Clinical Preceptor Orientation
Training Guidelines and Documents
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- Paramedic Clinical (P-2) Evaluation Form
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- Accident / Incident Report Form
Trenholm State EMS Program Contact Information

Program Director: Danny Perry, MSN, CRNP, RN, NRP
Office Phone: 334-420-4323
Email: dperry@trenholmstate.edu

Clinical Coordinator: Winston Warr, ASN, RN, NRP
Office Phone: 334-420-4433  Cell Phone: 334-391-6365
Email: wwarr@trenholmstate.edu

Clinical Instructor: Ryan Moore, BS, ASN, AAT, RN, NRP, FP-C
Office Phone: 334-420-4423
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Clinical Preceptor Requirements

Clinical Preceptors are expected to have current certifications as required by the State of Alabama to practice at the paramedic or RN. They are expected to be professional and compassionate. To give direction to the students, and assist the student in their learning processes. Allow time to discuss the student’s weaknesses as well as their strengths. Provide feedback and discuss areas that need improvement. The clinical preceptor will have a major impact in the overall outcome of the student as a paramedic and the quality of care they provide.

- Licensed in the State of Alabama as a Paramedic or Registered Nurse (RN)
- Have a minimum of Two (2) years’ experience as EMTP or RN.
- Hold current certification in ACLS, PALS, ITLS / PHTLS or TNCC.
- Must be approved to serve as a preceptor by your employer and Trenholm State EMS program.
- Demonstrate a willingness and competence to work with students to assist them in meeting pertinent course objectives in clinical and / or field setting.
- Supervise, regulate, and document accurately, student behavior in the clinical and/ or field setting.
- Complete the student clinical evaluations sheet at the end of the shift.
- Please be honest in evaluating the student. If you feel that student is not performing at their level of training, please indicate this in your clinical evaluation. I read each clinical evaluation and take the preceptor comments very seriously.
- Assure that all student-performed clinical procedures are supervised.
- Provide the Clinical Coordinator with your work schedule upon request. Inform the Clinical Coordinator of any changes in your work schedule that might affect your ability to oversee EMS students performing clinical rotations.
**Purposes of student rotation (minimum competencies, skills, and behaviors)**

The purpose of student rotations is directed toward the application of knowledge and skills developed in didactic and skills laboratory experiences to the clinical setting. Theory and skills are applied to a variety of patient situations in the Clinical and Field setting. The important point is that students have the opportunity to interact with a variety of patients who are experiencing a range of illnesses and injuries throughout the various age groups.

**Minimum Competencies**: Demonstrate the ability to comprehend, apply, and evaluate the clinical information relative to his/her role as an entry level EMT, Advanced EMT, or Paramedic level. Competencies are established by the program advisory committee and are reviewed periodically as needed. See Appendix C for the required minimal competencies.

**Skills**: Demonstrate technical proficiency in all skills necessary to fulfill the role as an entry level EMT, Advanced EMT, or Paramedic level. See Appendix A for list of skills allowed for each level.

**Behaviors**: Demonstrate personal behaviors consistent with professional and employer’s expectations for the entry level Basic, Advanced EMT, or Paramedic level.

- **Professional Behavior (Affect)**: Students demonstrates they are:
  - Self-motivated: Takes initiative to complete assignments, and improve/correct problems, strives for excellence, incorporates feedback, and adjusts behavior/performance.
  - Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed, 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, trust and excercises good judgement, is aware of limitations and strengths.
  - Open to Feedback: Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).
TEAM LEADER PRECEPTORSHIP

The team leader position is when the student demonstrates that he/she is fully capable of organizing and directing patient care on an EMS call. The Team Leader, depending on the number of ALS EMS personnel present, should ideally not provide any direct patient care or interventions, but rather should direct all team members and lead all patient care decisions. When the student serves as Team Leader, every call must be evaluated.

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

**Required Number of Team Leads:** 20 ALS Leads 35 Total

**Definitions:**

**ALS contact:** Patient condition or complaint requires assessment or interventions by an Advanced Life Support provider. This includes, but not limited to, medication administration, ECG monitoring and establishment of intravenous access.

