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Clinical Education
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Clinical Behavior and Judgment

Summaries (from new EMS Education Standards chart – starting on page 51)
- EMR
- EMT
- AEMT
- Paramedic

Objectives:

<table>
<thead>
<tr>
<th>DOT Objectives</th>
<th>EMS Education Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old DOT</td>
<td>• New Suggested standards for Paramedic</td>
</tr>
</tbody>
</table>
Assessment and Patient Complaints

**Summary:**

- Perform a simple assessment to identify life threats, identify injuries requiring immobilization and conditions requiring treatment within the scope of practice of the EMR: including foreign substance in the eyes and nerve agent poisoning.
- Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints:
- Perform a basic history and physical examination to identify acute complaints and monitor changes.
- Identify the actual and potential complaints of emergency patients.
- Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints:
- Perform a basic history and physical examination to identify acute complaints and monitor changes.
- Identify the actual and potential complaints of emergency patients.
- Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints:
- Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of the patient.
- Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology.
- Relate assessment findings to underlying pathological and physiological changes in the patient’s condition.
- Integrate and synthesize the multiple determinants of health and clinical care.
- Perform health screening and referrals.
- Perform a patient assessment, develop a treatment and disposition plan for patients with the following complaints:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>abdominal pain</td>
<td>dizziness/vertigo</td>
<td>multiple trauma</td>
</tr>
<tr>
<td>abuse/neglect</td>
<td>dysmenorrhea</td>
<td>nausea/vomiting</td>
</tr>
<tr>
<td>altered mental status/decreased</td>
<td>dysphasia</td>
<td>pain</td>
</tr>
<tr>
<td>level of consciousness</td>
<td>dyspnea</td>
<td>paralysis</td>
</tr>
<tr>
<td>anxiety</td>
<td>dysuria</td>
<td>pediatric crying/fussiness</td>
</tr>
<tr>
<td>apnea</td>
<td>ear pain</td>
<td>poisoning</td>
</tr>
<tr>
<td>ascites</td>
<td>edema</td>
<td>pruritus</td>
</tr>
<tr>
<td>ataxia</td>
<td>eye pain</td>
<td>rash</td>
</tr>
<tr>
<td>back pain</td>
<td>fatigue</td>
<td>rectal pain</td>
</tr>
<tr>
<td>behavioral emergency</td>
<td>feeding problems</td>
<td>red/pink eye</td>
</tr>
<tr>
<td>Condition</td>
<td>Symptom</td>
<td>Symptom</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>bleeding</td>
<td>fever</td>
<td>shock</td>
</tr>
<tr>
<td>blood and body fluid exposure</td>
<td>GI bleeding</td>
<td>sore throat</td>
</tr>
<tr>
<td>cardiac arrest</td>
<td>headache</td>
<td>stridor/drooling</td>
</tr>
<tr>
<td>cardiac rhythm disturbances</td>
<td>hearing disturbance</td>
<td>syncope</td>
</tr>
<tr>
<td>chest pain</td>
<td>hematuria</td>
<td>tinnitus</td>
</tr>
<tr>
<td>congestion</td>
<td>hemoptysis</td>
<td>tremor</td>
</tr>
<tr>
<td>constipation</td>
<td>hypertension</td>
<td>urinary retention</td>
</tr>
<tr>
<td>cough/hiccough</td>
<td>hypotension</td>
<td>visual disturbances</td>
</tr>
<tr>
<td>cyanosis</td>
<td>incontinence</td>
<td>weakness</td>
</tr>
<tr>
<td>dehydration</td>
<td>jaundice</td>
<td>wheezing</td>
</tr>
<tr>
<td>dental pain</td>
<td>joint pain/swelling</td>
<td></td>
</tr>
<tr>
<td>diarrhea</td>
<td>malaise</td>
<td></td>
</tr>
</tbody>
</table>
**Key Terminology:**

- Comprehensive assessment findings
- Health needs
- Multiple determinants
- Comprehensive history
- Field impression
- Health screening
- Physical examination
- Epidemiology
- Referral

**Objectives:**

<table>
<thead>
<tr>
<th>DOT Objectives</th>
<th>EMS Education Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGES</strong></td>
<td>Upon successful completion, the student will demonstrate competency when performing the following objectives:</td>
</tr>
<tr>
<td>• The student must demonstrate the ability to perform a comprehensive assessment on pediatric patients.</td>
<td></td>
</tr>
<tr>
<td>• The student should perform a comprehensive patient assessment on at least 30 (including newborns, infants, toddlers, and school age) pediatric patients.</td>
<td></td>
</tr>
<tr>
<td>• The student must demonstrate the ability to perform a comprehensive assessment on adult patients.</td>
<td></td>
</tr>
<tr>
<td>• The student should perform a comprehensive patient assessment on at least 50 adult patients.</td>
<td></td>
</tr>
<tr>
<td>• The student must demonstrate the ability to perform a comprehensive assessment on geriatric patients.</td>
<td></td>
</tr>
<tr>
<td>• The student should perform a comprehensive patient assessment on at least 30 geriatric patients.</td>
<td></td>
</tr>
<tr>
<td><strong>PATHOLOGIES</strong></td>
<td></td>
</tr>
<tr>
<td>• The student must demonstrate the ability to perform a comprehensive assessment on obstetric patients.</td>
<td></td>
</tr>
<tr>
<td>• The student should perform a comprehensive patient assessment on at least 10 obstetric patients.</td>
<td></td>
</tr>
<tr>
<td>• The student must demonstrate the ability to perform a comprehensive assessment on trauma patients.</td>
<td></td>
</tr>
<tr>
<td>• The student should perform a comprehensive patient assessment on at least 40 trauma patients.</td>
<td></td>
</tr>
</tbody>
</table>

**Patient interview and history gathering:**

- Routinely makes patient contact without prompting.
- Position themselves at the patient’s level when appropriate.
- Address patients with respect and compassion.
- Ask questions appropriate for patient complaint in a fluent manner (including complete SAMPLE history).

**Physical Exam:**

- Perform primary assessment, secondary assessment, and reassessment as appropriate.
- Perform a physical exam in an orderly, logical manner relevant to the chief complaint.
- Refer to appropriate anatomical and physiological terms.
- Recognize critical patients, their needs, and set appropriate priorities (including patients with significant problems involving the airway, breathing, and circulatory systems).

**Field Impression and Treatment Plan:**

- Comply with medical-legal considerations when providing patient care.
- Develop an accurate differential diagnosis based on an appropriate interview, history, and physical exam.
• The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients.
• The student should perform a comprehensive patient assessment on at least 20 psychiatric patients.

COMPLAINTS
• The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.
• The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 30 patients with chest pain.
• The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.
• The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 adult patients with dyspnea/respiratory distress.
• The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 8 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.
• The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.
• The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 10 patients with syncope.
• The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints.
• The student should perform a comprehensive patient assessment, formulate and implement a treatment plan
on at least 20 patients with abdominal complaints (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.)

- The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.
- The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with altered mental status.

Activities/Resources:
- Clinical and Field attendance
- Use of electronic scheduling, skills tracking, and patient encounter tracking to generate data for individual student-intern progress and program performance.

Assessments:
- Daily Hospital Clinical Evaluation
- Daily Field Internship Evaluation
Therapeutic Communications and Cultural Competency

Summary:
- Communicates to obtain and clearly transmit information with an awareness of cultural differences.
- Communicate in a culturally sensitive manner.
- Effectively communicate in a manner that is culturally sensitive and intended to improve the patient outcome.

Key Terminology:
- Effective communication
- Therapeutic communication
- Active listening

Objectives:

EMS Education Standards

Upon successful completion, the student will demonstrate competency when performing the following objectives:
- Instill confidence in the patient, family members, and bystanders; involve as appropriate; and respond to their sense of crisis.
- Exhibit acceptance of patients, as they present themselves, without passing judgment.
- Advise patients with accurate information to make informed decisions.
- Relay accurate, complete, concise, and understandable verbal report to personnel at the receiving facility both enroute and upon arrival.
- Exhibit accuracy and completeness of written reports in a timely manner.
  - Uses correct grammar, spelling, punctuation.
  - Correct use of medical terminology and abbreviations.
  - Uses logical flow of history, assessment, and results of prehospital care.

