

GFC-UPMC-CEM

Paramedic Training Consortium

Preceptor Manual

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Introduction / Welcome!

The GFC-UPMC-CEM Paramedic Training Consortium (Sponsor) administration wishes to thank you for serving as a preceptor for our Paramedic Program. You were recommended or selected by your agency to serve as a preceptor and have met the qualifications of our program for this role. We sincerely appreciate your willingness to participate in this educational endeavor.

Our faculty believes that involvement of all healthcare professionals supports and enhances the quality of learning and strengthens the link between EMT / Paramedic education and EMT / Paramedic practice. The knowledge and skill you share during this experience are an integral component of successfully transitioning the student(s) from basic theory principles to practice. Your guidance is instrumental in molding positive professional behaviors and you will likely witness an amazing transformation in confidence as the student progresses from day one to the final day of the experience.

What's in this Manual?

The Preceptor Manual is designed to outline the requirements and responsibilities of the student while in the learning environment. Our *Clinical Handbook* gives complete details of all requirements. Your facility will receive a copy of both manuals.

Key Contacts

Below are the contacts for the program. Please contact us with any questions, or if you feel you need to discuss a student's performance.

Program Director

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Cell: (610) 721-0501
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Clinical Coordinator

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Preceptor Qualifications

The Sponsor does not dictate the qualifications for preceptors in hospital or in the field. Each agency decides who qualifies to be a preceptor in their area of expertise. We do recommend a minimum of two years' experience.

Field Preceptors (Paramedic Units) are required to complete a preceptor training program. This can be accomplished through an online program via Fisdap, or through a state / national recognized program. The Fisdap program gives four (4) hours of continuing education credit and is offered free of charge through the Sponsor. We need the preceptor's name and email to give access codes to the training program.

This is an accreditation requirement and strictly enforced by CoAEMSP and CAAHEP. We must have documentation of completion of a preceptor training program in electronic or print form in order for each field preceptor to participate. The FISDAP program auto-generates a completion document for our program.

Program Objectives

The objectives of the Paramedic Training Program are:

TO PREPARE COMPETENT ENTRY LEVEL EMERGENCY MEDICAL TECHNICIAN-PARAMEDICS IN THE COGNITIVE (KNOWLEDGE), PSYCHOMOTOR (SKILLS), AND AFFECTIVE (BEHAVIOR) LEARNING DOMAINS.

What Are Students Allowed To Do?

Our program is a fast-paced program that requires students to be in the field early in the program! Students gain skills every week during their Practical Lab Time. Students are signed off and have their Skills Card “punched” as they gain competency. Students are required to carry their sign-off sheets and punch cards to all field and clinical rotations! If they do not have them, they are to be sent home and reported to our program. [SEE APPENDIX A](#) for required paramedic skills and [APPENDIX B](#) for other levels of providers and required skills.

Additionally, we will post a syllabus in FISDAP and the Clinical Coordinator will periodically send email updates on where the paramedic students are in didactic and skills learning.

NOTE: At no time whatsoever can a student perform advanced skills while working on shift as an employee or volunteer for any institution.

FISDAP Forms

FISDAP forms are the paramedic program documentation of each shift a student attends during field or clinical hours. The preceptor should review the form **BEFORE** the shift and after completion of the shift, making sure that the student has documented the shift’s events on the form.

These forms are designed to be specific for the field or clinical unit where the preceptor works. There are instructions regarding what is expected of the student for their shift at each type of location.

At the end of the shift, the preceptor should review all skills/assessments that the student observed or performed and rate them as specified on the form. This is the preceptor’s opportunity to provide feedback to the student and on the form.

