demonstrate personal behaviors consistent with
professional and employer expectations for the entry level paramedic (Affective Domain).
ENTRY LEVEL COMPETENCIES

The following entry level competencies define the expectations of the MSCC Emergency Medical Services Program for graduates of its EMT-Paramedic course. The competencies describe the abilities and characteristics of an individual who has successfully completed the course and are based on nationally-accepted entry level competencies for practice as an EMT-Paramedic and on the expectations of the communities of interest served by the MSCC EMS Program.

PROFESSIONALISM

1. Demonstrates professional conduct and ethical practice in clinical setting.
   A. Accepts patients as they present themselves, without passing judgment.
   B. Uses discretion regarding statements or behavior in presence of patient, family, significant others, and other members of public.
   C. Refrains from speaking to or about patients, families, colleagues, associates in deprecating, mocking, disrespectful, or malicious manner.
   D. Demonstrates awareness of personal and professional abilities and limitations.
   E. Maintains confidentiality of patient information.
   F. Follows uniform and grooming policies.
   G. Follows clinical and administrative policies and procedures.
   H. Understands and respects administrative chain of command and role of medical control.
   I. Attempts to resolve ethical issues by acting in the best interests of the patient.

2. Assumes responsibility for personal and professional growth and development.
   A. Seeks opportunities to gain new knowledge and apply it appropriately in clinical practice.
   B. Demonstrates positive attitude toward learning.
   C. Assists in evaluation of own performance.
   D. Knows requirements for continuing education and recertification.
   E. Demonstrates awareness of career pathways in emergency medical services.
   F. Understands and participates in quality assurance/improvement process.

3. Recognizes constraints established by law and local medical control and delivers effective, appropriate patient care within those constraints.

4. Demonstrates awareness of value and relevance of research in pre-hospital and inter-facility patient care.

INTERPERSONAL SKILLS AND INTERACTION

1. Demonstrates interpersonal skills necessary to effective performance in pre-hospital and inter-facility settings, such as:
   A. Communicates with others openly and effectively.
   B. Coordinates efforts with those of other agencies and individuals who may be involved in care and transportation of patient.
   C. Builds working relationships with patients, peers, others participating in care and transportation of patient.
   D. Involves others significant to patient.
   E. Instills confidence in patient, family, and bystanders.
   F. Demonstrates awareness of impact on others.
   G. Responds appropriately to patient and significant others sense of crisis.
   H. Accepts direction when appropriate.
   I. Demonstrates ability to function as team member and team leader.
PATIENT CARE

1. Quickly and accurately performs a primary survey; recognizes patients with immediately life-threatening disorders of airway, breathing, or circulation; and initiates immediate life-saving interventions, including rapid extrication and transport, if appropriate.

2. Obtains information rapidly and accurately from observation of the environment; by interviewing others; and by performing a secondary survey including a pertinent history and physical examination, including vital signs, based on the patient’s chief complaint.

3. Possesses sufficient knowledge of anatomy, physiology, pathology, pathophysiology, and pharmacology to gather appropriate data, evaluate patients for emergency intervention, assign priorities for care, and, in cooperation with medical control, develop a working diagnosis, and implement initial and continuing pre-hospital and inter-facility management for:

   A. **Single and multiple systems trauma involving the:**
      1. Head
      2. Spine and spinal cord
      3. Maxillofacial complex and eyes.
      4. Anterior neck
      5. Thorax
      6. Abdomen, including the genitourinary system
      7. Pelvis and extremities, including peripheral neural and vascular trauma
      8. Soft tissues, including burns and electrical injuries.