Activities/Resources:
- Clinical and Field attendance
- Use of electronic scheduling, skills tracking, and patient encounter tracking to generate data for individual student-intern progress and program performance.

Assessments:
- Daily Hospital Clinical Evaluation
- Daily Field Internship Evaluation
Psychomotor Skills and Decision making

Summary:

- Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.
- Initiates simple interventions based on assessment findings.
- Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.
- Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care.
- Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.
- Initiates basic and selected advanced interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care.
- Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.
- Anticipate and prospectively intervene to improve patient outcome.
- Performs basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient.

Airway and Breathing

**Manual Airway Maneuvers**
- Head-tilt, chin-lift
- Jaw thrust
- Modified chin lift
- FBAO relief
- Cricoid maneuvers (Sellick’s maneuver/BURP maneuver)

**Simple Airway Maneuvers**
- Suction of the upper airway
- Oropharyngeal airway
- Nasopharyngeal airway

**Positive pressure ventilation devices such as BVM**
- Manually triggered ventilators
- Automatic transport ventilators
- BiPAP, CPAP, PEEP

**Supplemental oxygen therapy**
- Nasal cannula
- Non-rebreather mask
- Humidifiers
- Partial Rebreather mask
- Venturi mask

**Complex esophageal insertion airways**
- Not intended for insertion into the trachea
- Esophageal-tracheal
- Multi-lumen airway
- NG/OG Tube

**Complex tracheal insertion Maneuvers**
- Tracheal –bronchial suctioning of an already intubated patient
- Oral and nasal endotracheal intubation
- FBAO – direct laryngoscopy
- Percutaneous cricothyrotomy

**Thoracic Airway Maneuvers**
- Pleural decompression
- ETCO2 monitoring
Assessment
- Manual B/P
- Pulse Oximetry
- Automatic B/P
- Blood Glucose Monitoring
- ECG Interpretation
- 12-lead interpretation
- Blood chemistry analysis
- ETCO2 monitoring (also in Airway skills)

Pharmacologic interventions
- Unit-dose auto-injectors (lifesaving medications intended for self or peer rescue in hazardous materials situation, nerve agent antidote kit)
- Assist patients in taking their own prescribed medications
- Administration of OTC medications with medical oversight
  - Oral glucose for hypoglycemia
  - Aspirin for chest pain
- Establish and maintain peripheral intravenous access
- Establish and maintain intraosseous access in pediatric patients
- Administer (non-medicated) intravenous fluid therapy
- Sublingual nitroglycerin (chest pain)
- Subcutaneous or intramuscular epinephrine (anaphylaxis)
- Glucagon (hypoglycemia)
- Inhaled beta agonists (wheezing)
- Intravenous narcotic antagonists (narcotic overdose)
- Nitrous oxide (pain)
- Intraosseous insertion
- Enteral and parenteral administration of approved prescription medications
- Access indwelling catheters and implanted central IV ports
- Medications by IV infusion
- Maintain infusion of blood or blood products
- Blood sampling
- Thrombolytic initiation
- Administer physician approved medications

Medical/Cardiac care
- Manual CPR /Mechanical CPR
- AED
- Assisted normal delivery/Assisted complicated delivery
- Cardioversion
- Manual Defibrillation
- Carotid Massage
- External Transcutaneous Pacing

Trauma care
- Splinting
  - Extremity
  - Traction
  - PASG
- Mechanical patient restraint
- Tourniquet
- Morgan Lens

Manual stabilization
- C-spine injuries
- Extremity fractures
- Bleeding control
- Emergency moves
- Eye irrigation
- Spinal Immobilization
  - Cervical Collars
  - Seated
  - Longboard
  - Rapid Extrication
### Key Terminology:
- **National EMS Scope of Practice Model**
- **Intervention**
- **State Approved Scope of Practice**
- **Treatment plan**

### Objectives:

<table>
<thead>
<tr>
<th>DOT Objectives</th>
<th>EMS Education Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychomotor Skills:</strong></td>
<td><strong>Upon successful completion, the student will demonstrate competency when performing the following objectives:</strong></td>
</tr>
<tr>
<td>- The student must demonstrate the ability to safely administer medications.</td>
<td><strong>Skills Performance:</strong></td>
</tr>
<tr>
<td>- The student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patients.</td>
<td>- Consistently initiate and perform appropriate treatment and skills without prompting.</td>
</tr>
<tr>
<td>- The student must demonstrate the ability to safely perform endotracheal intubation.</td>
<td>- Comply with infection control principles including; appropriate use of personal protective equipment, aseptic technique, etc.</td>
</tr>
<tr>
<td>- The student should safely, and while performing all steps of each procedure, successfully intubate at least 5 live patients.</td>
<td><strong>Field Impression and Treatment Plan:</strong></td>
</tr>
<tr>
<td>- The student must demonstrate the ability to safely gain venous access in all age group patients.</td>
<td>- Explain the rationale for application of procedures and protocol in any patient care situation.</td>
</tr>
<tr>
<td>- The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups.</td>
<td>- Ensure life threatening problems are recognized, prioritized, and treated before non-life threatening problems.</td>
</tr>
<tr>
<td>- The student must demonstrate the ability to effectively ventilate unintubated patients of all age groups.</td>
<td>- Perform treatment appropriate to chief complaint and type of call at the discretion of the preceptor.</td>
</tr>
<tr>
<td>- The student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups.</td>
<td>- Anticipate/recognize potential problems in the patient’s condition and formulate, initiate, delegate, modify or request appropriate treatment.</td>
</tr>
<tr>
<td></td>
<td>- Integrate exam findings into the appropriate destination, priority and transportation mode for each patient.</td>
</tr>
<tr>
<td></td>
<td>- Adapt to changes in environment, situation, and patient condition.</td>
</tr>
</tbody>
</table>
**Activities/Resources:**
- Clinical and Field attendance
- Use of electronic scheduling, skills tracking, and patient encounter tracking to generate data for individual student-intern progress and program performance.

**Assessments:**
- Daily Hospital Clinical Evaluation
- Daily Field Internship Evaluation


**Professionalism**

**Summary:**
- Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.
- Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.
- Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.
- Is a role model of exemplary professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.

**Key Terminology:**

<table>
<thead>
<tr>
<th>Affective evaluation</th>
<th>Appearance/Personal hygiene</th>
<th>Patient Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional behavior</td>
<td>Self-confidence</td>
<td>Careful Delivery of Service</td>
</tr>
<tr>
<td>Role model</td>
<td>Communications</td>
<td>Efficient</td>
</tr>
<tr>
<td>Integrity</td>
<td>Time-management</td>
<td>Flexible</td>
</tr>
<tr>
<td>Empathy</td>
<td>Teamwork/Diplomacy</td>
<td>Feedback</td>
</tr>
<tr>
<td>Self-motivation</td>
<td>Respect</td>
<td>Accountable</td>
</tr>
</tbody>
</table>

**Objectives:**

**EMS Education Standards**

**Upon successful completion, the student will demonstrate competency when performing the following objectives:**

**Lab and Lecture**
NAEMSE Affective Evaluation objectives

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

**Activities/Resources:**
- Lecture and Lab attendance
- Clinical and Field attendance
- Use of electronic scheduling, skills tracking, and patient encounter tracking to generate data for individual student-intern progress and program performance.

**Assessments:**
- NAEMSE Affective Evaluation
- Daily Hospital Clinical Evaluation
- Daily Field Internship Evaluation
Scene Leadership and Scene Safety

Summary:
- Manage the scene until care is transferred to an EMS team member licensed at a higher level arrives.
- Ensure the safety of the rescuer and others during an emergency.
- Entry-level EMTs serve as an EMS team member on an emergency call with more experienced personnel in the lead role. EMTs may serve as a team leader following additional training and/or experience.
- Ensure the safety of the rescuer and others during an emergency.
- Serve as an EMS team leader of an emergency call.
- Ensure the safety of the rescuer and others during an emergency.
- Function as the team leader of a routine, single patient advanced life support emergency call.
- Ensure the safety of the rescuer and others during an emergency.

