



***North Florida Community College
EMS Program
325 NW Turner Davis Drive
Madison, Florida 32340
(850) 973-1673***



Preceptor Handbook

WELCOME

Welcome to North Florida Community College EMS Program. This handbook has been designed to help you become aware of the philosophy and purpose of the different EMS Programs that we offer. This handbook will also guide you, the preceptor, in aiding and assisting the students.

We are pleased to have you as a preceptor for our students. This benefits both the student and the college, as your knowledge and training will make and guide the students into a career that has many rewards.

Preceptors are very special to NFCC. Your input, training and time are extremely valuable to NFCC and to the students. Without you, a vital link in skills, understanding and hands on evaluations for our students would not be possible.

If at any time you have a question or problem with any student, please feel free to contact me, Mac Leggett at (850) 973-1673.

Again, thank you for your participation in the NFCC EMS Program.

North Florida Community College EMS Program Preceptor Guidelines

North Florida Community College (NFCC) EMT-B and Paramedic Preceptors have been chosen by their EMS Service for their expertise, clinical knowledge and interest in teaching to the students. These people give freely of their time to aid in the understanding of the profession of pre-hospital emergency medicine as well as assist students while at clinical sites.

In the following pages, the information has been compiled to assist the Preceptors on the supervision process and informs the preceptor of what he/she can expect from the students.

The preceptor's employer has agreed to allow the students to perform skills under direct supervision of the Paramedic. The EMS Department realizes that the preceptor will have responsibilities to his/her employer and those station duties which will be shared by the student. Students are assigned a clinical site and are expected to perform ALL duties of the day including, but not limited to helping the duty crew check off the truck, assisting in station chores, assisting in cleaning the ambulance after each call, and assist in restocking the ambulance after each call.

The Preceptors are an integral part of the training of the students at NFCC. Without your interest and input the students would not receive the training that is necessary to become a certified EMT-B or Paramedic. The preceptors are leaders in EMS training and are very important in molding the careers of the new EMS student.

Your input is essential in evaluating the skills and professionalism of the student. If any problems arise, notify the EMS Department as soon as possible so those problems can be addressed. The EMS Department at NFCC thanks you for your time and your interest.

PURPOSE

The purpose of the Emergency Medical Services Technology program is to offer a program of learning which will prepare the graduate, upon entry into practice, to demonstrate those competencies identified by the Florida Department of Education, Division of Vocational Education.

The curriculum is based upon and meets or exceeds all requirements of the U.S. Department of Transportation Paramedic Training Standards, the Florida Department of Education, and the Florida State Department of Health, Florida Statutes 401, Chapter 64J-1.

The practice of Para medicine:

- a. Is directed towards the care of individuals who have been identified as being ill or in need of diagnostic evaluation.
- b. Is directed towards alleviating the problems of individuals experiencing the need for emergency care.
- c. Includes making judgments and understanding the scientific rationale underlying decisions.
- d. Is based on knowledge that is specific and factual, and that can be applied directly to practice.

PHILOSOPHY

The Emergency Medical Services Technology program places emphasis on recognition of the fact that each student should be respected as an individual, and that a student's intellectual growth must proceed in conjunction with his or her physical, social, and emotional development; the enhancement of a sense of emotional and physical well-being for every student; the strengthening of the student's identity, independence, integrity and self-esteem; and the development and maintenance of his or her community ties.

The faculty believes that health care is the right of all individuals without regard to race, sex, and religion, ethnic or cultural background. The decision to seek health care is dependent to a high degree on the perception that an individual cannot meet his or her basic needs without assistance, and on the availability of health care resources and services.

Education is the process of acquiring knowledge, competencies, and skills evidenced by changes in behavior. Its mission is to offer individuals the opportunity to develop intellectually, physically and morally. Emergency Medical Services Technology education is a viable part of the general education system of an institution of higher learning.

The faculty of the Emergency Medical Services Technology program believes Emergency Medical Services Technology education is the process of developing intellectual, effective and skill-based competencies, which enable an individual to integrate theoretical, and research principles into practice. The learning experiences in the program are designed to facilitate the learner's ability to integrate a theoretical and clinical foundation into a meaningful whole that can be appropriately applied to the practical setting.

The faculty believes that the learner:

- Should be given guidance in what he or she is expected to know;
- Should be assisted in clarifying his or her personal goals in relation to the Program goals and objectives;
- Needs to feel self-confident, respected and accepted;
- Needs an opportunity to apply knowledge, receive appropriate feedback and Receive on-going reports of his or her progress; and
- Must accept the role of learner and share in the responsibility for learning.

The faculty believes that the instructor:

- should recognize that each student's ability to learn will be affected by the student's judgment, intuition, habits, attitudes, cultural background, and past experiences;
- directs learning by selecting and organizing learning experiences;
- provides feedback on the student's progress;
- involves the learner in the evaluation process;
- creates an instructional environment which supports and encourages learning;
- shares with the learner the responsibility of meeting stated goals and objectives.

