INDIAN RIVER STATE COLLEGE
Emergency Medical Services

Preceptor Resource
2016-2017

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PART I: PROGRAM-SPECIFIC INFORMATION

Introduction

Welcome to the Indian River State College Emergency Medical Services (EMS) Program educational team. The Program’s clinical and field rotations provide students the extremely valuable opportunity to practice critical thinking skills and apply their didactic and psychomotor knowledge to real patient care scenarios. To that end, as a clinical or field preceptor you play a critical role in the training of our future EMTs and paramedics as role models, mentors, educators, and evaluators. Without your participation, it would be impossible for the Program to train competent graduates.

This document is the Preceptor Resource. The Program has created this handbook to provide guidance in the supervision and evaluation of EMS students. You should take time to become familiar with the information in this handbook as well as the rules and regulations the students are required to abide by in the EMS Program Student Handbook and the Health Science Division Student Handbook. These documents are designed to provide a common basis for the fair and equitable treatment of all students in the IRSC EMS Program. Additionally, the students are also responsible for knowing the policies of your clinical or field site.

It is important for each of our students to understand and follow both the letter and spirit of each policy. From time to time, situations will present themselves that are not covered by specific language of the rules and regulations. In such cases students and faculty will be guided by best judgment, best practices, professional ethics, and the intent of current written rules and regulations.

Preceptors are encouraged to consult with Program staff concerning any matter that is unclear about the course, rules, regulations, probation, or any subject with which they may be having difficulty.

Core Values, Focus, Vision & Purpose

Core Values

Competence, Compassion, Character

Focus

Cooperatively train caring, competent, and compassionate EMS professionals to preserve life, promote health and safety, and champion the profession.

Vision

The Indian River State College Emergency Medical Services Program’s is a national leader in EMS education educating caring, competent, and compassionate EMS professionals to preserve life, promote health and safety, and champion the profession. The program accomplishes this
through attention to academic and clinical excellence, collegial partnerships, relevant research, and unwavering professionalism.

Purpose

The purpose of the Indian River State College EMS Program is to provide the highest quality instruction at the lowest possible cost to its students, insuring at all times that the standards and requirements of Indian River State College and its “Communities of Interest,” the Florida Department of Health-Division of Emergency Preparedness and Community Support-Bureau of Emergency Medical Oversight-EMS Program, and the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) are met and/or exceeded.

The Program enables students to gain a unique and in-depth experience in prehospital medicine. Through a rigorous process of academic and clinical applications, students are prepared to fulfill the roles and responsibilities of an EMS professional as they pertain to the care and transportation of the sick and injured.

The Program stresses students demonstrate strong interpersonal skills, critical thinking abilities, good decision-making, and the capacity for making quick and appropriate judgments regarding patient care.

The Indian River State College EMS program desires to educate caring, competent, and compassionate medical professionals for service to the public. Upon successful completion of this Program, students are well prepared to assume their duties as a patient advocate—working always to act on behalf of those in need. Students will have also mastered the skills necessary to satisfy the requirements for state and national certification. As professional healthcare providers, IRSC graduates are taught how to interact effectively with other emergency services personnel, to be dynamic leaders, to value life-long learning and personal development, to be of service within their communities, and above all to respect and sustain human life.

ICARE Values

The Program subscribes to the philosophies of the ICARE program. This program was developed to promote the importance of the following five identified values for EMS providers:

- Integrity
- Compassion
- Accountability
- Respect
- Empathy

These values characterize important traits of professional EMS providers and the EMS field as a whole. These values are expectations of both students and instructors and will be upheld throughout all program courses in the classroom, lab, clinical, and field settings. These values are incorporated into all program activities and are subject to disciplinary action if breached.
Program Offices & Hours

The EMS Program offices are located on the first floor of the Health Science Building (Main Campus, Building H). Specific office hours for Program faculty vary with instructional and administrative schedules.

The main Health Science Division office is located on the third floor of the Health Science Building (Main Campus, Building H). The Division’s office hours are Monday through Friday, 8:00 AM to 5:00 PM during the fall and spring semesters, and Monday through Thursday, 7:00 AM to 5:30 PM during the summer semesters.

Phone: (772) 462-7544  
Fax: (772) 462-7816  
Website: www.irsc.edu

Faculty and Staff

The EMS Program employs a number of licensed health professionals and staff members to provide instruction during the didactic and clinical phases of the various courses and programs. The Program leadership, core faculty, adjunct faculty, and guest lecturers are IRSC-qualified instructors who are committed to providing quality education to the students. Each faculty member is qualified through academic preparation and clinical experience to provide instruction and clinical practice and supervision to the student.

Currently EMS Department faculty and staff information can always be found on the department’s website at www.irscems.org.

Program Leadership

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Medical Director  
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**Program Approval, Accreditation & Compliance**

The Indian Rivers State College EMS Program is approved as an EMT and paramedic training agency in the State of Florida as identified by the Florida Department of Health-Division of Emergency Preparedness and Community Support-Bureau of Emergency Medical Oversight-EMS Program.

The Indian River State College Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

The EMS Program will comply with the EMS training standards and guidelines as set forth by the Florida Department of Health-Division of Emergency Preparedness and Community Support-Bureau of Emergency Medical Oversight-EMS Program, the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), and the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Additionally, as a program of Indian River State College, the Program will comply with any higher education standards and guidelines as identified by the College.

