

VERSION 2/24



PARAMEDIC PRECEPTOR HANDBOOK 2023/2024

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Accreditation

Council on Occupational Education

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**Commission on Accreditation of
Allied Health Programs (CAAHEP)**

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Accreditation

The Cape Girardeau Career and Technology Center is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Education Programs for the Emergency Medical Services Professions (CoAEMSP).

Policies and Procedures

The faculty, emergency medical services advisory committee, medical director and administration have adopted the rules and policies in this handbook. When a student finds that extenuating circumstances might justify the waiver of a regulation, the student may petition the program director.

Description of the Profession (as per EMS Agenda for Future, NHTSA)

The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT,

EMT, and Emergency Medical Responder. CAAHEP accredits educational programs at the

Paramedic and Advanced EMT levels. Programs at the EMT and Emergency Medical Responder levels may be included as exit points in CAAHEP-accredited Paramedic and Advanced EMT programs. “Stand-alone” EMT and Emergency Medical Responder programs may be reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Institutional Certifications

Upon successful completion of any Cape Girardeau Career and Technology Emergency Medical Services (CGCTC EMS) program, a certificate of completion will be awarded to the student. Completion of the program includes all clinical and internship rotations as well as classroom and lab requirements. Students will also be eligible to take the National Registry of EMT certification exams for Emergency Medical Technician or Paramedic. Successful completion of the program includes all psychomotor and cognitive test as well as clinical, internship and capstone rotations.

Physical Demands

Aptitudes required for work in emergency medical services are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well being must not be jeopardized.

CGCTC EMS Program Goals

To prepare competent entry-level emergency medical services personnel in the cognitive, psychomotor, and affective learning domains, without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.” Qualified graduates will be eligible to sit for current National Registry Examinations provided by the National Registry of Emergency Medical Technicians, to earn the Paramedic, or Emergency Medical Technician credential. We are committed to maintaining an instructional program providing each student with the basic skills and knowledge essential to develop his or her full potential.

Preceptor Handbook

CGCTC Emergency Medical Technician and Paramedic preceptors have been chosen by their employers 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/internship 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 while under direct supervision of the preceptor. 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/internship site and are expected to perform ALL duties of the day.

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

Preceptor Training

Preceptors will be required to go through a formal training program with their employer and then have periodic preceptor training updates provided by the Program Clinical Coordinator. If no formal preceptor training program is available through their employer, the Program Clinical Coordinator may provide a training program for the preceptor.

Service Plan for Students with Special Needs

The Cape Girardeau Career and Technology Center (CGCTC) will support post-secondary students with special needs according to the following plan:

Students will self-identify their need for additional assistance due to a disability to the staff at the CGCTC. Students will provide documentation of their disability and accommodations needed. Documentation must be an Individualized Education Plan (IEP) not more than one year old from the date of expiration or an educational evaluation report from a licensed professional not more than three years old including recommendations for modifications appropriate for the identified disability. The program instructor, Vocational Resource Educator (VRE), and the student will meet to determine the modifications to be made to meet the needs of the student based on documentation. The VRE will implement services as needed. Any unresolved issues or concerns should be reported to the Assistant Director of Post-Secondary. If issues or concerns are not resolved to the satisfaction of the student, the Director will intervene in the process to find a solution to the issue or concerns.

***Some licensure tests set guidelines for test administration that do not allow for certain modifications to be administered.**

Immunizations

A health and immunization record must be completed by the student, and immunizations must be up to date prior to starting clinical rotations. These records will be supplied to the clinical /internship site along with Respiratory Training and N95 fit testing records.

Personal Protective Equipment

PPE will be supplied to the students prior to starting any clinical/internship rotation. The PPE supplied will include, but will not be limited to gowns, eye protection, surgical mask, N95 mask, hand sanitizer, and a bag to carry the PPE.

Student 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 when the student is documenting in the Skills Tracking Program to document clinical experiences or patient contacts. This should be the students own computer and not the clinical site's computer unless specified by the clinical site otherwise.

All clinical/internship requirements must be completed above minimum staffing 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 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 rotation and will report to the charge nurse or supervisor at the site. The student will introduce himself/herself to each employee of the clinical site in the immediate work area. Students will always act under the direct observation of appropriate licensed or certified personnel. For paramedic students no ALS skills may be performed out of sight of a preceptor.

