

PRECEPTOR MANUAL

JULY 2006

OWC EMS PROGRAMS PRECEPTOR MANUAL

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APPROVAL

Steve White, Okaloosa-Walton EMS Programs Manager has approved these policies and criteria for EMT and Paramedic students.

Program Manager: Stephen P. White Date: 7/20/06

Christopher Tanner, MD, Okaloosa-Walton College EMS Program Medical Director has approved these policies, medical procedures and criteria for EMT and Paramedic students.

Medical Director: Chris Tanner MD Date: 7/20/06

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MISSION:

To utilize highly skilled preceptors like you to provide quality training for EMT and Paramedic students.

PURPOSE:

The purpose of this Preceptor Training Manual and its accompanying instruction is to develop preceptors who:

- (1) Are knowledgeable of the skills that EMT and Paramedic students may perform
- (2) Are eager to let EMT and Paramedic students perform approved skills under appropriate supervision; and
- (3) Evaluate and grade students fairly and consistently.

DEFINITIONS

This listing of definitions is not comprehensive but may serve to guide those who may be unfamiliar with the rapidly evolving nomenclature of EMS education:

Advanced assessment: An advanced assessment is one that is performed on a patient requiring advanced life support or invasive skills.

Approved skills: These are skills that may be performed by the EMT or Paramedic student under supervision of an approved preceptor in the clinical setting. This list of skills has been approved by the College, the clinical site and the Florida Department of Health.

Basic assessment: A basic assessment is one that is performed on a patient requiring only basic life support skills.

Clinical studies: The term that refers to any required out-of-classroom exercise in which the student is responsible for observation or participation in direct patient care. Clinical studies may take place with an ambulance service, in an emergency department, physician's office, senior center, skilled nursing facility or elsewhere in or out of the hospital. When participating in clinical studies, the EMT or Paramedic student must always be under the supervision of a qualified preceptor.

Inter-rater reliability: This term refers to the ability of two or more preceptors or instructors to objectively evaluate or grade the performance of skills and abilities in a similar manner. By using Standard Skill Performance Criteria, Okaloosa-Walton College hopes to achieve inter-rater reliability.

Medical Assessment: A medical assessment is one performed on a patient whose chief complaint is not a result of traumatic injury.

Trauma Assessment: A trauma assessment is one performed on a patient whose chief complaint results from traumatic injury.

Preceptor: A preceptor is one who teaches students in a clinical environment. He or she is selected for his or her ability and willingness to assist students in translating the didactic materials learned in the classroom to practical application in the work environment. The preceptor is typically an integral part of the patient care team and assists students as an added responsibility and without additional compensation. Although the preceptor is not employed by the College, he or she shares some responsibility in the grading and feedback to the student.

EMT-BASIC CLINICAL AND FIELD INTERNSHIP OBJECTIVES

COGNITIVE OBJECTIVES: When participating in EMS clinical or field rotations, the students must:

1. display an acceptable knowledge base for an entry level EMT-B
2. demonstrate satisfactory history taking skills
3. use history taking and physical examination skills and demonstrate knowledge of proper treatment
4. document patient care scenarios in an efficient and organized fashion
5. deliver radio reports in a complete and organized manner (pre-hospital setting)

PSYCHOMOTOR OBJECTIVES: When participating in EMS clinical or field rotations, the students must:

1. demonstrate acceptable assessment and management of the trauma patient
2. demonstrate acceptable assessment and management of the medical patient

Additionally, when opportunity exists, the student should show competency in the performance of the following skills:

1. airway and ventilatory management, e.g., BVM, suction, adjuncts and oxygen
2. bleeding and shock management
3. stabilization of painful, swollen and/or deformed extremities
4. use of patient immobilization and carrying devices
5. determination of blood glucose level
6. assisted medication administration
7. semi-automated external defibrillation
8. other approved skills at student's level of training

AFFECTIVE OBJECTIVES: When participating in EMS clinical or field rotations, the students should exhibit the following traits and work habits:

