LaGuardia Community College
PARAMEDIC PROGRAM
STUDENT
CLINICAL ROTATION MANUAL

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ROTATION CHECK IN PHONE NUMBER

Call (646)-481-1EMS (1367)

You **must** call from the designated landline phone inside the hospital or station upon your arrival **and** departure. Please speak slowly and clearly when leaving your message. Failure to speak clearly or to timely check in and out may delay or prevent your receiving credit for having completed the rotation. You should also call this number if you are going to be absent from your rotation.

EMERGENCIES

Contact the Paramedic Program Coordinator. All efforts will be made to monitor the means of communication below on a 24-hour, 7-day per week basis. In the event that you are unable to get an immediate answer, you will be contacted as soon as possible.

Emergency Contact: Matthew Smith
Cell Phone: 207-318-4702 *Texting is encouraged if you are unable to make voice contact*
E-mail: matsmith@lagcc.cuny.edu

Student Overview of Clinical Rotations

Background

Clinical education is an important component of paramedic education. This is where you will learn to integrate didactic knowledge and psychomotor skills in the patient care setting.

Objectives

You will rotate through several clinical areas at different clinical affiliates during the program. The purposes of these rotations are:

1. To provide you with exposure to the types of diseases and injuries encountered by paramedics and in patients of different age groups and severity of their conditions.

2. To provide you with clinical practice of specific psychomotor skills utilized by paramedics, i.e. IV access, endotracheal intubation, EKG interpretation, medication administration, splinting and bandaging, etc.

3. To provide you with a controlled environment through which you will be able to assess, diagnose, and when appropriate assist in the treatment of live patients under the direct supervision of physicians, nurses, and technical staff.

4. To provide you with clinical experiences in the prehospital phase of care under the direction of paramedic preceptors.

5. To provide you with educational activities that will clarify emergency medical concepts pertaining to assessment and treatment, i.e. morgue rotation.

6. To foster your appreciation of the contribution that prehospital interventions can have on the subsequent care and treatment of patients.

Documentation of Clinical Hours, Competencies, and Performance

The student will be required to complete a ***Clinical Skills Tracking Sheet*** as well as the top portion of the ***Clinical Preceptor Evaluation Form*** for all rotations. After the student has completed all the necessary information on the forms, the preceptor will review the forms. The preceptor will then add any comments and document an evaluation of the student's performance. The preceptor must sign the Clinical Preceptor Evaluation Form and the preceptor must place it in an envelope and seal it. The preceptor must then sign the flap over the opening. Any incorrect paperwork may result in the rotation being counted as an absence. When ***Field Experience Care Reports*** are required, they must be filled out for each patient and handed in with the rest of the required paperwork. A completed rotation will have the white preceptor evaluation sheet filled out in the sealed (signed across the flap) envelope, stapled to the outside a clinical tracking sheet, and Field Experience Care Reports (ACR's/PCR's).

The student will log-on to the FISDAP (www.fisdap.net) website and enter all relative clinical data within 72 hours of the completion of the rotation. Failure to enter the clinical data on FISDAP within the specified time frame will result in an automatic "late notice" email sent to you and to the Paramedic Program Coordinator. If this occurs, and you fail to finish entry of all clinical data for the rotation within the following 48 hours, you will be marked absent from the rotation on FISDAP. If this habitually occurs, the additional 48 hour grace period may be revoked.

The top, white copies of all physical documents relating to a rotation must be submitted to the Program within the same 72 hours of the completion of the rotation or the next class session, whichever comes later. All information (e.g. patient demographics, HX/PE, medications, allergies, etc.) must be completed, entered in FISDAP, and submitted to the Program in order to count towards the required the clinical competencies. Failure to submit all

(50%) of the hours earned on the rotation. Failure to submit the documentation within the following 48 hours or by the next class session, whichever is later, will result in the loss of credit for all hours earned on the rotation.

When completing ACRs/PCRs, no protected health information (PHI) (e.g. patient name, date of birth, or any other information that could be used to identify the patient) is to be used.

In addition to the Field Experience Care Report, Clinical Skills Tracking Sheet, and Clinical Preceptor Evaluation Forms, you will also be required to use the assigned phone at each clinical location to call in. In order for a rotation to be counted towards your clinical hours, you must call 646-481-1367 before the start of your tour and at the end of you tour. Lateness, absence and leaving early will all count against your attendance.

The Bottom Yellow copy of all paperwork is the student copy and should be kept by the student as a receipt of proof that the student completed the shift. If original paperwork cannot be found, your completed and legible yellow copy may be accepted at the discretion of the Program Coordinator.

All completed paperwork must be neatly stapled in one corner and placed in the Paramedic locked drop box in the Room C330. Additional copies of paperwork can also be found on the back wall of room C330 or on the FISDAP website.

Clinical Policies & Procedures

Attendance at Clinical Rotations

Attendance at clinical rotations is an important part of the education of paramedics. Absences from any program rotations adversely affect not only you, but others in the program that would have benefited from the rotation had it been available. Failure to attend any assigned clinical or field internship rotation will be counted as one (1) unexcused absence for the course. The program must be notified immediately of any absence by email or by notification to the phone call in line.

All absences from clinical rotations will need to be rescheduled, provided available rotations sites/times are available. Inability to obtain the required rotations may result in dismissal from the program. **IF YOU HAVE INADEQUATE ROTATION HOURS, SKILLS PROFICIENCIES, OR CLINICAL COMPETENCIES ON JULY 31, YOU MAY BE DISMISSED FROM THE PROGRAM.**

Absences will adversely affect your grade (as well employment opportunities after graduation). A Clinical Warning will be given for each absence from a clinical rotation. Three (3) or more Clinical Warnings will require a counseling session with the Paramedic Program Coordinator. Additional absences, regardless of cause, will necessitate a counseling session with the Paramedic Program Coordinator. More than six (6) absences from clinical rotations may be grounds for dismissal from the program.

The maximum number of absences allowed by the program is as follows:

Fall Session 1	5 Absences
Fall Session 2	3 Absences
Spring Session 1	5 Absences
Spring Session 2	3 Absences

Note: Clinical and class absences are combined and counted under the same conditions. There is NO separate clinical or classroom absences.

Tardiness
Students that arrive after the scheduled start time of the shift will be marked late. Excessive tardiness will not be tolerated. Four (4) occurrences of documented lateness will result in an absence. More than eight (8) occurrences of lateness from clinical rotations will require a meeting with the Paramedic Program Coordinator and may be grounds for dismissal from the program. Students that arrive 15 minutes after the scheduled rotation start time will be marked as absent.

A special rule applies to ambulance rotations. You must arrive fifteen (15) minutes before the scheduled start time for ambulance rotations, including field internship rotations. This is important as the ambulance may be deployed a distance from the ambulance garage and **crews cannot wait for late students**. In the event that the ambulance departs without the student, the student will not receive credit for any rotation time until they are able to rendezvous with the ambulance crew and the student will be considered to have been late for the rotation.

If you leave before the end of a scheduled rotation without prior permission from the preceptor, you will be marked absent for that session. The only exception to this rule will be a documented emergency or to attend class. You must contact the Program Coordinator by phone or e-mail and provide written verification of the emergency to the Program Coordinator upon return to class.

If you do arrive late or leave early and obtain permission from the Program Coordinator you must document the deficient time accurately on FISDAP under the hours section for the shift, accessed through the edit button on the detailed shift report in FIDSAP.

We expect students to be honest with the Program regarding attendance and lateness. If you are late to or absent from a rotation, you must contact the Program Coordinator with your name, the date of the rotation, the site of the rotation, the time of the rotation, and the particulars of the specific circumstance that arose.

Latenesses or absences **may** be excused at the discretion of the Program when they are caused by extraordinary circumstances out of the student's control and when satisfactory documentation is provided.

All clinical and field internship hours and requirements must be completed prior to the end of the clinical phases for the program year.

Procedure
In order to receive credit for the rotation, you must sign in for the rotation by calling (646)481-1EMS (1367) from the designated phone at each rotation site upon arrival and dismissal **AND** obtain signatures from the clinical preceptor on the Clinical Preceptor Evaluation Form and envelope. If either is missing, you will not receive credit for the rotation. If the designated phone is not working, the program must be notified immediately via the emergency line.

Failure to attend any assigned clinical or field internship experience will be counted as one (1) absence. Repeated absences will result in further disciplinary actions up to and including dismissal from the program.

When you reach the voice mail for the phone call in system, the message should include the following information:

- Your name and ID number

- Type of rotation (ED, ambulance, ICU, pediatrics, psychiatry, etc.)
- Location of rotation (clinical affiliate)
- Start time and end time
- Whether you are calling in or calling out and the current time

Cancellation of Clinical Rotation

If your clinical rotation is cancelled, every effort will be made to contact you. **Under no circumstances are you to contact the site or administrator of the site**. All communication and scheduling will be handled by the LaGuardia Program Coordinator.

If you arrive at a rotation and find that the rotation has been cancelled, for whatever reason, you should contact the Program Coordinator by phone or e-mail.

Clinical Eligibility & Competencies for Certification for Paramedic

You must meet the following requirements in order to be allowed to take the Practical Skills Exam and the New York State Certification Exam for Paramedic. You must demonstrate competencies in all necessary psychomotor skills, patient age groups, pathologies, patient complaints and team leader skills required for clinical competence as a skilled provider at each certification level.