   B. **Medical Emergencies involving:**
      1. The respiratory system, including acute airway obstruction, pneumothorax, chronic obstructive pulmonary disease, reactive airway disease, and respiratory distress.
      2. The cardiovascular system, including myocardial ischemia, congestive heart failure, cardiac dysrhythmias, and cardiac arrest.
      3. The endocrine system, including diabetes mellitus.
      4. The nervous system, including altered level of consciousness, seizures, and cerebrovascular accident.
      5. The gastrointestinal system
      6. The genitourinary system.
      7. The eyes, ears, nose, and throat.
      8. Allergic reactions.
      9. Exposure to toxic agents, including venoms and hazardous materials.
      10. Exposure to extremes of heat and cold.
      11. Dysbarism.
      12. Near-drowning
      13. Disorders of hemopoiesis and hemostasis, including hemophilia and sickle cell disease.
      15. Drug related problems, including alcohol abuse, drug overdose, and drug addiction.
      16. Fluid, electrolyte, and acid-base abnormalities.
      17. Obstetric and gynecologic emergencies, including complications of the second and third trimesters of pregnancy, bleeding, eclampsia, and precipitous delivery.
      18. Behavioral and psychiatric emergencies including suicidal, assaultive, destructive, resistant, anxious, bizarre, confused, amnesic, and paranoid patients and sexual assault and abuse.
4. Possesses sufficient knowledge of anatomy, physiology, pathology, pathophysiology, and pharmacology to gather appropriate data, evaluate for emergency intervention, assign priorities for care, and, in cooperation with medical control, develop a working diagnosis and implement initial and continuing pre-hospital and inter-facility management of members of the following special patient populations:
   A. Neonates and pediatric patients, including patients suffering from croup, epiglottis, dehydration, child abuse, and meconium aspiration.
   B. Geriatric patients.
   C. Obstetric / Gynecologic patients.
   D. Oncology patients.
   E. Dialysis patients.

5. Effectively organizes delivery of pre-hospital patient care by:
   A. Appropriately integrating performance of patient care and non-patient care operational tasks including:
      1. Radio use
      2. Scene control/incident command, including triage of multiple casualties
      3. Rescue and extrication
      4. Aeromedical operations
   B. Directing and coordinating transportation of patient by selecting best available methods and destination in conjunction with medical control.

6. Possesses ability to exercise professional judgment based on analytical thinking to provide appropriate patient care when care has been authorized in advance by standing orders, in cases where medical direction is interrupted by communications failure, or in case of immediately life threatening conditions.

RECORDKEEPING / COMMUNICATIONS

1. Documents patient information, observations, and occurrences in an accurate, complete, concise, and legible manner.

2. Communicates pertinent patient information understandably, completely, concisely, and accurately via the radio to medical control and upon arrival at hospital.

3. List all patient contact and treatments in FISDAP.

OCCUPATIONAL HEALTH AND SAFETY

1. Displays safety consciousness with patients, self, other responders, equipment.

2. Recognizes and takes appropriate action in potentially hazardous circumstances.

3. Comply with infection control principles, including appropriate use of universal precautions and aseptic technique.

4. Uses good body mechanics while handling patients and equipment.

5. Demonstrates understanding of psychological hazards of providing pre-hospital care and of techniques for stress recognition and reduction.
VEHICLES, EQUIPMENT, FACILITIES

1. Demonstrates ability to inspect and perform routine maintenance of emergency vehicle.
2. Demonstrates ability to locate equipment and supplies by storage area on mobile intensive care unit.
3. Demonstrates ability to inspect, prepare, operate, and maintain all patient care equipment in mobile intensive care unit inventory.
4. Demonstrates ability to perform station duties, including cleaning of station and surrounding areas.

PHYSICAL CONDITION

1. Demonstrates ability to lift, carry, and balance patients and patient care equipment.
2. Demonstrates physical and mental endurance necessary to function effectively throughout entire work shift.
3. Demonstrates manual dexterity necessary to perform all required tasks.
4. Demonstrates ability to bend, stoop, and crawl on uneven surfaces.
5. Demonstrates ability to withstand varied environmental conditions such as loud noises, flashing lights, heat, cold, and moisture.
6. Demonstrates ability to work effectively in low light, confined spaces, and other dangerous or stressful environments.

TECHNICAL SKILLS

1. Recognizes the need for and appropriately performs the following patient management/assessment skills:
   A. Patient assessment
      1. Primary survey
      2. Secondary Survey
         a. History
         b. Physical Examination
         c. Vital Signs
   B. Use of basic airway and ventilation adjuncts
      1. Oxygen therapy
      2. Nasopharyngeal airway
      3. Oropharyngeal airway
      4. Mouth-to-mouth ventilation
      5. Bag-valve mask
      6. Pocket mask
      7. Demand valve
   C. Use of advanced airway management techniques
      1. Endotracheal intubation
         a. Oral
         b. Nasal
         c. Digital
2. Esophageal intubation
3. Surgical airway access
   a. Needle cricothyrotomy
   b. Surgical cricothyrotomy

