



Clinical Preceptor Orientation  
Training Guidelines and Documents

## Table of Contents

Trenholm State EMS Program Contact Information

Clinical Preceptor Requirements

Purposes of student rotation (minimum competencies, skills, and behaviors)

Team Lead Preceptorship

Coaching and mentorship techniques

Criteria of evaluation for grading students and Evaluation Forms

Definition of Team Leads

Required minimum number of Team Leads

APPENEDIX A	Skills students are allowed to do in Clinical setting
APPENEDIX B	Preceptor Responsibilities, Mentoring techniques
APPENEDIX C	Skills competencies and patient contact requirements

### FORMS Section

- Clinical Preceptor Agreement
- Preceptor Training Form
- Clinical Training Roster Form
- Student Progress Report Form
- Team Lead Evaluation Form
- Team Member Evaluation Form
- Paramedic Clinical (P-2) Evaluation Form
- Advanced EMT Evaluation Form
- EMT Basic Evaluation Form
- Patient Care Report Form (PCR)
- 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](mailto:dperry@trenholmstate.edu)

Clinical Coordinator: Winston Warr, ASN, RN, NRP

Office Phone: 334-420-4433 Cell Phone: 334-391-6365

Email: [wwarr@trenholmstate.edu](mailto:wwarr@trenholmstate.edu)

Clinical Instructor: Ryan Moore, BS, ASN, AAT, RN, NRP, FP-C

Office Phone: 334-420-4423

Email: [rmoore@trenholmstate.edu](mailto:rmoore@trenholmstate.edu)

## 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** : Listes 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 complaint 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 / EtCO<sub>2</sub> 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
  - Assuring Patent Airway (use of Oral and Nasal Airways)
- 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

<b>EMT Students</b>	<b>48 Hours - Ambulance</b>
Patient assessments (primary and rapid/focused), including the documentation of findings	20
Oxygen administration	5
Spinal immobilization	4
Control hemorrhage	2
Apply splints	2
<b>AEMT Students</b>	<b>96 Hours (48 Hrs-Field/ 48 Hrs-ER)</b>
Comprehensive patient assessments	
Adult	25
Geriatric	15
Pediatric (Pediatric patients consist of Newborn, Infant, Preschooler, School age, and Adolescent)	10
Trauma pt.'s	10
AMS	5
Chest pain	5
Obstetric	5
Psychiatric	5
Respiratory	5
Syncope	5
Abdominal pain	5
Assess pediatric respirations	5
Medication Administrations	15
Successful IV sticks	15
Airway management	15

<b>Paramedic Students</b>			
	<b>P-2</b>	<b>P-3</b>	<b>Total</b>
<b><u>CLINICAL SECTION</u></b>	<b>Clinical section: 180 hours</b>	<b>Field / Team Leader: 225 hrs.</b>	
Comprehensive patient assessments			
Adult	30	20	50
Geriatric	20	10	30
Pediatric	6	6	12
Assessment of Newborn	1	1	2
Assessment of Infant	1	1	2
Assessment of Toddler	1	1	2
Assessment of Preschooler	1	1	2
Assessment of School Age	1	1	2
Assessment of Adolescent	1	1	2
Medical Patients	25	15	40
Trauma Patients	25	15	40
OB/GYN Pt's	8	2	10
Psychiatric Pt's	10	5	15
Live intubations	*	*	0
Successful I.V. procedures	15	10	25
Medications administrations	15	10	25
Airway Management	30	20	50
Ventilate a Patient	15	5	20
Patient encounters			
Chest pain patients	20	10	30
Respiratory patients	10	10	20
Altered mental status	10	10	20
Change in Mental Status/Syncope	7	3	10
Abdominal pain patients	15	5	20
Team Leader responses		35	35
Medical Control Contacts		5	5
Reports called to Hospital		5	5

*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









PARAMEDIC TEAM LEADER ASSESSMENT FORM

Student Name:				Preceptor Name:		
Service & Unit #	Date	Time In	Time Out	Total Hours	Total Runs	Total Team Leads

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

- |                         |                       |                    |               |                    |
|-------------------------|-----------------------|--------------------|---------------|--------------------|
| <b>1</b> Unsatisfactory | <b>2</b> Satisfactory | <b>3</b> Competent | <b>4</b> Good | <b>5</b> Excellent |
| Requires Assistance     | Needs Guidance        | Minimal prompting  | No prompting  | Experienced        |
| Needs more training     |                       | Entry Level EMT-P  |               | Level EMT-P        |

	Student Rating	Preceptor Rating	Area of Performance
<b>A</b>			<p><b>Affective Skills: (Professionalism/Attitude)</b> 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.</p> <p>Preceptor comment:</p>
<b>B</b>			<p><b>Cognitive Skills: (Demonstrates Knowledge)</b> 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.</p> <p>Preceptor comment:</p>
<b>C</b>			<p><b>Psychomotor Skills:</b> Performs skills and task assigned. Requests and accepts constructive criticism, take personal responsibility for self-improvement.</p> <p>Preceptor comment</p>

**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](mailto: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	20									
Pt Assessments-Geriatrics 65 & up	10									
Pt Assessments- Pediatric 0-17 <i>(write age of all pediatric pt's)</i>	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.

# Trenholm State EMS

## Student Evaluation - Paramedic Clinical Phase (P-2)

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, NREMT-P**

**Phone: Office (334)420-4433 Cell (334)391-6365**

**Email: [wwarr@trenholmstate.edu](mailto: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	30									
Pt Assessments-Geriatrics 65 & up	20									
Pt Assessments- Pediatric 0-17 <i>(write age of all pediatric pt's)</i>	6									
IVs	15									
Medication Administration	15									
Airway Management	30									
Ventilate a Patient	15									
Endotracheal Intubations	0									
Trauma patients	25									
Chest Pain	20									
Altered Mental Status	10									
Obstetric	8									
Psychiatric	10									
Respiratory	10									
Abdominal Pain	15									
Medical	25									
Syncope	7									

**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.

# Trenholm State Community College

## EMS Student Evaluation- AEMT

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](mailto: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 broke 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](mailto: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	20																		
Baseline vitals	20																		
Witness/preform CPR	1																		
Blood Glucose check	3																		
Lifting & moving pt.	3																		
Bleeding control	2																		
Splinting	2																		
Long Spine Board	4																		
O2 Administration	5																		
Airway Management	1																		

**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