

Cape Girardeau Career and Technology Center
EMS Program: Preceptor Handbook



Preceptor Handbook

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Version B

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WELCOME

Welcome to the Cape Girardeau Career and Technology Center (CGCTC) 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 CGCTC, as your knowledge and training will make and guide the students into a career that has many rewards.

Preceptors are very special to CGCTC. Your input, training and time are extremely valuable to the CGCTC 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, Brian Wilcox at (573) 334-0826 X6711 or (573)421-2566. Again, thank you for your participation in the CGCTC EMS Program.

Cape Girardeau Career and Technology Center Emergency Medical Services Preceptor Guidelines

CGCTC Emergency Medical Technician 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 CGCTC. Without your interest and input the students would not receive the training that is necessary to become a certified Emergency Medical Technician 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 CGCTC 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 National Registry of Emergency Medical Technicians.

The curriculum is based upon and meets or exceeds all requirements of the U.S. Department of Transportation Paramedic Training Standards, the National registry of Emergency Medical Technicians, and the Missouri Bureau of Emergency medical Services.

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.

CGCTC PHILOSOPHY

Career & Technical Education is not the end in its self, but a means by which the theory of the academic subjects may be applied to practical situations. It is the obligation of this school to provide the learning experiences needed to prepare the students to take their place in their chosen fields or careers.

The "individual" must be the center of concentration in developing programs, curriculums, and activities for the students' educational growth. Opportunities must be provided for the continuation of his social, aesthetic, and ethical development as set forth by his home school.

This school, as a political subdivision, must provide educational services to this community compatible to the demands of this community. It must offer subject areas to both high school and adult students, which will yield trained personnel to fill the occupational needs of the area.

EMS PROGRAM PHILOSOPHY

The Emergency Medical Services 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 education is a viable part of the general education system of an institution of higher learning.

The faculty of the Emergency Medical Services program believes Emergency Medical Services 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;
- share 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.

EMS PROGRAM GOALS

The goals of the Emergency Medical Services programs are to prepare and train students as competent EMT's and Paramedics, qualify graduates to sit for current National Registry Examinations provided by the National Registry of Emergency Medical Technicians, to earn the Emergency Medical Technician or Paramedic credential and to maintain an instructional program providing each student with the basic skills and knowledge essential to develop his or her full potential.

EMS PROGRAM OBJECTIVES

Upon completion of this course, the student will be able to demonstrate an appropriate level of skills and knowledge of procedures and equipment to function as an entry level paramedic or EMT. Students will be able to fulfill the job responsibilities of an EMT or EMT-P and will be able to utilize their own critical thinking and problem solving skills. Students will be prepared to sit for, and successfully complete a secure NREMT credentialing format exam.

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 wellbeing.
 - 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

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. Paramedics must also be able to deal with adverse social situations, which include responding to calls in areas 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 Paramedics' as well as other workers' well-being must not be jeopardized. 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. 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/radios 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 Paramedics work in emergency conditions in which there may be no time for deliberation. 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 during internships with ambulance services, 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 CGCTC Program Director 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 as outlined in the student handbook..

DRESS CODE AND APPEARANCE

The uniform for both hospital and field clinical environments will consist of the following:

1. Navy blue or black pants with a solid black belt.
2. Cape CTC student-logo polo shirt, tucked in.
3. Black shoes/boots with dark grey/blue or black socks.
4. For inclement weather, navy blue or black outerwear with no logos or affiliations.
A long sleeve solid color undershirt may be worn in white, navy, gray or black.
5. ID badge.
6. Stethoscope, penlight and trauma shears minimum.
7. No hats.

Paramedic students may be asked to change into scrubs while at the clinical site based upon the area they are working in (surgery, cardiac cath lab or obstetrics). When working in these areas you must still wear your ID badge at all times.

Appearance will adhere to the following:

1. Hair:
 - Clean and neatly arranged.
 - Hair is to be worn off the collar and in a style that will prevent hair from falling or touching others while working.
 - No unusual hair color or style will be permitted. Barrettes, bands, etc must be same color as hair.
2. Facial hair:
 - Unshaven appearance is prohibited.
 - Moustaches are allowed, but must be neatly trimmed.
 - Beards (or any variation) are prohibited.
 - Sideburns may not extend below the earlobe.

3. Jewelry:

- Up to one earring may be worn in each ear.
- Up to one ring may be worn on each hand. Rings will be smooth without projections.
- Facial jewelry is prohibited. Tongue piercings will be removed while at the clinical site.
- Potentially offensive jewelry is prohibited.

4. Tattoos:

- All tattoos should be covered during clinical and internship rotations.

The EMS Program Faculty will determine appropriateness of Clinical Attire. The clinical and internship affiliates reserve the right to limit student access to their facility in accordance with their cooperative agreements with the CGCTC.