Students will make the best use of the clinical experience and will not remain idle during the rotation. They should seek opportunities to always learn and 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 always act with integrity and courtesy and will act in such a way as to be helpful to the preceptor, and not to become a burden to the preceptor. The student should keep in mind that the preceptors at most clinical sites are not obligated to allow the student to perform skills but, in most circumstances, will allow the student to participate. Studying is allowed during down times after all chores are done.

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 immediate supervisor of the clinical/internship site and the EMS clinical coordinator immediately (regardless of day or time) and a written incident report must be submitted immediately after 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.

Students are guest at the clinical/internship site, and they should be treating each clinical as a first job interview.

Student Responsibilities

The student should be on time and dressed in the CGCTC EMS uniform. Shift assignments are in 12–24-hour increments. The student may complete a maximum of 24 hours within a 36-hour time frame. 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. No 24-hour rotations are allowed at clinical sites. If the student is engaged in patient care activities and is an asset to the clinical site, the student may stay for longer than the assigned 12-hour shift at the discretion of the clinical site preceptor.

Students are expected to be on time which is 15 minutes prior to the start of any clinical/internship rotation. 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. Students will also document the late arrival on SKILLS TRACKING PROGRAM, failure to do so will be considered falsification of documentation and may result in removal from the EMS program.

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 CGCTC EMS Faculty.

The student is to perform only those duties as identified on the list of objectives, under direct supervision of the preceptor. Hand washing is to be completed between each response and as indicated during the rotation. Use of PPE (i.e., gloves, face shield, gowns) is required as needed when exposure to blood and body fluids exists. Failure to use proper PPE will result in the student being sent home for the remainder of their shift. Preceptors will document incidents on the students Skills Tracking Program shift and CGCTC EMS program director or clinical coordinator is to be notified.

Valid BLS card and proper identification must be always carried by the student. Paramedic students will also always have their ACLS and PALS cards with them after course completion, an electronic copy is acceptable.

If a student is not going to be at a clinical /internship site if he/she is going to be late. The student must notify the CGCTC EMS clinical coordinator (text or email) and will be required to contact the clinical/internship site and advise them of the tardiness or absence. If tardiness becomes a problem with a student, they will be counseled on the inappropriateness of

the tardiness and may be suspended from clinical activity for two weeks. If it continues after this counseling the student may be dismissed from the program.

The CGCTC EMS Clinical Coordinator is responsible for the EMS Ride Schedule. 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 (text or email).

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

Student Restrictions

Students will not be allowed to fly on provider helicopters or operate any EMS vehicles. Students will not be allowed to participate in any fire-related activities. Students may perform only non-emergency radio communications. All students SHALL not be subject to call while in/ during any clinical time. If a student is utilized, then the clinical/internship time will be voided, and the site/date will not count towards the student's graduation requirements.

There should be no cellular phones or radios allowed while riding as a student. Students may use cellular phones for documentation of patient care activities on the Skills Tracking Program mobile app. Tobacco use is prohibited in ANY public area and the smoking rules of the clinical/internship site will be always adhered to.

Clinical/Internship Preceptor Responsibilities

Direct supervision of students always. Review of CGCTC EMS procedures and policies. Preceptors should review with the student the location and operation of equipment as determined in daily goals. Confirm patient consent for permission of student to administer patient care. Critique patient care and or ambulance calls as soon as possible after completion. This should include evaluation and scene control, patient assessment, medical history, communication/documentation skills, teamwork, judgment/treatment skills, use of equipment, establishment of priorities. Problems or concerns should be brought to the attention of the on clinical /internship supervisor, the and the CGCTC EMS clinical coordinator or program director. Problems of a serious nature should be brought to the attention of the charge nurse/nurse supervisor or 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). Students should have a complete daily student evaluation and review prior to leaving the shift and evaluations completed on the Skills Tracking Program and signed off with the preceptor's username and password, not the signature block of the Skills Tracking program. This helps to prevent falsification of the evaluations by the student. Preceptors should not tell students to fill out their own evaluations and then sign off on the student's self-evaluation.