Paramedic (Required by July 31st)

- You are in good standing
- You met all attendance requirements and adhered to policies on make-up sessions
- Minimum grade average of 75% has been maintained

All clinical and field internship minimum time requirements have been met, including:

- 25 BLS Ambulance rotations (200 hours) (May be pro-rated based on experience)
- 38 Paramedic Ambulance rotations (300 hours)
- 19 Adult Emergency Department rotations (150 hours)
- 5 Pediatric Emergency Department rotations (40 hours) (2 of these may be NICU/PICU)
- 5 ICU/CCU rotations (40 hours) (2 of these may be NICU/PICU rotations)
- 3 Anesthesia/OR rotations (24 hours)
- 3 Labor & Delivery rotations (24 hours)
- 2 Psychiatric rotations (16 hours)
- 1 Medical Examiner (4 hours)
- Total of 81 Rotations Minimum

You must receive a satisfactory rating on all laboratory skills, clinical rotations and field internships in order to successfully complete the program. You must demonstrate minimum competencies in all necessary psychomotor skills, patient age groups, pathologies, patient complaints and team leader skills required for clinical competence as an entry-level paramedic, including:

- Correctly administer 50 medications
- Successfully intubate 6 patients
- Successfully gain venous access 70 times

- Successfully ventilate 10 unintubated patients

Perform comprehensive patient assessments on a minimum number of patients according to age, including:

- 36 pediatric (less than 18 years old) patients
- 60 adult (between 18 and 65 years of age) patients
- 40 geriatric patients

Perform comprehensive patient assessments on a minimum number of patients according to pathology, including:

- 40 patients presenting with chest pain
- 20 respiratory patients
- 40 trauma patients
- 10 OB patients
- 20 psychiatric patients
- 3 CVA patients
- 3 neurological patients
- 1 cardiac arrest patient
- 20 abdominal complaint patients
- 20 altered mental state patients
- 10 syncopal episode patients
- 3 general weakness patients
- Serve as a team leader for a minimum of 50 pre-hospital emergency responses at the ALS level

The Paramedic Program **will not** allow you to take the NYS DOH certifying examination **until** you have successfully completed all phases of training and demonstrates competency in the performance of paramedic skills.

Clinical Experience

Introduction

Your clinical training is done in conjunction with classroom hours and should be completed on or about the date that the didactic training is completed.

The clinical experience component of the program will follow a sequential progression where you transition from **observer to participant to team leader**. You are expected to participate fully with regards to all BLS skills and even assume the role of team leader on BLS calls during earlier rotations. As you are authorized, you will be able to perform skills as directed by the clinical/field preceptors. As you complete the various didactic topics (i.e. pediatrics, cardiology, respiratory, etc.) and related skill sessions, you may be able to assume team leader responsibilities for patients presenting with those conditions. It is expected that you may have a rotation where you function as a team leader on one call and then observer or participant on other calls. The patient's condition and level of distress, as well as the trust the preceptors have in you will dictate the depth of your involvement.

You must complete all clinical training prior to the final practical examination in order to be eligible to take the NYS practical skills exam. Only satisfactory clinical rotations are considered as fulfilling the rotation requirements. Unsatisfactory rotations will not be accepted for consideration in completion of the clinical requirements. Inability to complete rotations and achieve the clinical competencies by the date designated by the Paramedic Program Coordinator would result in your ineligibility to complete the program and achieve certification.

It is expected that all students will maintain a schedule of rotations consistent with their ultimate timely completion of the rotation requirements throughout the class. Students failing to make timely progress through the rotation requirements will be counseled and may be separated from the program.

Please Note: All clinical affiliates retain the right to restrict or discontinue any and all training privileges extended to you at their facility. The decision of the affiliates to restrict or discontinue your participation is ultimately made at the affiliate's sole discretion.

Transportation to and parking at the clinical rotations is your responsibility.

Pre-Requisites

You are required to be currently certified as an NYS EMT to participate in any clinical or field internship training. It is your responsibility to maintain your current level of certification. Loss of current certification will lead to your suspension from clinical and field internship training until you are re-certified. You must also notify the Instructor Coordinator and Program Coordinator of any revocation or suspension of your EMT certification.

You may be credentialed as a provider in New York City's or another area's 911 system. If your credentials to operate in that system or systems are revoked or you are restricted from patient care, you must immediately inform the Program.

Professional liability insurance will be provided by the College.

You must complete the Orientation to Clinical Rotations prior to starting any clinical rotations and submit the post-test on all JCAHO required topics for each site as required.

All paperwork required for rotations MUST BE submitted and approved by the Paramedic Program Coordinator including:

- Completed Health Clearance Form for Paramedic Students
- Hepatitis B Vaccine Series (regardless of immunologic converstion) or evidence of immunity
- Updated vaccinations including Diptheria-Tetanus Toxoid (if greater than 10 years)
- Verification from physician that you had a physical exam within the past year and that you are free from any physical or mental impairment which is a potential risk to the patient or personnel, or which might interfere with the performance your duties including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other substances which may alter your behavior or which may impair your ability to discharge your responsibility for patient care.
- PPD within 2 months (and chest x-ray if the PPD is positive)
    - You will be required to receive a second PPD at your 6 month mark.
- Laboratory results for the following:
    - Rubeola titer
    - Rubella Anti-body titer
    - Mumps titer
    - Varicella titer
    - Hepatitis B Surface Antibody titer
    - RPR titer
- OSHA, fit-testing
- Flu vaccine
- JCAHO Compliance Form

- JCAHO Orientation Post-tests

Supervision

You will be supervised on clinical rotations by the clinical preceptor. The contact person for each site will be responsible for assigning you to a preceptor for the rotation.

Evaluation

You will be evaluated on your ability to handle all aspects of advanced level pre-hospital care, from checking the vehicle and equipment to documentation of the patient assessment and treatment rendered. It is expected that you will gradually progress as your confidence, knowledge and experience increase.

The program will continually monitor the evaluations you receive. In the event that a concern arising from clinical feedback emerges, the program may take the following action:

- Have a counseling session with the Program Coordinator
- Restrict or discontinue all clinical training
- Require additional practical skills remediation
- Require additional didactic training
- Perform further evaluation
- Take further appropriate action, up to and including removal of the student from the program

Infection Control

You should follow the Infection Control guidelines as well as the specific guidelines for the clinical affiliate. In general, the clinical affiliate will make the necessary personal protective equipment available to you.

Assignment of Clinical Rotations

The schedule for clinical rotations is determined by the availability of spots at each of the clinical affiliate locations and the presence of qualified preceptors at the rotation sites.

Rotations will be posted on the FISDAP scheduler. They will be available for you for the first 25 days of the preceding month. You may swap rotations within that time period without penalty. You may not change any rotations after the 25th of each month. On the 25th of each month, rotations will be closed. You will not be allowed to sign up for rotations beyond that date. Furthermore, all rotation assignments will be permanent. If you are not able to attend a scheduled rotation beyond the 25th, you MUST notify the program via email. If you schedule shifts and do not attend, you will be hurting yourself as well as other members of the class! Under no circumstances are you allowed to show up at a rotation site without being scheduled on FISDAP to do so.

Incidents & Injuries

Any incident, injury, or exposure that occurs during a clinical rotation is to be handled according to the policies of the clinical affiliate where it occurred. In addition, you are required to report the occurrence to the Paramedic Program Coordinator via the emergency line immediately and follow the policy on Incident Reporting.

Clinical Preceptors

Preceptor Classifications:

Clinical preceptors will be classified as an EMT, Physician (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), or Paramedic (P).

Selection of Preceptors:

MD, DO, NP or PA – These preceptors will be those who have been designated by the affiliate teaching hospitals as academic instructors, either at the attending or house staff level. These preceptors are selected routinely by the hospitals as part of their regular academic reviews. These preceptors will receive an initial orientation from their department Supervisor.

RN – Nurses will be selected by the affiliate hospitals and their education departments. These nurses will receive an initial orientation from their Supervisor.

Department Supervisor's will be in direct contact with the Paramedic Program Coordinator and will receive additional materials to be kept on-site as reference for preceptors.

Paramedic – Paramedics used as clinical preceptors will be those who are New York State and REMAC Certified Paramedics. Those paramedics who are CIC/CLI certified will be given preference into the preceptor program.

All preceptors will have access to a copy of the Clinical Manual.

Preceptor Discrepancies & Disagreements:

If there is ever a discrepancy and/or disagreement with a preceptor or with the action of a preceptor, and a resolution can not be achieved by you with the preceptor, you MUST contact the Program Coordinator immediately via the emergency line.

If the Clinical or Program Coordinator cannot be reached to offer a solution, you should attempt to relocate yourself in the same department with a different preceptor, until you are able to contact the Program Coordinator. If you are on a field shift or in a closed clinical environment and you feel that you are in a hostile environment and that no resolution can be reached with the preceptor you should leave the shift and report the incident immediately.

Student Code of Conduct

The program assumes that you will demonstrate personal conduct that is based upon courtesy, integrity and common sense for others, both inside and outside the classroom. You are expected to behave in a mature and professional manner.

The Paramedic Program reserves the right implement college procedures to suspend or dismiss you for conduct that is determined to be detrimental to the best interest of the program. The following types of behavior are considered violations of the program standards for your conduct and may result in suspension or other disciplinary action(s) up to and including dismissal:

- Threatening the life or physical safety of others.
- Conduct that substantially disrupts impedes or interferes with the operation of the program, college or activities at clinical rotations.
- Conduct that substantially infringes upon or invades the rights of others.