Students: Program Clinical Expectations

Students will be expected to (**EXCERPT: Pg. 4 - 7: Copied from Student Clinical Handbook**):

1. If an emergency prevents you from attending a clinical shift, you must notify the Clinical Coordinator via Email and the clinical site staff as described in the *Clinical Sites* section (Section 5) of this handbook prior to the start of that particular shift. Failure to attend a clinical rotation without advanced notice made to the site and the Clinical Coordinator may result in disciplinary action.
2. Have your class syllabus with you at all times.
3. Have your "Authorization for Advanced Skills" with you at all times in both punch-card and written form.
4. Review your Performance Objectives and Authorization for Advanced Skills with your preceptor at the beginning of the shift.
5. Only perform skills that are authorized and are directly supervised by a preceptor.
6. Strictly adhere to the Clinical Handbook's appearance policy.
7. Display an attitude reflective of respect for the patient, preceptor, staff and hospital.
8. File a written "Incident Report" immediately to the Clinical Coordinator or faculty for any incident or action that is out of the ordinary. In addition to the documentation, phone notification and / or email notification is required immediately following the incident or shift. (Please see attached *Incident Report Form* for reference)
9. Ensure that all of the appropriate documentation is completed by the preceptor at the completion of each shift. All FISDAP shift-data for pre-hospital clinical shifts should be entered, reviewed and audited by the preceptor in no more than 48 hours following the close of a shift. All electronic student "evals" should be completed in FISDAP by the preceptor no later than 48 hours following the close of that shift.
10. Keep strictly confidential all material, information and/or knowledge received or gained through the clinical experience, including but not limited to patient identities and information contained in patient medical records.
11. Under no circumstances are students to operate a host organization's vehicle.
12. Under no circumstances are students to wear a host organization's uniform or company attire with the exception of personal protective equipment.
13. In addition to this manual and all other Sponsor policies, all students are to strictly follow the policies and procedures of the host site/facility.

While serving in the clinical environment, the preceptor has *complete control and ultimate authority*. In the event of unforeseen circumstances, a clinical site supervisor may have to resolve a schedule conflict or an emergency situation by asking a student to leave the site. If for any reason, a student is dismissed from a clinical site, the student is to immediately, politely and without question depart the site. The student is to then file an incident report with the Clinical Coordinator as directed above.

Student Dress Code

The following dress code will be observed at all times (more specific policies may also apply at the discretion of a clinical site. i.e. OR, Trauma Service, etc.):

I. Clinical Uniform

- a. Sponsor issued ID badge
- b. Sponsor issued grey polo shirt
- c. Pants appropriate for clinical site
 - i. In-hospital/clinic
 1. Well-fitting, navy, black, tan dress-slacks
 2. Black or brown belt, matching shoe color
 - ii. Pre-Hospital
 1. Well-fitting navy BDUs or EMS uniform-style pant
 2. Black Belt
- d. Footwear appropriate for each clinical site
 - i. In-hospital/clinic
 1. Boots are permitted in the in-hospital clinical setting
 2. Black or brown dress shoe
 3. Closed toe
 4. Closed heel
 5. Flat heels
 6. Socks appropriate for dress
 - ii. Pre-hospital
 1. Black boots
 - a. Steel toe
 - b. At least six inches of ankle support
 - c. Polished
 - d. Free of dirt, scuffs, scratches, etc.
- e. Other considerations
 - i. White undergarments
 - ii. Students may wear a white cotton shirt under the uniform top (no writing or logo should be visible)

II. Uniform appearance

- a. Uniform must be laundered prior to **each** clinical shift
- b. Uniform will be free of all offensive or non-laundered odors
- c. No stain may be present on any portion of the uniform
- d. No rips or tears may be present
- e. The entire uniform must be well pressed

Student Appearance

In an effort to ensure that all students offer a professional appearance and instill an atmosphere conducive of learning and diligent patient care, the following appearance guidelines must be strictly adhered to:

- I. General Appearance
 - a. Hair
 - i. Off the collar and pulled back
 - ii. Of a natural color
 - iii. Single, discrete band to hold hair back may be used
 - iv. No clips, barrettes, or other accessories may be used while in the clinical setting for students' and patient safety
 - b. Makeup
 - i. Very minimal, light, discrete makeup should be applied only when necessary
 - c. Fragrance
 - i. In an effort to always consider the best for our patients, the SPONSOR has a **no-fragrance** policy for perfumes, colognes, deodorants, hair-products, and detergents
 - d. Hygiene
 - i. All students must be bathed prior to **each** clinical shift
 - ii. No visible dirt may be present on any body part
 - iii. The student should wear non-fragrance deodorant
 - iv. The student should brush teeth prior to each clinical shift and must have no evidence poor oral hygiene (halitosis, visible decay, visible gold or silver implanted teeth, chipped/missing tooth/teeth, etc.)
 - e. No chewing of gum during any clinical shift
 - f. No visible body art of any kind is ever permitted
 - i. No visible tattoos of any kind are allowed
 - ii. Piercings
 1. One small, studded earring is permitted per ear
 - a. No hoops
 - b. No dangling earrings
 - c. No visible body piercings
 - i. No tongue piercing
 - ii. No implants
 - d. No spacers
 - e. No large visible spacer holes
 - g. Nails
 - i. Short, well-manicured
 - ii. No polish
 - iii. No artificial nails
 - h. Accessories should be strictly limited to one ring per hand w/ the exception of a wedding band AND adjoining wedding ring, if applicable
 - i. No visible or dangling necklace
 - ii. No bracelets
 - i. A single, professional watch must be worn at all times except when prohibited i.e. OR, Cath Lab, NICU, etc.

- i. No logo
 - ii. Must have either a sweeping second hand or digital second annotation
- II. Site Specific Appearance
 - a. In addition to these requirements, each student is compelled to also adhere to the host site's appearance policies.
 - b. No exceptions will be granted to any site-specific policies.

Hats/caps are not permitted during in-hospital clinical shifts. Hats/Caps are generally not permitted during pre-hospital field shifts unless cold-season specific, and approved by the Clinical Coordinator.

The SPONSOR clinical uniform may only be worn while you are involved in SPONSOR related activities.

Any additions to the SPONSOR clinical uniform (e.g. hats, gloves, scarves, etc.) will be permitted only with approval of the Clinical Coordinator.

Clinical Phases

The SPONSOR Paramedic Training Program is a certificate program and we do not follow an academic "semester" schedule. Our program is designed as a phase concept.

Phase / Hours Requirements (Minimum)

PHASE 1 (September – December)

CLINICAL SITE	HOURS
Field Time	120
Anesthesia	24
Emergency Department	60
Morgue	4
Pediatric Emergency Department	12
Respiratory	8
Trauma	12

NO TEAM LEADS DURING PHASE 1!

Phase 2 (January – May)

CLINICAL SITE	HOURS
Field Time	120
Critical Care	24
Emergency Department	100
Cath Lab	8
OB/L&D (when available)	8
Pediatric Critical Care / Emergency Dept	12
Pediatric NICU	8
Burn Center	8
Medical Command Shift	4

NO TEAM LEADS DURING PHASE 2!

Phase 3 / Summative Field –SFE- (June – July)

CLINICAL SITE	HOURS
Field Time	120 Hrs. (60 hours x 2 Preceptors)

TEAM LEADS OCCUR DURING PHASE 3 ONLY!

The final stage of the clinical program integrates all of the didactic, psychomotor and clinical skills and instruction into the ability to serve and function as an entry level paramedic. This segment is primarily an evaluative phase of the program occurring after all the didactic components have been completed.

During this final phase of their education, students should be functioning in the role of team leader.

The purpose of this is to evaluate the student's ability to act as an independent paramedic and safely and effectively provide prehospital care throughout the duration of the call. Students should be performing scene size-up, patient interviews and exams, performing and directing appropriate patient treatment, reporting patient conditions to hospitals via various routes of communication and completing documentation. Students should be making decisions for resources, alternate transport means, and transport to proper facilities.

The preceptor should intervene for patient/crew safety and patient care concerns. If intervention is necessary, it should be used as a teaching experience, BUT should not count as a team lead.

Objective: student should successfully lead the call from start to finish without prompting for the required amount of team lead calls.

NOTE: All students are **required** to complete 50 Team Leads accumulated throughout the program by the end of the Summative Field assessment.

Field Preceptors (Paramedic Units)

New Preceptors

Whenever a new preceptor joins your organization, please notify either the SPONSOR Clinical Coordinator or the Program Director as soon as possible. We will give an access code and directions if the new preceptor is going to do the FISDAP online program. It is a CoAEMSP requirement that ALL preceptors must have a certificate stating they have completed formal preceptor training.