The faculty further believes that EMS education is a continuous process that must persist after completion of the program to keep the paramedic accountable for current trends and practices in patient care.

EMT-B OATH

Be it pledged as an Emergency Medical Technician, I will honor physical and judicial laws of God and man.

I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel.

Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law.

I shall also share my medical knowledge with those whom may benefit from what I have learned.

I will serve unselfishly and continuously in order to help make a better world for all mankind. While I continue to keep this oath inviolate, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times.

Should I trespass or violate this oath, may the reverse be my lot.

So help me God.

CODE OF ETHICS

The EMT-B/Paramedic Code of Ethics

- 1) Professional status as an Emergency Medical Technician and Emergency Medical Technician/Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Services.
- 2) As an Emergency Medical Technician/Paramedic, I solemnly pledge myself to the following code of professional ethics:
 - a) A fundamental responsibility of the Emergency Medical Technician/Paramedic is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.
 - b) The Emergency Medical Technician/Paramedic provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.
 - c) The Emergency Medical Technician/Paramedic does not use professional knowledge and skills in any enterprise detrimental to the public well being.
 - d) The Emergency Medical Technician/Paramedic respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.
 - e) The Emergency Medical Technician/Paramedic, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician/Paramedic has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.
 - f) The Emergency Medical Technician/Paramedic shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.
 - g) An Emergency Medical Technician/Paramedic assumes responsibility in defining and upholding standards of professional practice and education.
 - h) The Emergency Medical Technician/Paramedic assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws, which affect the practice of the Emergency Medical Technician/Paramedic.

- i) An Emergency Medical Technician/Paramedic has the responsibility to be aware of, and participate in, matters of legislation affecting the Emergency Medical Technician/Paramedic and the Emergency Medical Services System.
- j) The Emergency Medical Technician/Paramedic adheres to standards of personal ethics, which reflect credit upon the profession.

PARAMEDIC JOB PERFORMANCE CHARACTERISTICS

EMT-Paramedics work as part of a team. Thorough knowledge of theoretical procedures and ability to integrate knowledge and performance into practical situations are critical. Self-confidence, emotional stability, good judgment, tolerance for high stress, and a professional demeanor are also essential characteristics of the successful EMS personnel at any level. EMT-Paramedics must also be able to deal with adverse social situations, which include responding to calls in districts known to have high crime rates.

Aptitudes for work of the nature are good physical stamina, endurance, and body condition which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 pounds (250 pounds with assistance). Motor coordination is necessary because over uneven terrain, both the patients' and the EMT-Paramedics' as well as other workers' well-being must not be jeopardized. EMT-Paramedics in actual situations are exposed to a variety of hot and cold temperatures and may be, at times, exposed to hazardous fumes. They may be required to walk, climb, crawl, bend, pull, push, or lift and balance over less than ideal terrain. EMT-Paramedics are exposed to a variety of noise levels, which at times can be quite high, particularly when multiple sirens are sounding.

Driving the ambulance in a safe manner, accurately discerning street names through map reading, and the ability to correctly distinguish house numbers or business locations are essential for task completion in the most expedient manner possible. Use of the telephone for transmitting and responding to physicians' advice is also essential. The ability to concisely and accurately describe orally to physicians and other medical staff one's impression of a patient's condition is critical, as EMT-Paramedics work in emergency conditions in which there may be no time for deliberation. EMT-Paramedics must also be able to accurately summarize all data in the form of a written report. Verbal and reasoning skills are used extensively. Math skills are required to calculate weight and volume ratios, as well as proper pharmacological dosages.

CLINICAL SITE REJECTION

During the clinical rotations through local hospitals and riding with ALS agencies, students are to exercise professional conduct at all times. Any violations of professional conduct will, at the request of the clinical site, result in the removal of the student from that clinical site.

The NFCC EMS Coordinator will review the incident. Depending on the circumstances, the student may be allowed to relocate to another clinical site. A second clinical site rejection will result in the student's dismissal from the paramedic program.

The student may appeal the process through the Dean of Programs.

UNIFORM CODE

Students must wear the uniform and the student ID as described below. Failure to do so will result in dismissal from clinical site for that day. The Preceptor must notify the EMS Coordinator at 850-973-1673.