1. present and on time for each scheduled rotation
2. neat in appearance, wears the appropriate uniform and has all necessary equipment
3. performs duties safely and cooperatively
4. accepts constructive criticism and works toward self-improvement
5. performs competent patient care during stressful situations
6. maintains patient confidentiality and respects the rights of others
7. demonstrates professional patient interaction by communicating in a nonjudgmental, empathetic and responsible manner

PARAMEDIC CLINICAL AND FIELD INTERNSHIP OBJECTIVES

COGNITIVE OBJECTIVES: When participating in EMS clinical or field rotations, the students must:

1. Display an acceptable knowledge base for an EMT-B
2. Demonstrate satisfactory history taking skills
3. Use history taking and physical examination skills while demonstrating knowledge of proper treatment
4. Document patient care scenarios in an efficient and organized fashion

PSYCHOMOTOR OBJECTIVES: When participating in EMS clinical or field rotations, the students must:

1. Demonstrate competent assessment and management of the trauma patient
2. Demonstrate competent assessment and management of the medical patient

Additionally, when opportunity exists, the student should show competency in the performance of the following skills:

1. Endotracheal intubation
2. IV initiation
3. Phlebotomy
4. EKG interpretation
5. Intraosseous (IO) infusion
6. Manual Defibrillation
7. 12-lead EKG
8. IV/IO-bolus medications
9. IVIO-infusion medications
10. Subcutaneous injections
11. Intramuscular injections
12. PO, SL and buccal medications
13. Transtracheal medications
14. Other approved skills at the student's level of training

AFFECTIVE OBJECTIVES: When participating in EMS clinical or field rotations, the students should exhibit the following traits and work habits:

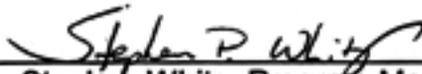
1. Present and on time for each scheduled day
2. Neat in appearance, wears the appropriate uniform and has all necessary equipment
3. Performs duties safely and cooperatively
4. Accepts constructive criticism and works toward self-improvement
5. Performs competent patient care during stressful situations
6. Maintains patient confidentiality and respects the rights of others
7. Demonstrates professional patient interaction by communicating in a nonjudgmental, empathetic and responsible manner

MEDICAL DIRECTOR APPROVED EMT STUDENT SKILLS

APPROVED SKILLS: The following is a list of Medical Director approved skills for Okaloosa-Walton College EMS Program students when participating in clinical or field settings:

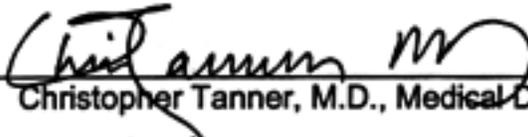
EMT-BASIC SKILLS:

1. Triage
2. Assessment
3. Vital signs (blood pressure, heart rate, respiratory rate, SaO₂, temp)
4. Oxygen administration
5. Oropharyngeal or nasopharyngeal airway management
6. Oropharyngeal suctioning
7. Assessment of breath sounds
8. Bag-valve-mask (BVM) device ventilations
9. Cardiopulmonary resuscitation (CPR)
10. Pulse oximetry
11. Control bleeding (direct pressure)
12. Dressing and bandaging (sterile and pressure)
13. Spinal immobilization
14. Splinting of extremities
15. Use of pneumatic anti-shock garment (PASG or MAST)
16. Standard precautions for infection control
17. Semi-automated external defibrillator (SAED)
18. Glucometer use
19. Physician-ordered administration of oral glucose paste
20. Physician-ordered **assisted** administration of patient's prescribed inhalers
21. Physician-ordered **assisted** administration of patient's prescribed epinephrine auto-injector
22. Physician-ordered **assisted** administration of patient's prescribed sublingual nitroglycerine