Key Terminology:

Team member

Team leader

Objectives:

<table>
<thead>
<tr>
<th>DOT Objectives</th>
<th>EMS Education Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student must demonstrate the ability to serve as a team leader in variety of prehospital emergency situations.</td>
<td>Upon successful completion, the student will demonstrate competency when performing the following objectives:</td>
</tr>
<tr>
<td>The student should serve as the team leader for at least 50 prehospital emergency responses.</td>
<td>- Consistently function independently in all patient care situations.</td>
</tr>
<tr>
<td></td>
<td>- Routinely direct other crew members in the delivery of all patient care.</td>
</tr>
<tr>
<td></td>
<td>- Coordinate efforts with other agencies and individuals who may be involved in care and transportation of the patient.</td>
</tr>
<tr>
<td></td>
<td>- Exercise professional judgment based on analytical thinking.</td>
</tr>
<tr>
<td></td>
<td>- Recognize and take appropriate action in potentially hazardous situations.</td>
</tr>
<tr>
<td></td>
<td>- Recognize psychological hazards of providing prehospital care as well as techniques for stress recognition and reduction.</td>
</tr>
</tbody>
</table>

Activities/Resources:
- Clinical and Field attendance
- Use of electronic scheduling, skills tracking, and patient encounter tracking to generate data for individual student-intern progress and program performance.

Assessments:
- Daily Hospital Clinical Evaluation
- Daily Field Internship Evaluation
**Record Keeping**

**Summary:**
- Record simple assessment findings and interventions
- Report and document assessment data and interventions.
- Report and document assessment findings and interventions.
- Collect and report data to be used for epidemiological and research purposes.

**Key Terminology:**
- Skills/Lab Evaluation
- Scenario Evaluation
- Daily Field Internship Evaluation
- Intern Evaluation of Preceptor
- Intern Evaluation of Clinical Site
- Data collection
- Self-evaluation
- Peer-evaluation

**Objectives:**

<table>
<thead>
<tr>
<th>EMS Education Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upon successful completion, the student will demonstrate competency when performing the following objectives:</strong></td>
</tr>
<tr>
<td>• Support the importance of data collection and research as a means to improve prehospital care and the education of prehospital providers.</td>
</tr>
<tr>
<td>• Accurately document data collected from lecture, lab, clinical, and field experiences.</td>
</tr>
</tbody>
</table>

**Lab and Lecture**
- Skills/lab Evaluation objectives for self-evaluation, peer evaluation, and instructor evaluation.
- Scenario Evaluation objectives for self-evaluation, peer evaluation, and instructor evaluation.
- NAEMSE Affective Evaluation objectives.

**Clinical and Field**
- Consistent improvement of patient care documentation and other required clinical documentation.
- Relay accurate, complete, concise, and understandable verbal report to personnel at the receiving facility both enroute and upon arrival.
- Exhibit accuracy and completeness of written reports in a timely manner.
  - Uses correct grammar, spelling, punctuation.
  - Correct use of medical terminology and abbreviations.
  - Uses logical flow of history, assessment, and results of prehospital care.
- Evaluate the preceptor in a professionally constructive manner.
- Evaluate the hospital/field site in a professionally constructive manner.
Activities/Resources:
- Lecture and Lab attendance
- Clinical and Field attendance
- Use of electronic scheduling, skills tracking, and patient encounter tracking to generate data for individual student-intern progress and program performance.

Assessments:
- Skills/Lab Evaluation (lecture and lab only)
- Scenario Evaluation (lecture and lab only)
- NAEMSE Affective Evaluation
- Daily Hospital Clinical Evaluation
- Daily Field Internship Evaluation
- Field Internship Progress Report
- Intern Evaluation of Preceptor
- Intern Evaluation of Clinical/Field Site
**Hospital Clinical Experience**

**Summary:**
- None required at this level
- Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care.
- Students must perform ten patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc. or on standardized patients if clinical settings are not available.
- The student must demonstrate the ability to safely administer medications (the student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patient).
- The student must demonstrate the ability to safely gain vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups).
- The student should demonstrate the ability to effectively ventilate unintubated patients of all age groups (the student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups).
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with chest pain.
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with respiratory distress.
- The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status.
- The student must demonstrate the ability to perform an adequate assessment on pediatric, adult and geriatric patients.
- Reference Committee on Accreditation for EMS Professions (CoAEMSP)
- *Standards and Guidelines* ([www.coaemsp.org](http://www.coaemsp.org))

**Objectives:**

<table>
<thead>
<tr>
<th>DOT Objectives</th>
<th>EMS Education Standards</th>
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<tr>
<td><strong>Hospital Clinical</strong></td>
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adequate distribution of patient situations. In addition to emergency departments, which most closely approximate the types of patients that paramedics should see, clinical education should take advantage of critical care units, OB/GYN, operating rooms/anesthesia, recovery, pediatrics, psychiatric, etc. This will help assure a variety of patient presentations and complaints. These also provide a more holistic view of health care and an appreciation for the care that their patients will undergo throughout their recovery. This places emergency care within context.

- Paramedic programs throughout the country have created clinical learning experiences in many environments. There is application to emergency medical care in almost any patient care setting.
- When a particular location lacks access to some patient populations, educational programs have created innovative solutions. Programs are encouraged to be creative and seek out clinical learning experiences in many settings. Examples include: morgues, hospices, nursing homes, primary care settings, doctor's offices, clinics, laboratories, pharmacies, day care centers, well baby clinics, and community and public health centers.

Activities/Resources:
- Clinical attendance
- Use of electronic scheduling, skills tracking, and patient encounter tracking to generate data for individual student-intern progress and program performance.

Assessments:
- Daily Hospital Clinical Evaluation
- Intern Evaluation of Preceptor
- Intern Evaluation of Clinical/Field Site
Field Experience

Summary:
- None required at this level
- The student must participate in and document patient contacts in a field experience approved by the medical director and program director.
- The student must participate in and document team leadership in a field experience approved by the medical director and program director.
- Reference Committee on Accreditation for EMS Professions (CoAEMSP)
- Standards and Guidelines (www.coaemsp.org)

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- It is unreasonable to expect students to derive benefit from being placed into a field environment and performing. Field clinical represents the phase of instruction where the student learns how to apply cognitive knowledge and the skills developed in skills laboratory and hospital clinical to the field environment. In most cases, field clinical should be held concurrently with didactic and hospital clinical instruction.
- Field instruction, as well as hospital clinical, should follow a logical progression. In general, students should progress from observer to participant to team leader. The amount of time that a student will have to spend in each phase will be variable and depend on many individual factors. One of the largest factors will be the amount and quality of previous emergency care experience.
- With the trend toward less and less EMT experience prior to paramedic education, program directors must adjust the amount of field experience to the experience of the students.
- Clinical affiliations shall be established and confirmed in written affiliation agreements with institutions and agencies that provide clinical experience under
appropriate medical direction and clinical supervision.

- Students should have access to patients who present common problems encourage in the delivery of advanced emergency distributed by age and sex. Supervision should be provided by instructors or preceptors appointed by the program. The clinical site should be periodically evaluated with respect to its continued appropriateness and efficacy in meeting the expectations of the programs. Clinical affiliates should be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Field Internship

- The final ability to integrate all of the didactic, psychomotor skills, and clinical instruction into the ability to serve as an entry level paramedic is conducted during the field internship phase of the program. The field internship in not an instructional, but rather an evaluative, phase of the program. The field internship should occur toward the end of the program, with enough coming after the completion of all other instruction to assure that the student is able to serve as an entry level paramedic. During the field internship the student should be under the close supervision of an evaluator.
- Field internship must occur within an emergency medical service which demonstrates medical accountability. Medical accountability exists when there is good evidence that the EMS providers is not operating as an independent practitioner, and when field personnel are under direct medical control of online physicians or in a system utilizing standing orders where timely medical audit and review provide quality improvement.
- Quality improvement is also a required component of EMS training. The role of medical direction is paramount in assuring the provision of highest quality out-of-
hospital care. Medical Directors should work with individuals and systems to review out-of-hospital cases and strive to achieve a sound method of continuous quality improvement.