**BLS contact:** Patient condition or compliant requires assessment or interventions that an EMT should be able to perform.
Criteria of Evaluation for grading students and Evaluation Forms

Trenholm State EMS Program uses the same evaluation form for each level of EMT training, except for the Team Leader Role. A copy of each Evaluation form is located in the Forms Section.

Directions on how to complete the evaluation form:

**Team Member:** The student shall complete the form prior to giving to preceptor for approval, grading and signature. Grading is on a 1 to 5 scale. 5 being experienced and 1 being unsatisfactory.

**Team Leader:** The student shall complete the form prior to giving to preceptor for approval, grading and signature. Grading is on a 1 to 5 scale. 5 being experienced and 1 being unsatisfactory. The preceptor should rate the student in the preceptor column, and comment on any discrepancies in the area of performance section or on the back of the form. Complete the student strengths/weaknesses area and a plan for improvement. The student is also required to complete a patient care report form (PCR) on one of the calls. All other calls are completed in FISDAP. The preceptor should review the student’s documentation skills, and provide suggestions for improvement (if needed).
APPENDIX A

**What Paramedic Students are Allowed to Do During Clinical Activities**

Provide care for patients experiencing various medical and traumatic conditions and emergencies, to include the following skills.

- Same as Advanced EMT plus the following:
  - ECG Interpretation (3 Lead and 12 Lead)
  - Synchronous and Asynchronous Defibrillation
  - Transcutaneous Pacing
  - Endotracheal Intubation
  - Needle Chest Decompression
  - ALS Team Leadership Role

**What Advanced EMT Students are Allowed to Do During Clinical Activities**

Provide care for patients experiencing various medical and traumatic conditions and emergencies, to include the following skills.

- Same as EMT plus the following:
  - Capnography / EtCO2 Devices
  - CPAP
  - Intravenous Therapy / Peripheral Venous Cannulation
  - Intraosseous Initiation
  - Medication Administration
    - Intravenous
    - Intraosseous
    - Intramuscular
    - Subcutaneous
    - Nebulized
    - Sublingual
    - Intranasal
  - Resuscitation
  - Airway Management
    - Blind airway insertion Devices (LMA, King, etc.)
    - Artificial Ventilation Devices

**What EMT BASIC Students are Allowed to Do During Clinical Activities**
Provide care for patients experiencing various medical and traumatic conditions and emergencies, to include the following skills.

- Scene Size Up
- Trauma Patient Assessment and management
- Medical Patient Assessment and management
- Special Populations Patient Assessment and management
- Assist Patients with Medication Administration
- Resuscitation
- Documentation
- Normal and Abnormal OB Delivery
- Communication (Radio and Face-to-Face)
- Clinical Decision Making
- Acquiring 12 Lead ECG
- Airway Management
- Glucometer
- Oxygen Delivery
- Pulse Oximetry
- Spinal Immobilization
- Triage
- Ventilatory Management (Use of BVM)
- Obtain Vital Signs
- CPAP
APPENDIX B

Preceptor Responsibilities

The Paramedic Preceptor is responsible for the direct supervision and evaluation of the student. The Field Preceptor will directly supervise the actions and activities of the student at all times during patient care. Supervision and evaluation shall include the following:

1. All Skills noted in Appendix A
2. Orient the student to agency equipment and supplies (including operation)
3. Serve as a teacher, tutor, mentor, and role model
4. Be knowledgeable of content matter
5. Ensure student provides safe patient care
6. Maintain high level of professionalism and ensure professional behavior by student
7. Model expected behavior
8. Motivate and inspire student success
9. Provide student with constructive and timely feedback in a respectful manner
10. Create a positive learning environment
11. Ensure high level of integrity (if the student does not demonstrate competencies, document deficiencies)
12. Complete student evaluation forms prior to student’s departure
13. Communicate frequently with program’s clinical coordinator, and if needed, program director and/or program’s medical director
14. Counsel in the positive. In discussions with student, tell them:
   a. What went well
   b. What needs revision
   c. How to fix the skill or behavior
   d. Be the advocate for your student
   e. Be the intermediary between your student and other practitioners
   f. Praise in public
   g. Critique in private
   h. Maintain confidentiality for all students