D. Suctioning
   1. Oropharyngeal
   2. Endotracheal

E. Gastric Tube Placement
   1. Oral
   2. Nasal

F. Cardiopulmonary resuscitation (2010 AHA Guidelines)
   1. Single rescuer CPR (adult, child, infant)
   2. Two rescuer CPR (adult, child, infant)
   3. Airway obstruction management (adult, child, infant)

G. Venipuncture / Blood Sample Collection

H. Blood glucose determination

I. Vascular access
   1. Intravenous
   2. Intraosseous

J. Dosage calculation, preparation, and administration of medications
   1. Intravenous
      a. Bolus
      b. Continuous infusion
   2. Subcutaneous
   3. Intramuscular
   4. Sublingual
   5. Endotracheal
   6. Inhaled
      a. Nebulizer
      b. Metered-dose inhaler
      c. Roto-haler
   7. Topical
   8. Oral

K. Pleural decompression

L. Obtaining and interpreting Lead II electrocardiogram

M. Electrical arrhythmia therapy
   1. Defibrillation
   2. Cardioversion
      a. Synchronized
      b. Unsynchronized
   3. Transcutaneous pacing

N. Use of Pneumatic Anti-Shock Garment

O. Control of Bleeding and Bandaging of Soft Tissue Injuries

P. Spinal Immobilization
   1. Long spine board
   2. “Short” immobilization devices
   3. Cervical immobilization devices

Q. Splinting of Orthopedic Injuries
   1. Rigid splints
   2. Soft splints
   3. Traction splints

R. Vagal stimulation techniques

S. Obstetrical delivery, including fundus massage

T. APGAR scoring/routine neonatal care

U. Neonatal resuscitation techniques
2. Possesses familiarity with the following monitoring / diagnostic / treatment modalities to provide a basis for developing skills required for specialized practice.
   A. Urinary catheterization
   B. Mechanical ventilator systems
   C. IV infusion pumps / controllers
   D. Pulse oximetry
   E. End-tidal carbon dioxide monitoring
   F. Arterial blood gas analysis
   G. Central venous lines
   H. Drug administration via rectal and transdermal routes

Contact Information:

Drew Hooker B.S, EMT-P
EMS Program Director
Motlow State Community College
1802 Winchester Highway
P.O. Box 618
Fayetteville, TN 37334

Office: 1-800-654-4877 Ext. 3042
Fax: 931-393-1879
Email: dhooker@mscc.edu
MOTLOW COLLEGE EMS EDUCATION
STANDARDS FOR STUDENT CONDUCT
DURING CLINICAL ROTATIONS

1) At all times during clinical rotations, professional conduct and attitudes will be expected of all students. Unprofessional conduct or attitudes toward program faculty or staff, clinical facility staff, patients, or the public in general may constitute grounds for dismissal from the course.

2) Park in the appropriate parking areas at each clinical site.

3) Report to the clinical site about 15 minutes before the beginning of their scheduled time. Be on time. Since the beginning of the shift is a busy time for the personnel on duty, do not expect to receive much of an orientation to the department until shift change responsibilities have been completed.

4) Make yourself available to perform any duties within the scope of your training. Try to stay busy at all times. When a clinical area is quiet and there are no patients to observe or help with, you may study.

5) If you are asked to perform a duty for which you have not been trained, respectfully advise the clinical staff the duty is beyond your scope of training. PERFORMING DUTIES BEYOND AN EMT-PARAMEDIC'S SCOPE OF TRAINING OR IN WHICH YOU HAVE NOT YET BEEN TRAINED CONSTITUTES GROUNDS FOR DISMISSAL FROM THE COURSE.

6) You may perform advanced skills ONLY under the supervision of your assigned EMS preceptors. During ambulance rotations, EMS personnel who are not preceptors may delegate patient care to you and report on your performance to your assigned preceptors. PERFORMING ADVANCED SKILL UNDER ANY OTHER CIRCUMSTANCES CONSTITUTES GROUNDS FOR DISMISSAL FROM THE PROGRAM.

7) You should actively participate in the care of each patient to whom you are assigned.