EMS Station Responsibilities

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

Notification Procedures

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

Injuries or Infectious disease exposure – this includes any injury to self or patient. Notify the immediate supervisor, then the CGCTC EMS clinical coordinator or program director.

Preceptors– In clinical rotations notify the nurse manager of the department and during internships notify the EMS supervisor of any operational problems. The CGCTC EMS clinical coordinator should also be notified of any concerns.

The guidelines above are for the students to follow. Assisting the student with knowledge is powerful, however, paperwork must always be completed. The student is responsible for completing patient documentation on the Skills Tracking Program and evaluations of the clinical site experience as well as preceptor evaluations during each clinical/internship day. Honesty and proper documentation are 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. The forms will be reviewed with each preceptor. Clinical sites will have assigned persons to be trained by the CGCTC clinical coordinator or program director as to forms and the Skills Tracking Program operation. Each capstone internship preceptor will also be trained in the use and operation of the Skills Tracking Program.

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.

Dress Code and Appearance

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

- Navy blue or black pants with a solid black belt, unless stated otherwise stated by the clinical/field internship site.
- Cape CGCTC student-logo polo shirt, tucked in.
- Black shoes/boots with dark gray/blue or black socks.
- For inclement weather, navy blue or black outerwear with no logos or affiliations. Long sleeve solid color undershirt may be worn in white, navy, gray or black.
- ID badge.
- Stethoscope, penlight, and trauma shears minimum.
- CGCTC EMS hats may be worn at the discretion of the clinical/internship site.
- 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 always wear your ID badge.

Appearance will adhere to the following:

- Hair: clean and neatly arranged. 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, must be the same color as hair.
- Facial hair: Unshaven appearance is prohibited. Mustaches are allowed but must be neatly trimmed. Beards (or any variation) are prohibited. Sideburns may not extend below the earlobe. Any facial hair that interferes with Respiratory Protection is forbidden.
- 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.
- Tattoos: Offensive/distasteful tattoos shall be covered; the clinical site may ask the student to cover tattoos at their discretion.

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.

Paramedic Clinical /Internship Objectives Tier I

Emergency Department Clinical 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.
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
8. Cardiac arrest procedures.
9. Management of trauma, medical, pediatrics, OB/GYN emergencies.
10. Airway management including insertion of airways, suctioning, oxygen therapy, intubation.
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.
17. Interpretation of ABGs.
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

Paramedic Field Internship Objectives Tier II

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
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.

Capstone Tier III Team Leads and ALS Contacts

For a paramedic student to have reached this portion of the program all lab skills will have been completed and they will have completed hospital and may continue internship skill and pathology requirements.

Paramedic Capstone Preceptors should be near 2 years experience as a Paramedic and have been with the company for approximately 1 year or greater and completed a preceptor training

program . Standard III B 1a-*the program should focus on the evaluation of the experience, but that evaluation must include an evaluation of each active capstone field internship preceptor.*

Definition of a Team Lead: Standard III C 3. To be counted as a Team Lead the Paramedic Student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field. For agencies that cannot achieve assigning one or two preceptors to a single student the program is required to document the evidence of communication between preceptors and the student to allow adequate feedback for progression.

In the capstone internship the paramedic student should be able to function as an entry level paramedic and should be allowed to care for and direct the care of the patient without prompting or direction from the preceptor. The student may ask you as the preceptor to assist them in caring for the patient and you are encouraged to do so. For the student to count the run as an ALS contact the patient must have a cardiac monitor and IV access or a drug administration should have been performed. Students may take short ALS interfacility transfers as well. If there is an IV already initiated the student will be able to use this as an ALS contact as well. It should be noted that the student does not have to perform all the skills to count the run as a contact only that they directed the care of the patient. Example being if the student is having difficulty with IV access it is permissible for the student to ask you as the preceptor to assist. If there is IV access or an attempted IV and a monitor was applied this will constitute an ALS contact for the student. The student is required to complete at least 200 hours and 50 ALS Team Leads that direct or perform all skills and comprehensive assessments during the patient contact. Students should also form an appropriate field impression, secondary impression triage and acuity on each of these contacts. These are the requirements in the capstone rotation to complete this portion of the program. See the requirements in tables below.