During Team Leadership, in addition to the above, the Preceptor should allow the following:

   Allow student to assume role of Lead Paramedic, which includes overall scene management, patient assessment, treatment, transport decisions, radio communications, and documentation. Preceptor should intervene only when required to ensure patient safety.
### APPENDIX C

<table>
<thead>
<tr>
<th>EMT Students</th>
<th>48 Hours - Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient assessments (primary and rapid/focused), including the documentation of findings</td>
<td>20</td>
</tr>
<tr>
<td>Oxygen administration</td>
<td>5</td>
</tr>
<tr>
<td>Spinal immobilization</td>
<td>4</td>
</tr>
<tr>
<td>Control hemorrhage</td>
<td>2</td>
</tr>
<tr>
<td>Apply splints</td>
<td>2</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>AEMT Students</th>
<th>96 Hours (48 Hrs-Field/48 Hrs-ER)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive patient assessments</td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>25</td>
</tr>
<tr>
<td>Geriatric</td>
<td>15</td>
</tr>
<tr>
<td>Pediatric (Pediatric patients consist of Newborn, Infant, Preschooler, School age, and Adolescent)</td>
<td>10</td>
</tr>
<tr>
<td>Trauma pt.’s</td>
<td>10</td>
</tr>
<tr>
<td>AMS</td>
<td>5</td>
</tr>
<tr>
<td>Chest pain</td>
<td>5</td>
</tr>
<tr>
<td>Obstetric</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>5</td>
</tr>
<tr>
<td>Respiratory</td>
<td>5</td>
</tr>
<tr>
<td>Syncope</td>
<td>5</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>5</td>
</tr>
<tr>
<td>Assess pediatric respirations</td>
<td>5</td>
</tr>
<tr>
<td>Medication Administrations</td>
<td>15</td>
</tr>
<tr>
<td>Successful IV sticks</td>
<td>15</td>
</tr>
<tr>
<td>Airway management</td>
<td>15</td>
</tr>
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</table>
### Paramedic Students

<table>
<thead>
<tr>
<th>CLINICAL SECTION</th>
<th>Field / Team Leader: 225 hrs.</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Comprehensive patient assessments</td>
<td>Clinical section: 180 hours</td>
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<tr>
<td>Adult</td>
<td>P-2 30</td>
<td>P-3 20</td>
</tr>
<tr>
<td>Geriatric</td>
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<td>10</td>
</tr>
<tr>
<td>Pediatric</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Assessment of Newborn</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assessment of Infant</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assessment of Toddler</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assessment of Preschooler</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assessment of School Age</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assessment of Adolescent</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Medical Patients</td>
<td>P-2 25</td>
<td>P-3 15</td>
</tr>
<tr>
<td>Trauma Patients</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>OB/GYN Pt’s</td>
<td>P-2 8</td>
<td>P-3 2</td>
</tr>
<tr>
<td>Psychiatric Pt’s</td>
<td>P-2 10</td>
<td>P-3 5</td>
</tr>
<tr>
<td>Live intubations</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Successful I.V. procedures</td>
<td>P-2 15</td>
<td>P-3 10</td>
</tr>
<tr>
<td>Medications administrations</td>
<td>P-2 15</td>
<td>P-3 10</td>
</tr>
<tr>
<td>Airway Management</td>
<td>P-2 30</td>
<td>P-3 20</td>
</tr>
<tr>
<td>Ventilate a Patient</td>
<td>P-2 15</td>
<td>P-3 5</td>
</tr>
<tr>
<td>Patient encounters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest pain patients</td>
<td>P-2 20</td>
<td>P-3 10</td>
</tr>
<tr>
<td>Respiratory patients</td>
<td>P-2 10</td>
<td>P-3 10</td>
</tr>
<tr>
<td>Altered mental status</td>
<td>P-2 10</td>
<td>P-3 10</td>
</tr>
<tr>
<td>Change in Mental Status/Syncope</td>
<td>P-2 7</td>
<td>P-3 3</td>
</tr>
<tr>
<td>Abdominal pain patients</td>
<td>P-2 15</td>
<td>P-3 5</td>
</tr>
<tr>
<td>Team Leader responses</td>
<td>P-2 35</td>
<td>P-3 35</td>
</tr>
<tr>
<td>Medical Control Contacts</td>
<td>P-2 5</td>
<td>P-3 5</td>
</tr>
<tr>
<td>Reports called to Hospital</td>
<td>P-2 5</td>
<td>P-3 5</td>
</tr>
</tbody>
</table>