8) Observe the accepted rules of confidentiality while doing clinical rotations. Discuss a patient’s condition or treatment only with the clinical personnel responsible for the patient’s care. Any such discussions should be private, out of hearing of the patient and his family, and limited to the medical aspects of the case. Classroom discussion of patients may be appropriate under some circumstances. However, the patient’s name, the clinical site, or the names of other personnel caring for the patient will NOT be mentioned under any circumstances. VIOLATION OF PATIENT CONFIDENTIALITY IS GROUNDS FOR DISMISSAL FROM THE PROGRAM.

9) All questions from the patient, their family and friends, or others regarding the patient’s condition or treatment will be referred to the Preceptor.

10) Do not question the care of a patient in the presence of a patient or his family. Questions should be directed to the Preceptor at an appropriate time and place. Methods of treatment may vary depending on the patient’s condition, the setting, and the preference of the Service Medical Director. Accordingly, any questions must be asked with due respect.

11) Do not discuss or criticize the actions of physicians, nurses, technicians, support staff, field EMS personnel, or program faculty or staff. If you have problems or concerns, take them up privately with the Clinical Coordinator or Paramedic Program Director.

12) Do not seek free medical advice for yourself, your family, or your friends while on clinical rotations.

13) Do not bring friends or relatives to clinical rotations under any circumstances.

14) Do not eat, drink, chew gum, or use tobacco in any form where patients can see you.

15) Do not smoke or use tobacco products of any kind in EMS vehicles. Do not smoke in the stations.

16) If the EMS ambulance and crew are not at the station when you arrive, they may be on a call. Please report to the officer-in-charge for further direction. If also may call the Clinical Coordinator to ask for instructions. Do not park your vehicle in the parking spots designated for the EMS personnel.

17) Do not enter EMS vehicles without the permission of one of the crew members.

18) Do not shut off or take keys from the EMS vehicles at any time.

19) Do not give out telephone numbers of EMS stations. Do not use these telephones for personal calls.
20) When you meet the EMS crew you will be working with, be sure they know you are willing to learn and actively participate in the patient’s care. Discuss the internship objectives and their plans for helping you satisfy the internship objectives with them.

21) Go through the ambulance to get an idea of where everything is. You may be asked to get things for the crew, and you need to know where items are located before you are out on a call.

22) If you happen to pick a slow day, be sure to have something along to do while waiting for calls. Do not expect the crew to sit and entertain you while you are at the station. EMS personnel are often full-time students, and they may go to their rooms, to study, to sleep, or just to be alone.

23) Do not eat food found at EMS stations and do not expect EMS crews to take you somewhere to get food.

24) If the EMS crew goes to bed before it is time for you to leave, turn off the TV and keep any other noise to a minimum until it is time for you to leave. **DO NOT SLEEP AT THE EMS STATIONS OR IN THE AMBULANCE. DO NOT WAKE THE CREW TO SIGN FORMS.**

25) Do not voluntarily stay beyond the end of your assigned shift. But be sure all work begun by you is finished before you leave.

26) Blood, urine, serum, plasma, spinal fluid, feces and other human biological materials are all capable of transmitting disease. Proper precautions should be taken at all times to avoid potential infection.

27) If you are injured on duty or have close contact with a patient who may be suffering from a communicable disease, consult with your Preceptor for the appropriate procedure to follow. Also, advise the EMS Program office as soon as possible.

28) If problems of ANY kind arise during clinical rotations, please discuss them with the lead instructor and the Program Director. **DO NOT ATTEMPT TO SOLVE PROBLEMS OR RESOLVE DIFFERENCES ON YOUR OWN.**

29) **YOU WILL BE EXPECTED TO COMPLY WITH ALL LAWFUL INSTRUCTIONS, ORDERS, OR DIRECTIONS GIVEN TO YOU BE PROGRAM FACULTY, STAFF, OR INSTRUCTORS; PERSONNEL OF THE HOSPITALS THROUGH WHICH YOU ROTATE; OR EMS PRECEPTORS OR SUPERVISORY PERSONNEL. FAILURE TO COMPLY WITH LAWFUL INSTRUCTIONS, ORDERS, OR DIRECTIONS MAY RESULT IN DISMISSAL FROM THE PROGRAM.**

30) This is only a partial set of standards of conduct and is not intended to be all inclusive. You are expected to exercise discretion and common sense, behave as a guest of the clinical facility, and represent MSCC in a credible manner.
These objectives are designed to provide the paramedic student and his/her preceptors with guidelines to use in evaluating the student's progress toward being able to function as an entry level paramedic. The objectives are grouped into blocks based on what a typical student is likely to be able to do at the end of the internship. Some students may take longer while others may accomplish the objectives more quickly.