Any violation of, or omission of articles contained in the dress code will result in the student not being permitted to attend clinical that day and recorded as absent. The third offense of the dress code will be considered grounds for dismissal from the EMS program. After the third offense, the review committee will meet to determine whether or not the student will be dismissed from the program.

Paramedic Clinical /Internship Objectives

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, pediatrics, 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 arises:

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

Field Internship 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, pediatrics, 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.

Emergency Medical Technician Clinical/Internship Objectives

Emergency Department Objectives

During clinical rotations in this area, the emergency medical technician 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.
8. Cardiac arrest procedures.
9. Management of trauma, medical, pediatrics, OB/GYN emergencies.
10. Airway management including insertion of airways, suctioning, oxygen therapy
11. Use of cardiac monitors and obtaining 12 lead EKG's
14. Emotional support of patient and family.
16. Recognition of safety hazards, and implementation of safety procedures. (i.e.: using bedside rails)
18. Wound care and bandaging.

Field Internship Objectives

The Emergency Medical Technician 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, pediatrics, psychiatric, geriatric, OB/GYN emergencies.
8. Airway management including: insertion of oral airways, (OPA, Combitube) suctioning, oxygen therapy.

9. Use of cardiac monitors and 12 lead EKG's
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.

Clinical Supervision

No student 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 CGCTC clinical coordinator or program director immediately. **EMS Clinical Coordinator / Program Director—Brian Wilcox (573)332-0826 x671 or cell phone (573)421-2566.**

Immunizations

A health and immunization record must be completed and immunizations must be up to date prior to starting clinical rotations.

Conduct at Clinical Sites

Students are never, under any circumstances, allowed to be on any computer at any clinical site. Any students found accessing a computer at a clinical site will be subject to immediate program termination. The only exception to using a computer is if the student is accessing the FISDAP (Field Internship Student Data Acquisition Project) program to document clinical experiences or patient contacts.

All clinical requirements must be done on an unpaid basis while acting in the capacity of a student.

The student will maintain patient confidentiality in compliance with the Health Information Portability and Accountability Act (HIPAA). Breach of this policy will result in suspension, termination from the program, and/or monetary fine(s).

The student is expected to arrive at a minimum of 15 minutes prior to the start of the clinical rotation.

The student will report to the charge nurse or supervisor at the clinical site upon arrival.

The student will introduce himself/herself to each employee of the clinical site in the immediate work area.

The student will act **under the direct observation** of appropriate licensed or certified personnel **at all times**. No ALS skills may be performed out of sight of a preceptor.

The student will make the best use of the clinical experience and will not remain idle during opportunities to participate in patient care. This includes staying for the duration of the shift scheduled unless verified by the shift preceptor and clinical coordinator.

The student will act with integrity and courtesy at all times.

The student will act in such a way as to be helpful to the preceptor, and not to become a burden to the preceptor. The student will keep in mind preceptors at most clinical sites are not obligated to allow the student to perform skills.

The student will act with concern for the safety of himself/herself, the patient, and others at the clinical site, and will not cause harm to anyone.

Any injury or exposure at a clinical site must be reported to the clinical coordinator immediately (regardless of day or time) and a written incident report must be submitted within 48 hours of the event.

A complaint on a student from a preceptor or a clinical site may result in disciplinary action up to and including a one (1) month suspension or dismissal from the program.

***Remember: You are a guest at our clinical sites. You should treat each clinical as a first job interview as well. If you behave inappropriately (i.e. sleeping, being lazy or unhelpful, creating a disturbance, etc), you can assume that clinical site will likely not hire you once you acquire a license...they will also likely tell their associates at other departments...so act accordingly or expect to not be returning to that clinical site.**

Student Responsibilities

1. The student should be on time and dressed in the CGCTC EMS uniform.
 - a. Shift assignments are in 12-24 hour increments. The student may complete a maximum of 24 hours within a 36-hour time frame.
 - i. 24 hour clinical rotations or overnight rotations are at the discretion of the individual internship site, and must be approved prior to the shift with the administrator/manager of the internship site.
 - 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 removed from clinical/internship rotations for a period of two weeks. The preceptor should notify the CGCTC program director or 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 CGCTC EMS Faculty.
4. The student is to perform only those duties as identified on the List of Objectives, 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 CGCTC EMS program director or clinical coordinator is to be notified.
7. Valid BLS card and proper identification must be carried at all times.
 8. The student must call the clinical /internship site if he/she is going to be late. The student must notify the CGCTC EMS program director or clinical coordinator for tardiness or absence.
 9. The CGCTC 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 CGCTC EMS program director or clinical and the preceptor and site supervisor must be notified.
 11. The 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.**

Internship Preceptor Responsibilities

1. Direct supervision of 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 manager/Administrator, and the CGCTC EMS clinical coordinator or program director.
7. Problems of a serious nature should be brought to the attention of the on duty EMS supervisor, the EMS manager/administrator, and the CGCTC EMS program director **IMMEDIATELY**. (i.e.: unprofessional conduct/manner, improper uniform, and noncompliance with PPE, student/patient injury).
8. Complete daily student evaluation and review with student.