Activities/Resources:
- Field attendance
- Use of electronic scheduling, skills tracking, and patient encounter tracking to generate data for individual student-intern progress and program performance.

Assessments:
- Daily Field Internship Evaluation
- Field Internship Progress Report
- Intern Evaluation of Preceptor
Clinical Info from NSC

Skills Laboratory

The skills laboratory is the section of the curriculum that provides the student with the opportunity to develop the psychomotor skills of the paramedic. The skills laboratory should be integrated into the curriculum in such a way as to present skills in a sequential, building fashion. Initially, the skills are typically taught in isolation, and then integrated into simulated patient care situations. Toward the latter part of the program, the skills lab should be used to present instructional scenarios to emphasize the application and integration of didactic and skills into patient management.

Clinical Education

Clinical education represents the most important component of paramedic education since this is where the student learns to synthesize cognitive and psychomotor skills. To be effective, clinical education should integrate and reinforce the didactic and skills laboratory components of the program. Clinical instruction should follow sound educational principles, be logically sequenced to proceed from simple to complex tasks, have specific objectives, and be closely supervised and evaluated. Students should not be simply sent to clinical environments with poorly planned activities and be expected to benefit from the experience.

The ability to serve in the capacity of an entry-level paramedic requires experience with actual patients. This process enables the student to build a database of patient experiences that serves to help in clinical decision making and pattern recognition. A skilled clinical educator must point out pertinent findings and focus the beginner's attention.

Program directors should be cautioned against using time as a criteria to determine the quantity of clinical education. More than any other phase of paramedic education, minimum amounts of patient contacts and frequency of skills performed must be established for clinical education. It is acceptable to use a time based system to help in program planning, but a system must be used to assure that every student satisfies each and every clinical objective.

Typically, clinical education for the paramedic takes place in both the hospital and field environments:

Hospital Clinical

Because of the unpredictable nature of emergency medicine, the hospital environment offers two advantages in paramedic education: volume and specificity. In the hospital setting, the paramedic student can see many more patients than is possible in the field. This is a very important component in building up a "library" of patient care experiences to draw upon in clinical decision-making.

The use of multiple departments within the hospital enables the student to see an adequate distribution of patient situations. In addition to emergency departments, which most closely approximate the types of patients that paramedics should see, clinical education should take advantage of critical care units,
OB/GYN, operating rooms/anesthesia, recovery, pediatrics, psychiatric, etc. This will help assure a variety of patient presentations and complaints. These also provide a more holistic view of health care and an appreciation for the care that their patients will undergo throughout their recovery. This places emergency care within context. Paramedic programs throughout the country have created clinical learning experiences in many environments. There is application to emergency medical care in almost any patient care setting. When a particular location lacks access to some patient populations, educational programs have created innovative solutions. Programs are encouraged to be creative and seek out clinical learning experiences in many settings. Examples include: morgues, hospices, nursing homes, primary care settings, doctor’s offices, clinics, laboratories, pharmacies, day care centers, well baby clinics, and community and public health centers.

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It is unreasonable to expect students to derive benefit from being placed into a field environment and performing. Field clinical represents the phase of instruction where the student learns how to apply cognitive knowledge and the skills developed in skills laboratory and hospital clinical to the field environment. In most cases, field clinical should be held concurrently with didactic and hospital clinical instruction.

Field instruction, as well as hospital clinical, should follow a logical progression. In general, students should progress from observer to participant to team leader. The amount of time that a student will have to spend in each phase will be variable and depend on many individual factors. One of the largest factors will be the amount and quality of previous emergency care experience. With the trend toward less and less EMT experience prior to paramedic education, program directors must adjust the amount of field experience to the experience of the students.

Clinical affiliations shall be established and confirmed in written affiliation agreements with institutions and agencies that provide clinical experience under appropriate medical direction and clinical supervision. Students should have access to patients who present common problems encourage in the delivery of advanced emergency distributed by age and sex. Supervision should be provided by instructors or preceptors appointed by the program. The clinical site should be periodically evaluated with respect to its continued appropriateness and efficacy in meeting the expectations of the programs. Clinical affiliates should be accredited by the Joint Commission on Accreditation of Healthcare Organizations.
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Quality improvement is also a required component of EMS training. The role of medical direction is paramount in assuring the provision of highest quality out-of-hospital care. Medical Directors should work with individuals and systems to review out-of-hospital cases and strive to achieve a sound method of continuous quality improvement.

Student Assessment

Any educational program must include several methods for assessing student achievement. As mentioned before, quizzes of the cognitive and psychomotor domains should be provided regularly and frequently enough to provide the students and the faculty with valid and timely indicators of the student’s progress toward and the achievement of the competencies and objectives stated in the curriculum. Ultimately, the program director is responsible for the design, development, administration, and grading of all written and practical examinations. This task is often delegated to others. Some programs use outside agency developed or professionally published evaluation instruments. This does not alleviate the program’s responsibility to assure the appropriateness of these exam materials. All examinations used within the program must have demonstrated validity and reliability and conform to psychometric standards. Programs are encouraged to use outside sources to validate examinations and/or as a source of classroom examination items.

The primary purpose of this course is to meet the entry-level job expectations as indicated in the job description. Each student, therefore, must demonstrate attainment of knowledge, attitude, and skills in each area taught in the course. It is the responsibility of the educational institution, program director, medical director, and faculty to assure that students obtain proficiency in all content areas. If after counseling and remediation a student fails to demonstrate the ability to learn specific knowledge, attitudes and skills, the program director should not hesitate to dismiss the student. The level of knowledge, attitudes and skills attained by a student in the program will be reflected in his performance on the job as a paramedic. This is ultimately a reflection on the program director, primary instructor, medical director and educational institution. It is not the responsibility of the certifying examination to assure competency over successful completion of the course. Program directors should only recommend qualified candidates for licensure, certification or registration.

The following goals must be successfully accomplished within the context of the learning environment. Clinical experiences should occur after the student has demonstrated competence in skills and
knowledge in the didactic and laboratory components of the course. Items in bold are essentials and must be completed. Items in italics are recommendations to achieve the essential and should be performed on actual patients in a clinical setting. Recommendations are not the only way to achieve the essential. If the program is unable to achieve the recommendations on live patients, alternative learning experiences (simulations, programmed patient scenarios, etc.) can be developed. If alternatives to live patient contact are used, the program should increase in the number of times the skill must be performed to demonstrate competence.

These recommendations are based on survey data from Paramedic Program Directors and expert opinion. Programs are encouraged to adjust these recommendations based on thorough program evaluation. For example, if the program finds that graduates perform poorly in airway management skills, they should increase the number of intubations and ventilations required for graduation and monitor the results.

Clinical Rotations

The clinical rotations that appear in the EMT-Paramedic: National Standard Curriculum represent a stark departure from previous clinical education recommendations. In the past, clinical competence was determined simply by the number of hours spent in various clinical environments. As there is no assurance that time produced an adequate number of clinical exposures resulting in entry level clinical competence, a different approach was taken with this curriculum. In-kind services were provided by the Joint Review Committee for EMT-Paramedic Program Accreditation (JRC). The JRC survey all existing accredited programs and asked them to identify the number of psychomotor skills, patient age groups, pathologies, patient complaints and team leader skills they were currently utilizing in order to identify competent entry level Paramedics. The results of the survey were then presented to the JRC sponsoring organization committee members who possess expertise in cardiology, pediatrics, anesthesia, surgery, emergency medicine, and Paramedic education. Using both subject matter expertise and the results of the surveys of accredited programs, the JRC established the clinical rotation goals presented in this curriculum. Items presented in bold are essentials and must be completed by each student within the program. Items in italics are recommendations to achieve the essential.