If a student is not making adequate progress toward completing the objectives, the preceptor should arrange a conference between himself, the student, and the Paramedic Coordinator as soon as possible to discuss strategies for helping the student.

Our attempt during this year is to minimize the amount of paperwork that you must keep up with in regards to your student; therefore, we have made every attempt to streamline this process. There are several ways you can complete the needed documentation for your Paramedic student:

1. PRINT the four phases of completion documents and finalize each section by hand as needed, COPY THE DOCUMENTS FOR YOUR RECORDS, and MAIL the original to the EMS Education office. (Not the best way) Remember, we are trying to CUT DOWN on your work (OK, mine too).

2. Download the documents (off of the website) when you think your student has completed each phase, initial them (in a word processing program) save the document, PRINT A COPY FOR YOUR RECORDS, and attach this file to an email and send it to dhooker@mscc.edu

3. Download ALL the documents to YOUR COMPUTER. Open each document as needed (obviously, “FIRST PHASE” first) initial them as you go in a word processing program, and SAVE. When each phase is completed, PRINT A COPY FOR YOUR RECORDS and attach this file to an email and send it to dhooker@mscc.edu This way we both have a way to track the student’s progress.

4. When the four phases are completed, fill out the PRECEPTOR’S STATEMENT OF ENTRY-LEVEL COMPETENCY and follow the instructions located at the bottom.

Interim conferences with the Paramedic Coordinator should be arranged as indicated in the objectives. If the student is progressing adequately, a telephone call to the Paramedic Coordinator will be adequate. A final conference should be held either by telephone or in person with the Paramedic Coordinator when the preceptor is ready to verify that the student is able to function at entry level.
Date of Application: _______________ SSN: _______________ DOB: _______________

Name: __________________________________________

Last    First    Middle

Home Address: _________________________________________

Number  Street  City  State  Zip

Phone: Home: ___________________________ Cell: ___________________________

Email Address: ________________________________

EMT-P License Number*: __________ Year of original EMT-P licensing: __________

(*Please attach a copy of your EMT-P license and all Certifications to this application)

Current EMS Employer: ____________________________

PLEASE NOTE:
Before you can be accepted as a Preceptor for MSCC EMS education, an E-MAIL from the Director of your department will be required confirming their agreement on your possible selection to this position.

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<th>Certifications</th>
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I hereby attest that the above information is true and accurate to the best of my knowledge.

_________________________________________ Date

SEND COMPLETED APPLICATIONS TO:
Drew Hooker B.S, EMT-P
EMS Program Director
Motlow State Community College
1802 Winchester Highway
P.O. Box 618
Fayetteville, TN 37334

Office: 1-800-654-4877 Ext. 3042
Fax: 931-393-1879
Email: dhooker@mscc.edu
I HAVE OBSERVED ______________________________ FUNCTION IN THE PRE-HOSPITAL SETTING AS A PARAMEDIC INTERN AND HAVE SATISFIED THE OBJECTIVES LISTED IN THIS DOCUMENT.

BASED ON MY OBSERVATIONS, THE ABOVE NAMED STUDENT:

1. POSSESES THE ABILITY TO COMPREHEND, APPLY, ANALYZE, AND EVALUATE INFORMATION RELEVANT TO THEIR ROLE AS AN ENTRY-LEVEL PARAMEDIC.

2. POSSESS TECHNICAL PROFICIENCY IN THE SKILLS NECESSARY TO FULFILL THEIR ROLE AS AN ENTRY-LEVEL PARAMEDIC.

3. DISPLAYS THE PERSONAL BEHAVIORS AND ATTITUDES CONSISTENT WITH PROFESSIONAL AND EMPLOYER EXPECTATIONS FOR AN ENTRY-LEVEL PARAMEDIC.

4. POSSESES THE ABILITY TO INTEGRATE THE KNOWLEDGE, TECHNICAL SKILLS, AND PERSONAL BEHAVIORS AND ATTITUDES REQUIRED OF AN ENTRY-LEVEL PARAMEDIC AS NEEDED TO DELIVER EFFECTIVE PREHOSPITAL AND INTERFACILITY PATIENT CARE.