- Negligent or deliberate destruction or misuse of property belonging to the college, clinical affiliates, fellow students, instructors, staff, preceptors, or to patients in the course of clinical rotations.
- Violation of condition of probation.
- Academic dishonesty. (See Dishonesty in Student Manual).
- Any unauthorized manufacture, possession, use, distribution or sale of alcohol or drugs, whether by faculty, staff or students on college property or at clinical affiliations is contrary to the purpose and policies of the Paramedic Program.
- Reporting for a clinical rotation under the influence of alcoholic beverages, drugs which impair judgment or illegal drugs. If you exhibit signs and symptoms generally accepted by the medical community as indications of their use, you will be subject to disciplinary proceedings.
- Conduct that has resulted in your conviction for any offense specified in the federal or state statutes. It is not the intent of these policies to prohibit the participation of individuals who may have a previous criminal record for which they have met the requirements of the law.
- Harassment involving an instructor, staff member, or student on the basis of sex (see Sexual Misconduct Policy in Student Manual).
- Willful violation of any published regulation for student conduct adopted or approved by the Paramedic Program.
- Violation of any rule, regulation or practice or failure to meet the program requirements of the Paramedic Program.
- Falsification of admission application or other Paramedic Program Records.
- Loitering, loafing or sleeping while functioning as a student on clinical rotations.
- Failure or refusal to follow the instruction of duly assigned preceptor, refusal to accept an assignment or insubordination.
- Using vile, intemperate or abusive language or acting in a disrespectful manner toward any patient, student, instructor or any other person at any time.
- Disorderly conduct such as fighting, "horseplay," or annoying other students on clinical rotations.
- Possession of any weapon of any type on clinical rotations.
- Gambling, conducting games of chance or possessing gambling equipment on clinical rotations.
- Creating or contributing by an act of omission to unsafe or unsanitary conditions.
- Smoking in unauthorized areas or at unauthorized times.
- Unauthorized solicitation or distribution of literature during any program activity at any time.
- Posting or removing of notices during any program activity.
- Unauthorized possession, use, copying, or reading of patient or hospital records, or disclosure of information contained in such records to unauthorized personnel.
- Larceny, misappropriation or unauthorized possession of property belonging to the college, clinical affiliations, another student, instructor, preceptor or patient.
- Poor personal appearance or personal hygiene.
- Excessive unexcused absences or personal tardiness.
- Behavior that is inconsistent with the National Association of Emergency Medical Technician's Code of Ethics.
- Violation of 10 NYCRR Part 800 (State Emergency Medical Services Code).

STUDENTS SHOULD TAKE NOTE THAT FALSIFICATION OF CLINICAL ROTATION DOCUMENTS IS NOT ONLY A VIOLATION OF THE ACADEMIC INTEGRITY POLICY OF THE COLLEGE BUT IT IS ALSO A VIOLATION OF THE PUBLIC HEALTH LAW REGARDING "FALSIFICATION OF DOCUMENTS IN ORDER TO OBTAIN A HEALTHCARE CERTIFICATION" AND THEREFORE MUST BE REFERRED BY THE PROGRAM TO THE NYS DOH FOR FURTHER INVESTIGATION AND DETERMINATION

OF PENALTIES WHICH MAY INCLUDE LOSS OF CERTIFICATION. THIS MAY RESULT IN ADDITIONAL SANCTIONS TO THE INDVIDIVUAL ABOVE AND BEYOND THE ACTIONS THE COLLEGE MAY TAKE.

Dress Code

You are responsible for the cleaning and maintenance of your own uniform/lab coat for all clinical rotations, including the field internship.

You are expected to exercise good personal hygiene prior to clinical and field internship rotations. You are also expected to bring the appropriate equipment to clinical rotations as outlined in the Equipment Policy. Students must wear clothing that amply covers private body parts. Clothing should reflect professionalism and avoid language that is inflammatory or offensive.

Clinical Rotations - Hospital

The following is the dress code for hospital rotations:

- You will be expected to purchase and wear a **short** white lab coat. See the uniform specifications sheet for patch and embroidery placement. Unless otherwise specified, the lab coat is to be worn during each rotation. The cleaning and upkeep of the lab coat is your responsibility!
- Appropriate professional appearance. A button down, collared shirt or sweater is required.
- On OR rotations, scrubs as provided by the hospital must be worn, they are not allowed to be removed or brought in to the facility.
- No sneakers, blue jeans, shorts, open toed or open backed shoes or sandals are allowed.
- LaGuardia Community College ID card must be worn visibly. If the affiliate facility requires you to have a hospital ID, you will receive instructions from the Program advising you how to secure one and must be required to wear the hospital ID as well.
- LaGuardia Paramedic Program Skills Card, CPR card, EMT card are all required to be on you at all times.
- Hair should also be worn away from the face in a manner that does not interfere with vision or providing medical care.
- If jewelry is worn, it should not be excessive and not interfere with providing patient care (i.e. dangling earrings, etc.)
- Piercings may not interfere with patient care or present harm towards any provider or they must be removed. Individual sites may have additional policies and regulations.

Clinical Rotations/Field Internship - Ambulance

The following is the dress code for ambulance rotations, including the field internship:

- LaGuardia Community College ID card must be worn visibly. If the affiliate facility requires you to have a hospital ID, you will receive instructions from the Program advising you how to secure one and must be required to wear the hospital ID as well.
- LaGuardia Paramedic Program Skills Card, CPR card, EMT card are all required to be on you at all times.
- A navy blue Paramedic Program shirt or Paramedic Program sweatshirt (depending upon the season) with Paramedic Program patch and NYS EMT patch as designated on the uniform specifications sheets.
- Dark blue trousers meeting NFPA standards for BBP
- Black shoes or boots (no sneakers)

- Hair should also be worn away from the face in a manner that does not interfere with vision or providing medical care.
- If jewelry is worn, it should not be excessive and not interfere with providing patient care (i.e. dangling earrings, etc.)
- Piercings may not interfere with patient care or present harm towards any provider or they must be removed. Individual sites may have additional policies and regulations.

Equipment Required

Clinical Rotations

You are required to have the following equipment for all practical skills and clinical rotations:

- Watch with second counter
- Penlight
- Stethoscope
- Scissors
- Pen
- Notebook (to record questions, data to prepare assignments, etc.)
- NYC REMSCO Pre-Hospital Protocols
- Short white lab coat (for hospital) or appropriate dress for ambulance rotations
- Rotation Evaluation Forms and Envelopes

Evaluation of Students

SKILLS EVALUATION

You will be evaluated on the following grading scale:

"4" = Proficient – Field competent (Employable as a functioning paramedic)
"3" = Acceptable – Appropriate for current experience level (Functioning at level expected in the program)
"2" = Needs improvement – (Needs further practice and education to improve)
"1" = Unacceptable – (Hazard to the patient and/or others)

The categories being evaluated by the clinical preceptor are listed below:

1. Interview: Completed comprehensive interview on all patients encountered. Demonstrates active listening
2. Patient Exam: Completed appropriate head-to-toe and/or focused physical exams on all patients encountered
3. Clinical Skills Interventions performed or suggested were complete, satisfactory, and timely
4. Overall: Combining all aspects of the rotation

AFFECTIVE EVALUATION

Continuous evaluations in these areas of professional behavior will include the following:

Integrity

Examples of professional behavior include but are not limited to: consistent honesty, being able to be

trusted with the property of others, can be trusted with confidential information, complete and accurate documentation of patient care and learning activities.

Empathy

Examples of professional behavior include but are not limited to: showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate and helpful demeanor toward those in need; being support and reassuring to others.

Self-motivation

Examples of professional behavior include but are not limited to: taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; and taking advantage of learning opportunities.

Appearance and Personal Hygiene

Examples of professional behavior include but are not limited to: clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and personal grooming.

Self-confidence

Examples of professional behavior include but are not limited to: Demonstrating ability to trust personal judgment, demonstrating an awareness of strengths and limitations, exercising good personal judgment.

Communications

Examples of professional behavior include, but are not limited to: speaking clearly and respectfully; writing legibly and accurately; listening actively; adjusting communication strategies to various situations.

Time Management

Examples of professional behavior include, but are not limited to: consistent punctuality, completing tasks efficiently, while maintaining effectiveness.

Teamwork and Diplomacy

Examples of professional behavior include but are not limited to: placing the success of the team above self-interest; not undermining the team; helping and supporting others; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect

Examples of professional behavior include but are not limited to: being polite and courteous to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.

Patient Advocacy

Examples of professional behavior include but are not limited to: assuring that all possible appropriate patient care has been provided to the patient, not allowing personal bias or feelings interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

Careful Delivery of Service

Examples of professional behavior include but are not limited to: mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures and protocols; following orders.

These professional behaviors will be assessed during clinical rotations and field internship rotations. Interactions between you and other students, instructors, preceptors, patients and others with whom you have contact/interaction, will form the basis for evaluation in this area.

Areas in need of improvement will be discussed with you in counseling sessions. Documentation will include the areas in need of improvement as well as corrective actions that need to be taken. Continued problems in this area may lead to dismissal from the program.

Evaluations of Clinical Performance & Status

Evaluations of each student's clinical performance and status will be performed several times throughout the course.

During these evaluations the Program Coordinator will meet with each student individually and review the students' performance along with the number of hours and competencies completed. During this meeting the student will be expected to go over their plan to schedule the remaining rotations prior to July 31st.

Exposure to Blood & Known/Suspected Communicable Diseases

You will follow the procedures of the Clinical Affiliate where the exposure occurred and report the exposure to the Paramedic Program Coordinator. This includes the initial treatment and evaluation, as well as follow-up if recommended or required.

You are responsible for all costs involved in the evaluation and follow-up of an exposure.

Procedure

1. You will notify the Program Coordinator of ANY exposure incident as soon as it occurs. You must speak with someone affiliated with the LaGuardia Paramedic program

2. You will take the appropriate post-exposure measures (i.e. hand-washing, irrigation, etc.) as dictated the specific policies and procedures of the Clinical Affiliate. NOTE: The cost for all evaluation, treatment, tests, etc. is your responsibility. However, the affiliate hospital may choose to treat you as an employee.

3. You will complete all paperwork required by the Clinical Affiliate. In addition, you will also notify the Paramedic Program Coordinator in writing.