HOSPITAL and EMS Clinical Uniform Dress Code:

1. NFCC EMS uniform golf shirt (blue).
2. NFCC student
3. Clean, pressed navy or black uniform style pants (no jeans).
4. Blue or black socks.
5. Clean black shoes or black boots (polished). Heels must be less than 1".
6. Pen with blue ink.
7. Watch with second hand.
8. CPR barrier device and gloves must be readily accessible (preferably worn on the belt)
9. Wedding rings may be worn. No additional jewelry is allowed while wearing NFCC uniform.
10. Hair will be kept off the collar at ALL times

PARAMEDIC CLINICAL ROTATION EMERGENCY DEPARTMENT OBJECTIVES

During clinical rotations in this area, the paramedic student should have the opportunity to gain Experience and develop proficiency in the following skills:

1. Triage
2. Physical assessment, patient history, documentation in compliance with hospital policy for all age groups.
3. Vital and diagnostic signs: recognition and significance.
4. Aseptic techniques and universal precautions.
5. Peripheral IV insertion and drip rate calculations.
6. Drug therapy: IV, IM, SQ, PO, SL, and ET - dosage calculations
7. Drug therapy: IV, IM, SQ, PO, SL, and ET - drug administration
8. Cardiac arrest procedures.
9. Management of trauma, medical, peds, OB/GYN emergencies.
10. Airway management including insertion of airways, suctioning, oxygen therapy, intubation (Under direct physician supervision)
11. Use of cardiac monitors and interpretation of rhythms.
12. Venipuncture for blood specimens
13. Proper needle disposal following hospital/OSHA guidelines
14. Emotional support of patient and family.
15. Use of IV pumps.
16. Recognition of safety hazards, and implementation of safety procedures. (i.e.: using bedside rails)
17. Interpretation of ABG's.
18. Wound care and bandaging.

In addition to the above, the paramedic student should observe and assist with the following Procedures as the opportunity arise:

1. Pacemaker insertion
2. Spinal tap
3. Traction, splinting, pin insertions
4. Central and jugular line insertions
5. Twelve lead EKGs
6. Ventilator and respiratory treatments
7. CT and Nuclear scans

Students must be under DIRECT supervision at all times.

No student or NFCC Paramedic Clinical Instructor is to accept total responsibility for patient care. All patients will remain under control of the Emergency Department staff.

Paramedic student is not allowed to discharge a patient from the Emergency Department.

Students may go to in-house codes with the approval of the EMS Clinical Instructor. Student may not attend a code without direct supervision of the ER physician or EMS Clinical Instructor/Preceptor.

Students will stay in the Emergency Department unless otherwise assigned by the EMS Clinical Instructor/Preceptor.

Students should assist Emergency Department staff in all aspects of patient care including changing beds, transferring patient to floor or X-ray, giving urinals or bedpans, etc.

A clinical experience in the Emergency Department requires the cooperative effort of the students, staff, physicians, and the clinical instructor. Any problems should be brought to the attention of the EMS Clinical Instructor immediately.

Problems requiring additional intervention than that of the EMS Clinical Instructor / Preceptor should be brought to the attention of the **EMS Program Director—Mac Leggett 973-1673 (office)**

North Florida Community College

EMT-Basic Field Internship Objectives

Introduction

North Florida Community College and the local Emergency Medical Services providers would like to welcome the EMT-Basic student to the EMT-Basic Field Internship. The student will be assigned to a paramedic preceptor. These NFCC/EMS approved preceptors are graciously volunteering their time to assist the student in this phase of EMT-Basic preparation. The preceptor should be viewed as a role model, teacher, and evaluator. Educationally rewarding internship experiences require the cooperative effort of the students, EMS, and NFCC.

Conduct

Student conduct and attitude should convey a message of serious interest in the care of the patient and the procedure performed.

Professional conduct shall reflect respect and consideration. Patient confidentiality shall be respected. Any discussion of the physical or social life of patients, EMS personnel, or personnel from other assisting agencies is strictly unethical and will result in dismissal from the EMT-B course as all students are required to sign a confidentiality agreement prior to attending any clinical sites.

Constructive criticism and suggestions are welcome. If any student should notice anything that he/she does not understand or that is questionable, please talk to the person involved first. Additional clarification or information may be obtained from supervisors, training staff, or the clinical coordinator. Use good judgment for the appropriate time to ask a question.

Dress Code

NFCC EMT-Basic Uniform

1. Clean, pressed NFCC blue uniform golf shirt
2. NFCC name tag Clean, pressed navy uniform style pants (no jeans).
3. Blue or black socks
4. Clean black shoes or black boots (polished) with heels no greater than 1 inch.
5. Pen with black ink
6. CPR barrier device and gloves must be readily accessible (preferably worn on the belt)
7. Watch with secondhand

Personal Grooming

1. Wedding rings may be worn. Additional jewelry is not allowed while in NFCC uniform.
2. Appropriate fingernail length, care. No fingernail polish is allowed.
3. Cologne, shaving lotions, etc., that can annoy, or cause discomfort to patients and personnel will be avoided.
4. Hair must be neat and clean. It must be off the collar.
5. Daily bath or shower, avoid body odor by the use of soap, deodorant, and mouthwash.
- 6.