Table 1 Ages

| <p>CoAEMSP Student Minimum Competency (SMC)</p> | <p>Column 1 Formative Exposure in Clinical or Field Experience</p> <p>Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation</p> | <p>Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship</p> <p>Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance</p> | <p>Total</p> | <p>Minimum Recommendations by Age*</p> <p>(*included in the total)</p> |
|---|---|--|---------------------|---|
| <p>Adult</p> | <p>30</p> | <p>30</p> | <p>60</p> | <p>(19 to 65 years of age)</p> |
| <p>Geriatric</p> | <p>9</p> | <p>9</p> | <p>30</p> | <p>(older than 65 years of age)</p> |
| <p>Pediatric patients with pathologies or complaints</p> | <p>15</p> | <p>15</p> | <p>30</p> | <p>Minimum Exposure Age</p> |
| | | | | <p>2 Neonate (birth to 30 days)</p> |
| | | | | <p>2 Infant (1 mo - 12 mos)</p> |
| | | | | <p>2 Toddler (1 to 2 years)</p> |
| | | | | <p>2 Preschool (3 to 5 years)</p> |
| | | | | <p>2 School-Aged/Preadolescent (age 6-12)</p> |
| | | | | <p>2 Adolescent (13 to 18 years)</p> |
| <p>Totals:</p> | <p>54</p> | <p>54</p> | <p>120</p> | |

Table 2 Pathology/Complaint (Conditions)

| <p>CoAEMSP Student Minimum Competency by Pathology or Complaint</p> | <p>Simulation in lab Prior to Live Environment</p> | <p>Column 1 Formative Exposure in Clinical or Field Experience Conducts patient assessment (primary and secondary assessment) and performs motor skills if appropriate and available and assists with development of a management plan on a patient with some assistance for evaluation.</p> | <p>Column 2 Exposure in Clinical or Field Experience/Capstone Field Internship Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance</p> | <p>CGCTC & MO D.H.S.S. Bureau EMS 19CSR30-40.331 (2)</p> | <p>Total Formative & Competency Evaluations by Condition or Complaint</p> |
|--|--|--|--|--|--|
| <p>Trauma</p> | <p>Minimum of one (1) pediatric and one (1) adult trauma simulated scenario must be successfully completed prior to capstone field internship.</p> | <p>18</p> | <p>9</p> | <p>40</p> | <p>27</p> |
| <p>Obstetrical comprehensive patient assessment</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> | <p>10</p> | <p>10</p> |

| | | | | | |
|---|--|-----------------------------|------------------------------------|-------------------------------|----------------|
| Psychiatric/ Behavioral | Minimum of one (1) psychiatric simulated scenario must be successfully completed prior to capstone field internship. | 12 | 6 | 20 | 18 |
| Obstetric delivery with normal newborn care | N/A | 2 (simulation permitted) | 2 (simulation permitted) | N/A | 6 total |
| Complicated obstetric delivery (e.g., breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage) | Minimum of two (2) complicated obstetric delivery simulated scenarios must be successfully completed prior to capstone field internship including a prolapsed cord and a breech delivery. | 2 (simulation permitted) | | | |
| Comprehensive Assessment Of Obstetrical Patient (Confirmed pregnancy > 30 days including postpartum with complications) | N/A | N/A | N/A | 10 | 10 |
| Distressed neonate (birth to 30 days) | Minimum of one (1) distressed neonate following delivery simulated scenario must be successfully completed prior to capstone field internship. | 2 (simulation permitted) | 2 (simulation permitted) | Included in pediatric assess. | 4 |
| Cardiac pathologies or complaints (e.g., acute coronary syndrome, cardiac chest pain) | Minimum of one (1) cardiac-related chest pain simulated scenario must be successfully completed prior to capstone field internship. | 12 | 6 | 30 | 18 |

| | | | | | |
|--|--|-----------------------------|------------------------------------|--------------------|--------------------------|
| Cardiac arrest | Minimum of one (1) cardiac arrest simulated scenario must be successfully completed prior to capstone field internship. | 2 (simulation permitted) | 1 (simulation permitted) | Chest Pain | 3 |
| Cardiac dysrhythmias | N/A | 10 | 6 | | 16 |
| Medical neurological pathologies or complaints (e.g., transient ischemic attack, stroke, syncope, or altered mental status presentation) | Minimum of one (1) geriatric stroke simulated scenario must be successfully completed prior to capstone field internship. | 8 | 4 | | 30 |
| Respiratory pathologies or complaints (e.g., respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection) | Minimum of one (1) pediatric and one (1) geriatric respiratory distress/failure simulated scenario must be successfully completed prior to capstone field internship. | 8 | 4 | 20 Adult 8 Peds | 20 Adult 8 Pediatrics |
| Total | | 88 | 46 | 190 | |