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 or sick – notify on-duty EMS supervisor and CGCTC EMS clinical coordinator or program director; if not in office, leave message on phone or e-mail.

Injury – this includes any injury to self or patient. Notify on-duty EMS supervisor, then the CGCTC EMS clinical coordinator or program director.

INFECTIOUS DISEASE EXPOSURE – notify CGCTC EMS clinical coordinator or program director.

PRECEPTORS – notify the EMS supervisor of any operational problems and the CGCTC 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.

Preceptors

As of August of 2015 the Cape Career and Technology Center will be using the FISDAP preceptor training program. Unless the ambulance district or hospital already has in place an approved training program for preceptors. All internship site preceptors will be given the preceptor training information provided by FISDAP which must be completed unless other training has been provided that is approved by the Cape Girardeau Career and Technology Center EMS Program.

It is the responsibility of the student while performing clinical/internship to determine if the preceptor they have been assigned to is an approved preceptor. Any clinical/internship rotations performed without an approved preceptor will not be counted toward the program completion requirements. A list of approved preceptors will be maintained in the office and provided to the students prior to starting clinical rotations.

Clinical Rotations and Documentation

Students are required to document all clinical experiences/skills and patient care on the FISDAP online site. All documentation will be completed prior to departing the clinical site. Documentation that is incomplete or has not been signed by the preceptor will not count toward completion of clinical /internship rotation.

Student Evaluations

Prior to leaving the clinical/internship site the student should have completed the appropriate evaluations.

During clinical rotations the student must fill out the preceptor evaluation and the site evaluation before departing the clinical site. Make sure that you have had your preceptors fill out all appropriate evaluations and that they have signed off on all skills and patient contacts for the rotation.

During field internships prior to departing the student should have completed the preceptor evaluation, site evaluation and the daily field internship self-evaluation. You must also make sure that you have had your preceptors fill out all appropriate evaluations and that they have signed off on all skills and patient contacts for the rotation.

Preceptor Evaluations

For **hospital clinical rotations** preceptors will sign off each patient contact and any skills the student has documented they have completed on the FSDAP program. At the end of each patient care report the student will have completed a self-evaluation with a grading scale of 0-1-2. A 0 score is the lowest possible score with 2 the highest. The preceptor will then evaluate the student in each category 0-1-2. Preceptors have the option of also documenting a plan of action in areas the student could work on to improve if needed. Upon completion of the evaluation the preceptor should type their name in the preceptor sign off box, sign under it and lock the patient care report and verify it to prevent any further documentation by the student. For each Shift the preceptor must also complete the professional behavior evaluation as well.

Field **internships preceptors** will be required to complete the professional behavior evaluation on each student as well and complete the Daily field Internship Evaluation Form, also on the FSDAP program, for each student as well. These two evaluations must be filled out regardless if the student has any patient contacts during the internship rotation. Any patient contacts that the student has and documents on must also be critiqued by the preceptor on the FSDAP program in section 3 Preceptor Signoff. The student should have completed the self-evaluation with a score of 0-1-2. After the student has completed the self-evaluation the preceptor will complete the same evaluation based upon his/her observation of the student and should also include suggestions on the evaluation to help the student improve. After completing the required documentation the preceptor should type their name in the signature block and sign below it, lock the report and verify it. Once the report has been locked and verified the student will be unable to go back and make changes to the report.

Falsification of Documentation

Falsification of documentation is a serious offense and a breach of ethics. Any offense will be taken seriously and investigated by the clinical coordinator and program director. Any student who has falsified patient documentation will be dismissed from the paramedic program immediately. If the student wishes to dispute the dismissal they should follow the procedures for reinstatement to the program as outlined in the student handbook.

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Office 573-334-0826 Fax 573-334-5930
www.capectc.org

I have received a copy of the Preceptor Handbook for the Cape Girardeau Career and Technology Center Paramedic program. In signing this document I am agreeing to read and understand all policies and will abide by those policies.

Preceptor Printed Name

Preceptor Signature

Date

Home Phone Number _____ Alternate Phone Number _____

E-mail address _____

Brian Wilcox, RN, EMT-P
Program Director

Date

Cindy Bleichroth, MD
Medical Director

Date

Libby Guilliams, Ed.D
Assistant Director

Date