Name of Preceptor ______________________________ Signature ______________________________ Date ________________

Drew Hooker, Director ______________________________ Signature ______________________________ Date ________________

MEDICAL DIRECTOR'S REVIEW:

I have reviewed this individual’s class records and clinical evaluations, and in my opinion, this student has satisfactorily completed all the requirements needed to sit for the State Licensing Examination.

Signature of Medical Director ______________________________ Date ________________

This document should be completed and mailed to:
Drew Hooker B.S, EMT-P
EMS Program Director
Motlow State Community College
1802 Winchester Highway
P.O. Box 618
Fayetteville, TN 37334

Office: 1-800-654-4877 Ext. 3042
Fax: 931-393-1879
Email:dhooker@mscc.edu
Phase 1:

During the student’s First Phase on the AMBULANCE, the preceptor should be evaluating the student’s professional conduct and interpersonal skills as he interacts with patients, families, and others involved in patient care. The student’s ability to perform patient assessments while explaining the rationale for care given to specific patients should be a priority. It is important that the preceptor orient the student to the AMBULANCE and to EMS clinical and administrative policies and procedures at the beginning of this segment. The preceptor should initial each section once phase is completed.

AT THE COMPLETION OF THE FIRST PHASE, THE STUDENT WILL BE ABLE TO:

1. Demonstrate professionalism through punctuality, compliance with uniform and grooming policy, positive attitude and desire to become a paramedic, and willingness to correct deficiencies and learn from experience. (professionalism)

2. Demonstrate understanding of and respect for administrative chain of command and role of medical control. (professionalism)

3. Demonstrate compliance with EMS organization clinical and administrative policies and procedures. (professionalism)

4. Maintain confidentiality of patient information. (professionalism)

5. Use discretion regarding statements or behavior in front of patients, families, significant others, and other members of the public. (professionalism)

6. Recognize constraints established by law and local medical control. (Issues of consent, when orders must be requested on-line, etc.) (professionalism)
7. Accept direction when appropriate. (interpersonal skills and interaction)

8. Demonstrate ability to function as a team member. (interpersonal skills and interaction)

9. Recognize alterations in vital signs and explain the significance of the alteration. (patient care)

10. Demonstrate the ability to properly complete the run report form by completing the student run report. (recordkeeping/communications)

11. Display safety consciousness with patients, self, other responders, equipment. (occupational health/safety)

12. Comply with infection control principles, including appropriate use of universal precautions and aseptic technique. (occupational health/safety)

13. Use good body mechanics while handling patients and equipment. (occupational health/safety)

14. Locate equipment and supplies by storage area on the AMBULANCE. (vehicle/equipment/facilities)

15. At the direction of the preceptor, demonstrate the ability to inspect, prepare, operate, and maintain all equipment on the AMBULANCE. (vehicle/equipment/facilities)
16. Demonstrate how to inspect and maintain the AMBULANCE. (vehicle/equipment/facilities)

17. Demonstrate ability to perform station duties including cleaning of station and surrounding areas. (vehicle/equipment/facilities)

18. Demonstrate physical ability to perform all tasks required. On a continuing basis, the student should demonstrate the ability to lift, carry, and balance equipment; the mental and physical endurance to function efficiently throughout the shift; the manual dexterity to perform all required tasks; the ability to bend, stoop, and crawl on uneven surfaces; the ability to withstand varied environmental conditions such as loud noises, flashing lights, heat, cold, and moisture; and the ability to work effectively in low light, confined spaces, and other dangerous or stressful environments. (physical condition)

19. Accurately obtain a full set of vital signs on all patients. (technical skills)

20. At the direction of the preceptor, demonstrate knowledge of and proper technique for all basic and advanced skills. (The student is expected at this time to know how to perform the skill adequately.) (technical skills)

21. Demonstrate ability to assist in own evaluation. (The student should be able to begin to critique his own performance and identify areas of strength and weakness before they are pointed out by the preceptor.) (professionalism)

22. Refrain from speaking to or about patients, families, colleagues, associates in depreciating, mocking, disrespectful or malicious manner. (professionalism)