TABLE 3

| | | | | | |
|--|---|---|-------------------------------------|--------|--|
| CoAEMSP Recommended Motor Skills Assessed and Success | Colum 1 successful Formative individual <i>simulated</i> motor skills assessed in the lab | Column 2 Minimum Successful Motor Skills Assessed on a Patient in Clinical or Field Experience or Capstone Field Internship <i>*Simulation permitted for skills with *</i> | MO DHSS EMT-P CSR 30-40 | Totals | Column 4 Cumulative Motor Skill Competency Assessed on Patients during Clinical or Field Experience or Capstone Field Internship |
|--|---|---|-------------------------------------|--------|--|

| | | | | | |
|---|-----------|-----------|------------|------------|---------------------|
| Establish IV access | 2 | 25 | 15 | 27 | Report Success Rate |
| Administer IV infusion medication | 2 | 2* | 15 | 4 | |
| Administer IV bolus medication | 2 | 10 | | 12 | Report Success Rate |
| Administer IM injection | 2 | 2 | | 4 | |
| Establish IO access | 4 | 2* | N/A | 6 | |
| Perform PPV with BVM | 4 | 10* | 20 any age | 20 | |
| Perform oral endotracheal intubation | 2 | 10* | 5 (live) | 12 | Report Success Rate |
| Perform endotracheal suctioning | 2 | 2* | N/A | 4 | |
| Perform FBAO removal using Magill Forceps | 2 | 2* | N/A | 4 | |
| Perform cricothyrotomy | 2 | 2* | N/A | 4 | |
| Insert supraglottic airway | 2 | 10* | N/A | 12 | |
| Perform needle decompression of the chest | 2 | 2* | N/A | 4 | |
| Perform synchronized cardioversion | 2 | 2* | N/A | 4 | |
| Perform defibrillation | 2 | 2* | N/A | 4 | |
| Perform transcutaneous pacing | 2 | 2* | N/A | 4 | |
| Perform chest compressions | 2 | 2* | N/A | 4 | |
| Totals: | 36 | 87 | | 129 | |

Table 4 Field Experience / Capstone Field Internship

| Field Experience | Capstone Field Internship | CGCTC DHSS Team Leader for Emergency Responses |
|--|--|---|
| Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER or TEAM MEMBER | Successfully manages the scene, performs patient assessment(s), directs medical care and transport as TEAM LEADER with minimal to no assistance | 50 Team Lead ALS Prehospital Emergency Responses Required for Total |
| 30 | 20 | 50 |

***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
12. Emotional support of patient and family.
13. Recognition of safety hazards, and implementation of safety procedures.
(i.e.: using bedside rails)
14. Wound care and bandaging.

Clinical/Internship Supervision

No student is to accept total responsibility for patient care. All patients will remain under control of the clinical field staff. No student is allowed to discharge a patient from the emergency department/scene.

Students may go to in-house codes with the approval of the preceptor however they must remain under direct supervision of the ER physician or preceptor. Students will stay in the emergency department unless otherwise assigned by the preceptor.

Students should assist emergency department staff in all aspects of patient care including changing beds, transferring patients 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 coordinator.

Any problems should be brought to the attention of the CGCTC clinical coordinator or program director immediately. **Program Director – Ron Kiplinger (573)334-0826 x6703 or cell phone (573) 579-0689.**

Confidentiality Policy and HIPAA Agreement

All students will be required to sign a HIPAA agreement with the CGCTC as well as with many of the clinical sites. At all times, the EMS intern must remember to observe the protocols of patient/facility confidentiality. The EMS intern has access to a broad variety of confidential and sensitive information, which includes but is not limited to, a patient's health history, current medical condition, treatment being received, name, age, ethnicity, etc. Unapproved release of this information could be potentially damaging to the patient, the externship facility, and CGCTC. Every EMS intern has an obligation to actively protect and safeguard patient/facility confidentiality. The EMS intern shall hold inviolate the confidentiality of patients and all other related information in accordance with legal and ethical standards set forth by CGCTC and all federal and state authorizing agencies. Breach of this policy will result in immediate termination from the course of study the student is currently enrolled in. A copy of the signed HIPAA agreement will remain a part of the student record.