Although these patient exposures cover a wide domain of skills, pathologies, complaints and ages, they can be achieved in either the clinical or field internship. For example, a student may demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain in either a hospital critical care unit or during an encounter in the field. If the patient in this example was not experiencing chest pain at the time of the student evaluation, but had experienced chest pain which resulted in admission to the critical care unit. This interaction would suffice for meeting the clinical rotation for one encounter with a chest pain patient. During this experience the student should complete an evaluated physical examination, a history based upon the initial and present condition of the patient and formulate a treatment plan for the patient based upon initial field or admission findings. This same principle of encountering patients who have identified pathologies or complaints within the past 48 hours will suffice for meeting the clinical rotation requirement.

Some categories can be counted more than once. For example if a student in the field internship encounter a patient with chest pain who was 68 years old and start an IV, the student would obtain credit for a complaint, an age and a skill. The established IV and chest pain assessment, and treatment
and implementation plan must be evaluated and the patient age group credit must be recorded. Encounters without evaluation and recording should not be awarded credit.

Obviously during the education the best experience would occur in the field setting which most approximates the function of the job. Recognizing the extended field time that would be necessary to see the recommend variety of patient conditions and skills would be infeasible, the curriculum permits students to obtain these experiences in either hospital clinical or field. The team leader’s skills cannot be met during hospital rotations. The JRC recommends that a student will obtain credit for one patient for each encounter. For example if a patient has both chest pain and a syncope episode, the student can utilize this experience for either a chest pain patient or a syncope patient, but not for both. The program must develop a clinical rotation patient tracking system in order to assure that each student encounters the recommended number of skills, ages, pathologies, complaints and team leader skills.

The clinical rotations contained within this curriculum are being accomplished by Paramedic education programs at the time of the curriculum revision. These rotations do not represent an increase in clinical requirements. The program director along with the community of interest should use feedback loops that are part of the program evaluation process to either increase or decrease the number of patient exposures based upon valid measurement instruments utilized in graduate surveys. If employers or graduates indicate the need for increased patient encounters in order to bring current graduates to the level of competency then the program should increase the number of encounters to correspond to this need.

Likewise if graduates and employers indicate some rotations provided more than competent experience the program may reduce the number of patient encounters within the recognized category. Although the categories were researched by the JRC, a program director, medical director or community of interest may add different encounters in order to meet community needs. For example if a program is located in an area with a large geriatric population, the program may increase the number of encounters with geriatric patients to correspond to community needs.
Appendix D - Field Test Program Hours

Appendix D includes information to help program directors make decisions about the length of the program. A pilot test of the curriculum was conducted and all of the cognitive, psychomotor, and clinical objectives were completed in 1122 hours (435 classroom, 171 practical laboratory, clinical/field 516). The following information represents the amount of time needed to complete the course objectives by the pilot and field test sites.

For each unit, we have reported the range, average, standard deviation (SD), and median number of hours spent in didactic and practical laboratory. Based on this information, and the performance of students in the pilot and field test program, it is recommended that the course be planned for approximately 1000-1200 total hours of instruction (500-600 classroom/practical laboratory, 250-300 clinical, 250-300 field internship.)

Psychomotor Skills

The student must demonstrate the ability to safely administer medications.
The student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patients.

The student must demonstrate the ability to safely perform endotracheal intubation.
The student should safely, and while performing all steps of each procedure, successfully intubate at least 5 live patients.

The student must demonstrate the ability to safely gain venous access in all age group patients.
The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups.

The student must demonstrate the ability to effectively ventilate unintubated patients of all age groups.
The student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups.

Ages

The student must demonstrate the ability to perform a comprehensive assessment on pediatric patients.
The student should perform a comprehensive patient assessment on at least 30 (including newborns, infants, toddlers, and school age) pediatric patients.

The student must demonstrate the ability to perform a compressive assessment on adult patients.
The student should perform a comprehensive patient assessment on at least 50 adult patients.

The student must demonstrate the ability to perform a comprehensive assessment on geriatric patients.
The student should perform a comprehensive patient assessment on at least 30 geriatric patients.
Pathologies

The student must demonstrate the ability to perform a comprehensive assessment on obstetric patients.
The student should perform a comprehensive patient assessment on at least 10 obstetric patients.

The student must demonstrate the ability to perform a comprehensive assessment on trauma patients.
The student should perform a comprehensive patient assessment on at least 40 trauma patients.

The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients.
The student should perform a comprehensive patient assessment on at least 20 psychiatric patients.

Complaints

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.
The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 30 patients with chest pain.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.
The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 adult patients with dyspnea/respiratory distress.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 8 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.
The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 10 patients with syncope.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints.
The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with abdominal complaints (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.)

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.
The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with altered mental status.
Team Leader Skills

The student must demonstrate the ability to serve as a team leader in variety of prehospital emergency situations.
The student should serve as the team leader for at least 50 prehospital emergency responses.
Using the Hospital and Field Evaluation

The Clinical Competency Package

INSTRUCTIONS FOR THE EMS PROGRAM DIRECTOR AND CLINICAL COORDINATOR

The Clinical Competency Package contains guidelines and instruments to facilitate successful student matriculation through the clinical and field internship components of the EMS education curriculum. Guidelines are provided to ensure EMS education programs create a standard for progression and competency measurement. The clinical evaluation instruments are completed in order to document each patient the student-intern encounters during clinical rotations and to assist field preceptors in evaluation standards. The instruments are designed to be brief. The scoring is tied to a standard and is a defined scale.

The Clinical Competency Package Contents

- Daily Hospital Clinical Evaluation
- 12-lead ECG Acquisition
- Glucometer
- Intravenous Therapy
- Medication Administration – IV
- Medication Administration – IM or SC
- Ventilation – BVM
- Field Internship Guidelines Daily
- Field Internship Evaluation
- Field Progress Report
- Improvement Plan Template?

Performance Evaluation Scale

Preceptors who “score” a student-intern’s interaction with a patient cannot do so without proper training and understanding of how to use the instruments. Information is available in this essay must be used to assist the clinical preceptor who will be completing the related instrument. Preceptors who do not read the essay or who do not understand EMS education program standards will rate student-interns in an inconsistent manner, leading to poor inter-rater reliability.

The following scale standardizes judgments and enhance inter-rater reliability:

2 = Successful/competent - no critical prompting or minimal prompts in cases of newly-encountered situations. The student-intern performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the student-intern has undergone at the time of the clinical interface with the patient.

1 = Marginal - inconsistent, not yet competent - required moderate prompting or critical prompts in cases of newly-encountered situations. This includes partial attempts regardless of the type of encounter or skill.

0 = Unsuccessful - required excessive or any critical prompting; includes “Not attempted” when student-intern was expected to try. This is an unsatisfactory rating. The student-intern
performed with some errors of commission or omission that would lead to a conclusion that the student-intern did not meet the standard of care expected by the program, program medical director and community of interest.

**N/A = Not applicable for this patient, not needed or expected.** This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention).

*NOTE:* Ideally, student-interns will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Student-interns will progress at different rates and case difficulty will vary. Student-interns should be active and ATTEMPT to perform skills and assess/treat patients early, even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process. Improvement plans MUST follow any unsuccessful or inconsistent ratings in the spaces provided.

**Record Keeping and Documentation Tracking**

An electronic documentation tracking system must be developed for returning preceptor-completed instruments to the EMS education program. The system should employ methods to prevent alteration and/or discarding of the evaluation by a student-intern. Systems that allow for alterations and/or discarding of preceptor-completed evaluations are not valid. Progress of each student-intern must be tracked and trended using numerical data from evaluations and preceptor comments for the duration of the clinical and field internship rotations. This data must also be utilized to measure overall EMS education program performance.