Preceptor Exit

Likewise, personnel change and sometimes leave a particular position. Please notify us as soon as possible if a preceptor leaves your unit.

FIELD PRECEPTOR ROLES AND RESPONSIBILITIES

SPONSOR Paramedic Students receive extensive classroom and hospital clinical instruction in order to set the foundation for their career in the field. Guidance during the early stages of their careers by experienced paramedic preceptors is key to producing quality EMS professionals.

The role of the paramedic field 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 paramedic as defined by the Field Objectives and the FISDAP Evaluation Form.
3. Ensure the student obtains the experiences necessary to acquire the knowledge, skills, and personal behaviors/attitudes required of an entry-level paramedic.
4. Use the Field 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 paramedic.
7. Provide objective written evaluations to the Paramedic Program, documenting the student's progress toward mastery of the Field Objectives and attainment of entry-level competency.
8. Attest to the student's attainment of entry-level competency through completion of the Preceptor's SFE form for Entry-Level Competency.

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

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

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

12. Communicate openly, effectively, and objectively with the Paramedic Training Program faculty on a routine basis throughout the field internship.

FIELD TIME SIGN UP / EXPECTATIONS

1. During Phase 1 and Phase 2, Students sign up for preceptor time with agencies of their choice. They are required to choose five (5) agencies in the two phases to get a chance to see how different systems operate.

2. During their Summative Field Experience (SFE), they choose four (4) departments they would like to run with and we chose two (2) departments for their SFE. We can assign them a preceptor, or the unit can assign a preceptor.

During SFE the MINIMUM amount of hours that a student spends with each ASSIGNED Preceptor is sixty (60) hours. This is their final sign-off and they are with these preceptors until they attend enough calls that the preceptor feels adequate to make an assessment and pass/fail the student. Students are required to have 50 team leads accumulated by the end of the program.

Students may sign up for field rotations during the hours designated by each department. A list of the departments and hours is provided to the students in their Clinical Handbook. Students are NOT permitted to sign up for time during hours when classes are in session.

3. Some of our Departments have multiple preceptors on the same shift. In order for the students to get as much opportunity to see various patients, the policy allows for the preceptor of record to decide if a student should go out with another preceptor that may have an interesting call. **ANY PARAMEDIC PRECEPTOR MAY SUPERVISE A STUDENT.**

THE PRECEPTOR SUPERVISING THE STUDENT SHOULD REPORT ON THE STUDENT'S PERFORMANCE TO THE ASSIGNED PRECEPTOR FOLLOWING THE CALL.

At any time an advanced student may remain on the units beyond 2400 hours **if** the unit is continuing a dispatched call.

Students **ARE NOT** permitted to sleep **AT THE STATION unless cleared by the Program Director.**

4. If a student signed up for a field shift fails to appear as scheduled, please report their absence to our Clinical Coordinator and/or Program Director as soon as possible. Students who fail to show up for scheduled field internship time are subject to disciplinary action.
5. 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.
6. During the student's first shift, provide the student with an orientation to the unit, including:
 - a) Chain of command.
 - b) Station arrangement, routine, and duties. (Students are expected to participate in station duties).
 - c) Locations of equipment or supplies which the student may be asked to get. The student should inventory the truck each shift with the preceptor to remain familiar with equipment locations.
 - d) Use of equipment such as the ECG monitor/defibrillator and the radio/communication systems.

Field Time / Schedule Reports to Field Directors & Preceptors

Field Directors and preceptors should be receiving regular reports when students sign up for shifts. All reports go through FSDAP and should be directed to the Director and Preceptor. Preceptors must make sure we have you listed and all emails are accurate through your FSDAP account.

Please notify us if there are any problems in delivery!

Summative Field / Student Does Not Meet Requirements

Occasionally, a preceptor may feel that a student is not ready to be signed off after the allotted hours. We do not want a preceptor to “push” a student through just to meet a graduation deadline. The student is considered as having “completed” the REQUIRED hours, but is not ready. They are allowed to sit with their class at graduation, but are not allowed to continue to the National Registry written exam.