Student Responsibilities

1. The student should be on time and dressed in NFCC EMT-Basic Uniform.
 - a. Shift assignments are in 12-24 hour increments. Shift times vary, with daytime only, no night shifts are available. The student may complete a maximum of 24 hours within a 36-hour time frame.
 - b. **LATE POLICY**- A student who reports for an assigned shift who is less than 15 minutes late on three (3) separate occasions will be required to complete an additional **12** hours of ride time. (Each total of 3 late shifts = 12 additional ride hours.) Any student who is 15 minutes or more late, must reschedule two (2) additional 12 hours clinicals and will be sent home for the day. The preceptor should notify the EMS Clinical Coordinator of any instance where the student did not arrive on time prepared to work.
2. Report to the assigned station/preceptor. If time is not logged in the clinical documentation form, then the ride time will not be counted toward the required hours.
3. Students are required to carry a second uniform to all clinical sites in the event the uniform becomes soiled. If the uniform becomes soiled with blood or body fluids, it is to be removed, and the student is responsible for decontamination per OSHA guidelines. If the uniform becomes soiled with food, drink (coffee, tea, etc) the student is expected to change immediately as he/she is expected to maintain a professional appearance for the duration of the clinical setting. If further information is needed regarding decontamination, contact should be made with any of NFCC's EMS Faculty.
4. The student is to perform only those duties as identified on the List of Objective, under **DIRECT** supervision of the preceptor.
5. Hand washing is to be completed between each response and as indicated.
6. Use of personal protective equipment (ppe), (i.e., gloves, face shield, gowns) is required as needed when exposure to blood and body fluids exists.
NOTE: FAILURE TO USE PPE WILL RESULT IN STUDENT BEING SENT HOME FOR THE REMAINDER OF SHIFT. Preceptor will document incident and NFCC EMS Clinical Coordinator is to be notified.
7. Valid CPR (Provider Course C or Basic Rescuer) card and proper identification (Driver's License) must be carried at all times.
8. The EMT-Basic student must call the shift duty officer if he/she is going to be late. The student must notify the NFCC EMS Clinical Coordinator for tardiness or absence. (See notification list)
9. The EMS Clinical Coordinator is responsible for the EMS Ride Schedule.
10. If a student must leave prior to the end of the scheduled shift, (due to illness or personal reasons), the NFCC EMS Clinical Coordinator and the EMS supervisor must be notified.

11. EMT-Basic paramedic preceptor is ultimately responsible for patient care. Students are reminded not to take a procedural denial personally. (i.e.: critical patient, student may be allowed to perform minimal tasks to prevent on-scene delay).
12. Students are to complete all aspects of all calls including assisting with clean up, restocking and the student's paperwork prior to leaving the station at the end of the shift.

Student Restrictions

1. Students will not be allowed to fly on provider helicopters.
2. Students will not be allowed to drive any EMS vehicles.
3. Students will not be allowed to participate in any fire-related activities.
4. Students may perform **only** non-emergency radio communications.
5. All students must not be subject to call while in class or during any clinical time. If student is utilized then the clinical time will be voided and the site/date will not count.
6. **No Cellular phones, pagers or radios allowed while riding as a student.** Students may not use cellular phones or pagers while attending patient care. Radios from services other than the present clinical site are prohibited.
7. **Tobacco use is prohibited in ANY public area.**

Preceptor Responsibilities

1. Direct supervision of EMT-Basic students at all times.
2. Review of EMS operational procedures and policies, standing orders, and medical protocol.
3. Review of all equipment as determined in daily goals.
4. Confirm patient consent for permission of student to administer patient care.
5. Critique calls as soon as possible after completion of run.
 - a. Include: evaluation and scene control, patient assessment, hx taking, communication/documentation skills, teamwork, judgment/treatment skills, use of equipment, establishment of priorities.
6. Problems or concerns should be brought to the attention of the on-duty EMS supervisor, the EMS Operations Coordinator, and the NFCC EMS Clinical Coordinator.
7. Problems of a serious nature should be brought to the attention of the on duty EMS supervisor, the EMS Operations Coordinator, and the NFCC EMS Coordinator **IMMEDIATELY.** (i.e.: unprofessional conduct/manner, improper uniform, and noncompliance with PPE, student/patient injury).
8. Complete daily student evaluation and review with student.
9. The state of Florida advises that any preceptor who allows a student to leave prior to completing the clinical shift, and signs off on the hours is subject to dismissal of his/her paramedic certification.