Stephen White, Program Manager

7/20/06
Date



Christopher Tanner, M.D., Medical Director

7/22/06
Date

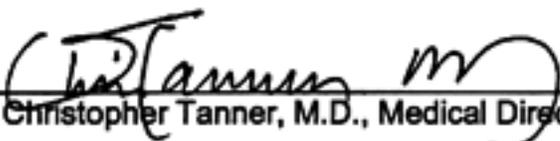
MEDICAL DIRECTOR APPROVED SKILLS FOR PARAMEDIC STUDENTS:

1. All skills listed for EMT-B
2. Advanced patient assessment
3. Physician-ordered endotracheal intubation and extubations
4. Multi-lumen airway intubations
5. Laryngeal Mask Airway insertion
6. Physician ordered rapid sequence intubation/induction
7. Endotracheal suctioning and care
8. Tracheotomy suctioning
9. Ventilatory management
10. Physician ordered CPAP administration
11. Physician-ordered tracheotomy replacement and care
12. Physician-ordered needle chest decompression
13. Physician-ordered peripheral intravenous catheter and phlebotomy
14. Physician-ordered intraosseous infusion
15. Physician-ordered D50% administration
16. IV/IO-bolus medication administration
17. IV/IO infusion medication administration
18. Sublingual, oral and buccal medication administration
19. Subcutaneous and intramuscular injections
20. Endotracheal tube medication administration
21. Nasogastric (NG) tube placement
22. Capnography and capnometry monitoring
23. Standard ECG/EKG monitoring
24. Physician-ordered defibrillation and cardioversion (manual)
25. Transcutaneous pacing
26. 12-lead monitoring
27. Normal spontaneous vaginal delivery (NSVD) of infant



Stephen White, Program Manager

7/20/06
Date



Christopher Tanner, M.D., Medical Director

7/20/06
Date

EMS STUDENT HEALTH AND SAFETY ISSUES

It is our goal to provide a safe clinical experience for the student. We depend on preceptors to monitor any unsafe situations and to minimize the risk of injury or illness of our students.

PREVENTION:

As part of their pre-entry health screening, students receive required immunizations to protect them from communicable disease. They also receive infection control training before being scheduled for clinical studies. As a courtesy, your agency provides students with necessary personal protective equipment (PPE) with which to protect them from communicable disease. Please make sure the student knows where to find appropriate PPE and that he or she uses it appropriately and consistently.

EXPOSURE TO COMMUNICABLE DISEASE:

If a student is exposed, or feels he or she has been exposed, to a communicable disease during a clinical shift, he or she has been instructed to report that exposure to you, the preceptor. Here is a listing of steps to take, excerpted from our Infection Control Plan, after an exposure is reported to you.

- (19) Provide any necessary first aid treatment including cleansing the exposed area with soap and water, or saline eye wash if the eyes are involved.
- (20) Contact Steve White, the EMS Program Manager, at (850) 699-5824. If needed, the Program Manager or clinical coordinator will come to your site.
- (21) Complete an Exposure Report Form included in the student's Clinical Handbook. A sample copy is included as Attachment-A.
- (22) Refer the student to a physician for testing and follow-up care. This may be a student's personal physician or the E.D. physician.
- (23) Instruct the student to give his or her completed Exposure Report Form to the Program Manager, clinical coordinator or his/her designee.

Emergency Contact Information for exposure related incidents:

Steve White, EMS Programs Manager: (850)699-5824 or 729-4924
Kathy McNair, Administrative Assistant: (850)729-6400

Or

Linda Whinton, Associate Dean/Infection Control Officer: (850)729-6400

SPECIFIC INSTRUCTIONS FOR EXPOSURE REPORT FORM:

1. Have the student complete the top portion of the form, noting his or her name, address, student (or social security) number, and telephone number.
2. Fill in the date and time of the incident as well as clinical site and department or station. The site refers to the entity or institution (i.e., hospital, clinic or ambulance service name) and the department or station refers to the area within the hospital (ED, OR, OB, etc.) or the ambulance service station (Station 1, 2, etc.) to which the student is assigned.
3. Mark the box that best describes the type of incident.
4. Describe, in your own words, what the student was doing when the suspected exposure took place.
5. Note the suspected means of transmission (i.e., contaminated blood, saliva, etc.)
6. Note the portal of entry (i.e., laceration on right hand, mucous membranes around the right eye, puncture wound in left leg from IV needle).
7. The student should sign and date the form beside # 1.
8. The preceptor should sign and date beside #2.
9. If the student is referred to or seen by a physician, the physician should sign beside #3.
10. Once this form is returned to the clinical coordinator, he/she should sign it beside #4.
11. The EMS Director reviews all exposure reports for quality assurance purposes and will sign and date beside #5.

WHAT PRECEPTORS SHOULD EXPECT

ARRIVAL AT CLINICAL OR FIELD SITE:

When a student presents to his/her clinical or field site, he or she will introduce himself or herself to the appropriate personnel, then be assigned to a preceptor for the day. The student should work with the preceptor for the duration of the shift. Meals and breaks should be scheduled by the preceptor.

OWC EMS PROGRAMS OFFICIAL STUDENT UNIFORM:

The student should arrive attired in the proper uniform. This uniform consists of:

1. Blue Polo Shirt:
 - a) OWC EMS programs logo indicating "EMT Student" or "Paramedic Student" on the left chest
 - b) Paramedics will have the state EMT patch 1" below the left shoulder seam
 - c) Full name on the right chest
2. Pants:
 - a) Navy-blue uniform pants
 - b) No jeans or denim material allowed
3. Black uniform belt with a silver buckle
4. Navy-blue or black socks
5. Black uniform style boots with black shoe laces

STUDENT IDENTIFICATION (NAME TAGS):

1. Official picture identification tags are provided by Student Services
2. Identification tags must state student's first and last names with either "EMT Student" or "Paramedic Student"

EQUIPMENT AND SUPPLIES:

The student must present with the following tools:

1. Stethoscope
2. Watch with some mechanism to count seconds
3. Trauma Shears
4. Black ink pen
5. Pen light
6. Protective eye wear
7. The student's Clinical Handbook
8. Note pad

OTHER GROOMING AND DRESS ISSUES:

1. Hair will be off the collar in back (men & women) Plain Clasp or hair clips only
2. Men will be clean shaven or beards & mustaches neatly trimmed
3. No excessive perfume or cologne
4. No excessive cosmetics
5. Jewelry:
 - A. No jewelry except watch with second hand & engagement or wedding rings
 - B. No earrings are to be worn by male or female students.
 - C. No visible body piercing
6. Students may not wear caps to clinical or field rotations
7. Students must arrive at clinical and field rotations clean, free of body odor or offensive breath
8. Students arriving for clinical or field rotations inappropriately attired, poorly groomed or without necessary equipment, will be sent home & will not attend any further rotations until counseled by the Clinical Coordinator or Program Manager.

EMT Student Clinical or Field Progress Evaluation

| | | |
|--|----------------------------|--------------------------------|
| Student name: | Date: | Clinical or Field Site: |
| SCALE: U = Unacceptable CD = Correctable deficit C = Competent NO = Not observed | Preceptor signature | x |
| Cognitive (knowledge) | Scale | Comments |
| Patient management | U CD C NO | |
| Critical thinking skills | U CD C NO | |
| Decision making & judgement | U CD C NO | |
| Documentation | U CD C NO | |
| History-taking | U CD C NO | |
| Fund of relevant knowledge | U CD C NO | |
| Affective (attitude) | Scale | Comments |
| Accepts instruction, direction & suggestions | U CD C NO | |
| Communication | U CD C NO | |
| Confidence | U CD C NO | |
| Diplomacy | U CD C NO | |
| Empathy with patients | U CD C NO | |
| Integrity | U CD C NO | |
| Motivation/initiative | U CD C | |
| Personal hygiene | U CD C NO | |
| Professionalism | U CD C NO | |
| Safe delivery of care | U CD C NO | |
| Time management | U CD C NO | |
| Psychomotor (skills) | Scale | Comments |
| AED and/or CPR intervention | U CD C NO | |
| Airway management | U CD C NO | |
| Bandaging & splinting | U CD C NO | |