If you, as a preceptor, feel that a student is not ready, notify the Program Director or Clinical Coordinator as soon as possible.

We will work with you and the student to create a remedial plan of action. It may be simply more time with you as a preceptor (or another preceptor), or may involve more extensive review work. This may extend past the graduation deadline.

Clinical Preceptors (In Hospital)

The in hospital Clinical Rotation Preceptors are Physicians, Nurses, Physician Assistants and other Healthcare Professionals that instruct students on patient assessments, skills and treatments related to their clinical environment and specialties.

We appreciate the opportunity for our students to do those skills that are allowed under their scope of practice, AND to observe other skills that are not in their scope, but still vital to understanding patient care. We consider observation a great learning tool and our students are expected to observe those skills, procedures and assessments that the clinical preceptor feels enhance the students understanding of care.

CLINICAL PRECEPTOR ROLES AND RESPONSIBILITIES

SPONSOR Paramedic Training Students receive extensive classroom and hospital clinical instruction in order to set the foundation for their career in the field. Guidance during the early stages of their careers by experienced clinical preceptors is key to producing quality EMS professionals.

The role of the paramedic clinical preceptor is to:

1. Orient the student to hospital policies, procedures, and equipment specific to your unit and environment.
2. Review with each student the knowledge, skills, and personal behaviors/attitudes required of an entry-level paramedic as defined by the Clinical Objectives and the FISDAP Evaluation Form.
3. Ensure the student obtains the experiences necessary to acquire the knowledge, skills, and personal behaviors/attitudes required of an entry-level paramedic.
4. Use the Clinical Objectives to guide the student through a structured sequence of experiences which begins with the student functioning primarily as an observer and progresses to participation as a team member under your supervision.
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 paramedic.
7. Provide objective written evaluations to the Paramedic Training Program, documenting the student's progress toward mastery of the Clinical Objectives and attainment of entry-level competency.
8. Attest to the student's attainment of entry-level competency through completion of the Clinical Objectives and the FISDAP Evaluation Form
9. Advise the Paramedic Program immediately of any significant problems with student knowledge, skills, or personal behaviors/attitudes that require immediate intervention.
10. Work with the Paramedic Program faculty in remediation of problems with student performance.

11. Work with the Paramedic Program in the on-going evaluation and improvement of the Program's curricula and instructional methodologies.
12. Communicate openly, effectively, and objectively with the Paramedic Training Program faculty on a routine basis throughout the clinical experience.

CLINICAL TIME SIGN UP / EXPECTATIONS

1. Students may sign up for clinical rotations during the hours designated by each department. Students are NOT permitted to sign up for time during hours when classes are in session.
2. Clinical environments often have multiple preceptors on the same shift. In order for the students to get as much opportunity to see various patients, the policy allows for the preceptor of record to decide if a student should shadow another preceptor that may have an interesting case.

ANY PRECEPTOR MAY SUPERVISE A STUDENT. THE SECOND PRECEPTOR SUPERVISING THE STUDENT SHOULD REPORT ON THE STUDENT'S PERFORMANCE TO THE ASSIGNED PRECEPTOR FOLLOWING THE CASE/CARE.

3. If a student signed up for a clinical shift fails to appear as scheduled, please report their absence to our Clinical Coordinator or Program Director as soon as possible. Students who fail to show up for scheduled field internship time are subject to disciplinary action.
4. 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.
5. During the student's shift, provide the student with an orientation to the unit, including:
 - a) Introduction to staff on duty and who the student will be assigned to.
 - b) Unit arrangement, routine, and duties. (students are expected to participate in unit duties such as changing linens, moving patients via stretchers, assisting with bedside activities).
 - c) Locations of equipment or supplies which the student may be asked to get. The student should assist with inventory or procedures required for each shift with the preceptor to remain familiar with equipment locations and functions.
 - d) Use of equipment such as the ECG monitor/defibrillator and other commonly used equipment.