List of Objectives

During the field internship, the EMT-Basic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Physical assessment, patient history, and documentation in compliance with EMS policy for all age groups.
2. Recognize and react appropriately to scene/safety hazards.
3. Vital and diagnostic signs: recognition and significance
4. Aseptic techniques and universal precautions
5. Peripheral IV insertion and drip rate calculations
6. Cardiac arrest procedures
 - a. CPR
 - b. Airway management
7. Management of trauma, medical, peds, psychiatric, geriatric, OB/GYN emergencies.
8. Airway management including: insertion of oral airways, (OPA, Combitube) suctioning, oxygen therapy, and oral/nasal endotracheal intubation.
9. Use of cardiac monitors and interpretation of rhythms
10. Use of PPE recognition and application
11. Proper needle disposal and infectious waste disposal/decontamination following EMS/OSHA guidelines.
12. Emotional support of patient and family.
13. Wound care and bandaging.
14. Splinting of extremity fractures.
15. Cervical immobilization and proper extrication. (Students are **not** allowed to use heavy rescue extrication equipment such as jaws, etc.)
16. Didactical understanding and practical application of all BLS equipment carried on EMS units.

STUDENTS MUST BE UNDER DIRECT SUPERVISION AT ALL TIMES

Station Responsibilities

1. Students are expected to actively participate in daily station cleaning duties (i.e.: mopping floors, dusting, etc.) with EMS crew members
2. Assist with cleaning, stocking, and inventory of ambulance.
3. Study and work with preceptor daily.
4. Utilize self-motivation and initiative for ultimate learning experiences.

Notification Procedures

LATE/SICK – notify on-duty EMS supervisor AND NFCC EMS Clinical Coordinator; if not in office, leave message on phone mail, do not page for late/sick notification.

INJURY – this includes any injury to self or patient. Notify on-duty supervisor, on-duty supervisor will page EMS Clinical Coordinator.

INFECTIOUS DISEASE EXPOSURE – notify NFCC EMS Clinical Coordinator

EMS PRECEPTORS – notify EMS supervisor of any operational problems and the NFCC EMS Clinical Coordinator of any internship concerns.

The guidelines above are for the students to follow. Assisting the student with field knowledge is very powerful, however, paper work must always be completed. The following skill sheets and forms are some that the student is responsible for completing each clinical day. Honesty and proper documentation is a must for students to gain the knowledge and the skills to succeed in the health care world as a health care provider.

Look at the forms and become familiar with the appropriate boxes to fill out and use your judgment as a preceptor to fill the forms out accurately.

NORTH FLORIDA COMMUNITY COLLEGE PARAMEDIC INTERNSHIP OBJECTIVES

Introduction

North Florida Community College would like to welcome the paramedic student to the Paramedic Field Internship. The student will be assigned to a paramedic preceptor. These NFCC approved preceptors are graciously volunteering their time to assist the student in this phase of paramedic preparation. The preceptor should be viewed as a role model, teacher, and evaluator. Educationally rewarding internship experiences require the cooperative effort of the students and NFCC.

Conduct

Student conduct and attitude should convey a message of serious interest in the care of the patient and the procedure performed.

Professional conduct shall reflect respect and consideration. Patient confidentiality shall be respected. Any discussion of the physical or social life of patients, EMS personnel, or personnel from other assisting agencies is strictly unethical.

Constructive criticism and suggestions are welcome. If the student notices things that the student does not understand or that is questionable, please talk to the person involved first. Additional clarification or information may be obtained from supervisors, training staff, or the NFCC EMS Program Director. Use good judgment for the appropriate time to ask a question.

Dress Code

NFCC Paramedic Uniform

1. Clean, pressed NFCC EMS blue uniform golf shirt
2. NFCC nametag with student's name and Paramedic Student on tag, worn on right side of shirt, with expiration date on the tag.
3. Clean, pressed navy or black uniform style pants (no jeans)
4. Blue or black socks
5. Clean black shoes or black boots, polished (heels must be less than 1")
6. Pen with black ink
8. Watch with secondhand

Personal Grooming

1. One ring per hand may be worn.
2. Additional jewelry is not allowed while in NFCC uniform. (No earrings per NFCC)
3. Appropriate fingernail length, care and use of soft, subtle polish shades are required
4. Cologne, shaving lotions, etc. that can be annoying, or cause discomfort to patients and personnel will be avoided
5. Hair must be neat and clean, if longer than shoulder length, it must be styled above the collar. Hair holder must match hair color.
6. Daily bath or shower, avoid body odor by the use of soap, deodorant, and mouthwash

Night Shifts (1900-0700)

STUDENT MUST HAVE PRIOR PERMISSION FROM NFCC EMS Program

Director

1. Bring sheets, pillow, and blanket (or sleeping bag)
2. Sleeping facilities are co-ed - do not sleep in your NFCC uniform, you may sleep in a clean white crew neck tee shirt, and shorts that have a minimum inseam of 3 inches
3. Shower facilities are available at all stations
4. Some stations may have kitchen facilities

Student Responsibilities

1. The student should be on time, dressed in NFCC Paramedic Uniform and prepared to work.

LATE POLICY - A student who reports for an assigned shift who is less than 15 minutes late on three (3) separate occasions will be required to complete an additional **12** hours of ride time. (Each total of 3 late shifts = 12 additional ride hours). Students arriving 15 minutes or more late, will be sent home and must reschedule two (2) 12 hour clinical rotations.