4. You will submit an Incident Report to the Paramedic Program Coordinator at the next class session.

Field Internship

Introduction

The Field Internship is the **final component** of the Paramedic Program. The intent of the Field Internship is to demonstrate the integration of didactic, psychomotor skills and clinical instruction into the ability to serve as an entry-level paramedic. This phase of the program is evaluative in nature, rather than instructional.

You will be required to demonstrate clinical competence by completing a field internship that will consist of a **final hundred hours of (100) ambulance rotations and 50 Team Leads**. The field internship is an evaluation of your ability to act a paramedic including managing all aspects of patient care and treatment, without prompting or instruction from the clinical preceptors except in situations where safety may dictate an intervention. The focus is less on the performance of technical ALS skills; rather it is more on your ability to handle all aspects of the delivery of advanced pre-hospital care (patient assessment and documentation, patient diagnosis and treatment, teamwork, communications, patient presentations, etc.).

The Field Internship can begin once you meet the pre-requisites listed below. The field internship does not begin until the majority of the course didactic material and clinical rotations has been completed.

You must complete all clinical training prior to the final practical examination in order to be eligible to take the NYS practical skills exam. Only satisfactory clinical rotations are considered as fulfilling the rotation requirements. Unsatisfactory rotations will not be accepted for consideration in completion of the clinical requirements. Inability to complete rotations and achieve the clinical competencies by the date designated by the Paramedic Program Coordinator would result in your ineligibility to complete the program and achieve certification.

Prerequisites

In order to begin the Field Internship, the following requirements must be documented from prior clinical rotations:

- All Paramedic Ambulance rotations are completed
- At least 12 ED rotations are completed, as well as at least two each of all the specialty rotations (i.e. pediatrics, psychiatry, obstetrics, ICU/NICU/PICU) and all anesthesia rotations.
- Minimum of 25 patient interviews/assessments
- 25 successful IV starts
- 10 medication administrations
- 25 ECG interpretations
- Ten (10) 12-lead ECG interpretations

Supervision

You will be supervised on field internships by the clinical preceptor. The contact person for each site will be responsible for assigning you to a preceptor for the rotation.

Evaluation

You will be evaluated on your ability to handle all aspects of advanced level pre-hospital care, from checking the vehicle and equipment to documentation of the patient assessment and treatment rendered. You must obtain a rating of minimal prompting, competent, entry-level paramedic from the clinical preceptors in order to obtain credit for the field internship rotation.

Positive responses from the field preceptor include the following questions:

In your opinion, does the student meet the requirements for a competent, entry-level paramedic in terms of knowledge, skills and professional attributes?
Would you want this student as partner, co-worker or employee?
Would you recommend this student for employment?
Would you want this student taking care of you or a member of your family?

If your preceptors rate you as "Unsatisfactory" or "Dependent on Preceptor," the Paramedic Program reserves the right to take any or all of the following action(s):

- Have a counseling session with the Program Coordinator
- Restrict or discontinue all clinical training
- Require additional practical skills remediation
- Require additional didactic training
- Perform further evaluation
- Take further appropriate action, up to and including removal of the student from the program

If you do not successfully complete the field internship requirements after sufficient remedial assistance is given, you will not have fulfilled the requirements of the program and will not be eligible to obtain certification as a paramedic.

Shift Requirements

Field Internships are urged to be completed with majority of the rotations being supervised by one preceptor.

Under no circumstances shall a Field Internship be permitted at a site where a student has been or is affiliated with that site.

Goals and Objectives

Goal

The goal of the LaGuardia Community College Paramedic Program is to produce competent, entry-level paramedics to serve in career and volunteer positions in a variety of settings.

Objectives

You will be competent as defined by the DOT Paramedic Curriculum.

You will be prepared to successfully complete all National, State, and Regional Certification Exams, as outlined in the syllabus.

You will be capable of providing quality emergency medical care with ethical values as evidenced by your performance during the "Field Internship Evaluations".

Employers will be satisfied with the performance of our entry-level paramedic graduates.

Grading Policy

Field Internship Clinical Rotations

Preceptors during field internships will use the following criteria/rating scale for grading:

"4" = Exceeds expectations of an "ENTRY LEVEL" paramedic (employable as a functioning paramedic)

"3" = Meets expectations of an "ENTRY LEVEL" paramedic (functioning at the level expected in the Program)

"2" = Dependent on Preceptor for direction (needs further practice and/or education to improve)

"1" Dangerous to practice (Hazard to the patient and/or others)

It is expected that you will progress during the course of the program to become a competent entry-level paramedic.

Health Requirements

You will be required to submit a Health Clearance Form for Paramedic Students (provided by the Paramedic Program) within one (1) month following the start of the program. Prior to beginning clinical rotations, you will submit the results of a physical examination, required laboratory tests and documentation of immunization status on forms provided by the Paramedic Program. You will also be required to submit the results of a second PPD six months after their initial PPD to the Paramedic Program in order to continue to participate in clinical rotations.

You must meet the requirements of our clinical affiliates in order to participate in clinical rotations. You will not be permitted to participate in any clinical rotations or field internship rotations without the following materials on file with the Paramedic Program:

- Completed Health Clearance Form for Paramedic Students
- Hepatitis B Vaccine Series or Evidence of Immunity
- Updated vaccinations including Diphtheria-Tetanus Toxoid (if greater than 10 years)
- Verification from physician that you have a physical exam within the past year and that you are free from any physical or mental impairment which is a potential risk to the patient or personnel, or which might interfere with the performance of duties including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other substances which may alter your behavior or which may impair your ability to discharge your responsibility for patient care.
- PPD within 2 months (and chest x-ray if the PPD is positive)
- Laboratory results for the following:
- Rubeola titer
- Rubella Antibody titer
- Mumps titer
- Varicella titer
- Hepatitis B Surface Antibody titer
- RPR titer
- Flu vaccine

The cost for the physical exam, immunizations and the required laboratory tests is your responsibility. In addition, you will also need to obtain an updated PPD test every six months in order to continue participating in clinical rotations.

You must also sign a statement authorizing release of this information as required by Clinical Affiliates to determine your ability to participate in rotations. It is highly recommended that you have health care coverage for the duration of the paramedic program.

You should monitor your health status throughout the course of the program, keeping in mind that rotations can be strenuous and may sometimes involve hazardous work or conditions. You should be vigilant for medical conditions that may arise during the program that may affect the safety of your participation in rotations. Specifically, if you are or become pregnant, we recommend consulting your obstetrician before participating in clinical rotations. Any health information you choose to reveal to the program will be kept in the strictest confidence and the program will make efforts to accommodate your health-related needs.

If you are unable to participate in clinical rotations due to illness or injury, you must submit a note from your physician to the Paramedic Program Coordinator indicating that you are able to resume the clinical rotation activities required for successful completion of the program prior to doing so.

Infection Control

You are to follow the procedures listed below during clinical rotations. The specific guidelines for each Clinical Affiliate must also be followed. The Clinical Affiliates will provide the procedures and personal protective equipment necessary to protect your health during the clinical rotations.

You must indicate in writing that you have reviewed and understand the regulations set forth in OSHA Standard 1910.1030 and Guidelines Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994.

NOTE: These are general guidelines, you are required to become familiar with the site-specific guidelines at each of the Clinical Affiliates at which you do rotations. If you have any questions, please ask your clinical preceptor.

Scope

All students must conform to these important safety guidelines.

Background

Universal Precautions are intended to prevent parenteral, mucous membrane, and on-contact skin exposures of health care workers to blood borne pathogens. Universal precautions should be used in the care of all patients. Examples of body secretions are: amniotic fluid, cerebrospinal fluid, feces, nasal secretions, pericardial fluid, pleural fluid, saliva, semen, sputum, synovial fluid, tears, tissues, urine, vaginal secretions, and vomitus.

Universal precautions mandate that all pre-hospital providers shall routinely use appropriate barrier precautions when possible exposure to blood or body fluids might occur. Medical history and examination cannot reliably

identify all patients infected with HIV, HBV or other pathogens, hence the institution of these Universal Precautions.

Procedure

You shall adhere to the following guidelines whenever a communicable disease is suspected or when there is exposure to blood, body fluids, or excreta:

1. Disposable gloves will be worn whenever there is the possibility of exposure to body fluids. Gloves should be worn for:

- touching any blood and body fluids, mucous membranes or non-contact skin of all patients,
- for handling items or surfaces soiled with blood or body fluids/substances, and
- for performing venipuncture and other vascular access procedures.

2. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids in order to prevent exposure of the mucous membranes of the mouth, nose, and eyes. Situations such as endotracheal intubation, suctioning, and childbirth may cause contamination of the eyes.

3. You should always wash your hands after taking care of a patient, handling any contaminated equipment/supplies or cleaning any contaminated equipment/surface, etc., EVEN WHEN GLOVES ARE WORN. (NOTE: Gloves are to be removed prior to washing hands.) In addition, you should wash your hands after touching any body fluids and after removal of your gloves.

4. Blood contaminated needles are to be handled with extreme care and must NOT be recapped. They should be disposed of in a safe manner by placing the needles in a puncture-proof container.

5. You should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures, when cleaning used equipment, and during disposal of used needles.

- To prevent needle stick injuries, needles must NOT be recapped, purposely bent or broken by hand, or removed from disposable syringes. If recapping cannot be avoided; a one-handed technique must be used.
- Needles, scalpel blades and other sharp items should be placed in puncture resistant containers. When these containers are full, close and lock them by pushing the top closed.

6. Mouth-to-mouth resuscitation should be avoided. An airway adjunct will be used whenever there is the possibility of respiratory assistance or resuscitation.