**Clinical Preceptor Qualifications**

Clinical preceptors should demonstrate the following characteristics:

- A desire to teach
- Willingness to be a preceptor
- A non-judgmental attitude toward coworkers
- Assertiveness to stand for best practice care
- Flexibility to change and ability to adapt to new situations
- Excellent communication skills
- Positive attitude toward patient care and adherence to standards
- Good to excellent critical thinking and interpersonal skills (emotional intelligence)
- Patience
- Commitment to provide opportunities for paramedic students to lead the patient care team

The Program provides general training to clinical site leadership and relies on those individuals to designate those individuals it authorizes to serve as clinical preceptors in accordance with their policies.

The Program places clinical faculty at its primary clinical locations to oversee the clinical education of its students. Within that structure or at clinical sites that do not have assigned clinical faculty, students may be assigned to individual clinical professionals. When clinical faculty are not on site, students are to report to the clinical professional in charge of the unit to which they are assigned, and that individual should assign the student to a qualified clinical preceptor.
Field Preceptor Qualifications

Field preceptors should demonstrate the following characteristics:

- A desire to teach
- Willingness to be a preceptor
- A non-judgmental attitude toward coworkers
- Assertiveness to stand for best practice care
- Flexibility to change and ability to adapt to new situations
- Excellent communication skills
- Positive attitude toward patient care and adherence to standards
- Good to excellent critical thinking and interpersonal skills (emotional intelligence)
- Patience
- Commitment to provide opportunities for paramedic students to lead the patient care team

Field preceptors must have current knowledge of the principles and concepts included in the National EMS Education Standards and program curriculum. Preceptors must also have above average knowledge and skills proficiency.

Documented teaching or mentoring experience is desirable. Examples can include being a CPR instructor, fire instructor, doing public education, helping with skills labs, or similar activities.

Ideally field preceptors should have a minimum of two (2) years of prehospital ALS experience; however, with turnover and staffing changes, less is accepted as long as the preceptor is cleared for independent practice with the respective agency.

In addition to the Program’s requirements, each fire-rescue agency may establish its own additional minimum requirements.

All preceptors must complete the Program’s online training program and review this manual.

Chief Fire-Rescue Preceptors

Chief fire-rescue preceptors may have been appointed either for each agency or in larger agencies for each shift. These individuals were selected based on their experience and proven excellence in prehospital medicine. These individuals work directly with Program leadership as liaisons between the agencies and the Program and also as advocates for their agency’s preceptors.

These individuals have agreed to serve in this role to provide a more cohesive approach to the precepting program. Problems or concerns with students or paperwork may be directed to your chief preceptor or Program leadership. Any major issues or problems (i.e., medication errors, patient injury, exposures) should be brought to the attention of Program leadership as soon as possible.
Preceptor Training and Evaluation

The Program’s accreditation requires that all field preceptors receive training on program-specific material including:

- Purposes of the student rotation (minimum competencies, skills, and behaviors)
- Evaluation tools used by the program
- Criteria of evaluation for grading students
- Contact information for the program

The Program is also required to provide a similar orientation to key clinical personnel who can then share that information with other hospital personnel that may serve as preceptors.

To meet these requirements, all new preceptors and key hospital personnel must meet with the Program Director and key Program personnel to review these materials. Additionally, the Program will provide update communications to all active preceptors and key personnel as needed, including providing them with updated Program handbooks as revisions are made. Preceptors are also encouraged to participate in educational opportunities at the College to acquire or maintain skills or certifications.

Additionally, to ensure the educational value for the student from the precepting process, the Program requires all new preceptors to complete an online preceptor training program through Fisdap® that covers important adult education principles and skills required to be an effective preceptor.

The Program must also evaluate all active preceptors. This is accomplished both by students completing evaluations of their preceptors after each shift and by Program faculty performing site visits during which they evaluate both students and preceptors.

Planned Program Outcomes

The EMT and paramedic programs are comprehensive courses of study designed to provide the student with the cognitive, psychomotor, and affective knowledge and skills that are essential in performing the duties of an EMS professional. The programs offer a broad-based and comprehensive educational experience, rooted in formal classroom instruction, a variety of clinical rotations, field experience hours, and a comprehensive field internship. In each of these phases of the programs, students are encouraged and supported by their instructors to take responsibility for their learning and to develop a knowledge base that will make them life-long learners and leaders in the emergency medical services field.
EMT Program Goal

To prepare competent entry-level emergency medical technicians in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

EMT Program Learning Outcomes

Upon successful completion of the IRSC EMT Program, students must be able to:

1. Demonstrate an ability to understand, interpret, and apply EMS and general medical knowledge necessary to function as an EMT in healthcare and public safety settings.
2. Demonstrate technical proficiency in a broad range of EMT level EMS skills, both difficult and routine.
3. Demonstrate proficiency in basic patient assessment and participation in treatment plans for patients with a variety of medical and traumatic emergencies.
4. Demonstrate an ability to conduct oneself as an EMT in an ethical and professional manner.

Paramedic Program Goal

To prepare competent entry-level paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Paramedic Program Learning Outcomes

Upon successful completion of the IRSC Paramedic program, students must be able to:

1. Demonstrate an ability to understand, interpret, and apply EMS and general medical knowledge necessary to function as a paramedic in healthcare and public safety settings.
2. Demonstrate technical proficiency in a broad range of paramedic level EMS skills, both difficult and routine.
3. Demonstrate effective teamwork in managing simulated emergency scenarios.
4. Demonstrate proficiency in advanced patient assessment and formulation and implementation of treatment plans for patients with a variety of medical and traumatic emergencies.
5. Demonstrate leadership in the management of prehospital care.
6. Demonstrate an ability to conduct oneself as a paramedic in an ethical and professional manner.