- a. The student may complete a maximum of 24 hours within a 36-hour time frame.
2. Report to the assigned station/preceptor. Student must sign into Station Logbook. Time in and Time Out is to be recorded.
 3. Students are required to have a second uniform on all clinical sites. If the uniform becomes soiled with blood or body fluids, it is to be removed and the student is responsible for decontamination per OSHA guidelines. If a uniform becomes soiled with food, drinks, etc. the student must change immediately as a professional appearance must be maintained for the duration of the clinical. If further information is needed regarding decontamination; contact should be made with any of NFCC's EMS Faculty.
 4. The student is to perform only those duties as identified on the List of Objectives, under **DIRECT** supervision of paramedic preceptor.
 6. Hand washing is to be completed between each response and as indicated.
 7. Use of personal protective equipment (ppe), (i.e. gloves, face shield, gowns) as needed when exposure to blood and body fluids exists.
NOTE: FAILURE TO USE PPE WILL RESULT IN STUDENT BEING SENT HOME FOR REMAINDER OF SHIFT. Preceptor will document incident and the NFCC EMS Coordinator is to be notified.
 8. **Valid CPR** (Provider Course C or Basic Rescuer) card, **Florida EMT-B** license, and proper identification (**DL**) must be carried at all times while on clinical time.

9. The paramedic student must call the preceptor if he/she is going to be late. The student must notify the NFCC EMS Coordinator for tardiness or absence. (See notification list)
10. All shifts must be scheduled on the Ride Schedule posted in the EMS Lab.
11. If a student must leave prior to the end of the scheduled shift, (due to illness or personal reasons), the NFCC EMS Coordinator and the supervisor must be notified.
12. The student must complete a minimum of **120** hours on an ALS ambulance per semester. Ride time may be extended based on below average documented performance evaluations and failure to meet listed objectives.
13. Paramedic preceptor is ultimately responsible for patient care. Students are reminded not to take a procedural denial personally. (i.e.: critical patient, student may be allowed one (1) IV attempt to prevent on-scene delay)

Student Restrictions

1. Students will not be allowed to drive any EMS vehicles.
2. Students will not be allowed to participate in any fire-related activities.
3. Students may perform **only** non-emergency radio communications.
4. EMS employees who are NFCC paramedic students may count their on duty time towards the Paramedic Internship only if they are assigned to a 3 person crew. The NFCC EMS uniform shirt will need to be worn while performing paramedic skills.
5. EMS employees interning on any shift other than their regular assigned shift must wear the NFCC Paramedic Student Uniform.
6. Fire service employees riding on EMS units performing as an NFCC Paramedic student must wear the NFCC Paramedic uniform.
7. Fire service employees who must return to fire-related duties (brush fires, house fires, etc.) must remove NFCC Paramedic uniform and cease hour time log towards required paramedic internship hours.
8. Students are not allowed to smoke on EMS Clinical Duty time at EMS stations.

Preceptor Responsibilities

1. Direct supervision of paramedic students at all times, the student shall never be left alone in the rear of an EMS unit with a patient.
2. Review of EMS operational procedures and policies, standing orders, and medical protocol.
3. Review of ALS/BLS equipment as determined in daily goals.
4. Confirm patient consent for permission of student to administer patient care.
5. Critique calls as soon as possible after completion of run.
 - a. include: evaluation and scene control, patient assessment, and hx taking communication/documentation skills, teamwork, judgment/treatment skills use of equipment, establishment of priorities

6. Problems of concerns should be brought to the attention of the NFCC EMS Program Director. Problems of a serious nature should be brought to the attention of the on-duty supervisor and the NFCC EMS Coordinator **IMMEDIATELY**. (i.e.: unprofessional conduct/manner, improper uniform, student continually late, noncompliance with PPE, student/patient injury).
7. Complete daily student evaluation and review with student.
8. The **State of Florida states any preceptor who signs off on hours for any student where the student was not physically on site, is subject to termination of his/her paramedic certification.**