*There are no minimum requirements for "live" intubations; however, students are encouraged to assertively seek opportunities for live intubations during clinical and field activities. Students are expected to demonstrate multiple successful manikin intubations during lab activities.*

Revised: 9/27/2017
EMS Program

Team Lead Preceptor Agreement

Date: ________________

Student Name: ________________________________
Phone Number: ________________________________
Student email: ________________________________
Preceptor Name: ______________________________
Phone Number: ________________________________
Preceptor email: ________________________________

_________________________ From ________________________________

(Preceptor) (Service Name)

Agrees to supervise the above named student during their TEAM LEAD Phase of Field Rotations.

Student signature: ________________________________ Date: ________________
Preceptor signature: ________________________________ Date: ________________
Clinical Coordinator signature: ________________________________ Date: ________________

ALL REQUIREMENTS MET TO BEGIN TEAM LEAD FIELD ROTATIONS. YES / NO

DATE CLEARED ________________________________
Preceptor Information Sheet
Initial or Refresher Training

Date: _____ / _____ / ______ Preceptor’s Name: _________________________________________

Title: _________________________ Employer: ____________________________________________

Email: __________________________________________________________________________

Cell: _________________________________ Work: ________________________________________

City: _____________________ Department: _____________________ Years of Experience: ______

Preceptor Type: _____ Clinical _____ Field-Internship

Check Current Certifications: _____ ACLS _____ PALS _____ ITLS (TNCC) _____ NRP

Student EMT Level: _____ EMT-Basic _____ Advanced EMT _____ Paramedic

Location of Training: _________________________________________________________________

My signature below verifies that I have received initial/refresher EMS Preceptor training from
Trenholm State Community College’s EMS Program / or designated company training officer.
I am aware of the college’s clinical grading procedures and rules of conduct for the student.

______________________________________
Preceptor’s Signature

______________________________________
Preceptor’s Employer or Training Officer

______________________________________
Clinical Coordinator
Clinical / Field Preceptor Training

Sign in Roster

<table>
<thead>
<tr>
<th>NAME</th>
<th>SIGNATURE</th>
<th>SERVICE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Training conducted by: _____________________________  Date:___________________

Clinical Coordinator: Winston Warr, RN, NRP
### PARAMEDIC TEAM LEADER ASSESSMENT FORM

<table>
<thead>
<tr>
<th>Service &amp; Unit #</th>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
<th>Total Runs</th>
<th>Total Team Leads</th>
</tr>
</thead>
</table>

**Student Instructions:** Complete all areas at the end of your shift and submit to preceptor.

1 Unsatisfactory  
   Requires Assistance  
   Needs more training

2 Satisfactory  
   Needs Guidance  
   Needs more training

3 Competent  
   Minimal prompting  
   Entry Level EMT-P

4 Good  
   No prompting  
   Level EMT-P

5 Excellent  
   Experienced

### Area of Performance

<table>
<thead>
<tr>
<th>Student Rating</th>
<th>Preceptor Rating</th>
<th>Affective Skills: (Professionalism/Attitude)</th>
<th>Preceptor comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>the student’s behavior demonstrated integrity, empathy, self-motivation, self-confidence, team work, diplomacy, respect, patient advocacy, appropriate time management, appropriate uniform, reported to shift on time.</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>Cognitive Skills: (Demonstrates Knowledge) of EMS operations, Medical Emergencies, Trauma, Pharmacology, Special Populations, Cardiology, and Protocols. Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently.</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>Psychomotor Skills: Performs skills and task assigned. Requests and accepts constructive criticism, take personal responsibility for self-improvement.</td>
<td></td>
</tr>
</tbody>
</table>

**PRECEPTOR:** __AGREE__ __DISAGREE with this student’s self-assessment. If you disagree please comment in section above.