Areas of Competence Expected from Paramedic Education

**Conceptual competence:** Ability to understand theoretical foundations of the profession

**Technical competence:** Technical proficiency in performing psychomotor skills
**Contextual competence:** Understand how paramedic practice fits within the greater whole of the healthcare continuum; Ability to use conceptual and technical skills in the right context, avoiding the "technical imperative"

**Integrative competence:** Ability to take all the other competencies and put them all together; Meld theory and practice

**Adaptive competence:** Ability to change with evolutions in medicine (big picture) or modify care of a patient based on changing clinical presentations moving from one page of the guidelines to another (immediate picture)

**Professional behaviors:** Demonstration of professional attitudes (professional identity, ethical standards, scholarly concern for improvement, motivation for continued learning)

Behaviors to be evaluated: Integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service. *Preceptors are asked to document patterns of behavior plus sentinel events.*

**Clinical Area Objectives**

Under the direct supervision of an approved preceptor, a paramedic student will consistently:

1. Apply classroom theory and clinical skills within the scope of practice of a paramedic to patient care situations in the clinical environment as measured by care critiques completed on all patients.
2. Participate as a safe clinical team member.
3. Complete accurate documentation using appropriate medical terminology, spelling, and adhering to principles of medical documentation for each patient with whom he/she participated significantly or on whom he/she completed a patient assessment.
4. Demonstrate acceptable achievement of affective objectives.
5. Develop effective coping strategies to stressors in medical practice.
6. Comprehend the relationship between prehospital medicine and the clinical specialties.

Specific skills for each clinical rotation are included on unit evaluation forms.
Field Experience Objectives

Under the direct supervision of an approved preceptor, a paramedic student will consistently:

1. Apply classroom theory and clinical skills to patient care situations in the prehospital environment as measured by care critiques completed on all patients.
2. Participate as a safe EMS team member or leader.
3. Organize patient findings and provide thorough encodes (radio reports) for all calls on which they participate.
4. Complete an accurate patient care report on each call using appropriate medical terminology, spelling, and adhering to principles of medical documentation.
5. Participate in the complete restocking and satisfactory maintenance of EMS drugs and equipment required on a rescue truck.
6. Demonstrate acceptable achievement of affective objectives.
7. Develop effective coping strategies to stressors in EMS practice.

Program Sequencing of Clinicals

The paramedic student’s clinical experience is divided into three phases with specific goals and objectives to be achieved in each phase that align with the classroom and lab curricula for that phase. Objectives are listed on the evaluation forms. The time spent in each phase is primarily dictated by academic semesters; however, students may be required to complete additional time if they fail to demonstrate adequate knowledge, competency, motivation, and/or number and nature of patient encounters. Students cannot progress from one phase to the next unless all competencies are achieved.

Program Sequencing of Field Experience

The paramedic student’s field experience is divided into three phases of ascending mastery and accountability with specific goals and objectives to be achieved in each phase. Objectives are listed on the evaluation forms. Students should progress in responsibility from performing as directed with an emphasis on skill performance (Paramedic I), to participating as a full team member with an emphasis on progressing to team leadership (Paramedic II), to serving as the team leader during the formal field internship (Paramedic III). The time spent in each phase is primarily dictated by academic semesters; however, students may be required to complete additional time if they fail to demonstrate adequate knowledge, competency, motivation, and/or number and nature of patient encounters. Students cannot progress from one phase to the next unless all competencies are achieved.
**Fraternization**

Interactions between preceptors and students at Indian River State College are guided by mutual trust, confidence, and professional ethics. Professional preceptor/student relationships have a power differential and carry risks of conflicts of interest, breach of trust, abuse of power, and breach of professional ethics.

Fraternization is a social or business relationship between students and instructors or preceptors, which has the potential to impact adversely on a student’s ability to learn in a safe, collegial environment, on order and discipline, and on the reputation of the Program. It also has the potential to degrade the positive and trusting relationships between students and preceptors.

Some possible examples of activities encompassed by the broad term “fraternization” include but are not limited to:

- Social activities not sponsored by the Program or College
- Going to private homes or clubs together
- Social networking such as Facebook
- “Consensual relationships” including dating, romantic, sexual, or marriage relationships

All Program faculty and staff, including preceptors, must maintain the highest level of professionalism, and unquestionable integrity, at all times while engaged in IRSC activities.

Factors, concerning fraternization with instructors, include whether the student’s conduct has:

- compromised the chain of command
- resulted in the appearance of partiality
- undermined good order, discipline, authority, or morale
- damaged the ability of the program to accomplish its mission

The acts and circumstances must be such as to lead a reasonable person experienced in the problems of leadership to conclude that the good order and discipline of the program has been prejudiced by their tendencies.

The preceptor relationship presents a unique challenge in that preceptors may work with or have pre-existent outside relationships with students. Ideally, all interactions with preceptors should be confined to Program-related activities, at Program-approved locations, for the full duration of the student’s enrollment, and there would be no non-college social networking (Facebook, Twitter, etc.) connections. However, because of the family-nature of prehospital medicine and the fire-rescue profession, this may not be possible.

Students are expected to fully disclose any non-college relationship with a preceptor, regardless of nature (e.g., coworker, business, neighbor, prior relationship, etc.). Students are also expected to immediately report any direct awareness of another student’s inappropriate behavior to the Program Director.
Any preceptor that feels an outside relationship may interfere with his or her ability to serve as a preceptor for any individual student may request that student be assigned to another preceptor or site. Additionally, if any issues arise compromising specific student/preceptor relationships, the Program reserves the right to reassign students as needed to ensure the credibility of the Program is not compromised.