List of Objectives

During the field internship, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Physical assessment, patient history, and documentation in compliance with EMS policy for all age groups.
2. Recognize and react appropriately to scene/safety hazards.
3. Vital and diagnostic signs: recognition and significance.
4. Aseptic techniques and universal precautions.
5. Peripheral IV insertion and drip rate calculations.
6. Drug therapy: IV, IM, SQ, SL, ET, Updraft - dosage calculations.
7. Drug therapy: IV, IM, SQ, SL, ET, Updraft - drug administration. Student will **confirm all medications** prior to administration.
8. Cardiac arrest procedures.
 - a. CPR
 - b. Airway management
 - c. Defibrillate/Cardioversion/External Pacing
 - d. Pharmacology management
9. Management of trauma, medical, peds, psychiatric, geriatric, OB/GYN emergencies.
10. Airway management including: insertion of oral airways, suctioning, oxygen therapy, and oral/nasal endotracheal intubation.
11. Use of cardiac monitors and interpretation of rhythms.
12. Use of PPE recognition and application.
13. Proper needle disposal and infectious waste disposal/decontamination following EMS/OSHA guidelines.
14. Emotional support of patient and family.
15. Use of IV pumps.
16. Wound care and bandaging.
17. Splinting of extremity fractures.
18. Cervical immobilization and proper extrication. (Students are **not** allowed to use heavy rescue extrication equipment such as jaws, etc.)
19. Didactical understanding and practical application of all BLS equipment carried on EMS units.
20. Didactical understanding and practical application of all ALS equipment carried on EMS units.

STUDENTS MUST BE UNDER DIRECT SUPERVISION AT ALL TIMES.

Station Responsibilities

1. Students are expected to actively participate in daily station cleaning duties (i.e.: mopping floors, dusting, etc) with EMS crewmembers.
2. Assist with cleaning, stocking, and inventory of ambulance.
3. Study and work with preceptor daily.
4. Utilize self-motivation and initiative for ultimate learning experiences.

Notification Procedures

LATE/SICK - notify preceptor, and NFCC EMS Coordinator; if not in office, leave message on phone mail, do not page for late/sick notification.

INJURY - this includes any injury to self or patient, notify on-duty supervisor, on-duty supervisor will page NFCC EMS Program Director.

INFECTIOUS DISEASE EXPOSURE - complete Exposure Form and turn into NFCC EMS Program Director

EMS PRECEPTORS - notify on-duty supervisor of any operational problems, and the NFCC EMS Program Director of any internship concerns.

Sample, OPQRST

Signs / Symptoms:	Onset:
Allergies:	Palliative / Provokes:
Medications:	Quality:
Past Medical History:	Region / Radiation:
Last Oral Intake:	Severity:
Events Prior:	Time:

Treatment	Provider	B/P	Pulse	Resp	SaO2	Rhythm	Response
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					

Narrative

Ongoing Assessment

Student signature

Note: ECG's or other documentation should be stapled to this report

Preceptor student Evaluation Form


Student Name: <i>Please print</i>	Unit:	Date:	
Preceptor: <i>Please print</i>	Time In:	Time Out:	Total Hours:

Preceptor: Please complete this form each time a student participates in a clinical / field setting.
This form documents time, patient contacts, and student progress.

Please use the following criteria for grading:

**(5)=Excellent (4)=Above expectations (3)=Satisfactory or Meets Expectations (2)=Needs Remediation (1)=Poor
NO = Not Observed**

Evaluation Criteria	Description	Grade
1. Integrity	Examples of professional behavior include, but not limited to: Consistent; honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.	
2. Self Motivation	Examples of professional behavior include, but not limited to: Taking initiative to complete assignments; taking initiative to improve and /or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.	
3. Appearance & Personal Hygiene	Examples of professional behavior include, but not limited to: Clothing and uniform in appropriate, neat, clean, and well maintained; good personal hygiene and grooming.	
4. Self Confidence	Examples of professional behavior include, but not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.	
5. Communication	Examples of professional behavior include, but not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.	
6. Time Management	Examples of professional behavior include, but not limited to: Consistent punctuality; completing tasks and assignments on time.	
7. Attitude	Examples of professional behavior include, but not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit the profession; accepts new or different responsibilities without complaint.	
8. Patient Advocacy	Examples of professional behavior include, but not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of the patient above self interest; protecting and respecting patient dignity and confidentiality.	
9. Skills	Examples of professional behavior include, but not limited to: Performing skills with confidence; performing without direction; functioning as expected of a professional person.	
10. Planning	Examples of professional behavior include, but not limited to: Ability to sort treatment priorities; properly planning the treatment modality and completing the task as planned.	
Total Preceptor Grade	<u>Preceptor</u> , please add the grades from sections 1 through 10, and document the total in the box to the right 	

<i>Skill Description</i>	<i>Number Attempted</i>	<i>Number Successful</i>	<i>Preceptor Initials</i>
Patient Assessment (Geriatric: Greater than 65 years old)			
Patient Assessment (Adult: Puberty – 65 years old)			
Patient Assessment (Child: 1 year – early puberty)			
Patient Assessment (Infant: Birth – 1 year old)			
*** Basic Life Support Skills (EMT or Paramedic Student)			
Bandaging / Splinting			
Spinal Immobilization			
Oxygen Administration			
BLS Airway Adjunct (Includes rescue airways, LMA, Combitube, ect)			
Suction			
Bag-valve-mask			
Combi-tube			
Defibrillation			
***Advanced Life Support Skills (Paramedic Student ONLY)			
Endotracheal Intubation (Adult or Geriatric)			
Endotracheal Intubation (Infant or Child)			
IV Access (Adult or Geriatric)			
IV Access (Infant or Child)			
12 Lead ECG Interpretation			
3 Lead ECG Interpretation			
Medication Administration			
Intraosseous IV			
If this was an EMS Clinical, Please total the number of <u>TRANSPORTED</u> patients in the next box 			
A completed patient care report must accompany this form for <u>EACH</u> patient.			