| | | | | | |
|--|----------|-----------|----------|-----------|--|
| BVM ventilation | U | CD | C | NO | |
| Lifting & moving patients | U | CD | C | NO | |
| Oxygen administration | U | CD | C | NO | |
| Patient assessment | U | CD | C | NO | |
| Spinal immobilization | U | CD | C | NO | |
| Standard precautions & use of PPE | U | CD | C | NO | |
| Vital signs determination | U | CD | C | NO | |

Additional Preceptor Comments:

Paramedic Student Clinical or Field Progress Evaluation

| | | |
|---|----------------------------|--------------------------------|
| Student name: | Date: | Clinical or Field Site: |
| SCALE: U = Unacceptable CD = Correctable deficit C = Competent | Preceptor signature | x |
| Cognitive (knowledge) | Scale | Comments |
| Patient management | U CD C NO | |
| Critical thinking skills | U CD C NO | |
| Decision making & judgement | U CD C NO | |
| Documentation | U CD C NO | |
| History-taking | U CD C NO | |
| Fund of relevant knowledge | U CD C NO | |
| Affective (attitude) | Scale | Comments |
| Accepts instruction, direction & suggestions | U CD C NO | |
| Communication | U CD C NO | |
| Confidence | U CD C NO | |
| Diplomacy | U CD C NO | |
| Empathy with patients | U CD C NO | |
| Integrity | U CD C NO | |
| Motivation/initiative | U CD C NO | |
| Personal hygiene | U CD C NO | |
| Professionalism | U CD C NO | |
| Safe delivery of care | U CD C NO | |
| Time management | U CD C NO | |
| Psychomotor (skills) | Scale | Comments |
| Airway management | U CD C NO | |
| Arrhythmia identification & management | U CD C NO | |
| Basic EMT skills | U CD C NO | |
| Defibrillation or cardioversion | U CD C NO | |
| Medication administration | U CD C NO | |
| Patient assessment | U CD C NO | |
| Phlebotomy & IV skills | U CD C NO | |

| | | | | | |
|--|----------|-----------|----------|-----------|--|
| Spinal immobilization | U | CD | C | NO | |
| Standard precautions & use of PPE | U | CD | C | NO | |

Additional Preceptor Comments:

SCORING AND DOCUMENTATION

This section will instruct the preceptor how to score students while achieving a high degree of inter-rater reliability. Each part of the Clinical or Field Evaluation Form is explained below:

STUDENT DATA, DATE, ROTATION LOCATION, RATING SCALE & PRECEPTOR SIGNATURE:

This section requires recording of the:

- (7) EMT or Paramedic student's name
- (8) Date of the clinical or field shift
- (9) Location of the clinical or field shift
- (10) The rating scale (explained below)
- (11) Preceptor signature

| EMT Student Clinical or Field Progress Evaluation | | |
|---|---------------------|-------------------------|
| Student name: | Date: | Clinical or Field Site: |
| SCALE: U= Unacceptable CD= Correctable deficit C= Competent NO= Not Observed | Preceptor signature | X |

EVALUATION SCALE:

The EMT or Paramedic student is rated on a three-point scale as follows:

UNACCEPTABLE: Student's performance which includes the cognitive (knowledge), affective (attitude) and psychomotor (skills) domains is not acceptable and is not readily corrected. Student may be sent home for the day.

CORRECTABLE DEFICIT: Student's performance which includes the cognitive (knowledge), affective (attitude) and psychomotor (skills) domains is not acceptable but is readily and immediately corrected by the student. The student is allowed to finish his or her shift.