Confidentiality of Student Information

The EMS Program complies with the College’s student records policy under the Family Educational Rights and Privacy Act (FERPA) of 1974, also referred to as the Buckley Amendment. Much as HIPAA protects patient information, FERPA protects student information. Preceptors should not discuss student schedules or performance with anyone except the individual student, Program faculty and staff, and the preceptor’s agency supervisors as needed. Preceptors may also discuss student performance with other preceptors if needed to facilitate future educational experiences.

Criminal Penalties and Loss of Licensure for Falsification of Documentation

Every piece of documentation submitted by a student as part of the EMS Program is used to document the student’s having met program requirements with regard to licensure and certification. As such, pursuant to Florida Statutes, Chapters 401.41 and 401.411, any misrepresentation in that documentation is a misdemeanor of the first degree. The State may also deny, suspend, or revoke the license or may reprimand or fine any licensee or other person operating under its authority, including preceptors, for misrepresenting any information related to licensure.

Requirement to Notify of Unusual Incidents

Students must report (and preceptors are also asked to report) any unusual incidents they experience during their participation in the Program as soon as possible after the event and no more than 24 hours after the event. These include, but are not limited to major incidents especially those involving the media, student injuries or exposures, medication errors by the student, and injury to a patient.

Under no circumstances should any student write an official incident report for or be interviewed by non-IRSC staff regarding unusual events (e.g., questions on patient care, inappropriate behavior, accident reports, procedural issues) occurring during a clinical or field shift without the permission and/or representation of the Program Director or another Program faculty member.

Under no circumstances should any student speak with the media unless prearranged with the Program and IRSC Institutional Advancement.

Restriction on Students as Staff or Being Subject To Call

Although assisting patients in a “hands-on” capacity is encouraged during the clinical and field experience and internship phases, at no time shall a student be used to replace, substitute for, or
take on the responsibilities of any regular qualified staff member at a clinical or field site. All individuals enrolled in the Program are classified as students until such time that they receive notification of successful completion of their program of study and successfully obtain the certifications and licensure that are required to operate at their new level.

Chapter 64J-1.020(1)(a), Florida Administrative Code prohibits a student being subject to call while participating in class, lab, clinical, or field experiences. This policy is not intended to prohibit a sponsoring agency from paying a student while they are on a scheduled clinical or field shift, if it is the agency’s policy to do so; however, that student may not be considered part of required staffing. For example, if a student is riding with his/her employer and the agency allows minimum staffing on their ambulances of one EMT and one Paramedic, the student may not be counted as the EMT to meet this minimum staffing requirement.

Students should never be in the patient compartment alone during patient transport.

At no time while considered a student will a student do any firefighting duties or extra work, for example mowing grass or painting. This does not preclude the student helping with basic station duties/chores.

**Familiarity with Student Handbooks and Syllabi**

Preceptors must familiarize themselves with student handbooks, course syllabi, and syllabi supplements to ensure students are in compliance with all College and Program requirements.

**Dismissing a Student from a Clinical or Field Site**

Preceptors have the right to dismiss any student from a clinical or field site if they are not in proper uniform, do not arrive on time and/or prepared for the shift, or act in an unprofessional manner. If a preceptor dismisses a student, that preceptor should contact the Program Director to discuss the situation.

**Simulations/Skills Practice**

Simulation can be a very useful teaching tool. A preceptor can use scenarios to help a student become more organized and complete in performing the primary and secondary assessments on a patient. They can also be used to help the student become more comfortable with equipment so the actual runs flow more smoothly. Unlike actual runs, simulations provide an added advantage because the situation can be controlled and redone as needed. Simulations give preceptors an opportunity to expose the student to patient scenarios that have not occurred on actual runs during his or her shift.

Students may have specific skills to practice with preceptors throughout the program. The student should take the initiative to ask to practice these skills.
Permitted Skills

Students may not perform skills unless they have been checked off in lab first. The student will carry a skills verification card at all times during any clinical or field rotation. If there is not an appropriate signature for a given skill, the student may not perform that skill.

Clinical Shift Evaluation

Each student will have a shift evaluation form for each clinical rotation. Each patient contact will be evaluated on six categories: Patient Interview/History Gathering, Physical Exam, Impression/Treatment Plan, Skill Performance, Communication, and Professional Behavior (Affect).

The student will evaluate him/herself first after each patient contact, and then ask the preceptor to evaluate that same contact. The standard of evaluation is not based on where the student is currently in the program but instead on the entry-level competency expected of a paramedic program graduate. In other words, most evaluations early in the program will NOT be evaluated as competent. This is expected and is meant to help the student focus efforts on improvement.

Each category should be marked with the following ratings:

2 Successful/competent, No prompting required
1 Marginal, Inconsistent, Not yet competent
0 Unsuccessful, Required excessive or critical prompting, Includes “Not attempted” when student was expected to try
N/A Not applicable, Not needed or expected (Examples: Student was only expected to observe, Patient did not need this intervention)

Competency for the six standards is defined as follows:

Patient Interview/History Gathering  Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient(s); demonstrated compassion and/or firm bedside manner depending on the needs of the situation.

Physical Exam  Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

Impression/Treatment Plan  Student formulates an impression and verbalizes an appropriate treatment plan.

Skill Performance  Individual skills performed were completed using the proper procedure for each skill.
Communication  
Student communicates effectively with team members, provides an adequate verbal report to other health care providers, completes a thorough written patient narrative.

Professional Behavior (Affect)  
Student demonstrates they are self-motivated (takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, adjusts behavior/performance), efficient (keeps assessment and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better), flexible (makes adjustments to communication style, directs team members changes impressions based on findings), careful (pays attention to detail of skills, documentation, patient comfort, set-up and cleanup, completes tasks thoroughly), confident (makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths), and accepts feedback openly (listens to preceptor and accepts constructive feedback without being defensive, interrupting, or giving excuses).