**Preceptor Assignment**

Consistency in evaluation by adequately-trained preceptors is imperative to maximize the clinical education experience. Pairing of student-interns with a limited number of preceptors, ideally one primary Emergency Department clinical preceptor and one prehospital preceptor, must be made first priority to the EMS education institution and agency when scheduling rotations. Preceptors must be interested in working with and evaluating student-interns using the instruments as outlined in the competency package. Preceptors are busy providing patient care in most locations and not all healthcare providers should be forced to precept. Preceptors who refuse to evaluate student-intern performance should not have student-interns assigned to them in the hospital or field internship settings.

Although useful at times, student-interns should not be assigned to rotations simply to “watch” other healthcare providers assess and provide therapies. In order to learn, the student-intern must interact with the preceptor and the patient and perform skills that he/she will need to perform as a prehospital care provider. Performance must be evaluated and documentation must be obtained in order to have validity. We suggest that the program faculty provide a brief orientation to the instruments and review the goals for the clinical and field-internship rotation for each preceptor prior to beginning student-intern rotations. Preceptors must also have access to emergency contact numbers for the EMS Clinical Coordinator at all times should any questions or unforeseen issues arise.

**Patient Encounters**
The most essential component of prehospital patient care education ensures there are sufficient live prehospital patient encounters with a wide array of patients and conditions that adds to the validity of cognitive and psychomotor competency of the student-intern. The length of time necessary to complete the required patient exposures and measurement is not important. As with all other areas of healthcare education, competency is not gained after seeing a small number of patients. Prehospital preceptors must be motivated in assisting the student-intern in gaining access to as many patient encounters as possible during the field internship. The student-intern is responsible for finding appropriate patients in the hospital clinical setting to achieve enough successful patient evaluations to help assure psychomotor competency. The EMS education program must develop agreements with resources that have enough patient encounters to assure each student-intern can fulfill this responsibility. The program cannot make the student-intern overcome the stress of interacting with live patients. The program cannot “pass” a student-intern who is shy or not confident enough to interact with enough patients to confirm psychomotor competency. When a patient classification (e.g. cardiac, trauma, altered mental status) for which a comprehensive assessment is available, the student-intern should choose the appropriate assessment for that patient. If education related to a type of patient classification has not been covered in lecture and lab, the student-intern should not be permitted to attempt a summative evaluation of that patient contact. For example, a student-intern who has received training covering trauma patients and has been deemed competent over psychomotor skills that are part of trauma patient care can be scored over trauma patient interactions; but not over cardiac patients if that section of the curriculum has not yet been completed. The student-intern should not complete evaluations and skills above their current level of knowledge since the purpose of clinical rotations is not to solely validate student-intern competency. Including these evaluations would likely hinder the accuracy of overall student competency. When student-interns obtain evaluations over patients for which they have not received cognitive and psychomotor education, the evaluations should not be considered part of the psychomotor competency acquisition.

**Hospital Clinical Guidelines**

The majority of hospital clinical hours are spent in the Emergency Department where all types of patient complaints and ages are present. Specialty clinical sites may be used to supplement specific patient populations and definitive care outcomes. These rotations should not detract from the overall goal of achieving maximum prehospital patient encounters.

**Hospital Clinical Evaluations**

The Daily Hospital Clinical Evaluation and Clinical Skills Evaluations are brief instruments based upon previously established formative education. These clinical instruments are designed to be used in the fast-paced environment of a busy hospital or patient clinic setting.

**Individual Clinical Skill Evaluations**

The six individual Clinical Skill Evaluation instruments are intended to be used whenever one of these skills is completed in the clinical setting. Each instrument is brief. The preceptor assigns a score from the steps outlined and documents any areas where improvement should be made. Preceptors should also have access to all Skill Lab instruments for familiarization with program expectations established by the program standards, program medical advisor, and the community of interest.
Daily Hospital Clinical Evaluation

The Daily Hospital Clinical Evaluation serves as the overall log for the “shift” or day’s clinical rotation activity. The student-intern should fill in the patient information and rate his/her performance for the Clinical Objectives of: Patient Interview and History Gathering; Physical Exam; Impression and Treatment Plan; Skill Performance; Communication; and Professional Behavior/Affect. As soon as possible, the preceptor should rate the student-intern’s performance and briefly document any suggestions for improvement or other comments.

The Impression/Differential Diagnoses section is a judgment of the clinical preceptor based upon findings of the history and physical examination. At times, a patient’s differential diagnosis may be unknown as all of the “evidence” to make the diagnosis is unknown. Student-interns should be judged on their differential diagnosis based upon the information that is available to them following the history and physical. Prehospital care providers may not know or have access to the same diagnostic data as the hospital staff. Consequently, student-interns may reach a different diagnosis other than the definitive diagnosis derived after many in-hospital tests were completed.

The Impression/Treatment Plan section is judged by the preceptor based upon information the student-intern has obtained through the history and physical exam. The score should be based on the outcome of a discussion between the preceptor and the student-intern that answers the question, “How would you, as a prehospital care provider, treat this patient in the field setting based upon your history and physical examination findings?” Each clinical setting is somewhat different and each patient presentation may be different.

The Skill Performance section is for individual psychomotor skills performed on the patient. Additional skills performed as part of the patient care that are not individually scored using a Clinical Skill Evaluation should be noted elsewhere, especially if performed in any unacceptable manner.
### Daily Hospital Clinical Evaluation

**STUDENT NAME:**

**SHIFT START DATE:**

**EDUCATIONAL PROGRAM:**

**CLINICAL SITE:**

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**DIRECTIONS:** Each contact must be rated by the student FIRST, and rated by the preceptor SECOND. Student ratings in the row marked “S” and preceptors in row “P.” Comment on any discrepancies on back. Preceptors complete shaded sections and additional comments.

**RATINGS**:

- **NA** = Not applicable - not needed or expected.
- **0** = Unsuccessful - required excessive or critical prompting; includes “Not attempted” when student was expected to try.
- **1** = Marginal - inconsistent, not yet competent.
- **2** = Successful/competent - no prompting

---

**Patient**

**Age**

**Gender**

**Impression**

**and/or**

**Differential Diagnoses**

**LOC, Complaints, Event Circumstances**

**Summary of treatments rendered successfully by student**

<table>
<thead>
<tr>
<th>Rater</th>
<th>Clinical Objectives</th>
<th>Preceptor Initials</th>
<th>COMMENTS and IMMEDIATE PLAN FOR IMPROVEMENT FOR NEXT PATIENT CONTACT</th>
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<tbody>
<tr>
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39
Field Internship Guidelines

The overall goal of the field internship is achieving maximum prehospital patient encounters.

Field Internship Evaluations

The Daily Field Internship Evaluation and Field Progress Report are brief instruments based upon previously established formative education. Each is designed to be used in the fast-paced environment of a busy prehospital setting.

Field Internship Clinical Evaluation

The Daily Field Internship Evaluation serves as the overall log for the “shift” or day’s rotation activity. The student-intern should fill in the patient information and rate his/her performance for the Clinical Objectives of: Patient Interview and History Gathering; Physical Exam; Impression and Treatment Plan; Skill Performance; Communication; and Professional Behavior/Affect. As soon as possible, the preceptor should rate the student-intern’s performance and briefly document any suggestions for improvement or other comments. Preceptors should have access to all Skill Lab instruments for familiarization with program expectations established by the program standards, program medical advisor, and the community of interest.

The Impression/Differential Diagnoses section is a judgment of the preceptor based upon findings of the history and physical examination. At times, a patient’s differential diagnosis may be unknown as all of the “evidence” to make the diagnosis is unknown. Student-interns should be judged on their differential diagnosis based upon the information that is available to them following the history and physical.

The Impression/Treatment Plan section is judged by the preceptor based upon information the student-intern has obtained through the history and physical exam.

The Skill Performance section is for individual psychomotor skills performed on the patient. Additional skills performed as part of the patient care should be noted elsewhere, especially if performed in any unacceptable manner.
Overview of Phases

Use the following information to implement the Phases of the Field Internship Program:

Preceptors are designated as Paramedics and AEMTs approved by the EMS agencies and the EMS Education Institution to precept EMS students. These individuals have completed preceptor training and orientation.