Student Strengths:

Student Weaknesses / Plan for Improvement:

Preceptor Signature: ________________________________
Trenholm State EMS

Student Evaluation - Paramedic Team Member Phase (P-3)

Dear Preceptors,

Please complete this form at the end of the clinical rotation. Seal the evaluation in an envelope provided by the student, sign over the seal of the envelope, and return the evaluation to the student to be submitted. Should you have any questions or concerns, please contact the EMS Clinical Coordinator.

Thank you.

Student Name: __________________ Clinical Site:__________ Date: ___________

| Did the student arrive and depart from the site at the designated times? | Yes | No |
| Did the student actively participate in selected patient care / treatments? | Yes | No |
| Did the student ask appropriate questions regarding patient care? | Yes | No |
| Did the student conduct his or herself in a professional manner? | Yes | No |
| Did the student wear the appropriate clinical uniform? | Yes | No |
| Was the student prepared and have the correct equipment for this clinical? | Yes | No |

Overall, was the student performance satisfactory? Please rate them on a scale of 1-5, 5 being experienced and 1 being unsatisfactory. 5 4 3 2 1

Additional Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Evaluator’s Printed Name: _______________ Student Arrival: _____ Departure: ______

Evaluator’s Signature: ___________________ Title: ________________________________

Turn over and complete back

Clinical Coordinator contact Info:

Winston Warr, RN, NRP

Phone: Office (334)420-4433

Email: wwarr@trenholmstate.edu
### Pt Assessments
- **Adults 18-64**: 20
- **Geriatrics 65 & up**: 10
- **Pediatric 0-17** *(write age of all pediatric pt’s)*: 6
- **IVs**: 10
- **Medication Administration**: 10
- **Airway Management**: 20
- **Ventilate a Patient**: 5
- **Endotracheal Intubations**: 0
- **Trauma patients**: 15
- **Chest Pain**: 10
- **Altered Mental Status**: 10
- **Obstetric / GYN**: 2
- **Psychiatric**: 5
- **Respiratory**: 10
- **Abdominal Pain**: 5
- **Medical other**: 15
- **Syncope**: 3

*Only one check mark per box*

### Paramedic Preceptor Points

#### Education Focus:
- The goals of your department and how it relates to EMS.
- Patient assessment / Patient interview
- Medication knowledge
- Pathophysiology of Illness
- MOI / injury patterns
- Observe / Assist with advanced procedures

#### Special Skill Sets:
- Advanced patient assessment
- Peripheral IV / IO (ages 10+)
- Medication Administration
- All advanced airways
- ECG rhythm interpretation and 12 lead analysis
- ACLS medications and procedures

#### Limitations:
- Alabama State Paramedic Scope of practice. All procedures shall be done under the guidance of a License Paramedic during a scheduled rotation.
Dear Preceptors,

Please complete this form at the end of the clinical rotation. Seal the evaluation in an envelope provided by the student, sign over the seal of the envelope, and return the evaluation to the student to be submitted. Should you have any questions or concerns, please contact the EMS Clinical Coordinator.

Thank you.

Student Name: ____________________         Clinical Sit:__________         Date: __________

| Did the student arrive and depart from the site at the designated times? | Yes | No |
| Did the student actively participate in selected patient care / treatments? | Yes | No |
| Did the student ask appropriate questions regarding patient care? | Yes | No |
| Did the student conduct his or herself in a professional manner? | Yes | No |
| Did the student wear the appropriate clinical uniform? | Yes | No |
| Was the student prepared and have the correct equipment for this clinical? | Yes | No |
| Overall, was the student performance satisfactory? Please rate them on a scale of 1-5, 5 being experienced and 1 being unsatisfactory. | 5   4   3   2   1 |

Additional Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Evaluator’s Printed Name: _________________        Student Arrival: ______ Departure: _______
Evaluator’s Signature: ______________________        Title: _________________________________

**Turn over and complete back**

**Clinical Coordinator contact Info:**

Winston Warr, RN, NREMTP
Phone: Office (334)420-4433 Cell (334)391-6365
Email: wwarr@trenholmstate.edu
Preceptors,

Below is where the student keeps track of how many patient contacts, and different skills they have completed. If they have more than there are boxes available, they are to write the additional number next to the last marked box. As the preceptor, your signature on the front of this paper and over the seal of the envelope verifies that this number is correct. The student is to have this section completed prior to turning it in to you. Thank you again for partnering with Trenholm State EMS program.