Additionally, the preceptor will complete general shift evaluation and comments.

A sample of the form as well as the essay on how the form is meant to work from the National Registry is included at the end of this document.

Field Shift Evaluation

Each student will have a shift evaluation form for each clinical rotation. Each patient contact will be evaluated on seven categories: Patient Interview/History Gathering, Physical Exam, Field Impression/Treatment Plan, Skill Performance, Communication, Professional Behavior (Affect), and Team Leadership.

The student will evaluate him/herself first after each patient contact, and then ask the preceptor to evaluate that same contact. The standard of evaluation is not based on where the student is currently in the program but instead on the entry-level competency expected of a paramedic program graduate. In other words, most evaluations early in the program will NOT be evaluated as competent. This is expected and is meant to help the student focus efforts on improvement.
Each category should be marked with the following ratings:

- **2** Successful/competent, No prompting required
- **1** Marginal, Inconsistent, Not yet competent
- **0** Unsuccessful, Required excessive or critical prompting, Includes “Not attempted” when student was expected to try
- **N/A** Not applicable, Not needed or expected (Examples: Student was only expected to observe, Patient did not need this intervention)

Competency for the seven standards is defined as follows:

**Patient Interview/History Gathering**

Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient(s); demonstrated compassion and/or firm bedside manner depending on the needs of the situation.

**Physical Exam**

Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

**Field Impression/Treatment Plan**

Student formulates an impression and verbalizes an appropriate treatment plan.

**Skill Performance**

Individual skills performed were completed using the proper procedure for each skill.

**Communication**

Student communicates effectively with team members, provides an adequate verbal report to other health care providers, completes a through written patient narrative.

**Professional Behavior (Affect)**

Student demonstrates they are self-motivated (takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, adjusts behavior/performance), efficient (keeps assessment and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better), flexible (makes adjustments to communication style, directs team members changes impressions based on findings), careful (pays attention to detail of skills, documentation, patient comfort, set-up and cleanup, completes tasks thoroughly), confident (makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths), and accepts feedback openly (listens to preceptor and
accepts constructive feedback without being defensive, interrupting, or giving excuses).

**Team Leadership**

The student has successfully led the team if he/she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge-of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging and moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/ performed that endangered the physical or psychological safety of the patient, bystanders, and first responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)

Additionally, the preceptor will complete general shift evaluation and comments.

A sample of the form as well as the essay on how the form is meant to work from the National Registry is included at the end of this document.

**Individual Skills Competency Evaluations**

In addition to evaluating shifts and patient contacts, the student will also have a log for the evaluation of the performance of each individual skill. Every time the student attempts one of the tracked skills, they should have that skill evaluated. Competency is based on the use of the proper technique for the specific skill.

Each category should be marked with the following ratings:

- 1 Successful, Competent, No prompting required
- 0 Unsuccessful, Required critical or excessive prompting, Inconsistent, Not yet competent
- N/A Not applicable for the patient

If the student uses correct technique but is unable to successfully complete the skill (i.e., uses correct IV technique but does not obtain a patent IV), rate the skill as unsuccessful, but add an asterisk to the rating (i.e., “0*”).

Because of the critical importance of establishing and/or maintaining a patent airway, all combined attempts at airway management for a given patient also have a related umbrella
“airway management” skill. For example, if a student is unable to intubate a patient getting a rating of “0*,” but is then able to successfully place a King airway getting a rating of “1,” he/she would also get a rating of “1” for airway management. In contrast, if the student fails to get the intubation and does nothing to secure the airway, the student would get a rating of “0” for airway management.
PART II: GENERAL EDUCATIONAL INFORMATION

Educational Principles for the Preceptor

The following are miscellaneous education principles that the preceptor can employ in his/her instruction. This information is meant to supplement the instruction provided in the Program’s online preceptor training program through FISDAP®.

What is the preceptor’s job?

Provide the student with the best possible chance to succeed! You are a learning coach.

“After 25 years of research and $60 million later, what really moves diverse learners forward is a masterful teacher who commits the necessary energy to: create a learning community; provide a learning apprenticeship; and make plans or content explicit enough so that all (learners) are on the journey!” – Dr. Donald Deshler, Director, Center for Research on Learning, University of Kansas

Coach Model

A coach is defined as a person who gives instruction and imparts knowledge. The Coach model shows the steps that should be taken in a specific order to be most successful (www.coach4growth.com).

Present: Spend one-on-one time with the student. However, you need to be more than just physically present. You must be mentally and emotionally engaged. When precepting, you need to pay attention to the student and be 100% available to them when communicating. If not “present” the student will quickly get the message that they are not important. Mentor them at the station or where posted. Stay right with them during a call. Help them learn from every day events. Treat each patient encounter as an opportunity to help them learn and gain some new insight, choice, and flexibility. Provide after-action reviews immediately after a call. Fill out their ALS critique forms right then for the best accuracy of performance assessment.

Caring: Be concerned or interested. Coaches provide watchful supervision and needed assistance. They show interest in the student’s professional development. Ask the student where they may need help...learning the medical treatment guidelines, reading ECGs, performing organized, appropriate assessments? Moving from one treatment guideline to another? Setting priorities? Set up mini-drills to target their areas of learning need. Help them see that they and their success are more than an assigned obligation to you. This person could be your partner in a few months!