7. Spills of blood and body fluids should be cleaned as soon as possible.

- You must wear gloves during this procedure.
- Excess liquid should be cleaned up with an absorbent cloth.
- The area should then be washed with a solution of bleach and water (1 part bleach and 10 parts water). Fresh solutions must be made up every time.

8. If you have exudative lesions or weeping dermatitis, you should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

9. Implementation of Universal Precautions for all patients eliminates the need for disease specific isolation precautions, except when respiratory isolation is needed. Respiratory precautions should be put into effect with patients known or suspected to have:

- Chicken Pox (Varicella)
- Fever of unknown origin
- Measles
- Meningitis
- Mumps
- Pertussis (whooping cough)
- Rabies
- Rash
- Rubella
- Tuberculosis

It is also recommended that you utilize respiratory precautions during the administration of nebulized medications.

10. You will be fit-tested prior to beginning of clinical rotations. If you are unable to utilize a respirator with a good seal, you will not be permitted to participate in any patient care activities with any patient with a confirmed or suspected airborne communicable disease. If the patient contact occurs during an ambulance rotation, you will be required to sit in the front compartment of the ambulance with the door/window closed between the cab and patient compartments.

11. You should follow the procedure of the Clinical Affiliate for decontamination of equipment.

12. You should follow the procedure of the Clinical Affiliate for disposal of any contaminated supplies.

13. If contamination of clothing is a high possibility, protective clothing should be worn, i.e. gowns, aprons, sleeve covers, jump suits, etc. Clothing contaminated with blood, other body fluids, or excreta shall be immediately changed and decontaminated following Clinical Affiliation guidelines. **NOTE: You should bring a change of clothes to all clinical rotations in the event of clothing contamination.**

Report exposures as well as suspected exposures using the Infectious Disease Exposure Report of the Clinical Affiliate. You should also notify the Paramedic Program of the potential or actual exposure in writing.

Injury/Illness

LaGuardia Community College Paramedic Program will not be liable for any injuries/illnesses incurred by you during the course of your education. You will be responsible for any medical expenses incurred should you become ill or injured during any phase of the program.

If injury or illness occurs during a clinical rotation or field internship, all Clinical Affiliates have agreed to provide initial emergency medical care. You are responsible for all costs related to the care rendered. It is strongly recommended that you have current health coverage.

During your participation in program activities, report all injuries/illnesses to the CIC or clinical preceptor as soon as possible. The CIC or preceptor may request a written report about the injury/illness.

If you have an infectious disease (common cold, flu, hepatitis, herpes, etc.), you should not participate in clinical rotations or field internship activities. Patients in the hospital or field internship should never be put at risk from your infectious diseases.

In the case where any illness/injury causes you to miss four (4) or more consecutive class/clinical/field internship rotations, you will be required to have a medical release by a physician before being allowed to participate in clinical rotations.

Orientation to Clinical Rotations

You must complete an Orientation to Clinical Rotations prior to starting any clinical rotations or field internship.

All aspects of this orientation must be documented, either with a signed attendance sheet, appropriate make-up assignments, or completion of required post-tests.

You are responsible for supplying all required documentation.

Patient Confidentiality

You are expected to keep confidential all information regarding patients and the hospital/pre-hospital records, as well as all other Clinical Affiliate information.

Patient information should be handled and distributed in a manner that safeguards the confidentiality of the information. It should be remembered that information concerning patients is extremely confidential and should not be released or discussed with anyone, including the patient's family and the press, without the authorization of the Paramedic Program Coordinator or clinical preceptor. Requests for information about patients treated or transported by EMS services should be referred to either the hospital Emergency Department staff or to the EMS Supervisor. Paramedic students should not release information about patients to anyone not directly involved in the care and treatment of the patient.

You should not discuss matters concerning particular patients with other students, preceptors, faculty, or staff in the hallways or in other public areas of the Clinical Affiliation sites except in extreme emergencies.

Any violation of this policy will be considered extremely serious. The Paramedic Program will take immediate disciplinary action against you if you are found to have violated this policy, including dismissal from the program. The administration at the Clinical Affiliates has the right to request disciplinary actions to be taken against you or can refuse to allow you to participate in rotations at their facility, for failure to keep hospital/patient information confidential.

You will be required to sign an attestation on Patient Confidentiality prior to starting any clinical rotations.

You should try to interview patients in as confidential manner as possible consistent with immediate needs and urgencies of the situation. The patient should be given as much privacy as feasible in conducting interviews and physical assessments. In relaying reports to medical providers involved in the further care and treatment of the

patient, the pre-hospital providers should minimize the chances of being overheard, particularly where the information is of a sensitive nature.

For documentation of any type, patient names are not to be used in any instance!

Photographic & Audio Devices

Use of any photographic, video or audio equipment at any clinical site is strictly prohibited. Use of camera phones is also strictly prohibited.

Remediation of Hours and Competencies

Prior to the Paramedic Skills test you will have a clinical evaluation. During this evaluation you will be presented with a Clinical Standing Report advising you of all your completed shift hours for each department. You will also have your competencies and patient totals available.

If you have been found to be insufficient in any categories, or you have failed to obtain passing ratings on your Field Internship we will advise you of the additional rotations you will need to perform. If you are unable to complete and meet all of the required competencies in an assigned period of time other options may be considered at the discretion of the Paramedic Program.

These options may include Mega code or specialized scenario testing, or it may require the use of a simulation lab.

Scheduling Rotations

If you have submitted all required medical paperwork and met all the requirements for clinical rotations, you may sign up for clinical rotations.

Rotations will be able to be accessed through the FISDAP program. Rotations will become available on the first day of the preceding month and will remain available until the 25th day of the preceding month. During that time, you may switch any scheduled rotations using the FISDAP software. After the 25th day of the preceding month, rotations will cease to be available for student selection. Drops or trades may be allowed, but only on a case-by-case basis. You are permitted to drop any rotations without permission as long as you do so prior to the 25th day of the preceding month.

You are not permitted to schedule more than 16 hours at any one time; either from or to class or straight through on rotations or any combination. A minimum of 8 hours off must be adhered to after 16 straight hours. Any student scheduling any combination of rotations may be given the option to drop a rotation, incurring an absence or told which rotation they will not be attending.

Site Diversification Requirements

In order to expand your options and learning experience we encourage all students to do at least one rotation at every clinical site. Each site is unique and offers you a different experience with patients, staff, equipment and facilities.

Students are not permitted to do more than 50% of their rotations at a Clinical Affiliate where they are employed, and never while also on duty for their employer.

Use of Skills on Clinical Rotations

You must demonstrate competency in all advanced level skills prior to performing any skill on a clinical rotation.

- Approval to perform a skill will be based upon demonstrating proficiency in skills testing.
- You will be issued a Skills ID card that will list all of the skills that you are allowed to perform throughout the course. Upon successful demonstration of competence in a skill, the Certified Instructor Coordinator will mark your card in the appropriate area(s). In the event that you lose your skills card, you must immediately notify the Clinical Coordination Monitor.
- You must carry the Skills ID card during clinical rotations and field internships. The card is to be presented to the clinical preceptor for verification of your current skill level. If a clinical preceptor requests to see your Skills ID Card to check which skills you are able to perform on a rotation and you do not have the Skills ID card with you, you will not be allowed to perform any ALS skills, and may be sent home from that rotation.
- You will perform skills at the **total** discretion of the Rotation Preceptor. You will not be allowed to undertake any patient care intervention without the expressed permission of the Rotation Preceptor. **Not all skills can be practiced on all rotations at every clinical affiliation.**
- **If you are found to be performing a skill without the permission of the Rotation Preceptor, or above your current level of training, you may be dismissed from the rotation site and face disciplinary actions and possible dismissal from the program.**
- **Under no circumstances are you to use any medication on a patient unless you are familiar with the appropriate dosing, indications, contraindications, side effects, and precautions associated with that medication.**
- **Under no circumstance should you perform any procedure for which you have not been approved, regardless if you are asked to do so by the hospital staff. You are responsible for informing the hospital staff of your training status on performing any skills. You, and only you, are responsible for your actions in the clinical setting.**
- **To obtain credit for performing an ECG you must also successfully interpret the ECG rhythm.**

Absolutely no ALS skills may be performed outside of the LaGuardia affiliate. You may only practice skills while on regularly scheduled clinical or field internship rotations (EVEN IF YOU WORK FOR THE AFFILIATE!). Under no circumstances should you be lobbying for other affiliations or speaking to clinical affiliates outside of the paramedic program.

You are expected to fully participate in rotations in regard to BLS skills.

If you are trained in a skill **outside of this paramedic program**, i.e. a phlebotomy course or other allied health course, previous paramedic, nursing, or physician level training, etc., **you may not perform those skills** in the clinical setting, regardless of skill level or certification status.

CLINICAL AREAS AND AFFILIATES

Clinical Guidelines for the Operating Room/Anesthesia

Required Hours
24 hours (additional hours may be required to obtain clinical competencies required)

Preceptors
You will be assigned to an anesthesiologist for the rotation.

Goals
During this rotation, you will have the opportunity to:

- Gain experience in the techniques of airway management and ventilation.
- Perform endotracheal intubation at least 6 times under the guidance of an anesthesiologist.
- Perform other selected skills under the supervision of the preceptor.
- Observe various surgical procedures and expand knowledge in the area of anatomy and physiology.

Objectives
At the conclusion of the rotation, you will be able to:
Demonstrate the following skills:

- Manual airway maintenance
- Positive pressure ventilation of the non-intubated patient
- Oropharyngeal airway insertion
- Endotracheal intubation
- Properly securing an endotracheal tube
- Endotracheal suctioning
- Extubation
- Monitor the patient's status using blood pressure, pulse, respirations, temperature, mental status, pulse oximetry and cardiac monitoring.
- Practice other advanced skills such as venous access and medication administration.