23. At the direction of the preceptor, explain the rationale for procedures and protocol in any patient care situation. (The student should be able to give a logical explanation based on anatomy and physiology of why a particular drug was given, etc.) (patient care)
24. Demonstrate the ability to select appropriate equipment needed for any call. (patient care)

25. At the direction of the preceptor, perform physical assessment skills appropriate for the patient’s chief complaint and the type of call. (The student is expected at this time to know how to perform the skill, not necessarily when to initiate it.) (technical skills)

26. At the direction of the preceptor, demonstrate knowledge of and proper technique for all basic and advanced skills. (technical skills)

Student Name: ___________________________  Date: _________________

Preceptor Name: ___________________________  Date: _________________

Preceptor Signature: ___________________________  Date: _________________
Phase 2:
During the student's Second Phase, the student will begin to take a more active role in assessment and routine care of patients. The student will begin the process of performing advanced skills, history-taking, and physical assessment. The preceptor should tell the student that he is to initiate questioning, physical assessment, and treatment for patients. The preceptor should make it clear to the student that you want him to direct you to perform the basic skills. We want to know that the student knows WHEN to initiate the basic skills and that he can begin to be responsible for TOTAL CARE of the patient.

At the completion of the Second Phase, the student will be able to:

1. Demonstrate acceptance of patients as they present themselves, without passing judgment. (professionalism)

2. Demonstrate awareness of impact on others. (Previously, the student may have refrained from unprofessional conduct because he was "supposed to." By this time, the student's conduct should reflect a growing attitude that inappropriate conduct should be avoided because of its impact on others and on the public's impression of EMS as a profession.) (interpersonal skills and interaction)

3. Coordinate efforts with those of other agencies and individuals who may be involved in care and transportation of patient. (interpersonal skills and interaction)

4. Demonstrate the ability to obtain a history relevant to the patient's chief complaint. (patient care/technical skills)

5. Demonstrate an overall sense of patient urgency and recognize patients with immediately life-threatening disorders of airway, breathing, and circulation. (patient care)

6. For all conscious patients, demonstrate the ability to formulate a reasonable diagnostic impression by thorough history-taking and physical exam. (patient care/technical skills)

7. For all conscious patients, demonstrate the ability to properly manage patient care based on history and physical exam. (patient care/technical skills)
8. For all conscious patients, demonstrate the ability to monitor all aspects of patient care en-route to the hospital. (patient care/technical skills)

9. Demonstrate the ability to perform a physical assessment relevant to the patient’s chief complaint. (patient care/technical skills)

10. Demonstrate the ability to assess and monitor established treatment. (This objective is NOT asking that the student initiate patient care. It is asking the student to further assess and monitor ALREADY ESTABLISHED care by First Responders or while en-route to the receiving facility.) (patient care)

11. Demonstrate knowledge of and proper technique for all basic and advanced skills. (technical skills)

12. Demonstrate the ability to initiate proper procedures for reporting to the receiving hospital. (recordkeeping/communications)

13. Recognize and take appropriate action in potentially hazardous circumstances. (The student should now be able to recognize a “bad scene” and know what to do without having to be told.) (occupational health and safety)

14. Continue to demonstrate mastery of all objectives from previous segments of the internship.

Student Name: _____________________________  Date: ________________

Preceptor Name: ___________________________  Date: ________________

Preceptor Signature: ________________________  Date: ________________
PHASE 3:
During the third phase, the student must be given every chance to direct patient care and the student should be evaluated on ability and willingness to take control of any patient care situation. The preceptor is looking for student's ability to be ASSERTIVE and make decisions about patient care. The student will be expected to develop a correct working diagnosis for all patients and to treat the patient based on that diagnosis and sound medical judgment. The preceptor should NOT expect the student to accurately diagnose patient complaints that the preceptor might find confusing or mysterious.