Phase I Overview
- Phase I objectives focus on orientation, administrative objectives, skills introduction and basic team member.
  - The student will meet with preceptor and go over agency administrative policy and procedures, schedules, protocols, documentation, etc.
  - The student will become familiar with the agency’s equipment.
  - The student and preceptor will begin to work on daily evaluation forms for each shift completed.
- Students should be allowed to interact on calls; however focus should not be taken away from orientation to the agency and system.
A progress report must be returned to the Clinical Education program after review by the preceptor at the end of this phase.

Phase II Overview
- Phase II objectives focus on patient assessment and advanced team member skills as well as continuing objectives from Phase I. Students will begin developing team leader skills during this phase.
- Students are to be given every opportunity to assess and treat on every patient encountered.
  - Preceptor will evaluate the student on each patient encounter.
  - Preceptors are to act as observers to the interactions between the student and the preceptor’s partner.
  - Any call where a patient is encountered will be counted as a patient contact.
A progress report must be returned to the Clinical Education program after review by the preceptor at the end of every two weeks and at the end of this phase.

Phase III Overview
- Phase III objectives focuses on team leader skills. This is the time for “polishing” the skills of history taking, physical assessment, decision making, priority setting, communications, direction and delegation, scene management and leadership.
- The student should consistently demonstrate the ability to perform as a safe team member and leader of the EMS team.
- Students are to be given every opportunity to assess and treat every patient encountered.
A progress report must be returned to the Clinical Education program after review by the preceptor at the end of every two weeks and at the end of this phase.

**No event should go undocumented or evaluated for any reason**
**Phase I: EMS Orientation and Basic Team Member**

The preceptor should be very clear as to what the expectations are during this phase. During the student’s first few shifts on the ambulance, the preceptor should primarily be evaluating the student’s professional demeanor and interpersonal skills as he/she interacts with patients, families, peers, other responders and medical professionals. It is important for the preceptor to provide a thorough orientation to the ambulance, as well as EMS organization field and administrative policies and procedures. The student should be oriented and begin to familiarize themselves with agency protocols. The student may be asked to perform assessments or tasks as assigned by the preceptor. Overall scene management, advanced assessments and skills likely will remain the responsibility of the preceptor and team.

**Patient Interview & History Gathering**
- Initiate patient contact without prompting.
- Address the patient with respect and compassion.
- Ask questions appropriate for patient complaint.

**Physical Exam**
- Perform primary assessment as appropriate.
- Initiate a physical exam.
- Recall anatomical and physiological terms.
- Recognize critical patients.

**Field Impression**
- Validate medical-legal considerations.
- Develop differential diagnoses and field care plan based on an interview, history and physical exam.
- Discuss rationale for application of procedures and protocols in any patient care situation.
- Ensure life threatening problems are recognized and addressed before non-life threatening problems.
- Discuss treatment appropriate to chief complaint and type of call at the discretion of the preceptor.
- Recognize potential problems in the patient’s condition and formulate or modify request treatment.
- Relate physical exam findings to the destination and transportation mode for each patient.
- Initiate changes to address environment, situation, and patient condition variances.

**Skills**
- Perform appropriate skills with prompting.
- Recognize infection control concepts.
- Initiate and perform appropriate BLS skills.

**Communication**
- Objective
Professional Behavior

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

Team Lead

- Objective

**Advance to Phase II once orientation complete and consistently received 2’s on all Phase I objectives.**
**Phase II: Patient Assessment and Advanced Team Member**

The preceptor should be very clear as to what the expectations are during this phase. During this phase the student should be given every opportunity to direct patient care. He/she should be evaluated on their ability and willingness to take control of patient care, work on their ability to be assertive, make appropriate decisions about patient care, develop a sound differential diagnosis, make treatment decisions using medical judgment and begin to integrate scene management during the call. The preceptor should not expect the student to accurately diagnose or treat every situation that might otherwise be confusing. During this phase the student will be expected to start to "put it all together."

**Patient Interview & History Gathering**
- Continue to demonstrate mastery of all objectives from the previous phase.
- Routinely makes patient contact without prompting.
- Position themselves at the patient’s level when appropriate.
- Address the patient with respect and compassion.
- Ask questions appropriate for patient complaint (including SAMPLE).

**Physical Exam**
- Continue to demonstrate mastery of all objectives from the previous phase.
- Perform primary assessment and secondary assessment as appropriate.
- Perform a physical exam relevant to the chief complaint.
- Refer to anatomical and physiological terms.
- Recognize critical patients and their needs.

**Field Impression**
- Continue to demonstrate mastery of all objectives from the previous phase.
- Validate medical-legal considerations.
- Develop differential diagnoses and field care plan based on an interview, history and physical exam.
- Discuss rationale for application of procedures and protocols in any patient care situation.
- Ensure life threatening problems are recognized and addressed before non-life threatening problems.
- Discuss treatment appropriate to chief complaint and type of call at the discretion of the preceptor.
- Recognize potential problems in the patient’s condition and formulate or modify request treatment.
- Relate physical exam findings to the destination and transportation mode for each patient.
- Initiate changes to address environment, situation, and patient condition variances.

**Skills**
- Continue to demonstrate mastery of all objectives from the previous phase.
- Initiate appropriate skills without prompting.
- Consider infection control principles.
- Perform ALS skills.
• Consistently initiate and perform appropriate BLS skills.

Communication
• Continue to demonstrate mastery of all objectives from the previous phase.

Professional Behavior
• Continue to demonstrate mastery of all objectives from the previous phase.
• Self-motivated: takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, and adjusts behavior/performance.
• Efficient: keeps assessment and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better.
• Flexible: makes adjustments to communication style, directs team members, changes impressions based on findings.
• Careful: pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.
• Confident: makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths.
• Accepts feedback openly: listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Team Lead
• Continue to demonstrate mastery of all objectives from the previous phase.

**Advance to Phase III once consistently received 2’s on all Phase II objectives. ***
Phase III: Team Leader Phase

The preceptor should be very clear as to what the expectations are during this phase during the final phase. The student should function and act as the team leader on all calls. This is the time for “polishing” the skills of history taking, physical assessment, decision making, priority setting, communications, direction and delegation, scene management and leadership. The student should consistently demonstrate the ability to perform as a safe team member and leader of the EMS team.

Patient Interview & History Gathering
- Continue to demonstrate mastery of all objectives from the previous phase.
- Routinely makes patient contact without prompting.
- Position themselves at the patient’s level when appropriate.
- Address the patient with respect and compassion.
- Asks questions appropriate for patient complaint in a fluent manner (including SAMPLE).

Physical Exam
- Continue to demonstrate mastery of all objectives from the previous phase.
- Perform primary assessment, secondary assessment, and reassessment as appropriate.
- Perform a physical exam in an orderly, logical manner relevant to the chief complaint.
- Refer to appropriate anatomical and physiological terms.
- Recognize critical patients, their needs, and set appropriate priorities.

Field Impression
- Continue to demonstrate mastery of all objectives from the previous phase.
- Comply with medical-legal considerations.
- Develop accurate differential diagnoses and field care plan based on an appropriate interview, history and physical exam.
- Explain rationale for application of procedures and protocols in any patient care situation.
- Ensure life threatening problems are recognized, prioritized, and treated before non-life threatening problems.
- Perform treatment appropriate to chief complaint and type of call at the discretion of the preceptor.
- Anticipate/recognize potential problems in the patient’s condition and formulate, initiate, delegate, modify or request appropriate treatment.
- Integrate exam findings into the appropriate destination, priority and transportation mode for each patient.
- Adapt to changes in environment, situation, and patient condition.