Skills
You may perform the following skills provided you have been authorized to perform the skill and such authorization is evident by the appropriate marking on your skills ID card (ALS skills), the use of the skill is permitted by the Clinical Affiliate, and the preceptor approves you to perform the skill. In some cases, especially with invasive procedures, the preceptor may only permit you to observe or assist.

- Application of ECG monitor, ECG interpretation
- CPR
- Defibrillation, cardioversion, and external pacing
- IV therapy, setting up IV drips
- Vital signs
- Venous blood sampling
- Ventilation of non-intubated patients
- Medication Administration (IM, SQ, ET, nebulized, sublingual, PO, transdermal)

- Oropharyngeal and endotracheal suctioning
- Oxygen administration
- Interpretation of blood gas data, pulse oximetry and other laboratory data
- Endotracheal intubation
- Manual airway maintenance
- Positive pressure ventilation of the non-intubated patient
- Oropharyngeal airway insertion
- Properly securing an endotracheal tube
- Extubation

Specific Activities

During the Anesthesiology/OR rotation, you will:

- Assist ventilations, suction and intubate selected patients under the direction of the anesthesiologist.
- Become familiar with the methods of assessment used to assure adequate ventilation under the direction of an anesthesiologist.
- When possible, observe emergency surgical interventions and become familiar with human anatomy, particularly of the thoracic and abdominal cavities.
- Become familiar with the specialized equipment used in anesthesia.
- Perform or assist in any of the skills listed above.

Evaluation

You will complete the top of the evaluation form and the preceptor will review, grade and add any necessary notes, then sign and date the bottom and give it back to you in a signed, sealed envelope.

Clinical Guidelines for the Adult Emergency Department

Required Hours
150 hours (additional hours may be required to obtain clinical competencies required)

Preceptors
You will be assigned to a physician or nurse preceptor for the rotation.

Goals
During this rotation, you will have the opportunity to:

- Practice patient assessment skills on patients presenting with a wide range of emergent conditions under the supervision of the preceptor.
- Perform selected skills under the supervision of the preceptor.
- Develop triage skills with selected patients.
- Become familiar with the care provided to patients in the Emergency Department setting.
- Obtain the necessary clinical competencies required for an entry-level paramedic (patient age groups, pathologies, patient complaints and psychomotor skills).

Objectives
At the conclusion of the rotations, you will be able to:

- Form a comprehensive patient assessment, formulate and implement appropriate treatment under the direction of the preceptor on patients presenting with chest pain, respiratory distress, syncope, altered mental states, abdominal pain and other complaints.
- Perform comprehensive patient assessments on patients in various age groups (pediatric, adult, and geriatric).
- Perform comprehensive assessments on patients presenting with various pathologies (obstetric, trauma, psychiatric).
- Demonstrate competency in the following areas: medication administration, endotracheal intubation, venous access, and ventilation of an unintubated patient.

Skills
You may perform the following skills provided you have been authorized to perform the skill and such authorization is evident by the appropriate marking on your skills ID card (ALS skills), the use of the skill is permitted by the Clinical Affiliate, and the preceptor approves you to perform the skill. In some cases, especially with invasive procedures, the preceptor may only permit you to observe or assist.

- All EMT Skills
- Application of ECG monitor, ECG interpretation
- CPR
- Defibrillation, cardioversion and external pacing
- Endotracheal intubation
- Eye irrigation
- Hemorrhage control and bandaging
- IV therapy, setting up IV drips
- Medication Administration (IM, SQ, ET, nebulized, sublingual, PO, transdermal)
- Obtaining and interpreting a 12 lead ECG
- Oropharyngeal and endotracheal suctioning
- Oxygen administration

- Patient movement and spinal immobilization
- Splinting
- Presentation of patients to ED physician.
- Venous blood sampling
- Ventilation of non-intubated patients
- Vital signs

Specific Activities

During the emergency department rotation, you will:

- Participate in patient rounds and utilize the attending and house staff physicians as an educational resource.
- Perform patient assessment techniques on selected patients under the direction of the preceptor.
- Present an appropriate patient history to the physician.
- Perform or assist in any of the skills listed above.
- Assist the emergency department nurse at the triage desk, obtaining histories and taking vital signs.
- Attend appropriate continuing medical education sessions.
- Interpret ECGs, 12 lead ECGs and other laboratory data with the physician.

Evaluation

You will complete the top of the evaluation form and the preceptor will review, grade and add any necessary notes, then sign and date the bottom and then give it back to you in a signed, sealed envelope.

Clinical Guidelines for the Pediatric Emergency Department

Required Hours
24 hours (additional hours may be required to obtain clinical competencies required)

Sites
Pediatric Emergency Department

Preceptors
You will be assigned to either a physician or nurse preceptor for the rotation.

Goals
During these rotations, you will have the opportunity to:

- Practice patient assessment skills on pediatric patients presenting with a wide range of emergent and chronic conditions under the supervision of the preceptor.
- Perform selected skills under the supervision of the preceptor.
- Encounter pediatric patients receiving care and treatment.
- Encounter a cross section of medical, surgical and special needs pediatric patients.
- Become familiar with the care provided to patients in the emergency department setting.
- Obtain the necessary clinical competencies required for an entry-level paramedic (patient age groups, pathologies, patient complaints and psychomotor skills).

Objectives
At the conclusion of the rotation, you will be able to:

- Perform a comprehensive pediatric patient assessment, formulate and implement appropriate pediatric treatment while under the direction of the preceptor. These pediatric patients may present with respiratory distress, altered mental states, shock and other complaints.
- Perform comprehensive patient assessments on patients in various age groups (newborn, infant, toddler, pre-school, school age, and adolescent). Become familiar with techniques used to gain cooperation of pediatric patients.
- Discuss the special assessment needs according to the patient's age.
- To become familiar with the unique challenges of special needs children.
- Demonstrate competency in the following areas: medication administration, endotracheal intubation, venous access and ventilation of an unintubated pediatric patient.

Skills
You may perform the following skills provided you have been authorized to perform the skill and such authorization is evident by the appropriate marking on your skills ID card (ALS skills), the use of the skill is permitted by the Clinical Affiliate and the preceptor approves you to perform the skill. In some cases, especially with invasive procedures, the preceptor may only permit you or observe or assist.

- Application of ECG monitor, ECG interpretation
- CPR (infant and child)
- Defibrillation, cardioversion, and external pacing
- IV therapy, setting up IV drips
- Patient movement and spinal immobilization
- Vital signs

- Hemorrhage control and bandaging
- Eye irrigation
- Venous blood sampling
- Ventilation of non-intubated patients
- Medication Administration (IM, SQ, ET, nebulized, sublingual, PO)
- Splinting
- Oropharyngeal and endotracheal suctioning
- Oxygen administration
- Interpretation of blood gas data, pulse oximetry and other laboratory data
- Endotracheal intubation
- Intraosseous infusions
- All EMT Skills

Specific Activities

During the pediatric rotations, you will:

- Work under the direction of the attending physicians and nurses in the assessment and treatment of pediatric patients.
- When possible, perform comprehensive patient assessment on selected patients under the direction of the physician or nurse preceptor.
- Assist the nursing staff in taking vital signs of children of all different ages.
- Perform or assist in any of the skills listed above, specifically IV access and obtaining venous blood samples.
- Attend appropriate continuing medical education sessions.

Evaluation

You will complete the top of the evaluation form and the preceptor will review, grade and add any necessary notes, then sign and date the bottom and then give it back to you in a signed, sealed envelope.

Clinical Guidelines for the Critical Care (CCU/ICU/SICU/MICU/PICU/NICU/Cath Lab) specialty areas

Required Hours
40 hours (additional hours may be required to obtain clinical competencies required)

Preceptors
You will be assigned to either a physician or a nurse preceptor for the rotation.

Goals
During these rotations, you will have the opportunity to:

- Practice patient assessment skills on patients presenting with a wide range of critical conditions under the supervision of the preceptor.
- Perform selected skills under the supervision of the preceptor.
- Become familiar with the care provided to patients in the critical care setting as well as the specialized equipment used in the care of these patients (i.e. ventilators, pumps, venous access devices, etc.)
- Obtain the necessary clinical competencies required for an entry-level paramedic (patient age groups, pathologies, patient complaints and psychomotor skills).
- Obtain histories on numerous patients and complete chart reviews detailing patient history.

Objectives
At the conclusion of the rotation, you will be able to:

- Perform comprehensive patient assessments on patients in various age groups (pediatric, adult, and geriatric).
- Correctly interpret at least 25 Twelve- lead ECGs.
- Demonstrate competency, where opportunities arise, in the following areas: medication administration, endotracheal intubation, venous access, and ventilation of an unintubated patient.
- Complete Chart reviews on patients and complete report.

Skills
You may perform the following skills provided you have been authorized to perform the skill and such authorization is evident by the appropriate marking on your skills ID card (ALS skills), the use of the skill is permitted by the Clinical Affiliate and the preceptor approves the student to perform the skill. In some cases, especially with invasive procedures, the preceptor may only permit the student or observe or assist.

- Application of ECG monitor, ECG interpretation
- CPR
- Defibrillation, cardioversion and external pacing
- IV therapy, setting up IV drips
- Vital signs
- Venous blood sampling
- Ventilation of non-intubated patients
- Medication Administration (IM, SQ, ET, nebulized, sublingual, PO, transdermal)
- Splinting
- Obtaining and interpreting a 12 lead ECG
- Oropharyngeal and endotracheal suctioning
- Oxygen administration

- Interpretation of blood gas data, pulse oximetry and other laboratory data
- Endotracheal intubation
- All EMT Skills

Specific Activities

- Participate in patient rounds and utilize the attending and house staff physicians as an educational resource.
- Perform patient assessment techniques (i.e. neurological exams, breath sounds, heart sounds, etc.) on selected patients under the direction of an attending physician.
- Become familiar with the specialized equipment used in the unit.
- Perform or assist in any of the skills listed above.
- Review charts of patients on the unit and prepare at least one case history report including prehospital care provided, assessment and history, diagnosis, treatments, medications, equipment and any other relevant aspects of patient care.
- Complete the provided ICU Chart Review Paperwork for a minimum of 2 patients.