AT THE COMPLETION OF THE THIRD PHASE, THE STUDENT WILL BE ABLE TO:

1. Demonstrate the ability to obtain a complete history and perform a physical assessment in an orderly, logical manner for critical and non-critical patients. (patient care/technical skills)

2. Demonstrate the ability to assess the presence of and respond quickly to significant problems involving airway, breathing, and circulation. (patient care/technical skills)

3. Demonstrate the ability to quickly recognize critical patients and their needs and be able to set appropriate priorities. (patient care)

4. Demonstrate the ability to anticipate potential problems and to initiate or request treatment accordingly. (patient care)

5. Demonstrate the ability to recognize changes in the patient's condition and to make changes in treatment accordingly. (patient care/technical skills)

6. Consistently identify the appropriate destination, signal, and code for each patient. (patient care)
7. Correctly counsel with patients regarding potential problems and complications of refusal of treatment and/or transport. (patient care)

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8. Demonstrate the ability to relay an accurate, complete, concise, and understandable report to personnel at the receiving hospital both by radio and on arrival. (recordkeeping/communications)

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9. Complete a student run report accurately, completely, concisely, and legibly. (recordkeeping/communications)

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10. Demonstrate understanding of psychological hazards of providing prehospital care and of techniques for stress recognition and reduction. (By now, the student should have had a “bad” call. Did he recognize the stress produced and respond appropriately during and after the call?) (occupational health/safety)

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11. Continue to demonstrate mastery of all objectives from previous segments of the internship.

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Student Name: _______________________________ Date: ________________

Preceptor Name: _______________________________ Date: ________________

Preceptor Signature: ___________________________ Date: ________________
Phase 4:
During the Fourth Phase, the student should “polish” his/her skills at history-taking, physical assessment, decision making, priority setting, communications, and direction of other crew members. The student should demonstrate the ability to perform as a full member of the paramedic team in a consistent manner.

AT THE COMPLETION OF THE FOURTH PHASE, THE STUDENT WILL BE ABLE TO:

1. Demonstrate awareness of personal and professional abilities and limitations. (Does the student initiate action when capable but request help when appropriate?) (professionalism)

2. Seek opportunities to gain new knowledge and apply it appropriately in clinical practice. (Does the student ask questions of the crew and the hospital personnel? Does the student demonstrate an interest in expanding / deepening his knowledge base while on the internship?) (professionalism)

3. Understand / participate in the quality assurance / improvement process. (By this point in the internship, the student should have had at least one opportunity to sit in on a case review session conducted by the Medical Director or his designate and to discuss the QA process with the crew.) (professionalism)

4. Demonstrate the ability to communicate openly and effectively with others. (interpersonal skills / interaction)

5. Demonstrate the ability to instill confidence in the patient, family, and bystanders; to involve them as appropriate; and to respond to their sense of crisis. (interpersonal skills / interaction)

6. Demonstrate the ability to act as team leader and DIRECT other crew members in the delivery of all patient care. (interpersonal skills and interaction)

7. Demonstrate the ability to coordinate efforts with those of other agencies and individuals who may be involved in the care and transportation of the patient. (interpersonal skills and interaction)
8. Demonstrate the ability to build working relationships with patients, peers, and others participating in the care and transportation of the patient. (interpersonal skills and interaction)

9. Consistently ensure that the ABCs are given first priority. (patient care)

10. Demonstrate the ability to consistently initiate ALL patient care. (patient care/technical skills)

11. Consistently demonstrate the ability to set priorities. (patient care)

12. Demonstrate the ability to develop an accurate working diagnosis based on an appropriate history and physical examination. (patient care/technical skills)

13. Demonstrate the ability to recognize changes in the patient’s condition and to make changes in treatment accordingly. (patient care / technical skills)

14. Consistently demonstrate the ability to function in an INDEPENDENT manner in all patient care situations. (patient care)

15. Demonstrate ability to appropriately integrate performance of patient care and non-patient care operational tasks. (patient care)

16. Demonstrate ability to exercise professional judgment based on analytical thinking. (Can the student offer a logical explanation based on sound medical or operational theory for all decisions made?) (patient care)

17. Continue to demonstrate mastery of all objectives from all previous segments of the internship.
THE FINAL TEST OF A STUDENT’S BEING AT ENTRY LEVEL IS THE PRECEPTOR’S BEING ABLE TO ANSWER YES TO THESE TWO QUESTIONS:

1. WOULD I BE WILLING TO WORK WITH THIS PERSON AS MY PARTNER ON THE AMBULANCE?
   **YES NO**

2. WOULD I BE WILLING TO LET THIS PERSON TREAT A MEMBER OF MY FAMILY IN A CRITICAL SITUATION?
   **YES NO**

Student Name: ___________________________  Date: ________________

Preceptor Name: ___________________________  Date: ________________

Preceptor Signature: ___________________________  Date: ________________