Grades and Grading Systems

Preceptors should complete the Daily Field Internship Evaluation form as well as the Professional Behavior evaluation on all students during the clinical rotation, be fair and honest. If the student is late for this clinical, it should show in this assessment. If there are any concerns regarding the student's behavior the instructor or program director should be notified.

Daily Field Internship Evaluation should also be completed prior to the student departing the clinical site at the end of the day. The rating scale is from 1-4 with 1 being the student needs significant improvement, 2 the student did not perform successfully, 3 the student performed with little to no coaching to 4, the student requires no assistance or is exceptional. Ratings of 4 should not be given unless the student performed without any prompting. The student will be responsible for site evaluation and Preceptor evaluation.

At the end of each clinical/field shift the shift should be signed off by the preceptor and the shift should be locked. After the shift is locked the student is no longer able to make changes to

their documentation. Review all documentation prior to locking the shift and ensure the student has everything documented that needs to be documented.

Grades are calculated points earned by the student divided by total points possible. At the conclusion of each Tier, the paramedic student must have an overall minimum of 75% to continue in the paramedic program. The grade will be calculated based upon the total number of clinical hours completed vs total number of hours required for each tier. It is assumed the student has completed the needed skills if they have completed the hour requirements for each tier. Students are advised of the hour requirements prior to the start of the program and the importance of time management.

| Letter Grade | Percent | Definition |
|--------------|----------|--|
| A | 94 - 100 | Excellent, on track for on time completion of the program graduation requirements. |
| B | 87 - 93 | On track for on time completion for graduation requirements. |
| C | 80 - 86 | Minimal acceptable level to ensure adequate completion of skills and hours necessary for graduation requirements. |
| Probation | 75-80 | Not meeting minimum standards. |
| NMMS | 0 - 75 | The student has not demonstrated minimal competencies to insure adequate knowledge or skills necessary for successful completion of graduation requirements. |

Emergency medical technician students must have all clinical/internship hours completed prior to the scheduled course end date. Paramedic students shall try to have all clinicals done by the end of June. Short extensions may be granted on a case-by-case basis per the decision of the Clinical Coordinator/Program Director.

Student Expenses

Meals: Meals during clinical rotations can be purchased at the hospital cafeterias. Students are not allowed to leave hospitals for meals during scheduled clinical rotations. On internship, rotation students are required to bring meals with them to the clinical site. Lunch/meal breaks will be limited to thirty (30) min. Any ADA or special dietary requirements should be worked out with the program instructor prior to clinical/internships.

Insurance

Health insurance is not provided by the school. If the student desires health insurance, it will be at his/her own expense. It is highly recommended that students maintain personal health insurance.

Liability/Malpractice Insurance for student clinical rotations will be provided for the student. The cost of this insurance is included in the program fees. Clinicals extending after October 1, (post-graduation of the prior year) will be required to pay for an additional year of liability insurance at the students cost.

I have received a copy of the preceptor handbook for the Cape Girardeau Career and Technology Center Emergency Medical Services Programs. In signing this document, I am agreeing to read and understand all policies and will abide by those policies. I have also been advised of the grading policy of the Cape Girardeau Career and technology Centers EMS Program as outlined in this handbook.

I have been provided the purpose of student rotation (minimum skills, competencies & Behaviors).

YES NO

I have been provided with the evaluation tools used by the program.

YES NO

I have been provided with the tools used for assessing students' performance.

YES NO

I have been provided the contact information for the program.

YES NO

I have been provided with the program's *definition* of a Team Lead (field and internship only).

YES NO

I have been provided with the program's required minimal successful team leads.

YES NO

_____ Date _____
Sponsor/Preceptor Administration Signature

_____ Date _____
Program Director Signature