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt Assessments- Adults 18-64</td>
<td>30</td>
</tr>
<tr>
<td>Pt Assessments- Geriatrics 65 &amp; up</td>
<td>20</td>
</tr>
<tr>
<td>Pt Assessments- Pediatric 0-17</td>
<td>6</td>
</tr>
<tr>
<td>(write age of all pediatric pt’s)</td>
<td></td>
</tr>
<tr>
<td>IVs</td>
<td>15</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>15</td>
</tr>
<tr>
<td>Airway Management</td>
<td>30</td>
</tr>
<tr>
<td>Ventilate a Patient</td>
<td>15</td>
</tr>
<tr>
<td>Endotracheal Intubations</td>
<td>0</td>
</tr>
<tr>
<td>Trauma patients</td>
<td>25</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>20</td>
</tr>
<tr>
<td>Altered Mental Status</td>
<td>10</td>
</tr>
<tr>
<td>Obstetric</td>
<td>8</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>10</td>
</tr>
<tr>
<td>Respiratory</td>
<td>10</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>15</td>
</tr>
<tr>
<td>Medical</td>
<td>25</td>
</tr>
<tr>
<td>Syncope</td>
<td>7</td>
</tr>
</tbody>
</table>

Only one check mark per box

**Paramedic Preceptor Points**

**Education Focus:**
- The goals of your department and how it relates to EMS.
- Patient assessment / Patient interview
- Medication knowledge
- Pathophysiology of Illness
- MOI / injury patterns
- Observe / Assist with advanced procedures

**Special Skill Sets:**
- Advanced patient assessment
- Peripheral IV / IO (ages 10+)
- Medication Administration
- All advanced airways
- ECG rhythm interpretation and 12 lead analysis
- ACLS medications and procedures

**Limitations:**
- None other than what is specified in Alabama State Protocols scope of practice.
Dear Preceptors,

Please complete this form at the end of the clinical rotation. Seal the evaluation in an envelope provided by the student, sign over the seal of the envelope, and return the evaluation to the student to be submitted. Should you have any questions or concerns, please contact the EMS Clinical Coordinator.

Thank you.

Student Name: __________________  Clinical Site:__________  Date: ____________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the student arrive and depart from the site at the designated times?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student actively participate in selected patient care / treatments?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the student ask appropriate questions regarding patient care?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the student conduct his or herself in a professional manner?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the student wear the appropriate clinical uniform?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was the student prepared and have the correct equipment for this clinical?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Overall, was the student performance satisfactory?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please rate them on a scale of 1-5, 5 being experienced and 1 being unsatisfactory.  

<table>
<thead>
<tr>
<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Additional Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Evaluator’s Printed Name: ________________________  Student Arrival: _______ Departure: _______

Evaluator’s Signature: ____________________________  Title:_________________________________

Turn over and complete back

Clinical Coordinator contact Info:

Winston Warr, RN, NRP

Phone: Office (334)420-4433

Email: wwarr@trenholmstate.edu
Preceptors,

Below is where the student keeps track of how many patient contacts, and different skills they have completed. If they have more than there are boxes available, they are to write the additional number next to the last marked box. As the preceptor, your signature on the front of this paper and over the seal of the envelope verifies that this number is correct. The student is to have this section completed prior to turning it in to you. Thank you again for partnering with Trenholm State EMS program.

| Pt Assessments- Adults 18-64 | 25 |
| Pt Assessments-Geriatrics 65 & up | 15 |
| Pt Assessments- Pediatric 0-17 | 10 |
| IVs | 15 |
| Medication Administration | 15 |
| Airway Management | 15 |
| Trauma patients | 10 |
| Chest Pain | 5 |
| Altered Mental Status | 5 |
| Obstetric | 5 |
| Psychiatric | 5 |
| Respiratory | 5 |
| Abdominal Pain | 5 |
| Syncope | 5 |
| Assess Pediatric Respirations | 5 |

*NOTE: PEDIATRIC ages are broken into different age categories. Newborn, Infant, Toddler, Preschool, School age, and Adolescent.