Inspiring: Fill others with an animating, quickening, or exalting influence, feeling, or thought. The Program views preceptors as coaches that inspire, encourage, and open doors to learning. Encourage student growth by helping them learn to think critically. Inspire them to see the value and honor in providing EMS services. Open doors to a rewarding career as an EMS professional.
Rigorous: Be severely exact or accurate, precise, allowing no deviation from standard. Coaching is not all warm and fuzzy stuff. The pinnacle of coaching is holding the student and yourself accountable to System standards. If an activity, skill or patient interaction should be handled in a certain way, it should be handled that way ALL THE TIME. Coaches instill a desire to do work right the first time, every time. The coach should model the standard by which students are measured.

Because of your presence, the Program is assured that the student knows and understands Program expectations and that patients are safeguarded. Whether you use coaching or counseling methods depends on the circumstances, as you can never condone sub-standard performance.

**Characteristics of an Effective Preceptor**

- Knowledgeable in the content to be reinforced
- Models desired behavior
- Skilled in the interventions to be provided
- Motivated and believes a quality internship is important
- Effective communicator and can transmit their knowledge to the student

**Unleashing the Learning Potential**

Learning is an active process between instructor and student that results in changed behavior based on the gaining of understanding, comprehension, or mastery of information.

People learn by the interaction of principles or theory and experience or practice.

“It is when sparks jump between two poles – the general and the actual – that learning occurs. So you need both.” – John Adair

Help students to connect the dots, so to speak, between the classroom and the street. The best quality-oriented learning with the greatest retention happens on the job with one-on-one coaching. The sooner they can apply the material presented in class, the more it will be retained.
Laws of Learning

Primacy: First impressions are lasting
Exercise: The more an activity is repeated, the sooner it becomes a habit (either good or bad)
Disuse: Skills not practiced and knowledge not used is soon forgotten
Intensity: Vivid, dramatic experiences are more likely remembered

Characteristics of Adult Learners

- See themselves as self-directing
- Are problem-oriented and need to relate new material and information to previous experiences
- Like to participate; need a learning climate that is collaborative
- Must participate in planning and in their own evaluation
- Need to see a direct benefit from the activity
- Become impatient with long-winded explanations
- Prefer being treated as mature peers
- Learn as well as younger students
### How to Use Adult Learning Theory When Precepting

| Motivated to learn when they experience a need | • Ask what their needs and expectations are.  
• Involve them in discovering the value and relevance for themselves  
• Help them identify gaps in knowledge and skills (include assessments) |
|---|---|
| Come to work with a task-oriented problem-solving approach to learning | • Include problem-solving activities such as case studies or simulations  
• Build in time for application and practice  
• Structure mini-drills around tasks concerning problems & real situations |
| Bring life-experiences to the learning environment | • Use the student’s experiences as a catalyst for learning  
• Create a variety of opportunities for discussion & idea-sharing |
| Motivated to learn by internal and external factors | • Ask what motivates them  
• Recognize need for achievement and self-esteem |
| Need to see themselves as self-directed learners | • Include experiential activities  
• Invite and respond to questions |
| Need to know why they are being asked or required to learn something | • Ask them to state the consequences of not knowing  
• Ask them to clarify what they will be able to do or do better w/ knowing |
Competency-based Approach

<table>
<thead>
<tr>
<th>Period</th>
<th>Competency-based Principles</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Instructional</td>
<td>• Learners acquire experience and knowledge in their lives</td>
<td>• Instruction is individualized</td>
</tr>
<tr>
<td></td>
<td>• Instructors develop an experience that will tap learner’s values &amp; ideas</td>
<td>• All learners have the opportunity to succeed.</td>
</tr>
<tr>
<td>Instructional</td>
<td>• Learners experience new situations; match new experience with previous learning</td>
<td>• Learners take competency-based tests (“criterion checks”) a number of times.</td>
</tr>
<tr>
<td></td>
<td>• Learners distill new values and new knowledge.</td>
<td>• Learners who have problems can obtain individual help from instructors.</td>
</tr>
<tr>
<td></td>
<td>• Learners try out new behaviors &amp; acquire new experiences &amp; knowledge in both simulated and “real world” environments.</td>
<td>• Learners receive immediate feedback on how much they have learned.</td>
</tr>
<tr>
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<td>• Instruction is individualized</td>
<td>• Learning is measured according to how well the learner</td>
</tr>
<tr>
<td></td>
<td>• All learners have the opportunity to succeed.</td>
<td>• Performs in relation to competencies (objectives) not in relation to other learners (no grading on a curve).</td>
</tr>
<tr>
<td>Post-Instructional</td>
<td>• Learners continue to process experiences &amp; knowledge based on original knowledge &amp; experience.</td>
<td>• Various assessments (written &amp; observational) may be used to monitor progress.</td>
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<tr>
<td></td>
<td>• Learners apply new behaviors in the “real world” environment.</td>
<td>• Learning outcomes can be replicated by other instructors in other locations at a later time.</td>
</tr>
</tbody>
</table>

Methods to Individualize Instruction for a Successful Internship

They are coming to you as a novice. It is expected that their knowledge will be superficial, that they will be dependent on referring to the medical guidelines and written policies, that their skills will be competent but tentative, their attitudes self-oriented, their habits of mind unknown, and that they may not yet know what they don't know about the street (blissful ignorance or unconscious incompetence).

The Program is entrusting them to you, the expert. It is expected that your knowledge has depth and breadth, that you have demonstrated skill mastery, your attitudes are patient-oriented, your habits of mind seek ever to improve, and you have full understanding of what it takes to be an exemplary paramedic.

Clarify the objectives of each phase before it starts. Go over evaluation sheets together. Discuss predetermined goals with them at the beginning of each shift.
Help them apply theory to practice by allowing them to perform the assessments, interpret the data, perform the skills and complete patient care reports with your coaching, not doing it yourself unless the patient's condition requires immediate interventions. They will learn more by doing than watching.