Evaluation

You will complete the top of the evaluation form and the preceptor will review, grade and add any necessary notes, then sign and date the bottom and then give it back to you in a signed, sealed envelope. In addition for every shift in the ICU you must submit a completed ICU Chart Review packet.

Clinical Guidelines for the Medical Examiner

Required Hours
4 hours

Preceptors
You will be supervised by a member of the LaGuardia faculty.

Goals
During this rotation, you will have the opportunity to view the anatomy of both diseased and healthy individuals in order to enhance both classroom and clinical experiences.

Skills
Proper body substance isolation precautions.

Specific Activities
During the Medical Examiner rotation, you will observe autopsies under the supervision of a pathologist and gain exposure to human anatomy to further understand the physiology and pathophysiology of organ systems.

Clinical Guidelines for the Obstetrical Department

Required Hours
24 hours (additional hours may be required to obtain clinical competencies required)

Preceptors
You will be assigned to either a physician or nurse preceptor for the rotation.

Goals
- During the rotation, the student will have the opportunity to:
  Practice patient assessment skills on patients presenting with a wide range of obstetrical conditions under the supervision of the preceptor.
- Perform selected skills under the supervision of the preceptor.
- Observe, and if possible, assist in normal and abnormal childbirth situations.
- Practice sterile techniques associated with normal delivery.
- Become familiar with the care provided to patients in the labor and delivery setting.
- Obtain the necessary clinical competencies required for an entry-level paramedic (patient age groups, pathologies, patient complaints and psychomotor skills).

Objectives
At the conclusion of the rotation, you will be able to:
- Demonstrate the proper method for establishing a sterile field prior to delivery.
- Demonstrate proper postpartum care of the mother and newborn.
- Discuss the appropriate methods for determining imminent delivery.
- Demonstrate the appropriate method for applying fundal massage.
- Describe the breathing techniques used by the mother during the course of normal labor and delivery.
- Demonstrate accurate calculation of APGAR score for newborns.
- Describe the method for delivering and evaluating the placenta.
- Explain the use of drugs used in normal delivery.
- Perform comprehensive assessments on patients presenting with obstetrical pathologies.
- Become familiar with the specialized equipment used in the obstetrical unit.

Skills
You may perform the following skills provided you have been authorized to perform the skill and such authorization is evident by the appropriate marking on your skills ID card (ALS skills), your Skills ID card, the use of the skill is permitted by the Clinical Affiliate and the preceptor approves you to perform the skill. In some cases, especially with invasive procedures, the preceptor may only permit you or observe or assist.
- Application of ECG monitor, ECG interpretation
- CPR
- IV therapy, setting up IV drips
- Vital signs
- Venous blood sampling
- Ventilation of non-intubated patients
- Medication Administration (IV, IO, IM, SQ, ET, nebulized, sublingual, PO, transdermal)
- Oxygen administration

Specific Activities

- Participate in sign-out rounds and utilize the attending and house staff physicians as an educational resource for OB/GYN emergencies and patient assessment.
- Perform patient assessment techniques on selected patients under the direction of an attending physician.
- Observe the various stages of labor and be familiar with the signs of imminent delivery.
- Observe and/or participate in deliveries and post-natal care of the mother and newborn.
- Be exposed to common complications of pregnancy and the treatment for these complications.
- Perform or assist in any of the skills listed above.
- Attend appropriate continuing medical education sessions.

Evaluation

You will complete the top of the evaluation form and the preceptor will review, grade and add any necessary notes, then sign and date the bottom and then give back to you.

Clinical Guidelines for the Paramedic Ambulance

Required Hours
200 hours (additional hours may be required to obtain clinical competencies required) plus
100 hours field internship for a total of 300 hours.

Preceptors
You will be assigned to a paramedic preceptor for the rotation.

Goals
During the rotation, the student will have the opportunity to:

- Practice patient assessment skills on patients presenting with a wide range of emergent conditions under the supervision of the preceptor.
- Perform selected skills under the supervision of the preceptor.
- Become familiar with the type and location of equipment used on a paramedic ambulance, its use, troubleshooting, etc.
- Become familiar with the procedures for checking the vehicle, shift change procedures, paperwork and other components of ambulance operations.
- Practice comprehensive components of clinical prehospital care including assessment, diagnosis, treatment, communication, documentation, patient presentation, and operations.
- Become competent in team leadership skills
- Obtain the necessary clinical competencies required for an entry-level paramedic (patient age groups, pathologies, patient complaints and psychomotor skills).
- Practice skills of psychological trauma prevention.

Objectives
At the conclusion of the rotation, you will be able to:

- Perform a comprehensive patient assessment, formulate and implement appropriate treatment under the direction of the preceptor on patients presenting with chest pain, respiratory distress, syncope, altered mental states, abdominal pain and other complaints.
- Perform comprehensive patient assessments on patients in various age groups (pediatric, adult, and geriatric).
- Perform comprehensive assessments on patients presenting with various pathologies (obstetric, trauma, medical, psychiatric)
- Demonstrate competency in the following areas: medication administration, endotracheal intubation, venous access, and ventilation of an unintubated patient.
- Perform all aspects required of a paramedic in the clinical setting including assessment, diagnosis, treatment, communication, documentation, patient presentation, and operations.
- Function as the team leader on any ambulance call.

Skills
You may perform the following skills provided you have been authorized to perform the skill and such authorization is evident by the appropriate marking on your skills ID card (ALS skills), the use of the skill is permitted by the Clinical Affiliate and the preceptor approves you to perform the skill. In some cases, especially with invasive procedures, the preceptor may only permit you or observe or assist.

- All EMT Skills

- Ambulance Operations
- Application of ECG monitor, ECG interpretation
- CPR
- Defibrillation, cardioversion and external pacing
- IV therapy, setting up IV drips
- Venous blood sampling
- Medication Administration (IM, SQ, ET, nebulized, sublingual, PO, transdermal)
- Obtaining and interpreting a 12 lead ECG
- Telemetry contacts with medical control physicians
- Advanced Airway Management

Specific Activities

- Perform patient assessment techniques on selected patients under the direction of the paramedic preceptor.
- Present an appropriate patient history to the physician or nurse upon arrival at the hospital emergency department.
- Perform or assist in any of the skills listed above.
- Accurately complete a Pre-Hospital Care Report for an ALS patient.
- Function as a team leader for calls (ALS and BLS).

Evaluation

You will complete the top of the evaluation form and the preceptor will review, grade and add any necessary notes, then sign and date the bottom and then give back to you.

Clinical Guidelines for the BLS Ambulance

Required Hours
40 hours (These hours are only required of students that have less then 40 hours of NYC 911 Field experience)

Preceptors
You will be assigned to an EMT preceptor for the rotation.

Goals
During the rotation, the student will have the opportunity to:

- Practice patient assessment skills on patients presenting with a wide range of emergent conditions under the supervision of the preceptor.
- Perform selected skills under the supervision of the preceptor.
- Become familiar with the type and location of equipment used on a EMT 911 ambulance, its use, troubleshooting, etc.
- Become familiar with the procedures for checking the vehicle, shift change procedures, paperwork and other components of ambulance operations.
- Become familiar with the operations, radios, computer system, CAD number system and communication codes.
- Practice comprehensive components of clinical prehospital care including assessment, diagnosis, treatment, communication, documentation, patient presentation, and operations.
- Become competent in team leadership skills
- Obtain the necessary clinical competencies required for an entry-level 911 EMT's (patient age groups, pathologies, patient complaints and psychomotor skills).
- Practice skills of psychological trauma prevention.

Objectives
At the conclusion of the rotation, you will be able to:

- Perform a comprehensive patient assessment, formulate and implement appropriate treatment under the direction of the preceptor on patients presenting with chest pain, respiratory distress, syncope, altered mental states, abdominal pain and other complaints.
- Perform comprehensive patient assessments on patients in various age groups (pediatric, adult, and geriatric).
- Perform comprehensive assessments on patients presenting with various pathologies (obstetric, trauma, medical, psychiatric)
- Demonstrate competency in the following areas: spinal immobilization, Bleeding and Bandaging, Splinting, Oxygen Therapy, etc.
- Perform all aspects required of a EMT in the clinical setting including assessment, diagnosis, treatment, communication, documentation, patient presentation, and operations.
- Function as the team leader on any ambulance call.

Skills
You may perform the following skills provided they fall within your scope as a certified EMT. The preceptor may only permit you to observe or assist.

- All EMT Skills
- CPR

- Patient movement and spinal immobilization
- Vital signs
- Hemorrhage control and bandaging
- Ventilation of non-intubated patients
- Splinting
- Oxygen administration
- Radio communications

Specific Activities

- Perform patient assessment techniques on selected patients under the direction of the paramedic preceptor.
- Present an appropriate patient history to the physician upon arrival at the hospital emergency department.
- Perform or assist in any of the skills listed above.
- Accurately complete a Pre-Hospital Care Report
- Function as a team leader for calls

Evaluation

You will complete the top of the evaluation form and the preceptor will review, grade and add any necessary notes, then sign and date the bottom and then give it back to you in a signed, sealed envelope.