Student Signature _____ Preceptor signature _____

Student: It is your responsibility to supply this form to your preceptor with each clinical / field experience. If this form is not completed, this clinical experience will not be counted. Falsification of clinical documentation will result in immediate removal from the program.



Emergency Medical Services Programs

Number: V3
 Page: 1 of 2
 Revised: 8/09
 Supersedes: V2

Subject: EMT-P FIELD INTERNSHIP/HOSPITAL CLINICAL PARTICIPATION

POLICY:

The purpose of this policy is to provide the Paramedic student with the necessary process for tracking their progress during the Field Internship and Hospital Clinical phase of their training.

Procedure:

- The Lead Instructor will be responsible for assuring the accuracy and completeness of the evaluations provided by the students.
- For the Hospital Clinical rotation, Patient Care Reports are not required, but patient contacts will be documented in the Preceptor evaluation form.
- Field Internship requirements: The student will be responsible to assure each patient contact is documented with a Patient Care Report. The Patient Care Report must be completed appropriately (see appendix) and stapled with the student evaluation for that experience. The Lead Instructor will be responsible for student remediation and documentation of the remediation for grades lower than 3 on each evaluation.

Grading Scale

- 5.0 = 100% A
- 4.5 = 95% A
- 4.0 = 90% A
- 3.5 = 85% B
- 3.0 = 80% B Minimum Passing Grade
- 2.9 = 79% C Requires Remediation...Student Remediation sheet MUST accompany Lab Evaluation

All students must successfully remediate in ALL areas prior to Final Practical Exam

- The student will be responsible to assure each patient contact during the Field Internship portion of training is documented with a Patient Care Report. The Patient Care Report must be completed appropriately (see attached) and stapled with the student evaluation for that experience.
- The student is responsible for tracking progress throughout the course of the training experience (see attached *NFCC EMS Programs Weekly Field Internship & Clinical Progression* form).
- Patient Care Reports and/or Student Evaluations that are incomplete will be returned to the student for completion and the experience will not count towards the mandatory requirements until it is complete and returned to the Lead Instructor.

Minimum Field Internship and Clinical progression: total hours and procedures per semester

Semester 1 (Clinical Week 1-7) Minimum for progressing to Semester 2

- *24 Hospital Clinical Hours *6 IV Access *8 Patient case studies
- *72 Field Internship Hours *4 Medication Administrations

Semester 2 (Clinical Week 8-23) Minimum for progression to Semester 3

- *56 Hospital Clinical Hours *27 IV Access *12 Patient case studies
- *130 Field Internship Hours *12 Medication Administrations

Semester 3 (Clinical Week 24-35) Minimum total for Program Completion

- *72 Hospital Clinical Hours *204 Field Internship Hours *40 Patient case studies
- *13 Medication administration *34 Successful IV start

5 live patient intubations (may carry over from P1 through P3)



Emergency Medical Services Programs

Number: V3
 Page: 2 of 2
 Revised: 8/09
 Supersedes: V2

Subject: EMT-P FIELD INTERNSHIP/HOSPITAL CLINICAL PARTICIPATION

Weekly Field Internship & Clinical Progression (cumulative hours/procedures)

SEMESTER 1 Totals						SEMESTER 2 totals						SEMESTER 3 totals					
Clinical	Clinical	Field	IV	Med.	Case	Clinical	Clinical	Field	IV	Med.	Case	Clinical	Clinical	Field	IV	Med	Case
Week	Hours	Intern.	Start	Admin.	Studies	Week	Hours	Intern.	Start	Admin.	Studies	Week	Hours	Intern.	Start	Admin.	Studies
1						8						24					
2						9						25					
3						10						26					
4						11						27					
5						12						28					
6						13						29					
7	24	72	6	4	8	14						30					
						15						31					
						16						32					
						17						33					
						18						34					
						19						35	72	204	34	13	40
						20						Total cumulatives for P1-P3					
						21						152	406	50	25	60	
						22											
						23	56	130	27	12	12						

Notice: Failure to accomplish the activities and hours listed for each semester will result in suspension and not progressing in the Paramedic program. It is the STUDENTS responsibility to complete the assigned activities and hours prior to the end of each semester.