Teach, don’t preach; facilitate discussion. Guide students to find responsible answers or solutions. Make yourself available to answer questions. If you don’t know the answer (and none of us knows all the answers), consult a reliable source and get back to the student.

Use affirmation whenever possible. Sometimes people are unaware or unsure that they’ve done something special or skillful. This is often true when a person lacks a basis for comparison, such as when they are new to a job or learning a skill. Your praise acknowledges their accomplishments and points out exactly what they did that was effective. This enhances self-esteem and reinforces behaviors you would like them to repeat and build on in the future.

All students succeed at a different pace. If a student is failing to meet the objectives in a timely fashion, intervene early. Don't allow them to fall hopelessly behind. Contact the Program to design strategies to help the student overcome their deficiencies. You don't own the responsibility for learning; you are their coach.

Help them prepare for phase meetings by having all the paperwork completed in a timely manner in advance of the meeting. Quiz the student about pathophysiology, the actions, indications, contra-indications, and side effects of prescription drugs and any EMS interventions. Review each call to make sure that you all can explain any deviations from medical guidelines or scene time expectations and that the patient care report is thoroughly documented.

**One-Minute Preceptor Method To Use During Teachable Moments**

<table>
<thead>
<tr>
<th>Steps in the Process</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get a commitment.</td>
<td>“What do you think is going on with this patient?”</td>
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<tr>
<td></td>
<td>“How do you think we should treat this patient?”</td>
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<td></td>
<td>“Based on the history you obtained, what parts of the assessment should we focus on?”</td>
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<tr>
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<td>“Based on the possible things that could be going on, what further assessments should we do, i.e., 12-lead ECG, glucose level, etc.?”</td>
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<tr>
<td>Probe for supporting evidence.</td>
<td>“What factors in the history or physical exam support your paramedic impression?”</td>
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<td></td>
<td>“Why would you choose that particular intervention?”</td>
</tr>
</tbody>
</table>
| Reinforce what was done well. | “Your radio call-in was well organized. You had the chief complaint, history and physical exam findings clearly stated as well as our interventions and ETA. Good job!”
“You included important information about the scene in the comments section of the CARS report that the hospital needs to know to get a complete picture of this call. Just what we’re looking for!”
“Your suspicion of hypoglycemia was right on in this patient even though he presented with signs & symptoms of a stroke. Good pick up!” |
| Give guidance about errors & omissions. | “In the radio report, you mentioned that the patient had crackles but didn’t tell the ECRN they were only in the right upper and middle lobes. This left her with the impression that the patient was in pulmonary edema rather than pneumonia.”
“This patient may not have chest pain, but they are complaining of severe weakness and are short of breath with a history of HTN. Your rhythm strip shows NRS. Why is a 12-lead ECG necessary for this person?”
“I understand that the patient is in pulmonary edema and that NTG is usually indicated, but the ECG shows V-Tach. What is the higher priority right now?”
“People in pulmonary edema usually need C-PAP, but this patient’s BP just dropped to 84/56 after the first NTG. What could C-PAP do to this patient?” |
| Teach a general principle. | “Selecting a receiving hospital based on travel time can be challenging. We have already done transport time tests from all over town and have found these guidelines to work well.”
“If you don’t remember a drug dose or typical 12-lead changes with ischemia, use your drug book as a quick reminder.” |
| Conclusion | I’ll restock the ambulance while you finish the patient care report. Come and get me when you are done so I can go over it with you.” |
Guidelines for Giving Corrective Feedback

Assess the student’s readiness to receive information before giving corrective feedback.

Evaluate performance against known Program standards of practice, not your individual preferences.

Eliminate barriers that hinder communication. Be discrete. Praise in public, and always provide corrective feedback in private.

Provide concrete observations about behaviors rather than giving judgmental opinions. Concentrate on the aspects of EMS care:

- Safety
- Fact finding
- Communications
- Judgement
- Leadership
- Practical skills
- Decisiveness
- Fact finding
- Leadership
- Communications
- Decisiveness
- Empathy

Be specific, e.g., “your assessment of the patient's eyes did not include a pupil check. This is necessary because.....you might miss early clues of....and the patient may experience...

Use "I" rather than "you" messages when approaching a problem.

Pace the learning. Provide feedback in manageable bites. Don't try to correct everything at once!

Pay attention to non-verbal communication, both yours and the student's.

Focus on continuous improvement, e.g., “based on that experience, how would you approach a similar situation in the future?”

STAR-AR Counseling Approach

If feedback must be given to change behavior or improve performance, use the STAR-AR approach. Provide specifics about the situation/task, the person's action, and the result. Then also suggest an alternative action (what they might have said or done instead or might try in the future) and an expected result (why the alternative action might be more effective). Specific suggestions are easier to receive because they focus on the person's actions, not them personally. Vague, unsubstantiated feedback or feedback that focuses on the person, instead of his or her actions, can damage self-esteem and make them defensive.
**Example**

**Situation/Task:** A person walked into the station today and asked to have his blood sugar checked

<table>
<thead>
<tr>
<th>ACTUAL</th>
<th>ALTERNATIVE</th>
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| **Action:**  
Before he could finish, you interrupted him rather abruptly and told him that there was nothing you could do because he wasn’t a patient. | **Action:**  
Our preferred approach is to explain that we can only provide invasive procedures on patients and that we would be happy to care for him if he consented to a full exam even if he later signs a release of transport. |
| **Result:**  
He left looking really upset. | **Result:**  
That way, he would have understood that we were not just blowing him off and refusing to help him. |
### National Registry of Emergency Medical Technicians®
#### Paramedic Psychomotor Competency Portfolio
#### CLINICAL & FIELD EXPERIENCE SHIFT EVALUATION WORKSHEET