Skills
- Continue to demonstrate mastery of all objectives from the previous phase.
- Consistently initiate and perform appropriate treatment and skills without prompting.
- Comply with infection control principles.
- Consistently initiate and perform appropriate ALS skills.
- Consistently initiate and perform appropriate BLS skills.
Communication
- Continue to demonstrate mastery of all objectives from the previous phase.
- Instill confidence in the patient and involve family members and bystanders.
- Exhibit acceptance of patients, as they present themselves, without passing judgment.
- Advise patients with accurate information to make informed decisions.
- Relay accurate, complete, concise, and understandable verbal report to personnel at the receiving facility both enroute and upon arrival.
- Exhibit accuracy and completeness written reports in a timely manner.
- Consistent improvement of patient care documentation and other required clinical documentation.

Professional Behavior
- Continue to demonstrate mastery of all objectives from the previous phase.
- **Self-motivated:** takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, and adjusts behavior/performance.
- **Efficient:** keeps assessment and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better.
- **Flexible:** makes adjustments to communication style, directs team members, changes impressions based on findings.
- **Careful:** pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.
- **Confident:** makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths.
- **Accepts feedback openly:** listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Team Lead
- Continue to demonstrate mastery of all objectives from the previous phase.
- Consistently function independently in all patient care situations.
- Monitor all aspects of prehospital patient care.
- Routinely direct other crew members in the delivery of all patient care.
- Coordinate efforts with other agencies and individuals.
- Exercise professional judgment based on analytical thinking.
- Recognize and take appropriate action in potentially hazardous situations.
- Recognize psychological hazards of providing prehospital care as well as techniques for stress recognition and reduction.

**Complete Phase III once consistently received 2’s on all Phase III objectives, goals and competency measures satisfied, and consensus of preceptor and the Clinical Education program staff meet and determine the student is consistently displaying safe and competent prehospital care.**
DIRECTIONS: Each contact must be rated by the student FIRST, and rated by the preceptor SECOND. Student ratings in the row marked “S” and preceptors in row “P.” Comment on any discrepancies on back. Preceptors complete shaded sections and additional comments.

<table>
<thead>
<tr>
<th>Patient Age</th>
<th>Impression and/or Differential Diagnoses</th>
<th>LOC, Complaints, Event Circumstances</th>
<th>Summary of treatments rendered successfully by student</th>
<th>Patient Contact Type</th>
<th>Rater</th>
<th>Clinical Objectives</th>
<th>Preceptor Initials</th>
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RATINGS*: NA = Not applicable - not needed or expected. 0 = Unsuccessful - required excessive or critical prompting; includes “Not attempted” when student was expected to try. 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting.

COMMENTS and IMMEDIATE PLAN FOR IMPROVEMENT FOR NEXT PATIENT CONTACT

<table>
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<tr>
<th>Phase</th>
<th>Time In</th>
<th>Time Out</th>
<th>Preceptor</th>
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</table>
Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Student reported □ on time, □ well groomed, □ in uniform and prepared to begin the shift □ Yes □ No

Behavior was professional: □ Accepts feedback openly □ Self-motivated □ Efficient □ Flexible □

Student asked relevant questions and participated in learning answers, used downtime to its highest potential. □ Yes □ No

Preceptor would appreciate □ phone call or □ email from the instructor (please provide contact info below). □ Yes □ No

STUDENT SIGNATURE

I agree to the above ratings:

PRECEPTOR SIGNATURE

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

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

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

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

Professional Behavior Objectives: Student demonstrates they are:

Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, adjusts behavior/performance.

Efficient: keeps assessment and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better.

Flexible: makes adjustments to communication style, directs team members changes impressions based on findings.

Careful: pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.

Confident: makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths.

Accepts feedback openly: listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

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

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## Field Internship Progress Report

**Student:** __________________________  **Date:** ____________  **Phase:** ________  

**Preceptor:** __________________________  **Agency:** ____________  **Hours Total:** ________

<table>
<thead>
<tr>
<th>Objective</th>
<th>Student-Intern</th>
<th>Preceptor</th>
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<tbody>
<tr>
<td><strong>Patient interview &amp; history gathering</strong></td>
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<td>1</td>
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<tr>
<td>1 Routinely makes patient contact without prompting.</td>
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<td>2 Position themselves at the patient’s level when appropriate.</td>
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<td>3 Address the patient with respect and compassion.</td>
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<td>4 Asks questions appropriate for patient complaint in a fluent manner (including SAMPLE).</td>
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<tr>
<td><strong>Physical Exam</strong></td>
<td>0</td>
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<td>1 Perform primary assessment, secondary assessment, and reassessment as appropriate.</td>
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<td>2 Perform a physical exam in an orderly, logical manner relevant to the chief complaint.</td>
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<td>3 Refer to appropriate anatomical and physiological terms.</td>
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<td>4 Recognize critical patients, their needs, and set appropriate priorities.</td>
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<td><strong>Field Impression</strong></td>
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<tr>
<td>1 Comply with medical-legal considerations.</td>
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<tr>
<td>2 Develop accurate differential diagnoses and field care plan based on an appropriate interview, history and physical exam.</td>
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<td>3 Explain rationale for application of procedures and protocols in any patient care situation.</td>
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<td>4 Ensure life threatening problems are recognized, prioritized, and treated before non-life threatening problems.</td>
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<td>6 Anticipate/recognize potential problems in the patient’s condition and formulate, initiate, delegate, modify or request appropriate treatment.</td>
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<td>7 Integrate exam findings into the appropriate destination, priority and transportation mode for each patient.</td>
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<td>8 Adapt to changes in environment, situation, and patient condition.</td>
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<td><strong>Skills</strong></td>
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<td>1</td>
<td>Consistently initiate and perform appropriate treatment and skills without prompting.</td>
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<td>Comply with infection control principles.</td>
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<td>Consistently initiate and perform appropriate ALS skills.</td>
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<td>Consistently initiate and perform appropriate BLS skills.</td>
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<tr>
<th><strong>Communication</strong></th>
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<tr>
<td>1</td>
<td>Instill confidence in the patient and involve family members and bystanders.</td>
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<td>Exhibit acceptance of patients, as they present themselves, without passing judgment.</td>
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<td>Advise patients with accurate information to make informed decisions.</td>
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<td>Relay accurate, complete, concise, and understandable verbal report to personnel at the receiving facility both enroute and upon arrival.</td>
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<td>5</td>
<td>Exhibit accuracy and completeness written reports in a timely manner.</td>
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<td>Consistent improvement of patient care documentation and other required clinical documentation.</td>
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<tr>
<th><strong>Professional Behavior</strong></th>
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<th>N/A</th>
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<th>N/A</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>Self-motivated:</strong> takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, adjusts behavior/performance.</td>
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<td><strong>Efficient:</strong> keeps assessment and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better.</td>
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<td><strong>Flexible:</strong> makes adjustments to communication style, directs team members, changes impressions based on findings.</td>
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<td><strong>Careful:</strong> pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.</td>
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<td><strong>Confident:</strong> makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths.</td>
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<td>6</td>
<td><strong>Accepts feedback openly:</strong> listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).</td>
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<td>Team Lead</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>N/A</td>
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<tr>
<td>1</td>
<td>Consistently function independently in all patient care situations.</td>
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<td>2</td>
<td>Monitor all aspects of prehospital patient care.</td>
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<td>3</td>
<td>Routinely direct other crew members in the delivery of all patient care.</td>
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<td>4</td>
<td>Coordinate efforts with other agencies and individuals.</td>
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<td>5</td>
<td>Exercise professional judgment based on analytical thinking.</td>
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<td>6</td>
<td>Recognize and take appropriate action in potentially hazardous situations.</td>
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<td>7</td>
<td>Recognize psychological hazards of providing prehospital care as well as techniques for stress recognition and reduction.</td>
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</tbody>
</table>

Tally for each rating

Total possible score (do not count rows with N/A ratings)

Total score

- What areas did the student-intern show improvement during this phase?

- What area(s) does the student-intern need to work during the next phase?

- Indicate the student-intern’s readiness to move to the next phase of training.

Preceptor: ______________________________ Date: _______________

I have read and understand this evaluation.

Student-Intern: ________________________ Date: _______________