**Only one check mark per box**

**AEMT Preceptor Points**

**Education Focus:**

- The goals of your department and how it relates to EMS.
- Patient assessment / Patient interview
- Giving / receiving report
- Pathophysiology of Illness, MOI / injury patterns
- Observe / Assist with advanced skills

**Special Skill Sets:**

- Blood glucose analysis
- Peripheral IV / IO (ages 10+)
- Medication Administration NOTE: in the field you must follow AEMT state protocols
- Airway adjuncts (simple and supraglottic only) NO ET Tubes
- ECG application (4lead and 12 lead)

**Limitations:**

- No Endotracheal Intubation, No ECG interpretation, No ACLS procedures (excluding AED and CPR)
Trenholm State Community College

EMT Student Evaluation

Dear Preceptors,

Please complete this form at the end of the clinical rotation. Seal the evaluation in an envelope provided by the student, sign over the seal of the envelope, and return the evaluation to the student to be submitted. Should you have any questions or concerns, please contact the EMS Clinical Coordinator.

Thank you.

Student Name: ____________________  Clinical Site: _________  Date: __________

| Did the student arrive and depart from the site at the designated times? | Yes | No |
| Did the student actively participate in selected patient care / treatments? | Yes | No |
| Did the student ask appropriate questions regarding patient care? | Yes | No |
| Did the student conduct his or herself in a professional manner? | Yes | No |
| Did the student wear the appropriate clinical uniform? | Yes | No |
| Was the student prepared and have the correct equipment for this clinical? | Yes | No |

Overall, was the student performance satisfactory? Please rate them on a scale of 1-5, 5 being experienced and 1 being unsatisfactory.

5   4   3   2   1

Additional Comments:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Evaluator’s Printed Name: ________________________  Student Arrival: _______  Departure: _______

Evaluator’s Signature: ____________________________  Title: ________________________________

Turn over and complete back

Clinical Coordinator contact Info:

Winston Warr, RN, NRP

Phone: Office (334)420-4433

Email: wwarr@trenholmstate.edu
Preceptors,

Below is where the student keeps track of how many patient contacts, and different skills they have completed. If they have more than there are boxes available, they are to write the additional number next to the last marked box, As the preceptor, your signature on the front of this paper and over the seal of the envelope verifies that this number is correct. The student is to have this section completed prior to turning it in to you. Thank you again for partnering with Trenholm State EMS program.

<table>
<thead>
<tr>
<th>Pt Assessments</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline vitals</td>
<td>20</td>
</tr>
<tr>
<td>Witness/preform CPR</td>
<td>1</td>
</tr>
<tr>
<td>Blood Glucose check</td>
<td>3</td>
</tr>
<tr>
<td>Lifting &amp; moving pt.</td>
<td>3</td>
</tr>
<tr>
<td>Bleeding control</td>
<td>2</td>
</tr>
<tr>
<td>Splinting</td>
<td>2</td>
</tr>
<tr>
<td>Long Spine Board</td>
<td>4</td>
</tr>
<tr>
<td>O2 Administration</td>
<td>5</td>
</tr>
<tr>
<td>Airway Management</td>
<td>1</td>
</tr>
</tbody>
</table>

Only one check mark per box

EMT-B Preceptor Points

**Education Focus:**

- The goals of your department and how it relates to EMS.
- Patient assessment
- Patient interview
- Giving / receiving report
- Pathophysiology of Illness
- MOI / injury patterns
- Questions / answers

**Special Skill Sets:**

- Basic patient assessment and interview
- Vital signs assessment
- Blood glucose analysis
- Oxygen administration
- CPR
- Simple Airway adjuncts
- ECG application

**Limitations:**

- NO IV/IO access, NO Medication administration, NO advanced airways, NO ECG interpretation