**Preceptor:** If the recruit arrives late or out of uniform, does not exhibit professionalism and courtesy while a guest at your agency or facility, or does not actively participate, send them home. Please contact program director Dinsch directly with any concerns with this recruit – jdinsch@irsc.edu – Mobile (847) 404-4443 – Office (772) 462-7531

<table>
<thead>
<tr>
<th>Patient Age Sex</th>
<th>Impression / Differential Diagnosis</th>
<th>LOC, Complaints, Event/Circumstances</th>
<th>Summary of Treatments Rendered Successfully by Student</th>
<th>Cycle</th>
<th>Patient Contact Type</th>
<th>Clinical Objectives</th>
<th>Rating*</th>
<th>Comments and Immediate Plan for Improvement for Next Contact</th>
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National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio

CLINICAL & FIELD EXPERIENCE SHIFT EVALUATION WORKSHEET

<table>
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<tr>
<th>Recruit Name:</th>
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<thead>
<tr>
<th>Educational Program:</th>
<th>Indian River State College EMS Academy</th>
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<td>Clinical or Field Site:</td>
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<th>Comment on any unsatisfactory ratings or discrepancies:</th>
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<tr>
<th>Overall plan for improvement for future shifts:</th>
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<tr>
<th>Student reported</th>
<th>On time, ☐ well groomed, ☐ in uniform and prepared to begin the shift</th>
<th>☐ Yes ☐ No</th>
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</thead>
<tbody>
<tr>
<td>Student knows equipment location and use.</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Behavior was professional:</td>
<td>☐ Accepts feedback openly ☐ Self-motivated ☐ Efficient ☐ Flexible ☐ Careful ☐ Confident</td>
<td></td>
</tr>
<tr>
<td>Student helps clean up and restock, unprompted.</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>Student asked relevant questions and participated in learning answers, used downtime to its highest potential.</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>Student left site early (did not complete shift).</td>
<td>☐ Yes ☐ No</td>
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</table>

PRECEPTOR: FEEL FREE TO CONTACT PROGRAM DIRECTOR DINSCHE DIRECTLY WITH ANY CONCERNS — jdinsch@irscc.edu — Mobile (843) 404-4443 — Office (772) 462-7531

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>I agree to the above ratings:</th>
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<tbody>
<tr>
<td></td>
<td>Preceptor Signature</td>
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</tbody>
</table>

Clinical Objectives: ALWAYS EVALUATE STUDENTS BASED ON TERMINAL COMPETENCY (i.e., WOULD YOU LET THEM TAKE CARE OF THE PEOPLE YOU LOVE TODAY?)

Pt Interview/Hx Gathering: Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient(s); demonstrated compassion and /or firm bedside manner depending on the needs of the situation.

Physical Exam: Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

Impression & Tx Plan: Student formulates an impression and verbalizes an appropriate treatment plan.

Skill Performance: Student performs technical skills accurately and safely.

Communication: Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a thorough written patient narrative.

Professional Behavior Objectives: Student demonstrates they are:

- Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.
- Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.
- Flexible: Makes adjustments to communication style, directs team members and changes impressions based on findings.
- Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly.
- Confident: Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.
- Open to feedback: Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Team Membership Objective: Clinical Experience evaluation of field performance assesses a student as a Team Member and is isolated to evaluation of individual skill delivery or a portion of patient care that is delivered. The student is not assuming the Team Leader role but integrating with other Team Members. When evaluating the student performance as a Team Member, only the portion of care completed by the student is evaluated. The Team Member role contains an affective component and evaluates the student’s cognitive understanding of complete patient care that paramedics are expected to deliver.

Rating: NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try. This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. *Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.
<table>
<thead>
<tr>
<th>Patient Age</th>
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### National Registry of Emergency Medical Technicians®
#### Paramedic Psychomotor Competency Portfolio

**CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

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<th>Student Name:</th>
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<th>Educational Program: Indian River State College EMS Academy</th>
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**Comment on any unsatisfactory ratings or discrepancies:**

**Overall plan for improvement for future shifts:**

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<tr>
<th>Student asked relevant questions and participated in learning answers, used downtime to its highest potential.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student helps clean up and restock, unprompted.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Student left site early (did not complete shift).</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**PRECEPTOR: FEEL FREE TO CONTACT PROGRAM DIRECTOR DINSMICH DIRECTLY WITH ANY CONCERNS – jodinsmich@irscc.edu – Mobile (847) 404-4443 – Office (772) 462-7531**

**Student Signature**

I agree to the above ratings:  
Preceptor Signature

**Clinical Objectives:**

ALWAYS EVALUATE STUDENTS BASED ON TERMINAL COMPETENCY (i.e., WOULD YOU LET THEM TAKE CARE OF THE PEOPLE YOU LOVE TODAY?)

**Pt Interview/Hx Gathering:**
Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient(s); demonstrated compassion and /or firm bedside manner depending on the needs of the situation.

**Physical Exam:**
Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

**Impression & Tx Plan:**
Student formulates an impression and verbalizes an appropriate treatment plan.

**Skill Performance:**
Student performs technical skills accurately and safely.

**Communication:**
Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a thorough written patient narrative.

**Professional Behavior Objectives:**
Student demonstrates they are:

- Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.
- Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.
- Flexible: Makes adjustments to communication style, directs team members and changes impressions based on findings.
- Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly.
- Confident: Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.

**Open to feedback:**
Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

**Team Leadership Objectives:**
The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performing that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)

**Rating:**
NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. *Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.*