6. Observation Shifts. Some shifts require observation of care and treatment only. These shifts are provided to enhance the knowledge of the student for extended care of patients outside the prehospital setting. Students are expected to participate in rounds and discussions, use of

specialized equipment (vents, pumps, chest tubes, etc.), and may assist the preceptor in care as deemed appropriate by the preceptor.

Observation Shifts Include:

Cath Lab

Critical Care Units (ICU, CCU, etc.)

OB/L&D (Assessments). Students can assist in non-invasive assessing as long as staff & Pt are comfortable.

Clinical Time / Schedule Reports to Clinical Directors

Many of our Hospital Clinical Directors request a regular report specifying which student(s) will be at their facilities during all shifts. The FSDAP program allows us to customize reports that we can send via email on a weekly or monthly basis.

Please advise the Clinical Coordinator or Program Director if you wish to be added to this list and specify how often you would like to be notified. Please also notify us of any changes or additions to emails you need with the system, or if the reports stop coming (sometimes a glitch in the program).

Appendix A / Paramedic Student Skills Verification Forms

Skills Verification Card (Items punched have been approved for use)			
Electrical Therapy			
Cardiac Monitoring	Synchronized Cardioversion	12 Lead ECG	
External Pacing	Defibrillation		
Drug Administration			
Endotracheal	Aerosol	IV Piggyback	IM, SQ, SL, TD, PO
Endotracheal Intubation			
Direct Laryngoscopy	Nasal	Digital	
EOA/Combitube/King/LMA	Esophageal Airway Insertion		End Tidal CO2
CPAP	Endotracheal Suctioning		
IV Cannulation			
Peripheral Venous Insertion	IO/ 3 way stopcock	External Jugular	
Phlebotomy	Port Access		
Other Advanced Skills			
Nasogastric Tube Insertion	Needle Chest Decompression	Carotid Sinus Massage	
Needle Cricothyrotomy TTJ	Urinary Bladder Catheterization		

**GFC-UPMS-CEM Paramedic Training Program
Authorization for Advanced Skills**

Student's Name: _____

This document has been prepared to provide you with the ability to quickly and easily determine which advanced skills this paramedic student is authorized to perform **UNDER THE DIRECT SUPERVISION OF A PRECEPTOR**. Please note that this sheet documents only advanced skills. Each student is a certified emergency medical technician, and is therefore expected to perform any procedures in the scope of practice of an E.M.T. It is the responsibility of the student to review this form with the preceptor before each shift.

<u>SKILL</u>	<u>DATE</u>	<u>FACULTY SIGNATURE</u>
• <u>Electrical Therapy</u>		
Cardiac Monitoring	_____	_____
Synchronized Cardioversion	_____	_____
Defibrillation	_____	_____
12 Lead ECG	_____	_____
External Cardiac Pacing	_____	_____
• <u>Drug Administration</u>		
Aerosol	_____	_____
Endotracheal	_____	_____
Intramuscular	_____	_____
Intravenous	_____	_____
Intravenous Infusion/Piggyback	_____	_____
Intraosseous Infusion	_____	_____
Oral	_____	_____
Subcutaneous	_____	_____
Transdermal	_____	_____
Sublingual	_____	_____
NG/OG/PEG/G/J Tube	_____	_____
• <u>Endotracheal Intubation</u>		
Direct Laryngoscopy	_____	_____
Nasal	_____	_____
Digital	_____	_____
With EOA/EGTA	_____	_____
Endotracheal Suctioning	_____	_____
Esophageal Airway Insertion	_____	_____
End Tidal CO2	_____	_____
CPAP	_____	_____
Combi tube/LMA/King	_____	_____
• <u>IV/IO Cannulation</u>		
Peripheral Venous Insertion	_____	_____
Intraosseous Insertion	_____	_____
External Jugular Vein Cannulation	_____	_____
Phlebotomy	_____	_____
Port Access	_____	_____
• <u>Other Advanced Skills</u>		
Nasogastric Tube Insertion	_____	_____
Needle Chest Decompression	_____	_____
Needle Cricothyrotomy with TTJ	_____	_____

Appendix B / Other SPONSOR Paramedic Training Programs Served By Preceptors

EMS continues to evolve, and with the National EMS Education Standards in place, there are four main certification levels for the EMS field.