COMPETENT: Student's performance which includes the cognitive (knowledge), affective (attitude) and psychomotor (skills) domains is acceptable and reflects the level of professionalism that is expected in the clinical or field setting.

COGNITIVE (KNOWLEDGE) EVALUATION:

The EMT and Paramedic student is evaluated on the following six cognitive (knowledge) measures:

1. **Patient management:** Defined as the overall coordination of emergency medical care for the patient from the initiation of contact with the patient, including the care given to the patient and the efficient transfer of care of the patient to another healthcare practitioner.
2. **Critical thinking skills:** Defined as the ability to acquire information relevant to the patient, analyze and evaluate it, and reach a conclusion or answer by using logic and reasoning skills that benefits the patient and directs the delivery of his or her care.
3. **Decision-making & judgment:** Decision-making is defined as an active cognitive process that identifies and selects the best set of possible courses of action for the management of a patient; this includes a comparison of the advantages and disadvantages of different alternatives of the various options. Judgment is defined as a cognitive process of reaching a decision or drawing a conclusion for a plan of action that is considered best for the patient.
4. **Documentation:** Defined as the process of recording all events that relate to management of the patient.
5. **History-taking:** Defines as the process of deriving or extracting information from the patient that is not readily visible, measurable or discernable.
6. **Fundamentals of relevant knowledge:** Defined as possessing the ability to ask the right questions, observe the pertinent patient findings and make the proper evaluation of the patient given the facts of the patient situation.

| Cognitive (knowledge) | Scale | Comments |
|----------------------------|-----------|----------|
| Patient management | U CD C NO | |
| Critical thinking skills | U CD C NO | |
| Decision making & judgment | U CD C NO | |
| Documentation | U CD C NO | |
| History-taking | U CD C NO | |
| Fund of relevant knowledge | U CD C NO | |

AFFECTIVE EVALUATION:

The EMT and paramedic student is evaluated on the following eleven affective (attitude) measures:

1. **Accepts instruction, direction and suggestions:** Defined as the student's ability to readily accept and correctly follow the information given to him or her by their preceptor or other qualified healthcare practitioner.
2. **Communication:** Defined as the act of conveying and receiving both verbal and nonverbal information between two or more persons.
3. **Confidence:** Defined as a state of assurance, freedom from doubt, belief in oneself and their abilities, and a state of hopefulness that events will result favorably.
4. **Diplomacy:** Defined as the ability to handle difficult affairs with delicacy and wisdom so that disputes are successfully resolved.
5. **Empathy with patients:** Defined as the ability to identify and understand another person's (patient or family member) feelings, ideas and circumstances.
6. **Integrity:** Defined as possessing moral soundness, honesty and incorruptibility so that all actions are determined by what is best for the patient.
7. **Motivation and initiative:** Motivation is defined as the intensity, direction and persistence of effort directed toward job tasks over a period of time. Initiative is defined as the amount of enterprise and inclination to embark or start on new job tasks.
8. **Personal hygiene:** Defined as the individual's commitment to and participation in practices, i.e., hand-washing that helps to ensure cleanliness and good health.
9. **Professionalism:** Defined as a set of characteristics and behaviors that are consistent with the high standards of an occupation, especially those that require advanced training in a specialized field.
10. **Safe delivery of care:** Defined as the delivery of emergency medical care in a manner that avoids risks and adverse effects for the patient, bystanders and healthcare practitioners.
11. **Time management:** Defined as the ability and skill to organize and allocate time to activities, situations and tasks in such a manner that time is used effectively to achieve the desired results with a minimum of delay.

| Affective (attitude) | Scale | Comments |
|--|-----------|----------|
| Accepts instruction, direction & suggestions | U CD C NO | |
| Communication | U CD C NO | |
| Confidence | U CD C NO | |
| Diplomacy | U CD C NO | |
| Empathy with patients | U CD C NO | |
| Integrity | U CD C NO | |
| Motivation & initiative | U CD C NO | |
| Personal hygiene | U CD C NO | |
| Professionalism | U CD C NO | |
| Safe delivery of care | U CD C NO | |
| Time management | U CD C NO | |