Clinical Guidelines for Psychiatric Department

Required Hours
16 hours (additional hours may be required to obtain clinical competencies required)

Sites
Psychiatric Emergency Room

Preceptors
You will be assigned to either a physician or nurse preceptor for the rotation.

Goals
During these rotations, the student will have the opportunity to:

- Encounter patients receiving psychiatric care.
- Observe therapeutic communications techniques utilized by mental health professionals to elicit information and calm patients.
- Encounter a cross section of psychiatric emergencies. Gain an understanding of the various treatment modalities to treat common psychiatric conditions.
- Observe mental status exams and how they are conducted.
- Practice interview skills and therapeutic communication techniques on a cross section of commonly encountered psychiatric emergencies under the supervision of the preceptor.
- To obtain the necessary clinical competencies required for an entry-level paramedic (patient age groups, pathologies, patient complaints and psychomotor skills).

Objectives
At the conclusion of the rotation, you will be able to:

- Perform a comprehensive patient assessment and/or patient interview under the direction of the preceptor on psychiatric patients presenting with depression, suicidal ideations, aggressive behavior, disorientation and other psychiatric complaints.
- Discuss techniques to calm patients in crisis, and to obtain information.
- Become familiar with the various psychiatric medications and their effects, side effects, duration, etc.

Skills
The following skills can be performed by you providing that the use of the skill is permitted by the Clinical Affiliate and the preceptor approves you to perform the skill.

- Patient interviewing
- Vital signs
- Patient restraint

Specific Activities
During the psychiatric rotations, you will:

- Work under the direction of the attending psychiatrist and nurses in the assessment and treatment of psychiatric patients.
- Attend appropriate continuing medical education sessions.
- Discuss the prognosis, treatment options and other related issues with the psychiatrist.

Evaluation

You will complete the top of the evaluation form and the preceptor will review, grade and add any necessary notes, then sign and date the bottom and then give back to you.

FIELD INTERNSHIP EVALUATION

Dear Preceptor,

Before getting to the point of this letter, I'd like to *personally* thank you for taking the time to share your clinical skills and knowledge with our students. The education they receive in the classroom pales in comparison to the knowledge that is imparted in the field! With you, **this is where they "put it all together."**

Until now, they have been expected to participate in, but not lead, the history taking, physical exam, and pre-hospital care of your patients. The student before you is now at the point of the program where he/she should have comfortable command of a majority of the core paramedic curriculum. The student is expected to be able to function as a "Team Leader" for the final stages of the field experience. During your tour, please place the student in a "Team Leader" role. Please understand that this student should not be expected to lead as you or your partner would lead, but as an *"entry-level" paramedic* would lead. He/she may still feel a bit uncomfortable, but should still be able to complete each call with competency, professionalism, and skill.

Our students have been advised to follow the following procedure for their Field Internship:

1. Student presents this sheet to you at the beginning of the tour.
2. Student takes "team leader" role on many, if not all, calls. (If the call is particularly difficult or hazardous, it would be understood if the student did not function as the "team leader". If the student is doing a particularly poor job on the call, the same holds true. The program would **never** expect that you would jeopardize the safety and wellbeing of your patients.)
3. The student will complete a LaGuardia Paramedic Program ACR after each call involving patient care. (Please evaluate each sheet upon completion by student)
4. At the end of the tour, please complete the accompanying evaluation, sign it, and seal it in the accompanying envelope. Feel free to discuss your evaluation with the student, but you should not feel obligated to do so if your evaluation(s) is/are negative.
5. Give the student the sealed envelope. The student will be expected to return it, unopened, to the program.

If you experience any problems or issues during your "Field Internship" with the student, please contact me on my cell phone 207-318-4702. It is our goal to graduate only those students who are academically, clinically, and professionally competent! Your appraisal is important to the program and will make a difference in the final analysis of the student.

Once again, thank you for your commitment and dedication to the profession and to our program.

Sincerely,

Preceptor – please complete & check appropriate box

Robert Parisi, MS, EMT-P, CIC
Paramedic Program Director

PRECEPTOR SIGNATURE: _____ Unit: _____ Site:_____Date: ___/___/2016
[ ] I received this letter PRIOR to the beginning of this rotation. Matched to Fisdap [ ]
[ ] I DID NOT receive this letter PRIOR to the beginning of this rotation. Internship # ___

LaGuardia Community College Paramedic Program
Paramedic Student Field Internship Evaluation

Student Name, ID #	Date	Dept/Unit	Hospital
Preceptor Name & Title or Shield #	Start Time	Student arrived at	Total Hours
Team Leader ☐Yes ☐No	# of Patients _____	Paramedic Class 21 (2016-2017)	

Preceptor: Please check the description that best illustrates the student's abilities. Discuss your feedback with the student (if you feel comfortable doing so), sign it and seal it in the accompanying envelope. Please add comments to areas where the student is rated as "Unsatisfactory". Thanks!

1. Work Organization Skills
Effective time management. Performs tasks in a logical, orderly manner. Recognizes tasks that need to be done and takes initiative to do them. Demonstrates sufficient forethought into actions.

☐ (1) Unsatisfactory ☐ (2) Dependant on Preceptor for direction ☐ (3) Meets expectations of "ENTRY LEVEL" paramedic
☐ (4) Exceeds expectations of "ENTRY LEVEL" paramedic ☐ (5) No opportunity to observe

Comments:_____

_____

2. Professionalism
Neatly dressed in appropriate uniform, uses good hygiene and grooming. Is polite, respectful, and punctual. Takes initiative to learn and ask questions. Good representative of the profession. Admits to errors.

☐ (1) Unsatisfactory ☐ (2) Dependant on Preceptor for direction ☐ (3) Meets expectations of "ENTRY LEVEL" paramedic
☐ (4) Exceeds expectations of "ENTRY LEVEL" paramedic ☐ (5) No opportunity to observe

Comments:_____

_____

3. Listening and Communication Skills
Accurately receives radio and spoken communications, effectively communicates messages to others. Uses complete and accurate written documentation of patient care.

☐ (1) Unsatisfactory ☐ (2) Dependant on Preceptor for direction ☐ (3) Meets expectations of "ENTRY LEVEL" paramedic
☐ (4) Exceeds expectations of "ENTRY LEVEL" paramedic ☐ (5) No opportunity to observe

Comments:_____

_____

4. Scene Size-up and Management
Ensures safety of crew, patient, and bystanders. Notes mechanism of injury and relevant findings.

☐ (1) Unsatisfactory ☐ (2) Dependant on Preceptor for direction ☐ (3) Meets expectations of "ENTRY LEVEL" paramedic
☐ (4) Exceeds expectations of "ENTRY LEVEL" paramedic ☐ (5) No opportunity to observe

Comments:_____

_____

5. Forms Accurate Clinical Impression
Performs effective, appropriate initial assessment, patient interview, and physical examination. Synthesizes information to arrive at an accurate impression of the patient's problem.

☐ (1) Unsatisfactory ☐ (2) Dependant on Preceptor for direction ☐ (3) Meets expectations of "ENTRY LEVEL" paramedic
☐ (4) Exceeds expectations of "ENTRY LEVEL" paramedic ☐ (5) No opportunity to observe

Comments:_____

_____

6. Treatment Plan
Formulates and implements, or directs the implementation of a treatment plan based on the clinical impression. Monitors the effectiveness of interventions and redirects treatment as indicated.

☐ (1) Unsatisfactory ☐ (2) Dependant on Preceptor for direction ☐ (3) Meets expectations of "ENTRY LEVEL" paramedic
☐ (4) Exceeds expectations of "ENTRY LEVEL" paramedic ☐ (5) No opportunity to observe

Comments:_____

_____

7. Skills
Any skills performed by the student were indicated and performed correctly. Notes and corrects any incorrect skill performance by on-scene personnel.

☐ (1) Unsatisfactory ☐ (2) Dependant on Preceptor for direction ☐ (3) Meets expectations of "ENTRY LEVEL" paramedic
☐ (4) Exceeds expectations of "ENTRY LEVEL" paramedic ☐ (5) No opportunity to observe

Comments:_____

_____

8. Leadership
Sets priorities, directs team, adapts to evolving information.

☐ (1) Unsatisfactory ☐ (2) Dependant on Preceptor for direction ☐ (3) Meets expectations of "ENTRY LEVEL" paramedic
☐ (4) Exceeds expectations of "ENTRY LEVEL" paramedic ☐ (5) No opportunity to observe

Comments:_____

_____

9. Affective Behavior
Student shows regard for the patient and/or patient's family. Seeks to provide comfort. Listens carefully. Demonstrates active listening and empathy when communicating with patients and their families. Is polite and respectful to all involved.

☐ (1) Not ready. Needs extensive remediation ☐ (2) Marginal. Internship should be extended to allow for further development.
☐ (3) Entry-Level competent. Would function well on the job with an experienced partner
☐ (4) Exceeds Entry-Level competency. Ready to function independently. ☐ (5) No opportunity to observe

Comments:_____

_____

10. Overall Rating
Based on today's performance, which of the following most accurately represents the student's readiness as a paramedic? Consider whether you would be comfortable with the student caring for you or a member of your family in a life-threatening emergency. Additionally, consider whether you would be comfortable with this student working with you as your partner.

☐ (1) Not ready. Needs extensive remediation ☐ (2) Marginal. Internship should be extended to allow for further development.
☐ (3) Entry-Level competent. Would function well on the job with an experienced partner
☐ (4) Exceeds Entry-Level competency. Ready to function independently. ☐ (5) No opportunity to observe

Comments:_____

_____

Additional Comments:

Preceptor Name:_____ Date: _____

Preceptor Signature:_____ Unit: _____

Contact Matthew Smith, 207-318-4702 with concerns. Or matsmith@lagcc.cuny.edu	Matched to FISDAP ☐