- Emergency Medical Responder (EMR – Replaces First Responder)
- Emergency Medical Technician (EMT)
- Advanced EMT (AEMT)
- Paramedic

With the national education standards, a certain level of clinical and field training is required for completion of these programs. Students will present preceptors with Clinical and Field forms that are similar to the paramedic FISDAP forms. These forms should be signed off at the completion of each shift.

This section is an outline of requirements for completion of each program with the SPONSOR.

Identifying Our Students

All SPONSOR Students are required to wear uniforms with our SPONSOR logo, identifying them as students, and have a corresponding photo ID. All students are required to meet the dress code and appearance standards as set for the paramedic program. Each facility will decide what level(s) of students they will accept from our programs. We provide lists of students assigned to clinical and field time in the same manner as we do for the paramedic program.

STUDENTS MUST IDENTIFY THEMSELVES AND THE LEVEL OF CERTIFICATION THEY ARE ATTAINING!

Example: “My name is _____ and I am here as an AEMT student.”

Emergency Medical Technician Students (EMT)

CLINICAL TIME

The EMT is required to do 10 patient assessments in an ER setting under the supervision of a preceptor, focusing on assessment skills and vital signs. This is usually accomplished in one shift.

FIELD TIME

The EMT student is not required to do any field time for the program.

Advanced EMT Students (AEMT)

The AEMT Program supports a higher level of patient assessment and treatment. AEMTs have the capabilities to start advanced care and treatment for heart attacks, respiratory distress and patients who present unconscious / unresponsive. This level of training augments the EMS system by providing an additional level of patient care.

SKILLS

- IV start and Blood Draws
- IO start and infusion
- Medication administration by IV, IM/SQ, Oral/SL, Nebulized and Nasal routes (Allowed meds will be present on clinical and field forms)

- Insertion of Supraglottic Airways (King, Combitube)
- Advanced Assessments

CLINICAL TIME

The AEMT student is required to do patient assessments and advanced skills listed above in an ER setting, under the supervision of a preceptor. They are required to do 32 hours of clinical time.

FIELD TIME

The AEMT is required to do 40 hours of field time under a preceptor. The AEMT may perform advanced assessments and those skills outlined above. **See: Advanced EMT Field / Clinical Rotation Form**



ADVANCED EMT (AEMT) FIELD/ CLINICAL ROTATION FORM

Student _____ **Date** _____

Shift _____

Location _____

Field Preceptor _____

Clinical Preceptor _____

Physician (Clinical Time) _____

- On Arrival, introduce yourself to the Field or Clinical Coordinator or their designee.
- Show this sign off sheet to your assigned preceptor so they are aware of your skill set.
- Your Preceptor will introduce you to the appropriate staff. Show them this checklist as well so that they are aware of advanced procedures that you can be signed off on with them.
- You are not permitted to do anything that is not on this list,

Skill	#Completed	# Unsuccessful	Not Applicable	Total # Performed
IV				
CPR Skills				
<u>Vital Signs</u>				
Pt Assessment				
<u>Oxygen</u>				
<u>Administration</u>				

<u>Pulse Oximetry</u>				
<u>Suctioning</u>				
<u>ECG acquisition</u>			<u>No Interpretation</u>	
<u>Glucometer</u>				
<u>Medication Administration</u> ROUTES: IM, SQ, SL, IV, Intranasal, Oral <ul style="list-style-type: none"> ▪ Albuterol ▪ Aspirin ▪ Dextrose 50% ▪ Epinephrine 1:1,000 IM ▪ Glucagon IM ▪ Naloxone ▪ Nitroglycerin SL ▪ Oxygen OBSERVATION ONLY			Epinephrine IM/SQ Only!	
<i>Intubation</i> (at discretion of and under direct observation of physician)			Supraglottic Only KING / COMBI	

Comments and Observations

Clinical / Field Preceptor Signature _____

Blue= Paramedic or Physician oversight Red= Paramedic or RN oversight
Green= RN, Paramedic or Physician oversight