PSYCHOMOTOR EVALUATION (EMT SKILLS):

The EMT student is evaluated on the following ten psychomotor (skills) measures:

1. **AED and/or CPR intervention:** AED intervention is defined as the student's ability to correctly use the semi-automated external defibrillator. CPR intervention is defined as the student's performance of either chest compressions or bag-valve-mask (BVM) ventilations of a pulseless and apneic patient.
2. **Airway management:** Defined as the student's ability to perform basic airway skills such as manually opening or maintaining the airway and use of simple adjunctive devices such as oropharyngeal (OPA) and nasopharyngeal airways (NPA) and suctioning.
3. **Bandaging & splinting:** Bandaging is defined as the student's ability to apply a sterile pressure bandage to a wound. Splinting is defined as a student's ability to apply any device (splint) that will immobilize the injured extremity.
4. **BVM ventilation:** Defined as the student's ability to ventilate or assist a patient with ventilations with a bag-valve-mask (BVM) device.
5. **Lifting or moving patients:** Defined as the student's ability to perform safe lifting techniques that moves a patient from one location (e.g., bed) to another location (e.g., bed or ambulance cot).
6. **Oxygen administration:** Defined as the student's ability to place any oxygen device on a patient after starting or maintaining supplemental oxygen flow.
7. **Patient assessment:** Defined as the student's ability to safely and efficiently

- exam and question a patient to derive a complete picture of the patient's signs and symptoms so that a field diagnosis and a plan of action may be made.
8. **Spinal immobilization:** Defined as the student's ability to safely maintain or secure alignment of the axial skeleton including manual stabilization, placement of a cervical collar, securing a patient to an extrication device or immobilization to a spine board.
 9. **Standard precautions and use of PPE:** Defined as the student's ability to safely apply CDC-recommended precautions including the proper use of personal protective equipment (PPE) so as to minimize or eliminate contact with potentially infective body fluids or substances.
 10. **Vital signs determination:** Defined as the student's ability to properly assess any of the following: pulse rate, respiratory rate, blood pressure and/or temperature and pulse oximetry (either specific or relative).

| Psychomotor (EMT skills) | Scale | Comments |
|-----------------------------------|------------------|-----------------|
| AED and/or CPR intervention | U CD C NO | |
| Airway management | U CD C NO | |
| Bandaging & splinting | U CD C NO | |
| BVM ventilation | U CD C NO | |
| Lifting & moving patients | U CD C NO | |
| Oxygen administration | U CD C NO | |
| Patient assessment | U CD C NO | |
| Spinal immobilization | U CD C NO | |
| Standard precautions & use of PPE | U CD C NO | |
| Vital signs determination | U CD C NO | |

PSYCHOMOTOR EVALUATION (PARAMEDIC SKILLS):

The Paramedic student is evaluated on the following nine psychomotor (skills) measures:

1. **Airway management:** Defined as the student's ability to perform basic airway skills such as manually opening or maintaining the airway and use of simple adjunctive devices such as oropharyngeal (OPA) and nasopharyngeal airways (NPA), placement of laryngeal airways, endotracheal intubation, airway suctioning and needle chest decompression.
2. **Arrhythmia recognition and management:** Defined as the student's ability to identify cardiac arrhythmias using a cardiac monitor and to implement the correct treatment algorithms or modalities that will improve the patients condition.
3. **Basic EMT skills:** Defined as the student's ability to perform Basic EMT skills which includes but is not limited to the following:
 - A. AED and/or CPR intervention
 - B. Airway management
 - C. Bandaging and splinting
 - D. BVM ventilation
 - E. Lifting and moving patients
 - F. Oxygen administration
 - G. Patient assessment
 - H. Spinal immobilization
 - I. Standard precautions and use of PPE
 - J. Vital signs determination
4. **Defibrillation or cardioversion:** Defined as the student's ability to safely apply direct-current electricity to the heart to reverse lethal cardiac arrhythmias.
5. **Medication administration:** Defined as the student's ability to safely administer any Medical Director approved drug to improve the patient's condition.
6. **Patient assessment:** Defined as the student's ability to safely and efficiently exam and question a patient to derive a complete picture of the patient's signs and symptoms so that a field diagnosis and a plan of action may be made.
7. **Phlebotomy and IV skills:** Phlebotomy is defined as the student's ability to perform venipuncture on a patient so that a blood sample may be taken. IV skills are defined as the student's ability to perform ventipuncture on a patient so that an indwelling intravenous catheter may be placed to serve as a lifeline or portal for emergency drug administration.
8. **Spinal immobilization:** Defined as the student's ability to safely maintain or secure alignment of the axial skeleton including manual stabilization, placement of a cervical collar, securing a patient to an extrication device or immobilization to a spine board.

9. **Standard precautions and use of PPE:** Defined as the student's ability to safely apply CDC-recommended precautions including the proper use of personal protective equipment (PPE) so as to minimize or eliminate contact with potentially infective body fluids or substances.

| Psychomotor (paramedic skills) | Scale | Comments |
|---|--------------|-----------------|
| Airway management | U CD C NO | |
| Arrhythmia identification & management | U CD C NO | |
| Basic EMT skills | U CD C NO | |
| Defibrillation or cardioversion | U CD C NO | |
| Medication administration | U CD C NO | |
| Patient assessment | U CD C NO | |
| Phlebotomy & IV skills | U CD C NO | |
| Spinal immobilization | U CD C NO | |
| Standard precautions & use of PPE | U CD C NO | |
| Standard precautions & use of PPE | U CD C NO | |

PERFORMANCE TRACKING: THE COMPETENCIES

This section allows program staff to assess both the quantity and quality of skills performed in the clinical or field setting. EMT and Paramedic students have minimum numbers of skills (competencies) that they are required to perform before graduating; accuracy in this area is important to the integrity of the program. By tracking skill levels (competencies) on each student, one may see what, if any improvement has been made over the course of their clinical and field rotations.

The EMT student is tracked on twelve competency categories on three age ranges of patient with seven types of pathology or complaint. The Paramedic student is tracked on four competency categories on three age ranges of patient with nine types of pathology or complaint. The Paramedic student must also perform as team leader a total of fifty times. The student tracking form is shown in the truncated example below:

| OWC EMS PROGRAMS | | | | | |
|---|------------|--------|--|------|---------------------|
| EMT (or PARAMEDIC) COMPETENCY-TRACKING DOCUMENTATION | | | | | |
| Patient# | Pt age-sex | Pt C/O | EMT or Paramedic competency & # required | Date | Preceptor signature |
| 1 | | | Airway management (2) | | |
| 2 | | | Airway management (2) | | |

Students should fill in the following categories:

Column-2: Patient age and sex, e.g., 40-y/o-M

Column-3: Patient chief complaint (C/O), e.g., shortness of breath (SOB)

Column-5: Date

Column-4: The tracked competency is identified in the fourth column from the left, e.g., airway management. The number of required successful demonstrations of the required skill is shown in parentheses, e.g., (2) means that the skill must be successfully demonstrated two times.

Column-5: This is the location for the preceptor signature. Do not sign for any competency not directly observed. By signing, each preceptor is indicating that the competency has been correctly demonstrated or executed on a live patient in a clinical or field setting.

THANK YOU!

Thank you for your willingness to precept our EMT and Paramedic students. Your training and mentoring of these students will help to maintain high quality EMS programs at Okaloosa-Walton College. Your honest assessments of their abilities and competencies will go a long way in maintaining the integrity of our clinical training. If you have any questions about the program or a policy that may not be covered here please feel free to contact the EMS Programs office.